



Blue MedicareRxSM Premier (PDP) 2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Blue MedicareRx Premier, at:

Connecticut	1-888-620-1747	Rhode Island	1-888-620-1748
Massachusetts	1-888-543-4917	Vermont	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit www.RxMedicarePlans.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 Blue MedicareRxSM (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx Premier.

This document includes a list of the drugs (formulary) for our plan which is current as of April 1, 2024. 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, 2025, and from time to time during the year.

What is the Blue MedicareRx Premier Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx Premier 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. Blue MedicareRx Premier will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Premier network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Blue MedicareRx Premier 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 will 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 the 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 prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of April 1, 2024. To get updated information about the drugs covered by Blue MedicareRx Premier, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. You may also access our formulary on our website at www.RxMedicarePlans.com to get information showing changes to, additions, and/or deletions of medications contained in our formulary.

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 number 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 that begins 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?

Blue MedicareRx Premier 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: Blue MedicareRx Premier requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Quantity Limits: For certain drugs, Blue MedicareRx Premier limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for ATROVENT HFA. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also 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 Blue MedicareRx Premier 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 Blue MedicareRx Premier formulary?" on page III 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 Blue MedicareRx Premier does not cover your drug, you have two options:

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

You can ask Blue MedicareRx Premier to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

How do I request an exception to the Blue MedicareRx Premier Formulary?

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

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

You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty 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, Blue MedicareRx Premier 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, Blue MedicareRx Premier will only approve your request for an exception if the alternative drug is included on the plan's formulary, 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 us 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you change your level of care, such as a move from a hospital to a home setting, 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 up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

For more information

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

If you have questions about Blue MedicareRx Premier, 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 prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit <https://www.medicare.gov>.

Blue MedicareRx Premier Formulary

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

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

The information in the Requirements/Limits column tells you if Blue MedicareRx Premier has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- **B/D** stands for drugs covered under Medicare Part B or D.
- **QL** stands for Quantity Limits.
- **PA** stands for Prior Authorization.
- **ST** stands for Step Therapy.
- **LA** stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at the numbers that appear on the front and back cover pages, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- **NM** stands for No Mail Order. This prescription drug is not available through mail order service.
- **GC** stands for Gap Coverage. 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.

Explanation of Tiers and Copayments/Coinsurance:

Blue MedicareRx Premier Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*		Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC	
	30-day supply/ Long-term Care (LTC)** 31-day supply		
Tier 1: Preferred Generic Certain generic drugs that are available at the lowest copayment	\$1	\$6	\$1
Tier 2: Generic Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$7	\$12	\$14
Tier 3: Preferred Brand Many common brand name drugs and some higher cost generic drugs , many of which may have lower cost options available on Tier 1 or Tier 2	\$30	\$40	\$60
Tier 4: Non-Preferred Drug Higher cost generic and non-preferred drugs , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3	35%	44%	35%
Tier 5: Specialty Tier Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring	33%	33%	Not Applicable†

* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

** Standard Retail Cost-Sharing applies to all Out-of-Network (OON) and Long-term Care (LTC) Cost-Sharing.

† Specialty Tier drugs are not available for a 90-day retail or mail order supply.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	3	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	GC
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	2	GC QL
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	3	
<i>etodolac</i> (generic of LODINE) TABS 400mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>nabumetone</i> TABS 500mg, 750mg	2	GC
<i>naproxen</i> TABS 250mg, 375mg	1	GC
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	GC
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	2	GC QL
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>naproxen sodium</i> TABS 275mg	3	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	3	
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	GC
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide 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
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA	<i>hydrocodone-acetaminophen</i> <i>soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	4	QL
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA	<i>hydrocodone-acetaminophen</i> <i>tab 5-325 mg</i> QL (240 tabs / 30 days)	3	QL
OPIOID ANALGESICS, SHORT-ACTING			<i>hydrocodone-acetaminophen</i> <i>tab 7.5-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	2	GC QL	<i>hydrocodone-acetaminophen</i> <i>tab 10-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	2	GC QL	<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> QL (150 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	2	GC QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	2	GC QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4		MORPHINE SULFATE SOLN 4 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL	<i>morphine sulfate</i> SOLN 4 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL	<i>morphine sulfate</i> SOLN 3 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL	<i>morphine sulfate</i> SOLN 3 20mg/ml QL (180 mL / 30 days)	3	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL	<i>morphine sulfate</i> TABS 3 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	4	QL PA	MORPHINE 4 SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA	<i>nalbuphine hcl</i> SOLN 4 10mg/ml, 20mg/ml	4	
			<i>oxycodone hcl</i> CAPS 5mg 4 QL (180 caps / 30 days)	4	QL
			<i>oxycodone hcl</i> CONC 4 100mg/5ml QL (180 mL / 30 days)	4	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide 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
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 2.5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 7.5-325 mg (generic of PERCO CET) QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 10-325 mg (generic of PERCO CET) QL (180 tabs / 30 days)	3	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	GC QL
<i>tramadol-acetaminophen</i> tab 37.5-325 mg QL (240 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	3	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	5	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	4	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM LA PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	2	GC
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	5	
<i>daptomycin</i> SOLR 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We provide 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
<i>gentamicin in saline inj 1.2 mg/ml</i>	3		<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	4	B/D
<i>gentamicin in saline inj 1.6 mg/ml</i>	3		<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	4	
<i>gentamicin in saline inj 2 mg/ml</i>	3		<i>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	4	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3		<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	5	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4		<i>streptomycin sulfate SOLR 1gm</i>	5	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	4		<i>sulfadiazine TABS 500mg</i>	5	
<i>ivermectin (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)</i>	3	QL PA	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	4		<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	5	QL	<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	GC
<i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>	4	QL	<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1	GC
<i>LINEZOLID INJ 2MG/ML</i>	4		<i>tinidazole TABS 250mg, 500mg</i>	3	
<i>meropenem SOLR 1gm, 500mg</i>	4		<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	5	NM PA
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	4		<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	3	
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	3		<i>trimethoprim TABS 100mg</i>	3	
<i>metronidazole TABS 250mg, 500mg</i>	1	GC	<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)</i>	4	QL
<i>neomycin sulfate TABS 500mg</i>	2	GC	<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)</i>	4	QL
<i>nitazoxanide (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)</i>	5	QL	<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	3		<i>VANCOMYCIN INJ 1 GM</i>	4	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	3		<i>VANCOMYCIN INJ 500MG</i>	4	
			<i>VANCOMYCIN INJ 750MG</i>	4	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANTIFUNGALS					
ABELCET SUSP 5mg/ml	4	B/D	<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	4	QL PA
<i>amphotericin b</i> SOLR 50mg	4	B/D	<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	4	QL PA
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	5	B/D	ANTIMALARIALS		
<i>casprofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	4		<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	4	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 200mg	3		<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	4	
<i>fluconazole</i> TABS 50mg	3		<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	2	GC	COARTEM TAB 20-120MG	4	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3		<i>mefloquine hcl</i> TABS 250mg	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3		PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	5	PA	<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	3	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4		<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	4	PA
<i>griseofulvin ultramicronsize</i> TABS 125mg, 250mg	4		ANTI-RETROVIRAL AGENTS		
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	4	PA	<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	4	NM
<i>ketoconazole</i> TABS 200mg	3	PA	<i>abacavir sulfate</i> TABS 300mg	3	NM
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	5		APTIVUS CAPS 250mg	5	NM
<i>nystatin</i> TABS 500000unit	3		<i>atazanavir sulfate</i> CAPS 150mg	4	NM
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA	<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	4	NM
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	5	QL PA	<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	5	QL NM
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	GC QL	<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	5	QL NM
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	4	PA	EDURANT TABS 25mg	5	NM
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	5	PA	<i>efavirenz</i> CAPS 50mg, 200mg	4	NM
			<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	4	NM

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM LA
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	GC NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM LA
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM

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

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<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	QL NM	<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	QL NM	<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	QL NM	<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	4	
EVOTAZ TAB 300-150	5	NM	SIRTURO TABS 20mg, 100mg	5	NM LA PA
GENVOYA TAB	5	NM	TRECTOR TABS 250mg	4	
JULUCA TAB 50-25MG	5	NM	ANTIVIRALS		
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM	<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	GC
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	4	NM	<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	4	NM	<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	4	NM	<i>adefovir dipivoxil</i> TABS 10mg	4	NM
ODEFSEY TAB	5	NM	BARACLUDE SOLN .05mg/ml	5	NM
PREZCOBIX TAB 800-150	5	NM	<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	4	NM
STRIBILD TAB	5	NM	EPCLUSA PAK 150-37.5	5	NM PA
SYMTUZA TAB	5	NM	EPCLUSA PAK 200-50MG	5	NM PA
TRIUMEQ PD TAB	5	NM	EPCLUSA TAB 200-50MG	5	NM PA
TRIUMEQ TAB	5	NM	EPCLUSA TAB 400-100	5	NM PA
TRIZIVIR TAB	5	NM	<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
ANTITUBERCULAR AGENTS			<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
<i>cycloserine</i> CAPS 250mg	5		HARVONI PAK 33.75-150MG	5	NM PA
<i>ethambutol hcl</i> TABS 100mg	3		HARVONI PAK 45-200MG	5	NM PA
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	3		HARVONI TAB 45-200MG	5	NM PA
<i>isoniazid</i> SYRP 50mg/5ml	4		HARVONI TAB 90-400MG	5	NM PA
<i>isoniazid</i> TABS 100mg, 300mg	1	GC	<i>lamivudine (hbv)</i> TABS 100mg	4	NM
PRIFTIN TABS 150mg	4		MAVYRET PAK 50-20MG	5	NM PA
<i>pyrazinamide</i> TABS 500mg	4		MAVYRET TAB 100-40MG	5	NM PA
			<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	3	QL
			<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	3	QL

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<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	3	QL	CEFAZOLIN SOLN 2GM/100ML-4%	4	
PAXLOVID TAB 150-100 QL (40 tabs / 30 days) \$0 Cost Share	3	QL	<i>cefdinir</i> CAPS 300mg	2	GC
PAXLOVID TAB 300-100 QL (60 tabs / 30 days) \$0 Cost Share	3	QL	<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA	<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA	<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM	<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM	<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>rimantadine hydrochloride</i> TABS 100mg	4		<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	3		<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	5		<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	3		<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
VEMLIDY TABS 25mg	5	NM	<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
VOSEVI TAB	5	NM PA	<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
CEPHALOSPORINS			<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefaclor</i> CAPS 250mg, 500mg	3		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
<i>cefaclor</i> SUSR 250mg/5ml	4		TEFLARO SOLR 400mg, 600mg	5	
CEFACLOR ER TB12 500mg	4		ERYTHROMYCINS/MACROLIDES		
<i>cefadroxil</i> CAPS 500mg	2	GC	<i>azithromycin</i> PACK 1gm	3	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4		<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	1	GC
CEFAZOLIN INJ 1GM/50ML	4		<i>azithromycin</i> TABS 600mg	1	GC
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	

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<i>clarithromycin</i> TABS 250mg, 500mg	3		<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	4	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	4		PENICILLINS		
DIFICID SUSR 40mg/ml; TABS 200mg	5		<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
e.e.s. 400 TABS 400mg	4		<i>amoxicillin</i> CHEW 125mg, 250mg	2	GC
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4		<i>amoxicillin & k clavulanate</i> chew tab 200-28.5 mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4		<i>amoxicillin & k clavulanate</i> chew tab 400-57 mg	4	
<i>erythrocin stearate</i> TABS 250mg	4		<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4		<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4		<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	3	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	4		<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	3	
FLUOROQUINOLONES			<i>amoxicillin & k clavulanate</i> tab 250-125 mg	3	
CIPRO SUSR 500mg/5ml	4		<i>amoxicillin & k clavulanate</i> tab 500-125 mg (generic of AUGMENTIN)	2	GC
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3		<i>amoxicillin & k clavulanate</i> tab 875-125 mg	2	GC
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3		<i>amoxicillin & k clavulanate</i> tab er 12hr 1000-62.5 mg	4	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	GC	<i>ampicillin</i> CAPS 500mg	2	GC
<i>ciprofloxacin hcl</i> TABS 750mg	1	GC	<i>ampicillin & sulbactam sodium</i> for inj 1.5 (1-0.5) gm (generic of UNASYN)	4	
<i>levofloxacin</i> SOLN 25mg/ml	4		<i>ampicillin & sulbactam sodium</i> for inj 3 (2-1) gm (generic of UNASYN)	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC	<i>ampicillin & sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm	4	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	3		<i>ampicillin & sulbactam sodium</i> for iv soln 3 (2-1) gm	4	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3				
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3				
<i>moxifloxacin hcl</i> TABS 400mg	4				

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Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin & sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	4	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	4	
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	4	
<i>penicillin g sodium</i> SOLR 5000000unit	4	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	4	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	4	

Drug Name	Drug Requirements/ Tier	Limits
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	3	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLEOSTINE CAPS 10mg, 40mg	4	NM	<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	5	B/D
GLEOSTINE CAPS 100mg	5	NM	<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	5	B/D
LEUKERAN TABS 2mg	5		PURIXAN SUSP 2000mg/100ml	5	NM LA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	4	B/D	TABLOID TABS 40mg	4	
<i>oxaliplatin</i> SOLR 100mg	5	B/D	HORMONAL ANTINEOPLASTIC AGENTS		
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
ANTIBIOTICS			<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	5	QL NM PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D	AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	QL NM LA PA
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	5	B/D	AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	QL NM LA PA
ELLECE SOLN 50mg/25ml, 200mg/100ml	4	B/D	<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	2	GC
ANTIMETABOLITES			<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	2	GC
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	5	B/D NM	ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM PA
<i>cytarabine</i> SOLN 20mg/ml	3	B/D	EMCYT CAPS 140mg	5	
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D	ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	QL NM LA PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	4	B/D	ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	4	B/D	EULEXIN CAPS 125mg	5	
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	QL NM LA PA	<i>exemestane</i> (generic of AROMASIN) TABS 25mg	4	
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	QL NM LA PA	FIRMAGON SOLR 80mg	4	NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	QL NM LA PA	FIRMAGON SOLR 120mg/vial	5	NM PA
<i>mercaptopurine</i> TABS 50mg	3		<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	5	B/D
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D	<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	2	GC
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	QL NM LA PA	<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM PA
			LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM PA

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LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM PA
LYSODREN TABS 500mg	5	NM LA
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	5	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	QL NM LA PA
ORGOVYX TABS 120mg	5	NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	GC
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	4	
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	QL NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL NM LA PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	QL NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	2	GC
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	4	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	4	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	QL NM LA PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL NM PA
MATULANE CAPS 50mg <i>tretinoin</i> (chemotherapy) CAPS 10mg	5	NM LA
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	QL NM LA PA
MITOTIC INHIBITORS		
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D

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<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	QL NM LA PA
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D NM	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC B/D	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	QL NM LA PA
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA PA
MOLECULAR TARGET AGENTS					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	QL NM LA PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	QL NM LA PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	QL NM LA PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	QL NM LA PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	QL NM LA PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	QL NM LA PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM LA PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	QL NM LA PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	QL NM LA PA	DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	QL NM LA PA	DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	QL NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM PA	ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	QL NM LA PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	5	NM PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	5	QL NM PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	5	QL NM PA	<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5	QL NM PA			
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	QL NM LA PA			

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<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL NM LA PA
EXKIVITY CAPS 40mg QL (120 caps / 30 days)	5	QL NM LA PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL NM LA PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5	QL NM LA PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	5	QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5	QL NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	QL NM LA PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL NM LA PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	5	QL NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	5	QL NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5	QL NM LA PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL NM LA PA
HERCEP HYLEC SOL 60-10000	5	NM LA PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	QL NM LA PA
HERCEPTIN SOLR 150mg	5	NM LA PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA PA
HERZUMA SOLR 150mg, 420mg	5	NM PA	KADCYLA SOLR 100mg, 160mg	5	B/D NM LA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL NM LA PA	KANJINTI SOLR 150mg, 420mg	5	NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL NM LA PA	KEYTRUDA SOLN 100mg/4ml	5	NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM LA PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL NM LA PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA
			KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	QL NM LA PA
			KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	QL NM LA PA
			KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	QL NM LA PA

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<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	5	QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	QL NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM LA PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM LA PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM LA PA	MONJUVI SOLR 200mg	5	NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM LA PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM LA PA	OGIVRI SOLR 150mg	5	NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	QL NM LA PA	OGIVRI INJ 420MG	5	NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	QL NM LA PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	5	QL NM LA PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	QL NM LA PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	QL NM LA PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	QL NM LA PA	ONTRUZANT SOLR 150mg, 420mg	5	NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM LA PA	<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	QL NM LA PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	QL NM LA PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	QL NM LA PA	PHESGO SOL	5	NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	QL NM LA PA	PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	QL NM LA PA	PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	QL NM PA
			PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	QL NM PA
			QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	QL NM LA PA
			RETEVMO CAPS 40mg QL (180 caps / 30 days)	5	QL NM LA PA
			RETEVMO CAPS 80mg QL (120 caps / 30 days)	5	QL NM LA PA

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REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5 QL NM LA PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	5 QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	5 QL NM LA PA	TASIGNA CAPS 50mg QL (120 caps / 30 days)	5 QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5 QL NM LA PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	5 QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5 QL NM LA PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	5 QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5 QL NM LA PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5 NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5 QL NM PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5 QL NM LA PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5 QL NM PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5 QL NM LA PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5 QL NM PA	TRAZIMERA SOLR 150mg, 420mg	5 NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	5 QL NM PA	TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	5 QL NM LA PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	5 QL NM PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5 NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5 QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5 QL NM LA PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5 QL NM LA PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	5 QL NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5 QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5 QL NM LA PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5 QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4 QL NM LA PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5 QL NM LA PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5 QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	5 QL NM LA PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5 QL NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	5 QL NM LA PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5 QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5 QL NM LA PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5 QL NM LA PA
		VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5 QL NM LA PA
		VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5 QL NM LA PA

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VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5 QL NM LA PA	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5 NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5 QL NM LA PA	ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5 QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5 QL NM LA PA	ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	5 QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	5 QL NM LA PA	ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5 QL NM LA PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	5 QL NM LA PA	PROTECTIVE AGENTS	
XALKORI CPSP 20mg QL (240 caps / 30 days)	5 QL NM LA PA	<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4 B/D
XALKORI CPSP 150mg QL (180 caps / 30 days)	5 QL NM LA PA	<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5 QL NM LA PA	MESNEX TABS 400mg	5
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	5 QL NM LA PA	CARDIOVASCULAR	
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5 QL NM LA PA	ACE INHIBITOR COMBINATIONS	
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1 GC QL
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1 GC QL
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1 GC QL
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1 GC QL
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1 GC QL
ZEJULA CAPS 100mg QL (90 caps / 30 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1 GC QL
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5 QL NM LA PA	<i>benazepril &</i> <i>hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	1 GC
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5 QL NM LA PA		

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

Drug Name	Drug Requirements/ Tier	Limits
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	GC
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	GC
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	GC
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	GC
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	GC
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	GC
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	GC
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>epplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	2	GC
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	GC

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS					
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	GC QL	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	GC QL	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1	GC
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	GC QL	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1	GC
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	GC QL	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	1	GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	GC QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	3	QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	GC QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	3	QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	GC QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	3	QL			
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	1	GC QL			

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Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	GC QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	GC QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	GC QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	GC QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	GC QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	GC
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	4	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	4	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	GC
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	3	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	2	GC

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sorine</i> TABS 240mg	2	GC	<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	3	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	2	GC	<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	4	
<i>sotalol hcl</i> TABS 240mg	2	GC	<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm	4	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	3		<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	3	
ANTILIPEMICS, FIBRATES			<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	3	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	2	GC	<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	GC QL
<i>fenofibrate</i> TABS 54mg, 160mg	2	GC	<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	GC QL
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3		<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	GC QL
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	GC	<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	GC QL
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS			<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL	<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	3	PA
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	GC QL	<i>prevalite</i> PACK 4gm	3	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	3	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL	REPATHA SOSY 140mg/ml	3	NM PA
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	GC QL	REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM PA
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL	REPATHA SURECLICK SOAJ 140mg/ml	3	NM PA
ANTILIPEMICS, MISCELLANEOUS			VASCEPA CAPS .5gm, 1gm	3	
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	3		BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>cholestyramine light</i> PACK 4gm	3		<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1	GC
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	GC
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	GC
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	2	GC
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg</i>	1	GC
<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>nadolol (generic of CORGARD) TABS 20mg, 40mg</i>	3	
<i>nadolol TABS 80mg</i>	3	
<i>nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg</i>	3	QL
QL (30 tabs / 30 days)		
<i>nebivolol hcl (generic of BYSTOLIC) TABS 20mg</i>	3	QL
QL (60 tabs / 30 days)		
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>	3	
<i>propranolol hcl SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	GC
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>	1	GC
<i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	2	GC
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	3	
<i>diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg</i>	2	GC
<i>diltiazem hcl TABS 90mg</i>	2	GC
<i>diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	2	GC

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<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	4		<i>chlorthalidone</i> TABS 25mg, 50mg	2	GC
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC	<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	GC	<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	GC
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4		<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3		<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	3		<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>nimodipine</i> CAPS 30mg	4		<i>methazolamide</i> TABS 25mg, 50mg	4	
NYMALIZE SOLN 6mg/ml	5		<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC	<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	2	GC
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4		<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	3		<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	GC	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1	GC
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	GC	MISCELLANEOUS		
DIURETICS			<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg	1	GC
<i>acetazolamide</i> CP12 500mg	4		<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	3	
<i>acetazolamide</i> TABS 125mg, 250mg	3		<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	GC	<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	3	
<i>amiloride hcl</i> TABS 5mg	2	GC	<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	3				
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	3				

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CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	4	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	4	QL
<i>digoxin</i> SOLN .05mg/ml	4	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	4	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	GC QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	3	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	GC
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	GC
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	3	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM LA PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	3	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM LA PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL

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<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	2	GC	NAMZARIC CAP 14-10MG	4	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL	NAMZARIC CAP 21-10MG	4	
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL	NAMZARIC CAP 28-10MG	4	
ANTIDEMENTIA			NAMZARIC CAP PACK	4	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	2	GC QL	<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	GC	<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	2	GC QL	ANTIDEPRESSANTS		
<i>donepezil hydrochloride</i> TBDP 10mg	2	GC	<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL	<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	4	QL	AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL PA
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL	<i>bupropion hcl</i> TABS 75mg, 100mg	3	
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	4	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	QL
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	4	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	3	QL
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	3	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	3	QL
NAMZARIC CAP 7-10MG	4		<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
			<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	GC
			<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	4	PA
			<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	4	

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<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	4		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3		<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL	<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA	<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	2	GC
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	GC	<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	3	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA	<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA	<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	3	
FETZIMA CAP TITRATIO QL (2 packs / year)	4	QL PA	<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	1	GC
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg	1	GC	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	4	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	2	GC	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3		<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC	<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL	TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg	3		<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	2	GC
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	2	GC	<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>mirtazapine</i> TABS 45mg	2	GC			

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<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	QL NM LA PA	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	QL NM LA PA	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	4	
ANTIPARKINSONIAN AGENTS			<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	3	QL	<i>entacapone</i> TABS 200mg	4	
<i>amantadine hcl</i> SOLN 50mg/5ml	3		INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	QL NM LA PA
<i>amantadine hcl</i> TABS 100mg	4		NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4		<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	GC
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	2	GC PA	<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	4	QL
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	4		<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	GC
<i>carb/levo orally disintegrating tab 10-100mg</i>	4		<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	4		<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	3	PA
<i>carb/levo orally disintegrating tab 25-250mg</i>	4		<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	2	GC PA
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	2	GC	ANTIPSYCHOTICS		
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	2	GC	ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
<i>carbidopa & levodopa tab 25-250 mg</i>	2	GC	ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
<i>carbidopa & levodopa tab er 25-100 mg</i>	3				
<i>carbidopa & levodopa tab er 50-200 mg</i>	3				
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4				
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4				

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<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	4	QL	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	5	QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	QL	FANAPT PAK QL (2 packs / year)	4	QL PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
ARISTADA INITIO PRSY 675mg/2.4ml	5		<i>haloperidol</i> TABS .5mg, 1mg, 3 2mg, 5mg, 10mg, 20mg	3	
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	3	
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	3	
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4		<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	3		INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	4	QL	INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	4	QL	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	QL
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	4	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL

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	Tier	Limits		Tier	Limits
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	4	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	2	GC QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4		<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	2	GC QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	QL NM LA PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	2	GC QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	QL NM LA PA	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	4	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	GC QL	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	GC QL	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL	RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	4	QL	RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	4	QL	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	4	QL	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	2	GC
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	4	QL	<i>risperidone</i> TABS .25mg	2	GC
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3		<i>risperidone</i> TBP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL	<i>risperidone</i> TBP 4mg QL (120 tabs / 30 days)	4	QL
<i>pimozide</i> TABS 1mg, 2mg	4		<i>risperidone</i> TBP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	2	GC QL			

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<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	QL
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	4	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	5	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
<i>carbamazepine</i> CHEW 100mg	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	4	
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	GC QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL

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<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM LA PA	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	2	GC
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM LA PA	EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM LA PA	<i>epitol</i> (generic of TEGRETOL) TABS 200mg	3	
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA	EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	3	QL PA	<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg	4	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	2	GC QL PA	<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	3	
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4		<i>felbamate</i> SUSP 600mg/5ml	5	
<i>diazepam inj</i> SOLN 5mg/ml	4		<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	4	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	3	QL PA	FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM LA PA
DILANTIN CAPS 30mg, 100mg	4		FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
DILANTIN INFATABS CHEW 50mg	4		FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
DILANTIN-125 SUSP 125mg/5ml	4		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	4		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	2	GC QL
			<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3	QL
			<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	3	QL
			<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	3	QL
			<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	4	

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<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	4	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	4	
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	3	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL	<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	4	QL PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	3		<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	GC	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	4	PA
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4		<i>phenytek</i> CAPS 200mg, 300mg	4	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	3		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	4		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	3		<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	4		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	3	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	4		<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	3	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	4		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	4		<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	3	QL PA
NAYZILAM SOLN 5mg/0.1ml	4		<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
			<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	4	QL PA

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<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	2	GC	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
<i>primidone</i> TABS 125mg	2	GC	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	3		<i>vigabatrin</i> (generic of SABRIL) PACK 500mg	5	QL NM LA PA
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA	QL (180 packets / 30 days)		
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	4	QL PA	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	5	QL PA	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL	XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	GC	XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA	XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	3		XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	2	GC	ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	QL PA
<i>valproate sodium</i> SOLN 100mg/ml	4		<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	2	GC
<i>valproate sodium</i> SOLN 250mg/5ml	3		<i>zonisamide</i> CAPS 50mg	2	GC
<i>valproic acid</i> CAPS 250mg	3		ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM LA PA
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4				
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4				

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Drug Name	Drug Requirements/ Tier	Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA	<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL PA	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA	NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
HYPNOTICS			QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	5	QL NM PA	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	4	QL PA	<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	4	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	4	QL PA	<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	4	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	GC QL PA	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
MIGRAINE			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	QL

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<i>sumatriptan succinate</i> SOLN 4 6mg/0.5ml QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 2 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	GC QL
UBRELVY TABS 50mg, 100mg 3 QL (16 tabs / 30 days)	3	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg 5 QL (60 tabs / 30 days)	5	QL NM LA PA
AUSTEDO TABS 9mg, 12mg 5 QL (120 tabs / 30 days)	5	QL NM LA PA
AUSTEDO XR TB24 6mg 5 QL (90 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 12mg 5 QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 24mg 5 QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TAB TITR KIT 5 QL (2 packs / year)	5	QL NM PA
LITHIUM SOLN 8meq/5ml 4	4	
<i>lithium carbonate</i> CAPS 1 150mg, 300mg, 600mg	1	GC
<i>lithium carbonate</i> TABS 2 300mg; TBCR 450mg	2	GC
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg 2 GC	2	GC
NUDEXTA CAP 20-10MG 4 QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg 3	3	
<i>riluzole</i> (generic of RILUTEK) TABS 50mg 4	4	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg 5 QL (90 tabs / 30 days)	5	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg 5 QL (120 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg 5 QL (120 caps / 30 days)	5	QL NM LA PA
BETASERON KIT .3mg 5 QL (14 syringes / 28 days)	5	QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg 3 QL (60 tabs / 30 days)	3	QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg 5 QL (30 caps / 30 days)	5	QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml 5 QL (30 syringes / 30 days)	5	QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml 5 QL (12 syringes / 28 days)	5	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml 5 QL (30 syringes / 30 days)	5	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml 5 QL (12 syringes / 28 days)	5	QL NM PA
KESIMPTA SOAJ 5 20mg/0.4ml QL (16 pens / year)	5	QL NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg 3 QL (90 tabs / 30 days)	3	QL
<i>baclofen</i> TABS 10mg, 20mg 3	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg 3 QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg 4	4	
<i>dantrolene sodium</i> CAPS 50mg, 100mg 4	4	
<i>tizanidine hcl</i> TABS 2mg 2 GC	2	GC

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<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	2	GC	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv) QL (90 tabs / 30 days)	2	GC QL
NARCOLEPSY/CATAPLEXY			<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv) QL (90 tabs / 30 days)	2	GC QL
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	4	QL PA	<i>bupropion hcl</i> (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	3	QL
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA	<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	3	QL PA	<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	3	QL PA	<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM LA PA	<i>naltrexone hcl</i> TABS 50mg	3	
PSYCHOTHERAPEUTIC-MISC			NICOTROL INHALER INHA 10mg	4	
<i>acamprosate calcium</i> TBEC 333mg	4		NICOTROL NS SOLN 10mg/ml	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA	<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	4	QL	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	4	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	4	QL	VIVITROL SUSR 380mg	5	NM
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	4	QL	ENDOCRINE AND METABOLIC ANDROGENS		
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	4	QL	<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
			<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	5	QL PA
			<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
			<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	4	QL PA
			<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
			<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

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ANTIDIABETICS					
acarbose TABS 25mg, 50mg, 100mg			GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL PA	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL PA	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	GC QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	GC QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	GC QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	GC QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	GC QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	GC QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	3	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	GC QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	3	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	GC QL	metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	GC QL	metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	GC QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL	metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	GC QL
			metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
			metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	3	QL PA	SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	GC QL	SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	3	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	3	QL PA	SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA	SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	GC QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg QL (90 tabs / 30 days)	1	GC QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	GC QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	GC QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	GC QL	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
			XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
			ANTIDIABETICS, INSULINS		
			ADMELOG SOLN 100unit/ml	3	
			ADMELOG SOLOSTAR SOPN 100unit/ml	3	

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BASAGLAR KWIKPEN SOPN 100unit/ml	3		NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3	
BD ALCOHOL SWABS	3		NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3	
FIASP SOLN 100unit/ml	3		OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	4	QL PA
FIASP FLEXTOUCH SOPN 100unit/ml	3		OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	4	QL PA
FIASP PENFILL SOCT 100unit/ml	3		OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	4	QL PA
FIASP PUMPCART SOCT 100unit/ml	3	B/D	OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	4	QL PA
GAUZE PADS 2" X 2"	3		OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	B/D	OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5		OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	4	QL PA
INSULIN PEN NEEDLES: BD/NOVO	3		OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	4	QL PA
INSULIN SAFETY NEEDLES	3		OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	4	QL PA
INSULIN SYRINGES: BD	3		OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	4	QL PA
LANTUS SOLN 100unit/ml	3		OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	4	QL PA
LANTUS SOLOSTAR SOPN 100unit/ml	3		OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	4	QL PA
NOVOLIN INJ 70/30 (brand RELION not covered)	3		OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	4	QL PA
NOVOLIN INJ 70/30 FP (brand RELION not covered)	3		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3		SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	QL
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3		TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3				
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3				

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TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT QL (30 devices / 30 days)	4	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	4	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg	1	GC
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM PA
XGEVA SOLN 120mg/1.7ml	5	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	4	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of JADENU) TABS 90mg	3	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	5	NM PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
sps SUSP 15gm/60ml	3	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	5	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	GC
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	GC
<i>aranelle</i>	3	
<i>aubra eq</i>	2	GC
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	GC
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	GC
<i>chateal eq</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	GC
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane</i> TABS .35mg	2	GC
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	3	
<i>elinest</i>	3	
<i>eluryng (generic of NUVARING)</i>	4	
<i>enilloring (generic of NUVARING)</i>	4	
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin TABS .35mg</i>	2	GC
<i>estarylla</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	4	
<i>falmina</i>	2	GC
<i>hailey 1.5/30</i>	3	
<i>haloette (generic of NUVARING)</i>	4	
<i>heather TABS .35mg</i>	2	GC
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	2	GC
<i>jasmiel (generic of YAZ)</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>leena</i>	3	
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	GC
<i>levora 0.15/30-28</i>	3	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC
<i>loryna (generic of YAZ)</i>	3	
<i>low-ogestrel</i>	3	
<i>lutera</i>	2	GC
<i>lyleq TABS .35mg</i>	2	GC
<i>lyza TABS .35mg</i>	2	GC
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	2	GC
<i>microgestin fe 1/20</i>	2	GC
<i>mili</i>	2	GC
<i>mono-lynyah</i>	2	GC
<i>necon 0.5/35-28</i>	3	
<i>nikki (generic of YAZ)</i>	3	
<i>nora-be TABS .35mg</i>	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	GC
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	GC
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc TABS .35mg</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	2	GC
<i>ocella (generic of YASMIN 28)</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	GC
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	GC
<i>simliya</i>	3	
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda (generic of YASMIN 28)</i>	3	
<i>tarina fe 1/20 eq</i>	2	GC
<i>tilia fe</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	3	
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	3	
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	3	
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	3	
<i>trivora-28</i>	2	GC
<i>turqoz</i>	3	
<i>velivet</i>	3	
<i>vestura (generic of YAZ)</i>	3	
<i>vienna</i>	2	GC
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	GC
<i>wera</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	GC
<i>zumandimine (generic of YASMIN 28)</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	4	
<i>SYNAREL SOLN 2mg/ml</i>	5	PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</i>	3	
<i>dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	

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<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		DEXAMETHASONE INTENSOL CONC 1mg/ml	4	B/D
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	2	GC	<i>fludrocortisone acetate</i> TABS .1mg	2	GC
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3		<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	3		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	3	B/D
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	3		<i>methylprednisolone</i> TABS 32mg	3	B/D
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	4		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	2	GC
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	4		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	3	B/D
<i>fyavolv tab 0.5mg-2.5mcg</i>	3		<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	3	B/D
<i>fyavolv tab 1mg-5mcg</i>	3		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	3	B/D
<i>jinteli</i>	3		<i>prednisolone</i> SOLN 15mg/5ml	2	GC B/D
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	4	B/D
<i>mimvey</i> (generic of ACTIVELLA)	3		<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	GC B/D
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3		<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	4	B/D
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3		<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	4		<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	GC B/D
GLUCOCORTICOIDS			<i>prednisone</i> TBPK 5mg, 10mg	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	B/D	PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
			SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLUCOSE ELEVATING AGENTS					
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	5		GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3		INCRELEX SOLN 40mg/4ml	5	NM LA PA
GVOKE KIT SOLN 1mg/0.2ml	3		<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	NM LA PA
GVOKE PFS SOSY 1mg/0.2ml	3		KORLYM TABS 300mg	5	NM LA PA
MISCELLANEOUS					
ALDURAZYME SOLN 2.9mg/5ml	5	NM LA PA	<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	4	B/D
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	5	NM LA	LUMIZYME SOLR 50mg	5	NM LA PA
<i>cabergoline</i> TABS .5mg	3		LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	5	NM LA PA	LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NM PA
CERDELGA CAPS 84mg	5	NM LA PA	LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NM PA
CEREZYME SOLR 400unit	5	NM LA PA	<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	5	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	4	B/D QL NM	<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	5	B/D QL NM	NAGLAZYME SOLN 1mg/ml	5	NM LA PA
CYSTAGON CAPS 50mg, 150mg	4	NM LA PA	<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	5		<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	4	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	3		<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM PA
<i>desmopressin acetate spray</i> SOLN .01%	4		<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	5	NM PA
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4		<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
FABRAZYME SOLR 5mg, 35mg	5	NM LA PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	3	
GENOTROPIN CART 5mg, 12mg	5	NM PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	NM PA	<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	3	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM LA PA	THYROID AGENTS		
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	5	NM PA	<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM LA PA	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM LA PA	<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA	<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
PHOSPHATE BINDER AGENTS			<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	3	
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	3	QL	<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	3	QL	<i>propylthiouracil</i> TABS 50mg	3	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	4	QL	SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	4	QL	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	4	QL			
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL			
PROGESTINS					
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	GC			
<i>megestrol acetate</i> SUSP 40mg/ml	3				
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA			
<i>norethindrone acetate</i> TABS 5mg	3				

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VITAMIN D ANALOGS					
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	2	GC B/D	<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	4	B/D	<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	4	B/D	<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>paricalcitol</i> CAPS 4mcg	4	B/D	<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
RAYALDEE CPR 30mcg	5		<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	4	QL PA
GASTROINTESTINAL ANTIEMETICS			ANTISPASMODICS		
<i>aprepitant</i> CAPS 40mg, 125mg	4	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	4	B/D	<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D	<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	3	QL
<i>compro</i> SUPP 25mg	4		<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	3	QL
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	4	B/D QL	H2-RECEPTOR ANTAGONISTS		
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL	<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4		<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	4	QL
<i>granisetron hcl</i> TABS 1mg	4	B/D	<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	GC QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC	<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	GC QL
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3		<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	GC	<i>nizatidine</i> CAPS 150mg, 300mg	4	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D			
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3				
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D			
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D			
<i>prochlorperazine</i> SUPP 25mg	4				

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
INFLAMMATORY BOWEL DISEASE		MISCELLANEOUS	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	3	<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	2 GC
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	4 QL PA	PLENVU SOL	4
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	5 QL PA	<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	3
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	4	MISCELLANEOUS	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	4 QL	<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	5 QL PA
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	4 QL	<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	4
<i>mesalamine</i> ENEM 4gm	4	<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	4	<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	3
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	4 QL	GATTEX KIT 5mg	5 NM LA PA
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	4	LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4 QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	2 GC	<i>loperamide hcl</i> CAPS 2mg	3
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	3	<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	3
LAXATIVES		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3 QL
<i>constulose</i> SOLN 10gm/15ml	3	RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5 QL PA
<i>enulose</i> SOLN 10gm/15ml	3	<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	3
<i>gavilyte-c</i>	2 GC	<i>ursodiol</i> CAPS 300mg	3
<i>gavilyte-g</i> (generic of GOLYTELY)	2 GC	<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4
<i>generlac</i> SOLN 10gm/15ml	3	<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4
<i>lactulose</i> SOLN 10gm/15ml	3	XERMELO TABS 250mg QL (84 tabs / 28 days)	5 QL NM LA PA
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	XIFAXAN TABS 550mg	5 PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	2 GC		

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PANCREATIC ENZYMES					
CREON CAP 3000UNIT	3		<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	GC QL
CREON CAP 6000UNIT	3		<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	2	GC QL
CREON CAP 12000UNIT	3		MISCELLANEOUS		
CREON CAP 24000UNIT	3		<i>acetic acid</i> SOLN .25%	2	GC
CREON CAP 36000UNIT	3		<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
ZENPEP CAP 3000UNIT	4		<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	4	
ZENPEP CAP 5000UNIT	4		<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	4	
ZENPEP CAP 10000UNIT	4		<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	4	
ZENPEP CAP 15000UNIT	4		URINARY ANTISPASMODICS		
ZENPEP CAP 20000UNIT	4		GEMTESA TABS 75mg QL (30 tabs / 30 days)	4	QL
ZENPEP CAP 25000UNIT	4		MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
ZENPEP CAP 40000UNIT	4		MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
ZENPEP CAP 60000UNIT	4		<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	3	QL
PROTON PUMP INHIBITORS			<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	3	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST	<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	3	QL
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	3	QL	<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	3	QL	<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC			
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	4				
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	GC			
GENITOURINARY					
BENIGN PROSTATIC HYPERPLASIA					
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	2	GC QL			
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	3	QL			
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	4	QL			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	4	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	3	QL	HEP SOD/D5W INJ 20000UNT	4	
VAGINAL ANTI-INFECTIVES			HEP SOD/D5W INJ 25000UNT	4	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	3		HEP SOD/NACL INJ 12500UNT	3	
<i>metronidazole vaginal</i> GEL .75%	3		HEP SOD/NACL INJ 25000UNT	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3		<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEMATOLOGIC ANTICOAGULANTS			HEPARIN/NACL INJ 25000UNT	3	
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	4	QL	<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	4	QL	PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	4	QL	<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL	XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL	XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4		XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
			HEMATOPOIETIC GROWTH FACTORS		
			PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
			PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA

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	Tier	Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS 1mg	4	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	2	GC
DOPTELET TABS 20mg	5	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	2	GC
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	4	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA

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HUMIRA PEDIA INJ CROHNS QL (2 syringes / 28 days)	5	QL NM PA	KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	5	QL NM PA	OTEZLA TABS 30mg QL (60 tabs / 30 days)	5	QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA	OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA	REMICADE SOLR 100mg	5	NM LA PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	QL NM PA	RENFLEXIS SOLR 100mg	5	NM LA PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	5	QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	5	QL NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA	SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA	SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	5	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	QL NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL NM LA PA
INFLIXIMAB SOLR 100mg	5	NM LA PA	STELARA SOLN 130mg/26ml	5	NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
			TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM LA PA
			XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL NM PA
			XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
			XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA

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DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	3	IMMUNOMODULATORS	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	3 QL	ACTIMMUNE SOLN 2000000unit/0.5ml	5 NM LA PA
<i>methotrexate sodium</i> TABS 2.5mg	3	ARCALYST SOLR 220mg	5 NM LA PA
XATMEP SOLN 2.5mg/ml	4 B/D	IMMUNOSUPPRESSANTS	
IMMUNOGLOBULINS		ASTAGRAF XL CP24 5mg	5 B/D NM
BIVIGAM SOLN 5gm/50ml, 10%	5 NM LA PA	ASTAGRAF XL CP24 .5mg, 1mg	4 B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5 NM PA	<i>azathioprine</i> (generic of IMURAN) TABS 50mg	3 B/D
GAMASTAN INJ	4 B/D NM LA	BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5 QL NM LA PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5 NM PA	BENLYSTA SOLR 120mg, 400mg	5 NM LA PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5 NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	4 B/D NM
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5 NM PA	<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4 B/D NM
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5 NM LA PA	<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	4 B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5 NM PA	<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	5 B/D NM
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5 NM PA	<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4 B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5 NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	3 B/D NM
		<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	5 B/D NM
		<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	4 B/D NM
		NULOJIX SOLR 250mg	5 B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
PROGRAF PACK .2mg, 1mg	4	B/D NM
REZUROCK TABS 200mg	5	NM LA PA
SANDIMMUNE SOLN 100mg/ml	4	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	5	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	4	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	4	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	GC
ACTHIB INJ	1	GC
ADACEL INJ	1	GC
AREXVY SUSR 120mcg/0.5ml	1	GC
BCG VACCINE SOLR 50mg	1	GC
BEXSERO INJ	1	GC
BOOSTRIX INJ	1	GC
DAPTACEL INJ	1	GC
DENGVAXIA SUS	1	GC
DIP/TET PED INJ 25-5LFU	1	GC B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	GC B/D
GARDASIL 9 INJ	1	GC
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	GC
HEPLISAV-B SOSY 20mcg/0.5ml	1	GC B/D
HIBERIX SOLR 10mcg	1	GC
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	GC B/D
INFANRIX INJ	1	GC
IPOL INJ INACTIVE	1	GC
IXIARO INJ	1	GC
JYNNEOS SUSP .5ml	1	GC B/D
KINRIX INJ	1	GC
M-M-R II INJ	1	GC
MENACTRA INJ	1	GC
MENQUADFI INJ	1	GC
MENVEO INJ	1	GC

Drug Name	Drug Requirements/ Tier	Limits
MENVEO SOL	1	GC
PEDIARIX INJ 0.5ML	1	GC
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	GC
PENBRAYA INJ	1	GC
PENTACEL INJ	1	GC
PREHEVBRIO SUSP 10mcg/ml	1	GC B/D
PRIORIX INJ	1	GC
PROQUAD INJ	1	GC
QUADRACEL INJ	1	GC
QUADRACEL INJ 0.5ML	1	GC
RABAVERT INJ	1	GC B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	GC B/D
ROTARIX SUS	1	GC
ROTATEQ SOL	1	GC
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	GC QL
TDVAX INJ 2-2 LF	1	GC B/D
TENIVAC INJ 5-2LF	1	GC B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	GC
TRUMENBA INJ	1	GC
TWINRIX INJ	1	GC
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	GC
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	GC
VARIVAX INJ 1350pfu/0.5ml	1	GC
YF-VAX INJ	1	GC

**NUTRITIONAL/SUPPLEMENTS
ELECTROLYTES/MINERALS,
INJECTABLE**

D2.5W/NAACL INJ 0.45%	4
D5W/LYTES INJ #48	4
D10W/NAACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/NAACL 0.45%)	3

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<i>dextrose 5% in lactated ringers</i>	3	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	3
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	KCL/D5W/NACL INJ 0.3/0.9%	4
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	3	<i>lactated ringer's solution</i>	3
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	3
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	3	<i>magnesium sulfate SOLN 50%</i>	3
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	3
ISOLYTE-P INJ /D5W	4	MG SO4/D5W INJ 10MG/ML	3
ISOLYTE-S INJ	4	<i>multiple electrolytes ph 5.5 (generic of PLASMA-LYTE-148)</i>	4
ISOLYTE-S INJ PH 7.4	4	<i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	PLASMA-LYTE INJ -148	4
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	PLASMA-LYTE INJ -A	4
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	POT CHL 20MEQ/L IN NACL 0.9% INJ	4
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	POT CHL 20MEQ/L IN NACL 0.45% INJ	4
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	3	POT CHL 40MEQ/L IN NACL 0.9% INJ	4
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	3	<i>potassium chloride SOLN 2meq/ml</i>	3
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	POTASSIUM CHLORIDE SOLN 10meq/50ml	4
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	3		
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3		

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	Tier	Limits
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	GC
klor-con 10 TBCR 10meq	2	GC
klor-con m10 TBCR 10meq	2	GC
klor-con m15 TBCR 15meq	3	
klor-con m20 TBCR 20meq	2	GC
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq	3	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride TBCR 8meq, 10meq	2	GC
potassium chloride (generic of K-TAB) TBCR 20meq	2	GC
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	2	GC
potassium chloride microencapsulated crystals er TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	GC
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neo-polycin hc ophth oint 1%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	2	GC
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	2	GC
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	GC
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	3	
bacitracin-polymyxin b ophth oint	2	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	GC
erythromycin (ophth) OINT 5mg/gm	2	GC
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	GC

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<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	3	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-</i> <i>10000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op</i> <i>oin</i>	3	
<i>neomycin-polymy-gramicid op</i> <i>sol 1.75-10000-0.025mg-unt-</i> <i>mg/ml</i>	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	2	GC
<i>polycin ophth oint</i>	2	GC
<i>polymyxin b-trimethoprim</i> <i>ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	3	
<i>tobramycin (ophth)</i> SOLN .3%	1	GC
<i>trifluridine</i> SOLN 1%	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	3	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	GC
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ketorolac tromethamine</i> <i>(ophth)</i> (generic of ACULAR LS) SOLN .4%	3	
<i>ketorolac tromethamine</i> <i>(ophth)</i> (generic of ACULAR) SOLN .5%	2	GC
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	GC
ZERVIAE SOLN .24%	4	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	4	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	GC
<i>dorzolamide hcl-timolol</i> <i>maleate ophth soln 2-0.5%</i> (generic of COSOPT)	2	GC
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	

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SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG	4	
.25%, .5%		
<i>timolol maleate (ophth)</i> SOLN	1	GC
.25%, .5%		
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN	3	
1%		
<i>atropine sulfate (ophthalmic)</i> SOLN	3	
1%		
CYSTADROPS SOLN .37%	5	NM LA PA
CYSTARAN SOLN .44%	5	NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	3	
.5%		
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN	3	
2%		
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	4	
<i>flac</i> (generic of DERMOTIC) OIL	3	
.01%		
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL	3	
.01%		
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	3	
<i>ofloxacin (otic)</i> SOLN	4	
.3%		
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	3	QL
QL (1 inhaler / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
BREZTRI AERO AER SPHERE	3	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	4	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL
QL (60 blisters / 30 days)		
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL
QL (60 blisters / 30 days)		
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL
QL (2 inhalers / 30 days)		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL
QL (30 blisters / 30 days)		
<i>ipratropium bromide</i> SOLN .02%	2	GC B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	GC QL
QL (300 mL / 30 days)		
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA
PA if 70 years and older		
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA
PA if 70 years and older		

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	3	PA	SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA if 70 years and older	3	PA	<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
<i>hydroxyzine pamoate</i> CAPS 50mg PA if 70 years and older	3	PA	VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	4	QL	VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	3	QL	LEUKOTRIENE MODULATORS		
BETA AGONISTS			<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	2	GC
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL	<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	4	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL	<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	1	GC
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL	<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	3	
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D	MISCELLANEOUS		
<i>albuterol sulfate</i> NEBU .083% <i>albuterol sulfate</i> SYRP 2mg/5ml	2	GC B/D	<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
<i>albuterol sulfate</i> TABS 2mg, 4mg	4		ARALAST NP SOLR 500mg, 1000mg	5	NM LA PA
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	4	B/D	BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	5	QL NM LA PA
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST	<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
			<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	3	
			<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	3	
			<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
			FASENRA SOSY 30mg/ml	5	NM LA PA

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Drug Name	Drug Requirements/ Tier Limits
FASENRA PEN SOAJ 30mg/ml	5 NM LA PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	5 QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5 QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5 QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	5 QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5 QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5 QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5 QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5 QL NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	5 QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	5 QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	5 QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	5 QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5 NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5 NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	3 QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	3 QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5 QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5 QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4
<i>theophylline</i> TB24 400mg, 600mg	3
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5 QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5 QL NM LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5 QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5 QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5 NM LA PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5 NM LA PA
NASAL STEROIDS	
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	3 QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2 GC QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4 QL PA
STEROID INHALANTS	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3 QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	4 B/D
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3 QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3 QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3 QL

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BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	3	QL	<i>amnestem</i> CAPS 10mg, 20mg, 40mg	4	PA
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL	<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	4	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL	<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL	<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL	<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL	<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL	<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL	<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL	<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	3	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL	<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
TOPICAL DERMATOLOGY, ACNE			<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	4	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA	<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
			<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
			DERMATOLOGY, ANTIBIOTICS		
			<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	3	QL
			<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	2	GC QL

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	Tier	Limits
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	2	GC
<i>ssd</i> (generic of SILVADENE) CREA 1%	2	GC
SULFAMYLLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	3	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	3	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	2	GC QL
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	3	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	3	QL
<i>ketconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	3	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	2	GC QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	4	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	4	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	4	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	3	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	2	GC QL
<i>selenium sulfide</i> LOTN 2.5%	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	GC
<i>ala-cort</i> CREA 2.5%	2	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
<i>betamethasone dipropionate (topical)</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	3	QL
<i>betamethasone dipropionate (topical)</i> OINT .05% QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate augmented</i> CREA .05% QL (120 gm / 30 days)	2	GC QL
<i>betamethasone dipropionate augmented</i> GEL .05% QL (120 gm / 30 days)	4	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	4	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	4	QL

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<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	3	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	3	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	4	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	4	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
ENSTILAR AER QL (120 gm / 30 days)	4	QL PA	<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	4	QL	<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	GC
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	4	QL	<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	2	GC QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	3	QL	<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	GC
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	4	QL	DERMATOLOGY, LOCAL ANESTHETICS		
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	3	QL	<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	4	QL PA
			<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	4	QL PA
			<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
			<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
			<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	3	B/D QL
			<i>lidocan iii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA

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DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE					
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	5	QL NM PA	<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	3	
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	3	QL	RECTIV OINT .4% QL (30 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	4	QL	<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	3	QL	VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL NM LA PA
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	3		DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	3		<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	4	QL
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	3	QL	<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	3	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	GC	DERMATOLOGY, WOUND CARE AGENTS		
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3		REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	4	QL	SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	3	QL	<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	4	QL	<i>water for irrigation, sterile irrigation soln</i>	2	GC
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA	MOUTH/THROAT/DENTAL AGENTS		
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	3	QL	<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	GC
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	3		<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	3	QL
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	3		<i>kourzeq</i> PSTE .1%	3	
			<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	GC
			<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	GC
			<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	GC
			<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	3	
			<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

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Index

- A**
- abacavir sulfate*.....5
abacavir sulfate-lamivudine tab 600-300 mg.....6
 ABELCET5
 ABILIFY
 see *aripiprazole*.....28
 ABILIFY MAINTENA.....27
abiraterone acetate.....11
 ABRYSSVO54
acamprosate calcium.....37
acarbose.....38
 ACCOLATE
 see *zafirlukast*.....59
 ACCUPRIL
 see *quinapril hcl*.....18
accutane61
acebutolol hcl.....22
acetaminophen w/ codeine soln 120-12 mg/5ml.....2
acetaminophen w/ codeine tab 300-15 mg.....2
acetaminophen w/ codeine tab 300-30 mg.....2
acetaminophen w/ codeine tab 300-60 mg.....2
acetazolamide23
acetic acid.....49
acetic acid (otic).....58
acetylcysteine59
acitretin62
 ACTHIB INJ54
 ACTIMMUNE53
 ACTIVELLA
 see *estradiol & norethindrone acetate tab 1-0.5 mg*44
 see *mimvey*.....44
 ACTOPLUS MET
 see *pioglitazone hcl-metformin hcl tab 15-850 mg*39
 ACTOS
 see *pioglitazone hcl*.....39
 ACULAR
 see *ketorolac tromethamine (ophth)*57
 ACULAR LS
 see *ketorolac tromethamine (ophth)*57
acyclovir.....7
acyclovir sodium7
 ADACEL INJ54
 ADALIMUMAB-AACF (2 PEN)51
 ADDERALL
 see *amphetamine-dextroamphetamine tab 10 mg*.....34
 see *amphetamine-dextroamphetamine tab 12.5 mg*.....34
 see *amphetamine-dextroamphetamine tab 15 mg*.....34
 see *amphetamine-dextroamphetamine tab 20 mg*.....34
 see *amphetamine-dextroamphetamine tab 30 mg*.....34
 see *amphetamine-dextroamphetamine tab 5 mg*.....34
 see *amphetamine-dextroamphetamine tab 7.5 mg*.....34
 ADDERALL XR
 see *amphetamine-dextroamphetamine cap er 24hr 10 mg* ...34
 see *amphetamine-dextroamphetamine cap er 24hr 15 mg* ...34
 see *amphetamine-dextroamphetamine cap er 24hr 20 mg* ...34
 see *amphetamine-dextroamphetamine cap er 24hr 25 mg* ...34
 see *amphetamine-dextroamphetamine cap er 24hr 30 mg* ...34
 see *amphetamine-dextroamphetamine cap er 24hr 5 mg*34
adefovir dipivoxil7
 ADEMPAS24
 ADMELOG39
 ADMELOG SOLOSTAR .39
 ADVAIR DISKUS
 see *fluticasone-salmeterol aer powder ba 100-50 mcg/act*...61
 see *fluticasone-salmeterol aer powder ba 250-50 mcg/act*...61
 see *fluticasone-salmeterol aer powder ba 500-50 mcg/act*...61
 see *wixela inhub*.....61
 ADVAIR HFA AER 115/2160
 ADVAIR HFA AER 230/2160
 ADVAIR HFA AER 45/21 60
 AFINITOR
 see *everolimus*.....13
 AFINITOR DISPERZ
 see *everolimus*.....13, 14
afirmelle41
 AGRYLIN
 see *anagrelide hcl*.....51
 AIMOVIG35
 AKEEGA TAB 100/500 ...11
 AKEEGA TAB 50/500MG11
ala-cort.....62
albendazole3
albuterol sulfate59
 ALCAINE
 see *proparacaine hcl*...58
alclometasone dipropionate62
 ALDACTONE
 see *spironolactone*18
 ALDURAZYME45

ALECENSA	13	<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>	
<i>alendronate sodium</i>	41	<i>benazepril hcl cap 5-10</i>		<i>for susp 600-42.9 mg/5ml</i>	
<i>alfuzosin hcl</i>	49	<i>mg</i>	17	.....	9
ALIMTA		<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>	
<i>see pemetrexed</i>		<i>benazepril hcl cap 5-20</i>		<i>tab 250-125 mg</i>	9
<i>disodium</i>	11	<i>mg</i>	17	<i>amoxicillin & k clavulanate</i>	
ALINIA		<i>amlodipine besylate-</i>		<i>tab 500-125 mg</i>	9
<i>see nitazoxanide</i>	4	<i>benazepril hcl cap 5-40</i>		<i>amoxicillin & k clavulanate</i>	
<i>aliskiren fumarate</i>	23	<i>mg</i>	17	<i>tab 875-125 mg</i>	9
<i>allopurinol</i>	1	<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>	
<i>alose tron hcl</i>	48	<i>olmesartan medoxomil</i>		<i>tab er 12hr 1000-62.5 mg</i>	9
ALPHAGAN P		<i>tab 10-20 mg</i>	19	.....	9
<i>see brimonidine tartrate</i>		<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
.....	57	<i>olmesartan medoxomil</i>		<i>dextroamphetamine cap</i>	
<i>alprazolam</i>	24	<i>tab 10-40 mg</i>	19	<i>er 24hr 10 mg</i>	34
ALREX.....	57	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
ALTACE		<i>olmesartan medoxomil</i>		<i>dextroamphetamine cap</i>	
<i>see ramipril</i>	18	<i>tab 5-20 mg</i>	19	<i>er 24hr 15 mg</i>	34
<i>altavera</i>	41	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
ALUNBRIG	13	<i>olmesartan medoxomil</i>		<i>dextroamphetamine cap</i>	
ALUNBRIG PAK	13	<i>tab 5-40 mg</i>	19	<i>er 24hr 20 mg</i>	34
<i>alyacen 1/35</i>	41	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
<i>alyacen 7/7/7</i>	41	<i>valsartan tab 10-160 mg</i>		<i>dextroamphetamine cap</i>	
<i>amabelz tab 0.5-0.1mg</i> ...43		.....	19	<i>er 24hr 25 mg</i>	34
<i>amantadine hcl</i>	27	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
AMBIEN		<i>valsartan tab 10-320 mg</i>		<i>dextroamphetamine cap</i>	
<i>see zolpidem tartrate</i> ...35		.....	19	<i>er 24hr 30 mg</i>	34
AMBISOME		<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
<i>see amphotericin b</i>		<i>valsartan tab 5-160 mg</i> 19		<i>dextroamphetamine cap</i>	
<i>liposome</i>	5	<i>amlodipine besylate-</i>		<i>er 24hr 5 mg</i>	34
<i>ambrisentan</i>	24	<i>valsartan tab 5-320 mg</i> 19		<i>amphetamine-</i>	
<i>amikacin sulfate</i>	3	<i>amnesteem</i>	61	<i>dextroamphetamine tab</i>	
<i>amiloride &</i>		<i>amoxapine</i>	25	<i>10 mg</i>	34
<i>hydrochlorothiazide tab</i>		<i>amoxicillin</i>	9	<i>amphetamine-</i>	
<i>5-50 mg</i>	23	<i>amoxicillin & k clavulanate</i>		<i>dextroamphetamine tab</i>	
<i>amiloride hcl</i>	23	<i>chew tab 200-28.5 mg</i> ...9		<i>12.5 mg</i>	34
<i>amiodarone hcl</i>	20	<i>amoxicillin & k clavulanate</i>		<i>amphetamine-</i>	
<i>amitriptyline hcl</i>	25	<i>chew tab 400-57 mg</i>.....9		<i>dextroamphetamine tab</i>	
<i>amlodipine besylate</i>	22	<i>amoxicillin & k clavulanate</i>		<i>15 mg</i>	34
<i>amlodipine besylate-</i>		<i>for susp 200-28.5 mg/5ml</i>		<i>amphetamine-</i>	
<i>benazepril hcl cap 10-20</i>		.....	9	<i>dextroamphetamine tab</i>	
<i>mg</i>	17	<i>amoxicillin & k clavulanate</i>		<i>20 mg</i>	34
<i>amlodipine besylate-</i>		<i>for susp 250-62.5 mg/5ml</i>		<i>amphetamine-</i>	
<i>benazepril hcl cap 10-40</i>		.....	9	<i>dextroamphetamine tab</i>	
<i>mg</i>	17	<i>amoxicillin & k clavulanate</i>		<i>30 mg</i>	34
<i>amlodipine besylate-</i>		<i>for susp 400-57 mg/5ml</i>		<i>amphetamine-</i>	
<i>benazepril hcl cap 2.5-10</i>		.....	9	<i>dextroamphetamine tab 5</i>	
<i>mg</i>	17			<i>mg</i>	34

<i>amphetamine-</i>	APTIOM.....30	<i>df tab 600-200-300 mg</i>
<i>dextroamphetamine tab</i>	APTIVUS .....5	.....6
7.5 mg.....34	ARALAST NP .....59	ATROPINE SULFATE ....58
<i>amphotericin b</i>.....5	<i>aranelle</i>.....41	<i>atropine sulfate</i>
<i>amphotericin b liposome</i> ...5	ARAVA	(<i>ophthalmic</i>) .....58
<i>ampicillin</i>.....9	see <i>leflunomide</i>.....53	ATROVENT HFA.....58
<i>ampicillin & sulbactam</i>	ARCALYST.....53	<i>aubra eq</i> .....41
<i>sodium for inj 1.5 (1-0.5)</i>	AREXVY .....54	AUGMENTIN
<i>gm</i>.....9	ARICEPT	see <i>amoxicillin & k</i>
<i>ampicillin & sulbactam</i>	see <i>donepezil</i>	<i>clavulanate tab 500-</i>
<i>sodium for inj 3 (2-1) gm</i>	<i>hydrochloride</i> .....25	125 mg.....9
.....9	ARIMIDEX	AUGMENTIN ES-600
<i>ampicillin & sulbactam</i>	see <i>anastrozole</i>.....11	see <i>amoxicillin & k</i>
<i>sodium for iv soln 1.5 (1-</i>	<i>aripiprazole</i> .....28	<i>clavulanate for susp</i>
0.5) gm.....9	ARISTADA.....28	600-42.9 mg/5ml.....9
<i>ampicillin & sulbactam</i>	ARISTADA INITIO .....28	AUGTYRO .....13
<i>sodium for iv soln 15 (10-</i>	ARIXTRA	<i>aurovela 1/20</i>.....41
5) gm.....10	see <i>fondaparinux sodium</i>	<i>aurovela fe 1.5/30</i>.....41
<i>ampicillin & sulbactam</i>	.....50	<i>aurovela fe 1/20</i>.....41
<i>sodium for iv soln 3 (2-1)</i>	<i>armodafinil</i> .....37	AUSTEDO .....36
<i>gm</i>.....9	ARNUITY ELLIPTA.....60	AUSTEDO XR .....36
<i>ampicillin sodium</i> .....10	AROMASIN	AUSTEDO XR TAB TITR
AMPYRA	see <i>exemestane</i>.....11	KIT .....36
see <i>dalfampridine</i>.....36	<i>asenapine maleate</i> .....28	AUVELITY TAB 45-105MG
ANAFRANIL	<i>aspirin-dipyridamole cap er</i>	.....25
see <i>clomipramine hcl</i> ..25	12hr 25-200 mg.....51	AVALIDE
<i>anagrelide hcl</i> .....51	ASTAGRAF XL.....53	see <i>irbesartan-</i>
ANAPROX DS	ATACAND	<i>hydrochlorothiazide tab</i>
see <i>naproxen sodium</i>....1	see <i>candesartan cilexetil</i>	150-12.5 mg .....19
<i>anastrozole</i> .....11	.....20	see <i>irbesartan-</i>
ANCOBON	<i>atazanavir sulfate</i>.....5	<i>hydrochlorothiazide tab</i>
see <i>flucytosine</i> .....5	<i>atenolol</i> .....22	300-12.5 mg .....19
ANDROGEL PUMP	<i>atenolol & chlorthalidone</i>	AVAPRO
see <i>testosterone</i>.....37	<i>tab 100-25 mg</i> .....22	see <i>irbesartan</i> .....20
ANORO ELLIPT AER 62.5-	<i>atenolol & chlorthalidone</i>	<i>aviane</i> .....41
25 .....58	<i>tab 50-25 mg</i> .....21	AVODART
ANUSOL-HC	ATIVAN	see <i>dutasteride</i>.....49
see <i>hydrocortisone</i>	see <i>lorazepam</i>.....25	<i>ayuna</i>.....41
(<i>rectal</i>) .....64	<i>atomoxetine hcl</i>.....34	AYVAKIT .....13
see <i>procto-med hc</i> .....64	<i>atorvastatin calcium</i>.....21	<i>azacitidine</i>.....11
see <i>proctosol hc</i>.....64	<i>atovaquone</i>.....3	AZACTAM
see <i>proctozone-hc</i>.....64	<i>atovaquone-proguanil hcl</i>	see <i>aztreonam</i> .....3
<i>aprepitant</i>.....47	<i>tab 250-100 mg</i> .....5	<i>azathioprine</i> .....53
<i>aprepitant capsule therapy</i>	<i>atovaquone-proguanil hcl</i>	<i>azelastine hcl</i>.....58
<i>pack 80 & 125 mg</i> .....47	<i>tab 62.5-25 mg</i> .....5	<i>azelastine hcl (ophth)</i>.....57
<i>apri</i>.....41	ATRIPLA	AZILECT
APRISO	see <i>efavirenz-</i>	see <i>rasagiline mesylate</i>
see <i>mesalamine</i> .....48	<i>emtricitabine-tenofovir</i>	.....27

<i>azithromycin</i>	8	BD ALCOHOL SWABS...40	<i>betamethasone</i>
AZOPT		<i>benazepril &</i>	<i>dipropionate augmented</i>
see <i>brinzolamide</i>	57	<i>hydrochlorothiazide tab</i>	.....62
AZOR		10-12.5 mg.....	<i>betamethasone valerate</i> .63
see <i>amlodipine besylate-</i>		<i>benazepril &</i>	BETAPACE
<i>olmesartan medoxomil</i>		<i>hydrochlorothiazide tab</i>	see <i>sorine</i>.....20
<i>tab 10-20 mg</i>	19	20-12.5 mg.....	see <i>sotalol hcl</i>
see <i>amlodipine besylate-</i>		<i>benazepril &</i>	21
<i>olmesartan medoxomil</i>		<i>hydrochlorothiazide tab</i>	BETAPACE AF
<i>tab 10-40 mg</i>	19	20-25 mg.....	see <i>sotalol hcl (afib/af)</i> 21
see <i>amlodipine besylate-</i>		<i>benazepril &</i>	BETASERON.....36
<i>olmesartan medoxomil</i>		<i>hydrochlorothiazide tab</i>	<i>betaxolol hcl (ophth)</i>
<i>tab 5-20 mg</i>	19	5-6.25mg.....	<i>bethanechol chloride</i>.....49
see <i>amlodipine besylate-</i>		<i>benazepril hcl</i>	BETOPTIC-S
<i>olmesartan medoxomil</i>		18	BEVESPI AER 9-4.8MCG
<i>tab 5-40 mg</i>	19	BENDEKA .....	.....58
<i>aztreonam</i>	3	BENICAR	<i>bexarotene</i>.....12
AZULFIDINE		see <i>olmesartan</i>	<i>bexarotene (topical)</i>.....64
see <i>sulfasalazine</i>	48	<i>medoxomil</i>	BEXSERO INJ
AZULFIDINE EN-TABS		20	54
see <i>sulfasalazine</i>	48	BENICAR HCT	BIAXIN XL
<i>azurette</i>	41	see <i>olmesartan</i>	see <i>clarithromycin</i>
B		<i>medoxomil-</i>	9
<i>bacitracin (ophthalmic)</i>	56	<i>hydrochlorothiazide tab</i>	<i>bicalutamide</i>.....11
<i>bacitracin-polymyxin b</i>		20-12.5 mg	BICILLIN L-A.....10
<i>ophth oint</i>	56	see <i>olmesartan</i>	BIKTARVY TAB 30-120-15
<i>bacitracin-polymyxin-</i>		<i>medoxomil-</i>	MG
<i>neomycin-hc ophth oint</i>		<i>hydrochlorothiazide tab</i>	6
1%.....	56	40-12.5 mg	BIKTARVY TAB 50-200-25
<i>baclofen</i>	36	see <i>olmesartan</i>	MG
BACTRIM		<i>medoxomil-</i>	6
see <i>sulfamethoxazole-</i>		<i>hydrochlorothiazide tab</i>	BILTRICIDE
<i>trimethoprim tab 400-</i>		40-25 mg	see <i>praziquantel</i>.....4
80 mg	4	BENLYSTA.....	<i>bisoprolol &</i>
BACTRIM DS		53	<i>hydrochlorothiazide tab</i>
see <i>sulfamethoxazole-</i>		BENZAMYCIN	10-6.25 mg.....
<i>trimethoprim tab 800-</i>		see <i>benzoyl peroxide-</i>	22
160 mg	4	<i>erythromycin gel 5-3%</i>	<i>bisoprolol &</i>
BAFIERTAM	36	.....	<i>hydrochlorothiazide tab</i>
<i>balsalazide disodium</i>	48	61	2.5-6.25 mg.....
BALVERSA.....	13	<i>benzoyl peroxide-</i>	22
<i>balziva</i>	41	<i>erythromycin gel 5-3%</i>	<i>bisoprolol fumarate</i>
BANZEL		61	22
see <i>rufinamide</i>	33	<i>benztropine mesylate</i>	BIVIGAM.....
BARACLUDE.....	7	27	53
see <i>entecavir</i>	7	BERINERT	<i>blisovi fe 1.5/30</i>
BASAGLAR KWIKPEN...40		51	41
BCG VACCINE	54	BESIVANCE	BOOSTRIX INJ.....
		56	54
		BESREMI	<i>bortezomib</i>
		12	13
		<i>betaine powder for oral</i>	BORTEZOMIB
		<i>solution</i>	13
		45	<i>bosentan</i>
		<i>betamethasone</i>	BOSULIF
		<i>dipropionate (topical)</i> ...62	13
			BRAFTOVI.....
			13
			BREO ELLIPTA INH 100-
			25
			61

BREO ELLIPTA INH 200-25.....61	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) .....37</i>	<i>see sucralfate.....48</i>
BREO ELLIPTA INH 50-25MCG.....61	<i>bupropion hcl.....25</i>	<i>carb/levo orally disintegrating tab 10-100mg.....27</i>
BREZTRI AERO AER SPHERE .....58	<i>bupropion hcl (smoking deterrent) .....37</i>	<i>carb/levo orally disintegrating tab 25-100mg.....27</i>
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....58	<i>bupirone hcl.....24</i>	<i>carb/levo orally disintegrating tab 25-250mg.....27</i>
<i>brillyn .....41</i>	<i>butorphanol tartrate .....2</i>	CARBAGLU
BRILINTA .....51	BYDUREON BCISE.....38	<i>see carglumic acid .....45</i>
<i>brimonidine tartrate.....57</i>	BYETTA.....38	<i>carbamazepine .....30</i>
<i>brinzolamide .....57</i>	BYSTOLIC	CARBATROL
BRIVIACT .....30	<i>see nebigolol hcl.....22</i>	<i>see carbamazepine.....30</i>
<i>bromfenac sodium (ophth) .....57</i>	C	<i>carbidopa & levodopa tab 10-100 mg.....27</i>
<i>bromocriptine mesylate...27</i>	<i>cabergoline .....45</i>	<i>carbidopa & levodopa tab 25-100 mg.....27</i>
BROMSITE .....57	CABOMETYX .....13	<i>carbidopa & levodopa tab 25-250 mg.....27</i>
<i>see bromfenac sodium (ophth).....57</i>	<i>calcipotriene .....62</i>	<i>carbidopa & levodopa tab er 25-100 mg.....27</i>
BRONCHITOL .....59	<i>calcitonin (salmon) spray 41</i>	<i>carbidopa & levodopa tab er 50-200 mg.....27</i>
BRUKINSA .....13	<i>calcitrene .....62</i>	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....27</i>
<i>budesonide.....48</i>	<i>calcitriol.....47</i>	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....27</i>
<i>budesonide (inhalation) ..60</i>	<i>calcitriol (oral) .....47</i>	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg.....27</i>
<i>bumetanide.....23</i>	<i>calcium acetate (phosphate binder).....46</i>	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....27</i>
BUMEX	CALQUENCE .....13	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....27</i>
<i>see bumetanide.....23</i>	<i>camila .....41</i>	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg.....27</i>
BUPHENYL	CAMPTOSAR	carboplatin.....10
<i>see sodium phenylbutyrate.....46</i>	<i>see irinotecan hcl .....12</i>	CARDIZEM
<i>buprenorphine hcl.....37</i>	CANASA	<i>see diltiazem hcl.....22</i>
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) .....37</i>	<i>see mesalamine.....48</i>	CARDIZEM CD
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) .....37</i>	CANCIDAS	<i>see cartia xt.....22</i>
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) .....37</i>	<i>see caspofungin acetate .....5</i>	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) .....37</i>	<i>candesartan cilexetil .....20</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) .....37</i>	CAPLYTA .....28	
	CAPRELSA .....13	
	<i>captopril.....18</i>	
	<i>captopril & hydrochlorothiazide tab 25-15 mg.....18</i>	
	<i>captopril & hydrochlorothiazide tab 25-25 mg.....18</i>	
	<i>captopril & hydrochlorothiazide tab 50-15 mg.....18</i>	
	<i>captopril & hydrochlorothiazide tab 50-25 mg.....18</i>	
	CARAFATE	

<i>see diltiazem hcl coated beads</i>.....22, 23	CELLCEPT	<i>see clindamycin phosphate</i>.....3
CARDURA	<i>see mycophenolate mofetil</i>.....53	CLEOCIN-T
<i>see doxazosin mesylate</i>.....18	CELONTIN	<i>see clindamycin phosphate (topical)</i> ..61
<i>carglumic acid</i>.....45	<i>see methsuximide</i>.....32	CLIMARA
CARNITOR	<i>cephalexin</i> .....8	<i>see estradiol</i>.....44
<i>see levocarnitine (metabolic modifiers)</i>.....45	CERDELGA.....45	<i>clindamycin hcl</i> .....3
<i>carteolol hcl (ophth)</i> .....57	CEREZYME.....45	<i>clindamycin palmitate hydrochloride</i>.....3
<i>cartia xt</i>.....22	<i>cetirizine hcl</i>.....58	<i>clindamycin phosphate</i> .....3
<i>carvedilol</i> .....22	<i>chateal eq</i>.....41	<i>clindamycin phosphate (topical)</i> .....61
CASODEX	CHEMET .....41	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....3
<i>see bicalutamide</i> .....11	<i>chlorhexidine gluconate (mouth-throat)</i> .....64	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....3
<i>caspofungin acetate</i>.....5	<i>chloroquine phosphate</i> .....5	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....3
CATAPRES-TTS-1	<i>chlorpromazine hcl</i>.....28	<i>clindamycin phosphate vaginal</i>.....50
<i>see clonidine</i> .....23	<i>chlorthalidone</i> .....23	CLINDMYC/NAC INJ 300/50ML .....3
CATAPRES-TTS-2	<i>cholestyramine</i>.....21	CLINDMYC/NAC INJ 600/50ML .....3
<i>see clonidine</i> .....23	<i>cholestyramine light</i>.....21	CLINDMYC/NAC INJ 900/50ML .....3
CATAPRES-TTS-3	<i>ciclopirox olamine</i> .....62	CLINIMIX INJ 4.25/D10 ..56
<i>see clonidine</i> .....23	<i>cilostazol</i>.....51	CLINIMIX INJ 4.25/D5W .56
CAYSTON .....3	CILOXAN.....56	CLINIMIX INJ 5%/D15W .56
<i>cefaclor</i>.....8	CIMDUO TAB 300-300 .....6	CLINIMIX INJ 5%/D20W .56
CEFACTOR ER .....8	<i>cinacalcet hcl</i>.....45	CLINIMIX INJ 6/5.....56
<i>cefadroxil</i> .....8	CIPRO .....9	CLINIMIX INJ 8/10.....56
CEFAZOLIN .....8	<i>see ciprofloxacin hcl</i>.....9	CLINIMIX INJ 8/14.....56
CEFAZOLIN INJ	<i>ciprofloxacin 200 mg/100ml in d5w</i>.....9	<i>clinisol sf 15%</i>.....56
1GM/50ML .....8	<i>ciprofloxacin 400 mg/200ml in d5w</i>.....9	CLINOLIPID EMU 20%...56
<i>cefazolin sodium</i>.....8	<i>ciprofloxacin hcl</i>.....9	<i>clobazam</i> .....30
CEFAZOLIN SOLN	<i>ciprofloxacin hcl (ophth)</i> ..56	<i>clobetasol propionate</i>.....63
2GM/100ML-4% .....8	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>.....58	<i>clobetasol propionate e</i> ...63
<i>cefdinir</i>.....8	<i>cisplatin</i>.....10	<i>clomipramine hcl</i>.....25
<i>cefepime hcl</i> .....8	<i>citalopram hydrobromide</i> 25	<i>clonazepam</i> .....30
<i>cefixime</i> .....8	<i>claravis</i> .....61	<i>clonidine</i> .....23
<i>cefoxitin sodium</i>.....8	<i>clarithromycin</i>.....8, 9	<i>clonidine hcl</i>.....23
<i>cefpodoxime proxetil</i>.....8	CLEOCIN	<i>clopidogrel bisulfate</i> .....51
<i>cefprozil</i>.....8	<i>see clindamycin hcl</i>.....3	<i>clorazepate dipotassium</i> .31
<i>ceftazidime</i> .....8	<i>see clindamycin phosphate vaginal</i> ...50	
<i>ceftriaxone sodium</i>.....8	CLEOCIN PEDIATRIC GRANULE	
<i>cefuroxime axetil</i>.....8	<i>see clindamycin palmitate hydrochloride</i> .....3	
<i>cefuroxime sodium</i>.....8	CLEOCIN PHOSPHATE	
CELEBREX		
<i>see celecoxib</i> .....1		
<i>celecoxib</i>.....1		
CELEXA		
<i>see citalopram hydrobromide</i>.....25		

<i>clotrimazole</i>	64	<i>see hydrocortisone</i>		CYTOTEC	
<i>clotrimazole (topical)</i>	62	<i>(intrarectal)</i>	48	<i>see misoprostol</i>	48
<i>clotrimazole w/</i>		COSOPT		D	
<i>betamethasone cream 1-</i>		<i>see dorzolamide hcl-</i>		D10W/NAACL INJ 0.2%....	54
<i>0.05%</i>	62	<i>timolol maleate ophth</i>		D2.5W/NAACL INJ 0.45%.	54
<i>clozapine</i>	28	<i>soln 2-0.5%</i>	57	D5W/LYTES INJ #48	54
CLOZARIL		COTELLIC	13	<i>dabigatran etexilate</i>	
<i>see clozapine</i>	28	COZAAR		<i>mesylate</i>	50
COARTEM TAB 20-120MG		<i>see losartan potassium</i>		<i>dalfampridine</i>	36
.....	5	.....	20	DALIRESP	
COLAZAL		CREON CAP 12000UNT	49	<i>see roflumilast</i>	60
<i>see balsalazide disodium</i>		CREON CAP 24000UNT	49	<i>danazol</i>	43
.....	48	CREON CAP 3000UNIT	49	DANTRIUM	
<i>colchicine</i>	1	CREON CAP 36000UNT	49	<i>see dantrolene sodium</i>	36
<i>colchicine w/ probenecid</i>		CREON CAP 6000UNIT	49	<i>dantrolene sodium</i>	36
<i>tab 0.5-500 mg</i>	1	CRESTOR		<i>dapsone</i>	3
<i>colesevelam hcl</i>	21	<i>see rosuvastatin calcium</i>		DAPTACEL INJ	54
COLESTID		.....	21	<i>daptomycin</i>	3
<i>see colestipol hcl</i>	21	<i>cromolyn sodium</i>	59	DAPTOMYCIN.....	3
<i>colestipol hcl</i>	21	<i>cromolyn sodium</i>		<i>see daptomycin</i>	3
<i>colistimethate sodium</i>	3	<i>(mastocytosis)</i>	48	<i>darunavir</i>	5
COLY-MYCIN M		<i>cromolyn sodium (ophth)</i>	57	<i>dasetta 1/35</i>	41
<i>see colistimethate</i>		<i>cryselle-28</i>	41	<i>dasetta 7/7/7</i>	41
<i>sodium</i>	3	<i>cyclobenzaprine hcl</i>	36	DAURISMO	13
COMBIGAN SOL 0.2/0.5%		<i>cyclophosphamide</i>	10	DAYVIGO	35
.....	57	CYCLOPHOSPHAMIDE		DDAVP	
COMBIVENT AER 20-100		CYCLOPHOSPHAMIDE		<i>see desmopressin</i>	
.....	58	MONOHYDR.....	10	<i>acetate</i>	45
COMETRIQ (60MG DOSE)		<i>cycloserine</i>	7	<i>deblitane</i>	41
.....	13	<i>cyclosporine</i>	53	<i>deferasirox</i>	41
COMETRIQ KIT 100MG	13	<i>cyclosporine modified (for</i>		DELESTROGEN	
COMETRIQ KIT 140MG	13	<i>microemulsion)</i>	53	<i>see estradiol valerate</i> ..	44
COMPLERA TAB.....	6	CYKLOKAPRON		DELSTRIGO TAB	6
<i>compro</i>	47	<i>see tranexamic acid</i>	51	DELZICOL	
<i>constulose</i>	48	CYMBALTA		<i>see mesalamine</i>	48
COPAXONE		<i>see duloxetine hcl</i>	26	DEMSEER	
<i>see glatiramer acetate</i> .	36	<i>cyproheptadine hcl</i>	58	<i>see metyrosine</i>	24
<i>see glatopa</i>	36	<i>cyred eq</i>	41	DENGVAXIA SUS	54
COPIKTRA	13	CYSTADANE		DEPAKOTE	
COREG		<i>see betaine powder for</i>		<i>see divalproex sodium</i>	31
<i>see carvedilol</i>	22	<i>oral solution</i>	45	DEPAKOTE ER	
CORGARD		CYSTADROPS	58	<i>see divalproex sodium</i>	31
<i>see nadolol</i>	22	CYSTAGON.....	45	DEPAKOTE SPRINKLES	
CORLANOR	24	CYSTARAN	58	<i>see divalproex sodium</i>	31
CORTEF		<i>cytarabine</i>	11	DEPEN TITRATABS	
<i>see hydrocortisone</i>	44	CYTOMEL		<i>see penicillamine</i>	41
CORTENEMA		<i>see liothyronine sodium</i>		DEPO-MEDROL	
		.....	46		

see <i>methylprednisolone acetate</i>.....44	<i>dexamethasone sodium phosphate</i> .....44	<i>diclofenac sodium (topical)</i> .....64
DEPO-PROVERA	<i>dexamethasone sodium phosphate (ophth)</i>.....57	<i>dicloxacillin sodium</i> .....10
CONTRACEPTIV	<i>dexmethylphenidate hcl</i> ..34	<i>dicyclomine hcl</i> .....47
see	<i>dextrose</i>.....56	DIFICID.....9
<i>medroxyprogesterone acetate (contraceptive)</i> .....42	<i>dextrose 10% w/ sodium chloride 0.45%</i> .....55	DIFLUCAN
DEPO-SUBQ PROVERA	<i>dextrose 2.5% w/ sodium chloride 0.45%</i> .....54	see <i>fluconazole</i> .....5
104 .....41	DEXTROSE 2.5%/NACL 0.45%	<i>diflunisal</i>.....1
<i>depo-testosterone</i>.....37	see <i>dextrose 2.5% w/ sodium chloride 0.45%</i> .....54	<i>digoxin</i> .....24
DERMA-SMOOTH/FS	.....54	<i>dihydroergotamine mesylate</i>.....35
BODY	<i>dextrose 5% in lactated ringers</i> .....55	DILANTIN .....31
see <i>fluocinolone acetonide</i>.....63	<i>dextrose 5% w/ sodium chloride 0.2%</i> .....55	see <i>phenytoin sodium extended</i>.....32
DERMA-SMOOTH/FS	<i>dextrose 5% w/ sodium chloride 0.225%</i> .....55	DILANTIN INFATABS.....31
SCALP	<i>dextrose 5% w/ sodium chloride 0.3%</i> .....55	see <i>phenytoin</i>.....32
see <i>fluocinolone acetonide</i>.....63	<i>dextrose 5% w/ sodium chloride 0.45%</i> .....55	DILANTIN-125 .....31
DERMOTIC	<i>dextrose 5% w/ sodium chloride 0.9%</i> .....55	see <i>phenytoin</i>.....32
see <i>flac</i>.....58	DEXTROSE 5%/NACL 0.3%	DILAUDID
see <i>fluocinolone acetonide (otic)</i>.....58	see <i>dextrose 5% w/ sodium chloride 0.3%</i> .....55	see <i>hydromorphone hcl</i> ..2
DESCOVY TAB 120-15MG .....6	DEXTROSE/SODIUM CHLORIDE	<i>diltiazem hcl</i>.....22
DESCOVY TAB 200/25MG .....6	see <i>dextrose 5% w/ sodium chloride</i> .....55	<i>diltiazem hcl coated beads</i> .....22, 23
<i>desipramine hcl</i>.....25, 26	0.225% .....55	<i>diltiazem hcl extended release beads</i>.....23
<i>desmopressin acetate</i>.....45	0.3% .....55	<i>dilt-xr</i>.....22
<i>desmopressin acetate spray</i> .....45	DEXTROSE 5%/NACL 0.3%	DIOVAN
<i>desmopressin acetate spray refrigerated</i> .....45	see <i>dextrose 5% w/ sodium chloride 0.3%</i> .....55	see <i>valsartan</i>.....20
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>.....42	DEXTROSE/SODIUM CHLORIDE	DIOVAN HCT
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> .....42	see <i>dextrose 5% w/ sodium chloride</i> .....55	see <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....20
<i>desvenlafaxine succinate</i> 26	0.225% .....55	see <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....20
DETROL	DIACOMIT .....31	see <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....20
see <i>tolterodine tartrate</i> 50	<i>diazepam</i> .....31	see <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....20
DETROL LA	<i>diazepam (anticonvulsant)</i> .....31	see <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....20
see <i>tolterodine tartrate</i> 50	<i>diazepam inj</i> .....31	DIP/TET PED INJ 25-5LFU .....54
<i>dexamethasone</i> .....44	<i>diazepam intensol</i>.....31	<i>diphenhydramine hcl</i>.....58
DEXAMETHASONE	<i>diazoxide</i> .....45	
INTENSOL .....44	<i>diclofenac potassium</i> .....1	
	<i>diclofenac sodium</i>.....1	
	<i>diclofenac sodium (ophth)</i> .....57	

<i>diphenoxylate w/ atropine</i> <i>liq 2.5-0.025 mg/5ml</i>....48	<i>duloxetine hcl</i>.....26	<i>emtricitabine-tenofovir</i>
<i>diphenoxylate w/ atropine</i> <i>tab 2.5-0.025 mg</i>.....48	DUPIXENT .....51	<i>disoproxil fumarate tab</i> <i>167-250 mg</i>.....7
DIPROLENE	<i>dutasteride</i>.....49	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab</i> <i>200-300 mg</i>.....7
see <i>betamethasone</i>	E	EMTRIVA.....6
<i>dipropionate</i>	<i>e.e.s. 400</i>.....9	see <i>emtricitabine</i> .....6
<i>augmented</i>.....62	EC-NAPROSYN	EMVERM.....3
<i>dipyridamole</i> .....51	see <i>ec-naproxen</i> .....1	<i>enalapril maleate</i> .....18
<i>disopyramide phosphate</i> .20	see <i>naproxen</i> .....1	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> <i>10-25 mg</i>.....18
<i>disulfiram</i> .....37	<i>ec-naproxen</i>.....1	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> <i>5-12.5 mg</i>.....18
<i>divalproex sodium</i>.....31	EDURANT .....5	ENBREL .....51
<i>docetaxel</i> .....12	<i>efavirenz</i>.....5	ENBREL MINI.....51
DOCETAXEL.....12	<i>efavirenz-emtricitabine-</i> <i>tenofovir df tab 600-200-</i> <i>300 mg</i>.....6	ENBREL SURECLICK...51
see <i>docetaxel</i>.....12	<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 400-300-</i> <i>300 mg</i>.....6	ENDARI .....51
<i>dofetilide</i> .....20	<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 600-300-</i> <i>300 mg</i>.....6	<i>endocet tab 10-325mg</i>.....2
<i>donepezil hydrochloride</i> ..25	EFFEXOR XR	<i>endocet tab 2.5-325mg</i>.....2
DOPTELET.....51	see <i>venlafaxine hcl</i>.....26	<i>endocet tab 5-325mg</i>.....2
<i>dorzolamide hcl</i>.....57	EFFIENT	<i>endocet tab 7.5-325mg</i>.....2
<i>dorzolamide hcl-timolol</i> <i>maleate ophth soln 2-</i> <i>0.5%</i>.....57	see <i>prasugrel hcl</i>.....51	ENGERIX-B.....54
<i>dotti</i>.....43	EFUDEX	<i>enilloring</i> .....42
DOVATO TAB 50-300MG.6	see <i>fluorouracil (topical)</i> .....64	<i>enoxaparin sodium</i> .....50
<i>doxazosin mesylate</i> .....18	ELIGARD.....11	<i>enpresse-28</i>.....42
<i>doxepin hcl</i> .....26	<i>elinest</i> .....42	<i>enskyce</i> .....42
<i>doxepin hcl (sleep)</i>.....35	ELIQUIS .....50	ENSTILAR AER.....63
DOXIL	ELIQUIS STARTER PACK.....50	<i>entacapone</i>.....27
see <i>doxorubicin hcl</i>	ELLENCE .....11	<i>entecavir</i> .....7
<i>liposomal</i> .....11	<i>eluryng</i>.....42	ENTRESTO TAB 24-26MG.....19
<i>doxorubicin hcl</i>.....11	EMCYT .....11	ENTRESTO TAB 49-51MG.....19
<i>doxorubicin hcl liposomal</i> 11	EMEND	ENTRESTO TAB 97- 103MG .....19
<i>doxy 100</i>.....10	see <i>aprepitant</i> .....47	<i>enulose</i>.....48
<i>doxycycline (monohydrate)</i> .....10	EMSAM .....26	EPCLUSA PAK 150-37.5..7
<i>doxycycline hyclate</i>.....10	<i>emtricitabine</i> .....6	EPCLUSA PAK 200-50MG.....7
<i>dronabinol</i>.....47	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab</i> <i>100-150 mg</i>.....6	EPCLUSA TAB 200-50MG.....7
<i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.02 mg</i> 42	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab</i> <i>133-200 mg</i>.....7	EPCLUSA TAB 400-100...7
<i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.03 mg</i> 42		EPIDIOLEX.....31
DROXIA.....51		<i>epinephrine (anaphylaxis)</i> .....24, 59
<i>droxidopa</i>.....24		
DULERA AER 100-5MCG.....61		
DULERA AER 200-5MCG.....61		
DULERA AER 50-5MCG 61		

EPIPEN 2-PAK see <i>epinephrine</i> (<i>anaphylaxis</i>) .....59	<i>estradiol & norethindrone</i> <i>acetate tab 0.5-0.1 mg</i> 44	<i>ezetimibe-simvastatin tab</i> <i>10-10 mg</i>.....21
EPIPEN-JR 2-PAK see <i>epinephrine</i> (<i>anaphylaxis</i>) .....59	<i>estradiol & norethindrone</i> <i>acetate tab 1-0.5 mg</i> ...44	<i>ezetimibe-simvastatin tab</i> <i>10-20 mg</i>.....21
<i>epitol</i> .....31	<i>estradiol vaginal</i>.....44	<i>ezetimibe-simvastatin tab</i> <i>10-40 mg</i>.....21
EPIVIR see <i>lamivudine</i> .....6	<i>estradiol valerate</i> .....44	<i>ezetimibe-simvastatin tab</i> <i>10-80 mg</i>.....21
<i>eplerenone</i>.....18	<i>ethambutol hcl</i> .....7	F
EPRONTIA .....31	<i>ethosuximide</i>.....31	FABRAZYME .....45
EPZICOM see <i>abacavir sulfate-</i> <i>lamivudine tab 600-</i> <i>300 mg</i> .....6	<i>ethynodiol diacetate &</i> <i>ethinyl estradiol tab 1</i> <i>mg-35 mcg</i> .....42	<i>falmina</i> .....42
<i>ergotamine w/ caffeine tab</i> <i>1-100 mg</i>.....35	<i>ethynodiol diacetate &</i> <i>ethinyl estradiol tab 1</i> <i>mg-50 mcg</i> .....42	<i>famciclovir</i>.....7
ERIVEDGE .....13	<i>etodolac</i> .....1	<i>famotidine</i> .....47
ERLEADA .....11	<i>etonogestrel-ethinyl</i> <i>estradiol va ring 0.120-</i> <i>0.015 mg/24hr</i> .....42	<i>famotidine in nacl 0.9% iv</i> <i>soln 20 mg/50ml</i>.....47
<i>erlotinib hcl</i> .....13	<i>etoposide</i> .....12	FANAPT .....28
<i>errin</i> .....42	<i>etravirine</i>.....6	FANAPT PAK .....28
<i>ertapenem sodium</i>.....3	EULEXIN .....11	FARESTON see <i>toremifene citrate</i> ..12
<i>ery</i>.....61	<i>euthyrox</i>.....46	FARXIGA .....38
ERYGEL see <i>erythromycin (acne</i> <i>aid)</i> .....61	<i>everolimus</i> .....13, 14	FASENRA .....59
<i>ery-tab</i> .....9	<i>everolimus</i> (<i>immunosuppressant</i>) .53	FASENRA PEN .....60
ERYTHROCIN LACTOBIONATE .....9	EVISTA see <i>raloxifene hcl</i> .....45	FASLODEX see <i>fulvestrant</i>.....11
see <i>erythromycin</i> <i>lactobionate</i> .....9	EVOTAZ TAB 300-150 .....7	<i>felbamate</i>.....31
<i>erythrocin stearate</i>.....9	EXELON see <i>rivastigmine</i> .....25	FELBATOL see <i>felbamate</i>.....31
<i>erythromycin (acne aid)</i> ..61	<i>exemestane</i> .....11	FELDENE see <i>piroxicam</i>.....1
<i>erythromycin (ophth)</i>.....56	EXFORGE see <i>amlodipine besylate-</i> <i>valsartan tab 10-160</i> <i>mg</i> .....19	<i>felodipine</i> .....23
<i>erythromycin base</i> .....9	see <i>amlodipine besylate-</i> <i>valsartan tab 10-320</i> <i>mg</i> .....19	FEMARA see <i>letrozole</i>.....11
<i>erythromycin ethylsuccinate</i>.....9	see <i>amlodipine besylate-</i> <i>valsartan tab 5-160 mg</i>.....19	<i>fenofibrate</i>.....21
<i>erythromycin lactobionate</i> .9	see <i>amlodipine besylate-</i> <i>valsartan tab 5-320 mg</i>.....19	<i>fenofibrate micronized</i> ...21
ESBRIET see <i>pirfenidone</i>.....60	<i>estraylla</i> .....42	<i>fentanyl</i>.....1
<i>escitalopram oxalate</i>.....26	ESTRACE see <i>estradiol</i>.....44	<i>fentanyl citrate</i> .....2
<i>esomeprazole magnesium</i>.....49	see <i>estradiol vaginal</i> ...44	FETZIMA .....26
<i>estraylla</i> .....42	<i>estradiol</i>.....44	FETZIMA CAP TITRATIO.....26
ESTRACE see <i>estradiol</i>.....44	EXKIVITY .....14	FIASP .....40
see <i>estradiol vaginal</i> ...44	EYSUVIS .....57	FIASP FLEXTOUCH.....40
<i>estradiol</i>.....44	<i>ezetimibe</i> .....21	FIASP PENFILL.....40
		FIASP PUMPCART .....40
		<i>finasteride</i> .....49
		<i> fingolimod hcl</i>.....36
		FINTEPLA.....31
		FIRAZYR see <i>icatibant acetate</i> ...51

see *sajazir*.....51
 FIRMAGON11
flac.....58
 FLAREX.....57
 FLEBOGAMMA DIF.....53
flecainide acetate.....20
 FLOMAX
 see *tamsulosin hcl*.....49
fluconazole5
fluconazole in nacl 0.9% inj
200 mg/100ml5
fluconazole in nacl 0.9% inj
400 mg/200ml5
flucytosine.....5
fludrocortisone acetate ...44
flunisolide (nasal).....60
fluocinolone acetonide...63
fluocinolone acetonide
(otic).....58
fluocinonide63
fluocinonide emulsified
base63
fluorometholone (ophth)..57
fluorouracil.....11
fluorouracil (topical)64
fluoxetine hcl.....26
fluphenazine decanoate..28
fluphenazine hcl.....28
flurbiprofen.....1
flurbiprofen sodium57
fluticasone propionate....63
fluticasone propionate
(nasal).....60
fluticasone-salmeterol aer
powder ba 100-50
mcg/act61
fluticasone-salmeterol aer
powder ba 250-50
mcg/act61
fluticasone-salmeterol aer
powder ba 500-50
mcg/act61
fluvoxamine maleate.....24
 FML LIQUIFILM
 see *fluorometholone*
(ophth).....57
 FOCALIN

see *dexmethylphenidate*
hcl.....34
fondaparinux sodium50
 FOSAMAX
 see *alendronate sodium*
41
fosamprenavir calcium.....6
fosinopril sodium.....18
fosinopril sodium &
hydrochlorothiazide tab
10-12.5 mg.....18
fosinopril sodium &
hydrochlorothiazide tab
20-12.5 mg.....18
 FOTIVDA14
 FRUZAQLA.....14
fulvestrant.....11
furosemide.....23
furosemide inj23
 FUZEON6
fyavolv tab 0.5mg-2.5mcg
44
fyavolv tab 1mg-5mcg....44
 FYCOMPA31
G
gabapentin.....31
galantamine hydrobromide
25
 GAMASTAN INJ53
 GAMMAGARD LIQUID...53
 GAMMAGARD S/D IGA
 LESS TH53
 GAMMAKED.....53
 GAMMAPLEX53
 GAMUNEX-C.....53
ganciclovir sodium7
 GARDASIL 9 INJ54
 GASTROCROM
 see *cromolyn sodium*
(mastocytosis)48
gatifloxacin (ophth)56
 GATTEX48
 GAUZE PADS 2.....40
gavilyte-c48
gavilyte-g48
 GAVRETO14
gefitinib14
gemcitabine hcl.....11

GEMCITABINE
 HYDROCHLORIDE
 see *gemcitabine hcl*11
gemfibrozil21
 GEMTESA49
generlac.....48
engraf53
 GENOTROPIN.....45
 GENOTROPIN MINIQUICK
45
gentamicin in saline inj 0.8
mg/ml3
gentamicin in saline inj 1
mg/ml3
gentamicin in saline inj 1.2
mg/ml4
gentamicin in saline inj 1.6
mg/ml4
gentamicin in saline inj 2
mg/ml4
gentamicin sulfate.....4
gentamicin sulfate (ophth)
56
gentamicin sulfate (topical)
61
 GENVOYA TAB7
 GEODON
 see *ziprasidone hcl*30
 see *ziprasidone mesylate*
30
 GILENYA
 see *ingolimod hcl*36
 GILOTRIF14
glatiramer acetate36
glatopa.....36
 GLEEVEC
 see *imatinib mesylate*..14
 GLEOSTINE11
glimepiride38
glipizide.....38
glipizide xl.....38
glipizide-metformin hcl tab
2.5-250 mg.....38
glipizide-metformin hcl tab
2.5-500 mg.....38
glipizide-metformin hcl tab
5-500 mg.....38
 GLUCOTROL XL

see <i>glipizide</i>	38	HEP SOD/D5W INJ		<i>hydrocodone-</i>	
see <i>glipizide xl</i>	38	25000UNT	50	<i>acetaminophen tab 10-</i>	
<i>glycopyrrolate</i>	47	HEP SOD/NACL INJ		325 mg	2
<i>glydo</i>	63	12500UNT.....	50	<i>hydrocodone-</i>	
GLYXAMBI TAB 10-5 MG		HEP SOD/NACL INJ		<i>acetaminophen tab 5-325</i>	
.....	38	25000UNT	50	mg.....	2
GLYXAMBI TAB 25-5 MG		<i>heparin sodium (porcine)</i> 50		<i>hydrocodone-</i>	
.....	38	HEPARIN/NACL INJ		<i>acetaminophen tab 7.5-</i>	
GOLYTELY		25000UNT	50	325 mg	2
see <i>gavilyte-g</i>	48	HEPLISAV-B.....	54	<i>hydrocodone-ibuprofen tab</i>	
see <i>peg 3350-kcl-na</i>		HERCEP HYLEC SOL 60-		7.5-200 mg	2
<i>bicarb-nacl-na sulfate</i>		10000	14	<i>hydrocortisone</i>	44
<i>for soln 236 gm</i>	48	HERCEPTIN	14	<i>hydrocortisone (intrarectal)</i>	
<i>granisetron hcl</i>	47	HERZUMA	14	.....	48
<i>griseofulvin microsize</i>	5	HETLIOZ		<i>hydrocortisone (rectal)</i>	64
<i>griseofulvin ultramicrosize</i> 5		see <i>tasimelteon</i>	35	<i>hydrocortisone (topical)</i> ..	63
<i>guanfacine hcl</i>	24	HIBERIX	54	<i>hydromorphone hcl</i>	2
<i>guanfacine hcl (adhd)</i>	34	HIPREX		<i>hydroxychloroquine sulfate</i>	
GVOKE HYPOPEN 2-		see <i>methenamine</i>		.....	53
PACK	45	<i>hippurate</i>	4	<i>hydroxyurea</i>	12
GVOKE KIT	45	HUMIRA	51	<i>hydroxyzine hcl</i>	58, 59
GVOKE PFS.....	45	HUMIRA PEDIA INJ		<i>hydroxyzine pamoate</i>	59
H		CROHNS	52	HYSINGLA ER.....	1
HAEGARDA	51	HUMIRA PEDIATRIC		HYZAAR	
<i>hailey 1.5/30</i>	42	CROHNS D	52	see <i>losartan potassium &</i>	
HALDOL DECANOATE		HUMIRA PEN	52	<i>hydrochlorothiazide tab</i>	
100		HUMIRA PEN KIT PS/UV		100-12.5 mg	19
see <i>haloperidol</i>		.....	52	see <i>losartan potassium &</i>	
<i>decanoate</i>	28	HUMIRA PEN-CD/UC/HS		<i>hydrochlorothiazide tab</i>	
HALDOL DECANOATE 50		START	52	100-25 mg	19
see <i>haloperidol</i>		HUMIRA PEN-PEDIATRIC		see <i>losartan potassium &</i>	
<i>decanoate</i>	28	UC S	52	<i>hydrochlorothiazide tab</i>	
<i>halobetasol propionate</i> ...	63	HUMIRA PEN-PS/UV		50-12.5 mg	19
<i>haloette</i>	42	STARTER	52	I	
<i>haloperidol</i>	28	HUMULIN R U-500		<i>ibandronate sodium</i>	41
<i>haloperidol decanoate</i>	28	(CONCENTR.....	40	IBRANCE.....	14
<i>haloperidol lactate</i>	28	HUMULIN R U-500		<i>ibu</i>	1
HARVONI PAK 33.75-		KWIKPEN.....	40	<i>ibuprofen</i>	1
150MG	7	<i>hydralazine hcl</i>	24	<i>icatibant acetate</i>	51
HARVONI PAK 45-200MG		HYDREA		<i>iclevia</i>	42
.....	7	see <i>hydroxyurea</i>	12	ICLUSIG	14
HARVONI TAB 45-200MG	7	<i>hydrochlorothiazide</i>	23	IDACIO (2 PEN).....	52
HARVONI TAB 90-400MG	7	<i>hydrocodone bitartrate</i>	1	IDACIO (2 SYRINGE).....	52
HAVRIX	54	<i>hydrocodone-</i>		IDACIO CROHN INJ	
<i>heather</i>	42	<i>acetaminophen soln 7.5-</i>		DISEASE.....	52
HEP SOD/D5W INJ		325 mg/15ml	2	IDACIO PLAQU INJ	
20000UNT	50			PSORIASIS.....	52
				IDHIFA.....	14

<i>imatinib mesylate</i>.....14	<i>introvale</i>.....42	JALYN
IMBRUVICA.....14	INTUNIV	see <i>dutasteride-</i>
<i>imipenem-cilastatin</i>	see <i>guanfacine hcl</i>	<i>tamsulosin hcl cap 0.5-</i>
<i>intravenous for soln 250</i>	<i>(adhd)</i>.....34	<i>0.4 mg</i>.....49
<i>mg</i>.....4	INVEGA	<i>jantoven</i>.....50
<i>imipenem-cilastatin</i>	see <i>paliperidone</i>.....29	JANUMET TAB 50-1000.38
<i>intravenous for soln 500</i>	INVEGA HAFYERA .....28	JANUMET TAB 50-500MG
<i>mg</i>.....4	INVEGA SUSTENNA.....28	.....38
<i>imipramine hcl</i>.....26	INVEGA TRINZA .....28	JANUMET XR TAB 100-
<i>imiquimod</i> .....64	IPOL INJ INACTIVE.....54	1000.....38
IMITREX	<i>ipratropium bromide</i>.....58	JANUMET XR TAB 50-
see <i>sumatriptan</i>	<i>ipratropium bromide (nasal)</i>	1000.....38
<i>succinate</i> .....36	.....58	JANUMET XR TAB 50-
IMITREX STATDOSE	<i>ipratropium-albuterol nebu</i>	500MG .....38
REFILL	<i>soln 0.5-2.5(3) mg/3ml</i> 58	JANUVIA .....38
see <i>sumatriptan</i>	<i>irbesartan</i>.....20	JARDIANCE .....38
<i>succinate</i> .....35	<i>irbesartan-</i>	<i>jasmiel</i> .....42
IMITREX STATDOSE	<i>hydrochlorothiazide tab</i>	<i>javygtor</i>.....45
SYSTEM	150-12.5 mg.....19	JAYPIRCA .....14
see <i>sumatriptan</i>	<i>irbesartan-</i>	JENTADUETO TAB 2.5-
<i>succinate</i> .....35	<i>hydrochlorothiazide tab</i>	1000.....38
IMOVAX RABIES	300-12.5 mg.....19	JENTADUETO TAB 2.5-
(H.D.C.V.) .....54	IRESSA	500.....38
IMURAN	see <i>gefitinib</i>.....14	JENTADUETO TAB 2.5-
see <i>azathioprine</i>.....53	<i>irinotecan hcl</i> .....12	850.....38
INBRIJA.....27	ISENTRESS .....6	JENTADUETO TAB XR
<i>incassia</i>.....42	ISENTRESS HD .....6	2.5-1000MG .....38
INCRELEX.....45	<i>isibloom</i> .....42	JENTADUETO TAB XR 5-
INCRUSE ELLIPTA .....58	ISOLYTE-P INJ /D5W.....55	1000MG .....38
<i>indapamide</i> .....23	ISOLYTE-S INJ.....55	<i>jinteli</i> .....44
INDERAL LA	ISOLYTE-S INJ PH 7.4...55	<i>jolessa</i> .....42
see <i>propranolol hcl</i>.....22	<i>isoniazid</i>.....7	<i>juleber</i>.....42
INFANRIX INJ.....54	ISORDIL TITRADOSE	JULUCA TAB 50-25MG...7
INFLIXIMAB.....52	see <i>isosorbide dinitrate</i>	<i>junel 1.5/30</i>.....42
INLYTA.....14	.....24	<i>junel 1/20</i>.....42
INQOVI TAB 35-100MG .11	<i>isosorbide dinitrate</i>.....24	<i>junel fe 1.5/30</i>.....42
INREBIC .....14	<i>isosorbide mononitrate</i> ..24	<i>junel fe 1/20</i>.....42
INSPIRA	<i>isotretinoin</i> .....61	JYNNEOS.....54
see <i>eplerenone</i> .....18	<i>itraconazole</i> .....5	K
INSULIN PEN NEEDLES:	<i>ivermectin</i> .....4	KADCYLA.....14
BD/NOVO .....40	IWILFIN .....12	KALETRA
INSULIN SAFETY	IXIARO INJ .....54	see <i>lopinavir-ritonavir</i>
NEEDLES .....40	J	<i>soln 400-100 mg/5ml</i>
INSULIN SYRINGES: BD	JADENU	<i>(80-20 mg/ml)</i> .....7
.....40	see <i>deferasirox</i>.....41	see <i>lopinavir-ritonavir tab</i>
INTELENCE .....6	JADENU SPRINKLE	100-25 mg .....7
see <i>etravirine</i>.....6	see <i>deferasirox</i>.....41	see <i>lopinavir-ritonavir tab</i>
INTRALIPID.....56	JAKAFI .....14	200-50 mg .....7

KALYDECO	60	<i>ketoconazole</i>	5	<i>lactic acid (ammonium</i>	
KANJINTI.....	14	<i>ketoconazole (topical)</i>	62	<i>lactate)</i>	64
<i>kariva</i>	42	<i>ketorolac tromethamine</i>		<i>lactulose</i>	48
KCL 0.3%/D5W/NACL		<i>(ophth)</i>	57	<i>lactulose (encephalopathy)</i>	
0.9%		KEVZARA.....	52	.....	48
see <i>kcl 40 meq/l (0.3%)</i>		KEYTRUDA	14	LAMICTAL	
<i>in dextrose 5% & nacl</i>		KINRIX INJ	54	see <i>lamotrigine</i>	32
<i>0.9% inj</i>	55	KISQALI 200 DOSE.....	14	see <i>subvenite</i>	33
<i>kcl 10 meq/l (0.075%) in</i>		KISQALI 200 PAK		LAMICTAL CHEWABLE	
<i>dextrose 5% & nacl</i>		FEMARA	12	DISPERS	
<i>0.45% inj</i>	55	KISQALI 400 DOSE.....	14	see <i>lamotrigine</i>	32
<i>kcl 20 meq/l (0.149%) in</i>		KISQALI 400 PAK		LAMICTAL XR	
<i>nacl 0.45% inj</i>	55	FEMARA	12	see <i>lamotrigine</i>	32
<i>kcl 20 meq/l (0.15%) in</i>		KISQALI 600 DOSE.....	14	<i>lamivudine</i>	6
<i>dextrose 5% & nacl 0.2%</i>		KISQALI 600 PAK		<i>lamivudine (hbv)</i>	7
<i>inj</i>	55	FEMARA	12	<i>lamivudine-zidovudine tab</i>	
<i>kcl 20 meq/l (0.15%) in</i>		KITABIS PAK		<i>150-300 mg</i>	7
<i>dextrose 5% & nacl</i>		see <i>tobramycin</i>	4	<i>lamotrigine</i>	32
<i>0.45% inj</i>	55	KLARON		LANOXIN	
<i>kcl 20 meq/l (0.15%) in</i>		see <i>sulfacetamide</i>		see <i>digoxin</i>	24
<i>dextrose 5% & nacl 0.9%</i>		<i>sodium (acne)</i>	61	<i>lansoprazole</i>	49
<i>inj</i>	55	<i>klayesta</i>	62	LANTUS	40
<i>kcl 20 meq/l (0.15%) in nacl</i>		KLONOPIN		LANTUS SOLOSTAR	40
<i>0.45% inj</i>	55	see <i>clonazepam</i>	30	<i>lapatinib ditosylate</i>	15
<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>klor-con</i>	56	<i>larin 1.5/30</i>	42
<i>0.9% inj</i>	55	<i>klor-con 10</i>	56	<i>larin 1/20</i>	42
<i>kcl 30 meq/l (0.224%) in</i>		<i>klor-con 8</i>	56	<i>larin fe 1.5/30</i>	42
<i>dextrose 5% & nacl</i>		<i>klor-con m10</i>	56	<i>larin fe 1/20</i>	42
<i>0.45% inj</i>	55	<i>klor-con m15</i>	56	LASIX	
<i>kcl 40 meq/l (0.3%) in</i>		<i>klor-con m20</i>	56	see <i>furosemide</i>	23
<i>dextrose 5% & nacl</i>		KORLYM	45	<i>latanoprost</i>	57
<i>0.45% inj</i>	55	see <i>mifepristone</i>		LATUDA	
<i>kcl 40 meq/l (0.3%) in</i>		<i>(hyperglycemia)</i>	45	see <i>lurasidone hcl</i> .28, 29	
<i>dextrose 5% & nacl 0.9%</i>		KOSELUGO	14	<i>leena</i>	42
<i>inj</i>	55	<i>kourzeq</i>	64	<i>leflunomide</i>	53
<i>kcl 40 meq/l (0.3%) in nacl</i>		KRAZATI	14	<i>lenalidomide</i>	12
<i>0.9% inj</i>	55	K-TAB		LENVIMA 10 MG DAILY	
KCL/D5W/NACL INJ		see <i>potassium chloride</i>	56	DOSE	15
0.3/0.9%	55	<i>kurvelo</i>	42	LENVIMA 12MG DAILY	
<i>kelnor 1/35</i>	42	KUVAN		DOSE	15
<i>kelnor 1/50</i>	42	see <i>javygtor</i>	45	LENVIMA 20 MG DAILY	
KEPPRA		see <i>sapropterin</i>		DOSE	15
see <i>levetiracetam</i>	32	<i>dihydrochloride</i>	46	LENVIMA 4 MG DAILY	
see <i>roweepa</i>	33	L		DOSE	15
KEPPRA XR		<i>labetalol hcl</i>	22	LENVIMA 8 MG DAILY	
see <i>levetiracetam</i>	32	<i>lacosamide</i>	31, 32	DOSE	15
KERENDIA	18	<i>lacosamide oral</i>	32	LENVIMA CAP 14 MG....	15
KESIMPTA	36	<i>lactated ringer's solution</i> .	55	LENVIMA CAP 18 MG....	15

LENVIMA CAP 24 MG....15	<i>levonorgestrel & ethinyl</i>	<i>lisinopril &</i>
<i>lessina</i> .....42	<i>estradiol tab 0.1 mg-20</i>	<i>hydrochlorothiazide tab</i>
LETAIRIS	<i>mcg</i> .....42	<i>20-25 mg</i>.....18
see <i>ambrisentan</i>.....24	<i>levonorgestrel & ethinyl</i>	LITHIUM .....36
<i>letrozole</i> .....11	<i>estradiol tab 0.15 mg-30</i>	<i>lithium carbonate</i> .....36
<i>leucovorin calcium</i> .....17	<i>mcg</i> .....42	LITHOBID
LEUKERAN .....11	<i>levonorgestrel-eth estra tab</i>	see <i>lithium carbonate</i> ..36
<i>leuprolide acetate</i> .....11	<i>0.05-30/0.075-40/0.125-</i>	LODINE
<i>levabuterol hcl</i>.....59	<i>30mg-mcg</i> .....42	see <i>etodolac</i>.....1
<i>levabuterol tartrate</i>.....59	<i>levora 0.15/30-28</i>.....42	<i>loestrin 1.5/30-21</i> .....42
<i>levetiracetam</i> .....32	<i>levo-t</i>.....46	<i>loestrin 1/20-21</i> .....42
LEVETIRACETAM	<i>levothyroxine sodium</i>.....46	<i>loestrin fe 1.5/30</i> .....42
see <i>levetiracetam in</i>	<i>levoxyl</i>.....46	<i>loestrin fe 1/20</i> .....42
<i>sodium chloride iv soln</i>	LEXAPRO	LOKELMA.....41
<i>1000 mg/100ml</i>.....32	see <i>escitalopram oxalate</i>	LOMOTIL
see <i>levetiracetam in</i>	.....26	see <i>diphenoxylate w/</i>
<i>sodium chloride iv soln</i>	LEXIVA .....6	<i>atropine tab 2.5-0.025</i>
<i>1500 mg/100ml</i>.....32	see <i>fosamprenavir</i>	<i>mg</i> .....48
see <i>levetiracetam in</i>	<i>calcium</i> .....6	LONSURF TAB 15-6.14 .11
<i>sodium chloride iv soln</i>	LIALDA	LONSURF TAB 20-8.19 .11
<i>500 mg/100ml</i>.....32	see <i>mesalamine</i> .....48	<i>loperamide hcl</i> .....48
<i>levetiracetam in sodium</i>	<i>lidocaine</i> .....63	LOPID
<i>chloride iv soln 1000</i>	<i>lidocaine hcl</i>.....63	see <i>gemfibrozil</i>.....21
<i>mg/100ml</i> .....32	<i>lidocaine hcl (local anesth.)</i>	<i>lopinavir-ritonavir soln 400-</i>
<i>levetiracetam in sodium</i>	.....3	<i>100 mg/5ml (80-20</i>
<i>chloride iv soln 1500</i>	<i>lidocaine hcl (mouth-throat)</i>	<i>mg/ml)</i> .....7
<i>mg/100ml</i> .....32	.....64	<i>lopinavir-ritonavir tab 100-</i>
<i>levetiracetam in sodium</i>	<i>lidocaine-prilocaine cream</i>	<i>25 mg</i> .....7
<i>chloride iv soln 500</i>	<i>2.5-2.5%</i>.....63	<i>lopinavir-ritonavir tab 200-</i>
<i>mg/100ml</i> .....32	<i>lidocan iii</i>.....63	<i>50 mg</i> .....7
<i>levobunolol hcl</i>.....57	LIDODERM	LOPRESSOR
<i>levocarnitine (metabolic</i>	see <i>lidocaine</i> .....63	see <i>metoprolol tartrate</i> 22
<i>modifiers)</i> .....45	see <i>lidocan iii</i>.....63	<i>lorazepam</i>.....24, 25
<i>levocetirizine</i>	<i>linezolid</i>.....4	<i>lorazepam intensol</i>.....25
<i>dihydrochloride</i>.....59	LINEZOLID INJ 2MG/ML..4	LORBRENA .....15
<i>levofloxacin</i>.....9	LINZESS.....48	<i>loryna</i>.....42
<i>levofloxacin in d5w iv soln</i>	<i>liothyronine sodium</i>.....46	<i>losartan potassium</i>.....20
<i>250 mg/50ml</i> .....9	LIPITOR	<i>losartan potassium &</i>
<i>levofloxacin in d5w iv soln</i>	see <i>atorvastatin calcium</i>	<i>hydrochlorothiazide tab</i>
<i>500 mg/100ml</i> .....9	.....21	<i>100-12.5 mg</i> .....19
<i>levofloxacin in d5w iv soln</i>	<i>lisinopril</i>.....18	<i>losartan potassium &</i>
<i>750 mg/150ml</i> .....9	<i>lisinopril &</i>	<i>hydrochlorothiazide tab</i>
<i>levonest</i> .....42	<i>hydrochlorothiazide tab</i>	<i>100-25 mg</i> .....19
<i>levonorgestrel & ethinyl</i>	<i>10-12.5 mg</i>.....18	<i>losartan potassium &</i>
<i>estradiol (91-day) tab</i>	<i>lisinopril &</i>	<i>hydrochlorothiazide tab</i>
<i>0.15-0.03 mg</i> .....42	<i>hydrochlorothiazide tab</i>	<i>50-12.5 mg</i> .....19
	<i>20-12.5 mg</i> .....18	LOTEMAX.....57
		LOTENSIN

see <i>benazepril hcl</i> .....18	<i>lurasidone hcl</i>.....28, 29	MAVYRET PAK 50-20MG 7
LOTENSIN HCT	<i>lutea</i>.....42	MAVYRET TAB 100-40MG
see <i>benazepril &</i>	<i>lyleq</i> .....42	.....7
<i>hydrochlorothiazide tab</i>	<i>lyllana</i> .....44	MAXALT
10-12.5 mg .....18	LYNPARZA.....15	see <i>rizatriptan benzoate</i>
see <i>benazepril &</i>	LYRICA	.....35
<i>hydrochlorothiazide tab</i>	see <i>pregabalin</i>.....32	MAXALT-MLT
20-12.5 mg .....18	LYSODREN .....12	see <i>rizatriptan benzoate</i>
see <i>benazepril &</i>	LYTGOBI (12 MG DAILY	.....35
<i>hydrochlorothiazide tab</i>	DOSE).....15	MAXITROL
20-25 mg .....18	LYTGOBI (16 MG DAILY	see <i>neomycin-polymyxin-</i>
LOTREL	DOSE).....15	<i>dexamethasone ophth</i>
see <i>amlodipine besylate-</i>	LYTGOBI (20 MG DAILY	<i>oint 0.1%</i>.....56
<i>benazepril hcl cap 10-</i>	DOSE).....15	see <i>neomycin-polymyxin-</i>
20 mg .....17	<i>lyza</i> .....42	<i>dexamethasone ophth</i>
see <i>amlodipine besylate-</i>	M	<i>susp 0.1%</i>.....56
<i>benazepril hcl cap 10-</i>	MACROBID	MAXZIDE
40 mg .....17	see <i>nitrofurantoin</i>	see <i>triamterene &</i>
see <i>amlodipine besylate-</i>	<i>monohyd macro</i>.....4	<i>hydrochlorothiazide tab</i>
<i>benazepril hcl cap 5-10</i>	MACRODANTIN	75-50 mg .....23
mg .....17	see <i>nitrofurantoin</i>	<i>meclizine hcl</i> .....47
see <i>amlodipine besylate-</i>	<i>macrocrystal</i> .....4	MEDROL
<i>benazepril hcl cap 5-20</i>	<i>magnesium sulfate</i>.....55	see <i>methylprednisolone</i>
mg .....17	MAGNESIUM SULFATE 55	.....44
LOTRONEX	see <i>magnesium sulfate</i>	MEDROL DOSEPAK
see <i>alosetron hcl</i>.....48	.....55	see <i>methylprednisolone</i>
<i>lovastatin</i> .....21	MAGNESIUM SULFATE IN	.....44
LOVAZA	D5W	<i>medroxyprogesterone</i>
see <i>omega-3-acid ethyl</i>	see <i>magnesium sulfate in</i>	<i>acetate</i> .....46
<i>esters cap 1 gm</i>.....21	<i>dextrose 5% iv soln 1</i>	<i>medroxyprogesterone</i>
LOVENOX	<i>gm/100ml</i>.....55	<i>acetate (contraceptive)</i> 42
see <i>enoxaparin sodium</i>	<i>magnesium sulfate in</i>	<i>mefloquine hcl</i>.....5
.....50	<i>dextrose 5% iv soln 1</i>	<i>megestrol acetate</i> .....12, 46
<i>low-ogestrel</i> .....42	<i>gm/100ml</i> .....55	<i>megestrol acetate</i>
<i>loxapine succinate</i> .....28	MALARONE	(<i>appetite</i>).....46
LUMAKRAS.....15	see <i>atovaquone-</i>	MEKINIST .....15
LUMIGAN .....57	<i>proguanil hcl tab 250-</i>	MEKTOVI.....15
LUMIZYME .....45	100 mg .....5	<i>meloxicam</i>.....1
LUPRON DEPOT (1-	see <i>atovaquone-</i>	<i>memantine hcl</i> .....25
MONTH).....11	<i>proguanil hcl tab 62.5-</i>	MENACTRA INJ .....54
LUPRON DEPOT (3-	25 mg .....5	MENQUADFI INJ.....54
MONTH).....12	<i>malathion</i> .....64	MENVEO INJ .....54
LUPRON DEPOT-PED (1-	<i>maraviroc</i>.....6	MENVEO SOL .....54
MONTH).....45	MARINOL	MEPRON
LUPRON DEPOT-PED (3-	see <i>dronabinol</i>.....47	see <i>atovaquone</i>.....3
MONTH).....45	<i>marlissa</i> .....42	<i>mercaptopurine</i>.....11
LUPRON DEPOT-PED (6-	MARPLAN .....26	<i>meropenem</i>.....4
MONTH).....45	MATULANE .....12	<i>mesalamine</i> .....48

<i>mesalamine w/ cleanser</i> .48	<i>metronidazole (topical)</i> ...64	<i>moxifloxacin hcl 400</i>
MESNEX .....17	<i>metronidazole vaginal</i>.....50	<i>mg/250ml in sodium</i>
MESTINON	<i>metyrosine</i> .....24	<i>chloride 0.8% inj</i>.....9
<i>see pyridostigmine</i>	MG SO4/D5W INJ	MS CONTIN
<i>bromide</i> .....36	10MG/ML .....55	<i>see morphine sulfate</i>.....2
<i>metformin hcl</i> .....38	<i>micafungin sodium</i>.....5	MULTAQ.....20
<i>methadone hcl</i> .....1	MICARDIS	<i>multiple electrolytes ph 5.5</i>
<i>methadone hydrochloride i2</i>	<i>see telmisartan</i>.....20	.....55
METHADOSE	<i>microgestin 1.5/30</i> .....42	<i>multiple electrolytes ph 7.4</i>
<i>see methadone</i>	<i>microgestin 1/20</i> .....42	.....55
<i>hydrochloride i</i> .....2	<i>microgestin fe 1.5/30</i> .....42	<i>mupirocin</i> .....61
<i>methazolamide</i> .....23	<i>microgestin fe 1/20</i> .....42	MYAMBUTOL
<i>methenamine hippurate</i>....4	<i>midodrine hcl</i> .....24	<i>see ethambutol hcl</i>.....7
<i>methimazole</i> .....46	<i>mifepristone</i>	MYCAMINE
<i>methotrexate sodium 11, 53</i>	(<i>hyperglycemia</i>).....45	<i>see micafungin sodium</i> .5
<i>methsuximide</i>.....32	<i>miglustat</i> .....45	MYCOBUTIN
METHYLIN	MIGRANAL	<i>see rifabutin</i>.....7
<i>see methylphenidate hcl</i>	<i>see dihydroergotamine</i>	<i>mycophenolate mofetil</i> ...53
.....35	<i>mesylate</i> .....35	<i>mycophenolate sodium</i> ...53
<i>methylphenidate hcl</i>.....35	<i>mili</i> .....42	MYFORTIC
<i>methylprednisolone</i>.....44	<i>mimvey</i> .....44	<i>see mycophenolate</i>
<i>methylprednisolone acetate</i>	MINIPRESS	<i>sodium</i>.....53
.....44	<i>see prazosin hcl</i> 18	MYRBETRIQ .....49
<i>methylprednisolone sod</i>	MINIVELLE	MYSOLINE
<i>succ</i>.....44	<i>see lyllana</i> .....44	<i>see primidone</i>.....33
<i>methyltestosterone</i> .....37	<i>minocycline hcl</i> 10	N
<i>metoclopramide hcl</i>.....47	<i>minoxidil</i>.....24	<i>nabumetone</i>.....1
<i>metolazone</i> .....23	<i>mirtazapine</i> .....26	<i>nadolol</i> .....22
<i>metoprolol &</i>	<i>misoprostol</i> .....48	<i>nafcillin sodium</i> 10
<i>hydrochlorothiazide tab</i>	MITIGARE 1	NAGLAZYME.....45
100-25 mg.....22	M-M-R II INJ .....54	<i>nalbuphine hcl</i>.....2
<i>metoprolol &</i>	M-NATAL PLUS TAB.....56	<i>naloxone hcl</i>.....37
<i>hydrochlorothiazide tab</i>	<i>modafinil</i> .....37	<i>naltrexone hcl</i> .....37
100-50 mg.....22	<i>moexipril hcl</i>.....18	NAMENDA XR
<i>metoprolol &</i>	<i>molindone hcl</i>.....29	<i>see memantine hcl</i>.....25
<i>hydrochlorothiazide tab</i>	<i>mometasone furoate</i>.....63	NAMZARIC CAP 14-10MG
50-25 mg.....22	MONJUVI .....15	.....25
<i>metoprolol succinate</i>.....22	<i>mono-lynyah</i> .....42	NAMZARIC CAP 21-10MG
<i>metoprolol tartrate</i>.....22	<i>montelukast sodium</i>.....59	.....25
METROCREAM	<i>morphine sulfate</i> .....2	NAMZARIC CAP 28-10MG
<i>see metronidazole</i>	MORPHINE SULFATE .....2	.....25
(<i>topical</i>).....64	MORPHINE	NAMZARIC CAP 7-10MG
METROLOTION	SULFATE/SODIUM C ...2	.....25
<i>see metronidazole</i>	MOUNJARO .....39	NAMZARIC CAP PACK..25
(<i>topical</i>).....64	MOVANTIK.....48	NAPROSYN
<i>metronidazole</i> .....4	<i>moxifloxacin hcl</i> .....9	<i>see naproxen</i> 1
METRONIDAZOLE	<i>moxifloxacin hcl (ophth)</i> ..57	<i>naproxen</i>.....1
<i>see metronidazole</i>.....4		<i>naproxen sodium</i> .....1

<i>naratriptan hcl</i>.....35	<i>nevirapine</i> .....6	<i>norethindrone acetate-</i>
NARDIL	NEXAVAR .....15	<i>ethinyl estradiol tab 1</i>
see <i>phenelzine sulfate</i> 26	see <i>sorafenib tosylate</i> .16	<i>mg-5 mcg</i>.....44
NATACYN .....57	NEXIUM	<i>norethindrone ac-ethinyl</i>
<i>nateglinide</i> .....39	see <i>esomeprazole</i>	<i>estradiol tab 1-20/1-30/1-</i>
NATPARA.....41	<i>magnesium</i>.....49	<i>35 mg-mcg</i> .....43
NAYZILAM.....32	<i>niacin (antihyperlipidemic)</i>	<i>norgestimate & ethinyl</i>
<i>nebivolol hcl</i>.....22	.....21	<i>estradiol tab 0.25 mg-35</i>
NEBUPENT	<i>nicardipine hcl</i>.....23	<i>mcg</i> .....43
see <i>pentamidine</i>	NICOTROL INHALER.....37	<i>norgestimate-eth estradiol tab</i>
<i>isethionate inh</i> .....4	NICOTROL NS .....37	<i>0.18-25/0.215-25/0.25-25</i>
<i>necon 0.5/35-28</i>.....42	<i>nifedipine</i> .....23	<i>mg-mcg</i> .....43
<i>nefazodone hcl</i> .....26	<i>nikki</i> .....42	<i>norgestimate-eth estradiol tab</i>
<i>neomycin sulfate</i>.....4	NILANDRON	<i>0.18-35/0.215-35/0.25-35</i>
<i>neomycin-bacitrac zn-</i>	see <i>nilutamide</i>.....12	<i>mg-mcg</i> .....43
<i>polymyx 5(3.5)mg-</i>	<i>nilutamide</i> .....12	<i>norlyroc</i>.....43
<i>400unt-10000unt op oin</i>	<i>nimodipine</i> .....23	NORPACE
.....57	NINLARO.....15	see <i>disopyramide</i>
<i>neomycin-polymy-gramicid</i>	<i>nitazoxanide</i> .....4	<i>phosphate</i>.....20
<i>op sol 1.75-10000-</i>	<i>nitisinone</i> .....45	NORPACE CR.....20
<i>0.025mg-unt-mg/ml</i>.....57	NITRO-BID .....24	NORPRAMIN
<i>neomycin-polymyxin-</i>	<i>nitrofurantoin macrocrystal</i>	see <i>desipramine hcl</i> ....25
<i>dexamethasone ophth</i>	<i>nitrofurantoin monohyd</i>	NORTHERA
<i>oint 0.1%</i>.....56	<i>macro</i>.....4	see <i>droxidopa</i>.....24
<i>neomycin-polymyxin-</i>	<i>nitroglycerin</i> .....24	<i>nortrel 0.5/35 (28)</i> .....43
<i>dexamethasone ophth</i>	NITROSTAT	<i>nortrel 1/35 (21)</i> .....43
<i>susp 0.1%</i> .....56	see <i>nitroglycerin</i>.....24	<i>nortrel 1/35 (28)</i> .....43
<i>neomycin-polymyxin-hc</i>	<i>nizatidine</i> .....47	<i>nortrel 7/7/7</i>.....43
<i>ophth susp</i> .....56	<i>nora-be</i> .....42	<i>nortriptyline hcl</i>.....26
<i>neomycin-polymyxin-hc otic</i>	<i>norelgestromin-ethinyl</i>	NORVASC
<i>soln 1%</i> .....58	<i>estradiol td ptwk 150-35</i>	see <i>amlodipine besylate</i>
<i>neomycin-polymyxin-hc otic</i>	<i>mcg/24hr</i> .....43	.....22
<i>susp 3.5 mg/ml-10000</i>	<i>norethindrone</i>	NORVIR.....6
<i>unit/ml-1%</i>.....58	<i>(contraceptive)</i> .....43	see <i>ritonavir</i>.....6
<i>neo-polycin 5(3.5)mg-</i>	<i>norethindrone ace & ethinyl</i>	NOVOLIN INJ 70/30 .....40
<i>400unt-10000unt op oin</i>	<i>estradiol tab 1 mg-20</i>	NOVOLIN INJ 70/30 FP..40
.....57	<i>mcg</i> .....43	NOVOLIN N.....40
<i>neo-polycin hc ophth oint</i>	<i>norethindrone ace & ethinyl</i>	NOVOLIN N FLEXPEN...40
<i>1%</i>.....56	<i>estradiol tab 1.5 mg-30</i>	NOVOLIN R .....40
NEORAL	<i>mcg</i> .....43	NOVOLIN R FLEXPEN...40
see <i>cyclosporine</i>	<i>norethindrone ace & ethinyl</i>	NOVOLOG MIX INJ 70/30
<i>modified (for</i>	<i>estradiol-fe tab 1 mg-20</i>	.....40
<i>microemulsion)</i> .....53	<i>mcg</i> .....43	NOVOLOG MIX INJ
see <i>gengraf</i> .....53	<i>norethindrone acetate</i>.....46	FLEXPEN.....40
NERLYNX.....15	<i>norethindrone acetate-</i>	NOXAFIL
NEUPRO .....27	<i>ethinyl estradiol tab 0.5</i>	see <i>posaconazole</i> .....5
NEURONTIN	<i>mg-2.5 mcg</i> .....44	NUBEQA .....12
see <i>gabapentin</i>.....31		

NUEDEXTA CAP 20-10MG.....36	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>.....19	OMNIPOD MIS CLASSIC.....40
NULOJIX .....53	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>.....19	<i>ondansetron</i>.....47
NUPLAZID .....29	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>.....20	<i>ondansetron hcl</i> .....47
NURTEC.....35	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>.....20	ONFI
NUTRILIPID.....56	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>.....19	<i>see clobazam</i>.....30
NUVARING	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>.....20	ONTRUZANT.....15
<i>see eluryng</i> .....42	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>.....20	ONUREG .....11
<i>see enilloring</i>.....42	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>.....19	OPSUMIT .....24
<i>see etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr</i> .....42	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>.....19	ORFADIN
<i>see haloette</i>.....42	<i>omega-3-acid ethyl esters cap 1 gm</i> .....21	<i>see nitisinone</i> .....45
NUVIGIL	<i>omeprazole</i>.....49	ORGOVYX.....12
<i>see armodafinil</i>.....37	OMNIPOD 5 G6 KIT	ORKAMBI GRA 100-125 60
NUZYRA.....10	INTRO .....40	ORKAMBI GRA 150-188 60
<i>nyamyc</i> .....62	OMNIPOD 5 G6 MIS PODS	ORKAMBI GRA 75-94MG
<i>nylia 1/35</i> .....43	.....40	.....60
<i>nylia 7/7/7</i> .....43	OMNIPOD 5 G7 KIT	ORKAMBI TAB 100-125 .60
NYMALIZE.....23	INTRO .....40	ORKAMBI TAB 200-125 .60
<i>nymyo</i> .....43	OMNIPOD 5 G7 MIS PODS	ORSERDU.....12
<i>nystatin</i> .....5	.....40	ORTHO TRI-CYCLEN LO
<i>nystatin (mouth-throat)</i>....64	OMNIPOD DASH KIT	<i>see norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>.....43
<i>nystatin (topical)</i>.....62	INTRO .....40	<i>see tri-lo-estarylla</i>.....43
<i>nystop</i>.....62	OMNIPOD DASH MIS	<i>see tri-lo-marzia</i> .....43
O	PODS .....40	<i>see tri-lo-mili</i>.....43
<i>ocella</i> .....43	OMNIPOD GO KIT	<i>see tri-lo-sprintec</i>.....43
OCTAGAM .....53	10UNT/DY .....40	<i>see tri-vylibra lo</i>.....43
<i>octreotide acetate</i> .....45	OMNIPOD GO KIT	<i>oseltamivir phosphate</i> ...7, 8
OCUFLOX	15UNT/DY .....40	OTEZLA.....52
<i>see ofloxacin (ophth)</i> ...57	OMNIPOD GO KIT	OTEZLA TAB 10/20/30...52
ODEFSEY TAB.....7	20UNT/DY .....40	<i>oxacillin sodium</i> .....10
ODOMZO .....15	OMNIPOD GO KIT	<i>oxaliplatin</i>.....11
OFEV .....60	25UNT/DY .....40	<i>oxcarbazepine</i> .....32
<i>ofloxacin (ophth)</i> .....57	OMNIPOD GO KIT	<i>oxybutynin chloride</i> .....49
<i>ofloxacin (otic)</i> .....58	30UNT/DY .....40	<i>oxycodone hcl</i>.....2, 3
OGIVRI .....15	OMNIPOD GO KIT	<i>oxycodone w/ acetaminophen tab 10- 325 mg</i> .....3
OGIVRI INJ 420MG .....15	35UNT/DY .....40	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i> .....3
OGSIVEO .....15	OMNIPOD GO KIT	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>.....3
OJJAARA .....15	35UNT/DY .....40	
<i>olanzapine</i> .....29	OMNIPOD GO KIT	
<i>olmesartan medoxomil</i> ...20	40UNT/DY .....40	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>.....19		
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>.....19		

<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>.....3	PEGASYS .....8	<i>see periogard</i> .....64
OZEMPIC (0.25 OR 0.5 MG/DOSE).....39	PEMAZYRE .....15	<i>perindopril erbumine</i> .....18
OZEMPIC (0.25 OR 0.5MG/DOSE).....39	<i>pemetrexed disodium</i> .....11	<i>perio gard</i> .....64
OZEMPIC (1MG/DOSE) .39	PEN GK/DEXTR INJ 40000/ML .....10	<i>permethrin</i>.....64
OZEMPIC (2MG/DOSE) .39	PEN GK/DEXTR INJ 60000/ML .....10	<i>perphenazine</i>.....29
P	PENBRAYA INJ.....54	PERSERIS.....29
<i>pacerone</i>.....20	<i>penicillamine</i>.....41	<i>pfizerpen</i>.....10
<i>paclitaxel</i>.....13	<i>penicillin g potassium</i>.....10	<i>phenelzine sulfate</i>.....26
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>.....13	<i>penicillin g sodium</i> .....10	PHENERGAN
<i>paliperidone</i> .....29	<i>penicillin v potassium</i>.....10	<i>see promethazine hcl</i> ..47
PAMELOR	PENTACEL INJ .....54	<i>phenobarbital</i>.....32
<i>see nortriptyline hcl</i> ....26	PENTAM 300	<i>phenobarbital sodium</i> ....32
<i>pamidronate disodium</i> ....41	<i>see pentamidine isethionate inj</i>.....4	<i>phenytek</i> .....32
PAMIDRONATE	<i>pentamidine isethionate inh</i> .....4	<i>phenytoin</i> .....32
DISODIUM .....41	<i>pentamidine isethionate inj</i> .....4	<i>phenytoin sodium</i>.....32
PANRETIN .....64	<i>pentoxifylline</i>.....51	<i>phenytoin sodium extended</i> .....32
<i>pantoprazole sodium</i> .....49	PEPCID	PHESGO SOL .....15
PANZYGA .....53	<i>see famotidine</i>.....47	<i>philith</i> .....43
<i>paraplatin</i>.....11	PERCOCET	PIFELTRO .....6
<i>paricalcitol</i>.....47	<i>see endocet tab 10-325mg</i> .....2	<i>pilocarpine hcl</i>.....57
PARLODEL	<i>see endocet tab 2.5-325mg</i> .....2	<i>pilocarpine hcl (oral)</i> .....64
<i>see bromocriptine mesylate</i> .....27	<i>see endocet tab 5-325mg</i> .....2	<i>pimozide</i> .....29
PARNATE	<i>see endocet tab 7.5-325mg</i> .....2	<i>pimtrea</i>.....43
<i>see tranlycypromine sulfate</i>.....26	<i>see oxycodone w/ acetaminophen tab 10-325 mg</i> .....3	<i>pindolol</i> .....22
<i>paroxetine hcl</i> .....26	<i>see oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....3	<i>pioglitazone hcl</i>.....39
PAXIL	<i>see oxycodone w/ acetaminophen tab 5-325 mg</i> .....3	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....39
<i>see paroxetine hcl</i>.....26	<i>see oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....3	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....39
PAXLOVID TAB 150-100..8	PERIDEX	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>.....10
PAXLOVID TAB 300-100..8	<i>see chlorhexidine gluconate (mouth-throat)</i>.....64	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>.....10
<i>pazopanib hcl</i> .....15		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>.....10
PEDIAPRED		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>.....10
<i>see prednisolone sodium phosphate</i>.....44		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>.....10
PEDIARIX INJ 0.5ML.....54		PIQRAY 200MG DAILY DOSE .....15
PEDVAX HIB .....54		
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>.....48		
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>....48		

PIQRAY 250MG TAB	see <i>kcl 20 meq/l (0.15%)</i>	see <i>primaquine</i>
DOSE.....15	<i>in nacl 0.45% inj.....55</i>	<i>phosphate.....5</i>
PIQRAY 300MG DAILY	see <i>kcl 20 meq/l (0.15%)</i>	PRIMAXIN IV
DOSE.....15	<i>in nacl 0.9% inj.....55</i>	see <i>imipenem-cilastatin</i>
<i>pirfenidone.....60</i>	see <i>kcl 40 meq/l (0.3%)</i>	<i>intravenous for soln</i>
<i>piroxicam.....1</i>	<i>in nacl 0.9% inj.....55</i>	500 mg.....4
PLAQUENIL	<i>potassium citrate</i>	<i>primidone.....33</i>
see <i>hydroxychloroquine</i>	<i>(alkalinizer).....49</i>	PRIORIX INJ.....54
<i>sulfate.....53</i>	PRADAXA.....50	PRISTIQ
PLASMA-LYTE A	see <i>dabigatran etexilate</i>	see <i>desvenlafaxine</i>
see <i>multiple electrolytes</i>	<i>mesylate.....50</i>	<i>succinate.....26</i>
<i>ph 7.4.....55</i>	<i>pramipexole</i>	PRIVIGEN.....53
PLASMA-LYTE INJ -148 55	<i>dihydrochloride.....27</i>	<i>probenecid.....1</i>
PLASMA-LYTE INJ -A....55	<i>prasugrel hcl.....51</i>	PROCARDIA XL
PLASMA-LYTE-148	<i>pravastatin sodium.....21</i>	see <i>nifedipine.....23</i>
see <i>multiple electrolytes</i>	<i>praziquantel.....4</i>	<i>prochlorperazine.....47</i>
<i>ph 5.5.....55</i>	<i>prazosin hcl.....18</i>	<i>prochlorperazine edisylate</i>
PLAVIX	PRED FORTE	.....47
see <i>clopidogrel bisulfate</i>	see <i>prednisolone acetate</i>	<i>prochlorperazine maleate</i>
.....51	<i>(ophth).....57</i>	.....47
<i>plenamine.....56</i>	<i>prednisolone.....44</i>	PROCRIT.....50
PLENVU SOL.....48	<i>prednisolone acetate</i>	PROCTOCORT
<i>podofilox.....64</i>	<i>(ophth).....57</i>	see <i>hydrocortisone</i>
<i>polycin ophth oint.....57</i>	PREDNISOLONE SODIUM	<i>(rectal).....64</i>
<i>polymyxin b-trimethoprim</i>	PHOSP.....57	<i>procto-med hc.....64</i>
<i>ophth soln 10000 unit/ml-</i>	<i>prednisolone sodium</i>	<i>proctosol hc.....64</i>
<i>0.1%.....57</i>	<i>phosphate.....44</i>	<i>proctozone-hc.....64</i>
POMALYST.....12	<i>prednisone.....44</i>	<i>progesterone.....46</i>
<i>portia-28.....43</i>	PREDNISONE INTENSOL	PROGLYCEM
<i>posaconazole.....5</i>	.....44	see <i>diazoxide.....45</i>
POT CHL 20MEQ/L IN	<i>pregabalin.....32</i>	PROGRAF.....54
NACL 0.45% INJ.....55	PREHEVBRIO.....54	see <i>tacrolimus.....54</i>
POT CHL 20MEQ/L IN	PREMASOL SOL 10%...56	PROLASTIN-C.....60
NACL 0.9% INJ.....55	PRENATAL TAB 27-1MG	PROLENSA.....57
POT CHL 40MEQ/L IN	.....56	see <i>bromfenac sodium</i>
NACL 0.9% INJ.....55	PRENATAL TAB PLUS..56	<i>(ophth).....57</i>
<i>potassium chloride....55, 56</i>	PREVACID	PROLIA.....41
POTASSIUM CHLORIDE	see <i>lansoprazole.....49</i>	PROMACTA.....51
.....55	<i>prevalite.....21</i>	<i>promethazine hcl.....47</i>
see <i>potassium chloride</i> 55	PREVYMIS.....8	PROMETRIUM
<i>potassium chloride 20</i>	PREZCOBIX TAB 800-150	see <i>progesterone.....46</i>
<i>meq/l (0.15%) in</i>	.....7	<i>propafenone hcl.....20</i>
<i>dextrose 5% inj.....56</i>	PREZISTA.....6	<i>proparacaine hcl.....58</i>
<i>potassium chloride</i>	see <i>darunavir.....5</i>	<i>propranolol hcl.....22</i>
<i>microencapsulated</i>	PRIFTIN.....7	<i>propylthiouracil.....46</i>
<i>crystals er.....56</i>	<i>primaquine phosphate.....5</i>	PROQUAD INJ.....54
POTASSIUM	PRIMAQUINE	PROSCAR
CHLORIDE/SODIUM	PHOSPHATE.....5	see <i>finasteride.....49</i>

PROSOL INJ 20%	56	RECLAST		see <i>rifampin</i>	7
PROTONIX		see <i>zoledronic acid</i>	41	<i>rifampin</i>	7
see <i>pantoprazole sodium</i>		<i>reclipsen</i>	43	RILUTEK	
.....	49	RECOMBIVAX HB.....	54	see <i>riluzole</i>	36
<i>protriptyline hcl</i>	26	RECTIV	64	<i>riluzole</i>	36
PROVENTIL HFA		REGLAN		<i>rimantadine hydrochloride</i>	8
see <i>albuterol sulfate</i>	59	see <i>metoclopramide hcl</i>		RINVOQ	52
PROVERA		.....	47	RISPERDAL	
see		REGRANEX.....	64	see <i>risperidone</i>	29
<i>medroxyprogesterone</i>		RELENZA DISKHALER....	8	RISPERDAL CONSTA ...	29
<i>acetate</i>	46	RELISTOR.....	48	see <i>risperidone</i>	
PROVIGIL		REMERON		<i>microspheres</i>	30
see <i>modafinil</i>	37	see <i>mirtazapine</i>	26	<i>risperidone</i>	29
PROZAC		REMERON SOLTAB		<i>risperidone microspheres</i>	30
see <i>fluoxetine hcl</i>	26	see <i>mirtazapine</i>	26	RITALIN	
PULMICORT		REMICADE.....	52	see <i>methylphenidate hcl</i>	
see <i>budesonide</i>		RENFLEXIS.....	52	.....	35
(<i>inhalation</i>).....	60	REVELA		<i>ritonavir</i>	6
PULMOZYME	60	see <i>sevelamer carbonate</i>		<i>rivastigmine</i>	25
PURIXAN.....	11	.....	46	<i>rivastigmine tartrate</i>	25
<i>pyrazinamide</i>	7	<i>repaglinide</i>	39	<i>rizatriptan benzoate</i>	35
<i>pyridostigmine bromide</i> ...	36	REPATHA.....	21	ROBINUL	
Q		REPATHA PUSHTRONEX		see <i>glycopyrrolate</i>	47
QINLOCK	15	SYSTEM	21	ROBINUL FORTE	
QUADRACEL INJ.....	54	REPATHA SURECLICK .	21	see <i>glycopyrrolate</i>	47
QUADRACEL INJ 0.5ML	54	RESTASIS	58	ROCALTROL	
QUALAQUIN		RESTASIS MULTIDOSE	58	see <i>calcitriol</i>	47
see <i>quinine sulfate</i>	5	RESTORIL		see <i>calcitriol (oral)</i>	47
QUESTRAN		see <i>temazepam</i>	35	ROCKLATAN DRO	57
see <i>cholestyramine</i>	21	RETEVMO	15	<i>roflumilast</i>	60
QUESTRAN LIGHT		RETIN-A		<i>ropinirole hydrochloride</i> ..	27
see <i>cholestyramine light</i>		see <i>tretinoin</i>	61	<i>rosuvastatin calcium</i>	21
.....	21	RETROVIR		ROTARIX SUS	54
see <i>prevalite</i>	21	see <i>zidovudine</i>	6	ROTATEQ SOL	54
<i>quetiapine fumarate</i>	29	REVATIO		ROWASA	
<i>quinapril hcl</i>	18	see <i>sildenafil citrate</i>		see <i>mesalamine w/</i>	
<i>quinidine sulfate</i>	20	(<i>pulmonary</i>		<i>cleanser</i>	48
<i>quinine sulfate</i>	5	<i>hypertension</i>).....	24	<i>roweepra</i>	33
QULIPTA	35	REVLIMID.....	12	ROXICODONE	
R		REXULTI	29	see <i>oxycodone hcl</i>	3
RABAVERT INJ.....	54	REYATAZ	6	ROZLYTREK	16
<i>raloxifene hcl</i>	45	see <i>atazanavir sulfate</i> ...	5	RUBRACA	16
<i>ramipril</i>	18	REZLIDHIA.....	16	<i>rufinamide</i>	33
<i>ranolazine</i>	24	REZUROCK.....	54	RUKOBIA.....	6
RAPAMUNE		RHOPRESSA	57	RYBELSUS.....	39
see <i>sirolimus</i>	54	<i>ribavirin (hepatitis c)</i>	8	RYDAPT	16
<i>rasagiline mesylate</i>	27	<i>rifabutin</i>	7	S	
RAYALDEE	47	RIFADIN		SABRIL	

see <i>vigabatrin</i>	33	<i>simliya</i>	43	<i>sprintec 28</i>	43
see <i>vigadron</i>	33	<i>simvastatin</i>	21	SPRITAM.....	33
<i>sajazir</i>	51	SINEMET		SPRYCEL.....	16
SALAGEN		see <i>carbidopa &</i>		<i>sps</i>	41
see <i>pilocarpine hcl (oral)</i>		<i>levodopa tab 10-100</i>		<i>sronyx</i>	43
.....	64	<i>mg</i>	27	<i>ssd</i>	62
SANDIMMUNE.....	54	see <i>carbidopa &</i>		STALEVO 150	
see <i>cyclosporine</i>	53	<i>levodopa tab 25-100</i>		see <i>carbidopa-levodopa-</i>	
SANDOSTATIN		<i>mg</i>	27	<i>entacapone tabs 37.5-</i>	
see <i>octreotide acetate</i>	45	SINGULAIR		<i>150-200 mg</i>	27
SANTYL.....	64	see <i>montelukast sodium</i>		STELARA.....	52
SAPHRIS		.....	59	STIVARGA.....	16
see <i>asenapine maleate</i>		<i>sirolimus</i>	54	STRATTERA	
.....	28	SIRTURO.....	7	see <i>atomoxetine hcl</i>	34
<i>sapropterin dihydrochloride</i>		SIVEXTRO.....	4	<i>streptomycin sulfate</i>	4
.....	46	SKYRIZI.....	52	STRIBILD TAB.....	7
SCSEMBLIX.....	16	SKYRIZI PEN.....	52	STROMECTOL	
<i>scopolamine</i>	47	<i>sod sulfate-pot sulf-mg sulf</i>		see <i>ivermectin</i>	4
SECUADO.....	30	<i>oral sol 17.5-3.13-1.6</i>		SUBOXONE	
<i>selegiline hcl</i>	27	<i>gm/177ml</i>	48	see <i>buprenorphine hcl-</i>	
<i>selenium sulfide</i>	62	<i>sodium chloride</i>	56	<i>naloxone hcl sl film 12-</i>	
SELZENTRY.....	6	<i>sodium chloride (gu</i>		<i>3 mg (base equiv)</i>	37
see <i>maraviroc</i>	6	<i>irrigant)</i>	64	see <i>buprenorphine hcl-</i>	
SENSIPAR		<i>sodium fluoride chew; tab;</i>		<i>naloxone hcl sl film 2-</i>	
see <i>cinacalcet hcl</i>	45	<i>1.1 (0.5 f) mg/ml soln</i> ..	56	<i>0.5 mg (base equiv)</i> ..	37
SEREVENT DISKUS.....	59	SODIUM OXYBATE.....	37	see <i>buprenorphine hcl-</i>	
SEROQUEL		<i>sodium phenylbutyrate</i>	46	<i>naloxone hcl sl film 4-1</i>	
see <i>quetiapine fumarate</i>		<i>sodium polystyrene</i>		<i>mg (base equiv)</i>	37
.....	29	<i>sulfonate powder</i>	41	see <i>buprenorphine hcl-</i>	
SEROQUEL XR		<i>solifenacin succinate</i>	49	<i>naloxone hcl sl film 8-2</i>	
see <i>quetiapine fumarate</i>		SOLIQUA INJ 100/33.....	40	<i>mg (base equiv)</i>	37
.....	29	SOLTAMOX.....	12	<i>subvenite</i>	33
<i>sertraline hcl</i>	26	SOLU-CORTEF.....	44	<i>sucalfate</i>	48
<i>setlakin</i>	43	SOLU-MEDROL		<i>sulfacetamide sodium</i>	
<i>sevelamer carbonate</i>	46	see <i>methylprednisolone</i>		(<i>acne</i>).....	61
<i>sharobel</i>	43	<i>sod succ</i>	44	<i>sulfacetamide sodium</i>	
SHINGRIX.....	54	SOMATULINE DEPOT...	46	(<i>ophth</i>).....	57
SIGNIFOR.....	46	SOMAVERT.....	46	<i>sulfacetamide sodium-</i>	
<i>sildenafil citrate (pulmonary</i>		<i>sorafenib tosylate</i>	16	<i>prednisolone ophth soln</i>	
<i>hypertension)</i>	24	<i>sorine</i>	20, 21	<i>10-0.23(0.25)%</i>	56
SILENOR		<i>sotalol hcl</i>	21	<i>sulfadiazine</i>	4
see <i>doxepin hcl (sleep)</i>		<i>sotalol hcl (afib/af)</i>	21	<i>sulfamethoxazole-</i>	
.....	35	<i>spironolactone</i>	18	<i>trimethoprim iv soln 400-</i>	
SILVADENE		<i>spironolactone &</i>		<i>80 mg/5ml</i>	4
see <i>silver sulfadiazine</i> ..	62	<i>hydrochlorothiazide tab</i>		<i>sulfamethoxazole-</i>	
see <i>ssd</i>	62	<i>25-25 mg</i>	23	<i>trimethoprim susp 200-40</i>	
<i>silver sulfadiazine</i>	62	SPORANOX		<i>mg/5ml</i>	4
SIMBRINZA SUS 1-0.2%.....	58	see <i>itraconazole</i>	5		

<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>.....4	SYNJARDY TAB 5-500MG .....39	TDVAX INJ 2-2 LF .....54
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>.....4	SYNJARDY XR TAB 10-1000 .....39	TECENTRIQ .....16
SULFAMYLON .....62	SYNJARDY XR TAB 12.5-1000 .....39	TEFLARO .....8
<i>sulfasalazine</i> .....48	SYNJARDY XR TAB 25-1000 .....39	TEGRETOL
<i>sulindac</i> .....1	SYNJARDY XR TAB 5-1000MG .....39	see <i>carbamazepine</i>.....30
<i>sumatriptan</i>.....35	SYNTHROID.....46	see <i>epitol</i>.....31
<i>sumatriptan succinate</i>....35, 36	see <i>euthyrox</i>.....46	TEGRETOL-XR
<i>sunitinib malate</i>.....16	see <i>levo-t</i> .....46	see <i>carbamazepine</i>.....30
SUNLENCA .....6	see <i>levothyroxine sodium</i> .....46	TEKTURNA
SUPREP BOWEL PREP KIT	see <i>levoxyl</i> .....46	see <i>aliskiren fumarate</i> .23
see <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> ...48	see <i>unithroid</i>.....46	<i>telmisartan</i> .....20
SUSTIVA	SYPRINE	<i>temazepam</i>.....35
see <i>efavirenz</i>.....5	see <i>trientine hcl</i>.....41	TENIVAC INJ 5-2LF .....54
SUTENT	T	<i>tenofovir disoproxil fumarate</i>.....6
see <i>sunitinib malate</i> ....16	TABLOID .....11	TENORETIC 100
<i>syeda</i>.....43	TABRECTA.....16	see <i>atenolol & chlorthalidone tab 100-25 mg</i>.....22
SYMDEKO TAB 100-15060	<i>tacrolimus</i> .....54	TENORETIC 50
SYMDEKO TAB 50-75MG .....60	<i>tacrolimus (topical)</i>.....64	see <i>atenolol & chlorthalidone tab 50-25 mg</i>.....21
SYMFI	TAFINLAR .....16	TENORMIN
see <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> ..6	TAGRISO .....16	see <i>atenolol</i>.....22
SYMFI LO	TALTZ.....52	TEPMETKO .....16
see <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> ..6	TALZENNA .....16	<i>terazosin hcl</i>.....18
SYMPAZAN .....33	TAMIFLU	<i>terbinafine hcl</i> .....5
SYMTUZA TAB.....7	see <i>oseltamivir phosphate</i>.....7, 8	<i>terbutaline sulfate</i> .....59
SYNALAR	<i>tamoxifen citrate</i> .....12	<i>terconazole vaginal</i>.....50
see <i>fluocinolone acetonide</i>.....63	<i>tamsulosin hcl</i>.....49	TERIPARATIDE.....41
SYNAREL .....43	TARCEVA	<i>testosterone</i>.....37
SYNJARDY TAB 12.5-1000MG .....39	see <i>erlotinib hcl</i> .....13	<i>testosterone cypionate</i>....37
SYNJARDY TAB 12.5-500 .....39	TARGRETIN	<i>testosterone enanthate</i> ...37
SYNJARDY TAB 5-1000MG .....39	see <i>bexarotene</i> .....12	<i>tetrabenazine</i> .....36
	see <i>bexarotene (topical)</i> .....64	<i>tetracycline hcl</i>.....10
	<i>tarina fe 1/20 eq</i>.....43	THALOMID .....12
	TASIGNA .....16	<i>theophylline</i>.....60
	<i>tasimelteon</i> .....35	<i>thioridazine hcl</i>.....30
	<i>tazarotene</i>.....62	<i>thiothixene</i> .....30
	<i>tazicef</i> .....8	<i>tiadylt er</i> .....23
	TAZORAC .....62	<i>tiagabine hcl</i>.....33
	see <i>tazarotene</i> .....62	TIAZAC
	<i>taztia xt</i>.....23	see <i>diltiazem hcl extended release beads</i>.....23
	TAZVERIK .....16	see <i>taztia xt</i>.....23
		see <i>tiadylt er</i>.....23

TIBSOVO.....	16	TRAZIMERA.....	16	<i>trientine hcl</i>	41
TICOVAC.....	54	<i>trazodone hcl</i>	26	<i>tri-estarylla</i>	43
<i>tigecycline</i>	10	TRECTOR.....	7	<i>trifluoperazine hcl</i>	30
TIKOSYN		TRELEGY AER ELLIPTA		<i>trifluridine</i>	57
<i>see dofetilide</i>	20	100-62.5-25 MCG.....	58	<i>trihexyphenidyl hcl</i>	27
<i>tilia fe</i>	43	TRELEGY AER ELLIPTA		TRIJARDY XR TAB ER	
<i>timolol maleate</i>	22	200-62.5-25 MCG.....	58	24HR 10-5-1000MG....	39
<i>timolol maleate (ophth)</i> ...	58	<i>treprostinil</i>	24	TRIJARDY XR TAB ER	
<i>tinidazole</i>	4	TRESIBA.....	41	24HR 12.5-2.5-1000MG	
TIVICAY.....	6	TRESIBA FLEXTOUCH..	41	.....	39
TIVICAY PD.....	6	<i>tretinoin</i>	61	TRIJARDY XR TAB ER	
<i>tizanidine hcl</i>	36, 37	<i>tretinoin (chemotherapy)</i> ..	12	24HR 25-5-1000MG....	39
TOBRADEX OIN 0.3-0.1%		<i>triamcinolone acetamide</i>		TRIJARDY XR TAB ER	
.....	56	(mouth).....	64	24HR 5-2.5-1000MG...39	
TOBRADEX ST SUS 0.3-		<i>triamcinolone acetamide</i>		TRIKAFTA PAK 59.5MG 60	
0.05.....	56	(topical).....	63	TRIKAFTA PAK 75MG...60	
<i>tobramycin</i>	4	<i>triamterene &</i>		TRIKAFTA TAB 100-50-	
<i>tobramycin (ophth)</i>	57	<i>hydrochlorothiazide cap</i>		75MG & 150MG.....	60
<i>tobramycin sulfate</i>	4	37.5-25 mg.....	23	TRIKAFTA TAB 50-25-	
<i>tobramycin-dexamethasone</i>		<i>triamterene &</i>		37.5MG & 75MG.....	60
<i>ophth susp 0.3-0.1%</i> ...56		<i>hydrochlorothiazide tab</i>		<i>tri-legest fe</i>	43
<i>tolterodine tartrate</i>	50	37.5-25 mg.....	23	TRILEPTAL	
TOPAMAX		<i>triamterene &</i>		<i>see oxcarbazepine</i>	32
<i>see topiramate</i>	33	<i>hydrochlorothiazide tab</i>		<i>tri-lynh</i>	43
TOPAMAX SPRINKLE		75-50 mg.....	23	<i>tri-lo-estarylla</i>	43
<i>see topiramate</i>	33	TRIBENZOR		<i>tri-lo-marzia</i>	43
<i>topiramate</i>	33	<i>see olmesartan-</i>		<i>tri-lo-mili</i>	43
TOPROL XL		<i>amlodipine-</i>		<i>tri-lo-sprintec</i>	43
<i>see metoprolol succinate</i>		<i>hydrochlorothiazide tab</i>		<i>trimethoprim</i>	4
.....	22	20-5-12.5 mg.....	19	<i>tri-mili</i>	43
<i>toremifene citrate</i>	12	<i>see olmesartan-</i>		<i>trimipramine maleate</i>	26
<i>torseamide</i>	23	<i>amlodipine-</i>		TRINTELLIX.....	26
TOUJEO MAX SOLOSTAR		<i>hydrochlorothiazide tab</i>		<i>tri-nymyo</i>	43
.....	40	40-10-12.5 mg.....	20	<i>tri-sprintec</i>	43
TOUJEO SOLOSTAR....	41	<i>see olmesartan-</i>		TRIUMEQ PD TAB.....	7
TPN ELECTROL INJ.....	56	<i>amlodipine-</i>		TRIUMEQ TAB.....	7
TRACLEER		<i>hydrochlorothiazide tab</i>		<i>trivora-28</i>	43
<i>see bosentan</i>	24	40-10-25 mg.....	20	<i>tri-vylibra</i>	43
TRADJENTA.....	39	<i>see olmesartan-</i>		<i>tri-vylibra lo</i>	43
<i>tramadol hcl</i>	3	<i>amlodipine-</i>		TRIZIVIR TAB.....	7
<i>tramadol-acetaminophen</i>		<i>hydrochlorothiazide tab</i>		TROGARZO.....	6
<i>tab 37.5-325 mg</i>	3	40-5-12.5 mg.....	19	TROPHAMINE INJ 10% .56	
<i>trandolapril</i>	18	<i>see olmesartan-</i>		<i>tropium chloride</i>	50
<i>tranexamic acid</i>	51	<i>amlodipine-</i>		TRULICITY.....	39
TRANSDERM-SCOP		<i>hydrochlorothiazide tab</i>		TRUMENBA INJ.....	54
<i>see scopolamine</i>	47	40-5-25 mg.....	19	TRUQAP.....	16
<i>tranylcypramine sulfate</i> ...26		TRICOR		TRUVADA	
TRAVASOL INJ 10%.....	56	<i>see fenofibrate</i>	21		

see <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>.....6	see <i>potassium citrate (alkalinizer)</i>.....49	see <i>vancomycin hcl</i>.....4
see <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>.....7	UROCIT-K 5	<i>vancomycin hcl</i>.....4
see <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>.....7	see <i>potassium citrate (alkalinizer)</i>.....49	VANCOMYCIN INJ 1 GM .4
see <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>.....7	UROXATRAL	VANCOMYCIN INJ 500MG
TRUXIMA.....16	see <i>alfuzosin hcl</i>.....49	.....4
TUKYSA.....16	URSO 250	VANCOMYCIN INJ 750MG
TURALIO.....16	see <i>ursodiol</i>.....48	.....4
<i>turqoz</i>.....43	URSO FORTE	VANFLYTA.....16
TWINRIX INJ.....54	see <i>ursodiol</i>.....48	VAQTA.....54
TYBOST.....6	<i>ursodiol</i>.....48	<i>varenicline tartrate</i>.....37
TYGACIL	V	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>.....37
see <i>tigecycline</i>.....10	VAGIFEM	VARIVAX.....54
TYKERB	see <i>estradiol vaginal</i> ...44	VASCEPA.....21
see <i>lapatinib ditosylate</i> 15	see <i>yuvafem</i>.....44	VASERETIC
TYPHIM VI.....54	<i>valacyclovir hcl</i>.....8	see <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>.....18
TYRVAYA.....58	VALCHLOR.....64	VASOTEC
U	VALCYTE	see <i>enalapril maleate</i> ..18
UBRELVY.....36	see <i>valganciclovir hcl</i>....8	VELCADE
UCERIS	<i>valganciclovir hcl</i>.....8	see <i>bortezomib</i>.....13
see <i>budesonide</i>.....48	VALIUM	<i>velivet</i>.....43
UNASYN	see <i>diazepam</i>.....31	VELPHORO.....46
see <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>.....9	<i>valproate sodium</i>.....33	VELTASSA.....41
see <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>.....9	<i>valproic acid</i>.....33	VEMLIDY.....8
UNASYN BULK PACK	<i>valsartan</i>.....20	VENCLEXTA.....16
see <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> .10	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>.....20	VENCLEXTA TAB START
<i>unithroid</i>.....46	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>.....20	PK.....16
UROCIT-K 10	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>.....20	<i>venlafaxine hcl</i>.....26
see <i>potassium citrate (alkalinizer)</i>.....49	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>.....20	VENTAVIS.....24
UROCIT-K 15	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>.....20	VENTOLIN HFA.....59
	VALTOCO 10 MG DOSE33	VENTOLIN HFA (INSTITUTIONAL PACK)
	VALTOCO 15 MG DOSE33	.....59
	VALTOCO 20 MG DOSE33	<i>verapamil hcl</i>.....23
	VALTOCO 5 MG DOSE..33	VERELAN
	VALTRESX	see <i>verapamil hcl</i>.....23
	see <i>valacyclovir hcl</i>.....8	VERQUVO.....24
	VANCOCIN	VERSACLOZ.....30
		VERZENIO.....16
		VESICARE
		see <i>solifenacin succinate</i>
		.....49
		<i>vestura</i>.....43
		VFEND
		see <i>voriconazole</i>.....5

VFEND IV	<i>vylibra</i>	43	XENAZINE
see <i>voriconazole</i>	VYTORIN		see <i>tetrabenazine</i>
V-GO 20 KIT	see <i>ezetimibe-</i>		XERMELO
V-GO 30 KIT	<i>simvastatin tab 10-10</i>		XGEVA
V-GO 40 KIT	mg	21	XHANCE
VIBRAMYCIN	see <i>ezetimibe-</i>		XIFAXAN
see <i>doxycycline</i>	<i>simvastatin tab 10-20</i>		XIGDUO XR TAB 10-1000
(<i>monohydrate</i>)	mg	21	.....
see <i>doxycycline hyclate</i>	see <i>ezetimibe-</i>		XIGDUO XR TAB 10-
.....	<i>simvastatin tab 10-40</i>		500MG
VIDAZA	mg	21	XIGDUO XR TAB 2.5-1000
see <i>azacitidine</i>	see <i>ezetimibe-</i>		.....
<i>vienna</i>	<i>simvastatin tab 10-80</i>		XIGDUO XR TAB 5-
<i>vigabatrin</i>	mg	21	1000MG
<i>vigadrone</i>	VYZULTA	58	XIGDUO XR TAB 5-500MG
VIGAMOX	W		.....
see <i>moxifloxacin hcl</i>	<i>warfarin sodium</i>	50	XIIDRA.....
(<i>ophth</i>).....	<i>water for irrigation, sterile</i>		XOLAIR
VIIBRYD	<i>irrigation soln</i>	64	XOSPATA.....
see <i>vilazodone hcl</i>	WELCHOL		XPOVIO 100 MG ONCE
<i>vilazodone hcl</i>	see <i>colesevelam hcl</i>	21	WEEKLY
VIMPAT	WELIREG	12	XPOVIO 40 MG ONCE
see <i>lacosamide</i>	WELLBUTRIN SR		WEEKLY
see <i>lacosamide oral</i>	see <i>bupropion hcl</i>	25	XPOVIO 40 MG TWICE
<i>vincristine sulfate</i>	WELLBUTRIN XL		WEEKLY
<i>vinorelbine tartrate</i>	see <i>bupropion hcl</i>	25	XPOVIO 60 MG ONCE
<i>viorele</i>	<i>wera</i>	43	WEEKLY
VIRACEPT	<i>wixela inhub</i>	61	XPOVIO 60 MG TWICE
VIREAD	X		WEEKLY
see <i>tenofovir disoproxil</i>	XALATAN		XPOVIO 80 MG ONCE
<i>fumarate</i>	see <i>latanoprost</i>	57	WEEKLY
VISTARIL	XALKORI	17	XPOVIO 80 MG TWICE
see <i>hydroxyzine</i>	XANAX		WEEKLY
<i>pamoate</i>	see <i>alprazolam</i>	24	XTANDI
VITRAKVI	XARELTO.....	50	<i>xulane</i>
VIVELLE-DOT	XARELTO STAR TAB		XULTOPHY INJ 100/3.6.41
see <i>dotti</i>	15/20MG	50	XYLOCAINE
see <i>estradiol</i>	XATMEP	53	see <i>lidocaine hcl (local</i>
VIVITROL	XCOPRI	33	<i>anesth.)</i>
VIZIMPRO	XCOPRI PAK 100-150....	33	XYLOCAINE-MPF
VONJO	XCOPRI PAK 12.5-25....	33	see <i>lidocaine hcl (local</i>
<i>voriconazole</i>	XCOPRI PAK 150-200MG		<i>anesth.)</i>
VOSEVI TAB	(MAINTENANCE).....	33	Y
VOTRIENT	XCOPRI PAK 150-200MG		<i>yargesa</i>
see <i>pazopanib hcl</i>	(TITRATION).....	33	YASMIN 28
VRAYLAR.....	XCOPRI PAK 50-100MG	33	see <i>drospirenone-ethinyl</i>
VRAYLAR CAP 1.5-3MG	XELJANZ.....	52	<i>estradiol tab 3-0.03 mg</i>
<i>vyfemla</i>	XELJANZ XR	52	.....

see <i>ocella</i>	43	ZENPEP CAP 20000UNT		see <i>azithromycin</i>	8
see <i>syeda</i>	43	.....	49	ZOCOR	
see <i>zumandimine</i>	43	ZENPEP CAP 25000UNT		see <i>simvastatin</i>	21
YAZ		.....	49	<i>zoledronic acid</i>	41
see <i>drospirenone-ethinyl</i>		ZENPEP CAP 3000UNIT	49	ZOLINZA.....	17
<i>estradiol tab 3-0.02 mg</i>		ZENPEP CAP 40000UNT		ZOLOFT	
.....	42	.....	49	see <i>sertraline hcl</i>	26
see <i>jasmiel</i>	42	ZENPEP CAP 5000UNIT	49	<i>zolpidem tartrate</i>	35
see <i>loryna</i>	42	ZENPEP CAP 60000UNT		ZONEGRAN	
see <i>nikki</i>	42	.....	49	see <i>zonisamide</i>	33
see <i>vestura</i>	43	ZERVIAE	57	ZONISADE	33
YF-VAX INJ	54	ZESTORETIC		<i>zonisamide</i>	33
<i>yuvafem</i>	44	see <i>lisinopril &</i>		ZORTRESS	
Z		<i>hydrochlorothiazide tab</i>		see <i>everolimus</i>	
<i>zafemy</i>	43	<i>10-12.5 mg</i>	18	(<i>immunosuppressant</i>)	
<i>zafirlukast</i>	59	see <i>lisinopril &</i>		.....	53
ZANAFLEX		<i>hydrochlorothiazide tab</i>		<i>zovia 1/35</i>	43
see <i>tizanidine hcl</i>	37	<i>20-12.5 mg</i>	18	ZTALMY	33
ZARONTIN		see <i>lisinopril &</i>		<i>zumandimine</i>	43
see <i>ethosuximide</i>	31	<i>hydrochlorothiazide tab</i>		ZURZUVAE	27
ZARXIO	51	<i>20-25 mg</i>	18	ZYDELIG	17
ZAVESCA		ZESTRIL		ZYKADIA	17
see <i>miglustat</i>	45	see <i>lisinopril</i>	18	ZYLET SUS 0.5-0.3%.....	56
see <i>yargesa</i>	46	ZETIA		ZYPREXA	
ZEJULA	17	see <i>ezetimibe</i>	21	see <i>olanzapine</i>	29
ZELBORAF.....	17	ZIAGEN		ZYPREXA RELPREVV...30	
ZEMAIRA.....	60	see <i>abacavir sulfate</i>	5	ZYPREXA ZYDIS	
ZEMPLAR		<i>zidovudine</i>	6	see <i>olanzapine</i>	29
see <i>paricalcitol</i>	47	ZIEXTENZO	51	ZYTIGA	
<i>zenatane</i>	61	<i>ziprasidone hcl</i>	30	see <i>abiraterone acetate</i>	
ZENPEP CAP 10000UNT		<i>ziprasidone mesylate</i>	30	.....	11
.....	49	ZIRABEV	17	ZYVOX	
ZENPEP CAP 15000UNT		ZIRGAN	57	see <i>linezolid</i>	4
.....	49	ZITHROMAX			



Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

P.O. Box 30011, Pittsburgh, PA 15222-0330

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Blue MedicareRx Premier, at:

Connecticut	1-888-620-1747	Rhode Island	1-888-620-1748
Massachusetts	1-888-543-4917	Vermont	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit www.RxMedicarePlans.com

You can get prescription drugs shipped to your home through our network mail order delivery program which is called CVS Caremark Mail Service Pharmacy.

You also have the option to enroll your prescriptions in an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. And, when your prescription is going to expire or is out of refills, we'll contact your doctor for a new one. We'll contact you by phone, text message or email (your choice) before we mail your medication.

For new prescriptions, we'll let you know before we send the first fill of your medication. There may be times when Medicare requires us to get your approval before sending your prescription to you. On every order, you'll have time to make changes or cancel, and you won't be charged until it ships. You can start or stop automatic refills at any time.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at the number listed in the table above. TTY/TDD users should call 711.

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