

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
0.9 % SODIUM CHLORIDE INJECTION SYRINGE (ML) 0.9 %		0.06024	04/01/2017	
0.9 % SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %		0.00215	10/01/2017	
0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 0.9 %		0.00145	10/01/2017	
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)		0.00215	10/01/2017	
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)		0.02301	10/01/2017	
ABACAVIR SULFATE ORAL TABLET 300 MG		0.45333	07/01/2018	
ABACAVIR SULFATE/LAMIVUDINE ORAL TABLET 600-300MG		1.84033	10/01/2019	
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE ORAL TABLET 150-300MG		19.17500	07/01/2018	
ABIRATERONE ACETATE ORAL TABLET 250 MG		0.99200	01/01/2024	
ABIRATERONE ACETATE ORAL TABLET 500 MG		71.66645	04/01/2022	
ACAMPROSATE CALCIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 333 MG		0.27639	07/01/2019	
ACARBOSE ORAL TABLET 100 MG		0.13000	01/01/2019	
ACARBOSE ORAL TABLET 25 MG		0.13000	10/01/2017	
ACARBOSE ORAL TABLET 50 MG		0.12500	01/01/2019	
ACEBUTOLOL HCL ORAL CAPSULE 200 MG		0.12189	10/01/2017	
ACEBUTOLOL HCL ORAL CAPSULE 400 MG		0.27378	04/01/2017	
ACETAMINOPHEN ORAL CAPSULE 500 MG		0.05061	04/01/2017	
ACETAMINOPHEN ORAL DROPS 100 MG/ML		0.05200	12/12/2011	
ACETAMINOPHEN ORAL DROPS 80MG/0.8ML		0.12914	04/01/2017	
ACETAMINOPHEN ORAL ELIXIR 160 MG/5ML		0.01100	12/12/2011	
ACETAMINOPHEN ORAL LIQUID (ML) 160 MG/5ML		0.00725	04/01/2017	
ACETAMINOPHEN ORAL LIQUID (ML) 500 MG/5ML		0.01615	12/12/2011	
ACETAMINOPHEN ORAL LIQUID (ML) 500MG/15ML		0.01248	04/01/2017	
ACETAMINOPHEN ORAL SOLUTION, ORAL 160 MG/5ML		0.01565	10/01/2017	
ACETAMINOPHEN ORAL SOLUTION, ORAL 160 MG/5ML"		0.01282	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ACETAMINOPHEN ORAL SOLUTION, ORAL 325/10.15		0.02336	09/01/2011	
ACETAMINOPHEN ORAL SOLUTION, ORAL 650MG/20.3		0.02336	12/12/2011	
ACETAMINOPHEN ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 100 MG/ML		0.05200	12/12/2011	
ACETAMINOPHEN ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 80MG/0.8ML		0.03484	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 160 MG/5ML		0.01166	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 160 MG/5ML		0.01814	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 325/10.15		0.01166	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 650MG/20.3		0.01741	12/12/2011	
ACETAMINOPHEN ORAL SYRINGE (ML) 160 MG/5ML		0.01509	04/01/2017	
ACETAMINOPHEN ORAL SYRINGE (ML) 80MG/2.5ML		0.01509	04/01/2017	
ACETAMINOPHEN ORAL TABLET 325 MG		0.00533	10/01/2017	
ACETAMINOPHEN ORAL TABLET 500 MG		0.00844	10/01/2017	
ACETAMINOPHEN ORAL TABLET, CHEWABLE 160 MG		0.11550	12/12/2011	
ACETAMINOPHEN ORAL TABLET, CHEWABLE 80 MG		0.04133	04/01/2017	
ACETAMINOPHEN ORAL TABLET, EXTENDED RELEASE 650 MG		0.06143	04/01/2017	
ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 160 MG		0.08723	04/01/2017	
ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 80 MG		0.05211	04/01/2017	
ACETAMINOPHEN RECTAL SUPPOSITORY, RECTAL 120 MG		0.18917	04/01/2017	
ACETAMINOPHEN RECTAL SUPPOSITORY, RECTAL 325 MG		0.27591	10/01/2017	
ACETAMINOPHEN RECTAL SUPPOSITORY, RECTAL 650 MG		0.20552	10/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL ELIXIR 120-12MG/5		0.01348	09/01/2011	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 120-12MG/5		0.01189	04/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 120-12MG/5		0.01600	04/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 300MG/12.5		0.01600	04/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-15MG		0.15346	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-30MG		0.07720	10/01/2020	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-60MG		0.14271	10/01/2017	
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE ORAL CAPSULE 320.5-30MG		2.74353	04/01/2017	
ACETAMINOPHEN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 1000-30/30		0.01898	04/01/2017	
ACETAMINOPHEN/DEXTROMETHORPHAN HBR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 160-5MG/5		0.04194	04/01/2017	
ACETAMINOPHEN/DIPHENHYDRAMINE HCL ORAL TABLET 325-12.5MG		0.01982	04/01/2017	
ACETAMINOPHEN/DIPHENHYDRAMINE HCL ORAL TABLET 500MG-25MG		0.04246	04/01/2017	
ACETAZOLAMIDE ORAL CAPSULE, EXTENDED RELEASE 500 MG		0.33990	01/01/2019	
ACETAZOLAMIDE ORAL TABLET 125 MG		1.03013	10/01/2017	
ACETAZOLAMIDE ORAL TABLET 250 MG		0.21375	04/01/2022	
ACETAZOLAMIDE SODIUM INJECTION VIAL (EA) 500 MG		40.00000	04/01/2017	
ACETIC ACID IRRIGATION SOLUTION, IRRIGATION 0.25 %		0.00116	10/01/2017	
ACETIC ACID OTIC SOLUTION, NON-ORAL 2 %		1.05467	07/01/2019	
ACETIC ACID/ALUMINUM ACETATE OTIC DROPS 2 %		0.92487	04/01/2017	
ACETIC ACID/ANTIPYRINE/BENZOCAINE/POLICOSANOL NO.1/AL ACETAT OTIC DROPS 5.4 % -1.4%		11.92038	12/12/2011	
ACETYLCYSTEINE INTRAVENOUS VIAL (ML) 200 MG/ML		6.25000	04/01/2017	
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 100 MG/ML		0.31485	04/01/2017	
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 200 MG/ML		0.19900	04/01/2020	
ACETYLCYSTEINE/MECOBALAMIN/LEVOMEFOLATE CALCIUM ORAL TABLET 600-2-6 MG		1.79867	07/01/2016	
ACITRETIN ORAL CAPSULE 10 MG		6.66667	01/01/2018	
ACITRETIN ORAL CAPSULE 17.5 MG		30.76733	04/01/2017	
ACITRETIN ORAL CAPSULE 25 MG		5.41254	04/01/2023	
ACYCLOVIR ORAL CAPSULE 200 MG		0.05759	10/01/2017	
ACYCLOVIR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200 MG/5ML		0.13805	01/01/2024	
ACYCLOVIR ORAL TABLET 400 MG		0.03700	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ACYCLOVIR ORAL TABLET 800 MG		0.10462	10/01/2017	
ACYCLOVIR SODIUM INTRAVENOUS VIAL (ML) 50 MG/ML		0.43000	04/01/2017	
ACYCLOVIR TOPICAL CREAM (GRAM) 5 %		32.93000	07/01/2022	
ACYCLOVIR TOPICAL OINTMENT (GRAM) 5 %		0.96400	04/01/2022	
ADAPALENE TOPICAL CREAM (GRAM) 0.1 %		2.88667	01/01/2020	
ADAPALENE TOPICAL GEL (GRAM) 0.1 %		1.52333	07/01/2018	
ADAPALENE TOPICAL GEL (GRAM) 0.3 %		1.32664	10/01/2021	
ADAPALENE TOPICAL GEL WITH PUMP (GRAM) 0.3 %		4.81072	04/01/2017	
ADAPALENE/BENZOYL PEROXIDE TOPICAL GEL WITH PUMP (GRAM) 0.1 %-2.5%		0.56545	01/01/2023	
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		22.80000	07/01/2019	
ADENOSINE INTRAVENOUS SYRINGE (ML) 3 MG/ML		6.50000	04/01/2017	
ADENOSINE INTRAVENOUS VIAL (ML) 3 MG/ML		2.75000	04/01/2017	
ADENOSINE INTRAVENOUS VIAL (ML) 3 MG/ML		3.09640	04/01/2017	
ALBENDAZOLE ORAL TABLET 200 MG		30.76444	10/01/2021	
ALBUMIN HUMAN INTRAVENOUS INTRAVENOUS SOLUTION 25 %		1.14800	04/01/2017	
ALBUMIN HUMAN INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.25700	04/01/2017	
ALBUTEROL SULFATE INHALATION HFA AEROSOL WITH ADAPTER (GRAM) 90 MCG		2.01110	10/01/2020	
ALBUTEROL SULFATE INHALATION SOLUTION, NON-ORAL 5 MG/ML		0.37880	10/01/2017	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (EA) 2.5 MG/0.5		0.23782	10/01/2017	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 0.63MG/3ML		0.11333	01/01/2020	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML		0.13760	01/01/2019	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 2.5 MG/3ML		0.02600	04/01/2017	
ALBUTEROL SULFATE ORAL SYRUP 2 MG/5 ML		0.00661	10/01/2017	
ALBUTEROL SULFATE ORAL TABLET 2 MG		3.01000	07/01/2019	
ALBUTEROL SULFATE ORAL TABLET 4 MG		0.74970	04/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ALBUTEROL SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 4 MG		0.67335	10/01/2017	
ALBUTEROL SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 8 MG		1.23692	10/01/2017	
ALCLOMETASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.24933	04/01/2017	
ALCLOMETASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.89933	01/01/2018	
ALCOHOL ANTISEPTIC PADS TOPICAL PADS, MEDICATED (EA)		0.01260	04/01/2017	
ALENDRONATE SODIUM ORAL SOLUTION, ORAL 70 MG/75ML		0.32844	04/01/2017	
ALENDRONATE SODIUM ORAL TABLET 10 MG		0.13833	07/01/2019	
ALENDRONATE SODIUM ORAL TABLET 35 MG		0.21250	01/01/2019	
ALENDRONATE SODIUM ORAL TABLET 40 MG		5.27900	04/01/2017	
ALENDRONATE SODIUM ORAL TABLET 5 MG		0.13472	04/01/2017	
ALENDRONATE SODIUM ORAL TABLET 70 MG		0.13750	01/01/2019	
ALFENTANIL HCL INJECTION AMPUL (ML) 500 MCG/ML		1.27000	04/01/2017	
ALFUZOSIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.06000	01/01/2019	
ALISKIREN HEMIFUMARATE ORAL TABLET 150 MG		5.26000	10/01/2020	
ALISKIREN HEMIFUMARATE ORAL TABLET 300 MG		6.29868	01/01/2023	
ALLOPURINOL ORAL TABLET 100 MG		0.01600	01/01/2019	
ALLOPURINOL ORAL TABLET 300 MG		0.03690	01/01/2019	
ALLOPURINOL SODIUM INTRAVENOUS VIAL (EA) 500 MG		328.48038	10/01/2017	
ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG		19.23583	04/01/2019	
ALMOTRIPTAN MALATE ORAL TABLET 6.25 MG		31.15933	04/01/2017	
ALOE VERA/PETROLATUM, HYDROPHILIC TOPICAL OINTMENT (GRAM)		0.03508	12/12/2011	
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG		5.28900	06/27/2018	
ALOGLIPTIN BENZOATE ORAL TABLET 25 MG		4.96513	07/01/2021	
ALOGLIPTIN BENZOATE ORAL TABLET 6.25 MG		5.81767	04/01/2019	
ALOGLIPTIN BENZOATE/METFORMIN HCL ORAL TABLET 12.5-1000		1.75000	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ALOGLIPTIN BENZOATE/METFORMIN HCL ORAL TABLET 12.5-500MG		2.08333	07/01/2018	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 12.5-15 MG		6.50000	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 12.5-30 MG		6.50000	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 12.5-45 MG		6.50000	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 25 MG-15MG		6.43761	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 25 MG-30MG		5.50767	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 25 MG-45MG		6.50000	04/01/2017	
ALOSETRON HCL ORAL TABLET 0.5 MG		11.33200	10/01/2020	
ALOSETRON HCL ORAL TABLET 1 MG		11.35072	01/01/2021	
ALPRAZOLAM ORAL TABLET 0.25 MG		0.01235	07/01/2017	
ALPRAZOLAM ORAL TABLET 0.5 MG		0.01310	04/01/2017	
ALPRAZOLAM ORAL TABLET 1 MG		0.01759	04/01/2017	
ALPRAZOLAM ORAL TABLET 2 MG		0.02370	01/01/2019	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 0.5 MG		0.17617	04/01/2022	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG		0.23533	04/01/2018	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG		0.30378	04/01/2017	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		0.35572	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 0.25 MG		1.07900	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 0.5 MG		1.29110	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 1 MG		1.75483	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 2 MG		3.04980	04/01/2017	
ALPROSTADIL INJECTION VIAL (ML) 500 MCG/ML		40.58800	04/01/2017	
ALUMINUM CHLORIDE TOPICAL SOLUTION, NON-ORAL 20 %		0.19526	12/12/2011	
ALUMINUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 320 MG/5ML		0.00715	04/01/2017	
ALUMINUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 600MG/5ML		0.01558	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMANTADINE HCL ORAL CAPSULE 100 MG		0.19742	04/01/2020	
AMANTADINE HCL ORAL SOLUTION, ORAL 50 MG/5 ML		0.01500	04/01/2021	
AMANTADINE HCL ORAL TABLET 100 MG		0.13100	10/01/2019	
AMCINONIDE TOPICAL CREAM (GRAM) 0.1 %		0.90433	10/01/2017	
AMCINONIDE TOPICAL LOTION (ML) 0.1 %		4.52400	04/01/2017	
AMCINONIDE TOPICAL OINTMENT (GRAM) 0.1 %		5.40000	04/01/2017	
AMIFOSTINE CRYSTALLINE INTRAVENOUS VIAL (EA) 500 MG		451.93333	04/01/2017	
AMIKACIN SULFATE INJECTION VIAL (ML) 1000MG/4ML		1.82500	04/01/2017	
AMIKACIN SULFATE INJECTION VIAL (ML) 500 MG/2ML		1.85000	04/01/2017	
AMILORIDE HCL ORAL TABLET 5 MG		0.14880	01/01/2020	
AMILORIDE HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5 MG-50 MG		0.02663	10/01/2017	
AMINOCAPROIC ACID INTRAVENOUS VIAL (ML) 250 MG/ML		0.05624	10/01/2017	
AMINOCAPROIC ACID ORAL SOLUTION, ORAL 250 MG/ML		1.11854	12/12/2011	
AMINOCAPROIC ACID ORAL TABLET 500 MG		1.56704	12/12/2011	
AMINOPHYLLINE INTRAVENOUS VIAL (ML) 250MG/10ML		1.12000	04/01/2017	
AMINOPHYLLINE INTRAVENOUS VIAL (ML) 500MG/20ML		0.32000	04/01/2017	
AMINOPHYLLINE ORAL TABLET 100 MG		0.03208	12/12/2011	
AMIODARONE HCL INTRAVENOUS SYRINGE (ML) 150 MG/3ML		4.33333	04/01/2017	
AMIODARONE HCL INTRAVENOUS VIAL (ML) 50 MG/ML		0.63518	04/01/2017	
AMIODARONE HCL ORAL TABLET 100 MG		0.71000	07/01/2023	
AMIODARONE HCL ORAL TABLET 200 MG		0.07850	01/01/2019	
AMIODARONE HCL ORAL TABLET 400 MG		2.63667	04/01/2017	
AMITRIPTYLINE HCL ORAL TABLET 10 MG		0.01779	10/01/2017	
AMITRIPTYLINE HCL ORAL TABLET 100 MG		0.23970	04/01/2022	
AMITRIPTYLINE HCL ORAL TABLET 150 MG		0.29900	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMITRIPTYLINE HCL ORAL TABLET 25 MG		0.04490	01/01/2019	
AMITRIPTYLINE HCL ORAL TABLET 50 MG		0.04370	01/01/2023	
AMITRIPTYLINE HCL ORAL TABLET 75 MG		0.12500	10/01/2022	
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 12.5MG-5MG		0.50211	10/01/2017	
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 25 MG-10MG		1.58180	10/01/2017	
AMLODIPINE BESYLATE ORAL TABLET 10 MG		0.01200	04/01/2017	
AMLODIPINE BESYLATE ORAL TABLET 2.5 MG		0.00944	04/01/2023	
AMLODIPINE BESYLATE ORAL TABLET 5 MG		0.00932	01/01/2023	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-10MG		1.46667	01/01/2020	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-20MG		1.99467	01/01/2019	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-40MG		1.56933	01/01/2023	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-80MG		5.53825	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 2.5MG-10MG		4.34266	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 2.5MG-20MG		4.82300	04/01/2020	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 2.5MG-40MG		6.03400	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-10 MG		2.59200	01/01/2024	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-20 MG		2.74000	07/01/2018	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-40 MG		3.09133	04/01/2020	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-80 MG		3.28900	07/01/2019	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-20MG		0.07250	10/01/2017	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-40MG		0.13100	01/01/2020	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 2.5MG-10MG		0.05000	07/01/2018	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-10 MG		0.07450	10/01/2018	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-20 MG		0.07850	01/01/2019	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-40 MG		0.11005	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 10 MG-20MG		0.31333	01/01/2020	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 10 MG-40MG		0.49867	07/01/2019	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 5 MG-20 MG		0.29381	10/01/2022	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 5 MG-40 MG		0.68867	07/01/2018	
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 10MG-160MG		0.34522	01/01/2020	
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 10MG-320MG		0.43333	01/01/2018	
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 5 MG-160MG		0.25000	01/01/2019	
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 5 MG-320MG		0.38367	04/01/2017	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 10-160-25		0.91533	07/01/2018	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 10-320-25		0.94467	07/01/2019	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 10MG-160MG		1.15000	10/01/2020	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 5-160-12.5		1.73200	10/01/2017	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 5-160-25MG		3.41652	04/01/2017	
AMMONIA INHALATION AMPUL (EA) 15 % (W/V)		0.36033	04/01/2017	
AMMONIUM IODIDE/POTASSIUM IODIDE TOPICAL TINCTURE		0.06339	04/01/2017	
AMMONIUM LACTATE TOPICAL CREAM (GRAM) 12 %		0.03572	10/01/2017	
AMMONIUM LACTATE TOPICAL LOTION (GRAM) 12 %		0.01927	10/01/2017	
AMOXAPINE ORAL TABLET 100 MG		0.78908	10/01/2017	
AMOXAPINE ORAL TABLET 150 MG		0.86368	10/01/2017	
AMOXAPINE ORAL TABLET 25 MG		0.46980	04/01/2017	
AMOXAPINE ORAL TABLET 50 MG		0.30823	10/01/2017	
AMOXICILLIN ORAL CAPSULE 250 MG		0.04196	10/01/2018	
AMOXICILLIN ORAL CAPSULE 500 MG		0.04400	04/01/2017	
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.01438	10/01/2023	
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		0.01730	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.01073	10/01/2017	
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400 MG/5ML		0.01500	04/01/2017	
AMOXICILLIN ORAL TABLET 500 MG		0.13970	10/01/2017	
AMOXICILLIN ORAL TABLET 875 MG		0.08090	01/01/2019	
AMOXICILLIN ORAL TABLET, CHEWABLE 125 MG		0.06958	10/01/2017	
AMOXICILLIN ORAL TABLET, CHEWABLE 200 MG		0.21346	12/12/2011	
AMOXICILLIN ORAL TABLET, CHEWABLE 250 MG		0.23706	04/01/2017	
AMOXICILLIN ORAL TABLET, CHEWABLE 400 MG		0.53654	12/12/2011	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-28.5/5		0.03290	01/01/2018	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250-62.5/5		0.31842	10/01/2023	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400-57MG/5		0.03480	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 600-42.9/5		0.04888	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 250-125 MG		1.44100	01/01/2024	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 500-125 MG		0.17600	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 875-125 MG		0.10250	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 200-28.5MG		0.17162	10/01/2017	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 400-57MG		0.93867	10/01/2017	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, EXTENDED RELEASE 12 HR 1000-62.5		2.48970	04/01/2017	
AMPHETAMINE SULFATE ORAL TABLET 10 MG		5.25000	04/01/2020	
AMPHOTERICIN B INJECTION VIAL (EA) 50 MG		38.00000	04/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 1 G		4.84500	04/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 10 G		11.37970	10/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 125 MG		4.17600	04/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 2 G		2.55100	04/01/2019	
AMPICILLIN SODIUM INJECTION VIAL (EA) 250 MG		1.84500	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMPICILLIN SODIUM INJECTION VIAL (EA) 500 MG		2.37000	04/01/2017	
AMPICILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		13.10000	04/01/2017	
AMPICILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		25.41000	04/01/2017	
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 1.5 G		3.74865	10/01/2017	
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 15 G		21.86000	04/01/2017	
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 3 G		2.50000	01/01/2018	
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1.5 G		5.59500	12/12/2011	
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3 G		9.24000	12/12/2011	
AMPICILLIN TRIHYDRATE ORAL CAPSULE 250 MG		0.06979	04/01/2017	
AMPICILLIN TRIHYDRATE ORAL CAPSULE 500 MG		0.12460	04/01/2017	
AMPICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.05412	10/01/2017	
AMPICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.10800	04/01/2017	
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG		0.22598	10/01/2017	
ANAGRELIDE HCL ORAL CAPSULE 1 MG		0.25164	10/01/2017	
ANASTROZOLE ORAL TABLET 1 MG		0.04000	01/01/2019	
ANTIPYRINE/BENZOCAINE/GLYCERIN OTIC DROPS 5.4 %-1.4%		0.72000	12/12/2011	
ANTIVENIN,LATRODECTUS MACTANS INJECTION VIAL (EA) 6000 UNIT		27.71000	04/01/2017	
ANTIVENIN,MICRURUS FULVIUS INJECTION VIAL (EA)		4950.00000	04/01/2017	
APRACLONIDINE HCL OPHTHALMIC DROPS 0.5 %		10.09000	07/01/2021	
APREPITANT ORAL CAPSULE 125 MG		254.70833	04/01/2017	
APREPITANT ORAL CAPSULE 40 MG		87.94800	04/01/2017	
APREPITANT ORAL CAPSULE 80 MG		163.00833	04/01/2017	
APREPITANT ORAL CAPSULE, DOSE PACK 125MG-80MG		192.33000	04/01/2017	
ARFORMOTEROL TARTRATE INHALATION VIAL, NEBULIZER (ML) 15MCG/2ML		1.56267	10/01/2022	
ARGATROBAN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 250MG/250		3.17800	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ARGATROBAN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 125 MG/125		4.53944	04/01/2017	
ARGATROBAN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 50 MG/50ML		3.96000	04/01/2017	
ARGATROBAN IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS VIAL (ML) 50 MG/50ML		4.40000	04/01/2017	
ARGATROBAN INTRAVENOUS VIAL (ML) 100 MG/ML		204.00000	04/01/2017	
ARIPIPIRAZOLE ORAL SOLUTION, ORAL 1 MG/ML		0.66687	01/01/2024	
ARIPIPIRAZOLE ORAL TABLET 10 MG		0.07267	01/01/2019	
ARIPIPIRAZOLE ORAL TABLET 15 MG		0.09600	01/01/2019	
ARIPIPIRAZOLE ORAL TABLET 2 MG		0.06467	10/01/2021	
ARIPIPIRAZOLE ORAL TABLET 20 MG		0.11000	01/01/2019	
ARIPIPIRAZOLE ORAL TABLET 30 MG		0.13300	01/01/2019	
ARIPIPIRAZOLE ORAL TABLET 5 MG		0.06633	01/01/2019	
ARIPIPIRAZOLE ORAL TABLET,DISINTEGRATING 10 MG		30.63466	04/01/2017	
ARIPIPIRAZOLE ORAL TABLET,DISINTEGRATING 15 MG		30.63466	04/01/2017	
ARMODAFINIL ORAL TABLET 150 MG		1.23167	01/01/2019	
ARMODAFINIL ORAL TABLET 200 MG		1.27067	04/01/2020	
ARMODAFINIL ORAL TABLET 250 MG		0.93100	01/01/2022	
ARMODAFINIL ORAL TABLET 50 MG		0.43671	04/01/2021	
ASCORBIC ACID INJECTION VIAL (ML) 500 MG/ML		1.80960	04/01/2017	
ASCORBIC ACID ORAL SYRUP 500 MG/5ML		0.04152	12/12/2011	
ASCORBIC ACID ORAL TABLET 1000 MG		0.05712	12/12/2011	
ASCORBIC ACID ORAL TABLET 250 MG		0.01904	12/12/2011	
ASCORBIC ACID ORAL TABLET 500 MG		0.03127	12/12/2011	
ASCORBIC ACID ORAL TABLET, CHEWABLE 500 MG		0.04863	12/12/2011	
ASENAPINE MALEATE SUBLINGUAL TABLET, SUBLINGUAL 10 MG		2.43853	10/01/2023	
ASENAPINE MALEATE SUBLINGUAL TABLET, SUBLINGUAL 2.5 MG		3.12394	04/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ASENAPINE MALEATE SUBLINGUAL TABLET, SUBLINGUAL 5 MG		1.68750	01/01/2024	
ASPIRIN ORAL TABLET 325 MG		0.01050	04/01/2017	
ASPIRIN ORAL TABLET, CHEWABLE 81 MG		0.01500	10/01/2017	
ASPIRIN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 325 MG		0.01330	04/01/2017	
ASPIRIN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 81 MG		0.00539	10/01/2017	
ASPIRIN RECTAL SUPPOSITORY, RECTAL 300 MG		1.16666	04/01/2017	
ASPIRIN RECTAL SUPPOSITORY, RECTAL 600 MG		1.20666	04/01/2017	
ASPIRIN/ACETAMINOPHEN/CAFFEINE ORAL TABLET 250-250-65		0.05575	04/01/2017	
ASPIRIN/CAFFEINE/DIHYDROCODEINE BITARTRATE ORAL CAPSULE 356-30-16		1.53950	04/01/2017	
ASPIRIN/CALCIUM CARBONATE/MAGNESIUM ORAL TABLET 325 MG		0.01771	04/01/2017	
ASPIRIN/DIPYRIDAMOLE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 25MG-200MG		0.47400	01/01/2024	
ATAZANAVIR SULFATE ORAL CAPSULE 200 MG		4.48417	07/01/2019	
ATAZANAVIR SULFATE ORAL CAPSULE 300 MG		5.91367	01/01/2022	
ATENOLOL ORAL TABLET 100 MG		0.02480	04/01/2017	
ATENOLOL ORAL TABLET 25 MG		0.01208	04/01/2017	
ATENOLOL ORAL TABLET 50 MG		0.00960	07/01/2017	
ATENOLOL/CHLORTHALIDONE ORAL TABLET 100MG-25MG		0.07688	10/01/2017	
ATENOLOL/CHLORTHALIDONE ORAL TABLET 50 MG-25MG		0.04553	10/01/2017	
ATOMOXETINE HCL ORAL CAPSULE 10 MG		0.49367	01/01/2024	
ATOMOXETINE HCL ORAL CAPSULE 100 MG		0.66200	10/01/2023	
ATOMOXETINE HCL ORAL CAPSULE 18 MG		0.65000	10/01/2023	
ATOMOXETINE HCL ORAL CAPSULE 25 MG		0.46350	10/01/2023	
ATOMOXETINE HCL ORAL CAPSULE 40 MG		0.71401	10/01/2023	
ATOMOXETINE HCL ORAL CAPSULE 60 MG		0.75017	10/01/2023	
ATOMOXETINE HCL ORAL CAPSULE 80 MG		0.84658	10/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ATORVASTATIN CALCIUM ORAL TABLET 10 MG		0.02558	01/01/2024	
ATORVASTATIN CALCIUM ORAL TABLET 20 MG		0.03615	01/01/2024	
ATORVASTATIN CALCIUM ORAL TABLET 40 MG		0.04543	04/01/2023	
ATORVASTATIN CALCIUM ORAL TABLET 80 MG		0.07000	07/01/2018	
ATOVAQUONE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 750 MG/5ML		0.94251	01/01/2024	
ATOVAQUONE/PROGUANIL HCL ORAL TABLET 250-100 MG		2.06000	10/01/2023	
ATOVAQUONE/PROGUANIL HCL ORAL TABLET 62.5-25 MG		0.78180	04/01/2017	
ATRACURIUM BESYLATE INTRAVENOUS VIAL (ML) 10 MG/ML		1.30000	04/01/2017	
ATROPINE SULFATE INJECTION SYRINGE (ML) 0.05 MG/ML		2.31600	04/01/2017	
ATROPINE SULFATE INJECTION SYRINGE (ML) 0.1 MG/ML		0.46100	04/01/2017	
ATROPINE SULFATE INJECTION VIAL (ML) 0.4 MG/ML		1.75500	04/01/2017	
ATROPINE SULFATE INJECTION VIAL (ML) 1 MG/ML		5.50000	04/01/2017	
ATROPINE SULFATE OPHTHALMIC DROPS 1 %		8.34533	10/01/2021	
ATROPINE SULFATE OPHTHALMIC OINTMENT (GRAM) 1 %		0.50250	10/01/2017	
ATROPINE SULFATE/PF OPHTHALMIC DROPS 1 %		3.22750	12/12/2011	
AZACITIDINE INJECTION VIAL (EA) 100 MG		311.28000	04/01/2017	
AZATHIOPRINE ORAL TABLET 50 MG		0.17000	01/01/2020	
AZATHIOPRINE SODIUM INJECTION VIAL (EA) 100 MG		250.00000	04/01/2017	
AZELAIC ACID TOPICAL GEL (GRAM) 15 %		0.73641	01/01/2024	
AZELASTINE HCL NASAL AEROSOL, SPRAY WITH PUMP (ML) 137 MCG		0.17700	01/01/2019	
AZELASTINE HCL NASAL AEROSOL, SPRAY WITH PUMP (ML) 205.5 MCG		0.38516	07/01/2022	
AZELASTINE HCL OPHTHALMIC DROPS 0.05 %		1.03791	04/01/2022	
AZELASTINE HCL/FLUTICASON PROPIONATE NASAL AEROSOL, SPRAY WITH PUMP (GRAM) 137-50 MCG		2.61213	01/01/2024	
AZITHROMYCIN INTRAVENOUS VIAL (EA) 500 MG		7.32645	10/01/2017	
AZITHROMYCIN INTRAVENOUS VIAL WITH THREADED PORT (EA) 500 MG		7.32645	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AZITHROMYCIN ORAL PACKET (EA) 1 G		7.50735	10/01/2017	
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		0.43550	10/01/2017	
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		0.22833	04/01/2017	
AZITHROMYCIN ORAL TABLET 250 MG		0.16333	04/01/2017	
AZITHROMYCIN ORAL TABLET 500 MG		0.41111	04/01/2017	
AZITHROMYCIN ORAL TABLET 600 MG		1.04400	01/01/2019	
AZTREONAM INJECTION VIAL (EA) 1 G		27.31000	04/01/2017	
AZTREONAM INJECTION VIAL (EA) 2 G		54.29100	01/01/2018	
B COMPLEX WITH VITAMIN C ORAL TABLET		0.08573	12/12/2011	
BACITRACIN INTRAMUSCULAR VIAL (EA) 50000 UNIT		5.00000	04/01/2017	
BACITRACIN OPHTHALMIC OINTMENT (GRAM) 500 UNIT/G		24.27142	05/24/2019	
BACITRACIN TOPICAL OINTMENT (GRAM) 500 UNIT/G		0.05810	04/01/2019	
BACITRACIN TOPICAL PACKET (EA) 500 UNIT/G		0.07141	04/01/2017	
BACITRACIN ZINC TOPICAL OINTMENT (GRAM) 500 UNIT/G		0.07958	04/01/2017	
BACITRACIN ZINC TOPICAL PACKET (EA) 500 UNIT/G		0.20000	04/01/2017	
BACITRACIN ZINC/POLYMYXIN B SULFATE TOPICAL OINTMENT (GRAM) 500-10K/G		0.08063	04/01/2017	
BACITRACIN/POLYMYXIN B SULFATE OPHTHALMIC OINTMENT (GRAM) 500-10K/G		2.05714	10/01/2019	
BACITRACIN/POLYMYXIN B SULFATE TOPICAL OINTMENT (GRAM) 500-10K/G		0.11650	10/01/2017	
BACITRACIN/POLYMYXIN B SULFATE TOPICAL PACKET (EA)		0.19000	04/01/2017	
BACLOFEN MISCELLANEOUS POWDER (GRAM) 100 %		2.73600	12/12/2011	
BACLOFEN ORAL TABLET 10 MG		0.04420	07/01/2023	
BACLOFEN ORAL TABLET 20 MG		0.08780	10/01/2022	
BACLOFEN ORAL TABLET 5 MG		0.17033	04/01/2023	
BACTERIOSTATIC SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %		0.02245	10/01/2017	
BALANCED SALT IRRIG SOLN NO.2 INTRAOCULAR SOLUTION, IRRIGATION		0.02050	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		0.22496	04/01/2018	
BCG LIVE INTRAVESICAL VIAL (EA) 50 MG		145.15000	04/01/2017	
BENZAEPRIIL HCL ORAL TABLET 10 MG		0.01900	01/01/2019	
BENZAEPRIIL HCL ORAL TABLET 20 MG		0.03200	04/01/2017	
BENZAEPRIIL HCL ORAL TABLET 40 MG		0.05240	04/01/2017	
BENZAEPRIIL HCL ORAL TABLET 5 MG		0.02402	10/01/2017	
BENZAEPRIIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.44550	01/01/2023	
BENZAEPRIIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG		0.13970	10/01/2017	
BENZAEPRIIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.12010	10/01/2017	
BENZAEPRIIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG		0.89470	04/01/2017	
BENOXINATE HCL/FLUORESCEIN SODIUM OPHTHALMIC DROPS 0.4%-0.25%		8.57200	04/01/2017	
BENZALKONIUM CHLORIDE TOPICAL LIQUID (ML)		0.01966	04/01/2017	
BENZETHONIUM CHLORIDE TOPICAL CLEANSER (ML) 0.13 %		0.01064	04/01/2017	
BENZETHONIUM CHLORIDE TOPICAL FOAM (ML) 0.13 %		0.04776	04/01/2017	
BENZETHONIUM CHLORIDE/PETROLATUM,WHITE TOPICAL COMBINATION PACKAGE (EA) 0.13 %		11.60000	04/01/2017	
BENZOCAINE/MENTHOL MUCOUS MEMBRANE LOZENGE 15MG-3.6MG		0.08945	04/01/2017	
BENZOCAINE/TRICLOSAN TOPICAL AEROSOL, SPRAY (GRAM) 20 %-0.13%		0.04611	04/01/2017	
BENZOIN/ALOE VERA/STORAX/TOLU BALSAM TOPICAL TINCTURE 10-2-8-4%		0.07457	04/01/2017	
BENZONATATE ORAL CAPSULE 100 MG		0.06472	10/01/2017	
BENZONATATE ORAL CAPSULE 150 MG		2.20400	04/01/2017	
BENZONATATE ORAL CAPSULE 200 MG		0.10040	10/01/2017	
BENZOYL PEROXIDE MICROSPHERES TOPICAL CLEANSER (GRAM) 7 %		0.16455	10/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 10 %		0.04441	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 3 %		0.10091	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 4 %		0.03780	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 5 %		0.03825	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 6 %		0.06723	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 7 %		0.24560	12/12/2011	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 9%		0.10050	10/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (ML) 7 %		0.16455	10/01/2017	
BENZOYL PEROXIDE TOPICAL FOAM (GRAM) 5.3%		1.75250	04/01/2017	
BENZOYL PEROXIDE TOPICAL FOAM (GRAM) 9.8 %		1.76290	04/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 10 %		0.05755	10/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 2.5 %		0.22872	04/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 5 %		0.04458	10/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 8 %		1.89692	12/12/2011	
BENZOYL PEROXIDE TOPICAL GEL, ALCOHOL BASED 5 %		0.11904	09/01/2011	
BENZOYL PEROXIDE TOPICAL KIT 4%-5%		79.60385	12/12/2011	
BENZOYL PEROXIDE TOPICAL KIT 8%-5%		82.56923	12/12/2011	
BENZOYL PEROXIDE TOPICAL LOTION (ML) 10 %		0.10843	12/12/2011	
BENZOYL PEROXIDE TOPICAL LOTION (ML) 5 %		0.09493	12/12/2011	
BENZOYL PEROXIDE TOPICAL PADS, MEDICATED (EA) 3 %		4.20950	12/12/2011	
BENZOYL PEROXIDE TOPICAL PADS, MEDICATED (EA) 6 %		2.99050	12/12/2011	
BENZOYL PEROXIDE TOPICAL TOWELETTE (EA) 6 %		5.41260	10/01/2017	
BENZOYL PEROXIDE/UREA TOPICAL CLEANSER (ML) 8.5%-10%		0.11538	12/12/2011	
BENZPHETAMINE HCL ORAL TABLET 25 MG		1.24950	04/01/2017	
BENZPHETAMINE HCL ORAL TABLET 50 MG		0.35330	01/01/2020	
BENZTROPINE MESYLATE INJECTION AMPUL (ML) 2 MG/2 ML		16.50200	04/01/2018	
BENZTROPINE MESYLATE INJECTION VIAL (ML) 2 MG/2 ML		22.50000	04/01/2018	
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG		0.04230	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BENZTROPINE MESYLATE ORAL TABLET 1 MG		0.04352	01/01/2023	
BENZTROPINE MESYLATE ORAL TABLET 2 MG		0.06000	01/01/2019	
BEPOTASTINE BESILATE OPHTHALMIC DROPS 1.5 %		19.15800	04/01/2023	
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM PHOSPHATE INJECTION VIAL (ML) 6 MG/ML		6.12900	04/01/2017	
BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.14044	04/01/2017	
BETAMETHASONE DIPROPIONATE TOPICAL GEL (GRAM) 0.05 %		0.09470	10/01/2017	
BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 0.05 %		0.43250	01/01/2020	
BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.88239	10/01/2017	
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL CREAM (GRAM) 0.05 %		0.14740	04/01/2017	
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL LOTION (ML) 0.05 %		1.83783	07/01/2018	
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL OINTMENT (GRAM) 0.05 %		0.91234	01/01/2024	
BETAMETHASONE VALERATE TOPICAL CREAM (GRAM) 0.1 %		0.16667	04/01/2020	
BETAMETHASONE VALERATE TOPICAL FOAM (GRAM) 0.12 %		2.10000	07/01/2019	
BETAMETHASONE VALERATE TOPICAL LOTION (ML) 0.1 %		0.26967	04/01/2020	
BETAMETHASONE VALERATE TOPICAL OINTMENT (GRAM) 0.1 %		0.56667	04/01/2020	
BETAXOLOL HCL OPHTHALMIC DROPS 0.5 %		7.35825	04/01/2017	
BETAXOLOL HCL ORAL TABLET 10 MG		0.51160	10/01/2019	
BETAXOLOL HCL ORAL TABLET 20 MG		0.67258	10/01/2017	
BETHANECHOL CHLORIDE ORAL TABLET 10 MG		0.12834	10/01/2017	
BETHANECHOL CHLORIDE ORAL TABLET 25 MG		0.17580	10/01/2019	
BETHANECHOL CHLORIDE ORAL TABLET 5 MG		0.12190	01/01/2020	
BETHANECHOL CHLORIDE ORAL TABLET 50 MG		0.22678	04/01/2017	
BEXAROTENE ORAL CAPSULE 75 MG		29.80580	07/01/2019	
BICALUTAMIDE ORAL TABLET 50 MG		0.10180	10/01/2018	
BIMATOPROST OPHTHALMIC DROPS 0.03 %		28.02400	07/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BIMATOPROST TOPICAL DROPS, WITH APPLICATOR (ML) 0.03 %		26.99000	10/01/2022	
BISACODYL ORAL TABLET 5 MG		0.04472	04/01/2017	
BISACODYL ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 5 MG		0.00715	01/01/2019	
BISACODYL RECTAL SUPPOSITORY, RECTAL 10 MG		0.09958	04/01/2017	
BISACODYL/SODIUM CHLOR/SODIUM BICARB/POTASSIUM CHL/PEG 3350 ORAL KIT 5 MG-210 G		67.05000	04/01/2017	
BISMUTH SUBSALICYLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 262MG/15ML		0.01037	04/01/2017	
BISMUTH SUBSALICYLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 525MG/15ML		0.01039	04/01/2017	
BISMUTH SUBSALICYLATE ORAL TABLET 262 MG		0.06690	04/01/2017	
BISMUTH SUBSALICYLATE ORAL TABLET, CHEWABLE 262 MG		0.06753	04/01/2017	
BISOPROLOL FUMARATE ORAL TABLET 10 MG		0.09470	10/01/2017	
BISOPROLOL FUMARATE ORAL TABLET 5 MG		0.14070	10/01/2017	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25MG		0.04171	10/01/2017	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 2.5-6.25MG		0.03462	04/01/2018	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG		0.03900	04/01/2017	
BIVALIRUDIN INTRAVENOUS VIAL (EA) 250 MG		508.00000	04/01/2017	
BIVALIRUDIN INTRAVENOUS VIAL WITH THREADED PORT (EA) 250 MG		530.25000	04/01/2017	
BLEOMYCIN SULFATE INJECTION VIAL (EA) 15 UNIT		33.12000	04/01/2017	
BLEOMYCIN SULFATE INJECTION VIAL (EA) 30 UNIT		73.23000	04/01/2017	
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.15 %		18.70967	04/01/2023	
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.2 %		0.42067	04/01/2022	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE OPHTHALMIC DROPS 0.2%-0.5%		19.85600	07/01/2023	
BRINZOLAMIDE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 1 %		16.32243	04/01/2023	
BROMFENAC SODIUM OPHTHALMIC DROPS 0.09 %		48.64706	01/01/2023	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		2.59105	10/01/2022	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		1.06633	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL SOLUTION, ORAL 1-2.5 MG/5		0.01839	07/01/2019	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL TABLET 4MG-10MG		0.72427	04/01/2017	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL LIQUID (ML) 2-5-10MG/5		0.06805	04/01/2017	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL LIQUID (ML) 4-7.5-15/5		0.15421	04/01/2017	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL SOLUTION, ORAL 1-2.5-5/5		0.01466	07/01/2018	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 1-15MG/5ML		0.01212	04/01/2017	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/CHLOPHEDIANOL ORAL LIQUID (ML) 2-30-12.5		0.11205	04/01/2017	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/CODEINE PHOSPHAT ORAL LIQUID (ML) 1.3-10-6.3		0.09989	04/01/2017	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN ORAL SYRUP 2-30-10/5		0.03543	01/01/2019	
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.25MG/2ML		0.24583	01/01/2019	
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5 MG/2ML		0.44366	07/01/2023	
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 1 MG/2 ML		3.11669	10/01/2022	
BUDESONIDE NASAL AEROSOL, SPRAY WITH PUMP (GRAM) 32MCG		11.98243	04/01/2017	
BUDESONIDE NASAL AEROSOL, SPRAY WITH PUMP (ML) 32MCG		1.23140	01/01/2019	
BUDESONIDE ORAL CAPSULE, DELAYED, AND EXTENDED RELEASE 3 MG		0.67439	04/01/2021	
BUDESONIDE ORAL TABLET, DELAYED AND EXTENDED RELEASE 9 MG		33.79683	10/01/2021	
BUDESONIDE/FORMOTEROL FUMARATE INHALATION HFA AEROSOL WITH ADAPTER (GRAM) 160-4.5MCG		20.67795	07/01/2023	
BUDESONIDE/FORMOTEROL FUMARATE INHALATION HFA AEROSOL WITH ADAPTER (GRAM) 80-4.5 MCG		19.55534	10/01/2020	
BUMETANIDE INJECTION VIAL (ML) 0.25 MG/ML		0.24700	04/01/2017	
BUMETANIDE ORAL TABLET 0.5 MG		0.08372	10/01/2017	
BUMETANIDE ORAL TABLET 1 MG		0.21370	01/01/2023	
BUMETANIDE ORAL TABLET 2 MG		0.41120	04/01/2022	
BUPIVACAINE HCL INJECTION VIAL (ML) 2.5 MG/ML		0.04221	10/01/2017	
BUPIVACAINE HCL INJECTION VIAL (ML) 5 MG/ML		0.04760	04/01/2017	
BUPIVACAINE HCL/DEXTROSE-WATER/PF INJECTION AMPUL (ML) 0.75 %		1.14000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BUPIVACAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 0.25-.0005		0.10480	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 0.5-1:200K		0.11340	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE/PF INJECTION VIAL (ML) 0.25-.0005		0.08133	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE/PF INJECTION VIAL (ML) 0.5-1:200K		0.07000	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE/PF INJECTION VIAL (ML) 0.75-.0005		0.31033	04/01/2017	
BUPIVACAINE HCL/PF INJECTION AMPUL (ML) 2.5 MG/ML		0.04221	10/01/2017	
BUPIVACAINE HCL/PF INJECTION AMPUL (ML) 5 MG/ML		0.04925	10/01/2017	
BUPIVACAINE HCL/PF INJECTION AMPUL (ML) 7.5 MG/ML		0.21966	04/01/2017	
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 2.5 MG/ML		0.04221	10/01/2017	
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML		0.04925	10/01/2017	
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 7.5 MG/ML		0.10900	04/01/2017	
BUPRENORPHINE HCL INJECTION SYRINGE (ML) 0.3 MG/ML		2.48235	10/01/2017	
BUPRENORPHINE HCL INJECTION VIAL (ML) 0.3 MG/ML		2.48235	10/01/2017	
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG		0.25634	04/01/2022	
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG		0.57867	04/01/2021	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL FILM, MEDICATED (EA) 12 MG-3 MG		6.89126	10/01/2022	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL FILM, MEDICATED (EA) 2 MG-0.5MG		1.91033	01/01/2023	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL FILM, MEDICATED (EA) 4MG-1MG		3.51261	04/01/2022	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL FILM, MEDICATED (EA) 8 MG-2 MG		2.40540	07/01/2023	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG-0.5MG		0.49200	01/01/2024	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG-2 MG		0.93583	10/01/2022	
BUPRENORPHINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 10 MCG/HR		55.26143	10/01/2020	
BUPRENORPHINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 15 MCG/HR		75.07750	10/01/2021	
BUPRENORPHINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 20 MCG/HR		82.00000	10/01/2022	
BUPRENORPHINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 5 MCG/HR		42.50000	10/01/2021	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BUPROPION HCL ORAL TABLET 100 MG		0.12840	07/01/2021	
BUPROPION HCL ORAL TABLET 75 MG		0.05590	10/01/2019	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG		0.07644	04/01/2018	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 12 HR 150 MG		0.28333	01/01/2022	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG		0.08365	04/01/2023	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		0.15567	01/01/2019	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 450 MG		6.64415	04/01/2023	
BUPROPION HCL ORAL TABLET,SUSTAINED-RELEASE 12 HR 150 MG		0.07530	01/01/2019	
BUPROPION HCL ORAL TABLET,SUSTAINED-RELEASE 12 HR 200 MG		0.08069	01/01/2021	
BUSPIRONE HCL ORAL TABLET 10 MG		0.02716	01/01/2024	
BUSPIRONE HCL ORAL TABLET 15 MG		0.04204	04/01/2023	
BUSPIRONE HCL ORAL TABLET 30 MG		0.11717	01/01/2021	
BUSPIRONE HCL ORAL TABLET 5 MG		0.01317	10/01/2017	
BUSPIRONE HCL ORAL TABLET 7.5 MG		0.14460	01/01/2023	
BUTALBITAL/ACETAMINOPHEN ORAL TABLET 50MG-300MG		2.10690	01/01/2020	
BUTALBITAL/ACETAMINOPHEN ORAL TABLET 50MG-325MG		1.00490	07/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 50-500-40		0.11539	09/01/2011	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE 50-300-40		0.42680	01/01/2024	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE 50-325-40		0.20795	10/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL SOLUTION, ORAL 50-325/15		2.36786	04/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-325-40		0.15773	04/01/2021	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-500-40		0.10575	09/01/2011	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE ORAL CAPSULE 50-300-30		4.73878	04/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE ORAL CAPSULE 50-325-30		0.25879	10/01/2017	
BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 50-325-40		0.89900	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BUTALBITAL/ASPIRIN/CAFFEINE ORAL TABLET 50-325-40		0.14175	12/12/2011	
BUTOCONAZOLE NITRATE VAGINAL CREAM WITH PREFILLED APPLICATOR 2 %		18.88600	04/01/2017	
BUTORPHANOL TARTRATE INJECTION VIAL (ML) 1 MG/ML		3.99000	04/01/2017	
BUTORPHANOL TARTRATE INJECTION VIAL (ML) 2 MG/ML		3.43500	04/01/2017	
BUTORPHANOL TARTRATE NASAL AEROSOL, SPRAY (ML) 10 MG/ML		5.43860	10/01/2017	
CA CARBONATE/MAG OXIDE/VITAMIN D3/VIT B12/FAVIT B6/BORON ORAL WAFER 500-300-1		0.80625	12/12/2011	
CABERGOLINE ORAL TABLET 0.5 MG		1.96875	01/01/2023	
CAFFEINE CITRATE INTRAVENOUS VIAL (ML) 60 MG/3 ML		3.87333	04/01/2017	
CAFFEINE CITRATE ORAL SOLUTION, ORAL 60 MG/3 ML		8.46133	04/01/2017	
CAFFEINE ORAL TABLET 200 MG		0.07990	04/01/2017	
CAFFEINE/SODIUM BENZOATE INJECTION VIAL (ML) 250 MG/ML		8.75000	04/01/2017	
CALAMINE TOPICAL LOTION (ML)		0.00485	12/12/2011	
CALAMINE/ZINC OXIDE TOPICAL LOTION (ML) 8 %-8 %		0.00853	04/01/2017	
CALAMINE/ZINC OXIDE/PHENOL LIQUID TOPICAL SUSPENSION, TOPICAL (ML) 8%-8%-1%		0.01451	04/01/2017	
CALCIPOTRIENE TOPICAL CREAM (GRAM) 0.005 %		1.15940	07/01/2021	
CALCIPOTRIENE TOPICAL OINTMENT (GRAM) 0.005 %		1.94917	07/01/2019	
CALCIPOTRIENE TOPICAL SOLUTION, NON-ORAL 0.005 %		0.94983	10/01/2020	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.005-.064		7.03200	07/01/2019	
CALCITONIN,SALMON,SYNTHETIC NASAL AEROSOL, SPRAY WITH PUMP (ML) 200/SPRAY		6.70479	04/01/2022	
CALCITRIOL INTRAVENOUS AMPUL (ML) 1 MCG/ML		5.99000	04/01/2017	
CALCITRIOL ORAL CAPSULE 0.25 MCG		0.07700	01/01/2019	
CALCITRIOL ORAL CAPSULE 0.5 MCG		0.20400	01/01/2019	
CALCITRIOL ORAL SOLUTION, ORAL 1 MCG/ML		4.59200	10/01/2019	
CALCITRIOL TOPICAL OINTMENT (GRAM) 3 MCG/G		5.53838	04/01/2017	
CALCIUM ACETATE ORAL CAPSULE 667 MG		0.07415	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CALCIUM ACETATE ORAL TABLET 667 MG		0.30825	01/01/2019	
CALCIUM ACETATE/ALUMINUM SULFATE TOPICAL POWDER IN PACKET (EA) 952-1347MG		0.61269	04/01/2017	
CALCIUM CARB/MAG OXIDE/VITAMIN D3/VIT B12/FA/VIT B6/BORON ORAL TABLET 500-1.1MG		0.21483	04/01/2017	
CALCIUM CARBONATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 500 MG/5ML		0.01584	04/01/2017	
CALCIUM CARBONATE ORAL TABLET 260MG(648)		0.00763	04/01/2017	
CALCIUM CARBONATE ORAL TABLET 500(1250)		0.04610	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 1177 MG		0.12250	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 200(500)MG		0.01390	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 215(500)MG		0.01558	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 300MG(750)		0.02533	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 320MG(750)		0.03116	10/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 400(1000)		0.03075	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 500(1250)		0.10993	12/12/2011	
CALCIUM CARBONATE/CHOLECALCIFEROL (VIT D3)/MINERALS ORAL TABLET 600 MG-400		0.10627	12/12/2011	
CALCIUM CARBONATE/CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 600 MG-400		0.03684	04/01/2013	
CALCIUM CARBONATE/CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET, CHEWABLE 500 MG-100		0.02196	09/01/2011	
CALCIUM CARBONATE/MAGNESIUM HYDROXIDE ORAL TABLET, CHEWABLE 550-110 MG		0.01606	04/01/2017	
CALCIUM CARBONATE/MAGNESIUM HYDROXIDE ORAL TABLET, CHEWABLE 700-300MG		0.04428	04/01/2017	
CALCIUM CARBONATE/SIMETHICONE ORAL TABLET, CHEWABLE 1000-60 MG		0.02644	04/01/2017	
CALCIUM CHLORIDE INTRAVENOUS SYRINGE (ML) 100 MG/ML		0.62000	04/01/2017	
CALCIUM CHLORIDE INTRAVENOUS VIAL (ML) 100 MG/ML		0.32500	04/01/2017	
CALCIUM CITRATE ORAL TABLET 200(950)MG		0.03981	12/12/2011	
CALCIUM CITRATE/CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 315MG-250		0.08766	12/12/2011	
CALCIUM GLUCONATE INTRAVENOUS VIAL (ML) 100 MG/ML		0.02320	10/01/2017	
CALCIUM GLUCONATE ORAL TABLET 45(500) MG		0.14866	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CALCIUM ORAL TABLET 500 MG		0.09219	12/12/2011	
CALCIUM POLYCARBOPHIL ORAL TABLET 625 MG		0.05361	04/01/2017	
CAMPHOR/PHENOL TOPICAL SOLUTION, NON-ORAL 10.8-4.7%		0.05533	04/01/2017	
CANDESARTAN CILEXETIL ORAL TABLET 16 MG		0.61200	01/01/2022	
CANDESARTAN CILEXETIL ORAL TABLET 32 MG		0.81728	01/01/2024	
CANDESARTAN CILEXETIL ORAL TABLET 4 MG		0.57015	10/01/2022	
CANDESARTAN CILEXETIL ORAL TABLET 8 MG		1.25400	10/01/2019	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 16-12.5MG		1.35534	10/01/2017	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 32-12.5MG		1.35534	10/01/2017	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 32MG-25MG		2.03670	10/01/2017	
CAPECITABINE ORAL TABLET 150 MG		1.58333	10/01/2019	
CAPECITABINE ORAL TABLET 500 MG		0.49958	07/01/2021	
CAPSAICIN TOPICAL CREAM (GRAM) 0.025 %		0.07664	04/01/2017	
CAPSAICIN TOPICAL CREAM (GRAM) 0.075 %		0.10794	12/12/2011	
CAPSAICIN TOPICAL LIQUID (ML) 0.15 %		0.10500	04/01/2017	
CAPTOPRIL ORAL TABLET 100 MG		1.85176	04/01/2017	
CAPTOPRIL ORAL TABLET 12.5 MG		0.40733	10/01/2017	
CAPTOPRIL ORAL TABLET 25 MG		0.34070	01/01/2019	
CAPTOPRIL ORAL TABLET 50 MG		0.77990	01/01/2020	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-15MG		0.81140	04/01/2017	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG		0.97380	04/01/2017	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-15MG		1.59263	04/01/2017	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-25MG		1.55824	04/01/2017	
CARBAMAZEPINE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 100 MG		0.23867	01/01/2018	
CARBAMAZEPINE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 200 MG		0.31180	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CARBAMAZEPINE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 300 MG		0.31229	01/01/2018	
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML		0.10414	04/01/2021	
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML		0.04480	10/01/2017	
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200MG/10ML		0.37890	04/01/2017	
CARBAMAZEPINE ORAL TABLET 200 MG		0.16879	10/01/2022	
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG		0.18750	01/01/2024	
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG		0.36610	01/01/2024	
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 400 MG		0.51033	01/01/2024	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 100 MG		0.21800	01/01/2019	
CARBAMIDE PEROXIDE OTIC DROPS 6.5 %		0.06800	10/01/2017	
CARBIDOPA ORAL TABLET 25 MG		0.93340	04/01/2020	
CARBIDOPA/LEVODOPA ORAL TABLET 10MG-100MG		0.10165	07/01/2019	
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-100MG		0.07437	04/01/2021	
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-250MG		0.12846	04/01/2021	
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 25MG-100MG		0.18045	04/01/2019	
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 50MG-200MG		0.18000	01/01/2019	
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 10MG-100MG		0.51270	04/01/2020	
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-100MG		0.72343	04/01/2017	
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-250MG		0.85410	04/01/2018	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 12.5-50 MG		0.90720	04/01/2018	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 18.75-75MG		3.00060	04/01/2017	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 25-100-200		1.31240	04/01/2017	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 31.25-125		1.13280	04/01/2019	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 37.5-150MG		0.62336	04/01/2020	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 50-200-200		0.54950	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CARBINOXAMINE MALEATE ORAL LIQUID (ML) 4 MG/5 ML		0.09219	04/01/2017	
CARBINOXAMINE MALEATE ORAL TABLET 4 MG		0.36702	04/01/2017	
CARBOPLATIN INTRAVENOUS VIAL (ML) 10 MG/ML		0.49016	04/01/2017	
CARBOPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 150 MG		45.00015	09/01/2011	
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC DROPPERETTE, SINGLE-USE DROP DISPENSER 0.5 %		0.16327	04/01/2017	
CARDIOPLEGIC SOLUTION NO.1 PERFUSION PLASTIC BAG, PERFUSION (ML) K+=16MEQ/L		0.04429	04/01/2017	
CARISOPRODOL ORAL TABLET 250 MG		1.87370	07/01/2018	
CARISOPRODOL ORAL TABLET 350 MG		0.03439	10/01/2017	
CARISOPRODOL/ASPIRIN ORAL TABLET 200-325 MG		0.23965	10/01/2017	
CARISOPRODOL/ASPIRIN/CODEINE PHOSPHATE ORAL TABLET 200-325-16		1.93760	04/01/2017	
CARTEOLOL HCL OPHTHALMIC DROPS 1 %		1.26108	04/01/2017	
CARVEDILOL ORAL TABLET 12.5 MG		0.01862	04/01/2017	
CARVEDILOL ORAL TABLET 25 MG		0.02146	01/01/2023	
CARVEDILOL ORAL TABLET 3.125 MG		0.01434	04/01/2023	
CARVEDILOL ORAL TABLET 6.25 MG		0.01686	04/01/2017	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 10 MG		5.42073	04/01/2021	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 20 MG		4.68559	10/01/2022	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 40 MG		4.47611	10/01/2022	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 80 MG		5.49712	10/01/2022	
CASTOR OIL ORAL OIL (ML)		0.02079	04/01/2017	
CEFACLOR ORAL CAPSULE 250 MG		1.37133	04/01/2018	
CEFACLOR ORAL CAPSULE 500 MG		1.57649	04/01/2017	
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.06958	10/01/2017	
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.08504	10/01/2017	
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 375 MG/5ML		0.13915	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CEFACLOR ORAL TABLET, EXTENDED RELEASE 12 HR 500 MG		12.83910	04/01/2017	
CEFADROXIL ORAL CAPSULE 500 MG		0.11000	07/01/2018	
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.20630	01/01/2020	
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 500 MG/5ML		0.24250	01/01/2019	
CEFADROXIL ORAL TABLET 1 G		1.66247	10/01/2017	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 1 G		0.65003	10/01/2017	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 10 G		7.51767	10/01/2020	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 20 G		31.53000	04/01/2017	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 500 MG		1.40000	04/01/2017	
CEFAZOLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		1.05525	10/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		4.20000	04/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		7.30000	04/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.08960	04/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/100 ML		0.09250	04/01/2017	
CEFDINIR ORAL CAPSULE 300 MG		0.23250	04/01/2017	
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.04490	07/01/2018	
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.08317	07/01/2018	
CEFEPIME HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		11.33000	04/01/2017	
CEFEPIME HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		17.09000	04/01/2017	
CEFEPIME HCL IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.53120	04/01/2017	
CEFEPIME HCL IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/100 ML		0.42580	04/01/2017	
CEFEPIME HCL INJECTION VIAL (EA) 1 G		4.04600	10/01/2019	
CEFEPIME HCL INJECTION VIAL (EA) 2 G		3.93300	04/01/2018	
CEFIXIME ORAL CAPSULE 400 MG		9.94480	07/01/2021	
CEFIXIME ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		2.90880	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CEFIXIME ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		6.12396	04/01/2017	
CEFOTAXIME SODIUM INJECTION VIAL (EA) 1 G		2.20000	04/01/2017	
CEFOTAXIME SODIUM INJECTION VIAL (EA) 10 G		27.00000	04/01/2017	
CEFOTAXIME SODIUM INJECTION VIAL (EA) 2 G		5.00000	04/01/2017	
CEFOTAXIME SODIUM INJECTION VIAL (EA) 500 MG		1.50000	04/01/2017	
CEFOTETAN DISODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		15.08958	04/01/2017	
CEFOTETAN DISODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		20.90000	04/01/2017	
CEFOTETAN DISODIUM INJECTION VIAL (EA) 1 G		19.23000	04/01/2017	
CEFOTETAN DISODIUM INJECTION VIAL (EA) 2 G		38.47000	04/01/2017	
CEFOTETAN DISODIUM INTRAVENOUS VIAL (EA) 10 G		190.45000	04/01/2017	
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 1 G		3.21000	04/01/2017	
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 10 G		50.00000	04/01/2017	
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 2 G		6.41000	04/01/2017	
CEFOXITIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		11.16000	04/01/2017	
CEFOXITIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		20.50000	04/01/2017	
CEFPODOXIME PROXETIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		1.16000	10/01/2020	
CEFPODOXIME PROXETIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 50 MG/5 ML		0.37104	10/01/2017	
CEFPODOXIME PROXETIL ORAL TABLET 100 MG		0.85950	10/01/2019	
CEFPODOXIME PROXETIL ORAL TABLET 200 MG		1.87500	07/01/2022	
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.14400	04/01/2019	
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.11250	01/01/2019	
CEFPROZIL ORAL TABLET 250 MG		0.71478	04/01/2017	
CEFPROZIL ORAL TABLET 500 MG		0.99200	01/01/2024	
CEFTAZIDIME IN DEXTROSE 5% AND WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		10.44000	04/01/2017	
CEFTAZIDIME IN DEXTROSE 5% AND WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		14.59000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CEFTAZIDIME INJECTION VIAL (EA) 1 G		3.42947	04/01/2017	
CEFTAZIDIME INJECTION VIAL (EA) 2 G		8.92440	10/01/2017	
CEFTAZIDIME INJECTION VIAL (EA) 6 G		22.05000	04/01/2017	
CEFTAZIDIME INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		4.05015	10/01/2017	
CEFTAZIDIME INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		10.89000	04/01/2017	
CEFTIBUTEN ORAL CAPSULE 400 MG		27.34000	04/01/2017	
CEFTIBUTEN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 180 MG/5ML		7.68883	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		11.60000	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		18.54000	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.28380	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/50 ML		0.67220	04/01/2017	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 1 G		0.92998	10/01/2019	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 10 G		14.68750	04/01/2017	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 2 G		0.21605	07/01/2019	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 250 MG		0.08900	07/01/2018	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 500 MG		0.85100	10/01/2017	
CEFTRIAXONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 1 G		4.78269	12/12/2011	
CEFTRIAXONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 2 G		5.64000	12/12/2011	
CEFTRIAXONE SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		3.20440	10/01/2017	
CEFTRIAXONE SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		10.12940	10/01/2017	
CEFUROXIME AXETIL ORAL TABLET 250 MG		0.24572	10/01/2017	
CEFUROXIME AXETIL ORAL TABLET 500 MG		0.25850	01/01/2019	
CEFUROXIME SODIUM INJECTION VIAL (EA) 750 MG		2.20000	04/01/2017	
CEFUROXIME SODIUM INTRAVENOUS VIAL (EA) 1.5 G		4.50000	04/01/2017	
CEFUROXIME SODIUM INTRAVENOUS VIAL (EA) 7.5 G		2.70577	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CELECOXIB ORAL CAPSULE 100 MG		0.11230	01/01/2021	
CELECOXIB ORAL CAPSULE 200 MG		0.07190	07/01/2018	
CELECOXIB ORAL CAPSULE 400 MG		0.58317	07/01/2022	
CELECOXIB ORAL CAPSULE 50 MG		0.17967	10/01/2019	
CEPHALEXIN ORAL CAPSULE 250 MG		0.02950	07/01/2018	
CEPHALEXIN ORAL CAPSULE 500 MG		0.05500	07/01/2018	
CEPHALEXIN ORAL CAPSULE 750 MG		5.35800	04/01/2017	
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.02335	10/01/2017	
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.05659	10/01/2022	
CEPHALEXIN ORAL TABLET 250 MG		1.24230	04/01/2017	
CEPHALEXIN ORAL TABLET 500 MG		0.56893	10/01/2017	
CETIRIZINE HCL ORAL SOLUTION, ORAL 1 MG/ML		0.02083	04/01/2017	
CETIRIZINE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.02354	04/01/2017	
CETIRIZINE HCL ORAL TABLET 10 MG		0.03296	10/01/2020	
CETIRIZINE HCL ORAL TABLET 5 MG		0.02870	01/01/2020	
CETIRIZINE HCL ORAL TABLET, CHEWABLE 10 MG		0.44304	10/01/2017	
CETIRIZINE HCL ORAL TABLET, CHEWABLE 5 MG		0.44304	10/01/2017	
CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 5 MG-120MG		0.63292	01/01/2018	
CEVIMELINE HCL ORAL CAPSULE 30 MG		0.63105	07/01/2021	
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS VIAL (EA) 1 G		38.92000	04/01/2017	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 10 MG		0.06897	04/01/2017	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 25 MG		0.06512	04/01/2017	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 5 MG		0.08933	04/01/2017	
CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE ORAL CAPSULE 5 MG-2.5MG		0.11665	10/01/2017	
CHLORHEXIDINE GLUCONATE MUCOUS MEMBRANE MOUTHWASH 0.12 %		0.00269	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CHLORHEXIDINE GLUCONATE TOPICAL LIQUID (ML) 4 %		0.01390	10/01/2017	
CHLORHEXIDINE GLUCONATE/GLYCERIN/HYDROXYETHYLCELLULOSE TOPICAL JELLY (GRAM)		0.02054	12/12/2011	
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG		3.03610	04/01/2017	
CHLOROQUINE PHOSPHATE ORAL TABLET 500 MG		1.81329	10/01/2017	
CHLOROTHIAZIDE ORAL TABLET 250 MG		0.08241	10/01/2017	
CHLOROTHIAZIDE ORAL TABLET 500 MG		0.10084	10/01/2017	
CHLOROTHIAZIDE SODIUM INTRAVENOUS VIAL (EA) 500 MG		99.80000	04/01/2017	
CHLORPHENIRAMINE MALEATE ORAL SYRUP 2 MG/5 ML		0.03171	04/01/2017	
CHLORPHENIRAMINE MALEATE ORAL TABLET 4 MG		0.01457	10/01/2017	
CHLORPHENIRAMINE MALEATE ORAL TABLET, EXTENDED RELEASE 12 MG		0.34468	04/01/2017	
CHLORPHENIRAMINE MALEATE/DEXTROMETHORPHAN HBR ORAL TABLET 4 MG-30 MG		0.08634	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE BITARTRATE/ASPIRIN ORAL TABLET, EFFERVESCENT 2-7.8-325		0.11250	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL DROPS 1-2.5MG/ML		0.73666	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL LIQUID (ML) 4-10MG/5ML		0.03281	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL TABLET 4MG-10MG		0.13130	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL LIQUID (ML) 4-10-15/5		0.05421	04/01/2017	
CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 2-30MG/5ML		0.04731	04/01/2017	
CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL TABLET 4 MG-60 MG		0.05102	04/01/2017	
CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE/DEXTROMETHORPHAN ORAL LIQUID (ML) 1-15-5MG/5		0.01441	04/01/2017	
CHLORPROMAZINE HCL INJECTION AMPUL (ML) 25 MG/ML		13.10820	04/01/2018	
CHLORPROMAZINE HCL ORAL TABLET 10 MG		0.27497	10/01/2017	
CHLORPROMAZINE HCL ORAL TABLET 100 MG		1.37361	04/01/2023	
CHLORPROMAZINE HCL ORAL TABLET 200 MG		1.98220	10/01/2023	
CHLORPROMAZINE HCL ORAL TABLET 25 MG		0.49452	10/01/2023	
CHLORPROMAZINE HCL ORAL TABLET 50 MG		0.74560	10/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CHLORPROPAMIDE ORAL TABLET 100 MG		0.12370	10/01/2017	
CHLORPROPAMIDE ORAL TABLET 250 MG		0.26285	10/01/2017	
CHLORTHALIDONE ORAL TABLET 25 MG		0.08325	01/01/2024	
CHLORTHALIDONE ORAL TABLET 50 MG		0.10501	10/01/2017	
CHLORZOXAZONE ORAL TABLET 250 MG		0.05538	12/12/2011	
CHLORZOXAZONE ORAL TABLET 500 MG		0.03387	10/01/2017	
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 10000 UNIT		0.66709	04/01/2017	
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER (GRAM) 4 G		0.15730	10/01/2017	
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER IN PACKET (EA) 4 G		0.70325	07/01/2023	
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GRAM) 4 G		0.16658	01/01/2019	
CHOLESTYRAMINE/ASPARTAME ORAL POWDER IN PACKET (EA) 4 G		0.15773	07/01/2018	
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 500 MG		0.11617	07/01/2011	
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 750 MG		0.12367	07/01/2011	
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR VIAL (EA) 10000 UNIT		144.72000	10/01/2017	
CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 4 MCG/ML		0.05033	10/01/2017	
CICLOPIROX OLAMINE TOPICAL CREAM (GRAM) 0.77 %		0.12867	04/01/2020	
CICLOPIROX OLAMINE TOPICAL SUSPENSION, TOPICAL (ML) 0.77 %		0.23679	10/01/2017	
CICLOPIROX TOPICAL GEL (GRAM) 0.77 %		0.84409	07/01/2022	
CICLOPIROX TOPICAL SHAMPOO 1 %		0.19917	07/01/2019	
CICLOPIROX TOPICAL SOLUTION, NON-ORAL 8 %		1.40276	01/01/2021	
CIDOFOVIR INTRAVENOUS VIAL (ML) 75 MG/ML		148.00000	04/01/2017	
CILOSTAZOL ORAL TABLET 100 MG		0.05433	04/01/2019	
CILOSTAZOL ORAL TABLET 50 MG		0.07400	01/01/2019	
CIMETIDINE HCL ORAL SOLUTION, ORAL 300 MG/5ML		0.05149	04/01/2017	
CIMETIDINE ORAL TABLET 200 MG		0.05316	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CIMETIDINE ORAL TABLET 300 MG		0.22900	10/01/2017	
CIMETIDINE ORAL TABLET 400 MG		0.04865	10/01/2017	
CIMETIDINE ORAL TABLET 800 MG		0.74363	04/01/2017	
CINACALCET HCL ORAL TABLET 30 MG		0.27225	10/01/2023	
CINACALCET HCL ORAL TABLET 60 MG		0.53700	04/01/2022	
CINACALCET HCL ORAL TABLET 90 MG		0.82420	10/01/2023	
CIPROFLOXACIN HCL OPHTHALMIC DROPS 0.3 %		0.38994	10/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 100 MG		0.34480	10/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 250 MG		0.09145	04/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 500 MG		0.08120	04/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 750 MG		0.14532	10/01/2017	
CIPROFLOXACIN HCL OTIC DROPPERETTE, SINGLE-USE DROP DISPENSER 0.2 %		5.22369	04/01/2017	
CIPROFLOXACIN HCL/DEXAMETHASONE OTIC SUSPENSION, DROPS(FINAL DOSAGE FORM) (ML) 0.3 %-0.1%		14.85666	07/01/2022	
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L		0.02130	04/01/2017	
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L		0.01103	10/01/2017	
CIPROFLOXACIN ORAL SUSPENSION, MICROCAPSULE RECONSTITUTED 250 MG/5ML		0.97520	04/01/2017	
CIPROFLOXACIN ORAL SUSPENSION, MICROCAPSULE RECONSTITUTED 500 MG/5ML		1.40410	04/01/2017	
CIPROFLOXACIN/CIPROFLOXACIN HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 1000 MG		6.37788	10/01/2017	
CIPROFLOXACIN/CIPROFLOXACIN HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 500 MG		5.68143	10/01/2017	
CISATRACURIUM BESYLATE INTRAVENOUS VIAL (ML) 10 MG/ML		13.52500	04/01/2017	
CISATRACURIUM BESYLATE INTRAVENOUS VIAL (ML) 2 MG/ML		2.30000	04/01/2017	
CISPLATIN INTRAVENOUS VIAL (ML) 1 MG/ML		0.31445	04/01/2017	
CITALOPRAM HYDROBROMIDE ORAL SOLUTION, ORAL 10 MG/5 ML		0.20829	10/01/2020	
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG		0.01764	10/01/2021	
CITALOPRAM HYDROBROMIDE ORAL TABLET 20 MG		0.01742	07/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CITALOPRAM HYDROBROMIDE ORAL TABLET 40 MG		0.02354	01/01/2021	
CITRIC ACID/SODIUM CITRATE ORAL SOLUTION, ORAL 334-500MG		0.01571	04/01/2017	
CLADRIBINE INTRAVENOUS VIAL (ML) 10 MG/10ML		35.00000	04/01/2017	
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.21645	10/01/2017	
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.64605	10/01/2017	
CLARITHROMYCIN ORAL TABLET 250 MG		0.34333	04/01/2017	
CLARITHROMYCIN ORAL TABLET 500 MG		0.36436	01/01/2022	
CLARITHROMYCIN ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		1.24967	07/01/2018	
CLEMASTINE FUMARATE ORAL SYRUP 0.67MG/5ML		0.05708	07/01/2011	
CLEMASTINE FUMARATE ORAL TABLET 1.34 MG		0.11147	10/01/2017	
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG		0.33967	10/01/2017	
CLINDAMYCIN HCL ORAL CAPSULE 150 MG		0.06040	01/01/2019	
CLINDAMYCIN HCL ORAL CAPSULE 300 MG		0.11600	01/01/2019	
CLINDAMYCIN HCL ORAL CAPSULE 75 MG		0.35363	10/01/2017	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION, RECONSTITUTED, ORAL 75 MG/5 ML		0.20550	01/01/2018	
CLINDAMYCIN PHOSPHATE INJECTION VIAL (ML) 150 MG/ML		0.26901	10/01/2017	
CLINDAMYCIN PHOSPHATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 300 MG/2ML		1.97000	04/01/2017	
CLINDAMYCIN PHOSPHATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 600 MG/4ML		1.06000	04/01/2017	
CLINDAMYCIN PHOSPHATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 900MG/6ML		0.71500	04/01/2017	
CLINDAMYCIN PHOSPHATE TOPICAL FOAM (GRAM) 1 %		2.16935	10/01/2017	
CLINDAMYCIN PHOSPHATE TOPICAL GEL (GRAM) 1 %		0.29783	07/01/2023	
CLINDAMYCIN PHOSPHATE TOPICAL LOTION (ML) 1 %		0.32928	01/01/2024	
CLINDAMYCIN PHOSPHATE TOPICAL SOLUTION, NON-ORAL 1 %		0.23674	10/01/2021	
CLINDAMYCIN PHOSPHATE TOPICAL SWAB, MEDICATED 1 %		0.23333	07/01/2018	
CLINDAMYCIN PHOSPHATE VAGINAL CREAM WITH APPLICATOR 2 %		0.44421	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 1 %-5 %		0.61920	07/01/2023	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 1.2(1)%-5%		0.61059	01/01/2024	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL WITH PUMP (GRAM) 1 %-5 %		1.24060	04/01/2022	
CLINDAMYCIN PHOSPHATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 300MG/50ML		0.08800	04/01/2017	
CLINDAMYCIN PHOSPHATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 600MG/50ML		0.13200	04/01/2017	
CLINDAMYCIN PHOSPHATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 900MG/50ML		0.15400	04/01/2017	
CLINDAMYCIN PHOSPHATE/TRETINOIN TOPICAL GEL (GRAM) 1.2-0.025%		8.33783	07/01/2018	
CLOBAZAM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 2.5 MG/ML		0.69000	07/01/2021	
CLOBAZAM ORAL TABLET 10 MG		0.35000	01/01/2020	
CLOBAZAM ORAL TABLET 20 MG		0.48600	01/01/2023	
CLOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.26382	07/01/2023	
CLOBETASOL PROPIONATE TOPICAL FOAM (GRAM) 0.05 %		1.33681	10/01/2017	
CLOBETASOL PROPIONATE TOPICAL GEL (GRAM) 0.05 %		1.25150	10/01/2019	
CLOBETASOL PROPIONATE TOPICAL LOTION (ML) 0.05 %		0.67797	01/01/2020	
CLOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.25846	01/01/2022	
CLOBETASOL PROPIONATE TOPICAL SHAMPOO 0.05 %		1.08042	01/01/2021	
CLOBETASOL PROPIONATE TOPICAL SOLUTION, NON-ORAL 0.05 %		0.11135	10/01/2017	
CLOBETASOL PROPIONATE TOPICAL SPRAY, NON-AEROSOL (ML) 0.05 %		0.42972	04/01/2021	
CLOBETASOL PROPIONATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %		1.14333	02/24/2023	
CLOBETASOL PROPIONATE/EMOLLIENT BASE TOPICAL FOAM (GRAM) 0.05 %		1.95920	01/01/2020	
CLOCORTOLONE PIVALATE TOPICAL CREAM (GRAM) 0.1 %		5.82128	04/01/2017	
CLOMIPHENE CITRATE ORAL TABLET 50 MG		0.57133	07/01/2018	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG		0.39477	10/01/2022	
CLOMIPRAMINE HCL ORAL CAPSULE 50 MG		0.52540	10/01/2022	
CLOMIPRAMINE HCL ORAL CAPSULE 75 MG		0.28467	01/01/2024	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CLONAZEPAM ORAL TABLET 0.5 MG		0.01293	07/01/2017	
CLONAZEPAM ORAL TABLET 1 MG		0.01496	07/01/2017	
CLONAZEPAM ORAL TABLET 2 MG		0.02000	01/01/2019	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.125 MG		0.54167	07/01/2018	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.25 MG		0.38000	10/01/2017	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.5 MG		0.51100	01/01/2020	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 1 MG		0.58810	10/01/2021	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 2 MG		1.12061	04/01/2017	
CLONIDINE HCL ORAL TABLET 0.1 MG		0.01015	10/01/2017	
CLONIDINE HCL ORAL TABLET 0.2 MG		0.01800	01/01/2019	
CLONIDINE HCL ORAL TABLET 0.3 MG		0.02750	01/01/2021	
CLONIDINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 0.1 MG		0.32467	04/01/2017	
CLONIDINE HCL/CHLORTHALIDONE ORAL TABLET 0.1MG-15MG		2.21950	04/01/2017	
CLONIDINE HCL/CHLORTHALIDONE ORAL TABLET 0.2-15MG		2.96920	04/01/2017	
CLONIDINE HCL/CHLORTHALIDONE ORAL TABLET 0.3MG-15MG		3.63170	04/01/2017	
CLONIDINE HCL/PF EPIDURAL VIAL (ML) 1000MCG/10		2.00000	04/01/2017	
CLONIDINE HCL/PF EPIDURAL VIAL (ML) 5000MCG/10		9.80000	04/01/2017	
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR		4.04250	04/01/2020	
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.2MG/24HR		9.10644	07/01/2023	
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.3MG/24HR		10.93735	04/01/2023	
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG		13.28633	04/01/2017	
CLOPIDOGREL BISULFATE ORAL TABLET 75 MG		0.03568	01/01/2019	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG		2.43454	04/01/2017	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 3.75 MG		0.64250	04/01/2017	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 7.5 MG		0.08593	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CLOTRIMAZOLE MUCOUS MEMBRANE TROCHE 10 MG		0.25714	07/01/2018	
CLOTRIMAZOLE TOPICAL CREAM (GRAM) 1 %		0.07200	04/01/2017	
CLOTRIMAZOLE TOPICAL SOLUTION, NON-ORAL 1 %		0.96730	07/01/2022	
CLOTRIMAZOLE VAGINAL CREAM WITH APPLICATOR 1 %		0.07339	04/01/2017	
CLOTRIMAZOLE VAGINAL CREAM WITH APPLICATOR 2 %		0.31448	04/01/2017	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 1 %-0.05 %		0.17295	04/01/2023	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 1 %-0.05 %		2.18466	07/01/2022	
CLOZAPINE ORAL TABLET 100 MG		0.25570	01/01/2020	
CLOZAPINE ORAL TABLET 200 MG		0.93590	04/01/2020	
CLOZAPINE ORAL TABLET 25 MG		0.17340	10/01/2021	
CLOZAPINE ORAL TABLET 50 MG		0.29070	10/01/2019	
CLOZAPINE ORAL TABLET,DISINTEGRATING 100 MG		4.51730	10/01/2019	
CLOZAPINE ORAL TABLET,DISINTEGRATING 12.5 MG		1.78200	04/01/2017	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG		17.26320	04/01/2017	
CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG		19.47760	07/01/2018	
CLOZAPINE ORAL TABLET,DISINTEGRATING 25 MG		2.39760	04/01/2017	
COAL TAR TOPICAL SHAMPOO		0.06462	12/12/2011	
COAL TAR TOPICAL SHAMPOO 0.5 %		0.01016	04/01/2017	
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 30-50-325		0.43503	10/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 10-100MG/5		0.00686	10/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 10-100MG/5		0.11280	04/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 20-200/10		0.06520	04/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 6.3-100/5		0.03805	04/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 8-200 MG/5		0.06763	04/01/2017	
CODEINE SULFATE ORAL TABLET 15 MG		0.36870	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CODEINE SULFATE ORAL TABLET 30 MG		0.31600	01/01/2018	
CODEINE SULFATE ORAL TABLET 60 MG		0.65268	04/01/2017	
COLCHICINE ORAL CAPSULE 0.6 MG		3.88815	01/01/2022	
COLCHICINE ORAL TABLET 0.6 MG		0.24201	01/01/2024	
COLESEVELAM HCL ORAL TABLET 625 MG		0.26850	01/01/2024	
COLESTIPOL HCL ORAL GRANULES (GRAM) 5 G		0.14302	10/01/2017	
COLESTIPOL HCL ORAL PACKET (EA) 5 G		0.18167	10/01/2017	
COLESTIPOL HCL ORAL TABLET 1 G		0.49000	01/01/2020	
COLISTIN (AS COLISTIMETHATE SODIUM) INJECTION VIAL (EA) 150 MG		16.08333	04/01/2017	
COLLAGENASE CLOSTRIDIUM HISTOLYTICUM TOPICAL OINTMENT (GRAM) 250 UNIT/G		9.70950	07/01/2016	
CORTISONE ACETATE ORAL TABLET 25 MG		0.26130	10/01/2017	
COSYNTROPIN INJECTION VIAL (EA) 0.25 MG		80.20000	04/01/2017	
CROMOLYN SODIUM INHALATION AMPUL FOR NEBULIZATION (ML) 20 MG/2 ML		0.12370	10/01/2017	
CROMOLYN SODIUM NASAL AEROSOL, SPRAY WITH PUMP (ML) 5.2 MG		0.27109	04/01/2017	
CROMOLYN SODIUM OPHTHALMIC DROPS 4 %		0.35977	04/01/2017	
CROMOLYN SODIUM ORAL CONCENTRATE, ORAL 20 MG/ML		0.79561	04/01/2017	
CUPRIC CHLORIDE INTRAVENOUS VIAL (ML) 0.4 MG/ML		0.05025	10/01/2017	
CYANOCOBALAMIN (VITAMIN B-12) INJECTION VIAL (ML) 1000MCG/ML		2.12440	01/01/2023	
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 100 MCG		0.04532	12/12/2011	
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 1000 MCG		0.04328	04/01/2013	
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 500 MCG		0.06658	12/12/2011	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 0.5-2.2-25		0.15375	09/01/2011	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 1-2.2-25MG		0.17213	10/01/2017	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 1-2.5-25MG		0.32211	04/01/2018	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 2-2.5-25MG		0.28988	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CYCLOBENZAPRINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 15 MG		6.70000	01/01/2023	
CYCLOBENZAPRINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 30 MG		15.56850	12/12/2011	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG		0.00299	01/01/2019	
CYCLOBENZAPRINE HCL ORAL TABLET 5 MG		0.02000	04/01/2017	
CYCLOBENZAPRINE HCL ORAL TABLET 7.5 MG		1.42000	07/01/2019	
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 0.5 %		4.10133	04/01/2017	
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 1 %		1.54569	10/01/2017	
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 2 %		5.65200	07/01/2018	
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 1 G		569.22000	04/01/2017	
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 2 G		33.92424	10/01/2017	
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 500 MG		357.02057	04/01/2017	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG		5.41412	04/01/2017	
CYCLOPHOSPHAMIDE ORAL CAPSULE 50 MG		6.21490	04/01/2020	
CYCLOSERINE ORAL CAPSULE 250 MG		37.83333	04/01/2017	
CYCLOSPORINE INTRAVENOUS AMPUL (ML) 250 MG/5ML		7.82120	04/01/2017	
CYCLOSPORINE OPHTHALMIC DROPPERETTE, SINGLE-USE DROP DISPENSER 0.05 %		1.86219	01/01/2024	
CYCLOSPORINE ORAL CAPSULE 100 MG		2.20752	10/01/2017	
CYCLOSPORINE ORAL CAPSULE 25 MG		0.60033	10/01/2017	
CYCLOSPORINE ORAL SOLUTION, ORAL 100 MG/ML		6.83100	12/12/2011	
CYCLOSPORINE, MODIFIED ORAL CAPSULE 100 MG		1.19000	04/01/2017	
CYCLOSPORINE, MODIFIED ORAL CAPSULE 25 MG		0.22367	04/01/2017	
CYCLOSPORINE, MODIFIED ORAL CAPSULE 50 MG		1.06400	10/01/2018	
CYCLOSPORINE, MODIFIED ORAL SOLUTION, ORAL 100 MG/ML		1.76740	04/01/2019	
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5 ML		0.05256	10/01/2020	
CYPROHEPTADINE HCL ORAL SYRUP 4 MG/10 ML		0.24687	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CYPROHEPTADINE HCL ORAL TABLET 4 MG		0.07000	01/01/2022	
CYSTEINE HCL INTRAVENOUS VIAL (ML) 50 MG/ML		0.19388	10/01/2017	
CYTARABINE INJECTION VIAL (ML) 20 MG/ML		0.61360	04/01/2017	
CYTARABINE/PF INJECTION VIAL (ML) 100 MG/5ML		0.95000	04/01/2017	
CYTARABINE/PF INJECTION VIAL (ML) 2 G/20 ML		0.83850	04/01/2019	
CYTARABINE/PF INJECTION VIAL (ML) 20 MG/ML		0.40000	04/01/2017	
DABIGATRAN ETEXILATE MESYLATE ORAL CAPSULE 150 MG		6.28450	07/01/2023	
DACARBAZINE INTRAVENOUS VIAL (EA) 100 MG		9.45000	04/01/2017	
DACARBAZINE INTRAVENOUS VIAL (EA) 200 MG		12.00000	04/01/2017	
DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		0.82500	01/01/2020	
DANAZOL ORAL CAPSULE 100 MG		3.80800	04/01/2017	
DANAZOL ORAL CAPSULE 200 MG		3.10456	04/01/2017	
DANAZOL ORAL CAPSULE 50 MG		2.53760	04/01/2017	
DANTROLENE SODIUM INTRAVENOUS VIAL (EA) 20 MG		70.00000	04/01/2017	
DANTROLENE SODIUM ORAL CAPSULE 100 MG		0.84936	10/01/2022	
DANTROLENE SODIUM ORAL CAPSULE 25 MG		0.35000	01/01/2019	
DANTROLENE SODIUM ORAL CAPSULE 50 MG		0.38970	10/01/2019	
DAPSONE ORAL TABLET 100 MG		0.90833	01/01/2024	
DAPSONE ORAL TABLET 25 MG		0.46202	01/01/2022	
DAPSONE TOPICAL GEL (GRAM) 5 %		3.17071	04/01/2022	
DAPSONE TOPICAL GEL WITH PUMP (GRAM) 7.5 %		2.47525	01/01/2024	
DAPTOMYCIN INTRAVENOUS VIAL (EA) 500 MG		33.55043	10/01/2022	
DARIFENACIN HYDROBROMIDE ORAL TABLET, EXTENDED RELEASE 24 HR 15 MG		1.21558	07/01/2022	
DARIFENACIN HYDROBROMIDE ORAL TABLET, EXTENDED RELEASE 24 HR 7.5 MG		1.42400	01/01/2023	
DARUNAVIR ETHANOLATE ORAL TABLET 800 MG		59.65167	01/01/2024	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DAUNORUBICIN HCL INTRAVENOUS VIAL (ML) 5 MG/ML		19.72375	04/01/2017	
DECITABINE INTRAVENOUS VIAL (EA) 50 MG		1200.00000	04/01/2017	
DEFERASIROX ORAL TABLET 360 MG		1.87833	10/01/2022	
DEFEROXAMINE MESYLATE INJECTION VIAL (EA) 2 G		25.12875	04/01/2017	
DEFEROXAMINE MESYLATE INJECTION VIAL (EA) 500 MG		7.27477	10/01/2017	
DEMECLOCYCLINE HCL ORAL TABLET 150 MG		1.30000	01/01/2019	
DEMECLOCYCLINE HCL ORAL TABLET 300 MG		1.00729	01/01/2020	
DESIPRAMINE HCL ORAL TABLET 10 MG		0.71980	07/01/2019	
DESIPRAMINE HCL ORAL TABLET 100 MG		2.72630	04/01/2017	
DESIPRAMINE HCL ORAL TABLET 150 MG		3.32920	04/01/2017	
DESIPRAMINE HCL ORAL TABLET 25 MG		0.42950	10/01/2021	
DESIPRAMINE HCL ORAL TABLET 50 MG		1.31850	10/01/2020	
DESIPRAMINE HCL ORAL TABLET 75 MG		1.95724	10/01/2017	
DESLORATADINE ORAL TABLET 5 MG		0.25470	10/01/2020	
DESLORATADINE ORAL TABLET,DISINTEGRATING 2.5 MG		4.85433	04/01/2017	
DESLORATADINE ORAL TABLET,DISINTEGRATING 5 MG		4.85433	04/01/2017	
DESMOPRESSIN ACETATE (NON-REFRIGERATED) NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY		13.65263	07/01/2017	
DESMOPRESSIN ACETATE INJECTION AMPUL (ML) 4 MCG/ML		8.57000	04/01/2017	
DESMOPRESSIN ACETATE INJECTION VIAL (ML) 4 MCG/ML		5.90000	04/01/2017	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG		0.32880	04/01/2021	
DESMOPRESSIN ACETATE ORAL TABLET 0.2 MG		0.34286	01/01/2023	
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03		0.14443	10/01/2021	
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3		0.52119	04/01/2017	
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL ORAL TABLET 21-5 (28)		0.16714	01/01/2024	
DESONIDE TOPICAL CREAM (GRAM) 0.05 %		0.33909	01/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DESONIDE TOPICAL LOTION (ML) 0.05 %		1.66017	01/01/2020	
DESONIDE TOPICAL OINTMENT (GRAM) 0.05 %		0.28224	10/01/2017	
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.05 %		2.57933	01/01/2020	
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.25 %		0.67867	07/01/2019	
DESOXIMETASONE TOPICAL GEL (GRAM) 0.05 %		1.53370	10/01/2017	
DESOXIMETASONE TOPICAL OINTMENT (GRAM) 0.05 %		3.76300	04/01/2017	
DESOXIMETASONE TOPICAL OINTMENT (GRAM) 0.25 %		0.29867	01/01/2020	
DESVENLAFAXINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		4.64366	04/01/2017	
DESVENLAFAXINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		4.64366	04/01/2017	
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		4.15295	04/01/2017	
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		6.26667	04/01/2017	
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		8.28600	04/01/2017	
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		3.95267	01/01/2018	
DESVENLAFAXINE SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.37100	07/01/2022	
DESVENLAFAXINE SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		0.25633	04/01/2023	
DESVENLAFAXINE SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		0.41034	07/01/2022	
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		0.11713	04/01/2017	
DEXAMETHASONE ORAL SOLUTION, ORAL 0.5 MG/5ML		0.03860	04/01/2018	
DEXAMETHASONE ORAL TABLET 0.5 MG		0.04221	04/01/2017	
DEXAMETHASONE ORAL TABLET 0.75 MG		0.04550	10/01/2017	
DEXAMETHASONE ORAL TABLET 1 MG		0.22179	04/01/2017	
DEXAMETHASONE ORAL TABLET 1.5 MG		0.07502	04/01/2017	
DEXAMETHASONE ORAL TABLET 2 MG		0.39870	07/01/2018	
DEXAMETHASONE ORAL TABLET 4 MG		0.09250	04/01/2017	
DEXAMETHASONE ORAL TABLET 6 MG		0.34402	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DEXAMETHASONE SOD PHOSPHATE INJECTION SYRINGE (ML) 4 MG/ML		1.19000	04/01/2017	
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (ML) 10 MG/ML		0.96239	10/01/2017	
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (ML) 4 MG/ML		1.19930	04/01/2017	
DEXAMETHASONE SOD PHOSPHATE OPHTHALMIC DROPS 0.1 %		1.74669	10/01/2017	
DEXAMETHASONE SODIUM PHOSPHATE/PF INJECTION VIAL (ML) 10 MG/ML		1.70000	04/01/2017	
DEXBROMPHENIRAMINE MALEATE ORAL TABLET 2 MG		0.61230	04/01/2017	
DEXBROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL TABLET 2 MG-60 MG		0.36450	04/01/2017	
DEXLANSOPRAZOLE ORAL CAPSULE, DELAYED RELEASE, BIPHASIC 30 MG		6.87667	01/01/2023	
DEXLANSOPRAZOLE ORAL CAPSULE, DELAYED RELEASE, BIPHASIC 60 MG		5.60614	01/01/2024	
DEXMEDETOMIDINE HCL INTRAVENOUS VIAL (ML) 1000MCG/10		19.49500	04/01/2017	
DEXMEDETOMIDINE HCL INTRAVENOUS VIAL (ML) 200MCG/2ML		9.54500	04/01/2017	
DEXMEDETOMIDINE HCL INTRAVENOUS VIAL (ML) 400MCG/4ML		19.73750	04/01/2017	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 10 MG		1.53040	07/01/2022	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 15 MG		2.38530	01/01/2020	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 20 MG		1.65420	10/01/2020	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 25 MG		2.44796	10/01/2020	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 30 MG		2.56200	10/01/2020	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 35 MG		2.54081	10/01/2020	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 40 MG		1.94380	04/01/2020	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 5 MG		1.65352	01/01/2022	
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG		0.43060	04/01/2020	
DEXMETHYLPHENIDATE HCL ORAL TABLET 2.5 MG		0.20250	04/01/2020	
DEXMETHYLPHENIDATE HCL ORAL TABLET 5 MG		0.22290	10/01/2021	
DEXRAZOXANE HCL INTRAVENOUS VIAL (EA) 250 MG		274.26000	04/01/2017	
DEXRAZOXANE HCL INTRAVENOUS VIAL (EA) 500 MG		548.51000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DEXTRAN 40 IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10 %		0.05462	04/01/2017	
DEXTRAN 40 IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 10 %		0.05306	04/01/2017	
DEXTRAN 70/HYPROMELLOSE OPHTHALMIC DROPS 0.1%-0.3%		0.12464	04/01/2017	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 10 MG		0.54748	01/01/2022	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 15 MG		0.53692	07/01/2022	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 20 MG		0.70180	01/01/2022	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 25 MG		0.83543	04/01/2021	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 30 MG		0.46480	04/01/2022	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 5 MG		1.00560	07/01/2018	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 10 MG		0.32200	10/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 12.5 MG		0.52640	04/01/2018	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 15 MG		0.33810	01/01/2021	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 20 MG		0.26550	04/01/2017	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 30 MG		0.25810	01/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 5 MG		0.25450	01/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 7.5 MG		0.32083	10/01/2017	
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 10 MG		1.51000	07/01/2019	
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 15 MG		1.00806	10/01/2020	
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 5 MG		2.06516	04/01/2017	
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION, ORAL 5 MG/5 ML		1.46846	04/01/2017	
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG		0.40200	04/01/2020	
DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG		0.20991	10/01/2017	
DEXTROMETHORPHAN HBR ORAL CAPSULE 15 MG		0.11250	04/01/2017	
DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 15 MG/5 ML		0.02527	04/01/2017	
DEXTROMETHORPHAN HBR ORAL SYRUP 7.5MG/5ML		0.04154	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DEXTROMETHORPHAN HBR/ACETAMINOPHEN/DOXYLAMINE ORAL CAPSULE 15MG-325MG		0.11526	04/01/2017	
DEXTROMETHORPHAN HBR/ACETAMINOPHEN/DOXYLAMINE ORAL LIQUID (ML) 15-325/15		0.01108	04/01/2017	
DEXTROMETHORPHAN HBR/ACETAMINOPHEN/DOXYLAMINE ORAL LIQUID (ML) 30-12.5/30		0.01054	04/01/2017	
DEXTROMETHORPHAN HBR/DOXYLAMINE SUCCINATE ORAL SOLUTION, ORAL 15-6.25/15		0.01244	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL ORAL LIQUID (ML) 5-2.5 MG/5		0.04194	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL CAPSULE 10-5-325MG		0.11831	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL LIQUID (ML) 5-325MG/15		0.01165	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL POWDER IN PACKET (EA) 20-10-650		0.59166	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 10-5-325MG		0.07984	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/CHLORPHENIRAMINE ORAL DROPS 3-3.5-1/ML		0.35250	09/01/2011	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE/ACETAMINOPHEN/DOXYLAMINE ORAL CAPSULE 5-325-6.25		0.63562	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE/ACETAMINOPHEN/DOXYLAMINE ORAL LIQUID (ML) 5-325MG/15		0.01379	04/01/2017	
DEXTROMETHORPHAN POLISTIREX ORAL SUSPENSION, EXTENDED RELEASE 12 HR 30 MG/5 ML		0.05735	04/01/2017	
DEXTROMETHORPHAN/PHENYLEPHRINE/ACETAMINOPHEN/CHLORPHENIRAMIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 5-2.5-160		0.01652	04/01/2017	
DEXTROMETHORPHAN/PHENYLEPHRINE/ACETAMINOPHEN/CHLORPHENIRAMIN ORAL TABLET 10-5-325-2		0.07375	04/01/2017	
DEXTROMETHORPHAN/PHENYLEPHRINE/ACETAMINOPHEN/CHLORPHENIRAMIN ORAL TABLET, SEQUENTIAL 10-5-325-2		0.13720	04/01/2017	
DEXTROSE 10 % AND 0.2 % SODIUM CHLORIDE INTRAVENOUS DEHP-FREE BAG, INJECTION (ML) 10 %-0.2 %		0.00860	04/01/2017	
DEXTROSE 10 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10%-0.45%		0.00497	04/01/2017	
DEXTROSE 10 % IN WATER INTRAVENOUS DEHP-FREE BAG, INJECTION (ML) 10 %		0.00230	04/01/2017	
DEXTROSE 10 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 10 %		0.00525	04/01/2017	
DEXTROSE 2.5 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 2.5%-0.45%		0.00195	04/01/2017	
DEXTROSE 20 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 %		0.02328	04/01/2017	
DEXTROSE 25 % IN WATER INTRAVENOUS SYRINGE (ML) 25 %		0.76400	04/01/2017	
DEXTROSE 30 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 30 %		0.02376	04/01/2017	
DEXTROSE 40 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 40 %		0.02428	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DEXTROSE 5 % AND 0.2 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 % -0.2 %		0.00195	04/01/2017	
DEXTROSE 5 % AND 0.3 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 % -0.3 %		0.00195	04/01/2017	
DEXTROSE 5 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 % %-0.45 %		0.00695	10/01/2017	
DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 % -0.9 %		0.00129	10/01/2017	
DEXTROSE 5 % IN LACTATED RINGERS INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.00645	10/01/2017	
DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.01232	10/01/2017	
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)		0.01252	04/01/2017	
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)		0.00347	10/01/2017	
DEXTROSE 5% IN RINGERS INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.00231	12/12/2011	
DEXTROSE 50 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 50 %		0.00482	10/01/2017	
DEXTROSE 50 % IN WATER INTRAVENOUS SYRINGE (ML) 50 %		0.14640	04/01/2017	
DEXTROSE 50 % IN WATER INTRAVENOUS VIAL (ML) 50 %		0.04940	04/01/2017	
DEXTROSE 70 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 70 %		0.00271	10/01/2017	
DEXTROSE ORAL GEL (GRAM) 40 %		0.17549	04/01/2014	
DEXTROSE ORAL TABLET, CHEWABLE 4 G		0.15392	12/12/2011	
DIAZEPAM INJECTION SYRINGE (ML) 5 MG/ML		11.77375	04/01/2017	
DIAZEPAM INJECTION VIAL (ML) 5 MG/ML		0.62009	10/01/2017	
DIAZEPAM ORAL CONCENTRATE, ORAL 5 MG/ML		0.88533	10/01/2018	
DIAZEPAM ORAL SOLUTION, ORAL 5 MG/5 ML		0.09242	07/01/2023	
DIAZEPAM ORAL SOLUTION, ORAL 5 MG/5 ML		0.76600	04/01/2017	
DIAZEPAM ORAL TABLET 10 MG		0.01936	04/01/2017	
DIAZEPAM ORAL TABLET 2 MG		0.01566	04/01/2018	
DIAZEPAM ORAL TABLET 5 MG		0.02030	04/01/2017	
DIAZEPAM RECTAL KIT 12.5-15-20		231.78000	10/01/2020	
DIAZEPAM RECTAL KIT 2.5 MG		220.37333	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DIAZEPAM RECTAL KIT 5-7.5-10MG		234.39000	01/01/2020	
DIAZOXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 50 MG/ML		7.34950	07/01/2023	
DIBUCAINE TOPICAL OINTMENT (GRAM) 1 %		0.05025	10/01/2017	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH, TRANSDERMAL 12 HOURS 1.3 %		4.98276	07/01/2022	
DICLOFENAC POTASSIUM ORAL CAPSULE 25 MG		5.57258	10/01/2023	
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		0.08917	10/01/2017	
DICLOFENAC SODIUM OPHTHALMIC DROPS 0.1 %		1.23512	04/01/2017	
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 25 MG		0.14688	10/01/2017	
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG		0.05783	04/01/2017	
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG		0.04530	01/01/2019	
DICLOFENAC SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.19545	01/01/2018	
DICLOFENAC SODIUM TOPICAL DROPS 1.5 %		0.11873	01/01/2020	
DICLOFENAC SODIUM TOPICAL GEL (GRAM) 1 %		0.06127	07/01/2023	
DICLOFENAC SODIUM TOPICAL GEL (GRAM) 3 %		0.37480	01/01/2023	
DICLOFENAC SODIUM/MISOPROSTOL ORAL TABLET,IMMEDIATE,DELAY RELEASE,BIPHASE 50 MG-200		1.25173	01/01/2023	
DICLOFENAC SODIUM/MISOPROSTOL ORAL TABLET,IMMEDIATE,DELAY RELEASE,BIPHASE 75 MG-200		0.49150	01/01/2024	
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG		0.19177	10/01/2017	
DICLOXACILLIN SODIUM ORAL CAPSULE 500 MG		0.37986	10/01/2017	
DICYCLOMINE HCL INTRAMUSCULAR VIAL (ML) 10 MG/ML		24.23850	04/01/2017	
DICYCLOMINE HCL ORAL CAPSULE 10 MG		0.02503	04/01/2017	
DICYCLOMINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.18397	04/01/2017	
DICYCLOMINE HCL ORAL TABLET 20 MG		0.03550	04/01/2017	
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 200 MG		2.81942	10/01/2017	
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG		3.58322	10/01/2017	
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 400 MG		5.57777	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DIETHYLPROPION HCL ORAL TABLET 25 MG		0.17596	04/01/2017	
DIETHYLPROPION HCL ORAL TABLET, EXTENDED RELEASE 75 MG		0.69364	04/01/2017	
DIFLORASONE DIACETATE TOPICAL CREAM (GRAM) 0.05 %		2.44969	10/01/2017	
DIFLORASONE DIACETATE TOPICAL OINTMENT (GRAM) 0.05 %		0.29966	10/01/2017	
DIFLORASONE DIACETATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %		1.05061	10/01/2017	
DIFLUNISAL ORAL TABLET 500 MG		0.61858	10/01/2017	
DIFLUPREDNATE OPHTHALMIC DROPS 0.05 %		21.99100	10/01/2022	
DIGOXIN INJECTION AMPUL (ML) 250 MCG/ML		2.75000	04/01/2017	
DIGOXIN ORAL SOLUTION, ORAL 0.25MG/5ML		1.26000	04/01/2017	
DIGOXIN ORAL SOLUTION, ORAL 50 MCG/ML		0.44969	04/01/2017	
DIGOXIN ORAL TABLET 125 MCG		0.19990	10/01/2017	
DIGOXIN ORAL TABLET 250 MCG		0.19395	10/01/2020	
DIHYDROERGOTAMINE MESYLATE INJECTION AMPUL (ML) 1 MG/ML		28.74880	10/01/2017	
DIHYDROERGOTAMINE MESYLATE NASAL AEROSOL, SPRAY WITH PUMP (ML) 0.5MG/SPRY		348.00000	04/01/2017	
DILTIAZEM HCL INTRAVENOUS VIAL (ML) 5 MG/ML		0.20000	04/01/2017	
DILTIAZEM HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 100 MG		12.09000	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 120 MG		0.08874	01/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 180 MG		0.14267	01/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 240 MG		0.17133	01/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 300 MG		0.21600	01/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 360 MG		0.88878	07/01/2022	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 120 MG		2.76340	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 60 MG		2.18310	01/01/2018	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 90 MG		0.52635	10/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 120 MG		0.15856	07/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 180 MG		0.19022	07/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 240 MG		0.41667	01/01/2018	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 300 MG		0.39544	01/01/2024	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 360 MG		0.39467	04/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 420 MG		1.16224	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 120 MG		0.38278	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 180 MG		0.37498	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 240 MG		0.40600	04/01/2017	
DILTIAZEM HCL ORAL TABLET 120 MG		0.08592	10/01/2017	
DILTIAZEM HCL ORAL TABLET 30 MG		0.06250	01/01/2019	
DILTIAZEM HCL ORAL TABLET 60 MG		0.04100	10/01/2017	
DILTIAZEM HCL ORAL TABLET 90 MG		0.19409	04/01/2017	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 180 MG		1.63333	07/01/2019	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 240 MG		1.94733	01/01/2021	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		3.30042	04/01/2017	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 360 MG		2.40333	01/01/2019	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 420 MG		3.13330	07/01/2017	
DILUENT FOR EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (ML)		0.17317	10/01/2017	
DIMENHYDRINATE INJECTION VIAL (ML) 50 MG/ML		10.03000	04/01/2017	
DIMENHYDRINATE ORAL TABLET 50 MG		0.04903	04/01/2017	
DIMETHICONE TOPICAL CLEANSER (ML) 1.5 %		0.03021	04/01/2017	
DIMETHICONE TOPICAL CREAM (GRAM) 5 %		0.12596	04/01/2017	
DIMETHICONE TOPICAL OINTMENT (GRAM) 1 %		0.06663	04/01/2017	
DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120 MG		5.35714	01/01/2022	
DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 240 MG		1.28533	10/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DIOXYBENZONE/PADIMATE O/HYDROQUINONE TOPICAL CREAM (GRAM) 3%-5%-4%		0.51852	09/01/2011	
DIPHENHYDRAMINE HCL INJECTION SYRINGE (ML) 50 MG/ML		0.09548	10/01/2017	
DIPHENHYDRAMINE HCL INJECTION VIAL (ML) 50 MG/ML		0.59000	10/01/2018	
DIPHENHYDRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		0.06462	12/12/2011	
DIPHENHYDRAMINE HCL ORAL CAPSULE 25 MG		0.01149	10/01/2017	
DIPHENHYDRAMINE HCL ORAL CAPSULE 50 MG		0.01759	10/01/2017	
DIPHENHYDRAMINE HCL ORAL ELIXIR 12.5MG/5ML		0.01108	04/01/2017	
DIPHENHYDRAMINE HCL ORAL LIQUID (ML) 12.5MG/5ML		0.00395	10/01/2017	
DIPHENHYDRAMINE HCL ORAL LIQUID (ML) 50 MG/30ML		0.01502	04/01/2017	
DIPHENHYDRAMINE HCL ORAL SYRUP 12.5MG/5ML		0.01108	04/01/2017	
DIPHENHYDRAMINE HCL ORAL TABLET 25 MG		0.01307	10/01/2017	
DIPHENHYDRAMINE HCL ORAL TABLET 25 MG		0.01307	10/01/2017	
DIPHENHYDRAMINE HCL/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL LIQUID (ML) 25-650/30		0.01200	04/01/2017	
DIPHENHYDRAMINE HCL/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 12.5-5-325		0.07607	04/01/2017	
DIPHENHYDRAMINE HCL/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 25-5-325MG		0.09650	04/01/2017	
DIPHENHYDRAMINE HCL/ZINC ACETATE TOPICAL AEROSOL, SPRAY (GRAM) 2 %-0.1 %		0.03705	04/01/2017	
DIPHENHYDRAMINE HCL/ZINC ACETATE TOPICAL CREAM (GRAM) 2 %-0.1 %		0.06687	04/01/2017	
DIPHENOXYLATE HCL/ATROPINE SULFATE ORAL LIQUID (ML) 2.5-.025/5		0.22242	04/01/2017	
DIPHENOXYLATE HCL/ATROPINE SULFATE ORAL TABLET 2.5-.025MG		0.08995	10/01/2017	
DIPYRIDAMOLE INTRAVENOUS VIAL (ML) 5 MG/ML		0.44600	04/01/2017	
DIPYRIDAMOLE ORAL TABLET 25 MG		0.09507	10/01/2017	
DIPYRIDAMOLE ORAL TABLET 50 MG		0.17075	10/01/2017	
DIPYRIDAMOLE ORAL TABLET 75 MG		0.27723	04/01/2017	
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG		1.23250	04/01/2017	
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG		0.27638	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DISULFIRAM ORAL TABLET 250 MG		0.67080	10/01/2017	
DISULFIRAM ORAL TABLET 500 MG		0.87360	04/01/2018	
DIVALPROEX SODIUM ORAL CAPSULE, DELAYED RELEASE SPRINKLE 125 MG		0.20147	01/01/2024	
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 125 MG		0.03210	01/01/2019	
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG		0.05535	01/01/2021	
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG		0.06880	01/01/2019	
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 250 MG		0.09345	04/01/2020	
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.13761	01/01/2021	
DOBUTAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 1000MG/250		0.05668	04/01/2017	
DOBUTAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 250MG/250		0.02084	04/01/2017	
DOBUTAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 500MG/250		0.05160	04/01/2017	
DOBUTAMINE HCL INTRAVENOUS VIAL (ML) 250MG/20ML		0.25100	04/01/2017	
DOBUTAMINE HCL INTRAVENOUS VIAL (ML) 500MG/40ML		0.26950	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 160 MG/8ML		99.00000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 160MG/16ML		59.85000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 20 MG/2 ML		59.85000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 200MG/20ML		64.00000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 20MG/ML(1)		42.62000	07/01/2019	
DOCETAXEL INTRAVENOUS VIAL (ML) 80 MG/4 ML		75.00000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 80 MG/8 ML		59.85000	04/01/2017	
DOCUSATE CALCIUM ORAL CAPSULE 240 MG		0.05661	04/01/2017	
DOCUSATE SODIUM ORAL CAPSULE 100 MG		0.01340	10/01/2017	
DOCUSATE SODIUM ORAL CAPSULE 250 MG		0.03622	04/01/2017	
DOCUSATE SODIUM ORAL LIQUID (ML) 50 MG/5 ML		0.00730	04/01/2017	
DOCUSATE SODIUM ORAL SYRUP 60 MG/15ML		0.00403	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DOCUSATE SODIUM ORAL TABLET 100 MG		0.01546	10/01/2017	
DOCUSATE SODIUM RECTAL ENEMA (EA) 283 MG		2.04800	04/01/2017	
DOFETILIDE ORAL CAPSULE 125 MCG		0.91165	04/01/2022	
DOFETILIDE ORAL CAPSULE 250 MCG		0.96438	07/01/2023	
DOFETILIDE ORAL CAPSULE 500 MCG		1.34067	10/01/2021	
DONEPEZIL HCL ORAL TABLET 10 MG		0.01667	01/01/2019	
DONEPEZIL HCL ORAL TABLET 23 MG		0.24733	04/01/2020	
DONEPEZIL HCL ORAL TABLET 5 MG		0.02200	01/01/2019	
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 10 MG		0.20900	04/01/2017	
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 5 MG		0.47428	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 200MG/.25L		0.03600	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 400MG/.25L		0.04388	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 400MG/0.5L		0.02454	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 800MG/.25L		0.06116	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 800MG/0.5L		0.03562	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 200 MG/5ML		0.48600	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 400 MG/5ML		0.65400	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 400MG/10ML		0.17200	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 800MG/5ML		1.30200	04/01/2017	
DORIPENEM INTRAVENOUS VIAL (EA) 250 MG		19.83000	04/01/2017	
DORIPENEM INTRAVENOUS VIAL (EA) 500 MG		36.06000	04/01/2017	
DORZOLAMIDE HCL OPHTHALMIC DROPS 2 %		0.80000	04/01/2017	
DORZOLAMIDE HCL/TIMOLOL MALEATE OPHTHALMIC DROPS 22.3-6.8/1		0.62800	04/01/2017	
DORZOLAMIDE HCL/TIMOLOL MALEATE/PF OPHTHALMIC DROPPERETTE, SINGLE-USE DROP DISPENSER 2 %-0.5 %		1.38250	04/01/2020	
DOXAZOSIN MESYLATE ORAL TABLET 1 MG		0.08020	01/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DOXAZOSIN MESYLATE ORAL TABLET 2 MG		0.06765	04/01/2022	
DOXAZOSIN MESYLATE ORAL TABLET 4 MG		0.07558	10/01/2017	
DOXAZOSIN MESYLATE ORAL TABLET 8 MG		0.06190	01/01/2019	
DOXEPIN HCL ORAL CAPSULE 10 MG		0.10254	07/01/2023	
DOXEPIN HCL ORAL CAPSULE 100 MG		0.23467	01/01/2023	
DOXEPIN HCL ORAL CAPSULE 150 MG		0.41426	10/01/2017	
DOXEPIN HCL ORAL CAPSULE 25 MG		0.24470	01/01/2021	
DOXEPIN HCL ORAL CAPSULE 50 MG		0.29678	10/01/2019	
DOXEPIN HCL ORAL CAPSULE 75 MG		0.09718	10/01/2017	
DOXEPIN HCL ORAL CONCENTRATE, ORAL 10 MG/ML		0.05261	04/01/2017	
DOXEPIN HCL ORAL TABLET 3 MG		6.93028	07/01/2022	
DOXEPIN HCL ORAL TABLET 6 MG		6.54067	10/01/2022	
DOXEPIN HCL TOPICAL CREAM (GRAM) 5 %		9.74133	01/01/2022	
DOXERCALCIFEROL INTRAVENOUS AMPUL (ML) 4MCG/2ML		5.62500	04/01/2017	
DOXERCALCIFEROL INTRAVENOUS VIAL (ML) 4MCG/2ML		4.50000	04/01/2017	
DOXERCALCIFEROL ORAL CAPSULE 0.5 MCG		5.75840	10/01/2018	
DOXERCALCIFEROL ORAL CAPSULE 1 MCG		12.00000	10/01/2020	
DOXERCALCIFEROL ORAL CAPSULE 2.5 MCG		13.34020	04/01/2019	
DOXORUBICIN HCL INTRAVENOUS VIAL (EA) 10 MG		52.61000	04/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (EA) 50 MG		263.03000	04/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 10 MG/5 ML		0.78390	10/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 2 MG/ML		0.78390	10/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 20 MG/10ML		0.78390	10/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 50 MG/25ML		0.78390	10/01/2017	
DOXORUBICIN HCL PEGYLATED LIPOSOMAL INTRAVENOUS VIAL (ML) 2 MG/ML		96.90000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DOXYCYCLINE HYCLATE INTRAVENOUS VIAL (EA) 100 MG		18.69000	04/01/2017	
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG		0.05820	01/01/2019	
DOXYCYCLINE HYCLATE ORAL CAPSULE 50 MG		0.15500	01/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG		0.05640	01/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET 20 MG		0.10890	01/01/2024	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG		5.35000	07/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 150 MG		1.69500	07/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 200 MG		34.73566	04/01/2017	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG		9.38125	04/01/2017	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG		8.17916	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 100 MG		0.05380	01/01/2019	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 150 MG		18.18733	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 50 MG		0.07608	10/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 75 MG		13.02800	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IMMEDIATE, DELAY RELEASE,BIPHASE 40 MG		15.02866	04/11/2020	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 25 MG/5 ML		0.23433	07/01/2019	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG		0.22315	10/01/2022	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 150 MG		6.36500	10/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 50 MG		0.65088	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 75 MG		1.03650	04/01/2017	
DOXYLAMINE SUCCINATE ORAL TABLET 25 MG		0.11370	04/01/2017	
DOXYLAMINE SUCCINATE/PYRIDOXINE HCL (VITAMIN B6) ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 10 MG-10MG		2.39210	07/01/2022	
DRONABINOL ORAL CAPSULE 10 MG		3.32307	10/01/2021	
DRONABINOL ORAL CAPSULE 2.5 MG		1.24200	10/01/2023	
DRONABINOL ORAL CAPSULE 5 MG		2.19220	10/01/2021	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DROPERIDOL INJECTION AMPUL (ML) 2.5 MG/ML		1.21000	04/01/2017	
DROPERIDOL INJECTION VIAL (ML) 2.5 MG/ML		1.70000	04/01/2017	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM ORAL TABLET 3-0.02(24)		2.86214	07/01/2018	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.09317	07/01/2018	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG		0.06633	01/01/2019	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG		1.65008	10/01/2023	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 60 MG		0.06633	01/01/2019	
DUTASTERIDE ORAL CAPSULE 0.5 MG		0.09778	07/01/2018	
DUTASTERIDE/TAMSULOSIN HCL ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 0.5-0.4 MG		1.49222	01/01/2024	
ECONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %		0.22975	04/01/2021	
EDETATE CALCIUM DISODIUM INJECTION AMPUL (ML) 200 MG/ML		1077.09320	04/01/2017	
EDROPHONIUM CHLORIDE INJECTION VIAL (ML) 10 MG/ML		5.33333	04/01/2017	
EFAVIRENZ ORAL TABLET 600 MG		5.01900	10/01/2022	
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 600-200MG		6.95567	01/01/2022	
ELECTROLYTE-48 SOLUTION/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.01226	04/01/2017	
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG		3.56000	07/01/2021	
ELETRIPTAN HYDROBROMIDE ORAL TABLET 40 MG		2.92426	04/01/2022	
EMTRICITABINE ORAL CAPSULE 200 MG		13.34083	10/01/2022	
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200-300 MG		0.61393	07/01/2022	
ENALAPRIL MALEATE ORAL SOLUTION, ORAL 1 MG/ML		2.38465	10/01/2022	
ENALAPRIL MALEATE ORAL TABLET 10 MG		0.04570	01/01/2019	
ENALAPRIL MALEATE ORAL TABLET 2.5 MG		0.05650	01/01/2019	
ENALAPRIL MALEATE ORAL TABLET 20 MG		0.06999	01/01/2019	
ENALAPRIL MALEATE ORAL TABLET 5 MG		0.05080	01/01/2019	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10 MG-25MG		0.05015	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-12.5MG		0.05186	10/01/2017	
ENALAPRILAT DIHYDRATE INTRAVENOUS VIAL (ML) 1.25 MG/ML		1.44500	04/01/2017	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 100 MG/ML		7.14633	04/01/2022	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 120MG/.8ML		10.97250	04/01/2023	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 150 MG/ML		11.45550	01/01/2020	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 30MG/0.3ML		8.99667	04/01/2022	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 40MG/0.4ML		8.33700	04/01/2018	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 60MG/0.6ML		7.55347	04/01/2018	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 80MG/0.8ML		6.78125	01/01/2023	
ENOXAPARIN SODIUM SUBCUTANEOUS VIAL (ML) 300MG/3ML		11.85333	04/01/2017	
ENTACAPONE ORAL TABLET 200 MG		0.33480	01/01/2020	
ENTECAVIR ORAL TABLET 0.5 MG		0.69967	01/01/2020	
ENTECAVIR ORAL TABLET 1 MG		1.82200	07/01/2018	
EPINASTINE HCL OPHTHALMIC DROPS 0.05 %		5.46126	04/01/2017	
EPINEPHRINE HCL/PF INJECTION AMPUL (ML) 1 MG/ML(1)		812.75000	04/01/2017	
EPINEPHRINE INJECTION AMPUL (ML) 1 MG/ML(1)		2.06240	04/01/2017	
EPINEPHRINE INJECTION AUTO-INJECTOR (EA) 0.15/0.15		119.80300	04/01/2023	
EPINEPHRINE INJECTION AUTO-INJECTOR (EA) 0.15MG/0.3		141.34896	01/01/2023	
EPINEPHRINE INJECTION AUTO-INJECTOR (EA) 0.3MG/0.3		133.99250	04/01/2019	
EPINEPHRINE INJECTION SYRINGE (ML) 0.1 MG/ML		0.44597	04/01/2017	
EPINEPHRINE INJECTION VIAL (ML) 1 MG/ML		1.99933	04/01/2017	
EPIRUBICIN HCL INTRAVENOUS VIAL (ML) 200MG/0.1L		1.59450	04/01/2017	
EPIRUBICIN HCL INTRAVENOUS VIAL (ML) 50 MG/25ML		1.63800	04/01/2017	
EPLERENONE ORAL TABLET 25 MG		0.36544	04/01/2020	
EPLERENONE ORAL TABLET 50 MG		0.98300	10/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (EA) 0.5 MG		16.20000	04/01/2017	
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (EA) 1.5 MG		39.12000	04/01/2017	
EPROSARTAN MESYLATE ORAL TABLET 600 MG		2.70073	04/01/2017	
EPTIFIBATIDE INTRAVENOUS VIAL (ML) 0.75 MG/ML		3.00000	04/01/2017	
EPTIFIBATIDE INTRAVENOUS VIAL (ML) 2 MG/ML		10.00000	04/01/2017	
ERGOCALCIFEROL (VITAMIN D2) ORAL CAPSULE 50000 UNIT		0.06650	01/01/2019	
ERGOLOID MESYLATES ORAL TABLET 1 MG		3.22404	10/01/2017	
ERGOTAMINE TARTRATE/CAFFEINE ORAL TABLET 1 MG-100MG		12.15690	09/24/2014	
ERLOTINIB HCL ORAL TABLET 150 MG		12.93400	04/01/2020	
ERTAPENEM SODIUM INJECTION VIAL (EA) 1 G		27.34065	01/01/2024	
ERYTHROMYCIN BASE IN ETHANOL TOPICAL GEL (GRAM) 2 %		0.68967	07/01/2022	
ERYTHROMYCIN BASE IN ETHANOL TOPICAL SOLUTION, NON-ORAL 2 %		0.32978	01/01/2020	
ERYTHROMYCIN BASE OPHTHALMIC OINTMENT (GRAM) 5 MG/GRAM		0.98000	01/01/2019	
ERYTHROMYCIN BASE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG		1.05190	10/01/2017	
ERYTHROMYCIN BASE ORAL TABLET 250 MG		6.78000	01/01/2019	
ERYTHROMYCIN BASE ORAL TABLET 500 MG		7.41060	10/01/2023	
ERYTHROMYCIN BASE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG		4.11633	04/01/2022	
ERYTHROMYCIN BASE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 3 %-5 %		0.55642	10/01/2017	
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL SWAB, MEDICATED 2 %		0.71262	04/01/2017	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		1.06509	01/01/2023	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG		9.98547	04/01/2017	
ESCITALOPRAM OXALATE ORAL SOLUTION, ORAL 5 MG/5 ML		0.24496	04/01/2017	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG		0.01780	01/01/2019	
ESCITALOPRAM OXALATE ORAL TABLET 20 MG		0.02660	01/01/2019	
ESCITALOPRAM OXALATE ORAL TABLET 5 MG		0.01280	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ESMOLOL HCL INTRAVENOUS VIAL (ML) 100MG/10ML		0.44000	04/01/2017	
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.18285	10/01/2020	
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG		0.13302	04/01/2023	
ESOMEPRAZOLE MAGNESIUM ORAL SUSP FOR RECON,DELAYED REL. IN A PACKET 10 MG		6.06867	10/01/2023	
ESOMEPRAZOLE MAGNESIUM ORAL SUSP FOR RECON,DELAYED REL. IN A PACKET 40 MG		6.61722	04/01/2023	
ESOMEPRAZOLE SODIUM INTRAVENOUS VIAL (EA) 20 MG		34.90000	04/01/2017	
ESOMEPRAZOLE SODIUM INTRAVENOUS VIAL (EA) 40 MG		34.50000	04/01/2017	
ESTAZOLAM ORAL TABLET 1 MG		0.24507	10/01/2017	
ESTAZOLAM ORAL TABLET 2 MG		0.44970	04/01/2020	
ESTRADIOL ORAL TABLET 0.5 MG		0.02301	10/01/2017	
ESTRADIOL ORAL TABLET 1 MG		0.02364	10/01/2017	
ESTRADIOL ORAL TABLET 2 MG		0.11225	04/01/2022	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .025MG/24H		6.68000	01/01/2022	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .0375MG/24		6.68000	04/01/2021	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .075MG/24H		5.61875	10/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.05MG/24H		6.18000	01/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.1MG/24HR		5.37500	01/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .025MG/24H		8.81250	10/01/2023	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .0375MG/24		5.63823	10/01/2017	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .075MG/24H		5.66480	10/01/2017	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.05MG/24H		8.49833	10/01/2022	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.06MG/24H		5.53705	10/01/2017	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR		5.52543	10/01/2017	
ESTRADIOL VAGINAL CREAM WITH APPLICATOR 0.01 %		0.60641	07/01/2022	
ESTRADIOL VAGINAL TABLET 10 MCG		7.73889	10/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ESTRADIOL VALERATE INTRAMUSCULAR VIAL (ML) 20 MG/ML		22.82300	06/28/2022	
ESTRADIOL VALERATE INTRAMUSCULAR VIAL (ML) 40 MG/ML		29.59600	10/01/2020	
ESTRADIOL/NORETHINDRONE ACETATE ORAL TABLET 0.5-0.1 MG		0.51236	04/01/2023	
ESTRADIOL/NORETHINDRONE ACETATE ORAL TABLET 1 MG-0.5MG		1.25015	10/01/2017	
ESTRADIOL/NORGESTIMATE ORAL TABLET 1-1-0.09MG		3.91777	04/01/2017	
ESTROGENS,ESTERIFIED/METHYLTESTOSTERONE ORAL TABLET 0.625-1.25		2.29254	04/01/2017	
ESTROGENS,ESTERIFIED/METHYLTESTOSTERONE ORAL TABLET 1.25-2.5MG		0.49446	10/01/2017	
ESTROPIPATE ORAL TABLET 0.75 MG		0.38120	04/01/2017	
ESTROPIPATE ORAL TABLET 1.5 MG		0.22086	10/01/2017	
ESTROPIPATE ORAL TABLET 3 MG		0.10050	10/01/2017	
ESZOPICLONE ORAL TABLET 1 MG		0.15678	10/01/2017	
ESZOPICLONE ORAL TABLET 2 MG		0.17820	01/01/2019	
ESZOPICLONE ORAL TABLET 3 MG		0.08990	10/01/2017	
ETHACRYNATE SODIUM INTRAVENOUS VIAL (EA) 50 MG		3799.00000	04/01/2017	
ETHACRYNIC ACID ORAL TABLET 25 MG		5.52000	10/01/2019	
ETHAMBUTOL HCL ORAL TABLET 100 MG		0.16920	10/01/2018	
ETHAMBUTOL HCL ORAL TABLET 400 MG		0.52340	01/01/2019	
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.02-3(28)		0.34500	07/01/2021	
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.03MG-3MG		0.26190	10/01/2021	
ETHOSUXIMIDE ORAL CAPSULE 250 MG		0.53460	10/01/2021	
ETHOSUXIMIDE ORAL SOLUTION, ORAL 250 MG/5ML		0.06534	10/01/2017	
ETHYL ALCOHOL INJECTION AMPUL (ML) 98 %		22.78000	04/01/2017	
ETHYL ALCOHOL TOPICAL GEL (ML) 60 %		0.00987	04/01/2017	
ETHYL ALCOHOL TOPICAL SOLUTION, NON-ORAL 70 %		0.05310	04/01/2017	
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG		0.38708	01/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-50MCG		0.70335	04/01/2017	
ETIDRONATE DISODIUM ORAL TABLET 200 MG		3.45683	04/01/2017	
ETIDRONATE DISODIUM ORAL TABLET 400 MG		6.91183	04/01/2017	
ETODOLAC ORAL CAPSULE 200 MG		0.27830	10/01/2017	
ETODOLAC ORAL CAPSULE 300 MG		0.70490	04/01/2018	
ETODOLAC ORAL TABLET 400 MG		0.10040	10/01/2017	
ETODOLAC ORAL TABLET 500 MG		0.13568	10/01/2017	
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		1.21731	07/01/2017	
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.16333	01/01/2020	
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 600 MG		1.36061	04/01/2017	
ETOMIDATE INTRAVENOUS VIAL (ML) 2 MG/ML		0.33600	04/01/2017	
ETONOGESTREL/ETHINYL ESTRADIOL VAGINAL RING, VAGINAL .12-.015MG		78.28600	10/01/2023	
ETOPOSIDE INTRAVENOUS VIAL (ML) 20 MG/ML		0.88440	10/01/2017	
ETOPOSIDE ORAL CAPSULE 50 MG		27.05237	10/01/2017	
ETRAVIRINE ORAL TABLET 200 MG		15.39481	01/01/2023	
EUCALYPTUS OIL/MENTHOL/CAMPHOR TOPICAL OINTMENT (GRAM) 1.2%-4.8%		0.01933	04/01/2017	
EVEROLIMUS ORAL TABLET 0.25 MG		5.91162	10/01/2021	
EVEROLIMUS ORAL TABLET 0.5 MG		11.82320	10/01/2021	
EVEROLIMUS ORAL TABLET 0.75 MG		17.73480	10/01/2021	
EXEMESTANE ORAL TABLET 25 MG		1.29833	01/01/2020	
EZETIMIBE ORAL TABLET 10 MG		0.06587	01/01/2024	
EZETIMIBE/SIMVASTATIN ORAL TABLET 10 MG-10MG		2.37300	01/01/2019	
EZETIMIBE/SIMVASTATIN ORAL TABLET 10 MG-20MG		0.48000	04/01/2020	
EZETIMIBE/SIMVASTATIN ORAL TABLET 10 MG-40MG		0.56909	07/01/2022	
FAMCICLOVIR ORAL TABLET 125 MG		0.35833	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FAMCICLOVIR ORAL TABLET 250 MG		0.28887	04/01/2017	
FAMCICLOVIR ORAL TABLET 500 MG		0.49833	01/01/2019	
FAMOTIDINE IN SODIUM CHLORIDE, ISO-OSMOTIC/PF INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20 MG/50ML		0.09140	04/01/2017	
FAMOTIDINE INTRAVENOUS VIAL (ML) 10 MG/ML		0.36380	04/01/2017	
FAMOTIDINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 40MG/5ML		0.22000	01/01/2019	
FAMOTIDINE ORAL TABLET 10 MG		0.05978	10/01/2017	
FAMOTIDINE ORAL TABLET 20 MG		0.01550	01/01/2019	
FAMOTIDINE ORAL TABLET 40 MG		0.02420	01/01/2019	
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE ORAL TABLET, CHEWABLE 10-800-165		0.24688	04/01/2017	
FAMOTIDINE/PF INTRAVENOUS VIAL (ML) 20 MG/2 ML		0.36500	04/01/2017	
FEBUXOSTAT ORAL TABLET 40 MG		0.38600	01/01/2024	
FEBUXOSTAT ORAL TABLET 80 MG		0.64472	10/01/2022	
FELBAMATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 600 MG/5ML		1.41059	10/01/2020	
FELBAMATE ORAL TABLET 400 MG		0.86430	10/01/2019	
FELBAMATE ORAL TABLET 600 MG		1.48180	04/01/2019	
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.09000	01/01/2018	
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG		0.12560	07/01/2018	
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		0.05003	10/01/2017	
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 145MG		0.08078	01/01/2019	
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 48 MG		0.08878	01/01/2019	
FENOFIBRATE ORAL CAPSULE 150 MG		5.47760	04/01/2021	
FENOFIBRATE ORAL CAPSULE 50 MG		2.34591	04/01/2017	
FENOFIBRATE ORAL TABLET 120 MG		16.73827	10/01/2020	
FENOFIBRATE ORAL TABLET 160 MG		0.12211	01/01/2019	
FENOFIBRATE ORAL TABLET 40 MG		8.35844	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FENOFIBRATE ORAL TABLET 54 MG		0.13503	01/01/2021	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 130 MG		1.14817	07/01/2022	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 134 MG		0.07360	01/01/2019	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 200 MG		0.26960	07/01/2019	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 43 MG		1.13716	04/01/2018	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 67 MG		0.11000	01/01/2020	
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 135 MG		0.33244	01/01/2019	
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 45 MG		0.54809	04/01/2017	
FENOFIBRIC ACID ORAL TABLET 105 MG		2.03967	10/01/2017	
FENOFIBRIC ACID ORAL TABLET 35 MG		0.80100	04/01/2017	
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG		3.23300	07/01/2018	
FENOPROFEN CALCIUM ORAL TABLET 600 MG		0.18554	10/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG		17.43853	04/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1600 MCG		19.80252	10/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 200 MCG		8.54250	10/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 400 MCG		9.89572	04/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 600 MCG		12.90000	04/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 800 MCG		12.75167	04/01/2017	
FENTANYL CITRATE/PF INJECTION AMPUL (ML) 50 MCG/ML		0.61200	04/01/2017	
FENTANYL CITRATE/PF INJECTION VIAL (ML) 50 MCG/ML		0.52889	04/01/2017	
FENTANYL CITRATE/PF INTRAVENOUS SYRINGE (ML) 100MCG/2ML		1.04100	04/01/2017	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 100 MCG/HR		6.41480	04/01/2019	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 12 MCG/HR		4.87100	01/01/2020	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 25 MCG/HR		1.87131	10/01/2017	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 37.5MCG/HR		39.39600	04/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 50MCG/HR		3.05057	01/01/2020	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 62.5MCG/HR		61.68800	04/01/2017	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 75MCG/HR		4.18333	01/01/2020	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 87.5MCG/HR		83.99000	04/01/2017	
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FOLIC ACID ORAL CAPSULE 110-0.5MG		0.17000	04/01/2017	
FERROUS FUMARATE/ASCORBIC ACID/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE 200-250 MG		0.35990	04/01/2017	
FERROUS FUMARATE/ASCORBIC ACID/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE 460-60MG		0.35879	10/01/2017	
FERROUS FUMARATE/FOLIC ACID/MULTIVITAMIN-MINERALS NO.15 ORAL CAPSULE 106 MG-1MG		0.48910	04/01/2017	
FERROUS SULFATE ORAL TABLET 325(65) MG		0.01131	12/12/2011	
FERROUS SULFATE/ASCORBIC ACID/FOLIC ACID ORAL TABLET, EXTENDED RELEASE 105-500-.8		0.07627	09/01/2011	
FERROUS SULFATE/FOLIC ACID/VITAMIN B COMP W-C ORAL TABLET, EXTENDED RELEASE 105-0.8MG		0.07304	12/12/2011	
FESOTERODINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 4 MG		0.88367	10/01/2023	
FESOTERODINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 8 MG		0.87567	04/01/2023	
FEXOFENADINE HCL ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 30 MG/5 ML		0.06160	04/01/2017	
FEXOFENADINE HCL ORAL TABLET 180 MG		0.15500	10/01/2019	
FEXOFENADINE HCL ORAL TABLET 60 MG		0.24733	10/01/2017	
FEXOFENADINE HCL/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 60MG-120MG		0.70542	04/01/2017	
FINASTERIDE ORAL TABLET 1 MG		0.02010	01/01/2019	
FINASTERIDE ORAL TABLET 5 MG		0.03567	01/01/2019	
FLAVOXATE HCL ORAL TABLET 100 MG		0.45341	04/01/2017	
FLAXSEED OIL/EVENING PRIMROSE OIL/BILBERRY EXTRACT ORAL CAPSULE 250-125-10		0.32041	04/01/2017	
FLECAINIDE ACETATE ORAL TABLET 100 MG		0.16492	10/01/2017	
FLECAINIDE ACETATE ORAL TABLET 150 MG		0.19130	10/01/2018	
FLECAINIDE ACETATE ORAL TABLET 50 MG		0.10935	04/01/2021	
FLOXURIDINE INJECTION VIAL (EA) 500 MG		119.00000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FLUCONAZOLE IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L		0.11300	04/01/2017	
FLUCONAZOLE IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L		0.06305	04/01/2017	
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L		0.01660	10/01/2017	
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L		0.01926	04/01/2019	
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (ML) 200MG/0.1L		0.14916	04/01/2017	
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 10 MG/ML		0.22306	04/01/2017	
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 40 MG/ML		0.50914	04/01/2019	
FLUCONAZOLE ORAL TABLET 100 MG		0.18067	01/01/2023	
FLUCONAZOLE ORAL TABLET 150 MG		0.17671	10/01/2017	
FLUCONAZOLE ORAL TABLET 200 MG		0.41933	01/01/2019	
FLUCONAZOLE ORAL TABLET 50 MG		0.09515	10/01/2017	
FLUCYTOSINE ORAL CAPSULE 250 MG		65.65520	04/01/2017	
FLUCYTOSINE ORAL CAPSULE 500 MG		127.04000	04/01/2017	
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (EA) 50 MG		94.50000	04/01/2017	
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (ML) 50 MG/2 ML		108.75000	04/01/2017	
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		0.25000	07/01/2018	
FLUMAZENIL INTRAVENOUS VIAL (ML) 0.1 MG/ML		0.81000	04/01/2017	
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 25 MCG		0.93988	10/01/2017	
FLUOCINOLONE ACETONIDE OIL OTIC DROPS 0.01 %		1.39950	01/01/2024	
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.01 %		1.01283	01/01/2018	
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %		0.36973	10/01/2017	
FLUOCINOLONE ACETONIDE TOPICAL OIL (ML) 0.01 %		0.34017	07/01/2019	
FLUOCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %		0.59600	08/19/2020	
FLUOCINOLONE ACETONIDE TOPICAL SOLUTION, NON-ORAL 0.01 %		0.24017	01/01/2020	
FLUOCINOLONE ACETONIDE/SHOWER CAP TOPICAL OIL (ML) 0.01 %		0.31000	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FLUOCINONIDE TOPICAL CREAM (GRAM) 0.05 %		0.55533	04/01/2020	
FLUOCINONIDE TOPICAL CREAM (GRAM) 0.1 %		0.47367	01/01/2020	
FLUOCINONIDE TOPICAL GEL (GRAM) 0.05 %		0.10083	10/01/2017	
FLUOCINONIDE TOPICAL OINTMENT (GRAM) 0.05 %		0.37067	10/01/2022	
FLUOCINONIDE TOPICAL SOLUTION, NON-ORAL 0.05 %		0.22649	07/01/2023	
FLUOCINONIDE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %		0.09213	10/01/2017	
FLUORIDE (SODIUM) DENTAL PASTE (ML) 1.1 %		0.11167	01/01/2022	
FLUORIDE (SODIUM) ORAL DROPS 0.5 MG/ML		0.10320	01/01/2018	
FLUORIDE/IRON/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML		0.09648	10/01/2017	
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML		0.22260	01/01/2012	
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.5 MG/ML		0.11850	12/12/2011	
FLUOROMETHOLONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %		12.36429	01/01/2018	
FLUOROURACIL INTRAVENOUS VIAL (ML) 1 G/20 ML		0.27750	04/01/2017	
FLUOROURACIL INTRAVENOUS VIAL (ML) 2.5 G/50ML		0.30164	04/01/2017	
FLUOROURACIL INTRAVENOUS VIAL (ML) 5 G/100 ML		0.12840	10/01/2018	
FLUOROURACIL INTRAVENOUS VIAL (ML) 500MG/10ML		0.20100	04/01/2017	
FLUOROURACIL TOPICAL CREAM (GRAM) 0.5 %		43.08180	04/01/2017	
FLUOROURACIL TOPICAL CREAM (GRAM) 5 %		0.64931	01/01/2024	
FLUOROURACIL TOPICAL SOLUTION, NON-ORAL 2 %		5.18267	04/01/2017	
FLUOROURACIL TOPICAL SOLUTION, NON-ORAL 5 %		4.87189	04/01/2017	
FLUOXETINE HCL ORAL CAPSULE 10 MG		0.01450	01/01/2019	
FLUOXETINE HCL ORAL CAPSULE 20 MG		0.01728	07/01/2017	
FLUOXETINE HCL ORAL CAPSULE 40 MG		0.04216	01/01/2019	
FLUOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 90 MG		28.41781	04/01/2017	
FLUOXETINE HCL ORAL SOLUTION, ORAL 20 MG/5 ML		0.02600	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FLUOXETINE HCL ORAL TABLET 10 MG		0.11513	01/01/2023	
FLUOXETINE HCL ORAL TABLET 20 MG		0.20614	01/01/2023	
FLUOXETINE HCL ORAL TABLET 60 MG		1.00447	04/01/2022	
FLUOXYMESTERONE ORAL TABLET 10 MG		0.38654	10/01/2017	
FLUPHENAZINE DECANOATE INJECTION VIAL (ML) 25 MG/ML		11.66533	01/01/2024	
FLUPHENAZINE HCL INJECTION VIAL (ML) 2.5 MG/ML		18.29200	04/01/2017	
FLUPHENAZINE HCL ORAL CONCENTRATE, ORAL 5 MG/ML		1.05741	04/01/2017	
FLUPHENAZINE HCL ORAL ELIXIR 2.5 MG/5ML		0.28414	04/01/2017	
FLUPHENAZINE HCL ORAL TABLET 1 MG		0.08190	04/01/2018	
FLUPHENAZINE HCL ORAL TABLET 10 MG		1.33806	10/01/2023	
FLUPHENAZINE HCL ORAL TABLET 2.5 MG		0.05829	10/01/2017	
FLUPHENAZINE HCL ORAL TABLET 5 MG		2.64450	07/01/2022	
FLURANDRENOLIDE TOPICAL CREAM (GRAM) 0.05 %		6.87750	04/01/2017	
FLURANDRENOLIDE TOPICAL LOTION (ML) 0.05 %		6.87750	04/01/2017	
FLURAZEPAM HCL ORAL CAPSULE 15 MG		0.06432	10/01/2017	
FLURAZEPAM HCL ORAL CAPSULE 30 MG		0.07127	10/01/2017	
FLURBIPROFEN ORAL TABLET 100 MG		0.15505	10/01/2017	
FLURBIPROFEN ORAL TABLET 50 MG		0.20690	04/01/2017	
FLURBIPROFEN SODIUM OPHTHALMIC DROPS 0.03 %		1.16800	04/01/2017	
FLUTAMIDE ORAL CAPSULE 125 MG		0.49094	04/01/2017	
FLUTICASONE FUROATE/VILANTEROL TRIFENATATE INHALATION BLISTER, WITH INHALATION DEVICE 100-25MCG		3.87105	01/01/2023	
FLUTICASONE FUROATE/VILANTEROL TRIFENATATE INHALATION BLISTER, WITH INHALATION DEVICE 200-25 MCG		3.66667	01/01/2023	
FLUTICASONE PROPIONATE INHALATION AEROSOL WITH ADAPTER (GRAM) 110 MCG		13.35833	07/01/2023	
FLUTICASONE PROPIONATE INHALATION AEROSOL WITH ADAPTER (GRAM) 220 MCG		21.73552	01/01/2023	
FLUTICASONE PROPIONATE INHALATION AEROSOL WITH ADAPTER (GRAM) 44 MCG		12.59906	01/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION (ML) 50 MCG		0.81712	07/01/2019	
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION 50 MCG		0.22334	07/01/2023	
FLUTICASONE PROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.16750	10/01/2017	
FLUTICASONE PROPIONATE TOPICAL LOTION (ML) 0.05 %		5.16067	04/01/2017	
FLUTICASONE PROPIONATE TOPICAL OINTMENT (GRAM) 0.005 %		0.23600	01/01/2020	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION AEROSOL POWDER, BREATH ACTIVATED (EA) 113-14 MCG		65.30911	01/01/2022	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION AEROSOL POWDER, BREATH ACTIVATED (EA) 232-14 MCG		83.83048	04/01/2021	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION AEROSOL POWDER, BREATH ACTIVATED (EA) 55-14 MCG		85.50000	01/01/2019	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION BLISTER, WITH INHALATION DEVICE 100-50 MCG		1.20350	10/01/2023	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION BLISTER, WITH INHALATION DEVICE 250-50 MCG		1.53194	07/01/2023	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION BLISTER, WITH INHALATION DEVICE 500-50 MCG		2.06925	01/01/2024	
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG		2.73167	07/01/2018	
FLUVASTATIN SODIUM ORAL CAPSULE 40 MG		2.16870	10/01/2017	
FLUVASTATIN SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 80 MG		3.70167	01/01/2018	
FLUVOXAMINE MALEATE ORAL CAPSULE, EXT RELEASE 24 HR 100 MG		4.08433	04/01/2020	
FLUVOXAMINE MALEATE ORAL CAPSULE, EXT RELEASE 24 HR 150 MG		4.80633	04/01/2023	
FLUVOXAMINE MALEATE ORAL TABLET 100 MG		0.12330	07/01/2018	
FLUVOXAMINE MALEATE ORAL TABLET 25 MG		0.08040	10/01/2017	
FLUVOXAMINE MALEATE ORAL TABLET 50 MG		0.11500	01/01/2019	
FOLIC ACID INJECTION VIAL (ML) 5 MG/ML		1.37291	10/01/2017	
FOLIC ACID ORAL TABLET 0.4 MG		0.02088	12/12/2011	
FOLIC ACID ORAL TABLET 0.8 MG		0.02353	12/12/2011	
FOLIC ACID ORAL TABLET 1 MG		0.00777	04/01/2017	
FOLIC ACID/ARGININE HCL/CYANOCOBALAMIN/PYRIDOXINE/PEPPER EXT ORAL TABLET 2-500-500		0.67500	04/01/2017	
FOLIC ACID/MULTIVITAMIN, THER AND MINERALS/LYCOPENE/LUTEIN ORAL TABLET 1.25-2.5MG		0.37627	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FOLIC ACID/MULTIVITS W-FE,OTHER MIN/LUTEIN ORAL TABLET 0.4-18-250		0.08573	12/12/2011	
FOLIC ACID/NIACINAMIDE/CUPRIC OXIDE/ZINC OXIDE ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.5-750 MG		0.84300	09/01/2011	
FOLIC ACID/VITAMIN B COMP W-C ORAL TABLET 0.8 MG		0.09692	12/12/2011	
FOMEPIZOLE INTRAVENOUS VIAL (ML) 1 G/ML		604.16666	04/01/2017	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 10MG/0.8ML		44.84375	04/01/2017	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 2.5 MG/0.5		11.65500	07/01/2018	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 5MG/0.4ML		146.24500	04/01/2017	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 7.5MG/0.6		89.91139	04/01/2017	
FORMALDEHYDE TOPICAL SOLUTION WITH APPLICATOR (ML) 10 %		0.32138	04/01/2017	
FORMOTEROL FUMARATE INHALATION VIAL, NEBULIZER (ML) 20 MCG/2ML		5.57872	10/01/2023	
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		14.06850	10/01/2020	
FOSFOMYCIN TROMETHAMINE ORAL PACKET (EA) 3 G		48.27507	01/01/2023	
FOSINOPRIL SODIUM ORAL TABLET 10 MG		0.04534	10/01/2017	
FOSINOPRIL SODIUM ORAL TABLET 20 MG		0.09833	04/01/2019	
FOSINOPRIL SODIUM ORAL TABLET 40 MG		0.14244	04/01/2017	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.84552	04/01/2017	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		1.03106	04/01/2017	
FOSPHENYTOIN SODIUM INJECTION VIAL (ML) 100MG PE/2		0.73000	04/01/2017	
FOSPHENYTOIN SODIUM INJECTION VIAL (ML) 500 PE/10		0.66000	04/01/2017	
FROVATRIPTAN SUCCINATE ORAL TABLET 2.5 MG		14.86501	07/01/2022	
FUROSEMIDE INJECTION SYRINGE (ML) 10 MG/ML		0.05729	10/01/2017	
FUROSEMIDE INJECTION VIAL (ML) 10 MG/ML		0.36590	07/01/2018	
FUROSEMIDE ORAL SOLUTION, ORAL 10 MG/ML		0.07588	04/01/2017	
FUROSEMIDE ORAL SOLUTION, ORAL 40 MG/4 ML		0.05980	10/01/2017	
FUROSEMIDE ORAL SOLUTION, ORAL 40MG/5ML		0.07748	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FUROSEMIDE ORAL TABLET 20 MG		0.00700	04/01/2017	
FUROSEMIDE ORAL TABLET 40 MG		0.00971	04/01/2017	
FUROSEMIDE ORAL TABLET 80 MG		0.01608	10/01/2017	
GABAPENTIN ORAL CAPSULE 100 MG		0.02182	04/01/2017	
GABAPENTIN ORAL CAPSULE 300 MG		0.02970	04/01/2017	
GABAPENTIN ORAL CAPSULE 400 MG		0.03800	01/01/2019	
GABAPENTIN ORAL SOLUTION, ORAL 250 MG/5ML		0.33330	04/01/2017	
GABAPENTIN ORAL SOLUTION, ORAL 250 MG/5ML		0.08084	10/01/2017	
GABAPENTIN ORAL SOLUTION, ORAL 300 MG/6ML		0.33329	04/01/2017	
GABAPENTIN ORAL TABLET 600 MG		0.06174	04/01/2017	
GABAPENTIN ORAL TABLET 800 MG		0.06580	07/01/2018	
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 16 MG		1.31666	10/01/2019	
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 24 MG		0.83300	04/01/2018	
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 8 MG		0.43700	10/01/2019	
GALANTAMINE HBR ORAL SOLUTION, ORAL 4 MG/ML		2.99640	04/01/2017	
GALANTAMINE HBR ORAL TABLET 12 MG		0.15067	10/01/2019	
GALANTAMINE HBR ORAL TABLET 4 MG		0.44900	10/01/2020	
GALANTAMINE HBR ORAL TABLET 8 MG		0.42557	10/01/2020	
GANCICLOVIR ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG		7.09615	12/12/2011	
GANCICLOVIR SODIUM INTRAVENOUS VIAL (EA) 500 MG		72.00000	04/01/2017	
GANIRELIX ACETATE SUBCUTANEOUS SYRINGE (ML) 250MCG/0.5		393.98000	04/01/2017	
GATIFLOXACIN OPHTHALMIC DROPS 0.5 %		18.60133	10/01/2021	
GEMCITABINE HCL INTRAVENOUS VIAL (EA) 1 G		41.88000	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (EA) 2 G		99.20000	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (EA) 200 MG		7.74000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GEMCITABINE HCL INTRAVENOUS VIAL (ML) 1 G/26.3ML		1.69695	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (ML) 2 G/52.6ML		1.69695	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (ML) 200MG/5.26		1.69771	04/01/2017	
GEMFIBROZIL ORAL TABLET 600 MG		0.05717	04/01/2017	
GENISTEIN/CITRATED ZINC BISGLYCINATE/VITAMIN D3 ORAL CAPSULE 27-20-200		0.70866	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 100MG/0.1L		0.03490	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 100MG/50ML		0.06780	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 120MG/0.1L		0.03400	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 60 MG/50ML		0.06260	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 80 MG/50ML		0.10800	10/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 80MG/100ML		0.03260	04/01/2017	
GENTAMICIN SULFATE INJECTION VIAL (ML) 20 MG/2 ML		2.00000	04/01/2017	
GENTAMICIN SULFATE INJECTION VIAL (ML) 40 MG/ML		0.50340	04/01/2018	
GENTAMICIN SULFATE OPHTHALMIC DROPS 0.3 %		0.60900	04/01/2021	
GENTAMICIN SULFATE OPHTHALMIC OINTMENT (GRAM) 0.3 %		3.04555	04/01/2017	
GENTAMICIN SULFATE TOPICAL CREAM (GRAM) 0.1 %		0.55778	10/01/2017	
GENTAMICIN SULFATE TOPICAL OINTMENT (GRAM) 0.1 %		1.20520	01/01/2024	
GENTAMICIN SULFATE/PF INJECTION VIAL (ML) 20 MG/2 ML		0.80000	04/01/2017	
GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 20 MG/ML		61.09900	10/01/2020	
GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 40 MG/ML		121.91297	10/01/2020	
GLIMEPIRIDE ORAL TABLET 1 MG		0.00960	01/01/2019	
GLIMEPIRIDE ORAL TABLET 2 MG		0.01160	01/01/2019	
GLIMEPIRIDE ORAL TABLET 4 MG		0.01210	01/01/2019	
GLIPIZIDE ORAL TABLET 10 MG		0.02156	04/01/2017	
GLIPIZIDE ORAL TABLET 5 MG		0.01465	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.11496	10/01/2020	
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG		0.08200	01/01/2019	
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		0.08696	01/01/2019	
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-250 MG		0.53575	04/01/2017	
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG		0.23690	07/01/2019	
GLIPIZIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG		0.15480	07/01/2018	
GLUCAGON HCL INJECTION VIAL (EA) 1 MG		162.00000	04/01/2017	
GLYBURIDE ORAL TABLET 1.25 MG		0.04914	10/01/2017	
GLYBURIDE ORAL TABLET 2.5 MG		0.01450	01/01/2019	
GLYBURIDE ORAL TABLET 5 MG		0.01900	01/01/2019	
GLYBURIDE,MICRONIZED ORAL TABLET 1.5 MG		0.02080	04/01/2017	
GLYBURIDE,MICRONIZED ORAL TABLET 3 MG		0.03382	04/01/2017	
GLYBURIDE,MICRONIZED ORAL TABLET 6 MG		0.05829	10/01/2017	
GLYBURIDE/METFORMIN HCL ORAL TABLET 1.25-250MG		0.02402	10/01/2017	
GLYBURIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG		0.01333	10/01/2017	
GLYBURIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG		0.03590	04/01/2017	
GLYCERIN RECTAL SUPPOSITORY, RECTAL ADULT		0.05746	12/12/2011	
GLYCERIN RECTAL SUPPOSITORY, RECTAL PEDIATRIC		0.08492	12/12/2011	
GLYCERIN TOPICAL LIQUID (ML)		0.02042	12/12/2011	
GLYCERIN/BENZYL ALCOHOL/PETROLATUM,WHITE TOPICAL LOTION (ML)		0.02238	12/12/2011	
GLYCERIN/WITCH HAZEL LEAF TOPICAL PADS, MEDICATED (EA)		0.02600	04/01/2017	
GLYCINE UROLOGIC SOLUTION IRRIGATION SOLUTION, IRRIGATION 1.5 %		0.00231	04/01/2017	
GLYCOPYRROLATE INJECTION VIAL (ML) 0.2 MG/ML		6.39098	04/01/2017	
GLYCOPYRROLATE ORAL SOLUTION, ORAL 1 MG/5 ML		0.70332	01/01/2023	
GLYCOPYRROLATE ORAL TABLET 1 MG		0.06670	01/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GLYCOPYRROLATE ORAL TABLET 2 MG		0.17170	04/01/2018	
GRANISETRON HCL INTRAVENOUS VIAL (ML) 1 MG/ML		6.25000	04/01/2017	
GRANISETRON HCL INTRAVENOUS VIAL (ML) 1 MG/ML(1)		18.87000	04/01/2017	
GRANISETRON HCL ORAL TABLET 1 MG		3.78019	10/01/2017	
GRANISETRON HCL/PF INTRAVENOUS VIAL (ML) 1 MG/ML(1)		10.00000	04/01/2017	
GRANISETRON HCL/PF INTRAVENOUS VIAL (ML) 100 MCG/ML		3.31650	10/01/2017	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 125 MG		3.98900	04/01/2017	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 250 MG		2.81345	07/01/2017	
GRISEOFULVIN, MICROSIZE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML		0.21058	12/23/2019	
GRISEOFULVIN, MICROSIZE ORAL TABLET 500 MG		5.70082	07/01/2017	
GUAIFENESIN ORAL LIQUID (ML) 100 MG/5ML		0.00603	10/01/2017	
GUAIFENESIN ORAL TABLET 200 MG		0.04455	04/01/2017	
GUAIFENESIN ORAL TABLET 400 MG		0.06770	04/01/2017	
GUAIFENESIN ORAL TABLET, EXTENDED RELEASE 12 HR 1200 MG		0.49159	04/01/2017	
GUAIFENESIN ORAL TABLET, EXTENDED RELEASE 12 HR 600 MG		0.26108	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 100-10MG/5		0.01792	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 100-5 MG/5		0.01809	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 200-10MG/5		0.01681	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL SYRUP 100-10MG/5		0.00857	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL SYRUP 100-5 MG/5		0.04194	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL TABLET 400MG-20MG		0.07899	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL TABLET, EXTENDED RELEASE 12 HR 1200-60MG		0.65000	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR/PHENYLEPHRINE ORAL LIQUID (ML) 100-10-5MG		0.01600	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR/PHENYLEPHRINE ORAL LIQUID (ML) 200-10-5/5		0.01687	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR/PHENYLEPHRINE ORAL TABLET 380-15-10		0.62244	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GUAIFENESIN/PHENYLEPHRINE HCL ORAL LIQUID (ML) 100-5 MG/5		0.03382	04/01/2017	
GUAIFENESIN/PHENYLEPHRINE HCL ORAL TABLET 380MG-10MG		0.48983	04/01/2017	
GUAIFENESIN/PHENYLEPHRINE HCL ORAL TABLET 400MG-10MG		0.08850	04/01/2017	
GUAIFENESIN/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 200-5-325		0.06083	04/01/2017	
GUAIFENESIN/PSEUDOEPHEDRINE HCL ORAL TABLET 400MG-60MG		0.38464	04/01/2017	
GUAIFENESIN/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 600MG-60MG		0.40699	04/01/2017	
GUANABENZ ACETATE ORAL TABLET 4 MG		0.39312	12/12/2011	
GUANABENZ ACETATE ORAL TABLET 8 MG		0.37996	12/12/2011	
GUANFACINE HCL ORAL TABLET 1 MG		0.06090	07/01/2017	
GUANFACINE HCL ORAL TABLET 2 MG		0.07750	01/01/2019	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG		0.21919	01/01/2023	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG		0.24000	01/01/2020	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		0.19281	01/01/2023	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 4 MG		0.21390	01/01/2022	
GUANIDINE HCL ORAL TABLET 125 MG		0.21100	04/01/2017	
HALOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.31718	10/01/2017	
HALOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.35818	10/01/2017	
HALOPERIDOL DECANOATE INTRAMUSCULAR AMPUL (ML) 100 MG/ML		33.55200	04/01/2020	
HALOPERIDOL DECANOATE INTRAMUSCULAR AMPUL (ML) 50 MG/ML		14.49000	04/01/2023	
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (ML) 100 MG/ML		18.82977	04/01/2023	
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (ML) 50 MG/ML		10.80512	04/01/2023	
HALOPERIDOL LACTATE INJECTION AMPUL (ML) 5 MG/ML		1.10550	10/01/2017	
HALOPERIDOL LACTATE INJECTION VIAL (ML) 5 MG/ML		0.63747	10/01/2018	
HALOPERIDOL LACTATE ORAL CONCENTRATE, ORAL 2 MG/ML		0.03924	10/01/2018	
HALOPERIDOL ORAL TABLET 0.5 MG		0.04573	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HALOPERIDOL ORAL TABLET 1 MG		0.11610	04/01/2017	
HALOPERIDOL ORAL TABLET 10 MG		0.22890	01/01/2024	
HALOPERIDOL ORAL TABLET 2 MG		0.25310	09/27/2021	
HALOPERIDOL ORAL TABLET 20 MG		0.72000	07/01/2018	
HALOPERIDOL ORAL TABLET 5 MG		0.21830	04/01/2023	
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 12500/250		0.02896	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 25000/250		0.03348	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 25000/500		0.01269	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE/PF INTRAVENOUS INTRAVENOUS SOLUTION 1000/500ML		0.00630	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE/PF INTRAVENOUS INTRAVENOUS SOLUTION 2K/1000ML		0.00577	04/01/2017	
HEPARIN SODIUM,PORCINE INJECTION CARTRIDGE (ML) 5000/ML(1)		0.90249	10/01/2017	
HEPARIN SODIUM,PORCINE INJECTION SYRINGE (ML) 5000/ML		2.48000	04/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 1000/ML		0.12780	10/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 10000/ML		2.72717	10/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 20000/ML		10.00000	04/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 5000/ML		0.70240	10/01/2019	
HEPARIN SODIUM,PORCINE INTRAVENOUS DISPOSABLE SYRINGE (ML) 10 UNIT/ML		0.74538	12/12/2011	
HEPARIN SODIUM,PORCINE INTRAVENOUS DISPOSABLE SYRINGE (ML) 100/ML		0.05700	12/12/2011	
HEPARIN SODIUM,PORCINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 UNIT/ML		0.03450	12/12/2011	
HEPARIN SODIUM,PORCINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100/ML		0.05700	12/12/2011	
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 12500/250		0.02776	04/01/2017	
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20K/500ML		0.01094	04/01/2017	
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 25000/250		0.03300	04/01/2017	
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 25000/500		0.01148	04/01/2017	
HEPARIN SODIUM,PORCINE/PF INJECTION SYRINGE (ML) 5000/0.5ML		3.40775	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HEPARIN SODIUM,PORCINE/PF INJECTION VIAL (ML) 1000/ML		5.20000	04/01/2017	
HEPARIN SODIUM,PORCINE/PF INJECTION VIAL (ML) 5000/0.5ML		3.40772	10/01/2017	
HEPARIN SODIUM,PORCINE/PF INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100/ML		0.05700	12/12/2011	
HETASTARCH IN 0.9 % SODIUM CHLORIDE INTRAVENOUS PLASTIC BAG, INJECTION (ML) 6 %-0.9 %		0.02508	04/01/2017	
HYDRALAZINE HCL INJECTION VIAL (ML) 20 MG/ML		2.42000	04/01/2017	
HYDRALAZINE HCL ORAL TABLET 10 MG		0.02512	10/01/2017	
HYDRALAZINE HCL ORAL TABLET 100 MG		0.05350	10/01/2017	
HYDRALAZINE HCL ORAL TABLET 25 MG		0.01970	01/01/2019	
HYDRALAZINE HCL ORAL TABLET 50 MG		0.02660	01/01/2019	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		0.00920	10/01/2017	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG		0.00790	01/01/2019	
HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG		0.00717	04/01/2017	
HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG		0.01477	10/01/2017	
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-334MG/10		0.02850	09/01/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/15		0.02122	01/01/2012	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-660MG		0.18825	01/01/2012	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-750MG		0.66084	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-500MG		0.14064	05/19/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-650MG		0.06819	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 2.5-500MG		0.10707	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5 MG-500MG		0.03375	01/01/2012	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-500MG		0.06000	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-650 MG		0.06618	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-750MG		0.04752	05/19/2011	
HYDROCODONE BITART/CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE ORAL SOLUTION, ORAL 5-4-60MG/5		0.70000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 10-300/15		0.38025	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 10-325/15		1.35466	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-108/5		0.67415	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-167/5		0.01910	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-163/7.5		2.39666	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-217MG/10		0.38195	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-325/15		0.02988	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-325/15		0.18317	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10MG-300MG		0.60610	07/01/2018	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10MG-325MG		0.06942	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 2.5-325 MG		0.54928	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 5 MG-300MG		0.22920	01/01/2022	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 5 MG-325MG		0.04523	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-300 MG		0.47530	07/01/2018	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-325 MG		0.08590	04/01/2017	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL SYRUP 5-1.5 MG/5		0.09825	04/01/2017	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL SYRUP 5-1.5 MG/5		0.60000	04/01/2017	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL TABLET 5 MG-1.5MG		0.73638	04/01/2017	
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX ORAL SUSPENSION, EXTENDED RELEASE 12 HR 10-8MG/5ML		0.37829	10/01/2019	
HYDROCODONE/IBUPROFEN ORAL TABLET 10MG-200MG		3.29566	04/01/2017	
HYDROCODONE/IBUPROFEN ORAL TABLET 5MG-200MG		2.01052	04/01/2017	
HYDROCODONE/IBUPROFEN ORAL TABLET 7.5-200 MG		0.10754	10/01/2017	
HYDROCORTISONE ACETATE RECTAL SUPPOSITORY, RECTAL 25 MG		0.50167	10/01/2017	
HYDROCORTISONE ACETATE RECTAL SUPPOSITORY, RECTAL 30 MG		1.75875	10/01/2017	
HYDROCORTISONE ACETATE TOPICAL CREAM (GRAM) 0.5 %		0.05254	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROCORTISONE ACETATE TOPICAL CREAM (GRAM) 1 %		0.05687	04/01/2017	
HYDROCORTISONE ACETATE TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		7.42464	04/01/2017	
HYDROCORTISONE ACETATE TOPICAL OINTMENT (GRAM) 1 %		0.08465	12/12/2011	
HYDROCORTISONE ACETATE/ALOE VERA TOPICAL LOTION (GRAM) 2 %		1.27825	12/12/2011	
HYDROCORTISONE ACETATE/LIDOCAINE HCL/ALOE VERA RECTAL GEL WITH APPLICATOR (GRAM) 0.55%-2.8%		1.20250	04/01/2017	
HYDROCORTISONE ACETATE/LIDOCAINE HCL/ALOE VERA RECTAL KIT 2 %-2 %		221.20000	04/01/2017	
HYDROCORTISONE ACETATE/LIDOCAINE HCL/ALOE VERA RECTAL KIT 2.5-3%(7G)		160.25000	04/01/2017	
HYDROCORTISONE ACETATE/PRAMOXINE HCL RECTAL CREAM WITH APPLICATOR 1 %-1 %		1.51187	04/01/2017	
HYDROCORTISONE ACETATE/PRAMOXINE HCL RECTAL CREAM WITH APPLICATOR 2.5 %-1 %		1.02800	01/01/2014	
HYDROCORTISONE ACETATE/PRAMOXINE HCL TOPICAL CREAM (GRAM) 2.5 %-1 %		1.31539	12/12/2011	
HYDROCORTISONE BUTYRATE TOPICAL CREAM (GRAM) 0.1 %		0.78211	10/01/2017	
HYDROCORTISONE BUTYRATE TOPICAL OINTMENT (GRAM) 0.1 %		0.36689	10/01/2017	
HYDROCORTISONE BUTYRATE TOPICAL SOLUTION, NON-ORAL 0.1 %		0.14688	10/01/2017	
HYDROCORTISONE BUTYRATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.1 %		1.53311	07/01/2019	
HYDROCORTISONE ORAL TABLET 10 MG		0.18980	07/01/2018	
HYDROCORTISONE ORAL TABLET 20 MG		0.13960	10/01/2018	
HYDROCORTISONE ORAL TABLET 5 MG		0.13760	07/01/2018	
HYDROCORTISONE RECTAL CREAM (GRAM) 2.5 %		0.17850	12/12/2011	
HYDROCORTISONE RECTAL ENEMA (ML) 100MG/60ML		0.08466	04/01/2017	
HYDROCORTISONE SOD SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 100 MG		2.91000	12/12/2011	
HYDROCORTISONE TOPICAL CREAM (GRAM) 0.5 %		0.05102	10/01/2017	
HYDROCORTISONE TOPICAL CREAM (GRAM) 1 %		0.05100	04/01/2017	
HYDROCORTISONE TOPICAL CREAM (GRAM) 2.5 %		0.06633	04/01/2017	
HYDROCORTISONE TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %		0.31758	10/01/2017	
HYDROCORTISONE TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		0.25333	07/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROCORTISONE TOPICAL LOTION (ML) 1 %		0.04330	10/01/2017	
HYDROCORTISONE TOPICAL LOTION (ML) 2.5 %		0.11192	10/01/2017	
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 0.5 %		0.05241	10/01/2017	
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 1 %		0.03235	10/01/2017	
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 2.5 %		0.09312	01/01/2022	
HYDROCORTISONE TOPICAL SOLUTION, NON-ORAL 1 %		0.12431	04/01/2017	
HYDROCORTISONE VALERATE TOPICAL CREAM (GRAM) 0.2 %		0.51446	07/01/2023	
HYDROCORTISONE VALERATE TOPICAL OINTMENT (GRAM) 0.2 %		2.67600	01/01/2018	
HYDROCORTISONE/ACETIC ACID OTIC DROPS 1 %-2 %		5.51733	01/01/2020	
HYDROCORTISONE/ALOE VERA TOPICAL CREAM (GRAM) 1 %		0.06666	04/01/2017	
HYDROCORTISONE/ALOE VERA TOPICAL OINTMENT (GRAM) 1 %		0.04829	12/12/2011	
HYDROCORTISONE/IODOQUINOL TOPICAL CREAM (GRAM) 1 %-1 %		0.88469	12/12/2011	
HYDROCORTISONE/MINERAL OIL/PETROLATUM,WHITE TOPICAL OINTMENT (GRAM) 1 %		0.03235	10/01/2017	
HYDROGEN PEROXIDE MISCELLANEOUS SOLUTION, NON-ORAL 3 %		0.00195	04/01/2017	
HYDROMORPHONE HCL INJECTION AMPUL (ML) 1 MG/ML		1.61000	04/01/2017	
HYDROMORPHONE HCL INJECTION AMPUL (ML) 2 MG/ML		1.50000	04/01/2017	
HYDROMORPHONE HCL INJECTION AMPUL (ML) 4 MG/ML		2.10000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 0.5MG/.5ML		5.40000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 1 MG/ML		2.56000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 2 MG/ML		2.74000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 4 MG/ML		2.56000	04/01/2017	
HYDROMORPHONE HCL INJECTION VIAL (ML) 2 MG/ML		1.04600	04/01/2017	
HYDROMORPHONE HCL ORAL LIQUID (ML) 1 MG/ML		0.34343	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET 2 MG		0.05570	01/01/2022	
HYDROMORPHONE HCL ORAL TABLET 4 MG		0.07950	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROMORPHONE HCL ORAL TABLET 8 MG		0.21960	04/01/2019	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12 MG		12.00000	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 16 MG		15.77926	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 32 MG		40.10245	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 8 MG		11.04980	04/01/2017	
HYDROMORPHONE HCL RECTAL SUPPOSITORY, RECTAL 3 MG		9.58200	04/01/2017	
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 10 MG/ML		1.39896	10/01/2017	
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 2 MG/ML		0.51600	12/12/2011	
HYDROMORPHONE HCL/PF INJECTION DISPOSABLE SYRINGE (ML) 2 MG/ML		0.51600	12/12/2011	
HYDROMORPHONE HCL/PF INJECTION VIAL (ML) 10 MG/ML		1.58023	04/01/2017	
HYDROMORPHONE HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML		0.51600	12/12/2011	
HYDROPHILIC OINTMENT TOPICAL OINTMENT (GRAM)		0.03508	12/12/2011	
HYDROQUINONE MICROSPHERES TOPICAL CREAM, EXTENDED RELEASE (GRAM) 4 %		2.23367	01/01/2018	
HYDROQUINONE TOPICAL CREAM (GRAM) 4 %		0.83056	01/01/2020	
HYDROXOCOBALAMIN INTRAMUSCULAR VIAL (ML) 1000MCG/ML		0.84150	04/01/2017	
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG		0.14075	01/01/2020	
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR VIAL (ML) 250 MG/ML		320.35400	04/01/2019	
HYDROXYPROGESTERONE CAPROATE/PF INTRAMUSCULAR VIAL (ML) 250 MG/ML		152.52000	04/01/2020	
HYDROXYUREA ORAL CAPSULE 500 MG		0.18352	04/01/2018	
HYDROXYZINE HCL INTRAMUSCULAR VIAL (ML) 25 MG/ML		4.25000	04/01/2017	
HYDROXYZINE HCL INTRAMUSCULAR VIAL (ML) 50 MG/ML		0.85425	10/01/2017	
HYDROXYZINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.03692	04/01/2018	
HYDROXYZINE HCL ORAL SOLUTION, ORAL 50 MG/25ML		0.30860	04/01/2017	
HYDROXYZINE HCL ORAL TABLET 10 MG		0.03555	01/01/2022	
HYDROXYZINE HCL ORAL TABLET 25 MG		0.01390	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROXYZINE HCL ORAL TABLET 50 MG		0.05090	04/01/2022	
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG		0.41970	01/01/2018	
HYDROXYZINE PAMOATE ORAL CAPSULE 25 MG		0.05387	07/01/2017	
HYDROXYZINE PAMOATE ORAL CAPSULE 50 MG		0.04920	01/01/2019	
HYOSCYAMINE SULFATE ORAL DROPS 0.125MG/ML		1.16667	07/01/2021	
HYOSCYAMINE SULFATE ORAL ELIXIR 125MCG/5ML		0.09267	12/12/2011	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		0.09135	01/01/2022	
HYOSCYAMINE SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 0.375 MG		0.24290	07/01/2019	
HYOSCYAMINE SULFATE ORAL TABLET,DISINTEGRATING 0.125 MG		0.12900	07/01/2019	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET, SUBLINGUAL 0.125 MG		0.09435	04/01/2021	
IBANDRONATE SODIUM INTRAVENOUS SYRINGE (ML) 3 MG/3 ML		80.00000	04/01/2017	
IBANDRONATE SODIUM INTRAVENOUS VIAL (ML) 3 MG/3 ML		140.33333	04/01/2017	
IBANDRONATE SODIUM ORAL TABLET 150 MG		3.38667	01/01/2019	
IBUPROFEN LYSINE/PF INTRAVENOUS VIAL (ML) 20 MG/2 ML		203.00000	04/01/2017	
IBUPROFEN ORAL CAPSULE 200 MG		0.06363	04/01/2020	
IBUPROFEN ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 50 MG/1.25		0.24944	04/01/2017	
IBUPROFEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML		0.02112	01/01/2019	
IBUPROFEN ORAL TABLET 200 MG		0.01211	10/01/2017	
IBUPROFEN ORAL TABLET 400 MG		0.01910	10/01/2017	
IBUPROFEN ORAL TABLET 600 MG		0.02108	10/01/2017	
IBUPROFEN ORAL TABLET 800 MG		0.02812	10/01/2017	
IBUPROFEN ORAL TABLET, CHEWABLE 100 MG		0.13925	04/01/2017	
IBUPROFEN/DIPHENHYDRAMINE CITRATE ORAL TABLET 200MG-38MG		0.12061	04/01/2017	
IBUPROFEN/FAMOTIDINE ORAL TABLET 800-26.6MG		4.19700	01/01/2022	
IBUPROFEN/OXYCODONE HCL ORAL TABLET 400MG-5MG		1.06130	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
IBUPROFEN/PSEUDOEPHEDRINE HCL ORAL TABLET 200MG-30MG		0.16826	04/01/2017	
IBUTILIDE FUMARATE INTRAVENOUS VIAL (ML) 0.1 MG/ML		29.83000	04/01/2017	
ICOSAPENT ETHYL ORAL CAPSULE 1 G		1.29875	07/01/2023	
IDARUBICIN HCL INTRAVENOUS VIAL (ML) 1 MG/ML		11.48450	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (EA) 1 G		35.23000	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (EA) 3 G		107.54000	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (ML) 1 G/20 ML		1.83700	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (ML) 3 G/60 ML		1.79233	04/01/2017	
IFOSFAMIDE/MESNA INTRAVENOUS KIT 1G-1G		630.00000	04/01/2017	
IFOSFAMIDE/MESNA INTRAVENOUS KIT 3G-1G		936.00000	04/01/2017	
IMATINIB MESYLATE ORAL TABLET 100 MG		3.78000	07/01/2019	
IMATINIB MESYLATE ORAL TABLET 400 MG		3.95500	07/01/2021	
IMIPENEM/CILASTATIN SODIUM INTRAVENOUS VIAL (EA) 250 MG		5.25000	04/01/2017	
IMIPENEM/CILASTATIN SODIUM INTRAVENOUS VIAL (EA) 500 MG		9.71000	04/01/2017	
IMIPRAMINE HCL ORAL TABLET 10 MG		0.04894	10/01/2017	
IMIPRAMINE HCL ORAL TABLET 25 MG		0.02850	10/01/2017	
IMIPRAMINE HCL ORAL TABLET 50 MG		0.08215	10/01/2020	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG		4.72727	04/01/2017	
IMIPRAMINE PAMOATE ORAL CAPSULE 125 MG		9.96960	10/01/2017	
IMIPRAMINE PAMOATE ORAL CAPSULE 150 MG		8.79173	04/01/2017	
IMIPRAMINE PAMOATE ORAL CAPSULE 75 MG		3.03269	04/01/2017	
IMIQUIMOD TOPICAL CREAM IN PACKET (EA) 5 %		1.06625	01/01/2022	
INDAPAMIDE ORAL TABLET 1.25 MG		0.09380	04/01/2022	
INDAPAMIDE ORAL TABLET 2.5 MG		0.04070	10/01/2017	
INDOMETHACIN ORAL CAPSULE 25 MG		0.02910	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
INDOMETHACIN ORAL CAPSULE 50 MG		0.05900	01/01/2019	
INDOMETHACIN ORAL CAPSULE, EXTENDED RELEASE 75 MG		0.17000	10/01/2020	
INDOMETHACIN SODIUM INTRAVENOUS VIAL (EA) 1 MG		371.24000	04/01/2017	
INSULIN ASPART SUBCUTANEOUS INSULIN PEN (ML) 100/ML (3)		17.92867	01/01/2023	
INSULIN ASPART SUBCUTANEOUS VIAL (ML) 100/ML		13.25300	04/01/2022	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN (ML) 100/ML (3)		9.43766	01/01/2023	
INSULIN GLARGINE-YFGN SUBCUTANEOUS VIAL (ML) 100/ML		9.37200	07/01/2023	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN (ML) 100/ML		10.16747	07/01/2022	
IODINE/SODIUM IODIDE TOPICAL TINCTURE 2 %		0.07941	04/01/2017	
IPRATROPIUM BROMIDE INHALATION SOLUTION, NON-ORAL 0.2 MG/ML		0.04733	04/01/2017	
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 21 MCG		0.19598	10/01/2017	
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 42 MCG		0.39866	10/01/2017	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5-3MG/3		0.03672	01/01/2019	
IRBESARTAN ORAL TABLET 150 MG		0.07247	10/01/2017	
IRBESARTAN ORAL TABLET 300 MG		0.10000	01/01/2019	
IRBESARTAN ORAL TABLET 75 MG		0.04433	01/01/2019	
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5MG		0.04467	01/01/2019	
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 300-12.5MG		0.07100	01/01/2019	
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 100 MG/5ML		2.63400	10/01/2018	
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 40 MG/2 ML		3.38500	04/01/2019	
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 500MG/25ML		6.09231	10/01/2017	
IRON ASP GLY&PS CMLPX/ASCORB.CAL/VIT B12/FA/CA-THR/SUCC.ACID ORAL CAPSULE (HARD, SOFT, ETC.) 150-25-1		1.45583	12/12/2011	
IRON ASPGLY/ASCORB.CAL/VIT B12/CALCIUM THR/SUCC.ACID/STOMACH ORAL TABLET 70-150-10		1.25833	12/12/2011	
IRON BISGLY,PSCMLPX/ASCORBATE CALC/B12/FOLIC ACID/CALC-THREO ORAL CAPSULE 150MG-60-1		0.50580	04/01/2017	
IRON CARBONYL,GLUC/FOLIC ACID/VIT B12/VIT C/DOCUSATE SODIUM ORAL TABLET 90-1-50 MG		1.82344	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
IRON DEXTRAN COMPLEX INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML		17.97698	12/12/2011	
IRON FUMARATE,POLYSAC COMP/FOLIC ACID/VITAMIN C/NIACINAMIDE ORAL CAPSULE 125-1-40-3		0.33631	04/01/2017	
IRON FUMARATE-IRON POLYSACCH CPLEX/FOLIC ACID/MULTIVIT NO.18 ORAL CAPSULE 106 MG-1MG		0.39609	04/01/2017	
IRON FUMARTE &ASP GLY/ASCORB.CAL/VIT B12/FA/CA-THR/SUCC.ACID ORAL TABLET 151-60-1MG		1.21666	12/12/2011	
IRON POLYSACCHARIDE COMPLEX ORAL CAPSULE 150 MG		0.08500	01/01/2019	
IRON POLYSACCHARIDE COMPLEX/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE 150-25-1		0.07950	10/01/2017	
IRON, CARBONYL/FOLIC ACID/VIT B12/VITAMIN C/DOCUSATE SODIUM ORAL TABLET 90-1-50 MG		0.42929	04/01/2017	
IRON,CARBONYL ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 15MG/1.25		0.23534	04/01/2017	
IRON,CARBONYL/ASCORBIC ACID ORAL TABLET 100-250 MG		0.12030	04/01/2017	
IRON,CARBONYL/ASCORBIC ACID/CYANOCOBALAMIN/FOLIC ACID ORAL TABLET 100-250-1		0.23100	04/01/2017	
IRON,CARBONYL/FOLIC ACID/VIT C/PYRIDOXINE HCL/VIT B12/ZINC ORAL TABLET 150-1.25MG		0.70000	01/01/2019	
ISOMETHEPTENE MUCATE/CAFFEINE/ACETAMINOPHEN ORAL TABLET 65-20-325		4.92000	04/01/2017	
ISOMETHEPTENE MUCATE/DICHLORALPHENAZONE/ACETAMINOPHEN ORAL CAPSULE 65-100-325		0.75777	10/01/2017	
ISONIAZID INJECTION VIAL (ML) 100 MG/ML		31.68600	04/01/2017	
ISONIAZID ORAL SOLUTION, ORAL 50 MG/5 ML		0.31002	04/01/2017	
ISONIAZID ORAL TABLET 100 MG		0.08534	04/01/2017	
ISONIAZID ORAL TABLET 300 MG		0.05065	10/01/2017	
ISOPROPYL ALCOHOL IN GLYCERIN OTIC DROPS 95 %-5 %		0.08832	04/01/2017	
ISOPROPYL ALCOHOL MISCELLANEOUS SOLUTION, NON-ORAL 70 %		0.02105	10/01/2017	
ISOPROPYL ALCOHOL MISCELLANEOUS SOLUTION, NON-ORAL 91 %		0.00369	04/01/2017	
ISOSORBIDE DINITRATE ORAL TABLET 10 MG		0.35323	10/01/2018	
ISOSORBIDE DINITRATE ORAL TABLET 20 MG		0.30322	01/01/2023	
ISOSORBIDE DINITRATE ORAL TABLET 30 MG		0.05695	01/01/2019	
ISOSORBIDE DINITRATE ORAL TABLET 5 MG		0.02060	10/01/2017	
ISOSORBIDE DINITRATE ORAL TABLET, EXTENDED RELEASE 40 MG		0.50637	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 2.5 MG		0.05631	12/12/2011	
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 5 MG		0.10315	12/12/2011	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG		0.06010	07/01/2019	
ISOSORBIDE MONONITRATE ORAL TABLET 20 MG		0.03186	10/01/2017	
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 120 MG		0.19650	07/01/2022	
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG		0.06300	01/01/2019	
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG		0.07400	01/01/2019	
ISOSULFAN BLUE SUBCUTANEOUS VIAL (ML) 1 %		140.00000	04/01/2017	
ISOTRETINOIN ORAL CAPSULE 10 MG		2.13467	10/01/2020	
ISOTRETINOIN ORAL CAPSULE 20 MG		1.92767	10/01/2018	
ISOTRETINOIN ORAL CAPSULE 30 MG		3.79000	10/01/2020	
ISOTRETINOIN ORAL CAPSULE 40 MG		2.12667	10/01/2020	
ISOXSUPRINE HCL ORAL TABLET 10 MG		1.00000	04/01/2017	
ISRADIPINE ORAL CAPSULE 2.5 MG		0.82100	10/01/2017	
ISRADIPINE ORAL CAPSULE 5 MG		1.31560	04/01/2017	
ITRACONAZOLE ORAL CAPSULE 100 MG		1.09133	01/01/2020	
IVERMECTIN ORAL TABLET 3 MG		3.45050	01/01/2020	
IVERMECTIN TOPICAL CREAM (GRAM) 1 %		4.12782	01/01/2024	
KANAMYCIN SULFATE MISCELLANEOUS POWDER (GRAM)		16.63000	04/01/2017	
KETAMINE HCL INJECTION VIAL (ML) 10 MG/ML		0.82490	04/01/2017	
KETAMINE HCL INJECTION VIAL (ML) 100 MG/ML		1.14000	04/01/2017	
KETAMINE HCL INJECTION VIAL (ML) 50 MG/ML		0.35000	04/01/2017	
KETOCONAZOLE ORAL TABLET 200 MG		0.15618	10/01/2017	
KETOCONAZOLE TOPICAL CREAM (GRAM) 2 %		0.21795	01/01/2023	
KETOCONAZOLE TOPICAL FOAM (GRAM) 2 %		6.90820	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
KETOCONAZOLE TOPICAL SHAMPOO 2 %		0.05426	07/01/2023	
KETOPROFEN ORAL CAPSULE 50 MG		0.07653	10/01/2017	
KETOPROFEN ORAL CAPSULE 75 MG		0.07929	10/01/2017	
KETOPROFEN ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 200 MG		1.55736	10/01/2017	
KETOROLAC TROMETHAMINE INJECTION CARTRIDGE (ML) 30 MG/ML		0.63048	10/01/2017	
KETOROLAC TROMETHAMINE INJECTION SYRINGE (ML) 15 MG/ML		2.00000	04/01/2017	
KETOROLAC TROMETHAMINE INJECTION SYRINGE (ML) 30 MG/ML		2.05000	04/01/2017	
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 15 MG/ML		2.50888	04/01/2017	
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 30MG/ML(1)		0.63048	10/01/2017	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SYRINGE (ML) 60 MG/2 ML		1.14500	04/01/2017	
KETOROLAC TROMETHAMINE INTRAMUSCULAR VIAL (ML) 60 MG/2 ML		0.42190	10/01/2017	
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.4 %		1.40193	10/01/2017	
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.5 %		0.79000	04/01/2017	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		0.13839	10/01/2017	
KETOTIFEN FUMARATE OPHTHALMIC DROPS 0.025 %		1.13000	07/01/2018	
LABETALOL HCL INTRAVENOUS SYRINGE (ML) 20 MG/4 ML		1.69000	04/01/2017	
LABETALOL HCL INTRAVENOUS VIAL (ML) 5 MG/ML		0.15275	04/01/2017	
LABETALOL HCL ORAL TABLET 100 MG		0.08000	01/01/2022	
LABETALOL HCL ORAL TABLET 200 MG		0.08470	01/01/2019	
LABETALOL HCL ORAL TABLET 300 MG		0.21100	04/01/2021	
LACOSAMIDE ORAL SOLUTION, ORAL 10 MG/ML		0.11307	07/01/2023	
LACOSAMIDE ORAL TABLET 100 MG		0.35400	10/01/2022	
LACOSAMIDE ORAL TABLET 150 MG		0.71410	07/01/2022	
LACOSAMIDE ORAL TABLET 200 MG		0.56025	10/01/2022	
LACOSAMIDE ORAL TABLET 50 MG		0.40946	07/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LACTASE ORAL TABLET 3000 UNIT		0.08600	01/01/2014	
LACTASE ORAL TABLET 9000 UNIT		0.13269	12/12/2011	
LACTIC ACID TOPICAL CREAM (GRAM) 10 %		0.14220	12/12/2011	
LACTIC ACID TOPICAL LOTION (ML) 10 %		0.07926	12/12/2011	
LACTOBACILLUS ACIDOPHILUS/LACTOBACILLUS SPOROGENES ORAL TABLET 35MM-25MM		0.04200	12/12/2011	
LACTOBACILLUS ACIDOPHILUS/PECTIN, CITRUS ORAL TABLET 25MM-100MG		0.04200	12/12/2011	
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML		0.00975	07/01/2023	
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML		0.00854	04/01/2017	
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML		0.04500	04/01/2017	
LACTULOSE ORAL SOLUTION, ORAL 20 G/30 ML		0.02263	04/01/2017	
LAMIVUDINE ORAL SOLUTION, ORAL 10 MG/ML		0.24042	07/01/2018	
LAMIVUDINE ORAL TABLET 100 MG		2.90283	07/01/2019	
LAMIVUDINE ORAL TABLET 150 MG		0.57867	01/01/2019	
LAMIVUDINE ORAL TABLET 300 MG		0.99000	04/01/2022	
LAMIVUDINE/ZIDOVUDINE ORAL TABLET 150-300MG		0.33467	07/01/2018	
LAMOTRIGINE ORAL TABLET 100 MG		0.02510	01/01/2019	
LAMOTRIGINE ORAL TABLET 150 MG		0.04067	01/01/2019	
LAMOTRIGINE ORAL TABLET 200 MG		0.05283	01/01/2019	
LAMOTRIGINE ORAL TABLET 25 MG		0.02475	01/01/2021	
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG		0.08550	10/01/2017	
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG		0.08870	04/01/2019	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.72007	01/01/2024	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		1.21184	07/01/2022	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		1.55055	10/01/2021	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 250 MG		3.03931	04/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		2.10415	01/01/2024	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		1.60000	10/01/2020	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 100 MG		2.12516	01/01/2024	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 200 MG		9.03100	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 25 MG		6.03687	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 50 MG		3.33933	04/01/2023	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING, DOSE PACK 25(21)-50		9.11071	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING, DOSE PACK 25-50-100		10.41142	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING, DOSE PACK 50(42)-100		13.01392	04/01/2017	
LANOLIN/MINERAL OIL TOPICAL LOTION (ML)		0.02238	12/12/2011	
LANOLIN/MINERAL OIL/PETROLATUM,WHITE OPHTHALMIC OINTMENT (GRAM)		0.95639	04/01/2016	
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 15 MG		0.13167	07/01/2019	
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG		0.05356	01/01/2019	
LANSOPRAZOLE ORAL TABLET,DISINTEGRATING, DELAYED RELEASE 15 MG		6.03366	01/01/2013	
LANSOPRAZOLE ORAL TABLET,DISINTEGRATING, DELAYED RELEASE 30 MG		4.86054	04/01/2023	
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN ORAL COMBINATION PACKAGE (EA) 30-500-500		5.35480	01/18/2023	
LANTHANUM CARBONATE ORAL TABLET, CHEWABLE 500 MG		11.55667	07/01/2018	
LANTHANUM CARBONATE ORAL TABLET,CHEWABLE 1000 MG		6.13203	04/01/2021	
LATANOPROST OPHTHALMIC DROPS 0.005 %		1.18467	04/01/2023	
LEFLUNOMIDE ORAL TABLET 10 MG		0.37353	10/01/2017	
LEFLUNOMIDE ORAL TABLET 20 MG		0.26633	10/01/2017	
LETROZOLE ORAL TABLET 2.5 MG		0.08978	10/01/2021	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 100 MG		4.70000	07/01/2022	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 200 MG		15.40000	04/01/2017	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 350 MG		0.45667	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 50 MG		5.28000	04/01/2017	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 500 MG		78.71000	04/01/2017	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG		5.53875	07/01/2019	
LEUCOVORIN CALCIUM ORAL TABLET 15 MG		5.29500	04/01/2017	
LEUCOVORIN CALCIUM ORAL TABLET 25 MG		4.84400	04/01/2021	
LEUCOVORIN CALCIUM ORAL TABLET 5 MG		0.60030	10/01/2018	
LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1 MG/0.2ML		264.00000	04/01/2017	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (EA) 1.25MG/0.5		2.48408	10/01/2017	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (ML) 0.31MG/3ML		0.44401	07/01/2021	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (ML) 0.63MG/3ML		0.22569	01/01/2019	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML		0.29673	10/01/2018	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL WITH ADAPTER (GRAM) 45 MCG		3.30667	07/01/2022	
LEVETIRACETAM IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 1000MG/100		0.30000	04/01/2017	
LEVETIRACETAM IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 1500MG/100		0.40000	04/01/2017	
LEVETIRACETAM IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L		0.18500	04/01/2017	
LEVETIRACETAM INTRAVENOUS VIAL (ML) 500 MG/5ML		0.97600	04/01/2017	
LEVETIRACETAM ORAL SOLUTION, ORAL 100 MG/ML		0.02429	01/01/2019	
LEVETIRACETAM ORAL SOLUTION, ORAL 500 MG/5ML		0.17652	10/01/2017	
LEVETIRACETAM ORAL TABLET 1000 MG		0.11783	01/01/2019	
LEVETIRACETAM ORAL TABLET 250 MG		0.04830	01/01/2024	
LEVETIRACETAM ORAL TABLET 500 MG		0.07400	04/01/2017	
LEVETIRACETAM ORAL TABLET 750 MG		0.10150	07/01/2018	
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.10150	01/01/2019	
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG		0.27750	07/01/2019	
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.25 %		1.08462	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.5 %		0.33366	10/01/2017	
LEVOCARNITINE (WITH SUGAR) ORAL SOLUTION, ORAL 100 MG/ML		0.12333	10/01/2017	
LEVOCARNITINE INTRAVENOUS VIAL (ML) 200 MG/ML		1.92000	04/01/2017	
LEVOCARNITINE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG		0.62100	12/12/2011	
LEVOCARNITINE ORAL TABLET 330 MG		0.43494	10/01/2017	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL SOLUTION, ORAL 2.5 MG/5ML		0.34047	01/01/2022	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL TABLET 5 MG		0.02322	01/01/2019	
LEVOFLOXACIN INTRAVENOUS VIAL (ML) 25 MG/ML		0.22000	07/01/2019	
LEVOFLOXACIN OPHTHALMIC DROPS 0.5 %		8.98156	04/01/2017	
LEVOFLOXACIN ORAL SOLUTION, ORAL 250MG/10ML		1.21100	04/01/2017	
LEVOFLOXACIN ORAL SOLUTION, ORAL 250MG/10ML		0.79288	04/01/2017	
LEVOFLOXACIN ORAL SOLUTION, ORAL 500MG/20ML		1.20990	04/01/2017	
LEVOFLOXACIN ORAL TABLET 250 MG		0.14619	04/01/2017	
LEVOFLOXACIN ORAL TABLET 500 MG		0.06000	01/01/2019	
LEVOFLOXACIN ORAL TABLET 750 MG		0.16250	01/01/2019	
LEVOFLOXACIN/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 250MG/50ML		0.09166	04/01/2017	
LEVOFLOXACIN/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L		0.02228	01/01/2018	
LEVOFLOXACIN/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 750MG/.15L		0.01569	01/01/2018	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS VIAL (EA) 50 MG		182.40000	04/01/2017	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS VIAL (ML) 10 MG/ML		40.99428	04/01/2017	
LEVONORGESTREL ORAL TABLET 0.75 MG		16.31161	12/12/2011	
LEVONORGESTREL ORAL TABLET 1.5 MG		8.09000	07/01/2022	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03		0.11607	04/01/2018	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 6-5-10		0.33625	01/01/2019	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 90-20 MCG		1.11074	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 0.15-0.03		0.09055	10/01/2019	
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 100-20(84)		0.41879	10/01/2020	
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 150-30(84)		0.29833	07/01/2022	
LEVONORGESTREL/ETHINYL ESTRADIOL ORAL TABLET 0.1-0.02MG		0.10786	10/01/2020	
LEVORPHANOL TARTRATE ORAL TABLET 2 MG		1.60698	04/01/2017	
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 100 MCG		81.13000	04/01/2018	
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 200 MCG		211.16000	04/01/2017	
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 500 MCG		527.91000	04/01/2017	
LEVOTHYROXINE SODIUM ORAL CAPSULE 50 MCG		3.56000	01/01/2024	
LEVOTHYROXINE SODIUM ORAL CAPSULE 88 MCG		2.83367	10/01/2022	
LEVOTHYROXINE SODIUM ORAL TABLET 100 MCG		0.06858	01/01/2024	
LEVOTHYROXINE SODIUM ORAL TABLET 112 MCG		0.07114	07/01/2022	
LEVOTHYROXINE SODIUM ORAL TABLET 125 MCG		0.07657	01/01/2024	
LEVOTHYROXINE SODIUM ORAL TABLET 137 MCG		0.05475	07/01/2023	
LEVOTHYROXINE SODIUM ORAL TABLET 150 MCG		0.08947	07/01/2022	
LEVOTHYROXINE SODIUM ORAL TABLET 175 MCG		0.13584	07/01/2022	
LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG		0.11482	01/01/2023	
LEVOTHYROXINE SODIUM ORAL TABLET 25 MCG		0.04883	07/01/2023	
LEVOTHYROXINE SODIUM ORAL TABLET 300 MCG		0.27478	04/01/2022	
LEVOTHYROXINE SODIUM ORAL TABLET 50 MCG		0.06583	07/01/2023	
LEVOTHYROXINE SODIUM ORAL TABLET 75 MCG		0.05543	01/01/2024	
LEVOTHYROXINE SODIUM ORAL TABLET 88 MCG		0.09056	04/01/2022	
LIDOCAINE HCL IN DEXTROSE 5% IN WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION 4 MG/ML		0.01052	04/01/2017	
LIDOCAINE HCL IN DEXTROSE 5% IN WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION 8 MG/ML		0.02021	04/01/2017	
LIDOCAINE HCL IN DEXTROSE 7.5 % IN WATER/PF INTRATHECAL AMPUL (ML) 5 %		4.16880	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LIDOCAINE HCL INJECTION VIAL (ML) 10 MG/ML		0.01749	10/01/2017	
LIDOCAINE HCL INJECTION VIAL (ML) 20 MG/ML		0.01990	10/01/2017	
LIDOCAINE HCL INJECTION VIAL (ML) 5 MG/ML		0.08320	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE JELLY (ML) 2 %		0.21667	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE JELLY WITH PREFILLED APPLICATOR (ML) 2 %		0.38600	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, NON-ORAL 40 MG/ML		0.07698	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, ORAL 2 %		0.01407	10/01/2017	
LIDOCAINE HCL TOPICAL CREAM (GRAM) 3 %		0.51777	01/01/2020	
LIDOCAINE HCL TOPICAL OINTMENT (GRAM) 5 %		0.75510	12/12/2011	
LIDOCAINE HCL TOPICAL SOLUTION, ORAL 4 %		0.07192	10/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION AMPUL (ML) 1.5-1:200K		0.88800	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 0.5-1:200K		0.06923	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 1%-1:100K		0.07130	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 1.5-1:200K		0.27640	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 2 %-1:100K		0.08900	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 2%-1:200K		0.20650	04/01/2017	
LIDOCAINE HCL/HYALURONIC ACID/ALOE VERA/COLLAGEN TOPICAL GEL (GRAM) 2 %		0.31800	12/12/2011	
LIDOCAINE HCL/HYALURONIC ACID/ALOE VERA/COLLAGEN TOPICAL GEL (ML) 2 %		0.31800	12/12/2011	
LIDOCAINE HCL/HYDROCORTISONE ACETATE RECTAL CREAM WITH APPLICATOR 3 %-0.5 %		0.67733	04/01/2017	
LIDOCAINE HCL/HYDROCORTISONE ACETATE RECTAL KIT 3 %-0.5 %		132.20000	04/01/2017	
LIDOCAINE HCL/HYDROCORTISONE ACETATE RECTAL KIT 3%-1%(7 G)		14.07352	10/01/2017	
LIDOCAINE HCL/HYDROCORTISONE ACETATE TOPICAL CREAM (GRAM) 3 %-0.5 %		0.84656	01/01/2018	
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 10 MG/ML		0.25018	04/01/2017	
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 15 MG/ML		0.45450	04/01/2017	
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 20 MG/ML		0.38100	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 40 MG/ML		0.86600	04/01/2017	
LIDOCAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML		0.08833	04/01/2017	
LIDOCAINE HCL/PF INJECTION VIAL (ML) 20 MG/ML		0.01990	10/01/2017	
LIDOCAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML		0.07740	04/01/2017	
LIDOCAINE HCL/PF INTRAVENOUS SYRINGE (ML) 100 MG/5ML		0.48020	10/01/2017	
LIDOCAINE HCL/PF INTRAVENOUS SYRINGE (ML) 50 MG/5 ML		1.16200	04/01/2017	
LIDOCAINE HCL/PF INTRAVENOUS VIAL (ML) 20 MG/ML		0.54600	04/01/2017	
LIDOCAINE TOPICAL ADHESIVE PATCH, MEDICATED 4 %		0.89800	04/01/2022	
LIDOCAINE TOPICAL ADHESIVE PATCH, MEDICATED 5 %		1.29807	01/01/2023	
LIDOCAINE TOPICAL CREAM (GRAM) 4 %		0.31433	04/01/2020	
LIDOCAINE TOPICAL CREAM (GRAM) 5 %		0.86667	04/01/2020	
LIDOCAINE TOPICAL OINTMENT (GRAM) 5 %		0.20273	01/01/2021	
LIDOCAINE/ALOE VERA TOPICAL AEROSOL, SPRAY (GRAM) 0.5 %		0.02460	04/01/2017	
LIDOCAINE/ALOE VERA TOPICAL GEL (GRAM) 0.5 %		0.00939	04/01/2017	
LIDOCAINE/PRILOCAINE TOPICAL CREAM (GRAM) 2.5 %-2.5%		0.19392	01/01/2020	
LIDOCAINE/PRILOCAINE TOPICAL KIT 2.5 %-2.5%		0.26464	10/01/2017	
LIDOCAINE/TETRACAINE TOPICAL CREAM (GRAM) 7 %-7 %		8.15000	04/01/2017	
LIDOCAINE/TRANSPARENT DRESSING TOPICAL KIT 4 %		25.00000	04/01/2017	
LINCOMYCIN HCL INJECTION VIAL (ML) 300 MG/ML		9.50220	04/01/2017	
LINDANE TOPICAL LOTION (ML) 1 %		1.58375	10/01/2014	
LINDANE TOPICAL SHAMPOO 1 %		1.67871	04/01/2017	
LINEZOLID IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 600MG/300		0.13363	01/01/2018	
LINEZOLID INTRAVENOUS INTRAVENOUS SOLUTION 600MG/300		0.12500	01/01/2018	
LINEZOLID ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		4.37333	04/01/2017	
LINEZOLID ORAL TABLET 600 MG		1.00000	04/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LIOTHYRONINE SODIUM INTRAVENOUS VIAL (ML) 10 MCG/ML		385.00000	04/01/2017	
LIOTHYRONINE SODIUM ORAL TABLET 25 MCG		0.41838	04/01/2017	
LIOTHYRONINE SODIUM ORAL TABLET 5 MCG		0.26980	07/01/2017	
LIOTHYRONINE SODIUM ORAL TABLET 50 MCG		0.41850	04/01/2017	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 10 MG		3.67290	01/01/2024	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 20 MG		3.67290	01/01/2024	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 30 MG		3.67290	01/01/2024	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 40 MG		3.67290	01/01/2024	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 50 MG		3.67290	01/01/2024	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 60 MG		3.67290	01/01/2024	
LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 70 MG		3.67290	01/01/2024	
LISINOPRIL ORAL TABLET 10 MG		0.00397	10/01/2017	
LISINOPRIL ORAL TABLET 2.5 MG		0.01120	04/01/2017	
LISINOPRIL ORAL TABLET 20 MG		0.01793	07/01/2017	
LISINOPRIL ORAL TABLET 30 MG		0.03105	10/01/2017	
LISINOPRIL ORAL TABLET 40 MG		0.02210	10/01/2017	
LISINOPRIL ORAL TABLET 5 MG		0.00150	04/01/2017	
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.02210	04/01/2017	
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG		0.02200	01/01/2021	
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.02456	04/01/2017	
LITHIUM CARBONATE ORAL CAPSULE 150 MG		0.03850	07/01/2018	
LITHIUM CARBONATE ORAL CAPSULE 300 MG		0.02570	04/01/2017	
LITHIUM CARBONATE ORAL CAPSULE 600 MG		0.09700	04/01/2017	
LITHIUM CARBONATE ORAL TABLET 300 MG		0.09870	10/01/2021	
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 300 MG		0.07810	10/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 450 MG		0.10100	07/01/2019	
LITHIUM CITRATE ORAL SOLUTION, ORAL 8 MEQ/5 ML		0.03849	04/01/2017	
LITHIUM CITRATE ORAL SOLUTION, ORAL 8 MEQ/5 ML		0.24000	04/01/2017	
LOPERAMIDE HCL ORAL CAPSULE 2 MG		0.12693	10/01/2017	
LOPERAMIDE HCL ORAL LIQUID (ML) 1 MG/5 ML		0.01842	04/01/2017	
LOPERAMIDE HCL ORAL LIQUID (ML) 1MG/7.5ML		0.02479	04/01/2017	
LOPERAMIDE HCL ORAL TABLET 2 MG		0.06185	10/01/2017	
LOPINAIVIR/RITONAVIR ORAL SOLUTION, ORAL 400-100/5		2.17588	01/01/2018	
LOPINAIVIR/RITONAVIR ORAL TABLET 200MG-50MG		4.85274	10/01/2023	
LORATADINE ORAL SOLUTION, ORAL 5 MG/5 ML		0.03367	10/01/2021	
LORATADINE ORAL TABLET 10 MG		0.03020	10/01/2021	
LORATADINE ORAL TABLET,DISINTEGRATING 10 MG		0.31111	04/01/2017	
LORATADINE/PSEUDOEPHEDRINE SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 5 MG-120MG		0.42520	10/01/2017	
LORATADINE/PSEUDOEPHEDRINE SULFATE ORAL TABLET, EXTENDED RELEASE 24 HR 10MG-240MG		0.25000	01/01/2019	
LORAZEPAM INJECTION SYRINGE (ML) 2 MG/ML		0.80975	10/01/2017	
LORAZEPAM INJECTION SYRINGE (ML) 4 MG/ML		3.27000	04/01/2017	
LORAZEPAM INJECTION VIAL (ML) 2 MG/ML		0.46840	01/01/2020	
LORAZEPAM INJECTION VIAL (ML) 4 MG/ML		0.92200	04/01/2017	
LORAZEPAM ORAL CONCENTRATE, ORAL 2 MG/ML		0.26900	01/01/2020	
LORAZEPAM ORAL TABLET 0.5 MG		0.01560	04/01/2017	
LORAZEPAM ORAL TABLET 1 MG		0.01600	04/01/2017	
LORAZEPAM ORAL TABLET 2 MG		0.02595	07/01/2018	
LOSARTAN POTASSIUM ORAL TABLET 100 MG		0.03196	04/01/2017	
LOSARTAN POTASSIUM ORAL TABLET 25 MG		0.01344	01/01/2019	
LOSARTAN POTASSIUM ORAL TABLET 50 MG		0.01704	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100-12.5MG		0.03040	07/01/2018	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG		0.03978	07/01/2018	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 50-12.5 MG		0.02789	01/01/2019	
LOTEPREDNOL ETABONATE OPHTHALMIC DROPS, GEL (GRAM) 0.5 %		21.22800	10/01/2021	
LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.5 %		24.61800	07/01/2022	
LOVASTATIN ORAL TABLET 10 MG		0.03882	04/01/2017	
LOVASTATIN ORAL TABLET 20 MG		0.03200	10/01/2017	
LOVASTATIN ORAL TABLET 40 MG		0.01901	01/01/2019	
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG		0.25298	04/01/2017	
LOXAPINE SUCCINATE ORAL CAPSULE 25 MG		0.50941	04/01/2017	
LOXAPINE SUCCINATE ORAL CAPSULE 5 MG		0.27803	04/01/2017	
LOXAPINE SUCCINATE ORAL CAPSULE 50 MG		0.62000	10/01/2019	
LUBIPROSTONE ORAL CAPSULE 24MCG		2.66613	10/01/2023	
LUBIPROSTONE ORAL CAPSULE 8 MCG		3.66667	01/01/2022	
LURASIDONE HCL ORAL TABLET 120 MG		0.50167	01/01/2024	
LURASIDONE HCL ORAL TABLET 20 MG		0.24531	07/01/2023	
LURASIDONE HCL ORAL TABLET 40 MG		0.24697	07/01/2023	
LURASIDONE HCL ORAL TABLET 60 MG		0.39377	07/01/2023	
LURASIDONE HCL ORAL TABLET 80 MG		0.38584	07/01/2023	
MAGNESIUM AMINO ACID CHELATE ORAL TABLET 27 MG		0.09043	12/12/2011	
MAGNESIUM CARBONATE/ALUMINUM HYDROXIDE ORAL TABLET, CHEWABLE 105-160MG		0.03208	04/01/2017	
MAGNESIUM CARBONATE/ALUMINUM HYDROXIDE/ALGINIC ACID ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 358-95/15		0.01163	04/01/2017	
MAGNESIUM CHLORIDE INJECTION VIAL (ML) 200 MG/ML		0.30580	04/01/2017	
MAGNESIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 64 MG		0.12358	12/12/2011	
MAGNESIUM CITRATE ORAL SOLUTION, ORAL		0.00371	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MAGNESIUM GLUCONATE ORAL TABLET 27 MG(500)		0.09043	12/12/2011	
MAGNESIUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 2400 MG/10		0.01812	04/01/2017	
MAGNESIUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400 MG/5ML		0.00486	07/01/2023	
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200-200-20		0.00410	10/01/2017	
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400-400-40		0.00777	04/01/2017	
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE ORAL TABLET, CHEWABLE 200-200-25		0.02968	04/01/2017	
MAGNESIUM OXIDE ORAL TABLET 400 MG		0.03143	07/01/2021	
MAGNESIUM OXIDE ORAL TABLET 400 MG		0.01363	10/01/2017	
MAGNESIUM OXIDE ORAL TABLET 420 MG		0.04050	04/01/2017	
MAGNESIUM SALICYLATE ORAL TABLET 580(467)MG		0.05750	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 G/500ML		0.01120	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION 40G/1000ML		0.00830	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 2 G/50 ML		0.29160	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 4 G/100 ML		0.07230	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 4 G/50 ML		0.14740	04/01/2017	
MAGNESIUM SULFATE INJECTION SYRINGE (ML) 4 MEQ/ML		0.02975	10/01/2017	
MAGNESIUM SULFATE INJECTION VIAL (ML) 4 MEQ/ML		0.02975	10/01/2017	
MAGNESIUM SULFATE MISCELLANEOUS CRYSTALS 100 %		0.00282	04/01/2017	
MAGNESIUM SULFATE ORAL GRANULES (GRAM) 495 MG/5 G		0.00312	04/01/2017	
MAGNESIUM SULFATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 1 G/100 ML		0.07400	04/01/2017	
MALATHION TOPICAL LOTION (ML) 0.5 %		1.71017	10/01/2017	
MANGANESE CHLORIDE INTRAVENOUS VIAL (ML) 0.1 MG/ML		0.03788	10/01/2017	
MANGANESE SULFATE INTRAVENOUS VIAL (ML) 0.1 MG/ML		2.55200	04/01/2017	
MANNITOL INTRAVENOUS INTRAVENOUS SOLUTION 20 %		0.03322	04/01/2017	
MANNITOL INTRAVENOUS VIAL (ML) 25 %		0.04000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MANNITOL/SORBITOL SOLUTION URETHRAL SOLUTION, IRRIGATION 0.54G-2.7G		0.00458	04/01/2017	
MAPROTILINE HCL ORAL TABLET 25 MG		0.18531	10/01/2017	
MAPROTILINE HCL ORAL TABLET 50 MG		0.50250	10/01/2017	
MAPROTILINE HCL ORAL TABLET 75 MG		0.35492	10/01/2017	
MARAVIROC ORAL TABLET 150 MG		22.91667	01/01/2023	
MEBENDAZOLE ORAL TABLET, CHEWABLE 100 MG		2.82398	10/01/2017	
MECAMYLAMINE HCL ORAL TABLET 2.5 MG		63.20000	04/01/2017	
MECLIZINE HCL ORAL TABLET 12.5 MG		0.03507	10/01/2017	
MECLIZINE HCL ORAL TABLET 25 MG		0.00843	07/01/2018	
MECLIZINE HCL ORAL TABLET, CHEWABLE 25 MG		0.03190	04/01/2017	
MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG		0.78591	10/01/2017	
MECLOFENAMATE SODIUM ORAL CAPSULE 50 MG		0.15276	10/01/2017	
MECOBALAMIN/LEVOMEFOLATE CALCIUM/PYRIDOXAL PHOSPHATE ORAL TABLET 2-3-35 MG		1.54001	07/01/2016	
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SYRINGE (ML) 150 MG/ML		31.45429	04/01/2023	
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR VIAL (ML) 150 MG/ML		24.69500	01/01/2021	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG		0.05095	10/01/2017	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 2.5 MG		0.04121	10/01/2017	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 5 MG		0.11370	07/01/2017	
MEFENAMIC ACID ORAL CAPSULE 250 MG		6.03867	10/01/2018	
MEFLOQUINE HCL ORAL TABLET 250 MG		3.34000	07/01/2019	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML		0.05906	04/01/2017	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML		0.30315	04/01/2017	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 625MG/5ML		1.94902	10/01/2020	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 800MG/20ML		0.34791	04/01/2017	
MEGESTROL ACETATE ORAL TABLET 20 MG		0.11536	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MEGESTROL ACETATE ORAL TABLET 40 MG		0.10500	10/01/2019	
MELATONIN ORAL TABLET 3 MG		0.12828	12/12/2011	
MELOXICAM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 7.5 MG/5ML		0.90027	04/01/2017	
MELOXICAM ORAL TABLET 15 MG		0.01804	07/01/2017	
MELOXICAM ORAL TABLET 7.5 MG		0.00386	01/01/2019	
MELPHALAN HCL INTRAVENOUS VIAL (EA) 50 MG		1643.10000	04/01/2017	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 14 MG		0.68207	10/01/2022	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 21 MG		0.57467	10/01/2023	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 28 MG		0.53500	01/01/2024	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 7 MG		0.38483	10/01/2023	
MEMANTINE HCL ORAL SOLUTION, ORAL 2 MG/ML		1.16022	10/01/2017	
MEMANTINE HCL ORAL TABLET 10 MG		0.04000	10/01/2017	
MEMANTINE HCL ORAL TABLET 5 MG		0.07000	10/01/2021	
MEMANTINE HCL ORAL TABLET, DOSE PACK 5 MG-10 MG		0.41418	04/01/2017	
MENTHOL TOPICAL GEL (GRAM)		0.01123	04/01/2017	
MENTHOL TOPICAL GEL (GRAM) 2 %		0.03980	04/01/2017	
MENTHOL/CAMPHOR TOPICAL LOTION (ML) 0.5 %-0.5%		0.01340	04/01/2017	
MEPERIDINE HCL INJECTION CARTRIDGE (ML) 10 MG/ML		0.27800	04/01/2017	
MEPERIDINE HCL ORAL SOLUTION, ORAL 50 MG/5 ML		0.17986	04/01/2017	
MEPERIDINE HCL ORAL TABLET 100 MG		0.29070	04/01/2017	
MEPERIDINE HCL ORAL TABLET 50 MG		0.17780	10/01/2017	
MEPERIDINE HCL/PF INJECTION VIAL (ML) 100 MG/ML		1.37000	04/01/2017	
MEPERIDINE HCL/PF INJECTION VIAL (ML) 25 MG/ML		1.20000	04/01/2017	
MEPERIDINE HCL/PF INJECTION VIAL (ML) 50 MG/ML		0.41669	10/01/2017	
MEPIVACAINE HCL INJECTION VIAL (ML) 10 MG/ML		0.19100	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MEPIVACAINE HCL INJECTION VIAL (ML) 20 MG/ML		0.19640	04/01/2017	
MEPIVACAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML		0.22666	04/01/2017	
MEPIVACAINE HCL/PF INJECTION VIAL (ML) 15 MG/ML		0.30733	04/01/2017	
MEPIVACAINE HCL/PF INJECTION VIAL (ML) 20 MG/ML		0.37750	04/01/2017	
MEPROBAMATE ORAL TABLET 200 MG		0.77416	10/01/2017	
MEPROBAMATE ORAL TABLET 400 MG		1.96323	04/01/2017	
MERCAPTOPYRINE ORAL TABLET 50 MG		0.70575	10/01/2017	
MEROPENEM IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		22.00000	04/01/2017	
MEROPENEM IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 500MG/50ML		16.28000	04/01/2017	
MEROPENEM INTRAVENOUS VIAL (EA) 1 G		9.44800	10/01/2018	
MEROPENEM INTRAVENOUS VIAL (EA) 500 MG		4.50000	01/01/2018	
MESALAMINE ORAL CAPSULE (WITH DELAYED RELEASE TABLETS) 400 MG		1.70044	04/01/2022	
MESALAMINE ORAL CAPSULE, EXT RELEASE 24 HR 0.375G		0.46667	01/01/2024	
MESALAMINE ORAL CAPSULE, EXTENDED RELEASE 500 MG		4.08942	01/01/2023	
MESALAMINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 1.2 G		2.49958	07/01/2021	
MESALAMINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 800 MG		4.25000	01/01/2020	
MESALAMINE RECTAL ENEMA (ML) 4 G/60 ML		0.09332	10/01/2017	
MESALAMINE RECTAL SUPPOSITORY, RECTAL 1000 MG		3.62764	10/01/2021	
MESALAMINE WITH CLEANSING WIPES RECTAL ENEMA KIT 4 G/60 ML		110.04250	04/01/2017	
MESNA INTRAVENOUS VIAL (ML) 100 MG/ML		1.20000	04/01/2017	
METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5 ML		0.04531	10/01/2017	
METAPROTERENOL SULFATE ORAL TABLET 10 MG		0.57980	10/01/2017	
METAPROTERENOL SULFATE ORAL TABLET 20 MG		0.97500	04/01/2017	
METAXALONE ORAL TABLET 400 MG		4.76414	04/01/2017	
METAXALONE ORAL TABLET 800 MG		0.24800	01/01/2024	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METFORMIN HCL ORAL TABLET 1000 MG		0.01945	01/01/2023	
METFORMIN HCL ORAL TABLET 500 MG		0.01076	04/01/2017	
METFORMIN HCL ORAL TABLET 850 MG		0.01999	04/01/2017	
METFORMIN HCL ORAL TABLET, ER GASTRIC RETENTION 24 HR 1000 MG		1.17800	01/01/2024	
METFORMIN HCL ORAL TABLET, ER GASTRIC RETENTION 24 HR 500 MG		7.00000	10/01/2020	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 1000 MG		0.40964	01/01/2024	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		3.33250	07/01/2018	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.02292	04/01/2017	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG		0.04510	10/01/2021	
METHADONE HCL INJECTION VIAL (ML) 10 MG/ML		19.44900	04/01/2017	
METHADONE HCL ORAL CONCENTRATE, ORAL 10 MG/ML		0.05458	10/01/2017	
METHADONE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.09076	10/01/2017	
METHADONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.06551	04/01/2017	
METHADONE HCL ORAL TABLET 10 MG		0.08750	04/01/2017	
METHADONE HCL ORAL TABLET 5 MG		0.15920	04/01/2017	
METHADONE HCL ORAL TABLET, SOLUBLE 40 MG		0.24800	04/01/2017	
METHAMPHETAMINE HCL ORAL TABLET 5 MG		2.89651	10/01/2017	
METHAZOLAMIDE ORAL TABLET 25 MG		0.24352	10/01/2017	
METHAZOLAMIDE ORAL TABLET 50 MG		3.99409	04/01/2021	
METHENAMINE HIPPURATE ORAL TABLET 1 G		0.52384	01/01/2024	
METHENAMINE MANDELATE ORAL TABLET 1 G		1.05580	04/01/2017	
METHENAMINE MANDELATE ORAL TABLET 500 MG		0.16327	10/01/2017	
METHENAMINE/METHYLENE BLUE/SALICYLATE/SODIUM PHOS/HYOSCYAMIN ORAL TABLET 120-0.12MG		3.99990	04/01/2017	
METHENAMINE/METHYLENE BLUE/SOD PHOS/P.SALICYLATE/HYOSCYAMINE ORAL CAPSULE 118-10-36		2.58650	04/01/2017	
METHENAMINE/METHYLENE BLUE/SOD PHOS/P.SALICYLATE/HYOSCYAMINE ORAL TABLET 81-0.12MG		4.75033	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METHENAMINE/METHYLENE BLUE/SOD PHOS/P.SALICYLATE/HYOSCYAMINE ORAL TABLET 81.6-10.8		0.40000	04/01/2017	
METHENAMINE/SOD PHOSPH,MONOBASIC/METHYLENE BLUE/HYOSCYAMINE ORAL TABLET 81.6-.12MG		2.49990	04/01/2017	
METHIMAZOLE ORAL TABLET 10 MG		0.05000	01/01/2022	
METHIMAZOLE ORAL TABLET 5 MG		0.04205	01/01/2021	
METHOCARBAMOL INJECTION VIAL (ML) 100 MG/ML		5.70880	04/01/2017	
METHOCARBAMOL ORAL TABLET 500 MG		0.03398	07/01/2018	
METHOCARBAMOL ORAL TABLET 750 MG		0.05879	07/01/2022	
METHOTREXATE SODIUM INJECTION VIAL (ML) 25 MG/ML		1.62509	10/01/2017	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		0.15073	01/01/2023	
METHOTREXATE SODIUM/PF INJECTION VIAL (EA) 1 G		63.60000	04/01/2017	
METHOTREXATE SODIUM/PF INJECTION VIAL (ML) 25 MG/ML		0.86700	04/01/2019	
METHOXSALLEN ORAL CAPSULE, LIQUID-FILLED, RAPID RELEASE 10 MG		66.75840	04/01/2017	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG		0.31450	10/01/2018	
METHSCOPOLAMINE BROMIDE ORAL TABLET 5 MG		2.00133	04/01/2017	
METHYCLOTHIAZIDE ORAL TABLET 5 MG		0.24738	10/01/2017	
METHYL SALICYLATE/MENTHOL TOPICAL CREAM (GRAM) 15 %-1 %		0.05105	04/01/2017	
METHYL SALICYLATE/MENTHOL TOPICAL CREAM (GRAM) 15%-10%		0.02259	04/01/2017	
METHYL SALICYLATE/MENTHOL TOPICAL OINTMENT (GRAM) 29 %-7.6 %		0.02852	04/01/2017	
METHYL SALICYLATE/MENTHOL/CAMPHOR TOPICAL CREAM (GRAM) 30%-10%-4%		0.03323	12/12/2011	
METHYLCELLULOSE (WITH SUGAR) ORAL POWDER (GRAM)		0.01528	12/12/2011	
METHYLCELLULOSE ORAL TABLET 500 MG		0.05421	04/01/2017	
METHYLDOPA ORAL TABLET 250 MG		0.06990	04/01/2018	
METHYLDOPA ORAL TABLET 500 MG		0.14670	07/01/2017	
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-15MG		0.32956	10/01/2017	
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-25MG		0.12130	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METHYLERGONOVINE MALEATE INJECTION AMPUL (ML) .2MG/ML(1)		4.70000	04/01/2017	
METHYLERGONOVINE MALEATE INJECTION VIAL (ML) .2MG/ML(1)		24.70000	04/01/2017	
METHYLERGONOVINE MALEATE ORAL TABLET 0.2 MG		21.81402	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 10 MG		1.41190	10/01/2022	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 20 MG		1.30030	04/01/2022	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 30 MG		1.25340	10/01/2023	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 40 MG		2.26920	07/01/2021	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 50 MG		4.99953	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 60 MG		4.98909	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 10 MG		7.96140	01/01/2019	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 20 MG		1.54600	07/01/2023	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 30 MG		1.34803	04/01/2022	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 40 MG		4.21424	04/01/2017	
METHYLPHENIDATE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.15816	04/01/2021	
METHYLPHENIDATE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.55068	04/01/2017	
METHYLPHENIDATE HCL ORAL TABLET 10 MG		0.10150	01/01/2023	
METHYLPHENIDATE HCL ORAL TABLET 20 MG		0.22400	07/01/2018	
METHYLPHENIDATE HCL ORAL TABLET 5 MG		0.09650	04/01/2022	
METHYLPHENIDATE HCL ORAL TABLET, CHEWABLE 10 MG		4.52740	04/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, CHEWABLE 5 MG		3.26022	04/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 10 MG		0.52570	10/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 20 MG		0.39255	10/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 18 MG		0.72280	01/01/2024	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 27 MG		0.59160	07/01/2022	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 36 MG		0.85580	04/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 54 MG		0.75116	07/01/2022	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 72 MG		13.87229	01/01/2023	
METHYLPHENIDATE HCL ORAL TABLET,CHEWABLE 2.5 MG		1.28893	01/01/2024	
METHYLPREDNISOLONE ACETATE INJECTION VIAL (ML) 40 MG/ML		6.24000	04/01/2017	
METHYLPREDNISOLONE ACETATE INJECTION VIAL (ML) 80 MG/ML		5.93600	04/01/2017	
METHYLPREDNISOLONE ORAL TABLET 16 MG		1.95015	04/01/2017	
METHYLPREDNISOLONE ORAL TABLET 32 MG		3.70000	04/01/2017	
METHYLPREDNISOLONE ORAL TABLET 4 MG		0.15770	04/01/2021	
METHYLPREDNISOLONE ORAL TABLET 8 MG		1.09220	01/01/2020	
METHYLPREDNISOLONE ORAL TABLET, DOSE PACK 4 MG		0.10286	01/01/2019	
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 125 MG		8.00000	04/01/2021	
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 40 MG		1.81905	10/01/2017	
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 40 MG/ML		2.71500	12/12/2011	
METHYLPREDNISOLONE SODIUM SUCCINATE INTRAVENOUS VIAL (EA) 1000 MG		12.95445	10/01/2017	
METHYLTESTOSTERONE ORAL CAPSULE 10 MG		67.11550	04/01/2017	
METIPRANOLOL OPHTHALMIC DROPS 0.3 %		2.71154	12/12/2011	
METOCLOPRAMIDE HCL INJECTION SYRINGE (ML) 10 MG/2 ML		1.11000	04/01/2017	
METOCLOPRAMIDE HCL INJECTION VIAL (ML) 5 MG/ML		0.50029	04/01/2017	
METOCLOPRAMIDE HCL ORAL DISPOSABLE SYRINGE (EA) 0.9MG/0.9		0.01585	12/12/2011	
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 10 MG/10ML		0.05375	04/01/2017	
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.01008	04/01/2017	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG		0.01950	01/01/2019	
METOCLOPRAMIDE HCL ORAL TABLET 5 MG		0.03308	07/01/2017	
METOCLOPRAMIDE HCL ORAL TABLET,DISINTEGRATING 5 MG		7.48000	04/01/2017	
METOLAZONE ORAL TABLET 10 MG		0.51380	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METOLAZONE ORAL TABLET 2.5 MG		0.23835	01/01/2024	
METOLAZONE ORAL TABLET 5 MG		0.68220	12/13/2019	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.08312	01/01/2024	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		0.21745	10/01/2021	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		0.05179	01/01/2023	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		0.05175	01/01/2024	
METOPROLOL TARTRATE INTRAVENOUS AMPUL (ML) 5 MG/5 ML		0.39600	04/01/2017	
METOPROLOL TARTRATE INTRAVENOUS SYRINGE (ML) 5 MG/5 ML		1.15600	04/01/2017	
METOPROLOL TARTRATE INTRAVENOUS VIAL (ML) 5 MG/5 ML		0.15200	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 100 MG		0.02310	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 25 MG		0.01309	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 37.5 MG		0.07920	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 50 MG		0.01417	01/01/2024	
METOPROLOL TARTRATE ORAL TABLET 75 MG		0.17228	04/01/2017	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG		0.84850	04/01/2017	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-50MG		1.21373	10/01/2017	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-25MG		0.54060	07/01/2018	
METRONIDAZOLE BENZOATE MISCELLANEOUS POWDER (GRAM)		0.86987	10/01/2017	
METRONIDAZOLE IN SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L		0.01195	10/01/2017	
METRONIDAZOLE ORAL CAPSULE 375 MG		1.81674	10/01/2017	
METRONIDAZOLE ORAL TABLET 250 MG		0.07480	10/01/2019	
METRONIDAZOLE ORAL TABLET 500 MG		0.04450	01/01/2019	
METRONIDAZOLE TOPICAL CREAM (GRAM) 0.75 %		0.71244	10/01/2022	
METRONIDAZOLE TOPICAL GEL (GRAM) 0.75 %		0.32294	10/01/2017	
METRONIDAZOLE TOPICAL GEL (GRAM) 1 %		0.69006	10/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METRONIDAZOLE TOPICAL GEL WITH PUMP (GRAM) 1 %		2.53748	04/01/2017	
METRONIDAZOLE TOPICAL LOTION (ML) 0.75 %		1.27119	01/01/2020	
METRONIDAZOLE VAGINAL GEL WITH APPLICATOR (GRAM) 0.75 %		0.34226	07/01/2019	
MEXILETINE HCL ORAL CAPSULE 150 MG		0.18552	10/01/2017	
MEXILETINE HCL ORAL CAPSULE 200 MG		0.20487	10/01/2017	
MEXILETINE HCL ORAL CAPSULE 250 MG		0.25898	10/01/2017	
MICONAZOLE NITRATE TOPICAL AEROSOL, POWDER (GRAM) 2 %		0.01330	10/01/2017	
MICONAZOLE NITRATE TOPICAL CREAM (GRAM) 2 %		0.07015	04/01/2017	
MICONAZOLE NITRATE TOPICAL OINTMENT (GRAM) 2 %		0.07388	04/01/2017	
MICONAZOLE NITRATE TOPICAL POWDER (GRAM) 2 %		0.03044	10/01/2017	
MICONAZOLE NITRATE VAGINAL CREAM WITH APPLICATOR 2 %		0.10598	04/01/2017	
MICONAZOLE NITRATE VAGINAL CREAM WITH APPLICATOR 4 %		0.23960	04/01/2017	
MICONAZOLE NITRATE VAGINAL KIT 1200MG-2%		17.24000	04/01/2017	
MICONAZOLE NITRATE VAGINAL KIT 200 MG-2 %		7.86000	04/01/2017	
MICONAZOLE NITRATE VAGINAL SUPPOSITORY, VAGINAL 100 MG		0.64024	04/01/2017	
MICONAZOLE NITRATE VAGINAL SUPPOSITORY, VAGINAL 200 MG		12.13000	04/01/2018	
MIDAZOLAM HCL INJECTION DISPOSABLE SYRINGE (ML) 1 MG/ML		0.29250	12/12/2011	
MIDAZOLAM HCL INJECTION VIAL (ML) 10 MG/10ML		0.17100	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 10 MG/2 ML		0.62500	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 2 MG/2 ML		0.31512	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/5 ML		0.27800	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/ML		0.68340	10/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/ML(1)		0.91930	04/01/2017	
MIDAZOLAM HCL ORAL SYRUP 10 MG/5 ML		0.55360	10/01/2017	
MIDAZOLAM HCL ORAL SYRUP 2 MG/ML		0.32771	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MIDAZOLAM HCL ORAL SYRUP 5 MG/2.5ML		2.10800	04/01/2017	
MIDAZOLAM HCL/PF INJECTION CARTRIDGE (ML) 2 MG/2 ML		0.73000	04/01/2017	
MIDAZOLAM HCL/PF INJECTION CARTRIDGE (ML) 5 MG/ML		2.51000	04/01/2017	
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 10 MG/2 ML		1.10000	04/01/2017	
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 2 MG/2 ML		0.19598	10/01/2017	
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 5 MG/ML		0.68340	10/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 10 MG/2 ML		0.48500	04/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 2 MG/2 ML		0.23500	04/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 5 MG/5 ML		0.16200	04/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 5 MG/ML(1)		1.03920	04/01/2017	
MIDODRINE HCL ORAL TABLET 10 MG		0.22900	01/01/2024	
MIDODRINE HCL ORAL TABLET 2.5 MG		0.16000	10/01/2018	
MIDODRINE HCL ORAL TABLET 5 MG		0.18293	04/01/2022	
MIGLITOL ORAL TABLET 100 MG		2.23270	04/01/2017	
MIGLITOL ORAL TABLET 25 MG		1.72110	04/01/2017	
MIGLITOL ORAL TABLET 50 MG		1.89250	04/01/2017	
MIGLUSTAT ORAL CAPSULE 100 MG		120.55600	10/01/2022	
MILRINONE LACTATE INTRAVENOUS VIAL (ML) 1 MG/ML		0.29545	10/01/2017	
MILRINONE LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20MG/100ML		0.12080	04/01/2017	
MILRINONE LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MG/200ML		0.13125	04/01/2017	
MINERAL OIL MISCELLANEOUS OIL (ML)		0.01182	10/01/2017	
MINERAL OIL ORAL OIL (ML)		0.00596	10/01/2017	
MINERAL OIL RECTAL ENEMA (ML)		0.01190	12/12/2011	
MINERAL OIL/ISOPROPYL MYRISTATE/WATER TOPICAL LOTION (ML)		0.02238	12/12/2011	
MINERAL OIL/PETROLATUM,HYDROPHILIC TOPICAL OINTMENT (GRAM)		0.05288	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MINERAL OIL/PETROLATUM,WHITE OPHTHALMIC OINTMENT (GRAM) 15 %-83 %		0.63759	04/01/2017	
MINERAL OIL/PETROLATUM,WHITE OPHTHALMIC OINTMENT (GRAM) 15%-85%		0.63759	04/01/2017	
MINERAL OIL/PETROLATUM,WHITE OPHTHALMIC OINTMENT (GRAM) 42.5-57.3%		0.63759	04/01/2017	
MINERAL OIL/PETROLATUM,WHITE TOPICAL CREAM (GRAM)		0.01385	12/12/2011	
MINERAL OIL/PETROLATUM,WHITE/WATER TOPICAL LOTION (ML)		0.02238	12/12/2011	
MINOCYCLINE HCL ORAL CAPSULE 100 MG		0.22560	01/01/2019	
MINOCYCLINE HCL ORAL CAPSULE 50 MG		0.15370	04/01/2017	
MINOCYCLINE HCL ORAL CAPSULE 75 MG		0.28083	04/01/2017	
MINOCYCLINE HCL ORAL TABLET 100 MG		1.50750	10/01/2017	
MINOCYCLINE HCL ORAL TABLET 50 MG		0.93606	10/01/2017	
MINOCYCLINE HCL ORAL TABLET 75 MG		0.25898	10/01/2017	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 135 MG		7.38700	04/01/2017	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 45 MG		7.38700	04/01/2017	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 65 MG		5.99833	01/01/2020	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG		5.25856	04/01/2017	
MINOXIDIL ORAL TABLET 10 MG		0.12250	01/01/2019	
MINOXIDIL ORAL TABLET 2.5 MG		0.01538	10/01/2017	
MINOXIDIL TOPICAL SOLUTION, NON-ORAL 2 %		0.09397	04/01/2017	
MINOXIDIL TOPICAL SOLUTION, NON-ORAL 5 %		0.13546	04/01/2017	
MIRTAZAPINE ORAL TABLET 15 MG		0.04000	01/01/2019	
MIRTAZAPINE ORAL TABLET 30 MG		0.06333	07/01/2017	
MIRTAZAPINE ORAL TABLET 45 MG		0.09967	10/01/2017	
MIRTAZAPINE ORAL TABLET 7.5 MG		0.51309	04/01/2022	
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 15 MG		0.26800	01/01/2024	
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 30 MG		0.33067	01/01/2024	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 45 MG		0.65380	04/01/2017	
MISOPROSTOL ORAL TABLET 100 MCG		0.34203	04/01/2017	
MISOPROSTOL ORAL TABLET 200 MCG		0.32632	10/01/2017	
MITOMYCIN INTRAVENOUS VIAL (EA) 20 MG		631.98000	04/01/2017	
MITOMYCIN INTRAVENOUS VIAL (EA) 40 MG		1263.96000	04/01/2017	
MITOMYCIN INTRAVENOUS VIAL (EA) 5 MG		243.27000	04/01/2017	
MITOXANTRONE HCL INTRAVENOUS VIAL (ML) 2 MG/ML		13.12480	04/01/2017	
MODAFINIL ORAL TABLET 100 MG		0.25933	04/01/2021	
MODAFINIL ORAL TABLET 200 MG		0.35717	01/01/2020	
MOEXIPRIL HCL ORAL TABLET 15 MG		0.24537	10/01/2017	
MOEXIPRIL HCL ORAL TABLET 7.5 MG		0.26780	04/01/2018	
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-12.5MG		0.36685	10/01/2017	
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-25MG		0.32874	10/01/2017	
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 7.5-12.5MG		0.36252	04/01/2017	
MOLINDONE HCL ORAL TABLET 10 MG		1.83460	04/01/2017	
MOLINDONE HCL ORAL TABLET 25 MG		2.15480	04/01/2017	
MOLINDONE HCL ORAL TABLET 5 MG		1.27600	04/01/2017	
MOMETASONE FUROATE NASAL AEROSOL, SPRAY WITH PUMP (GRAM) 50 MCG		1.66529	01/01/2019	
MOMETASONE FUROATE TOPICAL CREAM (GRAM) 0.1 %		0.15556	04/01/2017	
MOMETASONE FUROATE TOPICAL OINTMENT (GRAM) 0.1 %		0.13022	07/01/2018	
MOMETASONE FUROATE TOPICAL SOLUTION, NON-ORAL 0.1 %		0.14992	10/01/2017	
MONTELUKAST SODIUM ORAL GRANULES IN PACKET (EA) 4 MG		0.59967	01/01/2024	
MONTELUKAST SODIUM ORAL TABLET 10 MG		0.03278	07/01/2018	
MONTELUKAST SODIUM ORAL TABLET,CHEWABLE 4 MG		0.07095	10/01/2021	
MONTELUKAST SODIUM ORAL TABLET,CHEWABLE 5 MG		0.04422	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MORPHINE SULFATE INJECTION AMPUL (ML) 10 MG/ML		0.96000	12/12/2011	
MORPHINE SULFATE INJECTION SYRINGE (ML) 10 MG/ML		0.64320	10/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 2 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 4 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 5 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 8 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION VIAL (ML) 15 MG/ML		1.04000	04/01/2017	
MORPHINE SULFATE INJECTION VIAL (ML) 8 MG/ML		1.12000	04/01/2017	
MORPHINE SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML		0.96000	12/12/2011	
MORPHINE SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML		0.55380	12/12/2011	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 10 MG/ML		1.82538	04/01/2017	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 2 MG/ML		1.88000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 4 MG/ML		1.88000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 8 MG/ML		1.88000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS PATIENT CONTROLLED ANALGESIA SYRINGE 30 MG/30ML		0.40000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 10 MG/ML		2.22000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 2 MG/ML		2.22000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 4 MG/ML		2.22000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 8 MG/ML		2.22000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 10 MG/ML		1.03192	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 25 MG/ML		0.70500	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 4 MG/ML		0.99000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 50 MG/ML		0.49894	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 8 MG/ML		1.12000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 100 MG/4ML		2.74500	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MORPHINE SULFATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 250MG/10ML		1.10000	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 10 MG		2.16080	01/01/2018	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 100 MG		11.83943	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 20 MG		2.41414	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 30 MG		3.37318	07/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 50 MG		4.71535	07/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 60 MG		5.34420	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 80 MG		8.45051	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 120 MG		15.68370	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 30 MG		4.40922	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 45 MG		6.79640	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 60 MG		8.97711	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 75 MG		10.96260	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 90 MG		13.63170	04/01/2017	
MORPHINE SULFATE ORAL SOLUTION, ORAL 10 MG/5 ML		0.05761	04/01/2017	
MORPHINE SULFATE ORAL SOLUTION, ORAL 100 MG/5ML		0.22056	10/01/2019	
MORPHINE SULFATE ORAL SOLUTION, ORAL 20 MG/5 ML		0.12610	04/01/2017	
MORPHINE SULFATE ORAL SYRINGE (EA) 10MG/0.5ML		2.09480	04/01/2017	
MORPHINE SULFATE ORAL SYRINGE (ML) 20 MG/ML		3.65500	04/01/2017	
MORPHINE SULFATE ORAL TABLET 15 MG		0.06000	10/01/2017	
MORPHINE SULFATE ORAL TABLET 30 MG		0.14864	04/01/2017	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 100 MG		0.70590	10/01/2021	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 15 MG		0.16000	07/01/2018	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 200 MG		1.13213	10/01/2017	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 30 MG		0.29240	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 60 MG		0.42000	07/01/2018	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 10 MG		4.10697	10/01/2017	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 20 MG		4.92837	10/01/2017	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 30 MG		6.15988	10/01/2017	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 5 MG		3.28558	10/01/2017	
MORPHINE SULFATE/PF INJECTION AMPUL (ML) 0.5 MG/ML		4.10000	04/01/2017	
MORPHINE SULFATE/PF INJECTION AMPUL (ML) 1 MG/ML		4.53500	04/01/2017	
MORPHINE SULFATE/PF INJECTION VIAL (ML) 0.5 MG/ML		0.61200	04/01/2017	
MORPHINE SULFATE/PF INJECTION VIAL (ML) 1 MG/ML		0.67600	04/01/2017	
MORPHINE SULFATE/PF INTRAVENOUS PATIENT CONTROLLED ANALGESIA VIAL 150MG/30ML		0.33133	04/01/2017	
MORPHINE SULFATE/PF INTRAVENOUS PATIENT CONTROLLED ANALGESIA VIAL 30 MG/30ML		0.26600	04/01/2017	
MOXIFLOXACIN HCL IN SODIUM ACETATE AND SULFATE, WATER, ISO-OSM INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/.25L		0.18400	04/01/2017	
MOXIFLOXACIN HCL OPHTHALMIC DROPS 0.5 %		3.94167	01/01/2020	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		1.33333	01/01/2020	
MULTIVIT WITH CALCIUM, IRON, AND OTHER MINERALS ORAL TABLET 18MG-0.4MG		0.08573	12/12/2011	
MULTIVIT, THERAPEUTIC WITH IRON, CALCIUM, FOLIC ACID & MINERALS ORAL TABLET 27MG-0.4MG		0.08573	12/12/2011	
MULTIVITAMIN ORAL TABLET		0.01266	01/01/2014	
MULTIVITAMIN ORAL TABLET, CHEWABLE		0.03294	12/12/2011	
MULTIVITAMIN W-MINERALS/LUTEIN ORAL TABLET		0.08573	12/12/2011	
MULTIVITAMIN WITH MINERALS ORAL TABLET		0.08573	12/12/2011	
MULTIVITAMIN WITH MINERALS/FOLIC ACID/LYCOPENE ORAL TABLET 0.4MG-600		0.08573	12/12/2011	
MULTIVITAMIN/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 18MG-0.4MG		0.04708	12/12/2011	
MULTIVITAMINS W-IRON ORAL DROPS		0.09355	12/12/2011	
MULTIVITAMINS W-IRON ORAL TABLET, CHEWABLE		0.04015	12/12/2011	
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.25 MG/ML		0.20690	04/01/2013	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.5 MG/ML		0.16200	07/01/2013	
MULTIVITAMINS WITH IRON & FLUORIDE ORAL DROPS 0.25 MG/ML		0.17400	07/01/2013	
MULTIVITAMINS WITH MIN NO.7/FOLIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG		0.09390	12/12/2011	
MULTIVITAMINS,THERAPEUTIC ORAL LIQUID (ML)		0.02860	12/12/2011	
MULTIVITAMINS,THERAPEUTIC ORAL TABLET		0.02469	12/12/2011	
MULTIVITS W-FE,OTHER MIN ORAL LIQUID (ML)		0.02843	12/12/2011	
MULTIVITS W-FE,OTHER MIN ORAL TABLET, CHEWABLE		0.02016	12/12/2011	
MULTIVITS, IRON, MINERALS COMBO NO #5, FOLIC ACID ORAL TABLET 10MG-1MG		1.10355	12/12/2011	
MULTIVITS,STRESS FORMULA ORAL TABLET		0.08573	12/12/2011	
MULTIVITS,STRESS FORMULA/ZINC ORAL TABLET		0.04708	12/12/2011	
MULTIVITS,THERAP W-FE,HEMATIN ORAL TABLET 27MG-0.8MG		0.29925	12/12/2011	
MUPIROCIN CALCIUM TOPICAL CREAM (GRAM) 2 %		2.68556	04/01/2023	
MUPIROCIN TOPICAL OINTMENT (GRAM) 2 %		0.14979	01/01/2024	
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS VIAL (EA) 500 MG		99.00000	04/01/2017	
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		0.11929	10/01/2017	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/ML		2.59444	10/01/2023	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		0.24402	07/01/2023	
MYCOPHENOLATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 180 MG		0.47792	04/01/2022	
MYCOPHENOLATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 360 MG		0.37719	10/01/2022	
NABUMETONE ORAL TABLET 500 MG		0.07398	01/01/2019	
NABUMETONE ORAL TABLET 750 MG		0.11398	01/01/2019	
NADOLOL ORAL TABLET 20 MG		0.29000	01/01/2020	
NADOLOL ORAL TABLET 40 MG		0.32630	10/01/2022	
NADOLOL ORAL TABLET 80 MG		0.23859	10/01/2017	
NADOLOL/BENDROFLUMETHIAZIDE ORAL TABLET 40 MG-5 MG		3.72600	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NADOLOL/BENDROFLUMETHIAZIDE ORAL TABLET 80 MG-5 MG		4.91620	04/01/2017	
NAFCILLIN IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.28900	04/01/2017	
NAFCILLIN IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/100 ML		0.20790	04/01/2017	
NAFCILLIN SODIUM INJECTION VIAL (EA) 1 G		11.00000	04/01/2017	
NAFCILLIN SODIUM INJECTION VIAL (EA) 10 G		102.13800	04/01/2017	
NAFCILLIN SODIUM INJECTION VIAL (EA) 2 G		22.00000	04/01/2017	
NAFCILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		14.02000	04/01/2017	
NAFCILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		27.19000	04/01/2017	
NAFTIFINE HCL TOPICAL CREAM (GRAM) 1 %		5.01793	04/01/2017	
NAFTIFINE HCL TOPICAL CREAM (GRAM) 2 %		4.27667	04/01/2021	
NALBUPHINE HCL INJECTION AMPUL (ML) 10 MG/ML		3.28000	04/01/2017	
NALBUPHINE HCL INJECTION AMPUL (ML) 20 MG/ML		5.63000	04/01/2017	
NALBUPHINE HCL INJECTION VIAL (ML) 10 MG/ML		3.21000	04/01/2017	
NALBUPHINE HCL INJECTION VIAL (ML) 20 MG/ML		4.76800	04/01/2017	
NALOXONE HCL INJECTION SYRINGE (ML) 0.4 MG/ML		15.27080	04/01/2017	
NALOXONE HCL INJECTION SYRINGE (ML) 1 MG/ML		15.24320	04/01/2017	
NALOXONE HCL INJECTION VIAL (ML) 0.4 MG/ML		8.88200	04/01/2018	
NALOXONE HCL NASAL SPRAY, NON-AEROSOL (EA) 4 MG		37.89800	10/01/2023	
NALTREXONE HCL ORAL TABLET 50 MG		0.51990	01/01/2019	
NAPHAZOLINE HCL/GLYCERIN OPHTHALMIC DROPS 0.012-0.2%		0.09200	04/01/2017	
NAPROXEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML		0.77955	04/01/2017	
NAPROXEN ORAL TABLET 250 MG		0.02965	10/01/2017	
NAPROXEN ORAL TABLET 375 MG		0.03395	10/01/2017	
NAPROXEN ORAL TABLET 500 MG		0.04300	04/01/2017	
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 375 MG		0.11150	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG		0.13903	07/01/2019	
NAPROXEN SODIUM ORAL CAPSULE 220 MG		0.11062	04/01/2017	
NAPROXEN SODIUM ORAL TABLET 220 MG		0.05719	04/01/2017	
NAPROXEN SODIUM ORAL TABLET 275 MG		0.07206	10/01/2017	
NAPROXEN SODIUM ORAL TABLET 550 MG		0.26000	01/01/2019	
NAPROXEN SODIUM ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 375 MG		9.75680	07/01/2018	
NAPROXEN SODIUM ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 500 MG		7.39547	02/17/2023	
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 220-120MG		0.36900	04/01/2017	
NARATRIPTAN HCL ORAL TABLET 1 MG		3.92785	04/01/2017	
NARATRIPTAN HCL ORAL TABLET 2.5 MG		1.04219	10/01/2021	
NATEGLINIDE ORAL TABLET 120 MG		0.14756	04/01/2020	
NATEGLINIDE ORAL TABLET 60 MG		0.26967	10/01/2020	
NEBIVOLOL HCL ORAL TABLET 10 MG		0.18481	01/01/2024	
NEBIVOLOL HCL ORAL TABLET 2.5 MG		0.67600	01/01/2022	
NEBIVOLOL HCL ORAL TABLET 20 MG		0.18939	07/01/2023	
NEBIVOLOL HCL ORAL TABLET 5 MG		0.23019	07/01/2023	
NEFAZODONE HCL ORAL TABLET 100 MG		0.20100	10/01/2017	
NEFAZODONE HCL ORAL TABLET 150 MG		0.46197	10/01/2017	
NEFAZODONE HCL ORAL TABLET 200 MG		0.36257	10/01/2017	
NEFAZODONE HCL ORAL TABLET 250 MG		0.25125	10/01/2017	
NEFAZODONE HCL ORAL TABLET 50 MG		0.18940	10/01/2017	
NEOMYCIN SULF/BACITRACIN ZINC/POLYMYXIN B SULF/PRAMOXINE HCL TOPICAL OINTMENT (GRAM) 3.5-10K-10		0.04909	10/01/2017	
NEOMYCIN SULFATE ORAL TABLET 500 MG		0.50000	01/01/2018	
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B TOPICAL OINTMENT (GRAM) 3.5-400-5K		0.05743	10/01/2017	
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-1		6.88857	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN B OPHTHALMIC OINTMENT (GRAM) 3.5MG-400		3.90000	04/01/2019	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION AMPUL (ML) 40-200K/ML		6.23102	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION VIAL (ML) 40-200K/ML		6.23100	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D OPHTHALMIC DROPS 1.75MG-10K		3.05769	04/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-10		6.37835	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SOLUTION, NON-ORAL 3.5-10K-1		1.28439	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-1		3.42500	06/02/2017	
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-.1		1.51714	07/01/2018	
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %		1.90000	07/01/2018	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS VIAL (ML) 0.5 MG/ML		6.55000	04/01/2017	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		8.40300	04/01/2017	
NEVIRAPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 50 MG/5 ML		0.63062	04/01/2017	
NEVIRAPINE ORAL TABLET 200 MG		0.11054	04/01/2017	
NEVIRAPINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		6.38277	04/01/2017	
NEVIRAPINE ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		4.42000	02/15/2022	
NIACIN ORAL CAPSULE, EXTENDED RELEASE 250 MG		0.04482	10/01/2017	
NIACIN ORAL CAPSULE, EXTENDED RELEASE 500 MG		0.04879	10/01/2017	
NIACIN ORAL TABLET 250 MG		0.02481	12/12/2011	
NIACIN ORAL TABLET 500 MG		0.31296	04/01/2017	
NIACIN ORAL TABLET, EXTENDED RELEASE 1000 MG		0.07615	12/12/2011	
NIACIN ORAL TABLET, EXTENDED RELEASE 24 HR 1000 MG		0.27767	01/01/2023	
NIACIN ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.08178	01/01/2020	
NIACIN ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG		1.10200	04/01/2019	
NIACIN ORAL TABLET, EXTENDED RELEASE 500 MG		0.05845	12/12/2011	
NIACIN ORAL TABLET, EXTENDED RELEASE 750 MG		0.07281	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NIACINAMIDE ORAL TABLET 500 MG		0.03450	12/12/2011	
NIACINAMIDE/AZELAIC ACID/ZINC OXIDE/VIT B6/COPPER/FA ORAL TABLET 600-5-500		1.33250	07/01/2018	
NICARDIPINE HCL INTRAVENOUS AMPUL (ML) 25 MG/10ML		2.80000	04/01/2017	
NICARDIPINE HCL INTRAVENOUS VIAL (ML) 25 MG/10ML		2.01420	04/01/2017	
NICARDIPINE HCL ORAL CAPSULE 20 MG		0.10556	10/01/2017	
NICARDIPINE HCL ORAL CAPSULE 30 MG		0.18028	10/01/2017	
NICOTINE POLACRILEX BUCCAL GUM 2 MG		0.16264	04/01/2020	
NICOTINE POLACRILEX BUCCAL GUM 4 MG		0.23091	04/01/2018	
NICOTINE POLACRILEX BUCCAL LOZENGE 2 MG		0.33903	04/01/2017	
NICOTINE POLACRILEX BUCCAL LOZENGE 4 MG		0.29250	10/01/2019	
NICOTINE POLACRILEX BUCCAL MINI LOZENGE 4 MG		0.34976	01/01/2022	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 14MG/24HR		1.16303	04/01/2020	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 21 MG/24HR		1.30714	04/01/2019	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 7MG/24HR		1.29714	01/01/2020	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL DAILY, SEQUENTIAL 21-14-7MG		1.21839	07/01/2019	
NIFEDIPINE ORAL CAPSULE 10 MG		0.39940	10/01/2020	
NIFEDIPINE ORAL CAPSULE 20 MG		1.31822	04/01/2017	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG		0.09880	01/01/2019	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG		0.13250	07/01/2018	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG		0.03594	01/01/2019	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 30 MG		0.08310	01/01/2019	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 60 MG		0.16950	07/01/2019	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 90 MG		0.20555	10/01/2019	
NILUTAMIDE ORAL TABLET 150 MG		133.33333	07/01/2018	
NIMODIPINE ORAL CAPSULE 30 MG		1.66000	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 17 MG		4.49990	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 20 MG		13.16180	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 25.5 MG		5.06367	10/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG		14.35360	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 34 MG		5.68890	10/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 40 MG		14.35360	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 8.5MG		3.78844	04/01/2017	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG		0.41050	07/01/2022	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 25 MG		3.49140	10/01/2021	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 50 MG		0.30000	07/01/2018	
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS ORAL CAPSULE 100 MG		0.29680	01/01/2019	
NITROFURANTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 25 MG/5 ML		1.31539	04/01/2018	
NITROGLYCERIN IN 5 % DEXTROSE IN WATER INTRAVENOUS INFUSION BOTTLE (ML) 100MG/250		0.07667	04/01/2017	
NITROGLYCERIN IN 5 % DEXTROSE IN WATER INTRAVENOUS INFUSION BOTTLE (ML) 50MG/250ML		0.07027	04/01/2017	
NITROGLYCERIN INTRAVENOUS VIAL (ML) 50 MG/10ML		1.00000	04/01/2017	
NITROGLYCERIN ORAL CAPSULE, EXTENDED RELEASE 2.5 MG		0.04715	10/01/2017	
NITROGLYCERIN ORAL CAPSULE, EXTENDED RELEASE 6.5 MG		0.06107	10/01/2017	
NITROGLYCERIN ORAL CAPSULE, EXTENDED RELEASE 9 MG		0.08735	10/01/2017	
NITROGLYCERIN SUBLINGUAL TABLET, SUBLINGUAL 0.3 MG		0.20820	10/01/2020	
NITROGLYCERIN SUBLINGUAL TABLET, SUBLINGUAL 0.4 MG		0.17236	10/01/2017	
NITROGLYCERIN SUBLINGUAL TABLET, SUBLINGUAL 0.6 MG		0.37660	04/01/2017	
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.1MG/HR		0.40987	01/01/2022	
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.2MG/HR		0.35275	01/01/2018	
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.4MG/HR		0.36667	07/01/2018	
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.6MG/HR		0.49433	04/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NITROGLYCERIN TRANSLINGUAL AEROSOL, SPRAY (GRAM) 400MCG/SPR		41.76049	04/01/2017	
NITROGLYCERIN TRANSLINGUAL SPRAY, NON-AEROSOL (GRAM) 400MCG/SPR		18.50475	04/01/2017	
NITROGLYCERIN/DEXTROSE 5 % IN WATER INTRAVENOUS INFUSION BOTTLE (ML) 25MG/250ML		0.02854	10/01/2017	
NITROPRUSSIDE SODIUM INTRAVENOUS VIAL (ML) 25 MG/ML		375.00000	04/01/2017	
NIZATIDINE ORAL CAPSULE 150 MG		0.13507	10/01/2017	
NIZATIDINE ORAL CAPSULE 300 MG		0.36667	01/01/2019	
NIZATIDINE ORAL SOLUTION, ORAL 150MG/10ML		0.83331	04/01/2017	
NORELGESTROMIN/ETHINYL ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 150-35/24H		33.15333	07/01/2022	
NOREPINEPHRINE BITARTRATE INTRAVENOUS VIAL (ML) 1 MG/ML		4.50500	04/01/2017	
NOREPINEPHRINE BITARTRATE MISCELLANEOUS POWDER (GRAM) 100 %		616.40300	04/01/2017	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		0.29900	07/01/2022	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 0.5MG-2.5		2.00956	04/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1.5-0.03MG		0.42460	04/01/2022	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1MG-20MCG		0.21500	01/01/2022	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1MG-5MCG		1.80370	04/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1.5-30(21)		0.16679	01/01/2020	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20(21)		0.11726	10/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20(24)		0.46393	10/01/2022	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 5-7-9-7		0.91503	04/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET,CHEWABLE 1MG-20(24)		0.47760	10/01/2022	
NORETHINDRONE ORAL TABLET 0.35 MG		0.07810	04/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.4-0.035		0.24429	04/01/2020	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.5-0.035		0.53868	07/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG		0.28925	07/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG		0.47022	04/01/2021	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 10-11		0.66485	10/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3		0.15179	01/01/2020	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7-9-5		0.59237	04/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET, CHEWABLE 0.4-35(21)		1.73245	04/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET, CHEWABLE 0.8-25(24)		2.58274	10/01/2017	
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 0.25-0.035		0.10535	04/01/2023	
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 28		0.09250	01/01/2020	
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 LO		0.11714	01/01/2023	
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.3-0.03MG		0.26161	01/01/2019	
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.5 MG-50		1.04798	01/01/2020	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG		0.02955	10/01/2017	
NORTRIPTYLINE HCL ORAL CAPSULE 25 MG		0.03648	10/01/2017	
NORTRIPTYLINE HCL ORAL CAPSULE 50 MG		0.07796	10/01/2017	
NORTRIPTYLINE HCL ORAL CAPSULE 75 MG		0.09919	10/01/2017	
NORTRIPTYLINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.25178	04/01/2017	
NYSTATIN ORAL POWDER (EACH) 150MM UNIT		94.76192	12/12/2011	
NYSTATIN ORAL POWDER (EACH) 50MM UNIT		38.25000	12/12/2011	
NYSTATIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100000/ML		0.03294	04/01/2017	
NYSTATIN ORAL TABLET 500K UNIT		0.34870	10/01/2018	
NYSTATIN TOPICAL CREAM (GRAM) 100000/G		0.09033	01/01/2019	
NYSTATIN TOPICAL OINTMENT (GRAM) 100000/G		0.25000	01/01/2019	
NYSTATIN TOPICAL POWDER (GRAM) 100000/G		0.19583	07/01/2018	
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 100000-0.1		0.18033	07/01/2018	
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 100000-0.1		0.28300	01/01/2019	
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 100 MCG/ML		3.51750	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 50 MCG/ML		4.42200	10/01/2017	
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 500 MCG/ML		21.45000	04/01/2017	
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 100 MCG/ML		2.69662	10/01/2018	
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 50 MCG/ML		4.42200	10/01/2017	
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 500 MCG/ML		21.45000	04/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 100 MCG/ML		3.51750	10/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 1000MCG/ML		55.10175	04/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 200 MCG/ML		7.03500	10/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 50 MCG/ML		4.42200	10/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 500 MCG/ML		21.45000	04/01/2017	
OFLOXACIN OPHTHALMIC DROPS 0.3 %		1.41450	01/01/2022	
OFLOXACIN ORAL TABLET 200 MG		2.85346	12/12/2011	
OFLOXACIN ORAL TABLET 300 MG		2.10818	10/01/2017	
OFLOXACIN ORAL TABLET 400 MG		2.14084	10/01/2017	
OFLOXACIN OTIC DROPS 0.3 %		1.41605	10/01/2017	
OLANZAPINE INTRAMUSCULAR VIAL (EA) 10 MG		24.07000	04/01/2018	
OLANZAPINE ORAL TABLET 10 MG		0.08667	01/01/2019	
OLANZAPINE ORAL TABLET 15 MG		0.08050	01/01/2019	
OLANZAPINE ORAL TABLET 2.5 MG		0.06333	01/01/2019	
OLANZAPINE ORAL TABLET 20 MG		0.11667	01/01/2019	
OLANZAPINE ORAL TABLET 5 MG		0.04992	10/01/2017	
OLANZAPINE ORAL TABLET 7.5 MG		0.07734	01/01/2022	
OLANZAPINE ORAL TABLET,DISINTEGRATING 10 MG		0.29911	04/01/2023	
OLANZAPINE ORAL TABLET,DISINTEGRATING 15 MG		0.52133	01/01/2019	
OLANZAPINE ORAL TABLET,DISINTEGRATING 20 MG		0.41667	10/01/2021	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OLANZAPINE ORAL TABLET,DISINTEGRATING 5 MG		0.15867	07/01/2018	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 12MG-25MG		13.12900	04/01/2017	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 12MG-50MG		12.74340	04/01/2017	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 3 MG-25 MG		4.91583	07/01/2022	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 6MG-25MG		5.42333	07/01/2021	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 6MG-50MG		9.54467	04/01/2017	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG		0.03244	01/01/2019	
OLMESARTAN MEDOXOMIL ORAL TABLET 40 MG		0.08178	04/01/2023	
OLMESARTAN MEDOXOMIL ORAL TABLET 5 MG		0.03800	01/01/2019	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 20-5-12.5		1.36144	10/01/2021	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-10-12.5		1.82389	01/01/2020	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-10-25MG		1.34529	01/01/2022	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-5-12.5		1.00133	07/01/2019	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-5-25 MG		1.40000	01/01/2019	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.10567	04/01/2018	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE ORAL TABLET 40 MG-25MG		0.16156	07/01/2018	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE ORAL TABLET 40-12.5 MG		0.16156	07/01/2018	
OLOPATADINE HCL NASAL AEROSOL, SPRAY WITH PUMP (GRAM) 0.6 %		2.00000	07/01/2019	
OLOPATADINE HCL OPHTHALMIC DROPS 0.1 %		1.80956	04/01/2022	
OLOPATADINE HCL OPHTHALMIC DROPS 0.2 %		4.58080	01/01/2020	
OMEGA-3 ACID ETHYL ESTERS ORAL CAPSULE 1 G		0.17763	07/01/2021	
OMEGA-3 FATTY ACIDS/FISH OIL ORAL CAPSULE (HARD, SOFT, ETC.) 300-1000MG		0.10910	12/12/2011	
OMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.44162	04/01/2017	
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 10 MG		0.08432	01/01/2022	
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.02678	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG		0.04654	10/01/2022	
OMEPRAZOLE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG		0.19321	04/01/2020	
OMEPRAZOLE/SODIUM BICARBONATE ORAL CAPSULE 20MG-1.1G		1.11772	01/01/2022	
OMEPRAZOLE/SODIUM BICARBONATE ORAL CAPSULE 40MG-1.1G		1.28050	01/01/2020	
OMEPRAZOLE/SODIUM BICARBONATE ORAL PACKET (EA) 20-1680MG		34.45550	07/01/2021	
OMEPRAZOLE/SODIUM BICARBONATE ORAL PACKET (EA) 40-1680MG		20.17800	01/01/2019	
ONDANSETRON HCL INTRAVENOUS VIAL (ML) 2 MG/ML		0.07380	04/01/2017	
ONDANSETRON HCL ORAL SOLUTION, ORAL 4 MG/5 ML		0.18500	10/01/2021	
ONDANSETRON HCL ORAL TABLET 24 MG		4.63962	12/12/2011	
ONDANSETRON HCL ORAL TABLET 4 MG		0.03767	01/01/2019	
ONDANSETRON HCL ORAL TABLET 8 MG		0.04400	01/01/2019	
ONDANSETRON HCL/PF INJECTION SYRINGE (ML) 4 MG/2 ML		0.11566	10/01/2017	
ONDANSETRON HCL/PF INJECTION VIAL (ML) 4 MG/2 ML		0.11566	10/01/2017	
ONDANSETRON ORAL TABLET,DISINTEGRATING 4 MG		0.06333	01/01/2019	
ONDANSETRON ORAL TABLET,DISINTEGRATING 8 MG		0.16522	01/01/2020	
OPIUM TINCTURE ORAL TINCTURE 10 MG/ML		2.38890	04/01/2018	
OPIUM/BELLADONNA ALKALOIDS RECTAL SUPPOSITORY, RECTAL 30-16.2MG		20.90350	04/01/2017	
OPIUM/BELLADONNA ALKALOIDS RECTAL SUPPOSITORY, RECTAL 60-16.2MG		24.68483	04/01/2017	
ORPHENADRINE CITRATE INJECTION AMPUL (ML) 30 MG/ML		6.00000	04/01/2017	
ORPHENADRINE CITRATE INJECTION VIAL (ML) 30 MG/ML		6.00000	04/01/2017	
ORPHENADRINE CITRATE ORAL TABLET, EXTENDED RELEASE 100 MG		0.14850	01/01/2019	
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 25-385-30		0.69231	12/12/2011	
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 50-770-60		0.98077	12/12/2011	
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG		1.92800	10/01/2020	
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 45 MG		4.12900	10/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 75 MG		1.12067	07/01/2022	
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 6 MG/ML		0.46858	04/01/2022	
OXACILLIN SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.28900	04/01/2017	
OXACILLIN SODIUM INJECTION VIAL (EA) 1 G		7.90000	04/01/2017	
OXACILLIN SODIUM INJECTION VIAL (EA) 10 G		90.00000	04/01/2017	
OXACILLIN SODIUM INJECTION VIAL (EA) 2 G		10.89000	10/01/2019	
OXACILLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/50 ML		0.40989	10/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (EA) 100 MG		200.00000	04/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (EA) 50 MG		100.00000	04/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (ML) 100MG/20ML		5.00000	04/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (ML) 50 MG/10ML		5.00000	04/01/2017	
OXANDROLONE ORAL TABLET 10 MG		11.42074	04/01/2017	
OXANDROLONE ORAL TABLET 2.5 MG		2.69627	10/01/2017	
OXAPROZIN ORAL TABLET 600 MG		0.76500	10/01/2021	
OXAZEPAM ORAL CAPSULE 10 MG		0.47800	04/01/2017	
OXAZEPAM ORAL CAPSULE 15 MG		0.66744	04/01/2017	
OXAZEPAM ORAL CAPSULE 30 MG		1.03910	04/01/2017	
OXCARBAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 300 MG/5ML		0.23948	07/01/2018	
OXCARBAZEPINE ORAL TABLET 150 MG		0.07290	10/01/2021	
OXCARBAZEPINE ORAL TABLET 300 MG		0.11300	01/01/2019	
OXCARBAZEPINE ORAL TABLET 600 MG		0.26130	07/01/2018	
OXICONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %		6.00325	04/01/2021	
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML		0.01875	04/01/2017	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		0.03150	01/01/2019	
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.11710	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 15 MG		0.12760	01/01/2019	
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		0.10550	07/01/2023	
OXYCODONE HCL ORAL CAPSULE 5 MG		0.10127	10/01/2017	
OXYCODONE HCL ORAL CONCENTRATE, ORAL 20 MG/ML		1.30667	07/01/2018	
OXYCODONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.09998	01/01/2020	
OXYCODONE HCL ORAL SYRINGE (EA) 10MG/0.5ML		3.74000	04/01/2017	
OXYCODONE HCL ORAL TABLET 10 MG		0.10660	07/01/2018	
OXYCODONE HCL ORAL TABLET 15 MG		0.10132	01/01/2019	
OXYCODONE HCL ORAL TABLET 20 MG		0.17710	10/01/2017	
OXYCODONE HCL ORAL TABLET 30 MG		0.09690	01/01/2019	
OXYCODONE HCL ORAL TABLET 5 MG		0.05480	04/01/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 10 MG		2.15990	10/01/2020	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 15 MG		3.53670	04/01/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 20 MG		4.43520	04/01/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 30 MG		0.00000	03/22/2018	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 40 MG		0.00000	02/08/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 60 MG		10.99990	04/01/2020	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 80 MG		7.99250	01/01/2018	
OXYCODONE HCL/ACETAMINOPHEN ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG-500MG		0.10985	12/12/2011	
OXYCODONE HCL/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-325/5 ML		0.22800	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-300MG		18.42033	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-325MG		0.15738	07/01/2023	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-650MG		0.46410	12/12/2011	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 2.5-325 MG		1.24120	01/01/2018	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5 MG-300MG		18.42033	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5 MG-325MG		0.05300	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-300 MG		18.42033	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-325 MG		0.09245	01/01/2022	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-500MG		0.41250	12/12/2011	
OXYCODONE HCL/ASPIRIN ORAL TABLET 4.8355-325		0.33977	10/01/2017	
OXYMETAZOLINE HCL NASAL AEROSOL, MIST 0.05 %		0.07733	04/01/2017	
OXYMETAZOLINE HCL NASAL SPRAY, NON-AEROSOL (ML) 0.05 %		0.05112	04/01/2017	
OXYMORPHONE HCL ORAL TABLET 10 MG		1.51000	07/01/2018	
OXYMORPHONE HCL ORAL TABLET 5 MG		1.08926	07/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		3.30522	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 15 MG		3.46650	01/01/2018	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 20 MG		4.93817	07/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 30 MG		7.95418	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 40 MG		9.44497	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 5 MG		1.83035	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 7.5 MG		2.11186	04/01/2017	
OXYTOCIN INJECTION VIAL (ML) 10 UNIT/ML		0.76000	04/01/2017	
PACLITAXEL INTRAVENOUS VIAL (ML) 6 MG/ML		1.16149	04/01/2017	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 1.5 MG		1.56953	10/01/2023	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		1.50296	10/01/2023	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 6 MG		1.52083	01/01/2024	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 9 MG		1.69256	10/01/2023	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (EA) 30 MG		18.79000	04/01/2017	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (EA) 90 MG		56.37000	04/01/2017	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 30MG/10ML		2.74442	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 60 MG/10ML		2.80400	04/01/2017	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 90 MG/10ML		3.58500	04/01/2017	
PANCURONIUM BROMIDE INTRAVENOUS VIAL (ML) 1 MG/ML		0.47400	04/01/2017	
PANCURONIUM BROMIDE INTRAVENOUS VIAL (ML) 2 MG/ML		1.65712	04/01/2017	
PANTOPRAZOLE SODIUM INTRAVENOUS VIAL (EA) 40 MG		3.22082	10/01/2017	
PANTOPRAZOLE SODIUM ORAL GRANULES DELAYED RELEASE FOR SUSP PACKET 40 MG		8.43126	04/01/2023	
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG		0.03211	01/01/2019	
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 40 MG		0.03422	01/01/2019	
PAPAVERINE HCL INJECTION VIAL (ML) 30 MG/ML		0.83717	10/01/2017	
PARABEN/CETYL ALCOHOL/STEARYL ALCOHOL/PROP GLY/NA LAURYL SO4 TOPICAL CLEANSER (ML)		0.02238	12/12/2011	
PAREGORIC ORAL LIQUID (ML) 2 MG/5 ML		0.20929	10/01/2017	
PARENTERAL AMINO ACID 15% COMBINATION NO.1 INTRAVENOUS INTRAVENOUS SOLUTION 15 %		0.02676	04/01/2017	
PARICALCITOL INJECTION VIAL (ML) 2 MCG/ML		4.00000	04/01/2017	
PARICALCITOL INJECTION VIAL (ML) 5 MCG/ML		10.00000	04/01/2017	
PARICALCITOL INTRAVENOUS VIAL (ML) 2 MCG/ML		4.00000	04/01/2017	
PARICALCITOL INTRAVENOUS VIAL (ML) 5 MCG/ML		10.00000	04/01/2017	
PARICALCITOL ORAL CAPSULE 1 MCG		0.83717	01/01/2024	
PARICALCITOL ORAL CAPSULE 2 MCG		6.30300	07/01/2019	
PARICALCITOL ORAL CAPSULE 4MCG		8.56666	04/01/2017	
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG		1.35494	10/01/2017	
PAROXETINE HCL ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 10 MG/5 ML		0.58039	09/01/2011	
PAROXETINE HCL ORAL TABLET 10 MG		0.01667	01/01/2019	
PAROXETINE HCL ORAL TABLET 20 MG		0.03133	01/01/2019	
PAROXETINE HCL ORAL TABLET 30 MG		0.08133	04/01/2017	
PAROXETINE HCL ORAL TABLET 40 MG		0.07833	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12.5 MG		1.07133	07/01/2019	
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		0.55200	01/01/2024	
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 37.5 MG		0.83200	01/01/2020	
PAROXETINE MESYLATE ORAL CAPSULE 7.5 MG		1.92733	10/01/2023	
PEDIATRIC MULTIVIT WITH A,C,D3 NO.21/SODIUM FLUORIDE ORAL DROPS 0.25 MG/ML		0.07035	10/01/2017	
PEDIATRIC MULTIVIT WITH A,C,D3 NO.21/SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML		0.17120	04/01/2017	
PEDIATRIC MULTIVITAMIN NO.2/SODIUM FLUORIDE ORAL DROPS 0.25 MG/ML		0.14220	07/01/2023	
PEDIATRIC MULTIVITAMIN NO.2/SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML		0.14500	01/01/2018	
PEDIATRIC MULTIVITAMIN NO.45/SODIUM FLUORIDE/FERROUS SULFATE ORAL DROPS 0.25-10/ML		0.14500	01/01/2018	
PEDIATRIC MULTIVITAMIN NO.75/SODIUM FLUORIDE/FERROUS SULFATE ORAL DROPS 0.25-10/ML		0.21760	04/01/2017	
PEDIATRIC MULTIVITAMIN NO.82 WITH SODIUM FLUORIDE ORAL DROPS 0.25 MG/ML		0.22260	04/01/2017	
PEDIATRIC MULTIVITAMIN NO.82 WITH SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML		0.19700	04/01/2017	
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25 MG		0.16616	10/01/2017	
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5 MG		0.07700	10/01/2017	
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG		0.12432	10/01/2017	
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25 MG		0.04680	01/01/2018	
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5 MG		0.04680	07/01/2018	
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG		0.05010	04/01/2017	
PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE ORAL SOLUTION, RECONSTITUTED, ORAL 236-22.74G		0.00265	04/01/2017	
PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE ORAL SOLUTION, RECONSTITUTED, ORAL 240-22.72G		0.00245	04/01/2017	
PENICILLIN G POTASSIUM INJECTION VIAL (EA) 20MM UNIT		50.63000	04/01/2017	
PENICILLIN G POTASSIUM INJECTION VIAL (EA) 5MM UNIT		6.68828	10/01/2017	
PENICILLIN G POTASSIUM/DEXTROSE-WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1MM/50ML		0.16900	04/01/2017	
PENICILLIN G POTASSIUM/DEXTROSE-WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2MM/50ML		0.17580	04/01/2017	
PENICILLIN G POTASSIUM/DEXTROSE-WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 3MM/50ML		0.18260	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PENICILLIN G PROCAINE INTRAMUSCULAR SYRINGE (ML) 1.2MM/2 ML		25.25250	04/01/2017	
PENICILLIN G PROCAINE INTRAMUSCULAR SYRINGE (ML) 600000/ML		30.33600	04/01/2017	
PENICILLIN G SODIUM INJECTION VIAL (EA) 5MM UNIT		46.07800	04/01/2017	
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 125 MG/5ML		0.02156	10/01/2017	
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 250 MG/5ML		0.02472	10/01/2017	
PENICILLIN V POTASSIUM ORAL TABLET 250 MG		0.00854	10/01/2017	
PENICILLIN V POTASSIUM ORAL TABLET 500 MG		0.05250	01/01/2019	
PENTAZOCINE HCL/ACETAMINOPHEN ORAL TABLET 25-650MG		0.98273	12/12/2011	
PENTAZOCINE HCL/NALOXONE HCL ORAL TABLET 50MG-0.5MG		1.73423	07/01/2017	
PENTOXIFYLLINE ORAL TABLET, EXTENDED RELEASE 400 MG		0.07636	10/01/2017	
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG		0.56000	04/01/2017	
PERINDOPRIL ERBUMINE ORAL TABLET 4 MG		0.53953	04/01/2017	
PERINDOPRIL ERBUMINE ORAL TABLET 8 MG		0.44392	04/01/2017	
PERMETHRIN MISCELLANEOUS AEROSOL, SPRAY (GRAM) 0.5 %		0.02769	12/12/2011	
PERMETHRIN TOPICAL CREAM (GRAM) 5 %		0.29678	04/01/2020	
PERMETHRIN TOPICAL LIQUID (ML) 1 %		0.09871	04/01/2017	
PERPHENAZINE ORAL TABLET 16 MG		0.63256	07/01/2022	
PERPHENAZINE ORAL TABLET 2 MG		0.25255	01/01/2023	
PERPHENAZINE ORAL TABLET 4 MG		0.27021	01/01/2022	
PERPHENAZINE ORAL TABLET 8 MG		0.21990	01/01/2024	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-10 MG		0.05442	10/01/2017	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-25 MG		1.52987	04/01/2017	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-25 MG		0.22125	10/01/2017	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-50 MG		2.63640	04/01/2017	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-10MG		0.04569	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PETROLATUM,WHITE TOPICAL JELLY (GRAM)		0.00679	04/01/2017	
PETROLATUM,WHITE TOPICAL OINTMENT (GRAM)		0.04409	04/01/2017	
PETROLATUM,WHITE TOPICAL OINTMENT IN PACKET (GRAM)		0.04391	04/01/2017	
PETROLATUM,WHITE/LANOLIN TOPICAL OINTMENT (GRAM)		0.02712	12/12/2011	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		0.29260	01/01/2022	
PHENAZOPYRIDINE HCL ORAL TABLET 200 MG		0.10975	10/01/2017	
PHENAZOPYRIDINE HCL/HYOSCYAMINE/BUTABARBITAL ORAL TABLET 150-0.3-15		1.05577	12/12/2011	
PHENDIMETRAZINE TARTRATE ORAL CAPSULE, EXTENDED RELEASE 105 MG		0.69148	04/01/2017	
PHENDIMETRAZINE TARTRATE ORAL TABLET 35 MG		0.12451	04/01/2017	
PHENELZINE SULFATE ORAL TABLET 15 MG		0.48652	04/01/2017	
PHENOBARBITAL ORAL ELIXIR 20 MG/5 ML		0.06540	01/01/2022	
PHENOBARBITAL ORAL TABLET 100 MG		0.32588	04/01/2017	
PHENOBARBITAL ORAL TABLET 15 MG		0.14652	04/01/2017	
PHENOBARBITAL ORAL TABLET 16.2 MG		0.15638	10/01/2017	
PHENOBARBITAL ORAL TABLET 30 MG		0.06019	10/01/2017	
PHENOBARBITAL ORAL TABLET 32.4 MG		0.27470	01/01/2022	
PHENOBARBITAL ORAL TABLET 60 MG		0.17013	04/01/2017	
PHENOBARBITAL ORAL TABLET 64.8 MG		0.48560	01/01/2019	
PHENOBARBITAL ORAL TABLET 97.2MG		0.30326	07/01/2022	
PHENOBARBITAL SODIUM INJECTION VIAL (ML) 130MG/ML		53.98000	04/01/2017	
PHENOBARBITAL SODIUM INJECTION VIAL (ML) 65 MG/ML		1.36000	04/01/2017	
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB ORAL ELIXIR 16.2MG/5ML		0.01385	09/01/2011	
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB ORAL TABLET 16.2 MG		0.07714	12/12/2011	
PHENOL MUCOUS MEMBRANE AEROSOL, SPRAY (ML) 1.4 %		0.02411	04/01/2017	
PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG		107.87100	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PHENTERMINE HCL ORAL CAPSULE 15 MG		0.21730	01/01/2019	
PHENTERMINE HCL ORAL CAPSULE 30 MG		0.09668	10/01/2017	
PHENTERMINE HCL ORAL CAPSULE 37.5 MG		0.25421	04/01/2017	
PHENTERMINE HCL ORAL TABLET 37.5 MG		0.06500	07/01/2018	
PHENTERMINE HCL ORAL TABLET 8 MG		0.48333	04/01/2017	
PHENTOLAMINE MESYLATE INJECTION VIAL (EA) 5 MG		425.00000	04/01/2017	
PHENYLEPHRINE HCL INJECTION VIAL (ML) 10 MG/ML		12.00000	04/01/2017	
PHENYLEPHRINE HCL NASAL DROPS 1 %		0.06336	04/01/2017	
PHENYLEPHRINE HCL NASAL SPRAY, NON-AEROSOL (ML) 1 %		0.07567	04/01/2017	
PHENYLEPHRINE HCL OPHTHALMIC DROPS 10 %		8.00000	04/01/2017	
PHENYLEPHRINE HCL OPHTHALMIC DROPS 2.5 %		6.00000	04/01/2017	
PHENYLEPHRINE HCL ORAL TABLET 10 MG		0.04827	04/01/2017	
PHENYLEPHRINE HCL RECTAL SUPPOSITORY, RECTAL 0.25 %		0.13729	04/01/2017	
PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 5 MG-325MG		0.08849	04/01/2017	
PHENYLEPHRINE HCL/ACETAMINOPHEN/CHLORPHENIRAMINE ORAL TABLET 5-325-2MG		0.07949	04/01/2017	
PHENYLEPHRINE HCL/ACETAMINOPHEN/CHLORPHENIRAMINE ORAL TABLET, SEQUENTIAL 5-325-2MG		0.08333	04/01/2017	
PHENYLEPHRINE HCL/COCOA BUTTER RECTAL SUPPOSITORY, RECTAL 0.25-88.44		0.17517	04/01/2017	
PHENYLEPHRINE HCL/DEXTROMETHORPHAN HBR/ACETAMINOPHEN/GUAIFEN ORAL LIQUID (ML) 5-325MG/15		0.00904	04/01/2017	
PHENYLEPHRINE HCL/DEXTROMETHORPHAN HBR/ACETAMINOPHEN/GUAIFEN ORAL TABLET 5-325-200		0.11834	04/01/2017	
PHENYLEPHRINE HCL/DIPHENHYDRAMINE HCL ORAL LIQUID (ML) 2.5-6.25/5		0.02025	04/01/2017	
PHENYLEPHRINE HCL/MINERAL OIL/PETROLATUM,WHITE RECTAL OINTMENT WITH APPLICATOR 0.25 %-14%		0.03667	07/01/2019	
PHENYLEPHRINE HCL/PRAMOXINE HCL/GLYCERIN/WHITE PETROLATUM RECTAL CREAM (GRAM) 0.25%-1%		0.05687	04/01/2017	
PHENYLEPHRINE HCL/PROMETHAZINE HCL ORAL SYRUP 5-6.25MG/5		0.12042	07/01/2019	
PHENYLEPHRINE HCL/PYRILAMINE MALEATE ORAL TABLET 10 MG-25MG		0.64560	04/01/2017	
PHENYLEPHRINE HCL/SHARK LIVER OIL/MINERAL OIL/WH.PETROLATUM RECTAL OINTMENT (GRAM)		0.04035	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PHENYLEPHRINE TANNATE/CHLORPHENIRAMINE TANNATE ORAL TABLET 25-9MG		1.26150	12/12/2011	
PHENYTOIN ORAL DISPOSABLE SYRINGE (ML) 100 MG/4ML		0.15675	09/01/2011	
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/4ML		1.04000	04/01/2017	
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML		0.05772	10/01/2022	
PHENYTOIN ORAL TABLET, CHEWABLE 50 MG		0.19360	10/01/2018	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG		0.08020	01/01/2019	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 200 MG		0.57419	10/01/2017	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 30 MG		0.86983	04/01/2017	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 300 MG		1.16667	10/01/2022	
PHENYTOIN SODIUM INTRAVENOUS VIAL (ML) 50 MG/ML		0.27200	04/01/2017	
PHOSPHORATED CARBOHYDRATE (DEXTRROSE AMD FRUCTOSE) ORAL SOLUTION, ORAL		0.01622	04/01/2017	
PHYTONADIONE (VIT K1) INJECTION AMPUL (ML) 10 MG/ML		41.09125	04/01/2017	
PHYTONADIONE (VIT K1) INJECTION AMPUL (ML) 1MG/0.5ML		7.72000	04/01/2017	
PHYTONADIONE (VIT K1) INJECTION SYRINGE (ML) 1MG/0.5ML		36.00000	04/01/2017	
PHYTONADIONE (VIT K1) ORAL TABLET 5 MG		33.99967	04/01/2022	
PILOCARPINE HCL OPHTHALMIC DROPS 0.5 %		0.24231	12/12/2011	
PILOCARPINE HCL OPHTHALMIC DROPS 1 %		2.38520	10/01/2017	
PILOCARPINE HCL OPHTHALMIC DROPS 2 %		3.15867	01/01/2022	
PILOCARPINE HCL OPHTHALMIC DROPS 3 %		0.38077	12/12/2011	
PILOCARPINE HCL OPHTHALMIC DROPS 4 %		4.14400	04/01/2020	
PILOCARPINE HCL OPHTHALMIC DROPS 6 %		0.60577	12/12/2011	
PILOCARPINE HCL ORAL TABLET 5 MG		0.17557	10/01/2017	
PILOCARPINE HCL ORAL TABLET 7.5 MG		1.04620	01/01/2019	
PIMECROLIMUS TOPICAL CREAM (GRAM) 1 %		3.16000	01/01/2024	
PIMOZIDE ORAL TABLET 1 MG		1.27510	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PIMOZIDE ORAL TABLET 2 MG		1.80700	01/01/2020	
PINDOLOL ORAL TABLET 10 MG		0.10050	10/01/2017	
PINDOLOL ORAL TABLET 5 MG		0.12370	10/01/2017	
PIOGLITAZONE HCL ORAL TABLET 15 MG		0.02600	01/01/2019	
PIOGLITAZONE HCL ORAL TABLET 30 MG		0.02844	01/01/2019	
PIOGLITAZONE HCL ORAL TABLET 45 MG		0.01999	07/01/2018	
PIOGLITAZONE HCL/GLIMEPIRIDE ORAL TABLET 30 MG-2 MG		6.57850	04/01/2017	
PIOGLITAZONE HCL/GLIMEPIRIDE ORAL TABLET 30 MG-4 MG		10.75527	04/01/2017	
PIOGLITAZONE HCL/METFORMIN HCL ORAL TABLET 15MG-500MG		1.12650	10/01/2018	
PIOGLITAZONE HCL/METFORMIN HCL ORAL TABLET 15MG-850MG		0.61100	04/01/2020	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 13.5 G		48.60000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 2.25 G		2.68600	10/01/2019	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 3.375 G		3.25000	10/01/2020	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 4.5 G		5.04200	04/01/2019	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 40.5 G		72.90000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2.25 G		5.13000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3.375 G		7.19000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 4.5 G		9.21000	04/01/2017	
PIPERONYL BUTOXIDE/PYRETHRINS MISCELLANEOUS AEROSOL, SPRAY (ML)		0.02769	12/12/2011	
PIPERONYL BUTOXIDE/PYRETHRINS TOPICAL SHAMPOO 4%-0.33%		0.03567	04/01/2017	
PIPERONYL BUTOXIDE/PYRETHRINS/PERMETHRIN TOPICAL KIT 4-.33-.5%		7.79076	10/01/2017	
PIROXICAM ORAL CAPSULE 10 MG		0.53490	01/01/2018	
PIROXICAM ORAL CAPSULE 20 MG		0.23350	01/01/2019	
PODOFILOX TOPICAL SOLUTION, NON-ORAL 0.5 %		8.57143	10/01/2021	
PODOPHYLLUM RESIN TOPICAL LIQUID (ML) 25 %		6.02133	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
POLYETHYLENE GLYCOL 3350 MISCELLANEOUS POWDER (GRAM)		0.00513	10/01/2017	
POLYETHYLENE GLYCOL 3350 ORAL POWDER (GRAM) 17G/DOSE		0.01613	04/01/2017	
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET (EA) 17G		0.89286	04/01/2020	
POLYETHYLENE GLYCOL 400/POLYVINYL ALCOHOL OPHTHALMIC DROPS 1 %-1 %		0.39246	12/12/2011	
POLYMYXIN B SULFATE INJECTION VIAL (EA) 500K UNIT		5.35600	07/01/2019	
POLYMYXIN B SULFATE/TRIMETHOPRIM OPHTHALMIC DROPS 10000-1/ML		0.15377	10/01/2017	
POLYVINYL ALCOHOL OPHTHALMIC DROPS 1.4 %		0.10800	07/01/2018	
POLYVINYL ALCOHOL/POVIDONE OPHTHALMIC DROPS 0.5%-0.6%		0.12464	04/01/2017	
POSACONAZOLE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG		7.24539	04/01/2023	
POTASSIUM ACETATE INTRAVENOUS VIAL (ML) 2 MEQ/ML		0.01546	10/01/2017	
POTASSIUM BICARBONATE/CITRIC ACID ORAL TABLET, EFFERVESCENT 25 MEQ		0.18933	04/01/2017	
POTASSIUM CHLORIDE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00264	04/01/2017	
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00780	10/01/2017	
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L		0.00300	04/01/2017	
POTASSIUM CHLORIDE IN 5 % DEXTROSE IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00195	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00077	10/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L		0.00311	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.2 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00251	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10 MEQ/L		0.00413	10/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00085	10/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 30 MEQ/L		0.00250	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L		0.00234	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 0.3 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00218	04/01/2017	
POTASSIUM CHLORIDE IN LACTATED RINGERS AND 5 % DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00303	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 2 MEQ/ML		0.03618	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 10MEQ/0.1L		0.02890	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 10MEQ/50ML		0.06324	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20MEQ/0.1L		0.02660	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20MEQ/50ML		0.05320	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MEQ/0.1L		0.03157	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS VIAL (ML) 2 MEQ/ML		0.02424	10/01/2017	
POTASSIUM CHLORIDE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ		0.04560	01/01/2019	
POTASSIUM CHLORIDE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ		0.15000	10/01/2019	
POTASSIUM CHLORIDE ORAL LIQUID (ML) 20MEQ/15ML		0.08020	07/01/2023	
POTASSIUM CHLORIDE ORAL LIQUID (ML) 40MEQ/15ML		0.10532	10/01/2017	
POTASSIUM CHLORIDE ORAL PACKET (EA) 20 MEQ		1.98359	10/01/2022	
POTASSIUM CHLORIDE ORAL PACKET (EA) 25 MEQ		1.30700	12/12/2011	
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 10 MEQ		0.11710	01/01/2019	
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 20 MEQ		0.13698	01/01/2019	
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 10 MEQ		0.12332	01/01/2022	
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 20 MEQ		0.19600	07/01/2022	
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 8 MEQ		0.15500	10/01/2017	
POTASSIUM CHLORIDE/POTASSIUM BICARBONATE/CITRIC ACID ORAL TABLET, EFFERVESCENT 25 MEQ		1.14300	04/01/2017	
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 10 MEQ		0.27126	07/01/2022	
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 15 MEQ		0.40120	04/01/2019	
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 5 MEQ		0.21640	01/01/2024	
POTASSIUM CITRATE/CITRIC ACID ORAL PACKET (EA) 3300-1002		0.68989	12/12/2011	
POTASSIUM CITRATE/CITRIC ACID ORAL SOLUTION, ORAL 1100-334/5		0.07333	04/01/2017	
POTASSIUM PHOS,M-BASIC-D-BASIC INTRAVENOUS VIAL (ML) 3MMOL/ML		0.02705	10/01/2017	
POVIDONE-IODINE TOPICAL OINTMENT (GRAM) 10 %		0.05791	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
POVIDONE-IODINE TOPICAL SOLUTION, NON-ORAL 10 %		0.01634	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET 0.125 MG		0.02100	01/01/2019	
PRAMIPEXOLE DI-HCL ORAL TABLET 0.25 MG		0.01467	01/01/2019	
PRAMIPEXOLE DI-HCL ORAL TABLET 0.5 MG		0.04133	07/01/2021	
PRAMIPEXOLE DI-HCL ORAL TABLET 0.75 MG		0.05611	10/01/2021	
PRAMIPEXOLE DI-HCL ORAL TABLET 1 MG		0.04322	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET 1.5 MG		0.05722	04/01/2018	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 0.375 MG		9.83333	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 0.75 MG		6.15760	07/01/2022	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 1.5 MG		9.83333	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 2.25 MG		9.83333	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		11.93707	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 3.75 MG		13.13800	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 4.5 MG		11.82500	04/01/2017	
PRAMOXINE HCL TOPICAL FOAM (GRAM) 1 %		2.66240	04/01/2017	
PRAMOXINE HCL TOPICAL LOTION (ML) 1 %		0.03045	04/01/2017	
PRAMOXINE HCL/CALAMINE TOPICAL LOTION (ML) 1 %-8 %		0.01379	04/01/2017	
PRAMOXINE HCL/CAMPHOR/ZINC ACETATE TOPICAL LOTION (ML)		0.01488	04/01/2017	
PRAMOXINE HCL/ZINC ACETATE TOPICAL LOTION (ML) 1 %-0.1 %		0.01518	04/01/2017	
PRASUGREL HCL ORAL TABLET 10 MG		0.22500	01/01/2019	
PRASUGREL HCL ORAL TABLET 5 MG		0.39020	10/01/2022	
PRAVASTATIN SODIUM ORAL TABLET 10 MG		0.03100	07/01/2018	
PRAVASTATIN SODIUM ORAL TABLET 20 MG		0.03322	07/01/2018	
PRAVASTATIN SODIUM ORAL TABLET 40 MG		0.06144	01/01/2019	
PRAVASTATIN SODIUM ORAL TABLET 80 MG		0.08878	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PRAZOSIN HCL ORAL CAPSULE 1 MG		0.18267	10/01/2021	
PRAZOSIN HCL ORAL CAPSULE 2 MG		0.12864	10/01/2017	
PRAZOSIN HCL ORAL CAPSULE 5 MG		0.37754	07/01/2019	
PREDNICARBATE TOPICAL CREAM (GRAM) 0.1 %		1.90416	04/01/2017	
PREDNICARBATE TOPICAL OINTMENT (GRAM) 0.1 %		1.02483	04/01/2017	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 1 %		4.58346	04/01/2023	
PREDNISOLONE ORAL SOLUTION, ORAL 15 MG/5 ML		0.04250	04/01/2017	
PREDNISOLONE ORAL TABLET 5 MG		7.22430	04/01/2017	
PREDNISOLONE SOD PHOSPHATE OPHTHALMIC DROPS 1 %		1.06685	10/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 15 MG/5 ML		0.05667	10/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 25 MG/5 ML		0.94102	04/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 5 MG/5 ML		0.17302	10/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL TABLET,DISINTEGRATING 10 MG		10.41025	04/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL TABLET,DISINTEGRATING 15 MG		19.17875	04/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL TABLET,DISINTEGRATING 30 MG		24.65833	04/01/2017	
PREDNISONE ORAL SOLUTION, ORAL 5 MG/5 ML		0.18413	04/01/2017	
PREDNISONE ORAL TABLET 1 MG		0.03080	01/01/2019	
PREDNISONE ORAL TABLET 10 MG		0.04940	01/01/2019	
PREDNISONE ORAL TABLET 2.5 MG		0.03518	10/01/2017	
PREDNISONE ORAL TABLET 20 MG		0.03517	10/01/2017	
PREDNISONE ORAL TABLET 5 MG		0.00868	10/01/2017	
PREDNISONE ORAL TABLET 50 MG		0.23081	04/01/2017	
PREDNISONE ORAL TABLET, DOSE PACK 10 MG		0.10896	10/01/2017	
PREDNISONE ORAL TABLET, DOSE PACK 5 MG		0.09667	10/01/2017	
PREGABALIN ORAL CAPSULE 100 MG		0.14356	10/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PREGABALIN ORAL CAPSULE 150 MG		0.07167	04/01/2022	
PREGABALIN ORAL CAPSULE 200 MG		0.16680	10/01/2021	
PREGABALIN ORAL CAPSULE 225 MG		0.11633	04/01/2022	
PREGABALIN ORAL CAPSULE 25 MG		0.05000	01/01/2023	
PREGABALIN ORAL CAPSULE 300 MG		0.17767	10/01/2020	
PREGABALIN ORAL CAPSULE 50 MG		0.07678	10/01/2021	
PREGABALIN ORAL CAPSULE 75 MG		0.08952	04/01/2022	
PREGABALIN ORAL SOLUTION, ORAL 20 MG/ML		0.14000	10/01/2019	
PRENATAL VIT 55/IRON BISGLY HCL,SUC-PROT/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE, TABLET AND DR CAP 29-1-430MG		0.49783	04/01/2017	
PRENATAL VIT NO.16/IRON FUM,PS COMPLEX/FOLIC ACID/OMEGA-3 ORAL CAPSULE 35-1-200MG		0.63168	10/01/2017	
PRENATAL VIT NO.19/IRON BG HCL,SUC-PROT/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE, TABLET AND DR CAP 29-1-400MG		0.53083	04/01/2017	
PRENATAL VIT NO.2/IRON BG CHEL,SUCC-PROT/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE (EA) 29-1-250MG		0.35240	04/01/2017	
PRENATAL VIT NO.21/IRON POLYSACCH,HEME POLYPEP/FOLIC ACID ORAL TABLET 28-6-1 MG		1.41211	04/01/2017	
PRENATAL VIT NO.22/IRON CBN,GLUCON/FOLIC ACID/DOCUSATE/DHA ORAL COMBINATION PACKAGE (EA) 27-1-50 MG		0.75050	04/01/2017	
PRENATAL VIT NO.72/IRON CARBONY,GLUC/FOLIC ACID/DOCUSATE/DHA ORAL COMBINATION PACKAGE (EA) 90-1-300MG		1.30583	04/01/2017	
PRENATAL VIT NO.73/IRON CARBONY,GLUC/FOLIC ACID/DOCUSATE/DHA ORAL COMBINATION PACKAGE (EA) 35-1-50 MG		1.26033	04/01/2017	
PRENATAL VIT NO.81/SOD.FEREDETATE-IRON PS/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE, TABLET AND DR CAP 27-1-430MG		1.21200	04/01/2017	
PRENATAL VIT WITH CALCIUM #34/IRON/FOLIC ACID ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 28 MG-1 MG		0.20988	12/12/2011	
PRENATAL VIT WITH CALCIUM NO. 40/IRON FUMARATE/FA CMB NO.1 ORAL TABLET 27 MG-1 MG		1.23151	10/01/2017	
PRENATAL VIT WITH CALCIUM NO.37/IRON,ASPG/FOLIC ACID/OMEGA-3 ORAL CAPSULE 27-1-330MG		0.76089	04/01/2017	
PRENATAL VIT WITH CALCIUM NO.68/IRON FUM/FOLIC ACID NO.1/DHA ORAL CAPSULE 28-1-300MG		1.27300	01/01/2019	
PRENATAL VIT WITH CALCIUM NO.69/IRON/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 27-1-50 MG		1.04600	04/01/2017	
PRENATAL VIT WITH CALCIUM NO.69/IRON/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 28-1-50 MG		1.36900	04/01/2017	
PRENATAL VIT,CALCIUM NO.35/IRON/FOLIC ACID/DOCUSATE/OMEGA-3 ORAL CAPSULE 27-1-50 MG		0.08682	10/01/2017	
PRENATAL VIT/FOLIC ACID/B6/CALCIUM PHOSPH DI,TRIBASIC/GINGER ORAL TABLET 1.2-40-100		0.70833	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PRENATAL VITAMIN 27 WITH CALCIUM/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 60 MG-1 MG		0.16800	10/01/2018	
PRENATAL VITAMIN NO.15//IRON FUMARATE,POLYSAC COMP/FOLIC ACID ORAL CAPSULE 85 MG-1 MG		0.64513	04/01/2017	
PRENATAL VITAMIN NO.15//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG		0.14689	04/01/2017	
PRENATAL VITAMIN NO.16//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG		0.15789	04/01/2017	
PRENATAL VITAMIN NO.19//IRON POLYSAC,IRON HEME/FOLIC ACID/DHA ORAL CAPSULE 22-6-1-200		2.32800	04/01/2017	
PRENATAL VITAMIN NO.48//IRON,CARBONYL, GLUCONATE/FOLIC ACID/B6 ORAL TABLET, SEQUENTIAL 20-1-25 MG		0.59800	04/01/2017	
PRENATAL VITAMIN NO.57//IRON FUM/FOLIC ACID/DSS/DHA ORAL CAPSULE 29-1.25-55		2.13200	04/01/2017	
PRENATAL VITAMIN NO.86//IRON BIS-GLYCINATE/FOLIC ACID ORAL TABLET 32 MG-1 MG		1.01711	04/01/2017	
PRENATAL VITAMIN W-O VIT A/FERROUS FUMARATE/FOLIC ACID ORAL TABLET, CHEWABLE 40-1MG		1.13596	12/12/2011	
PRENATAL VITAMINS COMB NO.115//IRON FUMARATE/FOLIC ACID/DSS ORAL TABLET 29-1-25 MG		0.40080	04/01/2017	
PRENATAL VITAMINS COMB NO.53//IRON B-G HCL SUC-P/FA/OMEGA-3 ORAL COMBINATION PACKAGE (EA) 29-1-400MG		0.39767	10/01/2017	
PRENATAL VITAMINS COMB NO.54//IRON B-G HCL SUC-P/FA/OMEGA-3 ORAL COMBINATION PACKAGE (EA) 29-1-430MG		0.43416	04/01/2017	
PRENATAL VITAMINS COMB NO.7//FE ASP GLY/DOCUSATE/FOLIC ACID ORAL TABLET 30-50-1MG		1.20762	12/12/2011	
PRENATAL VITAMINS COMB NO.71//FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.07605	09/01/2011	
PRENATAL VITAMINS COMB NO.87//IRON BISGLY/FOLIC ACID/DHA ORAL COMBINATION PACKAGE (EA) 32-1-230MG		0.71083	04/01/2017	
PRENATAL VITAMINS COMBO NO.14//FERROUS FUMARATE/FOLIC ACID ORAL TABLET, CHEWABLE 29 MG-1 MG		0.23154	10/01/2017	
PRENATAL VITAMINS COMBO NO.34//IRON,CARB/FOLIC ACID/DSS/DHA ORAL CAPSULE 30-1-50 MG		1.69066	04/01/2017	
PRENATAL VITAMINS COMBO NO.59//IRON,CARB/FOLIC ACID/DSS/DHA ORAL CAPSULE 29-1-50 MG		1.75866	04/01/2017	
PRENATAL VITAMINS NO.11//FERROUS FUMARATE/FOLIC ACID/OMEGA-3 ORAL CAPSULE 28-1-200MG		2.00007	04/01/2017	
PRENATAL VITAMINS NO.22//IRON CBN & GLUC/FOLIC ACID/DSS ORAL TABLET 27-1-50MG		0.46292	12/12/2011	
PRENATAL VITAMINS NO.5//FERROUS FUMARATE/FOLIC ACID ORAL CAPSULE 106.5-1MG		0.56290	04/01/2017	
PRENATAL VITAMINS//FERROUS FUMARATE/DOCUSATE/FOLIC ACID ORAL TABLET 29 MG-1 MG		0.33288	12/12/2011	
PRENATAL VITAMINS//FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.08451	12/12/2011	
PRENATAL VITAMINS//FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27MG-0.8MG		0.08377	12/12/2011	
PRENATAL VITAMINS//FERROUS FUMARATE/FOLIC ACID ORAL TABLET 28MG-0.8MG		0.08371	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET, CHEWABLE 29 MG-1 MG		0.34558	12/12/2011	
PRENATAL VITAMINS/IRON,CARBONYL/DOCUSATE/FOLIC ACID ORAL TABLET 90-50-1MG		0.18750	12/12/2011	
PRENATAL VITS NO.119/IRON FUMARATE/FOLIC ACID/DOCUSATE SOD. ORAL TABLET 29-1-25 MG		0.43050	10/01/2018	
PRENATAL VITS W-O CA COMB. NO. 7 W/ IRON & FOLIC ACID & DHA ORAL CAPSULE (HARD, SOFT, ETC.) 28-1.25MG		1.62300	12/12/2011	
PRENATAL VITS WITH CALCIUM #74/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.05662	10/01/2017	
PRENATAL VITS WITH CALCIUM #76/IRON,CARBONYL/FOLIC ACID ORAL TABLET 29 MG-1 MG		0.13802	10/01/2017	
PRENATAL VITS WITH CALCIUM #78/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 29 MG-1 MG		0.12050	10/01/2017	
PRENATAL VITS WITH CALCIUM 118/FERROUS FUMARATE/FOLIC ACID ORAL TABLET,CHEWABLE 29 MG-1 MG		0.19280	04/01/2019	
PRENATAL VITS WITH CALCIUM 47/FERROUS FUM/FOLATE NO.1/DHA ORAL CAPSULE 27-1-300MG		0.81153	04/01/2017	
PRENATAL VITS WITH CALCIUM 70/FERROUS FUMARATE/FOLIC AC/DHA ORAL CAPSULE 28-1-250MG		3.37466	04/01/2017	
PRENATAL VITS WITH CALCIUM 72/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.07590	04/01/2017	
PRENATAL VITS WITH CALCIUM 73/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 28 MG-1 MG		0.39850	04/01/2017	
PRENATAL VITS WITH CALCIUM NO.80/IRON FUM/FOLIC ACID/DSS/DHA ORAL CAPSULE 29-1.25-55		1.97266	04/01/2017	
PRENATAL VITS,CALCIUM NO.39/IRON FUM/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 30-1.2-55		1.12166	04/01/2017	
PRENATAL VITS,CALCIUM NO.66/IRON FUM/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 26-1.2-55		1.15633	04/01/2017	
PRENATAL VITS,CALCIUM NO.66/IRON FUM/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 27-1.25-55		0.53556	04/01/2017	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG		1.33780	04/01/2017	
PRIMIDONE ORAL TABLET 250 MG		0.08543	10/01/2017	
PRIMIDONE ORAL TABLET 50 MG		0.05160	01/01/2019	
PROBENECID ORAL TABLET 500 MG		0.37000	07/01/2018	
PROBENECID/COLCHICINE ORAL TABLET 500-0.5 MG		0.57437	04/01/2017	
PROCAINAMIDE HCL INJECTION VIAL (ML) 100 MG/ML		7.89300	04/01/2017	
PROCAINAMIDE HCL INJECTION VIAL (ML) 500 MG/ML		32.75000	04/01/2017	
PROCAINAMIDE HCL INTRAVENOUS SYRINGE (ML) 100 MG/ML		8.50000	04/01/2017	
PROCHLORPERAZINE EDISYLATE INJECTION VIAL (ML) 10 MG/2 ML		9.06500	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PROCHLORPERAZINE EDISYLATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5 MG/ML		1.21154	12/12/2011	
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG		0.04020	10/01/2017	
PROCHLORPERAZINE MALEATE ORAL TABLET 5 MG		0.04600	04/01/2017	
PROCHLORPERAZINE RECTAL SUPPOSITORY, RECTAL 25 MG		4.87250	04/01/2020	
PROGESTERONE INTRAMUSCULAR VIAL (ML) 50 MG/ML		1.52800	07/01/2018	
PROGESTERONE, MICRONIZED ORAL CAPSULE 100 MG		0.20810	01/01/2022	
PROGESTERONE, MICRONIZED ORAL CAPSULE 200 MG		0.18700	07/01/2022	
PROGESTERONE,MICRONIZED MISCELLANEOUS POWDER (GRAM) 100 %		0.43200	12/12/2011	
PROMETHAZINE HCL INJECTION AMPUL (ML) 25 MG/ML		1.31213	04/01/2017	
PROMETHAZINE HCL INJECTION AMPUL (ML) 50 MG/ML		1.39510	10/01/2017	
PROMETHAZINE HCL INJECTION VIAL (ML) 25 MG/ML		1.23466	04/01/2017	
PROMETHAZINE HCL INJECTION VIAL (ML) 50 MG/ML		2.20840	04/01/2017	
PROMETHAZINE HCL ORAL SYRUP 6.25MG/5ML		0.01240	10/01/2017	
PROMETHAZINE HCL ORAL TABLET 12.5 MG		0.05499	04/01/2017	
PROMETHAZINE HCL ORAL TABLET 25 MG		0.03240	04/01/2017	
PROMETHAZINE HCL ORAL TABLET 50 MG		0.05111	04/01/2017	
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 12.5 MG		0.87184	10/01/2017	
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 25 MG		3.70000	07/01/2021	
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 50 MG		26.40250	04/01/2017	
PROMETHAZINE HCL/CODEINE ORAL SYRUP 6.25-10/5		0.01196	04/01/2017	
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR ORAL SYRUP 6.25-15/5		0.00846	04/01/2017	
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE ORAL SYRUP 6.25-5-10		0.01101	01/01/2018	
PROPAFENONE HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG		1.88000	07/01/2021	
PROPAFENONE HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 325 MG		2.37000	10/01/2022	
PROPAFENONE HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 425 MG		2.29167	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PROPAFENONE HCL ORAL TABLET 150 MG		0.11450	10/01/2017	
PROPAFENONE HCL ORAL TABLET 225 MG		0.18555	04/01/2017	
PROPAFENONE HCL ORAL TABLET 300 MG		0.45365	04/01/2017	
PROPANTHELINE BROMIDE ORAL TABLET 15 MG		0.59402	04/01/2017	
PROPARACAINE HCL OPHTHALMIC DROPS 0.5 %		0.14003	10/01/2017	
PROPOFOL INTRAVENOUS VIAL (ML) 10 MG/ML		0.28000	04/01/2017	
PROPOXYPHENE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 65 MG		0.17597	12/12/2011	
PROPOXYPHENE HCL/ACETAMINOPHEN ORAL TABLET 65MG-650MG		0.19477	12/12/2011	
PROPOXYPHENE NAPSYL/ACETAMINOPHEN ORAL TABLET 100-650 MG		0.05218	12/12/2011	
PROPRANOLOL HCL INTRAVENOUS VIAL (ML) 1 MG/ML		8.00000	04/01/2017	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG		0.22710	01/01/2023	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 160 MG		0.35770	01/01/2019	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 60 MG		0.20240	01/01/2024	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 80 MG		0.36385	10/01/2019	
PROPRANOLOL HCL ORAL SOLUTION, ORAL 20 MG/5 ML		0.09318	04/01/2017	
PROPRANOLOL HCL ORAL SOLUTION, ORAL 40MG/5ML		0.13571	04/01/2017	
PROPRANOLOL HCL ORAL TABLET 10 MG		0.06218	10/01/2022	
PROPRANOLOL HCL ORAL TABLET 20 MG		0.02100	10/01/2017	
PROPRANOLOL HCL ORAL TABLET 40 MG		0.09058	01/01/2022	
PROPRANOLOL HCL ORAL TABLET 60 MG		0.17026	07/01/2022	
PROPRANOLOL HCL ORAL TABLET 80 MG		0.04201	10/01/2017	
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 40 MG-25MG		0.05960	10/01/2017	
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 80 MG-25MG		0.09045	10/01/2017	
PROPYLENE GLYCOL/POLYETHYLENE GLYCOL 400 OPHTHALMIC DROPS 0.3 %-0.4%		0.12464	04/01/2017	
PROPYLTHIOURACIL ORAL TABLET 50 MG		0.17870	04/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PROTAMINE SULFATE INTRAVENOUS VIAL (ML) 10 MG/ML		0.89840	04/01/2017	
PROTRIPTYLINE HCL ORAL TABLET 10 MG		1.23085	04/01/2017	
PROTRIPTYLINE HCL ORAL TABLET 5 MG		1.02668	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 15 MG/5 ML		0.01346	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 30 MG/5 ML		0.00668	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL SYRUP 30 MG/5 ML		0.02135	12/12/2011	
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG		0.02604	04/01/2020	
PSEUDOEPHEDRINE HCL ORAL TABLET 60 MG		0.03220	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 120 MG		0.21415	10/01/2017	
PSEUDOEPHEDRINE HCL/CODEINE PHOSPHATE/GUAIFENESIN ORAL SYRUP 30-10-100		0.19437	04/01/2017	
PSEUDOEPHEDRINE HCL/CODEINE/CHLORPHENIRAMINE ORAL LIQUID (ML) 30-10-2/5		0.09665	04/01/2017	
PSEUDOEPHEDRINE HCL/TRIPROLIDINE HCL ORAL SYRUP 30-1.25/5		0.00854	12/12/2011	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER (GRAM) 3.4 G/12 G		0.00888	04/01/2017	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER (GRAM) 3.4 G/7 G		0.01273	04/01/2017	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER (GRAM) 3.4G/11G		0.00943	04/01/2017	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER IN PACKET (EA) 3.4 G		0.21620	04/01/2017	
PSYLLIUM HUSK ORAL CAPSULE 0.52G		0.04047	04/01/2017	
PSYLLIUM HUSK/ASPARTAME ORAL POWDER (GRAM) 3.4G/5.8G		0.01695	04/01/2017	
PSYLLIUM SEED (WITH DEXTROSE) ORAL POWDER (GRAM)		0.01267	04/01/2017	
PSYLLIUM SEED (WITH SUGAR) ORAL PACKET (EA)		0.26446	12/12/2011	
PSYLLIUM SEED (WITH SUGAR) ORAL POWDER (GRAM)		0.01324	04/01/2017	
PSYLLIUM SEED ORAL PACKET (EA)		0.26406	12/12/2011	
PSYLLIUM SEED ORAL POWDER (GRAM)		0.01959	04/01/2017	
PSYLLIUM SEED/ASPARTAME ORAL POWDER (GRAM)		0.01985	12/12/2011	
PYRAZINAMIDE ORAL TABLET 500 MG		0.90008	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PYRIDOSTIGMINE BROMIDE ORAL TABLET 60 MG		0.14670	01/01/2019	
PYRIDOSTIGMINE BROMIDE ORAL TABLET, EXTENDED RELEASE 180 MG		5.49133	10/01/2021	
PYRIDOXINE HCL (VITAMIN B6) INJECTION VIAL (ML) 100 MG/ML		15.20000	04/01/2017	
PYRIDOXINE HCL ORAL TABLET 100 MG		0.03012	12/12/2011	
PYRIDOXINE HCL ORAL TABLET 25 MG		0.02151	12/12/2011	
PYRIDOXINE HCL ORAL TABLET 50 MG		0.02446	12/12/2011	
QUETIAPINE FUMARATE ORAL TABLET 100 MG		0.03100	07/01/2018	
QUETIAPINE FUMARATE ORAL TABLET 200 MG		0.06500	01/01/2019	
QUETIAPINE FUMARATE ORAL TABLET 25 MG		0.01990	10/01/2017	
QUETIAPINE FUMARATE ORAL TABLET 300 MG		0.08867	04/01/2017	
QUETIAPINE FUMARATE ORAL TABLET 400 MG		0.04417	04/01/2017	
QUETIAPINE FUMARATE ORAL TABLET 50 MG		0.01850	01/01/2019	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG		0.10817	07/01/2022	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		0.25400	01/01/2020	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		0.22456	07/01/2019	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		0.22500	01/01/2019	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		0.11959	07/01/2019	
QUINAPRIL HCL ORAL TABLET 10 MG		0.09217	04/01/2017	
QUINAPRIL HCL ORAL TABLET 20 MG		0.05000	01/01/2019	
QUINAPRIL HCL ORAL TABLET 40 MG		0.05522	01/01/2019	
QUINAPRIL HCL ORAL TABLET 5 MG		0.09536	04/01/2017	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.31377	10/01/2017	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG		0.23233	04/01/2017	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.33362	04/01/2017	
QUINIDINE GLUCONATE INJECTION VIAL (ML) 80 MG/ML		1.79700	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
QUINIDINE GLUCONATE ORAL TABLET, EXTENDED RELEASE 324 MG		0.40432	10/01/2017	
QUINIDINE SULFATE ORAL TABLET 200 MG		0.24650	04/01/2017	
QUINIDINE SULFATE ORAL TABLET 300 MG		0.19752	04/01/2017	
QUINIDINE SULFATE ORAL TABLET, EXTENDED RELEASE 300 MG		0.77273	12/12/2011	
QUININE SULFATE ORAL CAPSULE 324 MG		1.90333	04/01/2020	
RABEPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG		0.20084	04/01/2022	
RALOXIFENE HCL ORAL TABLET 60 MG		0.29833	01/01/2021	
RAMELTEON ORAL TABLET 8 MG		1.17703	10/01/2022	
RAMIPRIL ORAL CAPSULE 1.25 MG		0.07507	10/01/2017	
RAMIPRIL ORAL CAPSULE 10 MG		0.05050	04/01/2018	
RAMIPRIL ORAL CAPSULE 2.5 MG		0.03457	10/01/2017	
RAMIPRIL ORAL CAPSULE 5 MG		0.02820	01/01/2019	
RANITIDINE HCL INJECTION VIAL (ML) 25 MG/ML		6.18833	04/01/2017	
RANITIDINE HCL INJECTION VIAL (ML) 50 MG/2 ML		1.67333	10/01/2017	
RANITIDINE HCL ORAL CAPSULE 150 MG		0.20603	10/01/2017	
RANITIDINE HCL ORAL CAPSULE 300 MG		0.81033	01/01/2019	
RANITIDINE HCL ORAL SYRUP 15 MG/ML		0.01482	07/01/2017	
RANITIDINE HCL ORAL TABLET 150 MG		0.01759	10/01/2017	
RANITIDINE HCL ORAL TABLET 300 MG		0.05680	01/01/2019	
RANITIDINE HCL ORAL TABLET 75 MG		0.05750	01/01/2018	
RANOLAZINE ORAL TABLET, EXTENDED RELEASE 12 HR 1000 MG		0.32533	10/01/2022	
RANOLAZINE ORAL TABLET, EXTENDED RELEASE 12 HR 500 MG		0.14083	01/01/2023	
RASAGILINE MESYLATE ORAL TABLET 0.5 MG		2.65200	10/01/2019	
RASAGILINE MESYLATE ORAL TABLET 1 MG		2.63700	01/01/2022	
REPAGLINIDE ORAL TABLET 0.5 MG		0.06740	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
REPAGLINIDE ORAL TABLET 1 MG		0.06840	01/01/2019	
REPAGLINIDE ORAL TABLET 2 MG		0.06740	01/01/2019	
REPAGLINIDE/METFORMIN HCL ORAL TABLET 1MG-500MG		4.91570	04/01/2017	
REPAGLINIDE/METFORMIN HCL ORAL TABLET 2 MG-500MG		4.91570	04/01/2017	
RIBAVIRIN INHALATION VIAL, NEBULIZER (EA) 6 G		23000.00000	04/01/2017	
RIBAVIRIN ORAL CAPSULE 200 MG		0.38632	10/01/2017	
RIBAVIRIN ORAL TABLET 200 MG		0.57662	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 200-400(7)		13.04392	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 400-400(7)		13.73035	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 600-400(7)		17.16321	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 600-600(7)		20.59553	04/01/2017	
RIFABUTIN ORAL CAPSULE 150 MG		13.58362	04/01/2017	
RIFAMPIN INTRAVENOUS VIAL (EA) 600 MG		108.00000	04/01/2017	
RIFAMPIN ORAL CAPSULE 150 MG		0.75014	10/01/2022	
RIFAMPIN ORAL CAPSULE 300 MG		0.48100	01/01/2018	
RILUZOLE ORAL TABLET 50 MG		0.55908	10/01/2020	
RIMANTADINE HCL ORAL TABLET 100 MG		0.85502	10/01/2017	
RINGERS SOLUTION INTRAVENOUS INTRAVENOUS SOLUTION		0.00200	04/01/2017	
RINGERS SOLUTION IRRIGATION SOLUTION, IRRIGATION		0.00284	04/01/2017	
RINGERS SOLUTION,LACTATED INTRAVENOUS INTRAVENOUS SOLUTION		0.00155	10/01/2017	
RINGERS SOLUTION,LACTATED IRRIGATION SOLUTION, IRRIGATION		0.00295	04/01/2017	
RISEDRONATE SODIUM ORAL TABLET 150 MG		11.97694	04/01/2023	
RISEDRONATE SODIUM ORAL TABLET 30 MG		27.45000	04/01/2017	
RISEDRONATE SODIUM ORAL TABLET 35 MG		1.13422	04/01/2023	
RISEDRONATE SODIUM ORAL TABLET 5 MG		4.81408	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
RISEDRONATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 35 MG		21.54250	07/01/2018	
RISPERIDONE ORAL SOLUTION, ORAL 1 MG/ML		0.07167	04/01/2018	
RISPERIDONE ORAL TABLET 0.25 MG		0.01568	10/01/2017	
RISPERIDONE ORAL TABLET 0.5 MG		0.02026	10/01/2020	
RISPERIDONE ORAL TABLET 1 MG		0.02583	10/01/2017	
RISPERIDONE ORAL TABLET 2 MG		0.02018	01/01/2019	
RISPERIDONE ORAL TABLET 3 MG		0.02567	01/01/2019	
RISPERIDONE ORAL TABLET 4 MG		0.03444	07/01/2018	
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.25 MG		2.41973	10/01/2017	
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.5 MG		0.52367	10/01/2019	
RISPERIDONE ORAL TABLET,DISINTEGRATING 1 MG		0.48786	04/01/2018	
RISPERIDONE ORAL TABLET,DISINTEGRATING 2 MG		0.97357	01/01/2022	
RISPERIDONE ORAL TABLET,DISINTEGRATING 3 MG		1.15500	01/01/2020	
RISPERIDONE ORAL TABLET,DISINTEGRATING 4 MG		3.22000	10/01/2020	
RITONAVIR ORAL TABLET 100 MG		0.84400	07/01/2022	
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG		0.09000	01/01/2019	
RIVASTIGMINE TARTRATE ORAL CAPSULE 3 MG		0.09000	01/01/2019	
RIVASTIGMINE TARTRATE ORAL CAPSULE 4.5 MG		0.11583	07/01/2019	
RIVASTIGMINE TARTRATE ORAL CAPSULE 6 MG		0.10250	10/01/2019	
RIVASTIGMINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 13.3MG/24H		2.78575	04/01/2020	
RIVASTIGMINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 4.6MG/24HR		1.79500	04/01/2020	
RIVASTIGMINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 9.5MG/24HR		1.73649	07/01/2023	
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG		0.47700	10/01/2021	
RIZATRIPTAN BENZOATE ORAL TABLET 5 MG		0.43333	10/01/2022	
RIZATRIPTAN BENZOATE ORAL TABLET,DISINTEGRATING 10 MG		0.59194	10/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
RIZATRIPTAN BENZOATE ORAL TABLET,DISINTEGRATING 5 MG		0.55500	10/01/2019	
ROCURONIUM BROMIDE INTRAVENOUS VIAL (ML) 10 MG/ML		0.70000	04/01/2017	
ROFLUMILAST ORAL TABLET 500 MCG		0.52130	10/01/2023	
ROPINIROLE HCL ORAL TABLET 0.25 MG		0.01211	10/01/2017	
ROPINIROLE HCL ORAL TABLET 0.5 MG		0.03105	10/01/2017	
ROPINIROLE HCL ORAL TABLET 1 MG		0.02800	01/01/2019	
ROPINIROLE HCL ORAL TABLET 2 MG		0.06085	07/01/2019	
ROPINIROLE HCL ORAL TABLET 3 MG		0.06500	07/01/2018	
ROPINIROLE HCL ORAL TABLET 4 MG		0.06920	04/01/2019	
ROPINIROLE HCL ORAL TABLET 5 MG		0.08498	04/01/2017	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12 MG		6.05880	04/01/2017	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG		0.45889	10/01/2022	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 4 MG		1.18656	10/01/2017	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 6 MG		1.61926	10/01/2020	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 8 MG		1.88900	10/01/2019	
ROPIVACAINE HCL/PF INJECTION INFUSION BOTTLE (ML) 2 MG/ML		0.40000	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML		0.34200	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 2 MG/ML		0.15100	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML		0.20000	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 7.5 MG/ML		0.31200	04/01/2017	
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG		0.03850	01/01/2023	
ROSUVASTATIN CALCIUM ORAL TABLET 20 MG		0.03411	01/01/2019	
ROSUVASTATIN CALCIUM ORAL TABLET 40 MG		0.03767	01/01/2019	
ROSUVASTATIN CALCIUM ORAL TABLET 5 MG		0.03333	01/01/2019	
RUFINAMIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 40 MG/ML		1.01754	04/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
RUFINAMIDE ORAL TABLET 200 MG		2.34170	04/01/2023	
RUFINAMIDE ORAL TABLET 400 MG		3.18460	04/01/2023	
SACCHARIN MISCELLANEOUS POWDER (GRAM)		0.11077	12/12/2011	
SALICYLIC ACID TOPICAL CREAM (GRAM) 6 %		0.04356	04/01/2017	
SALICYLIC ACID TOPICAL CREAM, EXTENDED RELEASE (GRAM) 6 %		0.19673	12/12/2011	
SALICYLIC ACID TOPICAL FILM-FORMING LIQUID WITH APPLICATOR 27.5 %		7.02400	04/01/2017	
SALICYLIC ACID TOPICAL GEL (GRAM) 17 %		1.23571	04/01/2017	
SALICYLIC ACID TOPICAL LIQUID (ML) 17 %		0.13773	04/01/2017	
SALICYLIC ACID TOPICAL LIQUID (ML) 26 %		6.00600	04/01/2017	
SALICYLIC ACID TOPICAL LIQUID (ML) 3 %		0.04540	04/01/2017	
SALICYLIC ACID TOPICAL LOTION (ML) 6 %		0.09229	04/01/2017	
SALICYLIC ACID TOPICAL LOTION, EXTENDED RELEASE (ML) 6 %		0.10145	12/12/2011	
SALICYLIC ACID TOPICAL OINTMENT (GRAM) 3 %		28.86666	04/01/2017	
SALICYLIC ACID TOPICAL SHAMPOO 3 %		0.04475	04/01/2017	
SALICYLIC ACID TOPICAL SHAMPOO 6 %		0.11643	04/01/2017	
SALICYLIC ACID/CERAMIDES 1,3,6-11 TOPICAL COMBINATION PACKAGE (ML) 6 %		0.12770	04/01/2017	
SALICYLIC ACID/CERAMIDES 1,3,6-11 TOPICAL KIT, CLEANSER AND CREAM ER 6 %		760.38000	04/01/2017	
SALICYLIC ACID/COLLODION, FLEXIBLE TOPICAL LIQUID (ML) 17 %		1.06466	04/01/2017	
SALICYLIC ACID/SULFUR TOPICAL SHAMPOO 2 %-2 %		0.02106	04/01/2017	
SALSALATE ORAL TABLET 500 MG		0.03826	10/01/2017	
SALSALATE ORAL TABLET 750 MG		0.30100	10/01/2017	
SAPROPTERIN DIHYDROCHLORIDE ORAL POWDER IN PACKET (EA) 500 MG		121.64967	07/01/2023	
SCOPOLAMINE HYDROBROMIDE INJECTION VIAL (ML) 0.4 MG/ML		7.95000	04/01/2017	
SCOPOLAMINE TRANSDERMAL PATCH,TRANSDERMAL 3 DAY 1 MG/3 DAY		6.06650	01/01/2024	
SELEGILINE HCL ORAL CAPSULE 5 MG		0.84167	10/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SELEGILINE HCL ORAL TABLET 5 MG		1.38573	04/01/2017	
SELENIUM INTRAVENOUS VIAL (ML) 40 MCG/ML		0.16235	10/01/2017	
SELENIUM SULFIDE TOPICAL LOTION (ML) 2.5 %		0.05306	04/01/2017	
SELENIUM SULFIDE TOPICAL SHAMPOO 2.25 %		0.16000	04/01/2020	
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 1 %		0.02204	12/12/2011	
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 2.5 %		0.09375	04/01/2012	
SENNOSIDES ORAL SYRUP 8.8MG/5ML		0.03474	07/01/2023	
SENNOSIDES ORAL TABLET 25 MG		0.09875	04/01/2017	
SENNOSIDES ORAL TABLET 8.6 MG		0.01500	04/01/2017	
SENNOSIDES/DOCUSATE SODIUM ORAL TABLET 8.6MG-50MG		0.01897	04/01/2018	
SERTRALINE HCL ORAL CONCENTRATE, ORAL 20 MG/ML		0.33222	07/01/2022	
SERTRALINE HCL ORAL TABLET 100 MG		0.03974	04/01/2017	
SERTRALINE HCL ORAL TABLET 25 MG		0.03022	04/01/2017	
SERTRALINE HCL ORAL TABLET 50 MG		0.02666	01/01/2019	
SEVELAMER CARBONATE ORAL POWDER IN PACKET (EA) 0.8 G		4.28722	04/01/2020	
SEVELAMER CARBONATE ORAL POWDER IN PACKET (EA) 2.4 G		2.64130	04/01/2023	
SEVELAMER CARBONATE ORAL TABLET 800 MG		0.20479	01/01/2024	
SEVELAMER HCL ORAL TABLET 800 MG		1.35417	01/01/2024	
SEVOFLURANE INHALATION LIQUID (ML)		0.54400	04/01/2017	
SILDENAFIL CITRATE INTRAVENOUS VIAL (ML) 10 MG/12.5		14.80000	04/01/2017	
SILDENAFIL CITRATE MISCELLANEOUS POWDER (GRAM) 100 %		199.15500	04/01/2017	
SILDENAFIL CITRATE ORAL TABLET 100 MG		0.43300	01/01/2019	
SILDENAFIL CITRATE ORAL TABLET 20 MG		0.07400	10/01/2020	
SILDENAFIL CITRATE ORAL TABLET 25 MG		0.25033	10/01/2020	
SILDENAFIL CITRATE ORAL TABLET 50 MG		0.16967	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SILODOSIN ORAL CAPSULE 4 MG		0.26633	01/01/2024	
SILODOSIN ORAL CAPSULE 8 MG		0.58000	10/01/2020	
SILVER NITRATE TOPICAL SOLUTION, NON-ORAL 0.5 %		0.06280	04/01/2017	
SILVER SULFADIAZINE TOPICAL CREAM (GRAM) 1 %		0.11159	01/01/2022	
SIMETHICONE ORAL CAPSULE 125 MG		0.04200	07/01/2018	
SIMETHICONE ORAL CAPSULE 180 MG		0.03333	04/01/2018	
SIMETHICONE ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 40MG/0.6ML		0.04456	10/01/2017	
SIMETHICONE ORAL TABLET, CHEWABLE 125 MG		0.06510	04/01/2017	
SIMETHICONE ORAL TABLET,CHEWABLE 80 MG		0.01560	04/01/2019	
SIMVASTATIN ORAL TABLET 10 MG		0.01204	04/01/2017	
SIMVASTATIN ORAL TABLET 20 MG		0.01500	04/01/2017	
SIMVASTATIN ORAL TABLET 40 MG		0.01508	10/01/2017	
SIMVASTATIN ORAL TABLET 5 MG		0.01567	07/01/2023	
SIMVASTATIN ORAL TABLET 80 MG		0.04911	04/01/2017	
SIROLIMUS ORAL SOLUTION, ORAL 1 MG/ML		14.78000	10/01/2022	
SIROLIMUS ORAL TABLET 0.5 MG		3.99000	10/01/2022	
SIROLIMUS ORAL TABLET 1 MG		5.74200	07/01/2022	
SIROLIMUS ORAL TABLET 2 MG		13.50950	01/01/2019	
SODIUM ACETATE INTRAVENOUS VIAL (ML) 2 MEQ/ML		0.03325	10/01/2017	
SODIUM ACETATE INTRAVENOUS VIAL (ML) 4 MEQ/ML		0.06030	10/01/2017	
SODIUM BENZOATE/SODIUM PHENYLACETATE INTRAVENOUS VIAL (ML) 10 %-10 %		700.80000	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 0.5MEQ/ML		1.08100	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 0.9MEQ/ML		0.29260	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 1 MEQ/ML		0.17866	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 10MEQ/10ML		1.40500	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SODIUM BICARBONATE INTRAVENOUS VIAL (ML) 0.5MEQ/ML		0.51000	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS VIAL (ML) 1 MEQ/ML		0.16699	04/01/2017	
SODIUM BICARBONATE ORAL TABLET 325 MG		0.01716	04/01/2017	
SODIUM BICARBONATE ORAL TABLET 650 MG		0.01149	04/01/2017	
SODIUM CHLORIDE 0.45 % INTRAVENOUS INTRAVENOUS SOLUTION 0.45 %		0.00155	10/01/2017	
SODIUM CHLORIDE 0.45 % INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)		0.01256	04/01/2017	
SODIUM CHLORIDE 3 % INTRAVENOUS INTRAVENOUS SOLUTION 3 %		0.00908	10/01/2017	
SODIUM CHLORIDE 5 % INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.00376	04/01/2017	
SODIUM CHLORIDE FOR INHALATION INHALATION VIAL, NEBULIZER (ML) 0.9 %		0.03109	10/01/2017	
SODIUM CHLORIDE FOR INHALATION INHALATION VIAL, NEBULIZER (ML) 3 %		0.07075	07/01/2023	
SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 2.5 MEQ/ML		0.03375	04/01/2017	
SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 4 MEQ/ML		0.05945	10/01/2017	
SODIUM CHLORIDE IRRIGATING SOLUTION IRRIGATION SOLUTION, IRRIGATION 0.9 %		0.00341	10/01/2017	
SODIUM CHLORIDE MISCELLANEOUS TABLET, SOLUBLE 1000 MG		0.05265	12/12/2011	
SODIUM CHLORIDE NASAL AEROSOL, SPRAY (ML) 0.65 %		0.02523	12/12/2011	
SODIUM CHLORIDE OPHTHALMIC DROPS 2 %		1.01200	04/01/2017	
SODIUM CHLORIDE OPHTHALMIC DROPS 5 %		0.12464	04/01/2017	
SODIUM CHLORIDE OPHTHALMIC OINTMENT (GRAM) 5 %		1.85007	04/01/2017	
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG ORAL SOLUTION, RECONSTITUTED, ORAL 420G		0.00299	04/01/2017	
SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INTRAVENOUS VIAL (ML) 62.5MG/5ML		5.98160	10/01/2018	
SODIUM FLUORIDE DENTAL CREAM (GRAM) 1.1 %		0.03272	10/01/2017	
SODIUM FLUORIDE DENTAL GEL (GRAM) 1.1 %		0.05570	04/01/2017	
SODIUM FLUORIDE DENTAL SOLUTION, NON-ORAL 0.2 %		0.01236	04/01/2017	
SODIUM FLUORIDE ORAL DROPS 0.25MG/DRP		0.38126	10/01/2014	
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25(0.55)		0.02968	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5(1.1)MG		0.02718	04/01/2017	
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1MG(2.2MG)		0.03775	04/01/2017	
SODIUM LACTATE INTRAVENOUS VIAL (ML) 5 MEQ/ML		0.23600	04/01/2017	
SODIUM PHENYLBUTYRATE ORAL POWDER (GRAM) 0.94 G/G		17.99848	04/01/2017	
SODIUM PHOS,M-BASIC-D-BASIC INTRAVENOUS VIAL (ML) 3MMOL/ML		0.03633	10/01/2017	
SODIUM PHOSPHATE,DIBASIC/POT PHOS,MONOB/SOD PHOSPHATE MONO ORAL TABLET 250 MG		0.15994	10/01/2017	
SODIUM PHOSPHATE,MONOBASIC/SODIUM PHOSPHATE,DIBASIC ORAL SOLUTION, ORAL		0.07413	12/12/2011	
SODIUM PHOSPHATE,MONOBASIC/SODIUM PHOSPHATE,DIBASIC RECTAL ENEMA (ML) 19G-7G/118		0.00880	10/01/2017	
SODIUM POLYSTYRENE SULFONATE ORAL POWDER (GRAM)	0.08976	0.31733	12/01/2023	
SODIUM POLYSTYRENE SULFONATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 15 G/60 ML		0.04536	01/01/2019	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA (ML) 30 G/120ML		0.25358	04/01/2017	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE ORAL SOLUTION, RECONSTITUTED, ORAL 17.5-3.13G		0.20949	07/01/2023	
SODIUM/POTASSIUM/POTASSIUM CITRATE/SODIUM CITRATE/CIT AC ORAL SOLUTION, ORAL 500-550/5		0.03498	04/01/2017	
SODIUM/POTASSIUM/SODIUM CHLORIDE OPHTHALMIC DROPS		0.02781	12/12/2011	
SOFOSBUVIR/VELPATASVIR ORAL TABLET 400-100 MG		275.40000	10/01/2023	
SOLIFENACIN SUCCINATE ORAL TABLET 10 MG		0.16000	01/01/2021	
SOLIFENACIN SUCCINATE ORAL TABLET 5 MG		0.17658	01/01/2022	
SORBITAN SESQUIOLEATE/MINERAL OIL/BENZETHON CL/BASE3 TOPICAL COMBINATION PACKAGE (EA) 0.13 %		0.76375	04/01/2017	
SORBITOL SOLUTION IRRIGATION SOLUTION, IRRIGATION 3 %		0.00683	04/01/2017	
SORBITOL SOLUTION IRRIGATION SOLUTION, IRRIGATION 3.3 %		0.00278	04/01/2017	
SOTALOL HCL ORAL TABLET 120 MG		0.09290	01/01/2020	
SOTALOL HCL ORAL TABLET 160 MG		0.12664	04/01/2017	
SOTALOL HCL ORAL TABLET 240 MG		0.23888	10/01/2017	
SOTALOL HCL ORAL TABLET 80 MG		0.05500	01/01/2019	
SPINOSAD TOPICAL SUSPENSION, TOPICAL (ML) 0.9 %		1.58525	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SPIRONOLACTONE ORAL TABLET 100 MG		0.16980	04/01/2019	
SPIRONOLACTONE ORAL TABLET 25 MG		0.02310	01/01/2019	
SPIRONOLACTONE ORAL TABLET 50 MG		0.08500	07/01/2018	
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG		0.48332	01/01/2022	
STAVUDINE ORAL CAPSULE 15 MG		0.91610	10/01/2017	
STAVUDINE ORAL CAPSULE 20 MG		1.16278	04/01/2017	
STAVUDINE ORAL CAPSULE 30 MG		0.75350	04/01/2017	
STAVUDINE ORAL CAPSULE 40 MG		0.90200	04/01/2017	
STAVUDINE ORAL SOLUTION, RECONSTITUTED, ORAL 1 MG/ML		0.32795	04/01/2017	
STREPTOMYCIN SULFATE INTRAMUSCULAR VIAL (EA) 1 G		18.75000	04/01/2017	
SUCRALFATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 1 G/10 ML		0.23828	07/01/2023	
SUCRALFATE ORAL TABLET 1 G		0.11350	04/01/2017	
SUFENTANIL CITRATE INTRAVENOUS AMPUL (ML) 50 MCG/ML		2.90000	04/01/2017	
SUFENTANIL CITRATE INTRAVENOUS VIAL (ML) 50 MCG/ML		4.54000	04/01/2017	
SULFACETAMIDE SODIUM OPHTHALMIC DROPS 10 %		2.16100	04/01/2020	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT (GRAM) 10 %		15.68000	04/01/2017	
SULFACETAMIDE SODIUM TOPICAL CLEANSER (ML) 10 %		0.20625	07/01/2019	
SULFACETAMIDE SODIUM TOPICAL CLEANSER, GEL (ML) 10 %		1.17400	04/01/2017	
SULFACETAMIDE SODIUM TOPICAL SUSPENSION, TOPICAL (ML) 10 %		0.44645	10/01/2017	
SULFACETAMIDE SODIUM/AVOBENZONE/SULFUR TOPICAL CREAM (GRAM) 10 %-5 %		2.16366	12/12/2011	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC DROPS 10 % -0.23%		2.28322	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 10 %-2 %		1.58682	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 10-5%(W/W)		0.09183	10/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 9 %-4.5 %		0.07082	07/01/2019	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 9.8%-4.8%		1.43449	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SULFACETAMIDE SODIUM/SULFUR TOPICAL CREAM (GRAM) 10 %-2 %		4.90386	01/01/2018	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CREAM (GRAM) 10-5%(W/W)		1.90292	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL FOAM (GRAM) 10 %-5 %		1.50930	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/V)		0.81243	09/01/2011	
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/W)		0.81242	12/12/2011	
SULFACETAMIDE SODIUM/SULFUR TOPICAL PADS, MEDICATED (EA) 10 %-4 %		4.23217	01/01/2020	
SULFACETAMIDE SODIUM/SULFUR TOPICAL PADS, MEDICATED (EA) 10 %-5 %		2.74566	10/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL SUSPENSION, TOPICAL (ML) 8 %-4 %		0.12000	07/01/2019	
SULFACETAMIDE SODIUM/SULFUR/SKIN CLEANSER COMB NO.23 TOPICAL KIT 9 %-4.5 %		440.25000	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR/UREA TOPICAL CLEANSER (ML) 10%-5%-10%		0.56197	04/01/2017	
SULFADIAZINE ORAL TABLET 500 MG		3.14840	04/01/2019	
SULFAMETHOXAZOLE/TRIMETHOPRIM INTRAVENOUS VIAL (ML) 80-16MG/ML		0.44600	04/01/2017	
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200-40MG/5		0.08977	10/01/2017	
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 800-160/20		0.19750	04/01/2017	
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 400MG-80MG		0.04150	01/01/2022	
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 800-160 MG		0.02990	07/01/2018	
SULFASALAZINE ORAL TABLET 500 MG		0.05025	10/01/2017	
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG		0.12670	10/01/2017	
SULINDAC ORAL TABLET 150 MG		0.10000	07/01/2018	
SULINDAC ORAL TABLET 200 MG		0.15726	04/01/2017	
SUMATRIPTAN NASAL SPRAY, NON-AEROSOL (EA) 20 MG		38.25667	10/01/2021	
SUMATRIPTAN NASAL SPRAY, NON-AEROSOL (EA) 5 MG		30.92567	04/01/2023	
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG		0.36778	04/01/2018	
SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG		0.34111	10/01/2020	
SUMATRIPTAN SUCCINATE ORAL TABLET 50 MG		0.27222	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 4 MG/0.5ML		106.68462	10/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 6 MG/0.5ML		114.01226	04/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 4 MG/0.5ML		112.69915	10/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 6 MG/0.5ML		69.87308	04/01/2021	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SYRINGE (ML) 6 MG/0.5ML		36.18000	10/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS VIAL (ML) 6 MG/0.5ML		26.27050	10/01/2020	
TACROLIMUS ORAL CAPSULE 0.5 MG		0.08770	04/01/2017	
TACROLIMUS ORAL CAPSULE 1 MG		0.10130	01/01/2019	
TACROLIMUS ORAL CAPSULE 5 MG		0.39610	10/01/2018	
TACROLIMUS TOPICAL OINTMENT (GRAM) 0.03 %		2.83333	01/01/2020	
TACROLIMUS TOPICAL OINTMENT (GRAM) 0.1 %		1.14258	01/01/2024	
TADALAFIL ORAL TABLET 10 MG		0.72000	04/01/2020	
TADALAFIL ORAL TABLET 2.5 MG		0.22649	07/01/2022	
TADALAFIL ORAL TABLET 20 MG		0.42967	01/01/2022	
TADALAFIL ORAL TABLET 20 MG		0.46283	04/01/2020	
TADALAFIL ORAL TABLET 5 MG		0.24689	10/01/2020	
TAMOXIFEN CITRATE ORAL TABLET 10 MG		0.15000	01/01/2018	
TAMOXIFEN CITRATE ORAL TABLET 20 MG		0.18392	10/01/2017	
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		0.03960	01/01/2019	
TAZAROTENE TOPICAL CREAM (GRAM) 0.1 %		3.43623	07/01/2022	
TELMISARTAN ORAL TABLET 20 MG		0.13809	04/01/2017	
TELMISARTAN ORAL TABLET 40 MG		0.06667	01/01/2019	
TELMISARTAN ORAL TABLET 80 MG		0.07133	01/01/2019	
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 40 MG-10MG		4.14666	04/01/2017	
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 40 MG-5 MG		4.14666	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 80 MG-10MG		1.47533	01/01/2024	
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 80 MG-5 MG		3.79100	04/01/2017	
TELMISARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 40-12.5 MG		0.73467	07/01/2018	
TELMISARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80 MG-25MG		0.56667	01/01/2020	
TELMISARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80-12.5MG		0.64867	01/01/2023	
TEMAZEPAM ORAL CAPSULE 15 MG		0.04590	04/01/2018	
TEMAZEPAM ORAL CAPSULE 22.5 MG		4.17825	04/01/2017	
TEMAZEPAM ORAL CAPSULE 30 MG		0.07842	04/01/2017	
TEMAZEPAM ORAL CAPSULE 7.5 MG		0.16000	04/01/2021	
TEMOZOLOMIDE ORAL CAPSULE 100 MG		8.14450	04/01/2022	
TEMOZOLOMIDE ORAL CAPSULE 140 MG		11.93613	04/01/2022	
TEMOZOLOMIDE ORAL CAPSULE 180 MG		42.50000	04/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 20 MG		4.07143	04/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 250 MG		69.13100	10/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 5 MG		1.35714	04/01/2019	
TENIPOSIDE INTRAVENOUS AMPUL (ML) 50 MG/5 ML		499.19000	04/01/2017	
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		0.32174	07/01/2021	
TERAZOSIN HCL ORAL CAPSULE 1 MG		0.04960	04/01/2017	
TERAZOSIN HCL ORAL CAPSULE 10 MG		0.04130	10/01/2017	
TERAZOSIN HCL ORAL CAPSULE 2 MG		0.04330	04/01/2017	
TERAZOSIN HCL ORAL CAPSULE 5 MG		0.06080	04/01/2017	
TERBINAFINE HCL ORAL TABLET 250 MG		0.10133	07/01/2017	
TERBINAFINE HCL TOPICAL CREAM (GRAM) 1 %		0.21646	10/01/2017	
TERBUTALINE SULFATE ORAL TABLET 2.5 MG		0.95222	10/01/2017	
TERBUTALINE SULFATE ORAL TABLET 5 MG		0.34120	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TERBUTALINE SULFATE SUBCUTANEOUS VIAL (ML) 1 MG/ML		4.00000	04/01/2017	
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.4 %		0.19765	10/01/2017	
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.8 %		1.00000	04/01/2017	
TERCONAZOLE VAGINAL SUPPOSITORY, VAGINAL 80 MG		9.35617	10/01/2017	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR (ML) 20MCG/DOSE		909.07661	01/01/2022	
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (ML) 100 MG/ML		3.86188	04/01/2017	
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (ML) 200 MG/ML		3.00800	04/01/2017	
TESTOSTERONE ENANTHATE INTRAMUSCULAR VIAL (ML) 200 MG/ML		9.90924	04/01/2017	
TESTOSTERONE MISCELLANEOUS POWDER (GRAM)		0.22085	12/12/2011	
TESTOSTERONE TRANSDERMAL GEL (GRAM) 50 MG (1%)		1.28256	04/01/2017	
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG (2%)		4.45105	04/01/2017	
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5/1.25G		1.04000	07/01/2019	
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25/1.25		0.52000	01/01/2022	
TESTOSTERONE TRANSDERMAL GEL IN PACKET (GRAM) 2.5G-1.62%		2.23400	07/01/2023	
TESTOSTERONE TRANSDERMAL GEL IN PACKET (GRAM) 25MG(1%)		2.53307	10/01/2017	
TESTOSTERONE TRANSDERMAL GEL IN PACKET (GRAM) 50 MG (1%)		0.48173	04/01/2020	
TETRABENAZINE ORAL TABLET 12.5 MG		7.84804	07/01/2022	
TETRABENAZINE ORAL TABLET 25 MG		26.16000	10/01/2020	
TETRACAINE HCL OPHTHALMIC DROPS 0.5 %		0.56314	04/01/2017	
TETRACAINE HCL/PF OPHTHALMIC DROPS 0.5 %		0.56548	10/01/2017	
TETRACYCLINE HCL ORAL CAPSULE 250 MG		1.20000	01/01/2024	
TETRACYCLINE HCL ORAL CAPSULE 500 MG		0.04523	10/01/2017	
TETRAHYDROZOLINE HCL OPHTHALMIC DROPS 0.05 %		0.09490	04/01/2017	
TETRAHYDROZOLINE HCL/DEXTRAN 70/POLYETHYLENE GL 400/POVIDONE OPHTHALMIC DROPS 0.05-.1-1%		0.09600	07/01/2019	
TETRAHYDROZOLINE HCL/POLYETHYLENE GLYCOLS OPHTHALMIC DROPS 0.05 %-1 %		0.19548	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TETRAHYDROZOLINE HCL/ZINC SULFATE OPHTHALMIC DROPS 0.05-0.25%		0.19548	12/12/2011	
THEOPHYLLINE ANHYDROUS ORAL ELIXIR 80 MG/15ML		0.66666	04/01/2017	
THEOPHYLLINE ANHYDROUS ORAL SOLUTION, ORAL 80 MG/15ML		0.13094	04/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG		0.10804	10/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG		0.13869	10/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 300 MG		1.40000	01/01/2019	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 450 MG		0.34827	10/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		0.52770	01/01/2020	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 24 HR 600 MG		1.12840	04/01/2020	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 400 MG		1.25093	12/12/2011	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 600 MG		1.31330	04/01/2016	
THEOPHYLLINE IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 400MG/0.5L		0.00696	04/01/2017	
THIAMINE HCL INJECTION VIAL (ML) 100 MG/ML		3.46000	04/01/2017	
THIAMINE HCL ORAL TABLET 100 MG		0.02573	12/12/2011	
THIAMINE HCL ORAL TABLET 50 MG		0.01581	12/12/2011	
THIAMINE HCL/RIBOFLAVIN/NIACINAMIDE/DEXPANTHENOL/PYRIDOXINE INJECTION VIAL (ML) 100-2MG/ML		6.15633	04/01/2017	
THIORIDAZINE HCL ORAL TABLET 10 MG		0.41750	04/01/2018	
THIORIDAZINE HCL ORAL TABLET 100 MG		0.21015	10/01/2017	
THIORIDAZINE HCL ORAL TABLET 25 MG		0.10754	10/01/2017	
THIORIDAZINE HCL ORAL TABLET 50 MG		0.12563	10/01/2017	
THIOTEPA INJECTION VIAL (EA) 15 MG		1400.00000	04/01/2017	
THIOTHIXENE ORAL CAPSULE 1 MG		0.06281	10/01/2017	
THIOTHIXENE ORAL CAPSULE 10 MG		1.84450	10/01/2017	
THIOTHIXENE ORAL CAPSULE 2 MG		0.97090	04/01/2017	
THIOTHIXENE ORAL CAPSULE 5 MG		1.35560	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
THYROID,PORK ORAL TABLET 120 MG		0.96070	01/01/2019	
THYROID,PORK ORAL TABLET 15 MG		0.34890	04/01/2017	
THYROID,PORK ORAL TABLET 30 MG		0.48580	01/01/2019	
THYROID,PORK ORAL TABLET 60 MG		0.42000	07/01/2018	
THYROID,PORK ORAL TABLET 90 MG		0.82090	01/01/2019	
TIAGABINE HCL ORAL TABLET 2 MG		4.77440	04/01/2017	
TIAGABINE HCL ORAL TABLET 4 MG		5.30293	04/01/2017	
TICLOPIDINE HCL ORAL TABLET 250 MG		1.40857	04/01/2017	
TIGECYCLINE INTRAVENOUS VIAL (EA) 50 MG		156.00000	04/01/2017	
TIMOLOL MALEATE OPHTHALMIC DROPS 0.25 %		0.26063	10/01/2017	
TIMOLOL MALEATE OPHTHALMIC DROPS 0.5 %		0.27800	04/01/2017	
TIMOLOL MALEATE OPHTHALMIC DROPS, ONCE DAILY 0.5 %		25.79800	07/01/2021	
TIMOLOL MALEATE OPHTHALMIC GEL-FORMING SOLUTION 0.25 %		20.38200	04/01/2017	
TIMOLOL MALEATE OPHTHALMIC GEL-FORMING SOLUTION 0.5 %		13.45000	07/01/2017	
TIMOLOL MALEATE ORAL TABLET 10 MG		0.25759	10/01/2017	
TIMOLOL MALEATE ORAL TABLET 20 MG		0.30150	10/01/2017	
TIMOLOL MALEATE ORAL TABLET 5 MG		0.20641	10/01/2017	
TINIDAZOLE ORAL TABLET 250 MG		3.30394	10/01/2017	
TINIDAZOLE ORAL TABLET 500 MG		2.19850	01/01/2020	
TIOCONAZOLE VAGINAL OINTMENT WITH PREFILLED APPLICATOR 6.5 %		2.12521	04/01/2017	
TIZANIDINE HCL ORAL CAPSULE 2 MG		0.29733	04/01/2020	
TIZANIDINE HCL ORAL CAPSULE 4 MG		0.40807	04/01/2020	
TIZANIDINE HCL ORAL CAPSULE 6 MG		0.27445	10/01/2022	
TIZANIDINE HCL ORAL TABLET 2 MG		0.02233	01/01/2019	
TIZANIDINE HCL ORAL TABLET 4 MG		0.02937	01/01/2024	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE INHALATION AMPUL FOR NEBULIZATION (ML) 300 MG/5ML		3.75611	04/01/2021	
TOBRAMYCIN OPHTHALMIC DROPS 0.3 %		0.59697	10/01/2017	
TOBRAMYCIN SULFATE INJECTION VIAL (EA) 1.2 G		77.70000	04/01/2017	
TOBRAMYCIN SULFATE INJECTION VIAL (ML) 10 MG/ML		1.91000	04/01/2017	
TOBRAMYCIN SULFATE INJECTION VIAL (ML) 40 MG/ML		0.43880	01/01/2019	
TOBRAMYCIN SULFATE OPHTHALMIC DROPS 0.3 %		0.99900	07/01/2012	
TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM) (ML) 0.3 %-0.1%		9.06372	10/01/2023	
TOLAZAMIDE ORAL TABLET 250 MG		0.14410	10/01/2017	
TOLAZAMIDE ORAL TABLET 500 MG		0.56156	10/01/2017	
TOLBUTAMIDE ORAL TABLET 500 MG		0.05412	10/01/2017	
TOLCAPONE ORAL TABLET 100 MG		87.00077	04/01/2017	
TOLMETIN SODIUM ORAL CAPSULE 400 MG		0.54347	10/01/2017	
TOLMETIN SODIUM ORAL TABLET 200 MG		0.51178	10/01/2017	
TOLMETIN SODIUM ORAL TABLET 600 MG		0.87195	10/01/2017	
TOLNAFTATE TOPICAL AEROSOL, POWDER (GRAM) 1 %		0.02522	04/01/2017	
TOLNAFTATE TOPICAL AEROSOL, SPRAY (GRAM) 1 %		0.02737	10/01/2017	
TOLNAFTATE TOPICAL CREAM (GRAM) 1 %		0.10569	04/01/2017	
TOLNAFTATE TOPICAL POWDER (GRAM) 1 %		0.04698	04/01/2017	
TOLNAFTATE TOPICAL SOLUTION, NON-ORAL 1 %		0.19000	04/01/2017	
TOLTERODINE TARTRATE ORAL CAPSULE, EXT RELEASE 24 HR 2 MG		0.72857	07/01/2023	
TOLTERODINE TARTRATE ORAL CAPSULE, EXT RELEASE 24 HR 4 MG		0.15767	01/01/2024	
TOLTERODINE TARTRATE ORAL TABLET 1 MG		0.43100	01/01/2020	
TOLTERODINE TARTRATE ORAL TABLET 2 MG		0.16500	01/01/2019	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 100 MG		10.06822	04/01/2017	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 150 MG		13.54066	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 200 MG		13.32420	04/01/2017	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 25 MG		4.26566	04/01/2017	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 50 MG		5.18560	04/01/2017	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 15 MG		0.26700	04/01/2018	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 25 MG		0.26867	04/01/2017	
TOPIRAMATE ORAL TABLET 100 MG		0.03100	01/01/2019	
TOPIRAMATE ORAL TABLET 200 MG		0.06417	04/01/2017	
TOPIRAMATE ORAL TABLET 25 MG		0.01545	04/01/2017	
TOPIRAMATE ORAL TABLET 50 MG		0.03024	04/01/2017	
TOPOTECAN HCL INTRAVENOUS VIAL (EA) 4 MG		140.00000	04/01/2017	
TOPOTECAN HCL INTRAVENOUS VIAL (ML) 4 MG/4 ML		26.72000	04/01/2017	
TORSEMIDE ORAL TABLET 10 MG		0.04500	07/01/2018	
TORSEMIDE ORAL TABLET 100 MG		0.10820	01/01/2019	
TORSEMIDE ORAL TABLET 20 MG		0.05990	01/01/2019	
TORSEMIDE ORAL TABLET 5 MG		0.05390	01/01/2019	
TRAMADOL HCL ORAL CAPSULE,EXT.RELEASE 24 HR BIPHASIC 17-83 300 MG		13.87266	04/01/2017	
TRAMADOL HCL ORAL CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75 100 MG		7.65333	04/01/2017	
TRAMADOL HCL ORAL CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75 200 MG		10.02933	04/01/2017	
TRAMADOL HCL ORAL TABLET 100 MG		1.35000	01/01/2023	
TRAMADOL HCL ORAL TABLET 50 MG		0.01473	04/01/2017	
TRAMADOL HCL ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.62400	07/01/2023	
TRAMADOL HCL ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		1.30933	10/01/2020	
TRAMADOL HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		3.23534	04/01/2017	
TRAMADOL HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 100 MG		2.22726	04/01/2017	
TRAMADOL HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 200 MG		3.51095	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TRAMADOL HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 300 MG		3.56651	04/01/2017	
TRAMADOL HCL/ACETAMINOPHEN ORAL TABLET 37.5-325MG		0.08010	10/01/2021	
TRANDOLAPRIL ORAL TABLET 1 MG		0.21120	10/01/2017	
TRANDOLAPRIL ORAL TABLET 2 MG		0.17991	04/01/2017	
TRANDOLAPRIL ORAL TABLET 4 MG		0.14284	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 1MG-240 MG		4.23220	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 2 MG-180MG		4.23220	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 2MG-240 MG		4.23220	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 4MG-240 MG		3.25000	10/01/2020	
TRANEXAMIC ACID INTRAVENOUS AMPUL (ML) 1000 MG/10		1.40000	04/01/2017	
TRANEXAMIC ACID INTRAVENOUS VIAL (ML) 1000 MG/10		2.30000	04/01/2017	
TRANEXAMIC ACID ORAL TABLET 650 MG		1.07400	07/01/2019	
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		0.37108	10/01/2017	
TRAVOPROST OPHTHALMIC DROPS 0.004 %		20.27761	04/01/2023	
TRAZODONE HCL ORAL TABLET 100 MG		0.04998	07/01/2023	
TRAZODONE HCL ORAL TABLET 150 MG		0.05494	10/01/2017	
TRAZODONE HCL ORAL TABLET 300 MG		1.52750	04/01/2021	
TRAZODONE HCL ORAL TABLET 50 MG		0.01804	10/01/2017	
TRETINOIN MICROSPHERES TOPICAL GEL (GRAM) 0.04 %		6.14978	01/01/2020	
TRETINOIN MICROSPHERES TOPICAL GEL (GRAM) 0.1 %		9.22556	04/01/2017	
TRETINOIN MICROSPHERES TOPICAL GEL WITH PUMP (GRAM) 0.04 %		9.59636	04/01/2017	
TRETINOIN MICROSPHERES TOPICAL GEL WITH PUMP (GRAM) 0.1 %		8.12032	04/01/2017	
TRETINOIN ORAL CAPSULE 10 MG		10.73980	07/01/2019	
TRETINOIN TOPICAL CREAM (GRAM) 0.025 %		0.50306	10/01/2017	
TRETINOIN TOPICAL CREAM (GRAM) 0.05 %		1.50636	10/01/2022	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TRETINOIN TOPICAL CREAM (GRAM) 0.1 %		0.79284	10/01/2017	
TRETINOIN TOPICAL GEL (GRAM) 0.01 %		3.18981	07/01/2017	
TRETINOIN TOPICAL GEL (GRAM) 0.025 %		0.70774	10/01/2017	
TRETINOIN TOPICAL GEL (GRAM) 0.05 %		3.89867	07/01/2022	
TRETINOIN/EMOLLIENT TOPICAL CREAM (GRAM) 0.05 %		2.01923	12/12/2011	
TRIAMCINOLONE ACETONIDE DENTAL PASTE (GRAM) 0.1 %		3.69400	04/01/2023	
TRIAMCINOLONE ACETONIDE INJECTION VIAL (ML) 40 MG/ML		6.57200	04/01/2019	
TRIAMCINOLONE ACETONIDE NASAL AEROSOL, SPRAY (GRAM) 55 MCG		0.88250	10/01/2015	
TRIAMCINOLONE ACETONIDE NASAL AEROSOL, SPRAY (ML) 55 MCG		0.65089	10/01/2018	
TRIAMCINOLONE ACETONIDE TOPICAL AEROSOL (GRAM) 0.147MG/G		3.02730	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %		0.07520	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.1 %		0.03401	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.5 %		0.21107	07/01/2023	
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.025 %		0.29745	10/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.1 %		0.35998	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %		0.06875	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.05 %		2.00000	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.1 %		0.04040	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.5 %		0.11860	10/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 37.5-25 MG		0.04750	04/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 50 MG-25MG		1.26607	04/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 37.5-25 MG		0.02281	10/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 75 MG-50MG		0.02726	10/01/2017	
TRIAZOLAM ORAL TABLET 0.125 MG		1.33621	04/01/2017	
TRIAZOLAM ORAL TABLET 0.25 MG		1.22522	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG		0.18809	10/01/2017	
TRIFLUOPERAZINE HCL ORAL TABLET 10 MG		0.55134	10/01/2017	
TRIFLUOPERAZINE HCL ORAL TABLET 2 MG		0.69000	07/01/2018	
TRIFLUOPERAZINE HCL ORAL TABLET 5 MG		0.35165	10/01/2017	
TRIFLURIDINE OPHTHALMIC DROPS 1 %		14.31756	04/01/2017	
TRIHEXYPHENIDYL HCL ORAL ELIXIR 2 MG/5 ML		0.03584	01/01/2019	
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG		0.03270	04/01/2017	
TRIHEXYPHENIDYL HCL ORAL TABLET 5 MG		0.09007	04/01/2018	
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		0.87596	04/01/2017	
TRIMETHOPRIM ORAL TABLET 100 MG		0.16650	01/01/2018	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG		7.55033	04/01/2017	
TRIMIPRAMINE MALEATE ORAL CAPSULE 25 MG		3.27533	04/01/2017	
TRIMIPRAMINE MALEATE ORAL CAPSULE 50 MG		5.35733	04/01/2017	
TRIPROLIDINE HCL ORAL DROPS 0.625MG/ML		1.60480	04/01/2017	
TRIPROLIDINE HCL/PSEUDOEPHEDRINE HCL ORAL TABLET 2.5MG-60MG		0.02598	10/01/2017	
TROLAMINE SALICYLATE TOPICAL CREAM (GRAM) 10 %		0.02507	04/01/2017	
TROPICAMIDE OPHTHALMIC DROPS 0.5 %		0.50637	10/01/2017	
TROPICAMIDE OPHTHALMIC DROPS 1 %		0.34733	01/01/2018	
TROSPIMUM CHLORIDE ORAL CAPSULE, EXT RELEASE 24 HR 60 MG		2.63367	10/01/2023	
TROSPIMUM CHLORIDE ORAL TABLET 20 MG		0.25217	07/01/2019	
UBIDECARENONE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		0.48548	12/12/2011	
UREA TOPICAL CREAM (GRAM) 20 %		0.09750	12/12/2011	
UREA TOPICAL CREAM (GRAM) 39 %		1.07473	04/01/2017	
UREA TOPICAL CREAM (GRAM) 40 %		0.08941	10/01/2017	
UREA TOPICAL CREAM (GRAM) 50 %		0.80769	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
UREA TOPICAL FOAM (GRAM) 40 %		2.10070	04/01/2017	
UREA TOPICAL GEL (ML) 40 %		2.64650	10/01/2017	
UREA TOPICAL GEL (ML) 50 %		4.50000	12/12/2011	
UREA TOPICAL GEL WITH PREFILLED APPLICATOR (ML) 45 %		10.46800	04/01/2017	
UREA TOPICAL LOTION (GRAM) 40 %		0.38779	01/01/2018	
UREA TOPICAL LOTION (ML) 35 %		0.13283	12/12/2011	
UREA TOPICAL LOTION (ML) 40 %		0.06596	04/01/2017	
UREA TOPICAL OINTMENT (GRAM) 50 %		0.54267	12/12/2011	
UREA TOPICAL SOLUTION WITH PREFILLED APPLICATOR (ML) 50 %		4.78022	12/12/2011	
URSODIOL ORAL CAPSULE 300 MG		0.47180	04/01/2022	
URSODIOL ORAL TABLET 250 MG		0.56460	10/01/2018	
URSODIOL ORAL TABLET 500 MG		0.63240	07/01/2019	
VALACYCLOVIR HCL ORAL TABLET 1000 MG		0.32133	01/01/2019	
VALACYCLOVIR HCL ORAL TABLET 500 MG		0.20000	01/01/2019	
VALGANCICLOVIR HCL ORAL SOLUTION, RECONSTITUTED, ORAL 50 MG/ML		9.09386	04/01/2017	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		4.48050	04/01/2020	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) INTRAVENOUS VIAL (ML) 500 MG/5ML		0.41200	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 250 MG/5ML		0.12400	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 250 MG/5ML		0.01522	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 500MG/10ML		0.08439	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SYRINGE (ML) 250 MG/5ML		0.22948	04/01/2017	
VALPROIC ACID ORAL CAPSULE 250 MG		0.12720	10/01/2017	
VALSARTAN ORAL TABLET 160 MG		0.06556	07/01/2018	
VALSARTAN ORAL TABLET 320 MG		0.08789	07/01/2018	
VALSARTAN ORAL TABLET 40 MG		0.06233	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VALSARTAN ORAL TABLET 80 MG		0.03744	07/01/2018	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5MG		0.10156	04/01/2017	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-25MG		0.13333	04/01/2017	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320-12.5MG		0.16444	07/01/2018	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320MG-25MG		0.11111	07/01/2018	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80-12.5MG		0.12778	01/01/2019	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 1 G		3.43040	10/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 10 G		4.06300	07/01/2019	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 5 G		16.34130	10/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 500 MG		3.05319	10/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 750 MG		9.50000	04/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		11.68767	04/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 500 MG		10.69000	04/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 750 MG		10.97000	04/01/2017	
VANCOMYCIN HCL ORAL CAPSULE 125 MG		1.11850	07/01/2022	
VANCOMYCIN HCL ORAL CAPSULE 250 MG		2.31840	01/01/2024	
VANCOMYCIN HCL/DEXTROSE 5 % IN WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1G/200ML		0.11348	10/01/2017	
VANCOMYCIN HCL/DEXTROSE 5 % IN WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 500MG/0.1L		0.06600	04/01/2017	
VANCOMYCIN HCL/DEXTROSE 5 % IN WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 750MG/.15L		0.08053	04/01/2017	
VANCOMYCIN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1G/200ML		0.11895	04/01/2017	
VANCOMYCIN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 500MG/0.1L		0.07350	04/01/2017	
VANCOMYCIN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 750MG/.15L		0.08553	04/01/2017	
VARDENAFIL HCL ORAL TABLET 20 MG		48.41500	01/01/2019	
VARENICLINE TARTRATE ORAL TABLET 1 MG		5.57911	04/01/2022	
VARENICLINE TARTRATE ORAL TABLET, DOSE PACK 0.5 (11)-1		5.27971	07/01/2023	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VASOPRESSIN INJECTION VIAL (ML) 20 UNIT/ML		2.41000	04/01/2017	
VECURONIUM BROMIDE INTRAVENOUS VIAL (EA) 10 MG		2.90000	04/01/2017	
VECURONIUM BROMIDE INTRAVENOUS VIAL (EA) 20 MG		9.00000	04/01/2017	
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 150 MG		0.10167	04/01/2017	
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 37.5 MG		0.05511	01/01/2019	
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 75 MG		0.07889	01/01/2019	
VENLAFAXINE HCL ORAL TABLET 100 MG		0.09980	10/01/2019	
VENLAFAXINE HCL ORAL TABLET 25 MG		0.11520	01/01/2019	
VENLAFAXINE HCL ORAL TABLET 37.5 MG		0.07010	04/01/2022	
VENLAFAXINE HCL ORAL TABLET 50 MG		0.03520	10/01/2019	
VENLAFAXINE HCL ORAL TABLET 75 MG		0.05919	10/01/2017	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG		0.35967	01/01/2024	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 225 MG		2.97095	04/01/2022	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 37.5 MG		1.51785	10/01/2017	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 75 MG		2.95194	10/01/2017	
VERAPAMIL HCL INTRAVENOUS AMPUL (ML) 2.5 MG/ML		8.24000	04/01/2017	
VERAPAMIL HCL INTRAVENOUS SYRINGE (ML) 2.5 MG/ML		12.01250	04/01/2017	
VERAPAMIL HCL INTRAVENOUS VIAL (ML) 2.5 MG/ML		7.27750	04/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 120 MG		0.53862	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 180 MG		0.25668	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 240 MG		0.40190	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 360 MG		1.67785	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 100 MG		0.74820	04/01/2017	
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 200 MG		0.79429	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 300 MG		1.05737	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VERAPAMIL HCL ORAL TABLET 120 MG		0.05666	04/01/2018	
VERAPAMIL HCL ORAL TABLET 40 MG		0.09230	04/01/2021	
VERAPAMIL HCL ORAL TABLET 80 MG		0.05000	04/01/2017	
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 120 MG		0.06693	10/01/2017	
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 180 MG		0.09870	04/01/2019	
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 240 MG		0.04910	01/01/2019	
VILAZODONE HCL ORAL TABLET 20 MG		1.39310	04/01/2023	
VILAZODONE HCL ORAL TABLET 40 MG		1.44290	04/01/2023	
VINBLASTINE SULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		4.30700	04/01/2017	
VINCRIStINE SULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		5.66000	04/01/2017	
VINCRIStINE SULFATE INTRAVENOUS VIAL (ML) 2 MG/2 ML		5.26500	04/01/2017	
VINORELBINE TARTRATE INTRAVENOUS VIAL (ML) 10 MG/ML		18.00000	04/01/2017	
VINORELBINE TARTRATE INTRAVENOUS VIAL (ML) 50 MG/5 ML		8.76800	04/01/2017	
VITAMIN B COMPLEX AND VITAMIN C NO.20/FOLIC ACID ORAL CAPSULE 1 MG		0.10147	01/01/2023	
VITAMIN B COMPLEX ORAL CAPSULE (HARD, SOFT, ETC.)		0.04488	12/12/2011	
VITAMIN B COMPLX NO.3/FOLIC ACID/ASCORBIC ACID/BIOTIN ORAL TABLET 1MG-60MG		0.09967	04/01/2017	
VITAMIN E ACETATE ORAL CAPSULE (HARD, SOFT, ETC.) 400 UNIT		0.05758	12/12/2011	
VITAMIN E ACETATE/WHEAT GERM OIL/ALOE VERA TOPICAL OINTMENT (GRAM)		0.05288	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 100 UNIT		0.03450	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 1000 UNIT		0.11540	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 200 UNIT		0.03508	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 400 UNIT		0.05758	12/12/2011	
VITAMIN E ORAL DROPS 50 UNIT/ML		1.23081	12/12/2011	
VITAMINS A AND D TOPICAL OINTMENT (GRAM)		0.02712	12/12/2011	
VITAMINS A AND D/WHITE PETROLATUM/LANOLIN TOPICAL OINTMENT (GRAM)		0.04237	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VITAMINS A AND D/WHITE PETROLATUM/LANOLIN TOPICAL OINTMENT IN PACKET (GRAM)		0.04391	04/01/2017	
VITAMINS A,C,AND D ORAL DROPS 1500-35		0.08961	12/12/2011	
VORICONAZOLE INTRAVENOUS VIAL (EA) 200 MG		122.07000	04/01/2017	
VORICONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		10.69373	04/01/2017	
VORICONAZOLE ORAL TABLET 200 MG		2.08250	01/01/2023	
VORICONAZOLE ORAL TABLET 50 MG		0.89967	10/01/2017	
WARFARIN SODIUM ORAL TABLET 1 MG		0.02470	01/01/2019	
WARFARIN SODIUM ORAL TABLET 10 MG		0.03920	10/01/2017	
WARFARIN SODIUM ORAL TABLET 2 MG		0.05176	10/01/2017	
WARFARIN SODIUM ORAL TABLET 2.5 MG		0.03000	07/01/2018	
WARFARIN SODIUM ORAL TABLET 3 MG		0.05360	07/01/2019	
WARFARIN SODIUM ORAL TABLET 4 MG		0.06365	04/01/2021	
WARFARIN SODIUM ORAL TABLET 5 MG		0.02633	10/01/2017	
WARFARIN SODIUM ORAL TABLET 6 MG		0.06573	10/01/2017	
WARFARIN SODIUM ORAL TABLET 7.5 MG		0.08420	07/01/2018	
WATER FOR INJ.,BACTERIOSTATIC INJECTION VIAL (ML)		0.01933	10/01/2017	
WATER FOR INJ.,BACTERIOSTATIC/METHYLPARABEN/PROPYLPARABEN INJECTION VIAL (ML)		0.03015	10/01/2017	
WATER FOR INJECTION,STERILE INJECTION AMPUL (ML)		0.00231	12/12/2011	
WATER FOR INJECTION,STERILE INJECTION VIAL (ML)		0.05031	10/01/2017	
WATER FOR INJECTION,STERILE INTRAVENOUS INTRAVENOUS SOLUTION		0.00155	10/01/2017	
WATER FOR IRRIGATION,STERILE IRRIGATION SOLUTION, IRRIGATION		0.00439	04/01/2017	
WITCH HAZEL LEAF TOPICAL LIQUID (ML)		0.00412	04/01/2017	
YOHIMBINE HCL ORAL TABLET 5.4 MG		0.28304	12/12/2011	
ZAFIRLUKAST ORAL TABLET 10 MG		1.39236	04/01/2017	
ZAFIRLUKAST ORAL TABLET 20 MG		0.77624	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ZALEPLON ORAL CAPSULE 10 MG		0.24611	04/01/2017	
ZALEPLON ORAL CAPSULE 5 MG		0.17120	10/01/2018	
ZIDOVUDINE ORAL CAPSULE 100 MG		1.22587	10/01/2017	
ZIDOVUDINE ORAL SYRUP 10 MG/ML		0.09521	01/01/2018	
ZIDOVUDINE ORAL TABLET 300 MG		0.14500	10/01/2018	
ZILEUTON ORAL TABLET,EXTENDED RELEASE MULTIPHASE 12 HR 600 MG		2.75000	07/01/2023	
ZINC CHLORIDE INTRAVENOUS VIAL (ML) 1 MG/ML		0.05335	10/01/2017	
ZINC OXIDE TOPICAL CREAM (GRAM) 10 %		0.14205	04/01/2017	
ZINC OXIDE TOPICAL CREAM (GRAM) 30.6 %		0.10423	04/01/2017	
ZINC OXIDE TOPICAL OINTMENT (GRAM) 20 %		0.00945	10/01/2017	
ZINC OXIDE/BENZETHONIUM CHLORIDE TOPICAL COMBINATION PACKAGE (EA) 10%-0.13%		17.94000	04/01/2017	
ZINC SULFATE HEPTAHYDRATE/CUSO4 P-HYD/MANGANESE/CHROMIUM/SEL INTRAVENOUS VIAL (ML) 20-1000		0.70149	10/01/2017	
ZINC SULFATE HEPTAHYDRATE/CUSO4 P-HYD/MANGANESE/CHROMIUM/SEL INTRAVENOUS VIAL (ML) 5-1-500/ML		0.29377	10/01/2017	
ZINC SULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		0.13460	10/01/2017	
ZINC SULFATE INTRAVENOUS VIAL (ML) 5 MG/ML		0.53984	10/01/2017	
ZINC SULFATE/CUPRIC SULFATE/MANGANESE SULF/CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 1-0.4-0.1		0.70000	04/01/2017	
ZINC SULFATE/CUPRIC SULFATE/MANGANESE SULF/CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 1.5-0.1-25		3.00000	04/01/2017	
ZINC SULFATE/CUPRIC SULFATE/MANGANESE SULF/CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 5-1-0.5-10		1.00000	04/01/2017	
ZIPRASIDONE HCL ORAL CAPSULE 20 MG		0.19050	07/01/2018	
ZIPRASIDONE HCL ORAL CAPSULE 40 MG		0.13750	01/01/2019	
ZIPRASIDONE HCL ORAL CAPSULE 60 MG		0.24917	07/01/2019	
ZIPRASIDONE HCL ORAL CAPSULE 80 MG		0.17367	01/01/2019	
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION INTRAVENOUS INFUSION BOTTLE (ML) 5 MG/100ML		2.75000	04/01/2017	
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 4 MG/100ML		0.60000	04/01/2017	
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 5 MG/100ML		3.50000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of 1/5/2024

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ZOLEDRONIC ACID INTRAVENOUS VIAL (EA) 4 MG		375.00000	04/01/2017	
ZOLEDRONIC ACID INTRAVENOUS VIAL (ML) 4 MG/5 ML		11.25000	04/01/2017	
ZOLMITRIPTAN ORAL TABLET 2.5 MG		1.01357	04/01/2017	
ZOLMITRIPTAN ORAL TABLET 5 MG		2.40500	04/01/2020	
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 2.5 MG		5.64688	04/01/2017	
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 5 MG		2.41933	10/01/2022	
ZOLPIDEM TARTRATE ORAL TABLET 10 MG		0.01708	04/01/2017	
ZOLPIDEM TARTRATE ORAL TABLET 5 MG		0.01836	04/01/2017	
ZOLPIDEM TARTRATE ORAL TABLET, EXTENDED RELEASE MULTIPHASE 12.5 MG		0.06591	07/01/2018	
ZOLPIDEM TARTRATE ORAL TABLET, EXTENDED RELEASE MULTIPHASE 6.25 MG		0.42000	10/01/2020	
ZOLPIDEM TARTRATE SUBLINGUAL TABLET, SUBLINGUAL 1.75 MG		7.90166	04/01/2017	
ZOLPIDEM TARTRATE SUBLINGUAL TABLET, SUBLINGUAL 3.5 MG		7.90166	04/01/2017	
ZONISAMIDE ORAL CAPSULE 100 MG		0.06700	10/01/2017	
ZONISAMIDE ORAL CAPSULE 25 MG		0.08736	04/01/2017	
ZONISAMIDE ORAL CAPSULE 50 MG		0.09224	04/01/2017	