Molina Dual MI Coordinated Health (HMO D-SNP)

2026 List of Covered Drugs (*Drug List* or Formulary)

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

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This *Drug List* was updated on 09/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time or visit MolinaHealthcare.com/Medicare.

If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by our plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in our plan.

- You can always check our plan's up-to-date *List of Covered Drugs* online at MolinaHealthcare.com/Medicare or by calling Member Services at the number in the footer of this document. This call is free.

- **You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number in the footer of this document. This call is free.**

- Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

- We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

- We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.
Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese
注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

Traditional Chinese
注意：如果您說 台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian
ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean
주의:한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian
ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish
אַכטונג: אויב איר רעדט יידיש, שפּראַך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פֿאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali
মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish
UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

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تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French
ATTENTION : Si vous parlez français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d’adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو
توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek
ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian
VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German
HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch
GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzscht, Schprooch Helfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in

helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese
LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali
FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese
注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian
УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian
ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic
ማስታወሻ፣ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai
หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้

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ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข
ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Samoan
FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa’aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua I limits e faigofie ona maua o loo maua foi e le totogia. Vala’au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano
PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્યિઝલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese
ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ*ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID

របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້.
ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen
ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤ ကညီကျိာ် အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၢ် လၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြၢးအဘဉ် လၢကဟ့ဉ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနး့်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၢ် လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီတဲစိနိဉ်ဂံၢ်လၢ အိဉ်ဖဲနလံာ်အုဉ်သး (ID) ခးကွအလိၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်ကွၢ်ထွဲန္ဉ် တကွၢ်.

Swahili
KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian
PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške.
Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup.
Pozovite broj za usluge za članove koji se nalazi na poleđini vaše ID kartice ili se obratite pružaocu usluge.

Croatian
PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik.
Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno.
Nazovite broj Službe za članove na poleđini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali
सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्।
पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Yoruba
ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò ìrànlọ́wọ́ àti àwọn iṣẹ́ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọrùn ló wà lọ́fẹ̀ẹ́. Pe nọ́mbà Àwọn iṣẹ́ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ̀ rẹ tàbí bá olùpèsè rẹ sọ̀rọ̀.

Tamil
கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக்கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

Navajo
SHOOH: Diné bizaad yiníłti’, t’áá jiik’ehgo saad bee áká’ánída’awo’ígíí t’áá hadoohkááł nihá kéé’ hóló. T’áá ajiłii íiyisí át’éego nihá át’éego bee haz’ánígíí dóó t’áá ádáhodooníígíí biniiyé t’áá jíík’eh nihá kéé’ hóló Member Services béésh bee hane’í bikáá’ dah naaznil doo ID card ni’ dooleeł ná’ádoolwołígíí bikáá’ nihá át’é.

Shoshone
NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipeh.

Choctaw
KULLÓSHI: Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.

Punjabi
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਤੁਹਾਡੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Syriac

ܢܐ ܡܟܘܪܟܬܐ ܡܟܘܪܟܬܐ ܐܢܬ. ܐܝܟܐܠܝ ܐܠܐ ܡܠܐ ܡܟܘܪܟܬܐ ܐܢܬ ؛ ܡܠܐ ܐܟܬܘܒܐ ܐܝܟ ܐܢ ܐܠܐ ܡܠܐ ܐܢ: ܡܬܐܠ
ܡܬܐܟܐ ܐܢ ܐܢ ܡܟܘܪܟ ܐܢܬ ܐܝ ܡܟܘܪܟ ܐܢ ܐܠܐ ܡܠܐ ܐܢ ؛ ܡܬܐܠ ܐܢ ܐܠܐ ܡܠܐ ܐܢ ؛ ܡܬܐܠ ܐܢ ܐܠܐ ܡܠܐ ܐܢ
ܡܟܘܪܟܬܐ

- ❖ Molina Dual MI Coordinated Health (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. Call (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. A Member Services representative can help you make or change a standing request. We will keep track of your standing request, so you do not need to make separate requests each time we send you information.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by our plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Michigan Medicaid. Please visit the Michigan Medicaid website www.michigan.gov/mdhhs/assistance-programs/medicaid for more information. You can also call the Michigan Medicaid Beneficiary Help Line at 1-800-642-3195 8:00 AM – 7:00 PM Monday through Friday (except holidays) or email beneficiarysupport@michigan.gov.
Please bring your Member ID Card when getting prescriptions through Michigan Medicaid.

- Our plan will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - our plan agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Medicare or call Member Services at the number in the footer of this document.

If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at MolinaHealthcare.com/Medicare. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:

- is a new generic version of a brand name drug, or
- is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
- Some of these drug types may be new to you. For more information, refer to **Section B14.**

  - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. You should be working with your prescriber to switch to a different drug that we cover.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at MolinaHealthcare.com/Medicare. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Medical Condition has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in **Section D**. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find **Section C1** labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in Cardiovascular category. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at the number in the footer of this document and ask about it. If you learn that our plan won't cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- Ask our plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new plan member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 31 days of medication.

We'll cover a 31-day supply of your drug if:

- you're taking a drug that is not on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90) days you're a member of our plan.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 31-day supply (unless the prescription is written for fewer days). After we cover the temporary 31-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section 7.2** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your doctor or other prescriber can fax or mail us the supporting statement to (866) 290-1309. They can also tell us by phone and then fax or mail the statement.

Send the prescriber statement to:
Molina Healthcare
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Our covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. Our plan covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the plan *Drug List* to find out what OTC drugs are covered.

B16. Does our plan cover non-drug OTC products?

Our plan covers some non-drug OTC products when they’re written as prescriptions by your provider.

You can read the plan *Drug List* to find out what non-drug OTC products are covered.

B17. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Programs**. We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs**. Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What’s my copay?

Our plan members have some copays for prescriptions as long as the member follows the plan’s rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- *Tier 1 Preferred Generic drugs have $0 copay*

- *Tier 2 Generic name drugs have $0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic) $0, $4.90, or $12.65 copay for all other drugs per prescription*
- *Tier 3 Preferred Brand: $0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic) $0, $4.90, or $12.65 copay for all other drugs per prescription*
- *Tier 4 Non-Preferred Drug: $0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic) $0, $4.90, or $12.65 copay for all other drugs per prescription*
- *Tier 5 Specialty Tier: $0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic) $0, $4.90, or $12.65 copay for all other drugs per prescription*
- *Drug Tier 6 Select Care Drugs: $0 copay*

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by our plan.

Note: The _ next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the number in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

_ = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *metformin hcl*), brand name drugs are capitalized (for example, JANUVIA TABS), The information in the “Necessary actions, restrictions, or limits on use” column tells you if our plan has any rules for covering your drug.

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	3	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
febuxostat TABS 40mg, 80mg	4	PA
probenecid TABS 500mg	3	
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	2	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	3	
oxaprozin TABS 600mg	4	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	QL (4 patches / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	3	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 40mg, 60mg, 80mg	5	NDS, QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml	3	QL (10 mL / 30 days)
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	3	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone hcl CONC 100mg/5ml	4	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	4	QL (900 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	4	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, NM, PA
atovaquone SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	4	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	NDS
daptomycin SOLR 350mg, 500mg	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	3	
fosfomycin tromethamine PACK 3gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg	3	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	3	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
linezolid TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 2gm, 500mg	4	
methenamine hippurate TABS 1gm	3	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg	5	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
pentamidine isethionate inh SOLR 300mg	4	B/D
pentamidine isethionate inj SOLR 300mg	4	
polymyxin b sulfate SOLR 500000unit	4	
praziquantel TABS 600mg	4	
pyrimethamine TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	5	NDS
sulfadiazine TABS 500mg	5	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
tobramycin NEBU 300mg/5ml	5	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	3	
trimethoprim TABS 100mg	3	
vancomycin hcl CAPS 125mg	4	QL (80 caps / 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl CAPS 250mg	4	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
fluconazole TABS 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine CAPS 250mg, 500mg	5	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	QL (120 caps / 30 days)
ketoconazole TABS 200mg	3	PA
micafungin sodium SOLR 50mg, 100mg	4	
nystatin TABS 500000unit	3	
posaconazole SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	4	PA
voriconazole SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
voriconazole TABS 50mg	4	QL (480 tabs / 30 days)
voriconazole TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	4	
APTIVUS CAPS 250mg	5	NDS
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	
darunavir TABS 600mg	4	QL (60 tabs / 30 days)
darunavir TABS 800mg	4	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
efavirenz TABS 600mg	4	
emtricitabine CAPS 200mg	4	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	NDS
fosamprenavir calcium TABS 700mg	5	NDS
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
maraviroc TABS 150mg, 300mg	5	NDS
nevirapine SUSP 50mg/5ml; TB24 400mg	4	
nevirapine TABS 200mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
rilpivirine hcl TABS 25mg	5	NDS
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS
tenofovir disoproxil fumarate TABS 300mg	4	
TIVICAY TABS 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
TYBOST TABS 150mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250mg, 625mg	5	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
zidovudine CAPS 100mg	4	
zidovudine SYRP 50mg/5ml; TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NDS
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NDS
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NDS
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
IDVYNSO TAB 100-0.25	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir tab 100-25 mg	4	
lopinavir-ritonavir tab 200-50 mg	4	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	NDS
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
entecavir TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
lamivudine (hbv) TABS 100mg	3	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefotetan disodium SOLR 1gm, 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftaroline fosamil SOLR 400mg, 600mg	5	NDS
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
clarithromycin TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
e.e.s. 400 TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
erythromycin lactobionate SOLR 500mg	4	
fidaxomicin TABS 200mg	5	NDS
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	3	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	NDS, NM
NUZYRA TABS 150mg	5	NDS, QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline SOLR 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D, NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BENDEKA SOLN 100mg/4ml	5	NDS, B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
cyclophosphamide SOLN 1gm/5ml; SOLR 2gm	5	NDS, B/D
cyclophosphamide SOLN 500mg/2.5ml; SOLR 1gm, 500mg	4	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	5	NDS, PA
lomustine CAPS 10mg, 40mg	4	NM
lomustine CAPS 100mg	5	NDS, NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
oxaliplatin SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	NDS, B/D, NM
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	5	NDS, NM
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA
abirtega TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA
anastrozole TABS 1mg	2	
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	NDS
exemestane TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LIFYORLI CAP 125MG DS	5	NDS, QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	5	NDS, QL (27 caps / 28 days), NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NDS, NM, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	4	PA
VEPPANU TABS 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	NDS, B/D
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
MATULANE CAPS 50mg	5	NDS, NM
mesna TABS 400mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel inj 100mg	5	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
bortezomib SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
bosutinib TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
bosutinib TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NDS, NM, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA
pazopanib hcl TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
pazopanib hcl TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	6	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	6	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	6	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	6	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	6	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	6	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	6	
benazepril & hydrochlorothiazide tab 10-12.5 mg	6	
benazepril & hydrochlorothiazide tab 20-12.5 mg	6	
benazepril & hydrochlorothiazide tab 20-25 mg	6	
captopril & hydrochlorothiazide tab 25-15 mg	6	
captopril & hydrochlorothiazide tab 25-25 mg	6	
captopril & hydrochlorothiazide tab 50-15 mg	6	
captopril & hydrochlorothiazide tab 50-25 mg	6	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	6	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	6	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	6	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	6	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	6	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	6	
lisinopril & hydrochlorothiazide tab 20-25 mg	6	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	6	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	6	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	6	
fosinopril sodium TABS 10mg, 20mg, 40mg	6	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	6	
moexipril hcl TABS 7.5mg, 15mg	6	
perindopril erbumine TABS 2mg, 4mg, 8mg	6	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	6	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	6	
trandolapril TABS 1mg, 2mg, 4mg	6	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	6	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	6	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	6	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	6	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	6	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	6	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	6	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	6	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	6	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	6	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	6	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	6	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	6	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	6	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	6	
losartan potassium & hydrochlorothiazide tab 100-25 mg	6	

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	6	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	6	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	6	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	6	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	6	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	6	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	6	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	6	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	3	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	3	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	6	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	6	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	6	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	6	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	6	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	6	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
azilsartan medoxomil TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
candesartan cilexetil TABS 4mg, 8mg, 16mg	6	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	6	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
irbesartan TABS 75mg, 150mg, 300mg	6	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	6	
olmesartan medoxomil TABS 5mg	6	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	6	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	6	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
valsartan TABS 320mg	6	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
fluvastatin sodium CAPS 20mg, 40mg	6	QL (60 caps / 30 days), ST
fluvastatin sodium TB24 80mg	6	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
pitavastatin calcium TABS 1mg, 2mg, 4mg	6	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	6	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	3	

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	2	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	6	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	6	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	6	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	6	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	3	
prevalite PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	3	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
isradipine CAPS 2.5mg, 5mg	4	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 34mg	4	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 120mg, 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	
verapamil hcl TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
chlorthalidone TABS 25mg, 50mg	2	
furosemide SOLN 10mg/ml, 40mg/5ml	2	
furosemide TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	6	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	6	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	6	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	6	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	6	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	6	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	6	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	6	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	6	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	6	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	6	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	6	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NDS, NM, PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), NM, PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	3	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
nitroglycerin SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA
macitentan TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml	3	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	2	
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger

Drug Name	Drug Tier	Requirements/Limits
memantine hcl TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	4	
NAMZARIC CAP 7-10MG	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	5	NDS, QL (2 packs / year)
bupropion hcl TABS 75mg, 100mg	2	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	2	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa TABS 25mg	4	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
rasagiline mesylate TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	4	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	4	QL (2 packs / year), PA
BYSANTI TAB PACK B	4	QL (2 packs / year), PA
BYSANTI TAB PACK C	4	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	3	QL (270 tabs / 30 days)
clozapine TABS 200mg	3	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	4	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	4	QL (3 vials / 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg	2	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	3	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	4	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
brivaracetam SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg	3	
divalproex sodium TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA
eslicarbazepine acetate TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
gabapentin CAPS 400mg	2	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
gabapentin TABS 600mg	2	QL (180 tabs / 30 days)
gabapentin TABS 800mg	2	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	4	
lacosamide TABS 50mg	4	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	4	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
levetiracetam SOLN 100mg/ml; TB24 500mg, 750mg	3	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam TABS 250mg, 500mg, 750mg, 1000mg	2	
levetiracetam TB3D 250mg	4	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	4	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
methsuximide CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
perampanel SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
perampanel TABS 2mg	4	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	3	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	2	
relgaabi CAPS 300mg	2	QL (360 caps / 30 days)
relgaabi CAPS 400mg	2	QL (270 caps / 30 days)
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	4	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days), PA
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
ramelteon TABS 8mg	3	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zolpidem tartrate TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	3	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
glatopa SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	2	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	2	
carisoprodol TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
methocarbamol TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
methocarbamol TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	4	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	3	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	3	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg	3	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	3	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (180 films / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	2	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump GEL 1.62%	4	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	6	
dapagliflozin TABS 5mg, 10mg	6	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	6	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	6	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	6	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	6	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
glimepiride TABS 1mg, 2mg	6	QL (90 tabs / 30 days)
glimepiride TABS 4mg	6	QL (60 tabs / 30 days)
glipizide TABS 5mg	6	QL (240 tabs / 30 days)
glipizide TABS 10mg	6	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
glipizide TB24 10mg	6	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	6	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	6	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	6	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	6	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	6	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	6	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	6	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	3	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	6	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	6	QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
repaglinide TABS 2mg	6	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	6	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
sitagliptin phosphate TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	3	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	3	QL (60 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR EXT WR MIS INSERTER	4	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	4	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD5 LIB KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	4	ST
alendronate sodium TABS 10mg, 35mg, 70mg	6	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TABS 30mg	4	
risedronate sodium TBEC 35mg	4	ST
teriparatide SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NDS, NM, PA
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NDS, NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
dolishale	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	3	
emzahh TABS .35mg	2	
enilloring	3	
enskyce	2	
errin TABS .35mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
finzala	2	
galbriela	2	
hailey 1.5/30	2	
hailey 24 fe	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jencycla TABS .35mg	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimiess	2	
loryna	2	
low-ogestrel	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
meleya TABS .35mg	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
rivelsa	2	
rosyrah	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
turqoz	2	
tydemy	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	3	
zafemy	3	
zovia 1/35	2	
zumandimine	2	
ESTROGENS		
abigale	3	
abigale lo	3	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	

Drug Name	Drug Tier	Requirements/Limits
yuvafem TABS 10mcg	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
hydrocortisone sod succinate SOLR 100mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, PA
betaine powder for oral solution	5	NDS, NM
cabergoline TABS .5mg	3	
carglumic acid TBSO 200mg	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
cinacalcet hcl TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
desmopressin acetate SOLN 4mcg/ml	5	NDS
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	5	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
raloxifene hcl TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
tolvaptan TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
tolvaptan TBPK 15mg	5	NDS, NM, PA
tolvaptan tab therapy pack 30 & 15 mg	5	NDS, NM, PA
tolvaptan tab therapy pack 45 & 15 mg	5	NDS, NM, PA
tolvaptan tab therapy pack 60 & 30 mg	5	NDS, NM, PA
tolvaptan tab therapy pack 90 & 30 mg	5	NDS, NM, PA
zelvysia PACK 100mg, 500mg	5	NDS, NM, PA
PROGESTINS		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone CAPS 100mg, 200mg	3	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	3	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	4	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	3	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml	4	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
budesonide CPEP 3mg	4	QL (90 caps / 30 days)
budesonide TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm	4	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	4	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	4	
ursodiol TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
lansoprazole TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
silodosin CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
tadalafil TABS 5mg	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	3	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
fesoterodine fumarate TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	3	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	3	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	4	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
trospium chloride CP24 60mg	4	QL (30 caps / 30 days)
trospium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml	3	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	3	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	5	NDS, NM, PA
pentoxifylline TBCR 400mg	2	
sajazir SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	3	
ticagrelor TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	5	NDS, QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	5	NDS, QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 130mg/26ml	5	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
tofacitinib citrate SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
tofacitinib citrate TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
tofacitinib citrate TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
azathioprine TABS 50mg	3	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	NDS, B/D
everolimus (immunosuppressant) TABS .25mg	4	B/D
gengraf CAPS 25mg, 100mg	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	NDS, B/D
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg	4	B/D
tacrolimus CP24 5mg	5	NDS, B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
lactated ringer's solution	3	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
multiple electrolytes ph 5.5	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	
KLOR-CON 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
KLOR-CON 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
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%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	2	
besifloxacin hcl SUSP .6%	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) SOLN .5%	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	

Drug Name	Drug Tier	Requirements/Limits
difluprednate EMUL .05%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
ipratropium bromide hfa AERS 17mcg/act	4	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml	2	QL (300 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
desloratadine TABS 5mg	3	QL (30 tabs / 30 days)
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
olopatadine hcl (nasal) SOLN .6%	4	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP 2mg/5ml	3	
albuterol sulfate TABS 2mg, 4mg	4	
arformoterol tartrate NEBU 15mcg/2ml	4	B/D
formoterol fumarate NEBU 20mcg/2ml	4	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg	2	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
nintedanib esylate CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
pirfenidone TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
roflumilast TABS 250mcg	4	QL (56 tabs / year)
roflumilast TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
mometasone furoate (nasal) SUSP 50mcg/act	4	QL (2 bottles / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
breyna	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (60 inhalations / 30 days)
wixela inhub	3	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	PA
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3	QL (45 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	3	QL (75 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
ery PADS 2%	3	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	3	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	3	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
neuac	3	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	4	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	3	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77%	3	QL (100 gm / 30 days)
ciclopirox SHAM 1%	3	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)
econazole nitrate CREA 1%	3	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	3	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
calcipotriene SOLN .005%	3	QL (120 mL / 30 days), PA
calcitrene OINT .005%	4	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
methoxsalen rapid CAPS 10mg	5	NDS
pellix SOLN .005%	3	QL (120 mL / 30 days), PA
tazarotene CREA .05%, .1%	3	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	4	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	4	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (120 gm / 30 days)
clodan SHAM .05%	4	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	3	QL (118.28 mL / 30 days)
fluocinolone acetonide OINT .025%	3	QL (120 gm / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	3	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	3	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	4	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1%	2	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	3	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
triderm CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	3	QL (60 mL / 30 days), PA
lidocaine OINT 5%	4	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	3	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	4	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15%	4	QL (50 gm / 30 days)
bexarotene (topical) GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) SOLN 1.5%	3	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	4	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	3	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
imiquimod CREA 5%	3	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	4	QL (100 gm / 30 days), PA
podofilox SOLN .5%	3	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	3	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	3	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	
_PART B		
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ACCU-CHEK KIT GUIDE ME	0	
ACCU-CHEK TES GUIDE	0	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
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DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
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FREESTYLE LB KIT 3/SENSOR	0	PA
FREESTYLE LB KIT 14D/SEN	0	PA
FREESTYLE LB MIS 2/READER	0	PA
FREESTYLE LB MIS 3/READER	0	PA
FREESTYLE MIS READER	0	PA
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2026 Molina Dual MI Coordinated Health "Medicaid Wrap Formulary"

Medicare Part D is the primary payer for the Michigan HIDE plan and should provide access to all medically appropriate medications through the Part D formulary, coverage determination, or appeal process. It is expected that the Medicaid "wrap-around" drug benefit will be used in addition to the Medicare formulary for the drugs listed below that may be excluded by Medicare Part D coverage, such as: some non-prescription drugs, Over-the-Counter drugs (when a prescription is obtained), some prescription vitamins, and/or other Part D excluded drugs.

National Drug Code	Label Name	Generic Name	Strength Description
00121076616	CALCIUM CARBONATE	CALCIUM CARBONATE	500 MG/5ML
00121476605	CALCIUM CARBONATE	CALCIUM CARBONATE	500 MG/5ML
00904546080	OYSTER SHELL CALCIUM-VIT D3	CALCIUM CARBONATE/VITAMIN D3	500MG-5MCG
71085007704	OYSTER SHELL CALCIUM	CALCIUM CARBONATE	500(1250)
83035181006	CALCIUM 500-VIT D3	CALCIUM CARBONATE/VITAMIN D3	500MG-5MCG
83035181205	OYSTER SHELL CALCIUM	CALCIUM CARBONATE	500(1250)
85633003200	OYSTER SHELL CALCIUM	CALCIUM CARBONATE	500(1250)
85633003205	OYSTER SHELL CALCIUM	CALCIUM CARBONATE	500(1250)
85633003236	OYSTER SHELL CALCIUM	CALCIUM CARBONATE	500(1250)
85633003260	OYSTER SHELL CALCIUM	CALCIUM CARBONATE	500(1250)
00603021321	MAGNESIUM OXIDE	MAGNESIUM OXIDE	420 MG
67618000005	SLOWMAG	MAGNESIUM CHLORIDE	71.5 MG
67618011220	SLOW-MAG	MAGNESIUM CHLORIDE	71.5 MG
71085011205	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
71800001301	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
83035182201	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
83035182205	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
85633004000	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
85633004005	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
85633004012	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
85633004030	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
85633004036	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
00121053005	FERROUS SULFATE	FERROUS SULFATE	300 MG/5ML
00245010801	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
00245010810	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
00245010811	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
00245010889	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
00536100901	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
00536134480	INFANT-TODDLER IRON	FERROUS SULFATE	15 MG/ML

National Drug Code	Label Name	Generic Name	Strength Description
00536140085	FERROUS SULFATE	FERROUS SULFATE	220 (44)/5
00574060801	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
00574060810	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
00574060811	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
00904756570	FERROUS SULFATE	FERROUS SULFATE	300 MG/5ML
00904759060	FEROSUL	FERROUS SULFATE	325(65) MG
00904759080	FEROSUL	FERROUS SULFATE	325(65) MG
00904759160	FEROSUL	FERROUS SULFATE	325(65) MG
00904759161	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
00904759180	FEROSUL	FERROUS SULFATE	325(65) MG
00904759182	FEROSUL	FERROUS SULFATE	325(65) MG
39328005816	FERROUS SULFATE	FERROUS SULFATE	220 (44)/5
39328015705	FERROUS SULFATE	FERROUS SULFATE	300 MG/5ML
39328055750	FERROUS SULFATE	FERROUS SULFATE	15 MG/ML
45861007001	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
46122008402	IRON	FERROUS SULFATE	325(65) MG
49483006301	FERRO-TIME	FERROUS SULFATE	325(65) MG
49483006310	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
49483006401	FERRO-TIME	FERROUS SULFATE	325(65) MG
49483006410	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
50268033624	FERROUS SULFATE	FERROUS SULFATE	300 MG/5ML
54838000180	FERROUS SULFATE	FERROUS SULFATE	220 (44)/5
54838001150	FERROUS SULFATE	FERROUS SULFATE	15 MG/ML
54859081016	FERROUS SULFATE	FERROUS SULFATE	220 (44)/5
57237031151	FERROUS SULFATE	FERROUS SULFATE	300 MG/5ML
57237036501	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
57237036510	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
57237036601	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
57237036610	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
63739015710	FERROUS SULFATE	FERROUS SULFATE	300 MG/5ML
69367040216	FERROUS SULFATE	FERROUS SULFATE	220 (44)/5
71085011105	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
71321080116	FERROUS SULFATE	FERROUS SULFATE	220 (44)/5
71399748005	PEDIATRIC FE-VITE	FERROUS SULFATE	15 MG/ML
76518006050	PEDIA IRON	FERROUS SULFATE	15 MG/ML
81033001150	FERROUS SULFATE	FERROUS SULFATE	300 MG/5ML
83035185801	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
83035185805	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
83035185806	FERROUS SULFATE	FERROUS SULFATE	324(65)MG
85633001100	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
85633001101	FERROUS SULFATE	FERROUS SULFATE	325(65) MG

National Drug Code	Label Name	Generic Name	Strength Description
85633001105	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
85633001136	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
85633001160	FERROUS SULFATE	FERROUS SULFATE	325(65) MG
96295014065	INFANT-TODDLER IRON	FERROUS SULFATE	15 MG/ML
98302014006	PEDIATRIC IRON	FERROUS SULFATE	15 MG/ML
00409409101	MANGANESE CHLORIDE	MANGANESE CHLORIDE	0.1 MG/ML
00409409201	COPPER CHLORIDE	CUPRIC CHLORIDE	0.4 MG/ML
00409409301	CHROMIUM	CHROMIC CHLORIDE	4 MCG/ML
00409409310	CHROMIUM	CHROMIC CHLORIDE	4 MCG/ML
65219053010	MANGANESE CHLORIDE	MANGANESE CHLORIDE	0.1 MG/ML
70069050625	CUPRIC CHLORIDE	CUPRIC CHLORIDE	0.4 MG/ML
72603035125	CUPRIC CHLORIDE	CUPRIC CHLORIDE	0.4 MG/ML
72819023416	CUPRIC CHLORIDE	CUPRIC CHLORIDE	0.4 MG/ML
72819023516	CHROMIC CHLORIDE	CHROMIC CHLORIDE	4 MCG/ML
10542000909	DIALYVITE SUPREME D	MULTIVIT-MINS 25/FOLIC ACID/D3	3 MG-2000
10542001010	DIALYVITE	FOLIC ACID/VIT B COMPLEX AND C	1 MG-100MG
10542001109	DIALYVITE 5000	MULTIVIT-MINS NO.11/FOLIC ACID	5 MG
10542001210	DIALYVITE ZINC	B COMPLEX 11/FOLIC/C/BIOT/ZINC	1 MG-100MG
10542001409	DIALYVITE 3000	FOLIC ACID/B CPLX/C/SELEN/ZINC	3 MG-15 MG
13811052501	TRIPHROCAPS	B COMPLEX, C NO.20/FOLIC ACID	1 MG
59528031701	NEPHPLEX RX	B COMP NO3/FOLIC/C/BIOTIN/ZINC	1 MG-60 MG
59528198801	VITAL-D RX	B CMPLX 4/VIT D3/C/FOLIC/ZINC	1750-60-1
60258016201	RENAL CAPS	B COMPLEX, C NO.20/FOLIC ACID	1 MG
63044062201	RENO CAPS	B COMPLEX, C NO.20/FOLIC ACID	1 MG
63044062230	RENO CAPS	B COMPLEX, C NO.20/FOLIC ACID	1 MG
63044062290	RENO CAPS	B COMPLEX, C NO.20/FOLIC ACID	1 MG
69367022409	WESTAB MAX	CYANOCOBALAMIN/FOLIC AC/VIT B6	2-2.5-25MG
69367031401	WESCAPS	B COMPLEX, C NO.20/FOLIC ACID	1 MG
75834008090	NIVA-FOL	CYANOCOBALAMIN/FOLIC AC/VIT B6	2-2.5-25MG
13668075701	ERGOCALCIFEROL (VITAMIN D2)	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
23155080901	VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
42806054701	VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
42806054705	VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
50268029715	VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
62135043990	VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
64380073706	VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
69452015120	VITAMIN D2	ERGOCALCIFEROL (VITAMIN D2)	1250 MCG
83035184901	VITAMIN D3	CHOLECALCIFEROL (VITAMIN D3)	250 MCG
15370010050	QUFLORA	PEDI MULTIVIT NO.83 W-FLUORIDE	0.25 MG/ML
15370010150	QUFLORA	PEDI MULTIVIT 84 WITH FLUORIDE	0.5 MG/ML
15370010250	QUFLORA FE	PED MULTIVIT 151/IRON/FLUORIDE	9.5-.25/ML

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15370010330	QUFLORA	PEDI MULTIVIT NO.63 W-FLUORIDE	0.25(0.55)
15370010430	QUFLORA	PEDI MULTIVIT NO.63 W-FLUORIDE	0.5(1.1)MG
15370010530	QUFLORA	PEDI MULTIVIT NO.63 W-FLUORIDE	1MG(2.2MG)
15370012030	QUFLORA FE	PED MULTIVIT 142/IRON/FLUORIDE	9MG-0.25MG
23594022530	POLY-VI-FLOR	PEDI MULTIVIT NO.175/FLUORIDE	0.25 MG
23594032530	POLY-VI-FLOR	PEDI MULTIVIT NO.175/FLUORIDE	0.5 MG
23594042530	POLY-VI-FLOR	PEDI MULTIVIT NO.175/FLUORIDE	1 MG
23594052530	POLY-VI-FLOR WITH IRON	PED MULTIVIT 175/FLUORIDE/IRON	0.5MG-10MG
23594055050	POLY-VI-FLOR	PEDI MULTIVIT NO.220/FLUORIDE	0.25 MG/ML
23594060550	POLY-VI-FLOR WITH IRON	PED MULTIVIT 220/FLUORIDE/IRON	0.25-7MG/1
39328000350	SOLUVITA MULTIVITAMIN FLUORIDE	PEDI MULTIVIT NO.82 W-FLUORIDE	0.25 MG/ML
39328000450	SOLUVITA MULTIVITAMIN FLUORIDE	PEDI MULTIVIT NO.82 W-FLUORIDE	0.5 MG/ML
58657016301	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.17 W-FLUORIDE	0.25 MG
58657016390	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.17 W-FLUORIDE	0.25 MG
58657016401	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.17 W-FLUORIDE	0.5 MG
58657016490	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.17 W-FLUORIDE	0.5 MG
58657016501	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.17 W-FLUORIDE	1 MG
58657016590	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.17 W-FLUORIDE	1 MG
58657032350	TRI-VITE WITH FLUORIDE	PED MVIT A,C,D3 NO.21/FLUORIDE	0.25 MG/ML
58657032450	TRI-VITE WITH FLUORIDE	PED MVIT A,C,D3 NO.21/FLUORIDE	0.5 MG/ML
58657032550	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.2 W-FLUORIDE	0.25 MG/ML
58657032650	MULTIVITAMIN WITH FLUORIDE	PEDI MULTIVIT NO.2 W-FLUORIDE	0.5 MG/ML
58657032750	MULTI-VITAMIN W-FLUORIDE-IRON	PEDI MULTIVIT 45/FLUORIDE/IRON	0.25-10/ML
59088001554	FLOTREX	PEDI MULTIVIT NO.17 W-FLUORIDE	0.5 MG
59088001754	FLOTREX	PEDI MULTIVIT NO.17 W-FLUORIDE	0.25 MG
59088002054	FLOTREX	PEDI MULTIVIT NO.17 W-FLUORIDE	1 MG
00409915701	VITAMIN K1	PHYTONADIONE (VIT K1)	1 MG/0.5ML
00409915801	VITAMIN K1	PHYTONADIONE (VIT K1)	10 MG/ML
00409915825	VITAMIN K1	PHYTONADIONE (VIT K1)	10 MG/ML
00904688210	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
16714097302	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
25021050570	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
43066013210	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
43598040516	PHYTONADIONE	PHYTONADIONE (VIT K1)	10 MG/ML
60687038194	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
62756020301	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
62756020302	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
65145015101	PHYTONADIONE	PHYTONADIONE (VIT K1)	10 MG/ML
65145015110	PHYTONADIONE	PHYTONADIONE (VIT K1)	10 MG/ML

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65219063501	PHYTONADIONE	PHYTONADIONE (VIT K1)	10 MG/ML
68462075825	PHYTONADIONE	PHYTONADIONE (VIT K1)	10 MG/ML
69097000396	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
69097070896	PHYTONADIONE	PHYTONADIONE (VIT K1)	10 MG/ML
69097070996	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
69097099902	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
69097099907	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
69238105103	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
70121168207	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
70700033125	PHYTONADIONE	PHYTONADIONE (VIT K1)	10 MG/ML
70710101401	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
70710101403	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
76282074030	PHYTONADIONE	PHYTONADIONE (VIT K1)	5 MG
76329124001	PHYTONADIONE	PHYTONADIONE (VIT K1)	1 MG/0.5ML
00143961901	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00143961910	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00143962010	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00143962125	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00517003125	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00517003225	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00517013001	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00591288830	HYDROXOCOBALAMIN	HYDROXOCOBALAMIN	1000MCG/ML
25021050201	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
43386023770	CYANOCOBALAMIN	CYANOCOBALAMIN (VITAMIN B-12)	500MCG/SPR
49884027082	NASCOBAL	CYANOCOBALAMIN (VITAMIN B-12)	500MCG/SPR
50991032301	FOLTRATE	CYANOCOBALAMIN/FOLIC ACID	0.5 MG-1MG
63323004401	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
63323004444	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
68001054260	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
68001064060	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
69680011210	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
69680011225	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
69680011399	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
69680012105	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
69680012110	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
69680012130	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70069000501	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70069000510	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70069017110	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70069017210	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70512084001	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML

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70512084025	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70710166307	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70710166406	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70710166407	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70710166501	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70710166505	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
70756063525	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
71288030002	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
71288030111	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
71288030230	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
71288030302	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
71288030392	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
72603065025	CYANOCOBALAMIN INJECTION	CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML
00904722461	FOLIC ACID	FOLIC ACID	1 MG
11534016501	FOLIC ACID	FOLIC ACID	1 MG
11534016503	FOLIC ACID	FOLIC ACID	1 MG
16571088101	FOLIC ACID	FOLIC ACID	1 MG
16571088110	FOLIC ACID	FOLIC ACID	1 MG
39822110001	FOLIC ACID	FOLIC ACID	5 MG/ML
45861007101	FOLIC ACID	FOLIC ACID	1 MG
53746036101	FOLIC ACID	FOLIC ACID	1 MG
53746036110	FOLIC ACID	FOLIC ACID	1 MG
58657015101	FOLIC ACID	FOLIC ACID	1 MG
58657015110	FOLIC ACID	FOLIC ACID	1 MG
60687068101	FOLIC ACID	FOLIC ACID	1 MG
62135021001	FOLIC ACID	FOLIC ACID	1 MG
62135021005	FOLIC ACID	FOLIC ACID	1 MG
62135021010	FOLIC ACID	FOLIC ACID	1 MG
62135021072	FOLIC ACID	FOLIC ACID	1 MG
62135021090	FOLIC ACID	FOLIC ACID	1 MG
63323018410	FOLIC ACID	FOLIC ACID	5 MG/ML
63323018411	FOLIC ACID	FOLIC ACID	5 MG/ML
64661071130	ENLYTE	IRON/FA/DHA/EPA/FAD/NADH/MV47	1.5-8.73MG
65162036110	FOLIC ACID	FOLIC ACID	1 MG
65162036111	FOLIC ACID	FOLIC ACID	1 MG
68094011259	FOLIC ACID	FOLIC ACID	1 MG
68094011261	FOLIC ACID	FOLIC ACID	1 MG
69315012701	FOLIC ACID	FOLIC ACID	1 MG
69315012710	FOLIC ACID	FOLIC ACID	1 MG
70752020410	FOLIC ACID	FOLIC ACID	1 MG
70752020411	FOLIC ACID	FOLIC ACID	1 MG

National Drug Code	Label Name	Generic Name	Strength Description
70752023110	FOLIC ACID	FOLIC ACID	1 MG
70752023111	FOLIC ACID	FOLIC ACID	1 MG
71085011405	FOLIC ACID	FOLIC ACID	1 MG
72241005005	FOLIC ACID	FOLIC ACID	1 MG
72241005011	FOLIC ACID	FOLIC ACID	1 MG
83035182501	FOLIC ACID	FOLIC ACID	1 MG
83035182505	FOLIC ACID	FOLIC ACID	1 MG
85633004100	FOLIC ACID	FOLIC ACID	1 MG
85633004101	FOLIC ACID	FOLIC ACID	1 MG
85633004105	FOLIC ACID	FOLIC ACID	1 MG
85633004124	FOLIC ACID	FOLIC ACID	1 MG
85633004130	FOLIC ACID	FOLIC ACID	1 MG
85633004136	FOLIC ACID	FOLIC ACID	1 MG
49483001801	NIACIN	NIACIN	500 MG
63323018001	PYRIDOXINE HCL	PYRIDOXINE HCL (VITAMIN B6)	100 MG/ML
00641622825	THIAMINE HCL	THIAMINE HCL	100 MG/ML
23155093341	THIAMINE HCL	THIAMINE HCL	100 MG/ML
25021050002	THIAMINE HCL	THIAMINE HCL	100 MG/ML
31722036331	THIAMINE HCL	THIAMINE HCL	100 MG/ML
31722036332	THIAMINE HCL	THIAMINE HCL	100 MG/ML
43598005025	THIAMINE HCL	THIAMINE HCL	100 MG/ML
55150027325	THIAMINE HCL	THIAMINE HCL	100 MG/ML
63323001302	THIAMINE HCL	THIAMINE HCL	100 MG/ML
63323001309	THIAMINE HCL	THIAMINE HCL	100 MG/ML
63323001326	THIAMINE HCL	THIAMINE HCL	100 MG/ML
65145012901	THIAMINE HCL	THIAMINE HCL	100 MG/ML
65145012925	THIAMINE HCL	THIAMINE HCL	100 MG/ML
67457019602	THIAMINE HCL	THIAMINE HCL	100 MG/ML
72266026025	THIAMINE HCL	THIAMINE HCL	100 MG/ML
72485050725	THIAMINE HCL	THIAMINE HCL	100 MG/ML
72603013925	THIAMINE HCL	THIAMINE HCL	100 MG/ML
00642020410	STROVITE FORTE	MULTIVIT,IRON,MIN 5/FOLIC ACID	10 MG-1 MG
00642020790	STROVITE ONE	MV,MIN10/FOLIC ACID/D3/ALA/LUT	1-1000-5
00682300101	BACMIN	MULTIVIT-MINS NO.20/IRON/FOLIC	27 MG-1 MG
13811002810	CORVITA	FOLIC/MVI THER-MIN/LYCOP/LUT	1.25-2.5MG
42192030160	VIT 3	OM-3/DHA/EPA/B12/FA/B6/PHYTOST	500-0.5-1
68025001110	CORVITE	FOLIC/MVI THER-MIN/LYCOP/LUT	1.25-2.5MG
00121176030	MAG-AL	MAGNESIUM, ALUMINUM HYDROXIDE	200-200/5
00121176130	MAG-AL PLUS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20

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00121176230	MAG-AL PLUS XS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
00536001583	ALMACONE-2	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
00536009185	ALUMINUM HYDROXIDE	ALUMINUM HYDROXIDE	320 MG/5ML
00536100715	CAL-GEST	CALCIUM CARBONATE	200(500)MG
00536104610	SODIUM BICARBONATE	SODIUM BICARBONATE	325 MG
00536104710	SODIUM BICARBONATE	SODIUM BICARBONATE	650 MG
00536104815	CALCIUM ANTACID	CALCIUM CARBONATE	200(500)MG
00536104922	CALCIUM ANTACID	CALCIUM CARBONATE	300MG(750)
00536105022	CALCIUM ANTACID	CALCIUM CARBONATE	300MG(750)
00536129383	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
00536131783	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
00603020922	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
00904572514	MINTOX MAXIMUM STRENGTH	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
00904641292	CALCIUM ANTACID	CALCIUM CARBONATE	200(500)MG
00904726161	SODIUM BICARBONATE	SODIUM BICARBONATE	650 MG
00904755773	ALUM-MAG HYDROXIDE-SIMETHICONE	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
00904772714	ACID GONE ANTACID	MAG CARB/ALUMINUM HYDROX/ALGIN	358-95/15
24385010680	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
24689013201	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
46122022575	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
46122043140	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
46122043240	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
46122043340	ANTACID	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
46122043440	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
57237031631	ALUM-MAG HYDROXIDE-SIMETHICONE	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
57237032431	ALUM-MAG HYDROXIDE-SIMETHICONE	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
58657012012	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
60687087776	ALUM-MAG HYDROXIDE-SIMETHICONE	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20

National Drug Code	Label Name	Generic Name	Strength Description
60687088876	ALUM-MAG HYDROXIDE-SIMETHICONE	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
68084098832	ANTACID	CALCIUM CARBONATE	200(500)MG
69367025810	SODIUM BICARBONATE	SODIUM BICARBONATE	650 MG
69367029820	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
70000006201	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
70000006301	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
70000036301	HEARTBURN RELIEF	MAG CARB/ALUMINUM HYDROX/ALGIN	237.5-254
70000042201	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
70000043002	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70000043101	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70000045901	ANTACID ULTRA STRENGTH	CALCIUM CARBONATE	400(1000)
70000046001	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70000059201	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70000059301	SMOOTH ANTACID	CALCIUM CARBONATE	300MG(750)
70000068101	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70000068201	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70000068301	ANTACID ULTRA STRENGTH	CALCIUM CARBONATE	400(1000)
70677106301	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
70677106401	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
70677106501	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
70677106601	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
70677107501	ANTACID	CALCIUM CARBONATE	200(500)MG
70677107601	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70677107901	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
70677108101	ANTACID	CALCIUM CARBONATE	200(500)MG
81033000501	MAG-AL	MAGNESIUM, ALUMINUM HYDROXIDE	200-200/5
81033000601	MAG-AL PLUS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
81033000701	MAG-AL PLUS XS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
81033002701	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG
81033002712	MAGNESIUM OXIDE	MAGNESIUM OXIDE	400 MG

National Drug Code	Label Name	Generic Name	Strength Description
83324012112	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20
83324012212	ANTACID-ANTIGAS	MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40
83324031396	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
83324031515	ANTACID	CALCIUM CARBONATE	200(500)MG
83324031615	ANTACID	CALCIUM CARBONATE	200(500)MG
83324031772	ANTACID ULTRA STRENGTH	CALCIUM CARBONATE	400(1000)
83324031896	ANTACID EXTRA STRENGTH	CALCIUM CARBONATE	300MG(750)
00093735056	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
00113091530	OMEPRAZOLE	OMEPRAZOLE	20 MG
00113091555	OMEPRAZOLE	OMEPRAZOLE	20 MG
00113091574	OMEPRAZOLE	OMEPRAZOLE	20 MG
00113111401	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
00113111402	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
00113111403	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
00113611703	PREVACID 24HR	LANSOPRAZOLE	15 MG
00378801593	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
00536136813	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
00536144813	OMEPRAZOLE	OMEPRAZOLE	20 MG
00536144888	OMEPRAZOLE	OMEPRAZOLE	20 MG
16571074242	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
43598010927	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
43598010952	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
43598028633	OMEPRAZOLE	OMEPRAZOLE	20 MG
45802087802	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
45802087803	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
45802088830	OMEPRAZOLE	OMEPRAZOLE	20 MG
45802088855	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122002903	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122002904	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122002974	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122002999	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122028104	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122028174	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122073903	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122073904	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122073974	OMEPRAZOLE	OMEPRAZOLE	20 MG
46122074404	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
46122074474	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
51660002914	OMEPRAZOLE	OMEPRAZOLE	20 MG
51660002927	OMEPRAZOLE	OMEPRAZOLE	20 MG

National Drug Code	Label Name	Generic Name	Strength Description
51660002944	OMEPRAZOLE	OMEPRAZOLE	20 MG
55111039733	OMEPRAZOLE MAGNESIUM	OMEPRAZOLE MAGNESIUM	20 MG
55111039830	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
55111039890	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
60687011121	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
67877027430	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
68001011104	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
68001011105	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
68001044139	OMEPRAZOLE	OMEPRAZOLE	20 MG
68001044140	OMEPRAZOLE	OMEPRAZOLE	20 MG
68001044198	OMEPRAZOLE	OMEPRAZOLE	20 MG
70000072301	OMEPRAZOLE	OMEPRAZOLE	20 MG
70000072302	OMEPRAZOLE	OMEPRAZOLE	20 MG
70000072303	OMEPRAZOLE	OMEPRAZOLE	20 MG
70677109801	OMEPRAZOLE	OMEPRAZOLE	20 MG
70677110401	OMEPRAZOLE	OMEPRAZOLE	20 MG
70677110402	OMEPRAZOLE	OMEPRAZOLE	20 MG
70677127501	OMEPRAZOLE	OMEPRAZOLE	20 MG
70756080630	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
83324000114	LANSOPRAZOLE	LANSOPRAZOLE	15 MG
83324011714	OMEPRAZOLE MAGNESIUM	OMEPRAZOLE MAGNESIUM	20 MG
83324011742	OMEPRAZOLE MAGNESIUM	OMEPRAZOLE MAGNESIUM	20 MG
61269046090	XENICAL	ORLISTAT	120 MG
61269056590	ORLISTAT	ORLISTAT	120 MG
00093031101	LOPERAMIDE	LOPERAMIDE HCL	2 MG
00093031105	LOPERAMIDE	LOPERAMIDE HCL	2 MG
00113022453	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
00113022462	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
00113022491	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
00113164526	ANTI-DIARRHEAL	LOPERAMIDE HCL	1MG/7.5ML
00378210001	LOPERAMIDE	LOPERAMIDE HCL	2 MG
00378210005	LOPERAMIDE	LOPERAMIDE HCL	2 MG
00536128636	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML
00536128736	STOMACH RELIEF	BISMUTH SUBSALICYLATE	525MG/15ML
00904683620	LOPERAMIDE	LOPERAMIDE HCL	1MG/7.5ML
00904720546	BISMUTH	BISMUTH SUBSALICYLATE	262 MG
00904747261	LOPERAMIDE	LOPERAMIDE HCL	2 MG
00904772512	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
00904772524	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
24385001758	PINK BISMUTH	BISMUTH SUBSALICYLATE	262 MG
24385055408	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG

National Drug Code	Label Name	Generic Name	Strength Description
24385055453	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
24385055462	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
46122054426	LOPERAMIDE	LOPERAMIDE HCL	1MG/7.5ML
46122058162	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
46122070326	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML
46122073853	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
46122073862	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
46122074706	PINK BISMUTH	BISMUTH SUBSALICYLATE	525MG/15ML
49348052902	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
49348052904	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
50268048215	LOPERAMIDE	LOPERAMIDE HCL	2 MG
51079069020	LOPERAMIDE	LOPERAMIDE HCL	2 MG
59651069101	LOPERAMIDE	LOPERAMIDE HCL	2 MG
60687022901	LOPERAMIDE	LOPERAMIDE HCL	2 MG
68094002959	LOPERAMIDE	LOPERAMIDE HCL	1MG/7.5ML
68094002962	LOPERAMIDE	LOPERAMIDE HCL	1MG/7.5ML
68094012959	LOPERAMIDE	LOPERAMIDE HCL	1MG/7.5ML
68094012962	LOPERAMIDE	LOPERAMIDE HCL	1MG/7.5ML
69452027120	LOPERAMIDE	LOPERAMIDE HCL	2 MG
69452027130	LOPERAMIDE	LOPERAMIDE HCL	2 MG
70000004401	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML
70000004501	STOMACH RELIEF	BISMUTH SUBSALICYLATE	525MG/15ML
70000041701	ANTI-DIARRHEAL	LOPERAMIDE HCL	1MG/7.5ML
70000041801	ANTI-DIARRHEAL	LOPERAMIDE HCL	1MG/7.5ML
70000058901	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
70000059102	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262 MG
70000069801	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML
70677106201	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
70677108001	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262 MG
70677108201	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262 MG
70677110601	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
70677110602	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
70677110701	ANTI-DIARRHEAL	LOPERAMIDE HCL	1MG/7.5ML
70677119101	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML
72578013801	LOPERAMIDE	LOPERAMIDE HCL	2 MG
72578013805	LOPERAMIDE	LOPERAMIDE HCL	2 MG
72603032801	LOPERAMIDE	LOPERAMIDE HCL	2 MG
72603032802	LOPERAMIDE	LOPERAMIDE HCL	2 MG
72888013001	LOPERAMIDE	LOPERAMIDE HCL	2 MG
72888013005	LOPERAMIDE	LOPERAMIDE HCL	2 MG
83324002008	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML

National Drug Code	Label Name	Generic Name	Strength Description
83324002012	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML
83324002108	STOMACH RELIEF	BISMUTH SUBSALICYLATE	525MG/15ML
83324002208	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262MG/15ML
83324006040	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262 MG
83324006412	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
83324006424	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
83324013030	STOMACH RELIEF	BISMUTH SUBSALICYLATE	262 MG
83324020812	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
83324020924	ANTI-DIARRHEAL	LOPERAMIDE HCL	2 MG
00121093540	DOCUSATE SODIUM	DOCUSATE SODIUM	50 MG/5 ML
00121187000	DOCUSATE SODIUM	DOCUSATE SODIUM	50 MG/5 ML
00132000047	BISACODYL	BISACODYL	5 MG
00132000048	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
00536130485	DOCUSATE SODIUM	DOCUSATE SODIUM	50 MG/5 ML
00904640761	BISACODYL	BISACODYL	5 MG
00904674817	BISACODYL	BISACODYL	5 MG
00904674860	BISACODYL	BISACODYL	5 MG
00904674880	BISACODYL	BISACODYL	5 MG
00904693126	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
00904693176	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
00904693181	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
00904718361	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
00904727972	DOCUSATE SODIUM	DOCUSATE SODIUM	50 MG/5 ML
00904728060	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
00904728080	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
00904728160	DOCUSATE SODIUM	DOCUSATE SODIUM	250 MG
00904728180	DOCUSATE SODIUM	DOCUSATE SODIUM	250 MG
00904760961	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
24689013001	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
45802048678	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
45802086866	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
45861007601	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
46122001452	CLEARLAX	POLYETHYLENE GLYCOL 3350	17 G
46122042963	WOMEN'S GENTLE LAXATIVE	BISACODYL	5 MG
46122052978	GENTLE LAXATIVE	BISACODYL	5 MG
46122063378	STOOL SOFTENER	DOCUSATE SODIUM	250 MG
46122068878	STOOL SOFTENER	DOCUSATE CALCIUM	240 MG
46122069272	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
46122069278	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
46122069285	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
46122069378	STOOL SOFTENER	DOCUSATE SODIUM	250 MG

National Drug Code	Label Name	Generic Name	Strength Description
46122076711	GENTLE LAXATIVE	BISACODYL	5 MG
46122082674	STOOL SOFTENER	DOCUSATE SODIUM	250 MG
49483000301	LAXATIVE	BISACODYL	5 MG
49483000310	LAXATIVE	BISACODYL	5 MG
50268026815	DOCUSATE SODIUM	DOCUSATE SODIUM	250 MG
51079030630	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
60687012901	DOCUSATE SODIUM	DOCUSATE SODIUM	100 MG
60687043127	HEALTHYLAX	POLYETHYLENE GLYCOL 3350	17 G
60687043192	HEALTHYLAX	POLYETHYLENE GLYCOL 3350	17 G
60687043198	HEALTHYLAX	POLYETHYLENE GLYCOL 3350	17 G
60687087856	DOCUSATE SODIUM	DOCUSATE SODIUM	50 MG/5 ML
62559015710	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
62559015730	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
63739076002	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
63739076003	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
63739076004	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
67618010101	COLACE	DOCUSATE SODIUM	100 MG
67618010110	COLACE	DOCUSATE SODIUM	100 MG
67618010130	COLACE	DOCUSATE SODIUM	100 MG
67618010152	COLACE	DOCUSATE SODIUM	100 MG
67618010160	COLACE	DOCUSATE SODIUM	100 MG
69230032437	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
70000009101	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
70000009102	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
70000009103	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
70000022101	GENTLE LAXATIVE	BISACODYL	5 MG
70000022102	GENTLE LAXATIVE	BISACODYL	5 MG
70000022103	GENTLE LAXATIVE	BISACODYL	5 MG
70000053801	GENTLE LAXATIVE	BISACODYL	5 MG
70677108601	LAXATIVE	BISACODYL	5 MG
70677108602	LAXATIVE	BISACODYL	5 MG
70677108603	LAXATIVE	BISACODYL	5 MG
70677109501	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
70677109502	STOOL SOFTENER	DOCUSATE SODIUM	100 MG
70677109601	STOOL SOFTENER	DOCUSATE SODIUM	250 MG
72603030202	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
72603030203	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
72603030204	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
81033002250	DOCUSATE SODIUM	DOCUSATE SODIUM	50 MG/5 ML
81033076201	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
81033076214	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G

National Drug Code	Label Name	Generic Name	Strength Description
81033076230	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
83324003330	GENTLE LAXATIVE	BISACODYL	5 MG
83324006130	LAXATIVE	BISACODYL	5 MG
84386012514	POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G
00113200312	OPTION 2	LEVONORGESTREL	1.5 MG
00536143363	LEVONORGESTREL	LEVONORGESTREL	1.5 MG
16714080901	NEW DAY	LEVONORGESTREL	1.5 MG
50102011101	ECONTRA EZ	LEVONORGESTREL	1.5 MG
50102011112	ECONTRA EZ	LEVONORGESTREL	1.5 MG
50102021111	ECONTRA ONE-STEP	LEVONORGESTREL	1.5 MG
50102021113	ECONTRA ONE-STEP	LEVONORGESTREL	1.5 MG
50102021116	ECONTRA ONE-STEP	LEVONORGESTREL	1.5 MG
51285010088	TAKE ACTION	LEVONORGESTREL	1.5 MG
51285010388	AFTERA	LEVONORGESTREL	1.5 MG
51285014619	PLAN B ONE-STEP	LEVONORGESTREL	1.5 MG
51285016288	PLAN B ONE-STEP	LEVONORGESTREL	1.5 MG
62756071860	OPCICON ONE-STEP	LEVONORGESTREL	1.5 MG
62756072060	MY CHOICE	LEVONORGESTREL	1.5 MG
68180085211	MY WAY	LEVONORGESTREL	1.5 MG
70700016406	LEVONORGESTREL	LEVONORGESTREL	1.5 MG
00536105429	ASPIRIN	ASPIRIN	325 MG
00536123201	ASPIRIN EC	ASPIRIN	325 MG
00574703412	ASPIRIN	ASPIRIN	300 MG
00904201559	TRI-BUFFERED ASPIRIN	ASPIRIN/CALCIUM CARB/MAGNESIUM	325 MG
46122059602	ASPIRIN EC	ASPIRIN	325 MG
46122069178	ASPIRIN	ASPIRIN	325 MG
49483001101	ASPIRIN	ASPIRIN	325 MG
49483001110	ASPIRIN	ASPIRIN	325 MG
49483033101	ASPIRIN EC	ASPIRIN	325 MG
49483033110	ASPIRIN EC	ASPIRIN	325 MG
70000001401	ASPIRIN EC	ASPIRIN	325 MG
70000003501	ASPIRIN EC	ASPIRIN	325 MG
70000014701	BUFFERED ASPIRIN	ASPIRIN/CALCIUM CARB/MAGNESIUM	325 MG
70000025302	ASPIRIN	ASPIRIN	325 MG
70677112201	ASPIRIN EC	ASPIRIN	325 MG
70677118901	ASPIRIN	ASPIRIN	325 MG
83324005801	ASPIRIN EC	ASPIRIN	325 MG
83324006601	ASPIRIN	ASPIRIN	325 MG
83324020501	ASPIRIN	ASPIRIN	325 MG
00113002026	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML

National Drug Code	Label Name	Generic Name	Strength Description
00113002562	PAIN RELIEF	ACETAMINOPHEN	500 MG
00113002571	PAIN RELIEF	ACETAMINOPHEN	500 MG
00113002578	PAIN RELIEF	ACETAMINOPHEN	500 MG
00113016110	INFANTS' PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
00113021226	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
00113040378	PAIN RELIEF	ACETAMINOPHEN	325 MG
00113048462	PAIN RELIEF	ACETAMINOPHEN	500 MG
00113048471	PAIN RELIEF	ACETAMINOPHEN	500 MG
00113048478	PAIN RELIEF	ACETAMINOPHEN	500 MG
00113048490	PAIN RELIEF	ACETAMINOPHEN	500 MG
00113054478	ARTHRITIS PAIN	ACETAMINOPHEN	650 MG
00113060826	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
00113094610	INFANTS' PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
00113895926	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
00121065700	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00121096600	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00121104700	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00121131400	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
00121178100	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00121188200	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
00121197100	ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
00121209400	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
00121282394	ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
00121314100	ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
00485005708	ED-APAP	ACETAMINOPHEN	160 MG/5ML
00536117201	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00536129229	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00536132197	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00536141348	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00536142677	INFANTS' ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00904198760	MAPAP	ACETAMINOPHEN	500 MG
00904579146	CHILDREN'S MAPAP	ACETAMINOPHEN	80 MG
00904672024	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904672040	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904672051	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904672059	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904672060	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904672080	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904673059	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904673060	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904673061	ACETAMINOPHEN	ACETAMINOPHEN	500 MG

National Drug Code	Label Name	Generic Name	Strength Description
00904673080	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
00904677361	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
00904701416	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00904701420	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00904727870	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00904731427	ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG
00904731460	ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG
00904731970	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00904732071	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
00904732176	ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
00904744520	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
00904748159	ACETAMINOPHEN	ACETAMINOPHEN	500MG/15ML
00904753259	ACETAMINOPHEN	ACETAMINOPHEN	500MG/15ML
00904756160	8HR ARTHRITIS PAIN RELIEF	ACETAMINOPHEN	650 MG
24385014626	CHILDREN'S PAIN RELIEVER	ACETAMINOPHEN	160 MG/5ML
24385048447	PAIN RELIEF EXTRA STRENGTH	ACETAMINOPHEN	500 MG
24385048471	PAIN RELIEF EXTRA STRENGTH	ACETAMINOPHEN	500 MG
24385048478	PAIN RELIEF EXTRA STRENGTH	ACETAMINOPHEN	500 MG
24385048490	PAIN RELIEF EXTRA STRENGTH	ACETAMINOPHEN	500 MG
24385062982	ARTHRITIS PAIN RELIEF	ACETAMINOPHEN	650 MG
28595078001	HISTAFLEX	ACETAMINOPHEN/PYRILAMINE MAL	325MG-25MG
39328003150	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
39328003199	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
39328003250	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
39328003299	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
39328003450	ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
39328003499	ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
45802020126	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
45802073030	ACETAMINOPHEN	ACETAMINOPHEN	650 MG
45802073032	ACETAMINOPHEN	ACETAMINOPHEN	650 MG
45802073033	ACETAMINOPHEN	ACETAMINOPHEN	650 MG
45802073230	ACETAMINOPHEN	ACETAMINOPHEN	120 MG
45802073233	ACETAMINOPHEN	ACETAMINOPHEN	120 MG
46122006271	8 HOUR ACETAMINOPHEN	ACETAMINOPHEN	650 MG
46122020926	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
46122021026	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
46122021126	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
46122021426	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
46122024778	PAIN RELIEVER	ACETAMINOPHEN	325 MG
46122031278	PAIN RELIEF EXTRA STRENGTH	ACETAMINOPHEN	500 MG
46122032226	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML

National Drug Code	Label Name	Generic Name	Strength Description
46122039078	PAIN RELIEF	ACETAMINOPHEN	325 MG
46122043078	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
46122062962	8HR ARTHRITIS PAIN	ACETAMINOPHEN	650 MG
46122062971	8HR ARTHRITIS PAIN	ACETAMINOPHEN	650 MG
46122062978	8HR ARTHRITIS PAIN	ACETAMINOPHEN	650 MG
46122062981	8HR ARTHRITIS PAIN	ACETAMINOPHEN	650 MG
46122063071	8 HOUR PAIN RELIEF	ACETAMINOPHEN	650 MG
46122063078	8 HOUR PAIN RELIEF	ACETAMINOPHEN	650 MG
46122069662	PAIN RELIEF EXTRA STRENGTH	ACETAMINOPHEN	500 MG
46122076434	INFANTS' PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
49483034001	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
49483034010	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
49483034101	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
49483034110	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
49483034150	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
49483069901	ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG
50268005215	ARTHRITIS PAIN RELIEF	ACETAMINOPHEN	650 MG
51660033350	ARTHRITIS PAIN RELIEF	ACETAMINOPHEN	650 MG
51672211402	FEVERALL	ACETAMINOPHEN	80 MG
51672211404	FEVERALL	ACETAMINOPHEN	80 MG
51672211502	FEVERALL	ACETAMINOPHEN	120 MG
51672211504	FEVERALL	ACETAMINOPHEN	120 MG
51672211602	FEVERALL	ACETAMINOPHEN	325 MG
51672211604	FEVERALL	ACETAMINOPHEN	325 MG
51672211704	FEVERALL	ACETAMINOPHEN	650 MG
57237030412	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
57237030416	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
57237034601	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
57237034610	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
57237034701	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
57237034705	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
58657052404	M-PAP	ACETAMINOPHEN	160 MG/5ML
58657052416	M-PAP	ACETAMINOPHEN	160 MG/5ML
58657052516	M-PAP	ACETAMINOPHEN	160 MG/5ML
60687074037	ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
60687075156	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
60687076217	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
60687092421	ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG
68001049500	ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG
68094003858	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094004258	ACETAMINOPHEN	ACETAMINOPHEN	80MG/2.5ML

National Drug Code	Label Name	Generic Name	Strength Description
68094006159	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094006161	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094006162	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094013058	ACETAMINOPHEN	ACETAMINOPHEN	80MG/2.5ML
68094023158	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094023159	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094023161	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094023162	ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
68094033059	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
68094033061	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
68094033062	ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
70000002801	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
70000003601	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000015901	TENSION HEADACHE	ACETAMINOPHEN/CAFFEINE	500MG-65MG
70000015902	TENSION HEADACHE	ACETAMINOPHEN/CAFFEINE	500MG-65MG
70000031201	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000031202	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000037301	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000037302	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000037305	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000041001	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000041002	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000047201	INFANTS' PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
70000048101	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
70000067401	INFANTS' PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
70000070901	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70000073301	8HR ARTHRITIS PAIN RELIEF	ACETAMINOPHEN	650 MG
70000073401	8HR MUSCLE ACHES-PAIN RELIEF	ACETAMINOPHEN	650 MG
70010016001	ACETAMINOPHEN ER	ACETAMINOPHEN	650 MG
70010016101	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70010016105	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70010016110	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
70677111901	PAIN RELIEF	ACETAMINOPHEN	325 MG
70677112001	PAIN RELIEF	ACETAMINOPHEN	500 MG
70677112002	PAIN RELIEF	ACETAMINOPHEN	500 MG
70677112301	8 HOUR PAIN RELIEF	ACETAMINOPHEN	650 MG
70677112401	PAIN RELIEF	ACETAMINOPHEN	500 MG
70677113001	ARTHRITIS PAIN RELIEVER	ACETAMINOPHEN	650 MG
70677113801	PAIN RELIEVER	ACETAMINOPHEN	500 MG
70677113802	PAIN RELIEVER	ACETAMINOPHEN	500 MG

National Drug Code	Label Name	Generic Name	Strength Description
70677113803	PAIN RELIEVER	ACETAMINOPHEN	500 MG
70677113805	PAIN RELIEVER	ACETAMINOPHEN	500 MG
70677113901	PAIN RELIEVER	ACETAMINOPHEN	500 MG
70677114201	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
70677114301	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
70677124201	PAIN RELIEF	ACETAMINOPHEN	500 MG
70677125301	INFANTS' PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
70677127001	CHILDREN'S PAIN RELIEVER	ACETAMINOPHEN	120 MG
70677127101	PAIN RELIEVER	ACETAMINOPHEN	650 MG
70677127601	PAIN RELIEF	ACETAMINOPHEN	500 MG
70677128601	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
72888045901	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
81033002602	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
81033002639	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	325/10.15
81033002640	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	650MG/20.3
82568000101	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
82568000102	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
82568000103	ACETAMINOPHEN	ACETAMINOPHEN	325 MG
82568000201	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
82568000202	ACETAMINOPHEN	ACETAMINOPHEN	500 MG
82568000804	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
82568000806	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
82568000808	CHILDREN'S ACETAMINOPHEN	ACETAMINOPHEN	160 MG/5ML
83324003404	CHILDREN'S PAIN RELIEF	ACETAMINOPHEN	160 MG/5ML
83324007601	PAIN RELIEF	ACETAMINOPHEN	325 MG
83324007801	PAIN RELIEF	ACETAMINOPHEN	500 MG
83324007950	PAIN RELIEF	ACETAMINOPHEN	500 MG
83324008001	PAIN RELIEF	ACETAMINOPHEN	500 MG
83324008101	PAIN RELIEF	ACETAMINOPHEN	500 MG
83324008110	PAIN RELIEF	ACETAMINOPHEN	500 MG
83324008250	8 HOUR PAIN RELIEF	ACETAMINOPHEN	650 MG
83324008350	8HR ARTHRITIS PAIN	ACETAMINOPHEN	650 MG
83324013850	PAIN RELIEF	ACETAMINOPHEN	500 MG
83324016104	CHILDREN'S PAIN RELIEF	ACETAMINOPHEN	160 MG/5ML
83474000104	CHILDREN'S PAIN-FEVER	ACETAMINOPHEN	160 MG/5ML
83720050016	CHILDREN'S PAIN AND FEVER	ACETAMINOPHEN	160 MG/5ML
00480347868	NALOXONE HCL	NALOXONE HCL	4 MG
45802057824	NALOXONE HCL	NALOXONE HCL	4 MG
45802057884	NALOXONE HCL	NALOXONE HCL	4 MG
46122081271	NALOXONE HCL	NALOXONE HCL	4 MG
60219210407	NALOXONE HCL	NALOXONE HCL	4 MG

National Drug Code	Label Name	Generic Name	Strength Description
68001064545	NALOXONE HCL	NALOXONE HCL	4 MG
69238210407	NALOXONE HCL	NALOXONE HCL	4 MG
70677128301	NALOXONE HCL	NALOXONE HCL	4 MG
00113002925	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00113002960	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00113002971	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00113005306	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00113017071	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00113020625	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00113034405	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
00113042225	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00113045660	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00113053260	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00113073402	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
00113087305	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
00113095702	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
00113095760	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
00113810025	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00113860025	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536110688	NICOTINE PATCH	NICOTINE	7MG/24HR
00536110788	NICOTINE PATCH	NICOTINE	14MG/24HR
00536110888	NICOTINE PATCH	NICOTINE	21 MG/24HR
00536123981	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
00536124181	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
00536133709	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
00536133809	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
00536136206	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536136223	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536136234	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536137206	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536137223	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536137234	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536302906	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536302923	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536302934	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536303006	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536303023	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536311201	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536311237	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536311301	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536311337	NICOTINE GUM	NICOTINE POLACRILEX	4 MG

National Drug Code	Label Name	Generic Name	Strength Description
00536338601	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536338701	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536340401	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
00536340501	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
00536589453	NICOTINE PATCH	NICOTINE	7MG/24HR
00536589488	NICOTINE PATCH	NICOTINE	7MG/24HR
00536589553	NICOTINE PATCH	NICOTINE	14MG/24HR
00536589571	NICOTINE PATCH	NICOTINE	14MG/24HR
00536589588	NICOTINE PATCH	NICOTINE	14MG/24HR
00536589653	NICOTINE PATCH	NICOTINE	21 MG/24HR
00536589671	NICOTINE PATCH	NICOTINE	21 MG/24HR
00536589688	NICOTINE PATCH	NICOTINE	21 MG/24HR
43598044556	NICOTINE PATCH	NICOTINE	21-14-7MG
43598044670	NICOTINE PATCH	NICOTINE	7MG/24HR
43598044674	NICOTINE PATCH	NICOTINE	7MG/24HR
43598044770	NICOTINE PATCH	NICOTINE	14MG/24HR
43598044774	NICOTINE PATCH	NICOTINE	14MG/24HR
43598044828	NICOTINE PATCH	NICOTINE	21 MG/24HR
43598044870	NICOTINE PATCH	NICOTINE	21 MG/24HR
43598044874	NICOTINE PATCH	NICOTINE	21 MG/24HR
43598048610	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
43598048624	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
43598048627	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
43598048672	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
43598048681	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
43598048710	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
43598048724	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
43598048727	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
43598048772	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
43598048781	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
45802008902	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
45802034405	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
45802065125	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
45802082725	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
45802087305	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
45802095702	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
46122028460	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
46122035274	NICOTINE PATCH	NICOTINE	14MG/24HR
46122035374	NICOTINE PATCH	NICOTINE	21 MG/24HR
46122035474	NICOTINE PATCH	NICOTINE	7MG/24HR
46122044858	NICOTINE GUM	NICOTINE POLACRILEX	2 MG

National Drug Code	Label Name	Generic Name	Strength Description
46122044958	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
46122056803	NICOTINE PATCH	NICOTINE	21 MG/24HR
46122056807	NICOTINE PATCH	NICOTINE	21 MG/24HR
46122066315	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
46122066478	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
46122066515	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
46122066678	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
46122071560	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
46122071615	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
46122071660	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
46122071760	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
46122071860	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
46122071960	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
46122072025	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
46122072425	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
46122072571	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
46122073115	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
46122073208	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
46122073360	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
46122073408	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
49348057208	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
49348085316	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
57237032072	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
57237032081	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
57237032172	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
57237032181	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
57237032201	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
57237032211	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
57237032250	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
57237032301	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
57237032311	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
57237032350	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
60505708800	NICOTINE PATCH	NICOTINE	7MG/24HR
60505708900	NICOTINE PATCH	NICOTINE	14MG/24HR
60505709000	NICOTINE PATCH	NICOTINE	21 MG/24HR
63739036810	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
63739036910	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
63739037010	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
63739037163	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
68001043288	NICOTINE PATCH	NICOTINE	7MG/24HR
68001043290	NICOTINE PATCH	NICOTINE	7MG/24HR

National Drug Code	Label Name	Generic Name	Strength Description
68001043388	NICOTINE PATCH	NICOTINE	14MG/24HR
68001043390	NICOTINE PATCH	NICOTINE	14MG/24HR
68001043488	NICOTINE PATCH	NICOTINE	21 MG/24HR
68001043490	NICOTINE PATCH	NICOTINE	21 MG/24HR
68001043491	NICOTINE PATCH	NICOTINE	21 MG/24HR
68001069788	NICOTINE PATCH	NICOTINE	7MG/24HR
68001069790	NICOTINE PATCH	NICOTINE	7MG/24HR
68001069888	NICOTINE PATCH	NICOTINE	14MG/24HR
68001069890	NICOTINE PATCH	NICOTINE	14MG/24HR
68001069988	NICOTINE PATCH	NICOTINE	21 MG/24HR
68001069990	NICOTINE PATCH	NICOTINE	21 MG/24HR
68001069991	NICOTINE PATCH	NICOTINE	21 MG/24HR
70000034101	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70000034201	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70000034301	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70000034401	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70000034402	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70000034501	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70000034601	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70000034701	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70000034801	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70000034802	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70000051001	NICOTINE PATCH	NICOTINE	7MG/24HR
70000051002	NICOTINE PATCH	NICOTINE	7MG/24HR
70000051101	NICOTINE PATCH	NICOTINE	14MG/24HR
70000051102	NICOTINE PATCH	NICOTINE	14MG/24HR
70000051201	NICOTINE PATCH	NICOTINE	21 MG/24HR
70000051202	NICOTINE PATCH	NICOTINE	21 MG/24HR
70000055901	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
70000056001	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
70000056101	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
70000056201	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
70677003101	NICOTINE PATCH	NICOTINE	14MG/24HR
70677116401	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70677116501	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70677116601	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70677116602	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70677116701	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70677116702	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70677117001	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70677117101	NICOTINE GUM	NICOTINE POLACRILEX	4 MG

National Drug Code	Label Name	Generic Name	Strength Description
70677117201	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
70677117301	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
70677117401	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
70677117501	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
70677117601	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
70677117701	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
70677117801	NICOTINE LOZENGE	NICOTINE POLACRILEX	2 MG
70677117901	NICOTINE LOZENGE	NICOTINE POLACRILEX	4 MG
70677118001	NICOTINE PATCH	NICOTINE	7MG/24HR
70677118101	NICOTINE PATCH	NICOTINE	14MG/24HR
70677118201	NICOTINE PATCH	NICOTINE	21 MG/24HR
70677119201	NICOTINE GUM	NICOTINE POLACRILEX	2 MG
70677119301	NICOTINE GUM	NICOTINE POLACRILEX	4 MG
70677126401	NICOTINE PATCH	NICOTINE	7MG/24HR
70677126501	NICOTINE PATCH	NICOTINE	14MG/24HR
70677126601	NICOTINE PATCH	NICOTINE	21 MG/24HR
70677126602	NICOTINE PATCH	NICOTINE	21 MG/24HR
76282078140	NICOTINE PATCH	NICOTINE	7MG/24HR
76282078240	NICOTINE PATCH	NICOTINE	14MG/24HR
76282078340	NICOTINE PATCH	NICOTINE	21 MG/24HR
00480229956	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	11.25-69MG
00480329556	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	15 MG-92MG
00480329656	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	7.5MG-46MG
00480329756	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	3.75-23 MG
00527147501	DIETHYLPROPION HCL	DIETHYLPROPION HCL	25 MG
00527147701	DIETHYLPROPION HCL ER	DIETHYLPROPION HCL	75 MG
10702000109	LOMAIRA	PHENTERMINE HCL	8 MG
10702002501	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
10702002510	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
10702002601	PHENTERMINE HCL	PHENTERMINE HCL	15 MG
10702002610	PHENTERMINE HCL	PHENTERMINE HCL	15 MG
10702002701	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
10702002710	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
10702002801	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
10702002810	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
10702002901	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
10702002903	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
10702002910	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
10702004001	BENZPHETAMINE HCL	BENZPHETAMINE HCL	50 MG
10702004003	BENZPHETAMINE HCL	BENZPHETAMINE HCL	50 MG
10702004401	DIETHYLPROPION HCL	DIETHYLPROPION HCL	25 MG

National Drug Code	Label Name	Generic Name	Strength Description
10702004510	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	35 MG
10702007701	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	35 MG
10702007710	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	35 MG
10702007810	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	35 MG
11534015701	PHENTERMINE HCL	PHENTERMINE HCL	15 MG
11534015703	PHENTERMINE HCL	PHENTERMINE HCL	15 MG
11534015901	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
11534015903	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
11534016001	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
11534016003	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
11534016030	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
11534017601	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
11534017603	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
13107006101	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
13107006199	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
13107010501	PHENTERMINE HCL	PHENTERMINE HCL	15 MG
13107010601	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
23155017401	BENZPHETAMINE HCL	BENZPHETAMINE HCL	50 MG
23155017403	BENZPHETAMINE HCL	BENZPHETAMINE HCL	50 MG
42806008130	BENZPHETAMINE HCL	BENZPHETAMINE HCL	50 MG
42806052401	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
43547040410	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
43547040411	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
43598062430	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	3.75-23 MG
43598062530	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	7.5MG-46MG
43598062630	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	11.25-69MG
43598062730	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	15 MG-92MG
53489043301	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
53489043310	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
53489067601	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
53489067610	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
62135048890	DIETHYLPROPION HCL	DIETHYLPROPION HCL	25 MG
62135048930	DIETHYLPROPION HCL ER	DIETHYLPROPION HCL	75 MG
62135095990	PHENTERMINE HCL	PHENTERMINE HCL	8 MG
64850044001	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	35 MG
64850044010	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	35 MG
64850081001	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
64850081010	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
66993078030	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	3.75-23 MG
66993078130	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	7.5MG-46MG
66993078230	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	11.25-69MG

National Drug Code	Label Name	Generic Name	Strength Description
66993078330	PHENTERMINE-TOPIRAMATE ER	PHENTERMINE/TOPIRAMATE	15 MG-92MG
68094070270	PHENTERMINE HCL	PHENTERMINE HCL	37.5 MG
68094080250	PHENTERMINE HCL	PHENTERMINE HCL	15 MG
68094080270	PHENTERMINE HCL	PHENTERMINE HCL	15 MG
68094091050	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
68094091070	PHENTERMINE HCL	PHENTERMINE HCL	30 MG
69543041010	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	35 MG
72989040930	PHENDIMETRAZINE TARTRATE ER	PHENDIMETRAZINE TARTRATE	105 MG
81665010910	DIETHYLPROPION HCL ER	DIETHYLPROPION HCL	75 MG
00169280015	SAXENDA	LIRAGLUTIDE	3 MG/0.5ML
00169450114	WEGOVY	SEMAGLUTIDE	1 MG/0.5ML
00169450514	WEGOVY	SEMAGLUTIDE	0.5MG/.5ML
00169451714	WEGOVY	SEMAGLUTIDE	1.7MG/0.75
00169452414	WEGOVY	SEMAGLUTIDE	2.4MG/0.75
00169452514	WEGOVY	SEMAGLUTIDE	0.25MG/0.5
00169457214	WEGOVY HD	SEMAGLUTIDE	7.2MG/0.75
00480725046	LIRAGLUTIDE	LIRAGLUTIDE	3 MG/0.5ML
69097091055	LIRAGLUTIDE	LIRAGLUTIDE	3 MG/0.5ML
70377009553	LIRAGLUTIDE	LIRAGLUTIDE	3 MG/0.5ML
72829001001	IMCIVREE	SETMELANOTIDE ACETATE	10 MG/ML
00002015204	ZEPBOUND	TIRZEPATIDE	2.5 MG/0.5
00002024304	ZEPBOUND	TIRZEPATIDE	5 MG/0.5ML
00002121404	ZEPBOUND	TIRZEPATIDE	7.5 MG/0.5
00002134004	ZEPBOUND	TIRZEPATIDE	10MG/0.5ML
00002245780	ZEPBOUND	TIRZEPATIDE	15MG/0.5ML
00002246080	ZEPBOUND	TIRZEPATIDE	12.5MG/0.5
00002247180	ZEPBOUND	TIRZEPATIDE	10MG/0.5ML
00002248480	ZEPBOUND	TIRZEPATIDE	7.5 MG/0.5
00002249580	ZEPBOUND	TIRZEPATIDE	5 MG/0.5ML
00002250680	ZEPBOUND	TIRZEPATIDE	2.5 MG/0.5
00002351111	ZEPBOUND KWIKPEN	TIRZEPATIDE	15MG/0.6ML
00002352211	ZEPBOUND KWIKPEN	TIRZEPATIDE	12.5MG/0.6
00002353311	ZEPBOUND KWIKPEN	TIRZEPATIDE	10MG/0.6ML
00002354411	ZEPBOUND KWIKPEN	TIRZEPATIDE	7.5 MG/0.6
00002355511	ZEPBOUND KWIKPEN	TIRZEPATIDE	5 MG/0.6ML
00002356611	ZEPBOUND KWIKPEN	TIRZEPATIDE	2.5 MG/0.6
45802041926	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
45802041954	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
45802049326	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
45802049338	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %

National Drug Code	Label Name	Generic Name	Strength Description
51672130005	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
51672130009	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
51672130100	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
51672130102	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
51672130104	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
71085007203	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
71085007204	AMMONIUM LACTATE	AMMONIUM LACTATE	12 %
00536105525	ACNE MEDICATION	BENZOYL PEROXIDE	5 %
00536105556	ACNE MEDICATION	BENZOYL PEROXIDE	5 %
00536105625	ACNE MEDICATION	BENZOYL PEROXIDE	10 %
00536105656	ACNE MEDICATION	BENZOYL PEROXIDE	10 %
00536105875	ACNE MEDICATION	BENZOYL PEROXIDE	10 %
00536145925	BENZOYL PEROXIDE	BENZOYL PEROXIDE	10 %
00536146625	BENZOYL PEROXIDE	BENZOYL PEROXIDE	2.5 %
00536146725	BENZOYL PEROXIDE	BENZOYL PEROXIDE	5 %
35573045308	BENZOYL PEROXIDE	BENZOYL PEROXIDE	5 %
35573045391	BENZOYL PEROXIDE	BENZOYL PEROXIDE	5 %
45802010196	BENZOYL PEROXIDE	BENZOYL PEROXIDE	2.5 %
45802021601	BENZOYL PEROXIDE	BENZOYL PEROXIDE	5 %
45802021696	BENZOYL PEROXIDE	BENZOYL PEROXIDE	5 %
45802030801	BENZOYL PEROXIDE	BENZOYL PEROXIDE	10 %
45802030896	BENZOYL PEROXIDE	BENZOYL PEROXIDE	10 %
00168042446	ADAPALENE	ADAPALENE	0.1 %
00299591202	DIFFERIN	ADAPALENE	0.1 %
00299591545	DIFFERIN	ADAPALENE	0.1 %
00299591825	DIFFERIN	ADAPALENE	0.3 %
00378808220	TRETINOIN	TRETINOIN	0.025 %
00378808245	TRETINOIN	TRETINOIN	0.025 %
00378808320	TRETINOIN	TRETINOIN	0.05 %
00378808345	TRETINOIN	TRETINOIN	0.05 %
00378808420	TRETINOIN	TRETINOIN	0.1 %
00378808445	TRETINOIN	TRETINOIN	0.1 %
00378808515	TRETINOIN	TRETINOIN	0.01 %
00378808545	TRETINOIN	TRETINOIN	0.01 %
00378808615	TRETINOIN	TRETINOIN	0.025 %
00378808645	TRETINOIN	TRETINOIN	0.025 %
00378809045	TRETINOIN	TRETINOIN	0.05 %
00472012645	ADAPALENE	ADAPALENE	0.3 %
00536141220	ADAPALENE	ADAPALENE	0.1 %
00536141226	ADAPALENE	ADAPALENE	0.1 %
00574220120	TRETINOIN	TRETINOIN	0.1 %

National Drug Code	Label Name	Generic Name	Strength Description
00574220145	TRETINOIN	TRETINOIN	0.1 %
00574220520	TRETINOIN	TRETINOIN	0.05 %
00574220545	TRETINOIN	TRETINOIN	0.05 %
00574222520	TRETINOIN	TRETINOIN	0.025 %
00574222545	TRETINOIN	TRETINOIN	0.025 %
00574230115	TRETINOIN	TRETINOIN	0.01 %
00574230145	TRETINOIN	TRETINOIN	0.01 %
00574232515	TRETINOIN	TRETINOIN	0.025 %
00574232545	TRETINOIN	TRETINOIN	0.025 %
16714024901	TRETINOIN	TRETINOIN	0.05 %
16714024902	TRETINOIN	TRETINOIN	0.05 %
16714025001	TRETINOIN	TRETINOIN	0.1 %
16714025002	TRETINOIN	TRETINOIN	0.1 %
16714027001	TRETINOIN	TRETINOIN	0.025 %
16714027002	TRETINOIN	TRETINOIN	0.025 %
21922005106	ADAPALENE	ADAPALENE	0.3 %
21922005150	ADAPALENE	ADAPALENE	0.3 %
21922005604	TRETINOIN	TRETINOIN	0.01 %
21922005606	TRETINOIN	TRETINOIN	0.01 %
21922005704	TRETINOIN	TRETINOIN	0.025 %
21922005706	TRETINOIN	TRETINOIN	0.025 %
21922007906	TRETINOIN	TRETINOIN	0.025 %
21922007925	TRETINOIN	TRETINOIN	0.025 %
45802045384	ADAPALENE	ADAPALENE	0.1 %
46122076836	ADAPALENE	ADAPALENE	0.1 %
51672137706	ADAPALENE	ADAPALENE	0.3 %
51672137709	ADAPALENE	ADAPALENE	0.3 %
51672139400	TRETINOIN	TRETINOIN	0.05 %
51672139409	TRETINOIN	TRETINOIN	0.05 %
51672139500	TRETINOIN	TRETINOIN	0.1 %
51672139509	TRETINOIN	TRETINOIN	0.1 %
51672140700	TRETINOIN	TRETINOIN	0.025 %
51672140709	TRETINOIN	TRETINOIN	0.025 %
51672214301	ADAPALENE	ADAPALENE	0.1 %
51672214306	ADAPALENE	ADAPALENE	0.1 %
51672215001	ADAPALENE	ADAPALENE	0.1 %
51672215006	ADAPALENE	ADAPALENE	0.1 %
59651071214	TRETINOIN	TRETINOIN	0.01 %
59651071246	TRETINOIN	TRETINOIN	0.01 %
59651071314	TRETINOIN	TRETINOIN	0.025 %
59651071346	TRETINOIN	TRETINOIN	0.025 %

National Drug Code	Label Name	Generic Name	Strength Description
62332054945	ADAPALENE	ADAPALENE	0.3 %
62332054946	ADAPALENE	ADAPALENE	0.3 %
62332080720	TRETINOIN	TRETINOIN	0.1 %
62332080745	TRETINOIN	TRETINOIN	0.1 %
62332080920	TRETINOIN	TRETINOIN	0.025 %
62332080945	TRETINOIN	TRETINOIN	0.025 %
68308066625	ADAPALENE	ADAPALENE	0.3 %
68308066645	ADAPALENE	ADAPALENE	0.3 %
68308077750	TRETINOIN MICROSPHERE	TRETINOIN MICROSPHERES	0.08 %
70000066602	ADAPALENE	ADAPALENE	0.1 %
51862029510	FABIOR	TAZAROTENE	0.1 %
00113027468	ASPIRIN	ASPIRIN	81 MG
00113046708	ASPIRIN	ASPIRIN	81 MG
00113046768	ASPIRIN	ASPIRIN	81 MG
00536100836	ASPIRIN	ASPIRIN	81 MG
00536123441	ASPIRIN EC	ASPIRIN	81 MG
00904404073	ASPIRIN	ASPIRIN	81 MG
00904675180	ASPIRIN EC	ASPIRIN	81 MG
00904678370	ASPIRIN EC	ASPIRIN	81 MG
00904679430	ASPIRIN	ASPIRIN	81 MG
00904679480	ASPIRIN	ASPIRIN	81 MG
00904679489	ASPIRIN	ASPIRIN	81 MG
00904750930	ASPIRIN	ASPIRIN	81 MG
24385002868	ASPIRIN	ASPIRIN	81 MG
24385027868	ASPIRIN	ASPIRIN	81 MG
46122059848	ASPIRIN EC	ASPIRIN	81 MG
46122059887	ASPIRIN EC	ASPIRIN	81 MG
46122076158	ASPIRIN EC	ASPIRIN	81 MG
46122076161	ASPIRIN EC	ASPIRIN	81 MG
46122079166	ASPIRIN EC	ASPIRIN	81 MG
46122079167	ASPIRIN EC	ASPIRIN	81 MG
49348075707	ASPIRIN	ASPIRIN	81 MG
49483033463	ASPIRIN	ASPIRIN	81 MG
49483038710	ASPIRIN EC	ASPIRIN	81 MG
49483038712	ASPIRIN EC	ASPIRIN	81 MG
49483048110	ASPIRIN EC	ASPIRIN	81 MG
49483048112	ASPIRIN EC	ASPIRIN	81 MG
57237034910	ASPIRIN EC	ASPIRIN	81 MG
57237034912	ASPIRIN EC	ASPIRIN	81 MG
70000041901	ASPIRIN	ASPIRIN	81 MG
70000042001	ASPIRIN	ASPIRIN	81 MG

National Drug Code	Label Name	Generic Name	Strength Description
70000060301	ASPIRIN REGIMEN	ASPIRIN	81 MG
70000060302	ASPIRIN REGIMEN	ASPIRIN	81 MG
70000060303	ASPIRIN REGIMEN	ASPIRIN	81 MG
70000060401	ASPIRIN REGIMEN	ASPIRIN	81 MG
70000060402	ASPIRIN REGIMEN	ASPIRIN	81 MG
70677112101	ASPIRIN EC	ASPIRIN	81 MG
70677113401	ASPIRIN	ASPIRIN	81 MG
70677115001	ASPIRIN EC	ASPIRIN	81 MG
70677115002	ASPIRIN EC	ASPIRIN	81 MG
70677115003	ASPIRIN EC	ASPIRIN	81 MG
70677126001	ASPIRIN EC	ASPIRIN	81 MG
70677131001	ASPIRIN EC	ASPIRIN	81 MG
82568000301	ASPIRIN EC	ASPIRIN	81 MG
82568000302	ASPIRIN EC	ASPIRIN	81 MG
83324007536	ASPIRIN	ASPIRIN	81 MG
83324008905	ASPIRIN EC	ASPIRIN	81 MG
83324009036	ASPIRIN EC	ASPIRIN	81 MG
70301100201	RAYALDEE	CALCIFEDIOL	30 MCG
00132020140	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
00132020142	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
00132020145	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
00132020220	PEDIA-LAX ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	9.5-3.5/59
00574705012	BISACODYL	BISACODYL	10 MG
00574705050	BISACODYL	BISACODYL	10 MG
00904714212	BISACODYL	BISACODYL	10 MG
46122060851	GENTLE LAXATIVE	BISACODYL	10 MG
49348018620	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
57237032703	BISACODYL	BISACODYL	10 MG
57237032721	BISACODYL	BISACODYL	10 MG
57237033703	PROCTOZONE-B	BISACODYL	10 MG
57237033721	PROCTOZONE-B	BISACODYL	10 MG
70000057301	GENTLE LAXATIVE	BISACODYL	10 MG
70000057302	GENTLE LAXATIVE	BISACODYL	10 MG
70677108901	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
70677108902	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
70677109101	GENTLE LAXATIVE	BISACODYL	10 MG
83324029245	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
83324029390	ENEMA	SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118
00113008100	MICONAZOLE 3	MICONAZOLE NITRATE	200 MG-2 %
00113021429	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
00113082529	MICONAZOLE 7	MICONAZOLE NITRATE	2 %

National Drug Code	Label Name	Generic Name	Strength Description
00713059377	MICONAZOLE NITRATE	MICONAZOLE NITRATE	200 MG-2 %
00904773445	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
24385011009	CLOTRIMAZOLE-3	CLOTRIMAZOLE	2 %
24385059029	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
24385060602	MICONAZOLE 3	MICONAZOLE NITRATE	200 MG-2 %
46122057702	MICONAZOLE 1	MICONAZOLE NITRATE	1200MG-2%
49348037954	3-DAY VAGINAL CREAM	CLOTRIMAZOLE	2 %
49348053077	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
49348087277	MICONAZOLE NITRATE	MICONAZOLE NITRATE	2 %
51672200306	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
51672203506	MICONAZOLE NITRATE	MICONAZOLE NITRATE	2 %
51672206200	3-DAY VAGINAL CREAM	CLOTRIMAZOLE	2 %
61269073041	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
61269073063	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
70000000901	MICONAZOLE-7	MICONAZOLE NITRATE	2 %
70000035701	TIOCONAZOLE-1	TIOCONAZOLE	6.5 %
70000072901	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
70677122201	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
70677122401	TIOCONAZOLE-1	TIOCONAZOLE	6.5 %
70677122501	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
70677122601	MICONAZOLE 3	MICONAZOLE NITRATE	200 MG-2 %
70677123101	CLOTRIMAZOLE-3	CLOTRIMAZOLE	2 %
70677126201	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
70677129401	MICONAZOLE 1	MICONAZOLE NITRATE	1200MG-2%
83324016015	MICONAZOLE 7	MICONAZOLE NITRATE	2 %
00536127180	FIRST AID ANTISEPTIC	POVIDONE-IODINE	10 %
00904110309	POVIDONE-IODINE	POVIDONE-IODINE	10 %
67618015001	BETADINE	POVIDONE-IODINE	10 %
67618015004	BETADINE	POVIDONE-IODINE	10 %
67618015005	BETADINE	POVIDONE-IODINE	10 %
67618015009	BETADINE	POVIDONE-IODINE	10 %
67618015017	BETADINE	POVIDONE-IODINE	10 %
67618015018	BETADINE	POVIDONE-IODINE	10 %
70000006001	POVIDONE-IODINE	POVIDONE-IODINE	10 %
70677120801	POVIDONE-IODINE	POVIDONE-IODINE	10 %
00085096315	LOTRIMIN AF	CLOTRIMAZOLE	1 %
00536126511	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
00536126526	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
00536126595	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
00536131543	TOLNAFTATE	TOLNAFTATE	1 %
00536145326	TOLNAFTATE	TOLNAFTATE	1 %

National Drug Code	Label Name	Generic Name	Strength Description
11527007140	ATHLETE'S FOOT	CLOTRIMAZOLE	1 %
21922009404	ATHLETE'S FOOT	CLOTRIMAZOLE	1 %
21922009405	ATHLETE'S FOOT	CLOTRIMAZOLE	1 %
21922009506	ANTIFUNGAL CREAM	MICONAZOLE NITRATE	2 %
24385003203	TOLNAFTATE	TOLNAFTATE	1 %
24385020501	ATHLETE'S FOOT	CLOTRIMAZOLE	1 %
24385020503	ATHLETE'S FOOT	CLOTRIMAZOLE	1 %
45802043411	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
49348015529	ANTIFUNGAL CREAM	TOLNAFTATE	1 %
50268050329	MICONAZOLE NITRATE	MICONAZOLE NITRATE	2 %
51672127501	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
51672127502	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
51672127506	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
51672127507	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
51672200101	MICONAZOLE NITRATE	MICONAZOLE NITRATE	2 %
51672200102	MICONAZOLE NITRATE	MICONAZOLE NITRATE	2 %
51672200201	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
51672200202	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
51672202001	TOLNAFTATE	TOLNAFTATE	1 %
51672202002	TOLNAFTATE	TOLNAFTATE	1 %
59088044107	MYCOZYL AC	CLOTRIMAZOLE	1 %
59088047607	MICOTRIN AC	CLOTRIMAZOLE	1 %
68001047545	ANTIFUNGAL	CLOTRIMAZOLE	1 %
68001047547	ANTIFUNGAL	CLOTRIMAZOLE	1 %
68462018117	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
68462018135	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
68462018147	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
70000008401	TOLNAFTATE	TOLNAFTATE	1 %
70000034001	MICONAZOLE NITRATE	MICONAZOLE NITRATE	2 %
70000071801	ANTIFUNGAL CREAM	MICONAZOLE NITRATE	2 %
70512010030	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
70677100101	ANTIFUNGAL CREAM	TOLNAFTATE	1 %
70677100201	ATHLETE'S FOOT	CLOTRIMAZOLE	1 %
83035106203	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
83324004101	CLOTRIMAZOLE	CLOTRIMAZOLE	1 %
83324004901	ANTIFUNGAL CREAM	TOLNAFTATE	1 %
00536135795	LIDOCAINE	LIDOCAINE	4 %
71085007519	LIDOCAINE	LIDOCAINE	4 %
71085007558	LIDOCAINE	LIDOCAINE	4 %
71085007560	LIDOCAINE	LIDOCAINE	4 %
71800002606	LIDOCAINE	LIDOCAINE	4 %

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83720052301	LIDOCAINE	LIDOCAINE	4 %
00113054164	ANTI-ITCH	HYDROCORTISONE	1 %
00168001516	HYDROCORTISONE	HYDROCORTISONE	1 %
00168001531	HYDROCORTISONE	HYDROCORTISONE	1 %
00168002016	HYDROCORTISONE	HYDROCORTISONE	1 %
00168002031	HYDROCORTISONE	HYDROCORTISONE	1 %
00472032126	HYDROCORTISONE	HYDROCORTISONE	1 %
00536140795	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
21922009705	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
24385002103	HYDROCORTISONE	HYDROCORTISONE	1 %
24385019003	HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE	0.5 %
24385027403	HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE	1 %
24385027603	HYDROCORTISONE	HYDROCORTISONE	1 %
45802027603	HYDROCORTISONE	HYDROCORTISONE	1 %
45802043803	HYDROCORTISONE	HYDROCORTISONE	1 %
45802043805	HYDROCORTISONE	HYDROCORTISONE	1 %
49348052272	HYDROCORTISONE	HYDROCORTISONE	1 %
51672201002	HYDROCORTISONE	HYDROCORTISONE	0.5 %
51672201301	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
51672201302	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
51672201802	HYDROCORTISONE	HYDROCORTISONE	1 %
51672206302	HYDROCORTISONE	HYDROCORTISONE	1 %
51672206902	HYDROCORTISONE	HYDROCORTISONE	1 %
51672533001	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
51672533002	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
51672533003	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
68001047646	HYDROCORTISONE	HYDROCORTISONE	1 %
68001047650	HYDROCORTISONE	HYDROCORTISONE	1 %
70000048501	HYDROCORTISONE	HYDROCORTISONE	1 %
70000066201	HYDROCORTISONE-ALOE	HYDROCORTISONE/ALOE VERA	1 %
70512010130	HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE	1 %
70677121501	ITCH RELIEF WITH ALOE	HYDROCORTISONE/ALOE VERA	1 %
70677121601	ITCH RELIEF WITH ALOE	HYDROCORTISONE/ALOE VERA	1 %
70677121602	ITCH RELIEF WITH ALOE	HYDROCORTISONE/ALOE VERA	1 %
83324004701	HYDROCORTISONE	HYDROCORTISONE	1 %
00113191016	LICE KILLING	PERMETHRIN	1 %
00904734920	LICE KILLING	PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%
46122010846	LICE TREATMENT	PERMETHRIN	1 %
46122075929	LICE KILLING	PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%
70677118401	LICE KILLING	PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%
00113008464	FIRST AID ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K

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00713026831	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
00904880531	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
11527016247	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
11527016251	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
11527016255	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
21922009305	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
45802014301	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
45802014303	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
46122041403	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
46122041405	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
51672212001	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
51672212002	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
68001048345	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
68001048346	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
70000009401	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
70677121701	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
83324005001	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
83324005005	TRIPLE ANTIBIOTIC	NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K
00065401105	ZADITOR	KETOTIFEN FUMARATE	0.025 %
00065401106	ZADITOR	KETOTIFEN FUMARATE	0.025 %
00536125240	EYE ITCH RELIEF	KETOTIFEN FUMARATE	0.025 %
24208060105	CHILDREN'S ALAWAY	KETOTIFEN FUMARATE	0.025 %
24208060110	ALAWAY	KETOTIFEN FUMARATE	0.025 %
24208060190	ALAWAY	KETOTIFEN FUMARATE	0.025 %
60505621501	KETOTIFEN FUMARATE	KETOTIFEN FUMARATE	0.025 %
70000052201	EYE ITCH RELIEF	KETOTIFEN FUMARATE	0.025 %
72485061710	KETOTIFEN FUMARATE	KETOTIFEN FUMARATE	0.025 %
76385010617	KETOTIFEN FUMARATE	KETOTIFEN FUMARATE	0.025 %
00023040330	REFRESH PLUS	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00023040350	REFRESH PLUS	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00023040370	REFRESH PLUS	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00023079801	REFRESH TEARS	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00023079815	REFRESH TEARS	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00023398810	REFRESH OPTIVE MEGA-3 PF	CARBOXYMETHYL/GLY/POLY80/PF	0.5-1-0.5%
00023455430	REFRESH CELLUVISC	CARBOXYMETHYLCELLULOSE SODIUM	1 %
00023920515	REFRESH LIQUIGEL	CARBOXYMETHYLCELLULOSE SODIUM	1 %
00065047401	SYSTANE GEL	HYPROMELLOSE	0.3 %
00065806401	GENTEAL TEARS SEVERE	HYPROMELLOSE	0.3 %
00536138635	CARBOXYMETHYLCELLULOSE SODIUM	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00536138694	CARBOXYMETHYLCELLULOSE SODIUM	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %

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00536138792	LUBRICANT EYE DROP	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00536138793	LUBRICANT EYE DROP	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00536140894	POLYVINYL ALCOHOL	POLYVINYL ALCOHOL	1.4 %
24385000605	ARTIFICIAL TEARS	POLYVINYL ALCOHOL/POVIDONE	0.5%-0.6%
42494044805	LUBRICANT EYE DROP	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
46122075656	LUBRICANT EYE DROP	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
50268006730	CARBOXYMETHYLCELLULOSE SODIUM	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
50268006750	CARBOXYMETHYLCELLULOSE SODIUM	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
50268006770	CARBOXYMETHYLCELLULOSE SODIUM	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
50268006802	CARBOXYMETHYLCELLULOSE SODIUM	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
50268006815	CARBOXYMETHYLCELLULOSE SODIUM	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
50268067815	POLYVINYL ALCOHOL	POLYVINYL ALCOHOL	1.4 %
70000001101	ARTIFICIAL TEARS	POLYVINYL ALCOHOL/POVIDONE	0.5%-0.6%
70000001201	LUBRICANT EYE DROPS	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
70000001202	LUBRICANT EYE DROPS	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
70000070501	LUBRICANT EYE DROP	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
70000070502	LUBRICANT EYE DROP	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
70677119001	LUBRICANT EYE DROP	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
83324018914	ARTIFICIAL TEARS	POLYVINYL ALCOHOL/POVIDONE	0.5%-0.6%
00023031204	REFRESH LACRI-LUBE	MINERAL OIL/PETROLATUM,WHITE	42.5-56.8%
00065050935	SYSTANE	MINERAL OIL/PETROLATUM,WHITE	3 %-94 %
00065051801	GENTEAL TEARS SEVERE	MINERAL OIL/PETROLATUM,WHITE	3 %-94 %
00904648838	LUBRIFRESH PM	MINERAL OIL/PETROLATUM,WHITE	15 %-83 %
00904754012	LUBRIFRESH PM	MINERAL OIL/PETROLATUM,WHITE	15 %-83 %
46122075737	NIGHTTIME RELIEF LUBRICANT EYE	MINERAL OIL/PETROLATUM,WHITE	42.5-57.3%
70000072401	NIGHTTIME RELIEF LUBRICANT EYE	MINERAL OIL/PETROLATUM,WHITE	42.5-57.3%
00113002808	24 HOUR ALLERGY	FLUTICASONE PROPIONATE	50 MCG
00113002809	24 HOUR ALLERGY	FLUTICASONE PROPIONATE	50 MCG
00536111248	BUDESONIDE	BUDESONIDE	32 MCG
00536118313	FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	50 MCG
00536118321	FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	50 MCG
00536118365	FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	50 MCG
00536118399	FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	50 MCG
00536145684	BUDESONIDE	BUDESONIDE	32 MCG
46122033802	FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	50 MCG

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46122038976	BUDESONIDE	BUDESONIDE	32 MCG
60505612902	BUDESONIDE	BUDESONIDE	32 MCG
70000011001	ALLERGY RELIEF	FLUTICASONE PROPIONATE	50 MCG
70000070301	FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	50 MCG
70677102101	ALLERGY RELIEF	FLUTICASONE PROPIONATE	50 MCG
70677102102	ALLERGY RELIEF	FLUTICASONE PROPIONATE	50 MCG
83324029401	ALLERGY RELIEF	FLUTICASONE PROPIONATE	50 MCG
00486111101	K-PHOS ORIGINAL	POTASSIUM PHOSPHATE,MONOBASIC	500 MG
00486111105	K-PHOS ORIGINAL	POTASSIUM PHOSPHATE,MONOBASIC	500 MG
00486112501	K-PHOS NEUTRAL	SOD PHOS DI, MONO/K PHOS MONO	250 MG
00486112505	K-PHOS NEUTRAL	SOD PHOS DI, MONO/K PHOS MONO	250 MG
39328000810	PHOSPHO-TRIN K500	POTASSIUM PHOSPHATE,MONOBASIC	500 MG
39328010710	PHOSPHO-TRIN 250 NEUTRAL	SOD PHOS DI, MONO/K PHOS MONO	250 MG
64980010401	PHOSPHA 250 NEUTRAL	SOD PHOS DI, MONO/K PHOS MONO	250 MG
69367025001	WES-PHOS 250 NEUTRAL	SOD PHOS DI, MONO/K PHOS MONO	250 MG
00113005705	INFANT'S IBUPROFEN	IBUPROFEN	50 MG/1.25
00113016626	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00113016634	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00113029827	IBUPROFEN	IBUPROFEN	200 MG
00113029858	IBUPROFEN	IBUPROFEN	200 MG
00113051771	IBUPROFEN	IBUPROFEN	200 MG
00113060462	IBUPROFEN	IBUPROFEN	200 MG
00113060471	IBUPROFEN	IBUPROFEN	200 MG
00113060478	IBUPROFEN	IBUPROFEN	200 MG
00113060490	IBUPROFEN	IBUPROFEN	200 MG
00113064762	IBUPROFEN	IBUPROFEN	200 MG
00113064771	IBUPROFEN	IBUPROFEN	200 MG
00113064778	IBUPROFEN	IBUPROFEN	200 MG
00113066026	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00113068526	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00113089726	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00113089734	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00113090162	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
00113090175	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
00113121285	IBUPROFEN	IBUPROFEN	200 MG
00113246162	IBUPROFEN	IBUPROFEN	100 MG
00113436862	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
00113436875	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
00113436878	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
00113436879	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
00121083300	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML

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00121091400	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00121166600	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00121182800	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00121204400	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00472200216	IBUPROFEN	IBUPROFEN	100 MG/5ML
00472200294	IBUPROFEN	IBUPROFEN	100 MG/5ML
00536109306	ALL DAY RELIEF	NAPROXEN SODIUM	220 MG
00536109311	ALL DAY RELIEF	NAPROXEN SODIUM	220 MG
00536109406	ALL DAY RELIEF	NAPROXEN SODIUM	220 MG
00536109411	ALL DAY RELIEF	NAPROXEN SODIUM	220 MG
00536114730	IBUPROFEN	IBUPROFEN	200 MG
00904530909	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00904530920	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00904546335	INFANTS' IBUPROFEN	IBUPROFEN	50 MG/1.25
00904557720	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00904674724	IBUPROFEN	IBUPROFEN	200 MG
00904674740	IBUPROFEN	IBUPROFEN	200 MG
00904674751	IBUPROFEN	IBUPROFEN	200 MG
00904674759	IBUPROFEN	IBUPROFEN	200 MG
00904674770	IBUPROFEN	IBUPROFEN	200 MG
00904674780	IBUPROFEN	IBUPROFEN	200 MG
00904791251	IBUPROFEN	IBUPROFEN	200 MG
00904791259	IBUPROFEN	IBUPROFEN	200 MG
00904791459	IBU-200	IBUPROFEN	200 MG
00904791461	IBUPROFEN	IBUPROFEN	200 MG
24385000926	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
24385000934	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
24385005878	IBUPROFEN	IBUPROFEN	200 MG
24385036126	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
24385036134	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
24385037226	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
24385055010	INFANT'S IBUPROFEN	IBUPROFEN	50 MG/1.25
24385060471	IBUPROFEN	IBUPROFEN	200 MG
24385060478	IBUPROFEN	IBUPROFEN	200 MG
24385060485	IBUPROFEN	IBUPROFEN	200 MG
24385064771	IBUPROFEN	IBUPROFEN	200 MG
24385064778	IBUPROFEN	IBUPROFEN	200 MG
24385090526	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
24385090534	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
45802013326	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
45802014026	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML

National Drug Code	Label Name	Generic Name	Strength Description
45802049075	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
45802089726	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
45802089734	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
45802095226	IBUPROFEN	IBUPROFEN	100 MG/5ML
45802095243	IBUPROFEN	IBUPROFEN	100 MG/5ML
46122053460	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
46122054890	IBUPROFEN	IBUPROFEN	200 MG
46122056258	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
46122056271	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
46122056278	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
46122056471	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
46122056478	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
46122056481	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
46122058055	IBUPROFEN	IBUPROFEN	200 MG
46122058058	IBUPROFEN	IBUPROFEN	200 MG
46122059341	IBUPROFEN	IBUPROFEN	200 MG
46122059360	IBUPROFEN	IBUPROFEN	200 MG
46122061762	IBUPROFEN	IBUPROFEN	100 MG
46122063262	IBUPROFEN	IBUPROFEN	100 MG
46122078064	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
49348019610	IBUPROFEN	IBUPROFEN	200 MG
49348070614	IBUPROFEN	IBUPROFEN	200 MG
49483060101	IBUPROFEN	IBUPROFEN	200 MG
49483060110	IBUPROFEN	IBUPROFEN	200 MG
49483060901	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
49483060905	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
51672138508	IBUPROFEN	IBUPROFEN	100 MG/5ML
51672138509	IBUPROFEN	IBUPROFEN	100 MG/5ML
51672140908	IBUPROFEN	IBUPROFEN	100 MG/5ML
51672140909	IBUPROFEN	IBUPROFEN	100 MG/5ML
51672213001	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
51672213008	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
51672532108	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
59651003212	IBUPROFEN	IBUPROFEN	100 MG/5ML
59651003247	IBUPROFEN	IBUPROFEN	100 MG/5ML
60687074317	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
64380099703	IBUPROFEN	IBUPROFEN	100 MG/5ML
64380099704	IBUPROFEN	IBUPROFEN	100 MG/5ML
68001052192	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
68001052194	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
68094003701	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML

National Drug Code	Label Name	Generic Name	Strength Description
68094003758	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
68094049458	IBUPROFEN	IBUPROFEN	100 MG/5ML
68094049459	IBUPROFEN	IBUPROFEN	100 MG/5ML
68094049461	IBUPROFEN	IBUPROFEN	100 MG/5ML
68094049462	IBUPROFEN	IBUPROFEN	100 MG/5ML
68094050359	IBUPROFEN	IBUPROFEN	100 MG/5ML
68094050361	IBUPROFEN	IBUPROFEN	100 MG/5ML
68094050362	IBUPROFEN	IBUPROFEN	100 MG/5ML
68094060059	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
68094060061	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
68094060062	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230014620	IBUPROFEN	IBUPROFEN	200 MG
69230014640	IBUPROFEN	IBUPROFEN	200 MG
69230014652	IBUPROFEN	IBUPROFEN	200 MG
69230014680	IBUPROFEN	IBUPROFEN	200 MG
69230030520	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
69230030580	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
69230030811	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230030812	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230030911	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230030912	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230031011	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230031012	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230031111	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230031112	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
69230031301	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
69230031305	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
69230031350	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
69230032901	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
69230032902	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
69230032905	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
69230032910	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
69230032924	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
69230032950	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
70000000301	IBUPROFEN	IBUPROFEN	200 MG
70000017103	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70000017105	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70000017106	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70000017501	IBUPROFEN	IBUPROFEN	200 MG
70000017502	IBUPROFEN	IBUPROFEN	200 MG
70000017503	IBUPROFEN	IBUPROFEN	200 MG

National Drug Code	Label Name	Generic Name	Strength Description
70000017505	IBUPROFEN	IBUPROFEN	200 MG
70000017508	IBUPROFEN	IBUPROFEN	200 MG
70000017601	IBUPROFEN	IBUPROFEN	200 MG
70000017604	IBUPROFEN	IBUPROFEN	200 MG
70000017605	IBUPROFEN	IBUPROFEN	200 MG
70000018101	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70000020102	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70000020105	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70000020106	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70000023901	IBUPROFEN	IBUPROFEN	100 MG
70000026201	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70000026301	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70000026302	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70000026401	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70000029101	IBUPROFEN	IBUPROFEN	200 MG
70000029801	INFANTS' IBUPROFEN	IBUPROFEN	50 MG/1.25
70000057101	IBUPROFEN	IBUPROFEN	200 MG
70000057102	IBUPROFEN	IBUPROFEN	200 MG
70000057103	IBUPROFEN	IBUPROFEN	200 MG
70000059701	IBUPROFEN	IBUPROFEN	200 MG
70000059702	IBUPROFEN	IBUPROFEN	200 MG
70677015002	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70677015301	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70677111301	IBUPROFEN	IBUPROFEN	200 MG
70677111401	IBUPROFEN	IBUPROFEN	200 MG
70677111501	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70677111502	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70677111601	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70677111701	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70677111801	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
70677113201	IBUPROFEN	IBUPROFEN	200 MG
70677113202	IBUPROFEN	IBUPROFEN	200 MG
70677113203	IBUPROFEN	IBUPROFEN	200 MG
70677113204	IBUPROFEN	IBUPROFEN	200 MG
70677113205	IBUPROFEN	IBUPROFEN	200 MG
70677113601	IBUPROFEN	IBUPROFEN	200 MG
70677113602	IBUPROFEN	IBUPROFEN	200 MG
70677113603	IBUPROFEN	IBUPROFEN	200 MG
70677113701	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70677113702	ALL DAY PAIN RELIEF	NAPROXEN SODIUM	220 MG
70677114401	INFANTS' IBUPROFEN	IBUPROFEN	50 MG/1.25

National Drug Code	Label Name	Generic Name	Strength Description
70677114501	IBUPROFEN IB	IBUPROFEN	100 MG
70677114601	INFANTS' IBUPROFEN	IBUPROFEN	50 MG/1.25
70677114801	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
70677124401	PAIN RELIEF	IBUPROFEN	200 MG
70677128201	IBUPROFEN	IBUPROFEN	200 MG
81033001850	IBUPROFEN	IBUPROFEN	100 MG/5ML
81033001852	IBUPROFEN	IBUPROFEN	100 MG/5ML
81033001901	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
81033001902	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
83324001204	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
83324001304	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
83324001404	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
83324005624	IBUPROFEN	IBUPROFEN	200 MG
83324005924	IBUPROFEN	IBUPROFEN	200 MG
83324010050	IBUPROFEN	IBUPROFEN	200 MG
83324010250	IBUPROFEN	IBUPROFEN	200 MG
83324010850	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
83324010950	NAPROXEN SODIUM	NAPROXEN SODIUM	220 MG
83324020648	IBUPROFEN	IBUPROFEN	200 MG
83474000204	CHILDREN'S IBUPROFEN	IBUPROFEN	100 MG/5ML
00113530016	DUAL ACTION PAIN RELIEVER	IBUPROFEN/ACETAMINOPHEN	125-250 MG
00113530068	DUAL ACTION PAIN RELIEVER	IBUPROFEN/ACETAMINOPHEN	125-250 MG
46122074268	ACETAMINOPHEN-IBUPROFEN	IBUPROFEN/ACETAMINOPHEN	125-250 MG
46122081861	DUAL ACTION PAIN RELIEVER	IBUPROFEN/ACETAMINOPHEN	125-250 MG
70000062201	DUAL ACTION PAIN RELIEF	IBUPROFEN/ACETAMINOPHEN	125-250 MG
70677127401	DUAL ACTION PAIN RELIEVER	IBUPROFEN/ACETAMINOPHEN	125-250 MG
83324014936	DUAL ACTION PAIN RELIEVER	IBUPROFEN/ACETAMINOPHEN	125-250 MG
00113003263	DUAL ACTION COMPLETE	FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165
00113014165	ACID REDUCER	FAMOTIDINE	10 MG
00113019402	ACID REDUCER	FAMOTIDINE	20 MG
00113019471	ACID REDUCER	FAMOTIDINE	20 MG
00172572860	FAMOTIDINE	FAMOTIDINE	20 MG
00172572870	FAMOTIDINE	FAMOTIDINE	20 MG
00172572880	FAMOTIDINE	FAMOTIDINE	20 MG
00378005301	CIMETIDINE	CIMETIDINE	200 MG
00536129801	FAMOTIDINE	FAMOTIDINE	20 MG
00904552952	HEARTBURN RELIEF	FAMOTIDINE	10 MG
00904552987	HEARTBURN RELIEF	FAMOTIDINE	10 MG
00904578017	HEARTBURN RELIEF	FAMOTIDINE	20 MG
00904578051	HEARTBURN RELIEF	FAMOTIDINE	20 MG
00904719306	FAMOTIDINE	FAMOTIDINE	20 MG

National Drug Code	Label Name	Generic Name	Strength Description
00904719361	FAMOTIDINE	FAMOTIDINE	20 MG
24385038563	ACID REDUCER	FAMOTIDINE	20 MG
24385038571	ACID REDUCER	FAMOTIDINE	20 MG
31722001701	FAMOTIDINE	FAMOTIDINE	20 MG
31722001710	FAMOTIDINE	FAMOTIDINE	20 MG
31722001801	FAMOTIDINE	FAMOTIDINE	40 MG
31722001805	FAMOTIDINE	FAMOTIDINE	40 MG
31722001810	FAMOTIDINE	FAMOTIDINE	40 MG
46122020565	ACID REDUCER	FAMOTIDINE	10 MG
46122039465	ACID REDUCER	FAMOTIDINE	10 MG
46122073565	ACID REDUCER	FAMOTIDINE	10 MG
46122073575	ACID REDUCER	FAMOTIDINE	10 MG
46122073763	ACID REDUCER	FAMOTIDINE	20 MG
46122073771	ACID REDUCER	FAMOTIDINE	20 MG
49483072001	ACID REDUCER	FAMOTIDINE	20 MG
50268029915	FAMOTIDINE	FAMOTIDINE	20 MG
55111011890	FAMOTIDINE	FAMOTIDINE	10 MG
55111011901	FAMOTIDINE	FAMOTIDINE	20 MG
55111011910	FAMOTIDINE	FAMOTIDINE	20 MG
55111039601	FAMOTIDINE	FAMOTIDINE	20 MG
59651082301	CIMETIDINE	CIMETIDINE	200 MG
60687059501	FAMOTIDINE	FAMOTIDINE	20 MG
61442012101	FAMOTIDINE	FAMOTIDINE	20 MG
61442012110	FAMOTIDINE	FAMOTIDINE	20 MG
62135063030	CIMETIDINE	CIMETIDINE	200 MG
62135080790	FAMOTIDINE	FAMOTIDINE	20 MG
62332000131	FAMOTIDINE	FAMOTIDINE	20 MG
62332000191	FAMOTIDINE	FAMOTIDINE	20 MG
64980062301	FAMOTIDINE	FAMOTIDINE	20 MG
64980062310	FAMOTIDINE	FAMOTIDINE	20 MG
64980062350	FAMOTIDINE	FAMOTIDINE	20 MG
64980062401	FAMOTIDINE	FAMOTIDINE	40 MG
64980062410	FAMOTIDINE	FAMOTIDINE	40 MG
64980062450	FAMOTIDINE	FAMOTIDINE	40 MG
65862085901	FAMOTIDINE	FAMOTIDINE	20 MG
65862085999	FAMOTIDINE	FAMOTIDINE	20 MG
67877084201	FAMOTIDINE	FAMOTIDINE	20 MG
67877084205	FAMOTIDINE	FAMOTIDINE	20 MG
67877084210	FAMOTIDINE	FAMOTIDINE	20 MG
68001039700	FAMOTIDINE	FAMOTIDINE	20 MG
68001039708	FAMOTIDINE	FAMOTIDINE	20 MG

National Drug Code	Label Name	Generic Name	Strength Description
68001049404	FAMOTIDINE	FAMOTIDINE	10 MG
68001049406	FAMOTIDINE	FAMOTIDINE	10 MG
68094005459	FAMOTIDINE	FAMOTIDINE	20 MG
68094005465	FAMOTIDINE	FAMOTIDINE	20 MG
68645014059	FAMOTIDINE	FAMOTIDINE	20 MG
68645059459	FAMOTIDINE	FAMOTIDINE	20 MG
69230032601	FAMOTIDINE	FAMOTIDINE	10 MG
69230032605	FAMOTIDINE	FAMOTIDINE	10 MG
69230032610	FAMOTIDINE	FAMOTIDINE	10 MG
69230032630	FAMOTIDINE	FAMOTIDINE	10 MG
69230032660	FAMOTIDINE	FAMOTIDINE	10 MG
69230032701	FAMOTIDINE	FAMOTIDINE	20 MG
69230032705	FAMOTIDINE	FAMOTIDINE	20 MG
69230032710	FAMOTIDINE	FAMOTIDINE	20 MG
69230032730	FAMOTIDINE	FAMOTIDINE	20 MG
69230032750	FAMOTIDINE	FAMOTIDINE	20 MG
69367040010	FAMOTIDINE	FAMOTIDINE	20 MG
70000004901	ACID REDUCER	FAMOTIDINE	20 MG
70000041601	ACID REDUCER COMPLETE	FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165
70000058201	ACID REDUCER COMPLETE	FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165
70000071001	ACID REDUCER	FAMOTIDINE	20 MG
70677110001	ACID REDUCER-ANTACID	FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165
70677110101	ACID REDUCER	FAMOTIDINE	20 MG
70677110102	ACID REDUCER	FAMOTIDINE	20 MG
70677110201	ACID REDUCER	FAMOTIDINE	10 MG
70677110202	ACID REDUCER	FAMOTIDINE	10 MG
70677110203	ACID REDUCER	FAMOTIDINE	10 MG
70710168300	FAMOTIDINE	FAMOTIDINE	20 MG
70710168301	FAMOTIDINE	FAMOTIDINE	20 MG
70710168400	FAMOTIDINE	FAMOTIDINE	40 MG
70710168401	FAMOTIDINE	FAMOTIDINE	40 MG
70710168405	FAMOTIDINE	FAMOTIDINE	40 MG
70756005111	FAMOTIDINE	FAMOTIDINE	20 MG
70756005112	FAMOTIDINE	FAMOTIDINE	20 MG
70756005211	FAMOTIDINE	FAMOTIDINE	40 MG
70756005212	FAMOTIDINE	FAMOTIDINE	40 MG
72205014505	FAMOTIDINE	FAMOTIDINE	20 MG
72205014530	FAMOTIDINE	FAMOTIDINE	20 MG
72205014591	FAMOTIDINE	FAMOTIDINE	20 MG
72205014599	FAMOTIDINE	FAMOTIDINE	20 MG
72205014605	FAMOTIDINE	FAMOTIDINE	40 MG

National Drug Code	Label Name	Generic Name	Strength Description
72205014630	FAMOTIDINE	FAMOTIDINE	40 MG
72205014691	FAMOTIDINE	FAMOTIDINE	40 MG
72205014699	FAMOTIDINE	FAMOTIDINE	40 MG
83324000330	FAMOTIDINE	FAMOTIDINE	10 MG
83324000850	FAMOTIDINE	FAMOTIDINE	20 MG
83324011625	FAMOTIDINE	FAMOTIDINE	20 MG
00113037926	CHILDREN'S ALLERGY	DIPHENHYDRAMINE HCL	12.5MG/5ML
00113047962	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
00113047978	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
00113047979	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
00121086500	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
00121173000	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
00485009816	ED CHLORPED JR	CHLORPHENIRAMINE MALEATE	2 MG/5 ML
00536100610	ALLER-CHLOR	CHLORPHENIRAMINE MALEATE	4 MG
00536121429	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	25 MG
00904001224	ALLERGY	CHLORPHENIRAMINE MALEATE	4 MG
00904001259	ALLERGY	CHLORPHENIRAMINE MALEATE	4 MG
00904001261	ALLERGY	CHLORPHENIRAMINE MALEATE	4 MG
00904001280	ALLERGY	CHLORPHENIRAMINE MALEATE	4 MG
00904205661	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	50 MG
00904530760	BANOPHEN	DIPHENHYDRAMINE HCL	50 MG
00904530780	BANOPHEN	DIPHENHYDRAMINE HCL	50 MG
00904555124	BANOPHEN	DIPHENHYDRAMINE HCL	25 MG
00904555159	BANOPHEN	DIPHENHYDRAMINE HCL	25 MG
00904698516	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
00904698520	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
00904723724	BANOPHEN	DIPHENHYDRAMINE HCL	25 MG
00904723760	BANOPHEN	DIPHENHYDRAMINE HCL	25 MG
00904723761	BANOPHEN	DIPHENHYDRAMINE HCL	25 MG
00904723780	BANOPHEN	DIPHENHYDRAMINE HCL	25 MG
00904753315	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
00904753320	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
00904755972	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
00904756070	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
15370011004	PEDIAVENT	DEXBROMPHENIRAMINE MALEATE	2 MG/5 ML
24385037926	DIPHEDRYL	DIPHENHYDRAMINE HCL	12.5MG/5ML
24385047978	ALLERGY	DIPHENHYDRAMINE HCL	25 MG
28595080130	HISTEX PD	TRIPROLIDINE HCL	0.938MG/ML
28595080208	HISTEX	TRIPROLIDINE HCL	2.5 MG/5ML
42806064810	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	25 MG
42806064910	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	50 MG

National Drug Code	Label Name	Generic Name	Strength Description
46122035626	ALLERGY	DIPHENHYDRAMINE HCL	12.5MG/5ML
46122044062	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
46122044078	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
46122044162	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
46122044262	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
46122061862	ALLERGY RELIEF	CHLORPHENIRAMINE MALEATE	4 MG
46122068526	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
46122069962	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
46122079329	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
49483006101	ALLER-G-TIME	DIPHENHYDRAMINE HCL	25 MG
49483006110	ALLER-G-TIME	DIPHENHYDRAMINE HCL	25 MG
49483024201	ALLERGY-TIME	CHLORPHENIRAMINE MALEATE	4 MG
49483024210	ALLERGY-TIME	CHLORPHENIRAMINE MALEATE	4 MG
50991078360	ALA-HIST IR	DEXBROMPHENIRAMINE MALEATE	2 MG
54859081116	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
57237030512	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
57237030516	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
57237031751	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
57237031811	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
57237036701	DIMETANE	DIPHENHYDRAMINE HCL	25 MG
57237036799	DIMETANE	DIPHENHYDRAMINE HCL	25 MG
57237036801	DIMETANE	DIPHENHYDRAMINE HCL	50 MG
57237036899	DIMETANE	DIPHENHYDRAMINE HCL	50 MG
58657052804	M-DRYL	DIPHENHYDRAMINE HCL	12.5MG/5ML
58657052816	M-DRYL	DIPHENHYDRAMINE HCL	12.5MG/5ML
58809065150	PEDIACLEAR PD	TRIPROLIDINE HCL	0.625MG/ML
60687082986	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
60687083008	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
60687083056	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
68094001859	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	25 MG
68094001861	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	25 MG
69339015117	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
69339015119	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
69339015217	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
69339015219	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
69367025330	TRIPROLIDINE HCL	TRIPROLIDINE HCL	0.938MG/ML
70000013602	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
70000013603	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
70000016002	ALLERGY RELIEF	CHLORPHENIRAMINE MALEATE	4 MG
70000047401	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
70000058501	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG

National Drug Code	Label Name	Generic Name	Strength Description
70000059802	ALLERGY	DIPHENHYDRAMINE HCL	25 MG
70000069301	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
70000070101	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
70677101202	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
70677101401	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
70677101402	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
70677101501	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
70677101502	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
70677101601	ALLERGY RELIEF	CHLORPHENIRAMINE MALEATE	4 MG
70677123801	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
70677126801	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
70677126802	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
71085010519	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
71321070150	TRIPROLIDINE HCL	TRIPROLIDINE HCL	0.625MG/ML
71800005819	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
81033002916	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
82568000401	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	25 MG
82568000402	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	25 MG
82568000501	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	50 MG
82568000502	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	50 MG
82568001604	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
82568001606	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
82568001608	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
83035107009	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
83324001604	CHILDREN'S ALLERGY RELIEF	DIPHENHYDRAMINE HCL	12.5MG/5ML
83324006824	ALLERGY RELIEF	CHLORPHENIRAMINE MALEATE	4 MG
83324008701	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
83324008801	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
83324011824	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
83324028024	ALLERGY RELIEF	DIPHENHYDRAMINE HCL	25 MG
83720050208	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
83720050216	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	12.5MG/5ML
00113018926	CHILDREN'S ALL DAY ALLERGY	CETIRIZINE HCL	1 MG/ML
00113050326	CHILDREN'S ALL DAY ALLERGY	CETIRIZINE HCL	1 MG/ML
00113061239	ALLERGY RELIEF	LORATADINE	10 MG
00113061246	ALLERGY RELIEF	LORATADINE	10 MG
00113061260	ALLERGY RELIEF	LORATADINE	10 MG
00113061265	ALLERGY RELIEF	LORATADINE	10 MG
00113061275	ALLERGY RELIEF	LORATADINE	10 MG
00113061288	ALLERGY RELIEF	LORATADINE	10 MG
00113067126	CHILDREN'S ALLERGY RELIEF	LORATADINE	5 MG/5 ML

National Drug Code	Label Name	Generic Name	Strength Description
00113084795	ALLER-EASE	FEXOFENADINE HCL	180 MG
00113945839	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
00113945866	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
00378363501	CETIRIZINE HCL	CETIRIZINE HCL	5 MG
00378363701	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00378363705	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00536136707	LORATADINE	LORATADINE	10 MG
00781528364	CETIRIZINE HCL	CETIRIZINE HCL	5 MG
00781528464	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904671740	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904671741	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904671743	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904671746	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904671760	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904671772	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904671786	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904676520	CHILDREN'S CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
00904676720	CHILDREN'S LORATADINE	LORATADINE	5 MG/5 ML
00904685272	LORATADINE	LORATADINE	10 MG
00904685289	LORATADINE	LORATADINE	10 MG
00904719204	FEXOFENADINE HCL	FEXOFENADINE HCL	60 MG
00904719240	FEXOFENADINE HCL	FEXOFENADINE HCL	60 MG
00904719260	FEXOFENADINE HCL	FEXOFENADINE HCL	60 MG
00904742646	LORATADINE	LORATADINE	10 MG
00904742659	LORATADINE	LORATADINE	10 MG
00904748602	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
00904748640	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
00904748660	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
00904751061	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
00904751161	LORATADINE	LORATADINE	10 MG
16571013412	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
16571013448	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
16571040110	CETIRIZINE HCL	CETIRIZINE HCL	5 MG
16571040210	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
16571040250	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
16714079901	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
16714079902	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
16714079903	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
16714079904	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
16714089901	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
16714089902	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG

National Drug Code	Label Name	Generic Name	Strength Description
23155029251	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
23155092952	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
24385047152	LORATADINE	LORATADINE	10 MG
24385047199	LORATADINE	LORATADINE	10 MG
24385053126	ALLERGY RELIEF	LORATADINE	5 MG/5 ML
24385099865	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
24385099874	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
24385099875	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
43598081112	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
43598081115	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
45802062626	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
45802065065	LORATADINE	LORATADINE	10 MG
45802065075	LORATADINE	LORATADINE	10 MG
45802065078	LORATADINE	LORATADINE	10 MG
45802065087	LORATADINE	LORATADINE	10 MG
45802091939	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
45802091987	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
45802097426	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
46122010126	CHILDREN'S ALL DAY ALLERGY	CETIRIZINE HCL	1 MG/ML
46122020326	CHILDREN'S ALL DAY ALLERGY	CETIRIZINE HCL	1 MG/ML
46122042326	CHILDREN'S LORATADINE	LORATADINE	5 MG/5 ML
46122046222	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
46122046261	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
46122046265	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
46122046275	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
46122053952	LORATADINE	LORATADINE	10 MG
46122053965	LORATADINE	LORATADINE	10 MG
46122077958	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
46122077961	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
46122077966	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
46122078734	CHILDREN'S LORATADINE	LORATADINE	5 MG/5 ML
47335034483	CHILDREN'S CETIRIZINE HCL	CETIRIZINE HCL	10 MG
49483068201	ALLERGY RELIEF	CETIRIZINE HCL	5 MG
49483069250	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
50268048915	LORATADINE	LORATADINE	10 MG
51079024620	LORATADINE	LORATADINE	10 MG
51079059720	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
51660052601	ALLERGY RELIEF	LORATADINE	10 MG
51660052605	ALLERGY RELIEF	LORATADINE	10 MG
51660052631	ALLERGY RELIEF	LORATADINE	10 MG
51660052653	ALLERGY RELIEF	LORATADINE	10 MG

National Drug Code	Label Name	Generic Name	Strength Description
51660093901	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
51660093905	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
51660093930	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
51660093953	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
51660093954	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
51660093990	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
51660099830	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
51660099855	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
51672207308	LORATADINE	LORATADINE	5 MG/5 ML
51672208508	LORATADINE	LORATADINE	5 MG/5 ML
51672208808	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
51672210208	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
51672213108	CHILDREN'S LORATADINE	LORATADINE	5 MG/5 ML
51672407008	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
55111069990	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
55111078301	FEXOFENADINE HCL	FEXOFENADINE HCL	60 MG
55111078401	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
55111078430	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
57237035712	CHILDREN'S CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
57237035812	CHILDREN'S CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
60505014708	LORATADINE	LORATADINE	10 MG
60505263201	CETIRIZINE HCL	CETIRIZINE HCL	5 MG
60505263301	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
60505263308	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
61269052794	CHILDREN'S ALLERGY	FEXOFENADINE HCL	30 MG/5 ML
62135005741	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
68001043604	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
68001043696	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
68001043697	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
68001043800	LORATADINE	LORATADINE	10 MG
68001043804	LORATADINE	LORATADINE	10 MG
68001043896	LORATADINE	LORATADINE	10 MG
68001043897	LORATADINE	LORATADINE	10 MG
68001043900	FEXOFENADINE HCL	FEXOFENADINE HCL	60 MG
68001044000	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
68001044004	FEXOFENADINE HCL	FEXOFENADINE HCL	180 MG
68094000459	CETIRIZINE HCL	CETIRIZINE HCL	5 MG/5 ML
68094000462	CETIRIZINE HCL	CETIRIZINE HCL	5 MG/5 ML
69230020101	FEXOFENADINE HCL	FEXOFENADINE HCL	60 MG
69230020105	FEXOFENADINE HCL	FEXOFENADINE HCL	60 MG
69230020201	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG

National Drug Code	Label Name	Generic Name	Strength Description
69230020230	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
69230030001	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
69230030005	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
69230030030	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
69230030401	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
69230030405	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
69230030430	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
69230031230	ALLERGY RELIEF	LORATADINE	10 MG
69230031611	CHILDREN'S ALLERGY RELIEF	CETIRIZINE HCL	1 MG/ML
69230031701	ALLERGY RELIEF	LORATADINE	10 MG
69230031703	ALLERGY RELIEF	LORATADINE	10 MG
69230032212	CHILDREN'S LORATADINE	LORATADINE	5 MG/5 ML
69230032224	CHILDREN'S LORATADINE	LORATADINE	5 MG/5 ML
69230032330	LORATADINE	LORATADINE	10 MG
69230032333	LORATADINE	LORATADINE	10 MG
69230032334	LORATADINE	LORATADINE	10 MG
69230032801	ALLERGY RELIEF	LORATADINE	10 MG
69230032803	ALLERGY RELIEF	LORATADINE	10 MG
70000004701	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70000012501	CHILDREN'S ALLERGY	LORATADINE	5 MG/5 ML
70000021301	ALLERGY RELIEF	LORATADINE	10 MG
70000021303	ALLERGY RELIEF	LORATADINE	10 MG
70000021304	ALLERGY RELIEF	LORATADINE	10 MG
70000021306	ALLERGY RELIEF	LORATADINE	10 MG
70000021307	ALLERGY RELIEF	LORATADINE	10 MG
70000021401	CHILDREN'S ALL DAY ALLERGY	CETIRIZINE HCL	1 MG/ML
70000021501	CHILDREN'S ALL DAY ALLERGY	CETIRIZINE HCL	1 MG/ML
70000036101	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000036102	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000036103	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000036104	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000036105	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000038001	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70000038002	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70000038004	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70000047301	CHILDREN'S ALLERGY RELIEF	LORATADINE	5 MG/5 ML
70000058301	ALLERGY RELIEF	LORATADINE	10 MG
70000058601	ALLERGY RELIEF	FEXOFENADINE HCL	60 MG
70000072501	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000072502	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000072503	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG

National Drug Code	Label Name	Generic Name	Strength Description
70000072504	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70000072601	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70010016201	LORATADINE	LORATADINE	10 MG
70010016234	LORATADINE	LORATADINE	10 MG
70010016305	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
70010016309	CETIRIZINE HCL	CETIRIZINE HCL	10 MG
70677100702	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677100703	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677100704	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677100801	ALLERGY RELIEF	FEXOFENADINE HCL	60 MG
70677100901	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70677100902	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70677100903	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70677104201	CHILDREN'S ALLERGY RELIEF	CETIRIZINE HCL	1 MG/ML
70677104701	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677105701	CHILDREN'S ALLERGY	LORATADINE	5 MG/5 ML
70677105801	CHILDREN'S ALLERGY	LORATADINE	5 MG/5 ML
70677123601	CHILDREN'S ALL DAY ALLERGY	CETIRIZINE HCL	1 MG/ML
70677123901	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70677124101	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
70677125601	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70677125602	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
70677127901	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677127902	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677127903	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677127904	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70677127905	ALL DAY ALLERGY	CETIRIZINE HCL	10 MG
70752010406	CHILDREN'S CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
72888002909	LORATADINE	LORATADINE	10 MG
72888002911	LORATADINE	LORATADINE	10 MG
72888048001	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
83324000912	ALLERGY RELIEF	FEXOFENADINE HCL	60 MG
83324000924	ALLERGY RELIEF	FEXOFENADINE HCL	60 MG
83324009114	ALLERGY RELIEF	CETIRIZINE HCL	10 MG
83324009515	ALLERGY RELIEF	FEXOFENADINE HCL	180 MG
83324014630	ALLERGY RELIEF	LORATADINE	10 MG
83324014710	ALLERGY RELIEF	LORATADINE	10 MG
83745018504	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
83745018508	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
83745018516	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML
83745018804	CETIRIZINE HCL	CETIRIZINE HCL	1 MG/ML

Notice of Availability (NOA)

Molina Dual MI Coordinated Health (HMO D-SNP)

This formulary was updated on 09/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time or visit MolinaHealthcare.com/Medicare.