



L.A. Care
Medicare Plus[™]
(HMO D-SNP)

L.A. Care Medicare Plus *(HMO D-SNP)*

Lista de medicamentos cubiertos (Formulario) **2025**

LEA ATENTAMENTE: ESTE DOCUMENTO CONTIENE
INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE
CUBRIMOS EN ESTE PLAN

Este formulario se actualizó el 26 de agosto de 2024.

Para obtener información más reciente o si tiene otras
preguntas, llámenos al **1-833-522-3767** (TTY: **711**), las
24 horas del día, los 7 días de la semana, incluso los días
festivos, o visite **medicare.lacare.org**.



L.A. Care Medicare Plus (HMO D-SNP)

Lista de medicamentos cubiertos (Formulario) de 2025

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocida como *Lista de medicamentos*). Sirve para informarle qué medicamentos recetados y qué medicamentos, productos que no son medicamentos y artículos de venta libre (Over-The-Counter, OTC) están cubiertos por L.A. Care Medicare Plus. La *Lista de medicamentos* también le informa si hay reglas o restricciones especiales con respecto a algún medicamento cubierto por L.A. Care Medicare Plus. Los términos más importantes y sus definiciones figuran en el último capítulo del *Manual para Miembros*.

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A. Avisos legales

Esta es una lista de los medicamentos que los miembros pueden obtener en L.A. Care Medicare Plus.

- ❖ Puede consultar en todo momento la versión actualizada de la *Lista de medicamentos cubiertos* de L.A. Care Medicare Plus en línea en medicare.lacare.org o llamando al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos. Esta llamada es gratuita.
- ❖ Puede obtener este documento en forma gratuita en otros formatos, como letra grande, braille o audio. Llame al 1-833-522-3767 (TTY: 711) o a los números que figuran en la parte inferior de esta página o en el pie de página de este documento. La llamada es gratuita.
- ❖ **ATTENTION: If you need help in your language, call 1-833-522-3767 (TTY: 711).** Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-833-522-3767 (TTY: 711)**. These services are free.

❖ يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-833-522-3767 (TTY: 711)**. تتوفر أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة (TTY: 711) بريل والخط الكبير. اتصل بـ **1-833-522-3767**. هذه الخدمات مجانية.

- ❖ ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-833-522-3767 (TTY: 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-833-522-3767 (TTY: 711)**: Այդ ծառայություններն անվճար են:



- ❖ **请注意：**如果您需要以您的母语提供帮助，请致电 **1-833-522-3767 (TTY: 711)**。° 另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。° 请致电 **1-833-522-3767 (TTY: 711)**。° 这些服务都是免费的。°
- ❖ **ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-833-522-3767 (TTY: 711)**. ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-833-522-3767 (TTY: 711)**. ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।
- ❖ **ध्यान दें:** अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-833-522-3767 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-833-522-3767 (TTY: 711)** पर कॉल करें। ये सेवाएं नः शुल्क हैं।
- ❖ **CEEB TOOM:** Yog koj xav tau kev pab txhais koj hom lus hu rau **1-833-522-3767 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-833-522-3767 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.



- ❖ 注意日本語での対応が必要な場合は **1-833-522-3767 (TTY: 711)** へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-833-522-3767 (TTY: 711)** へお電話ください。これらのサービスは無料で提供しています。
- ❖ 유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-833-522-3767 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-833-522-3767 (TTY: 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.
- ❖ ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-833-522-3767 (TTY: 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-833-522-3767 (TTY: 711)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.



❖ LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-833-522-3767** (TTY: **711**). Liouh lorx jauvlouc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzaih bun longc. Douc waac daaih lorx **1-833-522-3767** (TTY: **711**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

❖ ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក ស្នូម ទូរស័ព្ទទៅលេខ **1-833-522-3767** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជា អក្សរធំស្ករ ស្នូមសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជា អក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-833-522-3767** (TTY: **711**)។ សេវាកម្មទាំងនេះមិន គិតថ្លៃឡើយ។

❖ توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک‌ها و **1-833-522-3767** (TTY: **711**) خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-833-522-3767** تماس بگیرید. این خدمات رایگان ارائه می‌شوند (TTY: **711**).



- ❖ **ВНИМАНИЕ!** Если вам нужна помощь на вашем родном языке, звоните по номеру **1-833-522-3767** (TTY: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-833-522-3767** (TTY: **711**). Такие услуги предоставляются бесплатно.
- ❖ **ATENCIÓN:** si necesita ayuda en su idioma, llame al **1-833-522-3767** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-833-522-3767** (TTY: **711**). Estos servicios son gratuitos.
- ❖ **ATENSIYON:** Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-833-522-3767** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-833-522-3767** (TTY: **711**). Libre ang mga serbisyong ito.



- ❖ โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้
- ❖ **УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-833-522-3767 (TTY: 711).** Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-833-522-3767** (TTY: **711**). Ці послуги безкоштовні.
- ❖ **CHÚ Ý:** Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-833-522-3767** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-833-522-3767** (TTY: **711**). Các dịch vụ này đều miễn phí.



- ❖ Este documento está disponible de forma gratuita en árabe, armenio, chino, panyabí, hindi, hmong, japonés, persa, coreano, laosiano, ruso, español, tagalo, mien, camboyano, tailandés, ucraniano y vietnamita.
- ❖ Puede pedirnos que siempre le enviemos la información en el idioma o formato que necesite. Esto se llama solicitud permanente. Llevaremos un registro de su solicitud permanente para que no necesite realizar solicitudes por separado cada vez que le enviemos información. Para recibir este documento en otro idioma que no sea el inglés o en un formato alternativo, comuníquese con Servicios para los Miembros al (833) 522-3767, TTY: 711, las 24 horas del día, los 7 días de la semana, incluso los días festivos. Un representante puede ayudarle a realizar o cambiar una solicitud permanente.

B. Preguntas frecuentes

A continuación, podrá encontrar las respuestas a algunas preguntas acerca de esta *Lista de medicamentos cubiertos*. Puede leer todas las preguntas frecuentes para obtener más información o puede buscar una pregunta y su respuesta.

B1. ¿Qué medicamentos recetados están incluidos en la *Lista de medicamentos cubiertos*? (Para abreviar, llamamos “*Lista de medicamentos*” a la *Lista de medicamentos cubiertos*).

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la sección D son los medicamentos cubiertos por L.A. Care Medicare Plus. Estos medicamentos están disponibles en las farmacias que forman parte de nuestra red. Una farmacia forma parte de nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le brinde servicios. A estas farmacias las denominamos “farmacias de la red”.

Otros medicamentos, como algunos medicamentos de venta libre (OTC) y determinadas vitaminas, pueden estar cubiertos por Medi-Cal Rx. Visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para obtener más información. También puede llamar al Centro de Servicio al Cliente de Medi-Cal Rx al 800-977-2273. Por favor, lleve su tarjeta de identificación de beneficios (Benefits Identification Card, BIC) de Medi-Cal al obtener sus medicamentos recetados a través de Medi-Cal Rx.

- L.A. Care Medicare Plus cubrirá todos los medicamentos médicamente necesarios que estén incluidos en la *Lista de medicamentos* si:
 - su médico u otro profesional que le recete medicamentos dice que usted necesita los medicamentos para mejorar o mantenerse saludable,
 - L.A. Care Medicare Plus coincide en que el medicamento es médicamente necesario para usted, **y**
 - usted surte la receta en una farmacia de la red de L.A. Care Medicare Plus.
- En algunos casos, usted tendrá que hacer algo antes de poder obtener un medicamento. Consulte la pregunta B4 para obtener más información.



También puede consultar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en [medicare.lacare.org](https://www.medicare.lacare.org) o puede llamar a Servicios para los Miembros al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos.

B2. ¿Se realizan cambios en la *Lista de medicamentos*?

Sí, y L.A. Care Medicare Plus debe seguir las reglas de Medicare y Medi-Cal al realizar cambios. Podemos agregar o quitar medicamentos de la *Lista de medicamentos* durante el año.

También podemos cambiar nuestras reglas relacionadas con los medicamentos. Por ejemplo, podríamos hacer lo siguiente:

- Decidir exigir o no exigir la autorización previa para un medicamento. (La autorización previa es el permiso de L.A. Care Medicare Plus antes de que usted pueda obtener un medicamento).
- Agregar o cambiar la cantidad que usted puede obtener de un medicamento (a esto se lo llama límites de cantidad).
- Agregar o cambiar restricciones de terapia de pasos respecto de un medicamento. (Terapia de pasos significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información sobre estas reglas para los medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto al **inicio** del año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- surja un nuevo medicamento más económico que sea tan eficaz como aquel incluido en la *Lista de medicamentos* en ese momento, o
- nos enteremos de que un medicamento no es seguro, o
- el medicamento sea retirado del mercado.

Las preguntas B3 y B6 incluidas a continuación tienen más información acerca de lo que sucede cuando se realizan cambios en la *Lista de medicamentos*.

- Puede consultar en todo momento la versión actualizada de la *Lista de medicamentos* de L.A. Care Medicare Plus en [medicare.lacare.org](https://www.medicare.lacare.org). Las actualizaciones de la *Lista de medicamentos* se publican mensualmente en el sitio web.
- También puede llamar a Servicios para los Miembros al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos, para acceder a la *Lista de medicamentos* actualizada.



B3. ¿Qué sucede cuando se realiza un cambio en la *Lista de medicamentos*?

Algunos cambios en la *Lista de medicamentos* se realizarán **de inmediato**. Por ejemplo:

- **Sustituciones por determinadas versiones nuevas de los medicamentos.**
Podremos quitar de inmediato los medicamentos de la *Lista de medicamentos* si los reemplazamos por determinadas versiones nuevas de ese medicamento, pero el costo que usted deberá pagar por el medicamento nuevo seguirá siendo de \$0. Al agregar una versión nueva de un medicamento, también es posible que decidamos mantener el medicamento de marca o el producto biológico original incluido en la lista, pero que cambiemos las reglas o los límites para la cobertura de ese medicamento.
 - Es posible que no podamos avisarle antes de realizar este tipo de cambios, pero le enviaremos información sobre los cambios específicos que hayamos realizado.
 - Solo podremos realizar estos cambios si el medicamento que agregamos:
 - es una versión genérica nueva de un medicamento de marca, o
 - es una versión biosimilar nueva de productos biológicos originales incluidos en la *Lista de Medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir un producto biológico original sin una receta nueva).
 - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección B14.
 - Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos una notificación con los pasos que podrá seguir para solicitar una excepción. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.
- **Cuando se retire un medicamento del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que un medicamento que usted está tomando no es seguro o eficaz, o si el fabricante de un medicamento retira el medicamento del mercado, es posible que lo eliminemos de inmediato de la *Lista de medicamentos*. Si usted está tomando el medicamento, le enviaremos una notificación después de realizar el cambio. Si recibe una de estas cartas, hable con su médico para buscar otro medicamento que sea seguro para usted.

Cuando realicemos otros cambios que afecten los medicamentos que usted esté tomando.

Le informaremos con anticipación acerca de estos otros cambios en la *Lista de medicamentos*.

Estos cambios podrían realizarse si:

- La FDA proporciona nuevas directrices o hay nuevas pautas clínicas acerca de un medicamento.
- Retiramos un medicamento de marca de la *Lista de medicamentos* al agregar un medicamento genérico que no es nuevo en el mercado, o
- retiramos un producto biológico original al agregar un biosimilar, o
- cambiamos las reglas o los límites de cobertura para el medicamento de marca.



Cuando se realicen estos cambios, haremos lo siguiente:

- le informaremos al menos 30 días antes de realizar el cambio en la *Lista de medicamentos* o
- le informaremos y le proporcionaremos un suministro del medicamento para 30 días después de que pida un resurtido.

Esto le dará tiempo para hablar con su médico u otro profesional que le recete medicamentos, quien podrá ayudarle a decidir lo siguiente:

- si hay un medicamento similar en la *Lista de medicamentos* que usted pueda tomar o
- si le conviene solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10-B12.

B4. ¿Hay algún límite o restricción en la cobertura de los medicamentos o alguna medida que deba tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas para la cobertura o límites en la cantidad que usted puede obtener. En algunos casos, usted, su médico u otro profesional que le recete medicamentos deben hacer algo antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que le recete medicamentos deben obtener la autorización de L.A. Care Medicare Plus antes de surtir su receta. La autorización previa es diferente a una referencia. Es posible que L.A. Care Medicare Plus no cubra el medicamento si usted no obtiene una autorización previa.
- **Límites de cantidad:** A veces, L.A. Care Medicare Plus limita la cantidad que usted puede obtener de un medicamento.
- **Terapia de pasos:** A veces, L.A. Care Medicare Plus le exige seguir una terapia de pasos. Esto significa que tendrá que probar ciertos medicamentos en un orden determinado para su condición médica. Quizás deba probar un medicamento antes de que cubramos otro medicamento. Si la persona que le recetó el medicamento cree que el primer medicamento no funciona en su caso, cubriremos el segundo.
- **Cobertura basada en la indicación:** Si L.A. Care Medicare Plus cubre un medicamento solamente para algunas condiciones médicas, lo identificaremos claramente en la *Lista de medicamentos* junto con las condiciones médicas específicas cubiertas.

Puede averiguar si su medicamento tiene requisitos o límites adicionales leyendo las tablas incluidas en la sección C. También puede obtener más información visitando nuestro sitio web en medicare.lacare.org. Hemos publicado documentos en línea que explican nuestro requisito de autorización previa y las restricciones de terapia de pasos. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro profesional que le recete medicamentos, quien podrá ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que usted pueda tomar o si le conviene solicitar una excepción. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.



B5. ¿Cómo sabré si el medicamento que deseo tiene limitaciones o si hay alguna medida que deba tomar para obtener el medicamento?

La tabla de la Lista de medicamentos por condición médica/tipo de medicamento tiene una columna con el título “Medidas necesarias, restricciones o límites en el uso” (Necessary actions, restrictions, or limits on use).

B6. ¿Qué sucede si L.A. Care Medicare Plus cambia sus reglas con respecto a la cobertura de algunos medicamentos (por ejemplo, la autorización previa, los límites de cantidad o las restricciones de terapia de pasos)?

En algunos casos, le informaremos con anticipación si agregamos o cambiamos requisitos de autorización previa, límites de cantidad o restricciones de terapia de pasos respecto de un medicamento. Consulte la pregunta B3 para obtener más información sobre esta notificación anticipada y las situaciones en las que quizás no podamos avisarle con anticipación cuando se cambien nuestras reglas acerca de los medicamentos de la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*?

Hay dos maneras de buscar un medicamento:

- puede buscarlo alfabéticamente **o**
- puede buscarlo por condición médica o tipo de medicamento.

Para buscar **alfabéticamente**, busque su medicamento en la sección Índice de medicamentos cubiertos, que aparece al final de la lista de medicamentos y se llama Índice. Los medicamentos figuran en orden alfabético.

Para buscar **por condición médica**, busque la sección titulada “Lista de medicamentos por condición médica” en la página xix. Los medicamentos de esta sección están agrupados en categorías según el tipo de condiciones médicas para las que se usan. Por ejemplo, si tiene una enfermedad cardíaca, debe buscar en la categoría denominada “Agentes cardiovasculares – Varios” (Cardiovascular agents – Misc). Allí encontrará los medicamentos para tratar enfermedades cardíacas.

B8. ¿Qué sucede si el medicamento que deseo tomar no figura en la *Lista de medicamentos*?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios para los Miembros al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos, y consulte sobre el medicamento. Si le informan que L.A. Care Medicare Plus no cubrirá el medicamento, puede tomar una de las siguientes medidas:

- Pídale a *Servicios para los Miembros* una lista de medicamentos similares al que usted desee tomar. Luego muéstrole la lista a su médico u otro profesional que le recete medicamentos, quien podrá recetarle un medicamento incluido en la *Lista de medicamentos* que sea similar al que usted desee tomar. **O**
- Puede pedirle a L.A. Care Medicare Plus que haga una excepción para cubrir su medicamento. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.

Si tiene alguna pregunta, llame a L.A. Care Medicare Plus al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita. **Para obtener más información**, visite [medicare.lacare.org](https://www.medicare.lacare.org). Última actualización: 1 de agosto de 2024



B9. ¿Qué sucede si soy un miembro nuevo de L.A. Care Medicare Plus y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo un problema para obtener mi medicamento?

Podemos ayudarle. Podemos cubrir un suministro temporal de su medicamento para 30 días durante los primeros 90 días de membresía en L.A. Care Medicare Plus. Esto le dará tiempo para hablar con su médico u otro profesional que le recete medicamentos, quien podrá ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que usted pueda tomar o si le conviene solicitar una excepción.

Si la receta que le emitieron es por menos días, le permitiremos varios resurtidos para darle un suministro de su medicamento para 30 días como máximo.

Cubriremos un suministro de su medicamento para 30 días si:

- está tomando un medicamento que no figura en nuestra *Lista de medicamentos*, ●
- las reglas de nuestro plan no le permiten obtener la cantidad recetada por el profesional que recetó el medicamento, ●
- el medicamento requiere la autorización previa de L.A. Care Medicare Plus, ●
- está tomando un medicamento que forma parte de una restricción de terapia de pasos.

Si está tomando un medicamento que L.A. Care Medicare Plus no considera un medicamento de la Parte D, y el medicamento no figura en la *Lista de medicamentos* y usted tiene un problema para conseguirlo, puede estar cubierto a través de Medi-Cal Rx. Si un medicamento excluido de la Parte D requiere una excepción y usted tiene una emergencia, Medi-Cal Rx permitirá un suministro del medicamento para no menos de 72 horas. Visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para obtener más información. También puede llamar al Centro de Servicio al Cliente de Medi-Cal Rx al 800-977-2273. Por favor, lleve su tarjeta de identificación de beneficios (BIC) de Medi-Cal al obtener sus medicamentos recetados a través de Medi-Cal Rx.

Si se encuentra en una residencia de reposo u otro establecimiento de cuidados a largo plazo y necesita un medicamento que no figura en la *Lista de medicamentos* o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si ha estado en el plan durante más de 90 días, vive en un establecimiento de cuidados a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro para 31 días del medicamento que usted necesite (a menos que tenga una receta para menos días), independientemente de que usted sea o no un miembro nuevo de L.A. Care Medicare Plus.
- Esto se proporciona de manera adicional al suministro temporal durante los primeros 90 días de membresía en L.A. Care Medicare Plus.

Cambios en el nivel de atención médica

Proporcionaremos un suministro de transición de sus medicamentos cuando experimente un cambio en el nivel de atención médica.



Algunos ejemplos de cambios en el nivel de atención médica pueden incluir lo siguiente:

1. Miembros que ingresan en establecimientos de cuidados a largo plazo después de una hospitalización.
2. Miembros que vuelven a su hogar después de recibir el alta de un hospital.
3. Miembros que finalizan su estadía en un hospital de enfermería en virtud de la Parte A de Medicare y que necesitan volver a utilizar su formulario del plan de la Parte D.
4. Miembros que abandonan la categoría de cuidados paliativos para volver a recibir los beneficios estándares de las Partes A y B de Medicare.
5. Miembros que finalizan su estadía en un establecimiento de cuidados a largo plazo y vuelven a la comunidad.
6. Miembros que son dados de alta de hospitales psiquiátricos con regímenes de medicamentos altamente individualizados.

Las farmacias pueden comunicarse con el Centro de Ayuda de Farmacia al 1-844-268-9785 para procesar las exenciones en el punto de venta a fin de garantizar que los miembros puedan acceder a sus medicamentos sin demoras.

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?

Sí. Puede pedirle a L.A. Care Medicare Plus que haga una excepción para cubrir un medicamento que no esté incluido en la *Lista de medicamentos*.

También puede pedirnos que cambiemos las reglas de su medicamento.

- Por ejemplo, L.A. Care Medicare Plus puede limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, puede pedirnos que cambiemos el límite y cubramos más.
- Otros ejemplos: Puede pedirnos que anulemos las restricciones de terapia de pasos o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Servicios para los Miembros. Un representante de Servicios para los Miembros trabajará con usted y con la persona que le recetó el medicamento para ayudarle a pedir una excepción. También puede leer la sección G del **Capítulo 9** del *Manual para Miembros* para obtener más información acerca de las excepciones.

B12. ¿Cuánto tiempo deberé esperar para obtener una excepción?

Una vez que hayamos recibido una constancia del profesional que le haya recetado el medicamento, en la que apoye su solicitud de una excepción, le informaremos nuestra decisión en un plazo de 72 horas. Su médico u otro profesional que le recete medicamentos pueden enviarnos la constancia por fax o por correo. O bien, su médico u otro profesional que



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le recete medicamentos puede informarnos por teléfono y luego enviarnos una constancia por fax o por correo. Puede llamarnos al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos, para obtener más información.

Si usted o el profesional que le recetó el medicamento creen que esperar 72 horas hasta que se tome una decisión podría dañar su salud, puede solicitar una excepción acelerada y se le brindará una decisión más rápida. Si el profesional que le recetó el medicamento apoya su solicitud, le informaremos nuestra decisión en un plazo de 24 horas a partir de la recepción de la constancia del profesional.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos tienen los mismos componentes activos que los medicamentos de marca. Habitualmente cuestan menos que el medicamento de marca y generalmente son igual de eficaces. Por lo general, no tienen nombres muy conocidos. Los medicamentos genéricos tienen la aprobación de la Administración de Alimentos y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos habitualmente pueden reemplazar los medicamentos de marca en la farmacia sin una receta nueva, dependiendo de las leyes estatales.

L.A. Care Medicare Plus cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y qué relación tienen con los biosimilares?

Al referirnos a los medicamentos, esto puede incluir un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas que se llaman biosimilares. En general, los biosimilares son igual de eficaces que el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden reemplazar el producto biológico original en la farmacia sin necesidad de una receta nueva, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el **Capítulo 5** del *Manual para Miembros*.

B15. ¿Qué son los medicamentos OTC?

Son aquellos de venta libre. L.A. Care Medicare Plus cubre algunos medicamentos OTC cuando su proveedor se los receta.

Puede leer la *Lista de medicamentos* de L.A. Care Medicare Plus para ver qué medicamentos OTC están cubiertos.



B16. ¿L.A. Care Medicare Plus cubre productos OTC que no son medicamentos?

L.A. Care Medicare Plus cubre algunos productos OTC que no son medicamentos cuando su proveedor se los recete.

Un ejemplo de productos OTC que no son medicamentos son los hisopos de alcohol.

Puede leer la *Lista de medicamentos* de L.A. Care Medicare Plus para ver qué productos OTC que no son medicamentos están cubiertos.

B17. ¿L.A. Care Medicare Plus cubre suministros prolongados de medicamentos recetados?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 100 días de sus medicamentos con receta directamente en su casa. Un suministro para 100 días tiene el mismo copago que un suministro para un mes.
- **Programas de suministros para 100 días a través de farmacias minoristas.** Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos recetados cubiertos. Un suministro para 100 días tiene el mismo copago que un suministro para un mes.

B18. ¿Puedo pedirle a mi farmacia local que envíe mis medicamentos recetados a mi hogar?

Es posible que su farmacia local pueda enviar sus medicamentos recetados a su hogar. Puede llamar a su farmacia para averiguar si ofrecen la entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de L.A. Care Medicare Plus tienen un copago de \$0 por medicamentos recetados y por medicamentos OTC y productos OTC que no son medicamentos si el miembro sigue las reglas del plan. Consulte las preguntas B15 y B16 para obtener más información sobre los medicamentos OTC y los productos OTC que no son medicamentos.

Los niveles son grupos de medicamentos de nuestra *Lista de medicamentos*.

- Todos los medicamentos cubiertos de la Parte D (Nivel 1): Su copago por un suministro para un mes (30 días) es de \$0 por receta.

Si tiene alguna pregunta, llame a Servicios para los Miembros al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos.

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le brinda información acerca de los medicamentos cubiertos por L.A. Care Medicare Plus. Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice de medicamentos cubiertos que comienza en la sección D. El índice detalla alfabéticamente todos los medicamentos cubiertos por L.A. Care Medicare Plus.

Si tiene alguna pregunta, llame a L.A. Care Medicare Plus al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita. **Para obtener más información**, visite [medicare.lacare.org](https://www.medicare.lacare.org).

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ABREVIATURAS DE LAS NOTAS DE COBERTURA

Restricciones de administración de la utilización

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
PA	Restricción de autorización previa (Prior Authorization)	Usted (o su médico) debe obtener la autorización previa de L.A. Care Medicare Plus antes de surtir su receta para este medicamento. Sin la aprobación previa, es posible que L.A. Care Medicare Plus no cubra este medicamento.
PA BvD	Restricción de autorización previa para la determinación de cobertura de la Parte B versus la Parte D (Prior Authorization For Part B vs Part D Determination)	Este medicamento puede ser elegible para el pago en virtud de la Parte B o la Parte D de Medicare. Usted (o su médico) debe obtener la autorización previa de L.A. Care Medicare Plus para determinar si este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin la aprobación previa, es posible que L.A. Care Medicare Plus no cubra este medicamento.
PA NSO	Restricción de autorización previa para medicamentos recetados por primera vez únicamente (Prior Authorization for New Starts Only)	Si este es un medicamento recetado nuevo para usted, es decir, si es la primera vez que se lo recetan, usted (o su médico) debe obtener la autorización previa de L.A. Care Medicare Plus antes de surtir su receta para este medicamento. Sin la aprobación previa, es posible que L.A. Care Medicare Plus no cubra este medicamento.
QL	Restricción de límite de cantidad (Quantity Limit)	L.A. Care Medicare Plus limita la cantidad que cubrirá dentro de un período específico para este medicamento.
ST	Restricción de terapia de pasos (Step Therapy)	Antes de que L.A. Care Medicare Plus brinde cobertura para este medicamento, usted primero deberá probar otro(s) medicamento(s) del formulario para tratar su condición médica. Este medicamento solamente podrá cubrirse si el (los) otro(s) medicamento(s) no le funciona(n).
ST NSO	Terapia de pasos para medicamentos recetados por primera vez únicamente (Step Therapy for New Starts Only)	Si este es un medicamento recetado nuevo para usted, es decir, si es la primera vez que se lo recetan, antes de que L.A. Care Medicare Plus brinde cobertura para este medicamento, usted primero deberá probar otro(s) medicamento(s) del formulario para tratar su condición médica. Este medicamento solamente podrá cubrirse si el (los) otro(s) medicamento(s) no le funciona(n).



Otros requisitos especiales para la cobertura

LD	Medicamento de distribución limitada (Limited Distribution)	Es posible que este medicamento solo esté disponible en determinadas farmacias. Para obtener más información, consulte su <i>Directorio de proveedores/farmacias</i> o llame a Servicios para los Miembros al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos.
NDS	Suministro no prolongado (Non-Extended Day Supply)	Los medicamentos con la leyenda "NDS" tienen un límite de un suministro para 1 mes tanto en farmacias minoristas como de pedidos por correo.
INS	Insulinas	Productos de insulina a un máximo de \$35 por mes.
VAC	Vacuna	Vacunas de la Parte D de Medicare cubiertas por \$0.

Otros medicamentos, como algunos medicamentos de venta libre (OTC) y determinadas vitaminas, pueden estar cubiertos por Medi-Cal Rx. Visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para obtener más información. También puede llamar al Centro de Servicio al Cliente de Medi-Cal Rx al 800-977-2273. Por favor, lleve su tarjeta de identificación de beneficios (BIC) de Medi-Cal al obtener sus medicamentos recetados a través de Medi-Cal Rx.

Apelaciones de la Parte D

- Una apelación es una manera formal de pedirnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si usted considera que cometimos un error.
- Por ejemplo, quizás decidamos que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o Medi-Cal.
- Si usted o la persona que le recetó el medicamento no están de acuerdo con nuestra decisión, pueden apelar. Si tiene alguna pregunta, llame a Servicios para los Miembros al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos, o a los números que figuran en la parte inferior de esta página o en el pie de página de este documento.
- También puede leer el **Capítulo 9** del *Manual para Miembros* para obtener información acerca de cómo apelar una decisión.
- Los medicamentos que no son un medicamento de la Parte D tienen reglas diferentes para las apelaciones.

C1. Lista de medicamentos por condición médica

Los medicamentos de esta sección están agrupados en categorías según el tipo de condiciones médicas para las que se usan. Por ejemplo, si tiene una enfermedad cardíaca, debe buscar en la categoría denominada "Agentes cardiovasculares – Varios" (Cardiovascular agents – Misc). Allí encontrará los medicamentos para tratar enfermedades cardíacas.

D. Índice de medicamentos cubiertos

En esta sección, podrá encontrar un medicamento buscando el nombre alfabéticamente. Así accederá al número de página donde podrá encontrar información adicional sobre la cobertura para su medicamento.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine/dextroamphetamine 10mg tab</i>	1	
<i>amphetamine/dextroamphetamine 12.5mg tab</i>	1	
<i>amphetamine/dextroamphetamine 15mg tab</i>	1	
<i>amphetamine/dextroamphetamine 20mg tab</i>	1	
<i>amphetamine/dextroamphetamine 25mg er cap</i>	1	
<i>amphetamine/dextroamphetamine 30mg tab</i>	1	
<i>amphetamine/dextroamphetamine 5mg tab</i>	1	
<i>amphetamine/dextroamphetamine 7.5mg tab</i>	1	
<i>dextroamphetamine sulfate 10mg tab</i>	1	
<i>dextroamphetamine sulfate 5mg tab</i>	1	
<i>lisdexamfetamine dimesylate 10mg cap</i>	1	
<i>lisdexamfetamine dimesylate 20mg cap</i>	1	
<i>lisdexamfetamine dimesylate 30mg cap</i>	1	
<i>lisdexamfetamine dimesylate 40mg cap</i>	1	
<i>lisdexamfetamine dimesylate 50mg cap</i>	1	
<i>lisdexamfetamine dimesylate 60mg cap</i>	1	
<i>lisdexamfetamine dimesylate 70mg cap</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine 100mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 10mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 18mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 25mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 40mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 60mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 80mg cap</i>	1	QL=60 EA/30 Days
<i>clonidine 0.1mg er tab</i>	1	
<i>guanfacine 1mg er tab</i>	1	
<i>guanfacine 2mg er tab</i>	1	
<i>guanfacine 3mg er tab</i>	1	
<i>guanfacine 4mg er tab</i>	1	
STIMULANTS - MISC.		
<i>armodafinil 150mg tab</i>	1	PA QL=30 EA/30 Days
<i>armodafinil 200mg tab</i>	1	PA QL=30 EA/30 Days
<i>armodafinil 250mg tab</i>	1	PA QL=30 EA/30 Days
<i>armodafinil 50mg tab</i>	1	PA QL=30 EA/30 Days
<i>dexmethylphenidate 10mg tab</i>	1	
<i>dexmethylphenidate 2.5mg tab</i>	1	
<i>dexmethylphenidate 5mg tab</i>	1	
<i>methylphenidate 10mg er tab</i>	1	
<i>methylphenidate 10mg tab</i>	1	
<i>methylphenidate 18mg er osmotic tab</i>	1	
<i>methylphenidate 1mg/ml oral soln</i>	1	
<i>methylphenidate 20mg er tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate 20mg tab</i>	1	
<i>methylphenidate 27mg er osmotic tab</i>	1	
<i>methylphenidate 27mg er tab</i>	1	
<i>methylphenidate 2mg/ml oral soln</i>	1	
<i>methylphenidate 36mg er osmotic tab</i>	1	
<i>methylphenidate 36mg er tab</i>	1	
<i>methylphenidate 54mg er osmotic tab</i>	1	
<i>methylphenidate 54mg er tab</i>	1	
<i>methylphenidate 5mg tab</i>	1	
<i>modafinil 100mg tab</i>	1	PA QL=60 EA/30 Days
<i>modafinil 200mg tab</i>	1	PA QL=60 EA/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin 250mg/ml inj</i>	1	
ARIKAYCE 590MG/8.4ML INH SUSP	1	NDS PA QL=252 ML/30 Days
GENTAMICIN 0.8MG/ML INJ	1	
<i>gentamicin 1.2mg/ml inj</i>	1	
GENTAMICIN 1.6MG/ML INJ	1	
GENTAMICIN 1MG/ML INJ	1	
<i>gentamicin 40mg/ml inj</i>	1	
<i>neomycin sulfate 500mg tab</i>	1	
STREPTOMYCIN 1GM INJ	1	
TOBRAMYCIN 10MG/ML INJ	1	
<i>tobramycin 300mg/5ml inh soln</i>	1	PA QL=300 ML/30 Days
<i>tobramycin 80mg/2ml inj</i>	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide 10mg tab</i>	1	
<i>leflunomide 20mg tab</i>	1	
OLUMIANT 1MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 2MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 4MG TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 15MG ER TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 30MG ER TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 45MG ER TAB	1	NDS PA QL=30 EA/30 Days
XELJANZ 10MG TAB	1	NDS PA QL=60 EA/30 Days
XELJANZ 1MG/ML ORAL SOLN	1	NDS PA QL=300 ML/30 Days
XELJANZ 5MG TAB	1	NDS PA QL=60 EA/30 Days
XELJANZ XR 11MG TAB	1	NDS PA QL=30 EA/30 Days
XELJANZ XR 22MG TAB	1	NDS PA QL=30 EA/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
CIMZIA 200MG INJ	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	1	NDS PA QL=2 EA/28 Days
ENBREL 25MG/0.5ML INJ	1	NDS PA QL=8 ML/28 Days
ENBREL 25MG/0.5ML SYRINGE	1	NDS PA QL=8 ML/28 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL 50MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML CARTRIDGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
HADLIMA 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.4ML SYRINGE	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=4.80 ML/28 Days
HADLIMA 40MG/0.8ML SYRINGE	1	NDS PA QL=4.80 ML/28 Days
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
ACTEMRA 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 ML/28 Days
KEVZARA 150MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 150MG/1.14ML SYRINGE	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML SYRINGE	1	NDS PA QL=2.28 ML/28 Days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib 100mg cap</i>	1	
<i>celecoxib 200mg cap</i>	1	
<i>celecoxib 400mg cap</i>	1	
<i>celecoxib 50mg cap</i>	1	
<i>diclofenac potassium 50mg tab</i>	1	
<i>diclofenac sodium 1.5% topical soln</i>	1	QL=300 ML/30 Days
<i>diclofenac sodium 100mg er tab</i>	1	
<i>diclofenac sodium 25mg dr tab</i>	1	
<i>diclofenac sodium 50mg dr tab</i>	1	
<i>diclofenac sodium 75mg dr tab</i>	1	
<i>diflunisal 500mg tab</i>	1	
<i>etodolac 200mg cap</i>	1	
<i>etodolac 300mg cap</i>	1	
<i>etodolac 400mg tab</i>	1	
<i>etodolac 500mg tab</i>	1	
<i>ibu 600mg tab</i>	1	
<i>ibu 800mg tab</i>	1	
<i>ibuprofen 400mg tab</i>	1	
<i>ibuprofen 600mg tab</i>	1	
<i>ibuprofen 800mg tab</i>	1	
<i>ketorolac tromethamine 10mg tab</i>	1	QL=20 EA/5 Days
<i>meloxicam 15mg tab</i>	1	
<i>meloxicam 7.5mg tab</i>	1	
<i>nabumetone 500mg tab</i>	1	
<i>nabumetone 750mg tab</i>	1	
<i>naproxen 250mg tab</i>	1	
<i>naproxen 375mg dr tab</i>	1	
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>naproxen sodium 275mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium 550mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	
<i>piroxicam 20mg cap</i>	1	
<i>sulindac 150mg tab</i>	1	
<i>sulindac 200mg tab</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
ORENCIA 125MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
ORENCIA 50MG/0.4ML SYRINGE	1	NDS PA QL=1.60 ML/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	1	NDS PA QL=2.80 ML/28 Days
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl 100mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 1200mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 12mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 1600mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 200mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 25mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 400mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 50mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 600mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 75mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 800mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>hydromorphone 2mg tab</i>	1	QL=450 EA/30 Days
<i>hydromorphone 4mg tab</i>	1	QL=240 EA/30 Days
<i>hydromorphone 8mg tab</i>	1	QL=120 EA/30 Days
<i>methadone 10mg tab</i>	1	QL=360 EA/30 Days
METHADONE 1MG/ML ORAL SOLN	1	QL=3600 ML/30 Days
METHADONE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>methadone 5mg tab</i>	1	QL=360 EA/30 Days
<i>morphine sulfate 100mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg tab</i>	1	QL=180 EA/30 Days
<i>morphine sulfate 200mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 20mg/ml oral soln</i>	1	QL=180 ML/30 Days
MORPHINE SULFATE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>morphine sulfate 30mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 30mg tab</i>	1	QL=180 EA/30 Days
MORPHINE SULFATE 4MG/ML ORAL SOLN	1	QL=900 ML/30 Days
<i>morphine sulfate 60mg er tab</i>	1	QL=120 EA/30 Days
<i>oxycodone 10mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 15mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 1mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>oxycodone 20mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol 100mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 200mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 300mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 50mg tab</i>	1	QL=240 EA/30 Days
OPIOID COMBINATIONS		
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	1	QL=390 EA/30 Days
CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN	1	QL=4980 ML/30 Days
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	1	QL=390 EA/30 Days
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	1	QL=390 EA/30 Days
<i>endocet 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 2.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 2.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol/acetaminophen 37.5-325mg tab</i>	1	QL=360 EA/30 Days
OPIOID PARTIAL AGONISTS		
<i>buprenorphine 2mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine 8mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 12-3mg sl film</i>	1	QL=60 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 4-1mg sl film</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl film</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl tab</i>	1	QL=90 EA/30 Days
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol 100mg cap</i>	1	
<i>danazol 200mg cap</i>	1	
<i>danazol 50mg cap</i>	1	
<i>depo-testosterone 100mg/ml inj</i>	1	
<i>depo-testosterone 200mg/ml inj</i>	1	
<i>testosterone 1% (12.5mg/act) gel pump</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (25mg) gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (50mg) gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1.62% (1.25gm) gel packet</i>	1	PA QL=75 GM/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone 1.62% (2.5gm) gel packet</i>	1	PA QL=150 GM/30 Days
<i>testosterone 1.62% (20.25mg/act) gel pump</i>	1	PA QL=150 GM/30 Days
<i>testosterone 30mg/act topical soln</i>	1	PA QL=180 ML/30 Days
<i>testosterone cypionate 100mg/ml inj</i>	1	
<i>testosterone cypionate 200mg/ml (1ml) inj</i>	1	
<i>testosterone cypionate 200mg/ml inj</i>	1	
TESTOSTERONE ENANTHATE 200MG/ML INJ	1	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide 2mg/act rectal foam</i>	1	PA
<i>hydrocortisone 1.67mg/ml enema</i>	1	
RECTAL STEROIDS		
<i>hydrocortisone 2.5% cream</i>	1	QL=60 GM/30 Days
<i>procto-med 2.5% cream</i>	1	QL=60 GM/30 Days
<i>proctosol 2.5% cream</i>	1	QL=60 GM/30 Days
<i>proctozone hc 2.5% cream</i>	1	QL=60 GM/30 Days
VASODILATING AGENTS		
<i>nitroglycerin 0.4% rectal ointment</i>	1	QL=30 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200mg tab</i>	1	
BENZNIDAZOLE 100MG TAB	1	
BENZNIDAZOLE 12.5MG TAB	1	
<i>ivermectin 3mg tab</i>	1	PA QL=15 EA/90 Days
<i>praziquantel 600mg tab</i>	1	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 10mg tab</i>	1	
<i>isosorbide dinitrate 20mg tab</i>	1	
<i>isosorbide dinitrate 30mg tab</i>	1	
<i>isosorbide dinitrate 5mg tab</i>	1	
ISOSORBIDE MONONITRATE 10MG TAB	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
ISOSORBIDE MONONITRATE 20MG TAB	1	
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	
NITRO-BID 2% OINTMENT	1	
<i>nitroglycerin 0.1mg/hr patch</i>	1	
<i>nitroglycerin 0.2mg/hr patch</i>	1	
<i>nitroglycerin 0.3mg sl tab</i>	1	
<i>nitroglycerin 0.4mg sl tab</i>	1	
<i>nitroglycerin 0.4mg/hr patch</i>	1	
<i>nitroglycerin 0.6mg sl tab</i>	1	
<i>nitroglycerin 0.6mg/hr patch</i>	1	
ANTIANSIETY AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-ANXIETY AGENTS - MISC.		
<i>bupirone 10mg tab</i>	1	
<i>bupirone 15mg tab</i>	1	
<i>bupirone 30mg tab</i>	1	
<i>bupirone 5mg tab</i>	1	
<i>bupirone 7.5mg tab</i>	1	
<i>hydroxyzine 10mg tab</i>	1	
<i>hydroxyzine 25mg tab</i>	1	
<i>hydroxyzine 50mg tab</i>	1	
HYDROXYZINE PAMOATE 100MG CAP	1	
<i>hydroxyzine pamoate 25mg cap</i>	1	
<i>hydroxyzine pamoate 50mg cap</i>	1	
BENZODIAZEPINES		
<i>alprazolam 0.25mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 0.5mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 1mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 2mg tab</i>	1	QL=150 EA/30 Days
<i>chlordiazepoxide 10mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 25mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 5mg cap</i>	1	QL=120 EA/30 Days
<i>clorazepate dipotassium 15mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 3.75mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 7.5mg tab</i>	1	QL=180 EA/30 Days
<i>diazepam 10mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 1mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>diazepam 2mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>lorazepam 0.5mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 1mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg/ml oral soln</i>	1	QL=150 ML/30 Days
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide 100mg cap</i>	1	PA
<i>disopyramide 150mg cap</i>	1	PA
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG TAB	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine 150mg cap</i>	1	
<i>mexiletine 200mg cap</i>	1	
<i>mexiletine 250mg cap</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate 100mg tab</i>	1	
<i>flecainide acetate 150mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flecainide acetate 50mg tab</i>	1	
<i>propafenone 150mg tab</i>	1	
<i>propafenone 225mg er cap</i>	1	
<i>propafenone 225mg tab</i>	1	
<i>propafenone 300mg tab</i>	1	
<i>propafenone 325mg er cap</i>	1	
<i>propafenone 425mg er cap</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone 100mg tab</i>	1	
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
<i>dofetilide 0.125mg cap</i>	1	
<i>dofetilide 0.25mg cap</i>	1	
<i>dofetilide 0.5mg cap</i>	1	
MULTAQ 400MG TAB	1	
<i>pacerone 100mg tab</i>	1	
<i>pacerone 200mg tab</i>	1	
<i>pacerone 400mg tab</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT 100MG/0.67ML SYRINGE	1	NDS PA QL=1.34 ML/28 Days
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 200MG/1.14ML SYRINGE	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
DUPIXENT 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
FASENRA 10MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
FASENRA 30MG/ML AUTO-INJECTOR	1	PA QL=1 ML/28 Days
FASENRA 30MG/ML SYRINGE	1	PA QL=1 ML/28 Days
NUCALA 100MG INJ	1	NDS PA QL=3 EA/28 Days
NUCALA 100MG/ML AUTO-INJECTOR	1	NDS PA QL=3 ML/28 Days
NUCALA 100MG/ML SYRINGE	1	NDS PA QL=3 ML/28 Days
NUCALA 40MG/0.4ML SYRINGE	1	NDS PA QL=.40 ML/28 Days
XOLAIR 150MG INJ	1	NDS PA QL=2 EA/28 Days
XOLAIR 150MG/ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
XOLAIR 150MG/ML SYRINGE	1	NDS PA QL=2 ML/28 Days
XOLAIR 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
XOLAIR 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA QL=1 ML/28 Days
XOLAIR 75MG/0.5ML SYRINGE	1	NDS PA QL=1 ML/28 Days
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG HFA INHALER	1	QL=25.80 GM/30 Days
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	1	QL=30 EA/30 Days
<i>ipratropium bromide 0.02% inh soln</i>	1	PA BvD
LEUKOTRIENE MODULATORS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>montelukast 10mg tab</i>	1	QL=30 EA/30 Days
<i>montelukast 4mg chew tab</i>	1	QL=30 EA/30 Days
<i>montelukast 5mg chew tab</i>	1	QL=30 EA/30 Days
<i>zafirlukast 10mg tab</i>	1	QL=60 EA/30 Days
<i>zafirlukast 20mg tab</i>	1	QL=60 EA/30 Days
STEROID INHALANTS		
ALVESCO 160MCG INHALER	1	QL=12.20 GM/30 Days
ALVESCO 80MCG INHALER	1	QL=12.20 GM/30 Days
ARNUITY 100MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 200MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 50MCG POWDER INHALER	1	QL=30 EA/30 Days
ASMANEX 100MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 110MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 200MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 220MCG (120ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (60ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 50MCG HFA INHALER	1	QL=13 GM/30 Days
<i>budesonide 0.25mg/2ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 0.5mg/2ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 1mg/2ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
FLUTICASONE PROPIONATE 110MCG INHALER	1	QL=24 GM/30 Days
FLUTICASONE PROPIONATE 220MCG INHALER	1	QL=24 GM/30 Days
FLUTICASONE PROPIONATE 44MCG INHALER	1	QL=21.20 GM/30 Days
QVAR 40MCG REDIHALER	1	QL=21.20 GM/30 Days
QVAR 80MCG REDIHALER	1	QL=21.20 GM/30 Days
SYMPATHOMIMETICS		
ADVAIR 115-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 230-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	1	PA BvD
<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	1	
<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	1	PA BvD
<i>albuterol 1.25mg/3ml neb soln</i>	1	PA BvD
<i>albuterol 108mcg HFA inhaler (6.7gm)</i>	1	QL=13.40 GM/30 Days
<i>albuterol 108mcg HFA inhaler (8.5gm)</i>	1	QL=17 GM/30 Days
<i>albuterol 2mg tab</i>	1	
<i>albuterol 4mg tab</i>	1	
<i>albuterol 5mg/ml inh soln</i>	1	PA BvD
ANORO ELLIPTA 62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 100-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 200-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 50-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>breyna 160-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days
<i>breyna 80-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	1	QL=10.70 GM/30 Days
<i>budesonide/formoterol fumarate 160-45mcg inhaler</i>	1	QL=10.20 GM/30 Days
<i>budesonide/formoterol fumarate 80-45mcg inhaler</i>	1	QL=10.20 GM/30 Days
COMBIVENT 20-100MCG/ACT INHALER	1	QL=8 GM/30 Days
DULERA 100-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 200-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 50-5MCG INHALER	1	QL=13 GM/30 Days
<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>fluticasone propionate/salmeterol 100-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	1	PA BvD
<i>levalbuterol 0.31mg/3ml neb soln</i>	1	PA BvD
<i>levalbuterol 0.63mg/3ml inh soln</i>	1	PA BvD
<i>levalbuterol 1.25mg/3ml neb soln</i>	1	PA BvD
LEVALBUTEROL 45MCG/ACT INHALER	1	ST QL=30 GM/30 Days
STIOLTO 2.5-2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
STRIVERDI 2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
<i>terbutaline sulfate 2.5mg tab</i>	1	
<i>terbutaline sulfate 5mg tab</i>	1	
TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>wixela 100-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 250-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 500-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
XOPENEX 45MCG INHALER	1	ST QL=30 GM/30 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
ELIQUIS 2.5MG TAB	1	QL=60 EA/30 Days
ELIQUIS 5MG 30-DAY STARTER PACK (74)	1	QL=74 EA/30 Days
ELIQUIS 5MG TAB	1	QL=74 EA/30 Days
XARELTO 10MG TAB	1	QL=30 EA/30 Days
XARELTO 15MG TAB	1	QL=60 EA/30 Days
XARELTO 1MG/ML ORAL SUSP	1	QL=620 ML/30 Days
XARELTO 2.5MG TAB	1	QL=60 EA/30 Days
XARELTO 20MG TAB	1	QL=30 EA/30 Days
XARELTO TAB STARTER PACK (51)	1	QL=51 EA/30 Days
COUMARIN ANTICOAGULANTS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>jantoven 10mg tab</i>	1	
<i>jantoven 1mg tab</i>	1	
<i>jantoven 2.5mg tab</i>	1	
<i>jantoven 2mg tab</i>	1	
<i>jantoven 3mg tab</i>	1	
<i>jantoven 4mg tab</i>	1	
<i>jantoven 5mg tab</i>	1	
<i>jantoven 6mg tab</i>	1	
<i>jantoven 7.5mg tab</i>	1	
<i>warfarin sodium 10mg tab</i>	1	
<i>warfarin sodium 1mg tab</i>	1	
<i>warfarin sodium 2.5mg tab</i>	1	
<i>warfarin sodium 2mg tab</i>	1	
<i>warfarin sodium 3mg tab</i>	1	
<i>warfarin sodium 4mg tab</i>	1	
<i>warfarin sodium 5mg tab</i>	1	
<i>warfarin sodium 6mg tab</i>	1	
<i>warfarin sodium 7.5mg tab</i>	1	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium 100mg/1ml syringe</i>	1	
<i>enoxaparin sodium 120mg/0.8ml syringe</i>	1	
<i>enoxaparin sodium 150mg/1ml syringe</i>	1	
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	1	
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	1	
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	1	
<i>enoxaparin sodium 80mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	1	
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	1	
<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	1	
<i>heparin sodium porcine 10000unit/ml inj</i>	1	
<i>heparin sodium porcine 1000unit/ml inj</i>	1	
<i>heparin sodium porcine 20000unit/ml inj</i>	1	
<i>heparin sodium porcine 5000unit/ml inj</i>	1	
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10mg tab</i>	1	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml oral susp</i>	1	QL=480 ML/30 Days
<i>clobazam 20mg tab</i>	1	QL=60 EA/30 Days
<i>clonazepam 0.125mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.25mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg tab</i>	1	QL=90 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonazepam 2mg odt</i>	1	QL=300 EA/30 Days
<i>clonazepam 2mg tab</i>	1	QL=300 EA/30 Days
<i>diazepam 10mg/2ml rectal gel</i>	1	QL=10 EA/30 Days
DIAZEPAM 2.5MG/0.5ML RECTAL GEL	1	QL=10 EA/30 Days
<i>diazepam 20mg/4ml rectal gel</i>	1	QL=10 EA/30 Days
LIBERVANT 10MG BUCCAL FILM	1	PA NSO QL=10 EA/30 Days
LIBERVANT 12.5MG BUCCAL FILM	1	PA NSO QL=10 EA/30 Days
LIBERVANT 15MG BUCCAL FILM	1	PA NSO QL=10 EA/30 Days
LIBERVANT 5MG BUCCAL FILM	1	PA NSO QL=10 EA/30 Days
LIBERVANT 7.5MG BUCCAL FILM	1	PA NSO QL=10 EA/30 Days
NAYZILAM 5MG/0.1ML NASAL SPRAY	1	QL=10 EA/30 Days
SYMPAZAN 10MG ORAL FILM	1	PA NSO QL=60 EA/30 Days
SYMPAZAN 20MG ORAL FILM	1	PA NSO QL=60 EA/30 Days
SYMPAZAN 5MG ORAL FILM	1	PA NSO QL=60 EA/30 Days
VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
ANTICONVULSANTS - MISC.		
APTIOM 200MG TAB	1	PA NSO QL=30 EA/30 Days
APTIOM 400MG TAB	1	PA NSO QL=30 EA/30 Days
APTIOM 600MG TAB	1	PA NSO QL=60 EA/30 Days
APTIOM 800MG TAB	1	PA NSO QL=60 EA/30 Days
BRIVIACT 100MG TAB	1	PA NSO QL=60 EA/30 Days
BRIVIACT 10MG TAB	1	PA NSO QL=60 EA/30 Days
BRIVIACT 10MG/ML ORAL SOLN	1	PA NSO QL=600 ML/30 Days
BRIVIACT 25MG TAB	1	PA NSO QL=60 EA/30 Days
BRIVIACT 50MG TAB	1	PA NSO QL=60 EA/30 Days
BRIVIACT 75MG TAB	1	PA NSO QL=60 EA/30 Days
<i>carbamazepine 100mg chew tab</i>	1	
<i>carbamazepine 100mg er cap</i>	1	
<i>carbamazepine 100mg er tab</i>	1	
<i>carbamazepine 200mg er cap</i>	1	
<i>carbamazepine 200mg er tab</i>	1	
<i>carbamazepine 200mg tab</i>	1	
<i>carbamazepine 20mg/ml oral susp</i>	1	
<i>carbamazepine 300mg er cap</i>	1	
<i>carbamazepine 400mg er tab</i>	1	
DIACOMIT 250MG CAP	1	NDS PA NSO QL=360 EA/30 Days
DIACOMIT 250MG POWDER FOR ORAL SUSP	1	NDS PA NSO QL=360 EA/30 Days
DIACOMIT 500MG CAP	1	NDS PA NSO QL=180 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIACOMIT 500MG POWDER FOR ORAL SUSP	1	NDS PA NSO QL=180 EA/30 Days
EPIDIOLEX 100MG/ML ORAL SOLN	1	NDS PA NSO QL=600 ML/30 Days
<i>epitol 200mg tab</i>	1	
EPRONTIA 25MG/ML ORAL SOLN	1	PA NSO QL=480 ML/30 Days
FINTEPLA 2.2MG/ML ORAL SOLN	1	NDS PA NSO QL=360 ML/30 Days
FYCOMPA 0.5MG/ML ORAL SUSP	1	PA NSO QL=720 ML/30 Days
FYCOMPA 10MG TAB	1	PA NSO QL=30 EA/30 Days
FYCOMPA 12MG TAB	1	PA NSO QL=30 EA/30 Days
FYCOMPA 2MG TAB	1	PA NSO QL=30 EA/30 Days
FYCOMPA 4MG TAB	1	PA NSO QL=30 EA/30 Days
FYCOMPA 6MG TAB	1	PA NSO QL=30 EA/30 Days
FYCOMPA 8MG TAB	1	PA NSO QL=30 EA/30 Days
<i>gabapentin 100mg cap</i>	1	QL=1080 EA/30 Days
<i>gabapentin 300mg cap</i>	1	QL=360 EA/30 Days
<i>gabapentin 400mg cap</i>	1	QL=270 EA/30 Days
<i>gabapentin 50mg/ml oral soln</i>	1	QL=2160 ML/30 Days
<i>gabapentin 600mg tab (Neurontin equiv)</i>	1	QL=180 EA/30 Days
<i>gabapentin 800mg tab</i>	1	QL=135 EA/30 Days
<i>lacosamide 100mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 10mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>lacosamide 150mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 200mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 50mg tab</i>	1	QL=120 EA/30 Days
<i>lamotrigine 100mg tab</i>	1	
<i>lamotrigine 150mg tab</i>	1	
<i>lamotrigine 200mg tab</i>	1	
<i>lamotrigine 25mg chew tab</i>	1	
<i>lamotrigine 25mg tab</i>	1	
<i>lamotrigine 5mg chew tab</i>	1	
<i>levetiracetam 1000mg tab</i>	1	
<i>levetiracetam 100mg/ml oral soln</i>	1	
<i>levetiracetam 250mg tab</i>	1	
<i>levetiracetam 500mg er tab</i>	1	
<i>levetiracetam 500mg tab</i>	1	
<i>levetiracetam 750mg er tab</i>	1	
<i>levetiracetam 750mg tab</i>	1	
<i>oxcarbazepine 150mg tab</i>	1	
<i>oxcarbazepine 300mg tab</i>	1	
<i>oxcarbazepine 600mg tab</i>	1	
<i>oxcarbazepine 60mg/ml oral susp</i>	1	
<i>phenobarbital 100mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 15mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 16.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 30mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 32.4mg tab</i>	1	QL=120 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital 4mg/ml oral soln</i>	1	QL=1500 ML/30 Days
<i>phenobarbital 60mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 64.8mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 97.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenytoin 25mg/ml oral susp</i>	1	
<i>phenytoin 50mg chew tab</i>	1	
<i>phenytoin sodium 100mg er cap</i>	1	
<i>phenytoin sodium 200mg er cap</i>	1	
<i>phenytoin sodium 300mg er cap</i>	1	
<i>pregabalin 100mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 150mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 200mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 20mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>pregabalin 225mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 25mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 300mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 50mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 75mg cap</i>	1	QL=90 EA/30 Days
<i>primidone 250mg tab</i>	1	
<i>primidone 50mg tab</i>	1	
<i>roweepra 500mg tab</i>	1	
<i>rufinamide 200mg tab</i>	1	PA NSO QL=480 EA/30 Days
<i>rufinamide 400mg tab</i>	1	PA NSO QL=240 EA/30 Days
<i>rufinamide 40mg/ml oral susp</i>	1	PA NSO QL=2760 ML/30 Days
SPRITAM 1000MG TAB FOR ORAL SUSP	1	PA NSO QL=90 EA/30 Days
SPRITAM 250MG TAB FOR ORAL SUSP	1	PA NSO QL=360 EA/30 Days
SPRITAM 500MG TAB FOR ORAL SUSP	1	PA NSO QL=180 EA/30 Days
SPRITAM 750MG TAB FOR ORAL SUSP	1	PA NSO QL=120 EA/30 Days
<i>subvenite 100mg tab</i>	1	
<i>subvenite 150mg tab</i>	1	
<i>subvenite 200mg tab</i>	1	
<i>subvenite 25mg tab</i>	1	
<i>topiramate 100mg tab</i>	1	
<i>topiramate 15mg cap</i>	1	
<i>topiramate 200mg tab</i>	1	
<i>topiramate 25mg cap</i>	1	
<i>topiramate 25mg tab</i>	1	
<i>topiramate 50mg tab</i>	1	
ZONISADE 100MG/5ML ORAL SUSP	1	PA NSO QL=900 ML/30 Days
<i>zonisamide 100mg cap</i>	1	
<i>zonisamide 25mg cap</i>	1	
<i>zonisamide 50mg cap</i>	1	
ZTALMY 50MG/ML ORAL SUSP	1	NDS PA NSO QL=1100 ML/30 Days
CARBAMATES		
<i>felbamate 120mg/ml oral susp</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>felbamate 400mg tab</i>	1	
<i>felbamate 600mg tab</i>	1	
XCOPRI 100MG TAB	1	PA NSO QL=30 EA/30 Days
XCOPRI 150MG TAB	1	PA NSO QL=60 EA/30 Days
XCOPRI 200MG TAB	1	PA NSO QL=60 EA/30 Days
XCOPRI 25MG TAB	1	PA NSO QL=30 EA/30 Days
XCOPRI 50MG TAB	1	PA NSO QL=30 EA/30 Days
XCOPRI TAB 100/150MG MAINTENANCE PACK (56)	1	PA NSO QL=56 EA/28 Days
XCOPRI TAB 12.5/25MG TITRATION PACK (28)	1	PA NSO QL=28 EA/28 Days
XCOPRI TAB 150/200MG PACK (56)	1	PA NSO QL=56 EA/28 Days
XCOPRI TAB 150/200MG TITRATION PACK (28)	1	PA NSO QL=28 EA/28 Days
XCOPRI TAB 50/100MG TITRATION PACK (28)	1	PA NSO QL=28 EA/28 Days
GABA MODULATORS		
<i>tiagabine 12mg tab</i>	1	
<i>tiagabine 16mg tab</i>	1	
<i>tiagabine 2mg tab</i>	1	
<i>tiagabine 4mg tab</i>	1	
<i>vigabatrin 500mg powder for oral soln</i>	1	PA NSO QL=180 EA/30 Days
<i>vigabatrin 500mg tab</i>	1	PA NSO QL=180 EA/30 Days
<i>vigadrone 500mg powder for oral soln</i>	1	PA NSO QL=180 EA/30 Days
<i>vigadrone 500mg tab</i>	1	PA NSO QL=180 EA/30 Days
<i>vigpoder 500mg powder for oral soln</i>	1	PA NSO QL=180 EA/30 Days
SUCCINIMIDES		
<i>ethosuximide 250mg cap</i>	1	
<i>ethosuximide 50mg/ml oral soln</i>	1	
<i>methsuximide 300mg cap</i>	1	
VALPROIC ACID		
<i>divalproex sodium 125mg dr cap</i>	1	
<i>divalproex sodium 125mg dr tab</i>	1	
<i>divalproex sodium 250mg dr tab</i>	1	
<i>divalproex sodium 250mg er tab</i>	1	
<i>divalproex sodium 500mg dr tab</i>	1	
<i>divalproex sodium 500mg er tab</i>	1	
<i>valproic acid 250mg cap</i>	1	
<i>valproic acid 50mg/ml oral soln</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY 105-45MG ER TAB	1	PA NSO QL=60 EA/30 Days
<i>bupropion 100mg sr (12hr) tab</i>	1	
<i>bupropion 100mg tab</i>	1	
<i>bupropion 150mg sr (12 hr) tab</i>	1	
<i>bupropion 200mg sr (12hr) tab</i>	1	
<i>bupropion 75mg tab</i>	1	
<i>bupropion xl 150mg (24 hr) tab</i>	1	
<i>bupropion xl 300mg (24hr) tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mirtazapine 15mg odt</i>	1	
<i>mirtazapine 15mg tab</i>	1	
<i>mirtazapine 30mg odt</i>	1	
<i>mirtazapine 30mg tab</i>	1	
<i>mirtazapine 45mg odt</i>	1	
<i>mirtazapine 45mg tab</i>	1	
<i>mirtazapine 7.5mg tab</i>	1	
ZURZUVAE 20MG CAP	1	NDS PA NSO QL=28 EA/14 Days
ZURZUVAE 25MG CAP	1	NDS PA NSO QL=28 EA/14 Days
ZURZUVAE 30MG CAP	1	NDS PA NSO QL=14 EA/14 Days
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM 12MG/24HR PATCH	1	PA NSO QL=30 EA/30 Days
EMSAM 6MG/24HR PATCH	1	PA NSO QL=30 EA/30 Days
EMSAM 9MG/24HR PATCH	1	PA NSO QL=30 EA/30 Days
MARPLAN 10MG TAB	1	
PHENELZINE 15MG TAB	1	
<i>tranylcypromine 10mg tab</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram 10mg tab</i>	1	
<i>citalopram 20mg tab</i>	1	
<i>citalopram 2mg/ml oral soln</i>	1	QL=600 ML/30 Days
<i>citalopram 40mg tab</i>	1	
<i>escitalopram 10mg tab</i>	1	
<i>escitalopram 1mg/ml oral soln</i>	1	QL=600 ML/30 Days
<i>escitalopram 20mg tab</i>	1	
<i>escitalopram 5mg tab</i>	1	
<i>fluoxetine 10mg cap</i>	1	
<i>fluoxetine 20mg cap</i>	1	
<i>fluoxetine 40mg cap</i>	1	
<i>fluoxetine 4mg/ml oral soln</i>	1	QL=600 ML/30 Days
<i>fluoxetine 60mg tab</i>	1	
<i>fluvoxamine maleate 100mg tab</i>	1	
<i>fluvoxamine maleate 25mg tab</i>	1	
<i>fluvoxamine maleate 50mg tab</i>	1	
<i>paroxetine 10mg tab</i>	1	PA NSO
<i>paroxetine 10mg/5ml oral susp</i>	1	PA NSO QL=900 ML/30 Days
<i>paroxetine 12.5mg er tab</i>	1	PA NSO
<i>paroxetine 20mg tab</i>	1	PA NSO
<i>paroxetine 25mg er tab</i>	1	PA NSO
<i>paroxetine 30mg tab</i>	1	PA NSO
<i>paroxetine 37.5mg er tab</i>	1	PA NSO
<i>paroxetine 40mg tab</i>	1	PA NSO
<i>sertraline 100mg tab</i>	1	
<i>sertraline 20mg/ml oral soln</i>	1	QL=300 ML/30 Days
<i>sertraline 25mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sertraline 50mg tab</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE 100MG TAB	1	
NEFAZODONE 150MG TAB	1	
NEFAZODONE 200MG TAB	1	
NEFAZODONE 250MG TAB	1	
NEFAZODONE 50MG TAB	1	
<i>trazodone 100mg tab</i>	1	
<i>trazodone 150mg tab</i>	1	
<i>trazodone 50mg tab</i>	1	
TRINTELLIX 10MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 20MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 5MG TAB	1	ST_NSO QL=30 EA/30 Days
<i>vilazodone 10mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>vilazodone 20mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>vilazodone 40mg tab</i>	1	PA NSO QL=30 EA/30 Days
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate 100mg er tab</i>	1	
<i>desvenlafaxine succinate 25mg er tab</i>	1	
<i>desvenlafaxine succinate 50mg er tab</i>	1	
<i>duloxetine 20mg dr cap</i>	1	
<i>duloxetine 30mg dr cap</i>	1	
<i>duloxetine 60mg dr cap</i>	1	
FETZIMA 120MG ER CAP	1	PA NSO QL=30 EA/30 Days
FETZIMA 20MG ER CAP	1	PA NSO QL=30 EA/30 Days
FETZIMA 40MG ER CAP	1	PA NSO QL=30 EA/30 Days
FETZIMA 80MG ER CAP	1	PA NSO QL=30 EA/30 Days
FETZIMA ER CAP TITRATION PACK (28)	1	PA NSO QL=30 EA/30 Days
<i>venlafaxine 100mg tab</i>	1	
<i>venlafaxine 150mg er cap</i>	1	
<i>venlafaxine 25mg tab</i>	1	
<i>venlafaxine 37.5mg er cap</i>	1	
<i>venlafaxine 37.5mg tab</i>	1	
<i>venlafaxine 50mg tab</i>	1	
<i>venlafaxine 75mg er cap</i>	1	
<i>venlafaxine 75mg tab</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline 100mg tab</i>	1	PA NSO
<i>amitriptyline 10mg tab</i>	1	PA NSO
<i>amitriptyline 150mg tab</i>	1	PA NSO
<i>amitriptyline 25mg tab</i>	1	PA NSO
<i>amitriptyline 50mg tab</i>	1	PA NSO
<i>amitriptyline 75mg tab</i>	1	PA NSO
<i>amoxapine 100mg tab</i>	1	PA NSO
<i>amoxapine 150mg tab</i>	1	PA NSO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxapine 25mg tab</i>	1	PA NSO
<i>amoxapine 50mg tab</i>	1	PA NSO
<i>clomipramine 25mg cap</i>	1	PA NSO
<i>clomipramine 50mg cap</i>	1	PA NSO
<i>clomipramine 75mg cap</i>	1	PA NSO
<i>desipramine 100mg tab</i>	1	PA NSO
<i>desipramine 10mg tab</i>	1	PA NSO
<i>desipramine 150mg tab</i>	1	PA NSO
<i>desipramine 25mg tab</i>	1	PA NSO
<i>desipramine 50mg tab</i>	1	PA NSO
<i>desipramine 75mg tab</i>	1	PA NSO
<i>doxepin 100mg cap</i>	1	PA NSO
<i>doxepin 10mg cap</i>	1	PA NSO
<i>doxepin 10mg/ml oral soln</i>	1	PA NSO
<i>doxepin 150mg cap</i>	1	PA NSO
<i>doxepin 25mg cap</i>	1	PA NSO
<i>doxepin 50mg cap</i>	1	PA NSO
<i>doxepin 75mg cap</i>	1	PA NSO
<i>imipramine 10mg tab</i>	1	PA NSO
<i>imipramine 25mg tab</i>	1	PA NSO
<i>imipramine 50mg tab</i>	1	PA NSO
<i>nortriptyline 10mg cap</i>	1	
<i>nortriptyline 25mg cap</i>	1	
<i>nortriptyline 2mg/ml oral soln</i>	1	
<i>nortriptyline 50mg cap</i>	1	
<i>nortriptyline 75mg cap</i>	1	
<i>protriptyline 10mg tab</i>	1	PA NSO
<i>protriptyline 5mg tab</i>	1	PA NSO
<i>trimipramine 100mg cap</i>	1	PA NSO
<i>trimipramine 25mg cap</i>	1	PA NSO
<i>trimipramine 50mg cap</i>	1	PA NSO
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>glipizide/metformin 2.5-250mg tab</i>	1	
<i>glipizide/metformin 2.5-500mg tab</i>	1	
<i>glipizide/metformin 5-500mg tab</i>	1	
GLYXAMBI 10-5MG TAB	1	QL=30 EA/30 Days
GLYXAMBI 25-5MG TAB	1	QL=30 EA/30 Days
JANUMET 50-1000MG TAB	1	QL=60 EA/30 Days
JANUMET 50-500MG TAB	1	QL=60 EA/30 Days
JANUMET XR 100-1000MG TAB	1	QL=30 EA/30 Days
JANUMET XR 50-1000MG TAB	1	QL=60 EA/30 Days
JANUMET XR 50-500MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-500MG TAB	1	QL=60 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO XR 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO XR 5-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY 12.5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY 12.5-500MG TAB	1	QL=60 EA/30 Days
SYNJARDY 5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY 5-500MG TAB	1	QL=60 EA/30 Days
SYNJARDY XR 10-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY XR 12.5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY XR 25-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY XR 5-1000MG TAB	1	QL=60 EA/30 Days
TRIJARDY XR 10-5-1000MG TAB	1	QL=30 EA/30 Days
TRIJARDY XR 12.5-2.5-1000MG TAB	1	QL=60 EA/30 Days
TRIJARDY XR 25-5-1000MG TAB	1	QL=30 EA/30 Days
TRIJARDY XR 5-2.5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 10-1000MG TAB	1	QL=30 EA/30 Days
XIGDUO XR 10-500MG TAB	1	QL=30 EA/30 Days
XIGDUO XR 2.5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 5-500MG TAB	1	QL=30 EA/30 Days
DIABETIC OTHER		
<i>acarbose 100mg tab</i>	1	
<i>acarbose 25mg tab</i>	1	
<i>acarbose 50mg tab</i>	1	
BAQSIMI 3MG/DOSE NASAL POWDER	1	QL=2 EA/7 Days
<i>diazoxide 50mg/ml oral susp</i>	1	
GVOKE 0.5MG/0.1ML AUTO-INJECTOR	1	QL=.20 ML/7 Days
GVOKE 1MG/0.2ML AUTO-INJECTOR	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML INJ	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML SYRINGE	1	QL=.40 ML/7 Days
<i>metformin 1000mg tab</i>	1	
<i>metformin 500mg er tab</i>	1	
<i>metformin 500mg tab</i>	1	
<i>metformin 750mg er tab</i>	1	
<i>metformin 850mg tab</i>	1	
<i>mifepristone 300mg tab</i>	1	PA QL=120 EA/30 Days
<i>nateglinide 120mg tab</i>	1	
<i>nateglinide 60mg tab</i>	1	
<i>pioglitazone 15mg tab</i>	1	
<i>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	
<i>repaglinide 1mg tab</i>	1	
<i>repaglinide 2mg tab</i>	1	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA 100MG TAB	1	QL=30 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUVIA 25MG TAB	1	QL=30 EA/30 Days
JANUVIA 50MG TAB	1	QL=30 EA/30 Days
TRADJENTA 5MG TAB	1	QL=30 EA/30 Days
INCRETIN MIMETIC AGENTS		
BYDUREON 2MG/0.85ML AUTO-INJECTOR	1	PA QL=3.40 ML/28 Days
MOUNJARO 10MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 15MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
OZEMPIC 2.68MG/ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 2MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 4MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
RYBELSUS 14MG TAB	1	PA QL=30 EA/30 Days
RYBELSUS 3MG TAB	1	PA QL=30 EA/30 Days
RYBELSUS 7MG TAB	1	PA QL=30 EA/30 Days
TRULICITY 0.75MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 1.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 3MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 4.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
INSULIN		
HUMALOG 100UNIT/ML CARTRIDGE	1	INS
HUMALOG 100UNIT/ML KWIKPEN	1	INS
HUMALOG 200UNIT/ML KWIKPEN	1	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ	1	INS
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN	1	INS
HUMULIN (70/30) 100UNIT/ML INJ	1	INS
HUMULIN (70/30) 100UNIT/ML PEN INJ	1	INS
HUMULIN N 100UNIT/ML INJ	1	INS
HUMULIN N 100UNIT/ML PEN INJ	1	INS
HUMULIN R 100UNIT/ML INJ	1	INS
HUMULIN R 500UNIT/ML INJ	1	INS PA BvD
HUMULIN R 500UNIT/ML PEN INJ	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO 100UNIT/ML INJ	1	INS PA BvD
LANTUS 100UNIT/ML INJ	1	INS
LANTUS 100UNIT/ML PEN INJ	1	INS
TOUJEO 300UNIT/ML PEN INJ (1.5ML)	1	INS
TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA 100UNIT/ML INJ	1	INS
TRESIBA 100UNIT/ML PEN INJ	1	INS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRESIBA 200UNIT/ML PEN INJ	1	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA 10MG TAB	1	QL=30 EA/30 Days
FARXIGA 5MG TAB	1	QL=30 EA/30 Days
JARDIANCE 10MG TAB	1	QL=30 EA/30 Days
JARDIANCE 25MG TAB	1	QL=30 EA/30 Days
SULFONYLUREAS		
<i>glimepiride 1mg tab</i>	1	
<i>glimepiride 2mg tab</i>	1	
<i>glimepiride 4mg tab</i>	1	
<i>glipizide 10mg er tab</i>	1	
<i>glipizide 10mg tab</i>	1	
<i>glipizide 2.5mg er tab</i>	1	
<i>glipizide 5mg er tab</i>	1	
<i>glipizide 5mg tab</i>	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<i>alosetron 0.5mg tab</i>	1	QL=60 EA/30 Days
<i>alosetron 1mg tab</i>	1	QL=60 EA/30 Days
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	1	
<i>loperamide 2mg cap</i>	1	
XERMELO 250MG TAB	1	NDS PA QL=84 EA/28 Days
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
KLOXXADO 8MG/0.1ML NASAL SPRAY	1	
NALOXONE 0.4MG/ML CARTRIDGE	1	
<i>naloxone 0.4mg/ml inj</i>	1	
<i>naloxone 1mg/ml syringe</i>	1	
<i>naloxone 40mg/ml nasal spray</i>	1	
<i>naltrexone 50mg tab</i>	1	
OPVEE 2.7MG/0.1ML NASAL SPRAY	1	
ZIMHI 5MG/0.5ML SYRINGE	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron 1mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>ondansetron 0.8mg/ml oral soln</i>	1	PA BvD
<i>ondansetron 4mg odt</i>	1	PA BvD
<i>ondansetron 4mg tab</i>	1	PA BvD
<i>ondansetron 8mg odt</i>	1	PA BvD
<i>ondansetron 8mg tab</i>	1	PA BvD
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine 12.5mg tab</i>	1	
<i>meclizine 25mg tab</i>	1	
<i>scopolamine 1mg/72hr patch</i>	1	QL=10 EA/30 Days
ANTIEMETICS - MISCELLANEOUS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aprepitant 125mg cap</i>	1	PA BvD QL=3 EA/2 Days
<i>aprepitant 125mg/80mg cap therapy pack (3)</i>	1	PA BvD QL=6 EA/4 Days
<i>aprepitant 40mg cap</i>	1	PA BvD QL=3 EA/2 Days
<i>aprepitant 80mg cap</i>	1	PA BvD QL=6 EA/4 Days
<i>dronabinol 10mg cap</i>	1	PA QL=60 EA/30 Days
<i>dronabinol 2.5mg cap</i>	1	PA QL=60 EA/30 Days
<i>dronabinol 5mg cap</i>	1	PA QL=60 EA/30 Days
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate 50mg inj</i>	1	PA
<i>caspofungin acetate 70mg inj</i>	1	PA
<i>micafungin sodium 100mg inj</i>	1	
<i>micafungin sodium 50mg inj</i>	1	
ANTIFUNGALS		
<i>ABELCET 5MG/ML INJ</i>	1	PA BvD
<i>AMPHOTERICIN B 50MG INJ</i>	1	PA BvD
<i>flucytosine 250mg cap</i>	1	
<i>flucytosine 500mg cap</i>	1	
<i>griseofulvin 125mg tab</i>	1	
<i>griseofulvin 250mg tab</i>	1	
<i>griseofulvin 25mg/ml oral susp</i>	1	
<i>griseofulvin 500mg tab</i>	1	
<i>nystatin 500000unit tab</i>	1	
<i>terbinafine 250mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole 100mg tab</i>	1	
<i>fluconazole 10mg/ml oral susp</i>	1	
<i>fluconazole 150mg tab</i>	1	
<i>fluconazole 200mg tab</i>	1	
<i>fluconazole 200mg/100ml inj</i>	1	
<i>fluconazole 400mg/200ml inj</i>	1	
<i>fluconazole 40mg/ml oral susp</i>	1	
<i>fluconazole 50mg tab</i>	1	
<i>itraconazole 100mg cap</i>	1	QL=120 EA/30 Days
<i>ketoconazole 200mg tab</i>	1	
<i>posaconazole 100mg dr tab</i>	1	PA QL=96 EA/30 Days
<i>posaconazole 40mg/ml oral susp</i>	1	PA QL=630 ML/30 Days
<i>voriconazole 200mg inj</i>	1	PA
<i>voriconazole 200mg tab</i>	1	PA QL=120 EA/30 Days
<i>voriconazole 40mg/ml oral susp</i>	1	PA QL=400 ML/30 Days
<i>voriconazole 50mg tab</i>	1	PA QL=480 EA/30 Days
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-10mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ezetimibe/simvastatin 10-20mg tab</i>	1	
<i>ezetimibe/simvastatin 10-40mg tab</i>	1	
<i>ezetimibe/simvastatin 10-80mg tab</i>	1	
<i>icosapent ethyl 1000mg cap</i>	1	QL=120 EA/30 Days
<i>icosapent ethyl 500mg cap</i>	1	QL=120 EA/30 Days
NEXLETOL 180MG TAB	1	PA QL=30 EA/30 Days
NEXLIZET 180-10MG TAB	1	PA QL=30 EA/30 Days
<i>niacin 1000mg er tab</i>	1	
<i>niacin 500mg er tab</i>	1	
<i>niacin 750mg er tab</i>	1	
<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	1	QL=120 EA/30 Days
REPATHA 140MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
REPATHA 140MG/ML SYRINGE	1	PA QL=2 ML/28 Days
REPATHA 420MG/3.5ML CARTRIDGE	1	PA QL=3.50 ML/28 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i>	1	
<i>cholestyramine resin 4gm powder for oral susp</i>	1	
<i>colesevelam 625mg tab</i>	1	
<i>colestipol 1gm tab</i>	1	
<i>colestipol 5000mg granules for oral susp</i>	1	
<i>prevalite 4gm powder for oral susp</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 134mg cap</i>	1	
<i>fenofibrate 145mg tab</i>	1	
<i>fenofibrate 160mg tab</i>	1	
<i>fenofibrate 200mg cap</i>	1	
<i>fenofibrate 48mg tab</i>	1	
<i>fenofibrate 54mg tab</i>	1	
<i>fenofibrate 67mg cap</i>	1	
<i>fenofibric acid 135mg dr cap</i>	1	
<i>fenofibric acid 45mg dr cap</i>	1	
<i>gemfibrozil 600mg tab</i>	1	QL=60 EA/30 Days
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin 10mg tab</i>	1	
<i>atorvastatin 20mg tab</i>	1	
<i>atorvastatin 40mg tab</i>	1	
<i>atorvastatin 80mg tab</i>	1	
<i>fluvastatin 20mg cap</i>	1	
<i>fluvastatin 40mg cap</i>	1	
<i>lovastatin 10mg tab</i>	1	
<i>lovastatin 20mg tab</i>	1	
<i>lovastatin 40mg tab</i>	1	
<i>pravastatin sodium 10mg tab</i>	1	
<i>pravastatin sodium 20mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pravastatin sodium 40mg tab</i>	1	
<i>pravastatin sodium 80mg tab</i>	1	
<i>rosuvastatin calcium 10mg tab</i>	1	
<i>rosuvastatin calcium 20mg tab</i>	1	
<i>rosuvastatin calcium 40mg tab</i>	1	
<i>rosuvastatin calcium 5mg tab</i>	1	
<i>simvastatin 10mg tab</i>	1	
<i>simvastatin 20mg tab</i>	1	
<i>simvastatin 40mg tab</i>	1	
<i>simvastatin 5mg tab</i>	1	
<i>simvastatin 80mg tab</i>	1	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril 10mg tab</i>	1	
<i>benazepril 20mg tab</i>	1	
<i>benazepril 40mg tab</i>	1	
<i>benazepril 5mg tab</i>	1	
<i>captopril 100mg tab</i>	1	
<i>captopril 12.5mg tab</i>	1	
<i>captopril 25mg tab</i>	1	
<i>captopril 50mg tab</i>	1	
<i>enalapril maleate 10mg tab</i>	1	
<i>enalapril maleate 2.5mg tab</i>	1	
<i>enalapril maleate 20mg tab</i>	1	
<i>enalapril maleate 5mg tab</i>	1	
<i>fosinopril sodium 10mg tab</i>	1	
<i>fosinopril sodium 20mg tab</i>	1	
<i>fosinopril sodium 40mg tab</i>	1	
<i>lisinopril 10mg tab</i>	1	
<i>lisinopril 2.5mg tab</i>	1	
<i>lisinopril 20mg tab</i>	1	
<i>lisinopril 30mg tab</i>	1	
<i>lisinopril 40mg tab</i>	1	
<i>lisinopril 5mg tab</i>	1	
<i>moexipril 15mg tab</i>	1	
<i>moexipril 7.5mg tab</i>	1	
PERINDOPRIL ERBUMINE 2MG TAB	1	
<i>perindopril erbumine 4mg tab</i>	1	
PERINDOPRIL ERBUMINE 8MG TAB	1	
<i>quinapril 10mg tab</i>	1	
<i>quinapril 20mg tab</i>	1	
<i>quinapril 40mg tab</i>	1	
<i>quinapril 5mg tab</i>	1	
<i>ramipril 1.25mg cap</i>	1	
<i>ramipril 10mg cap</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ramipril 2.5mg cap</i>	1	
<i>ramipril 5mg cap</i>	1	
<i>trandolapril 1mg tab</i>	1	
<i>trandolapril 2mg tab</i>	1	
<i>trandolapril 4mg tab</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16mg tab</i>	1	
<i>candesartan cilexetil 32mg tab</i>	1	
<i>candesartan cilexetil 4mg tab</i>	1	
<i>candesartan cilexetil 8mg tab</i>	1	
<i>irbesartan 150mg tab</i>	1	
<i>irbesartan 300mg tab</i>	1	
<i>irbesartan 75mg tab</i>	1	
<i>losartan potassium 100mg tab</i>	1	
<i>losartan potassium 25mg tab</i>	1	
<i>losartan potassium 50mg tab</i>	1	
<i>olmesartan medoxomil 20mg tab</i>	1	
<i>olmesartan medoxomil 40mg tab</i>	1	
<i>olmesartan medoxomil 5mg tab</i>	1	
<i>telmisartan 20mg tab</i>	1	
<i>telmisartan 40mg tab</i>	1	
<i>telmisartan 80mg tab</i>	1	
<i>valsartan 160mg tab</i>	1	
<i>valsartan 320mg tab</i>	1	
<i>valsartan 40mg tab</i>	1	
<i>valsartan 80mg tab</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine 0.1mg tab</i>	1	
<i>clonidine 0.1mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>clonidine 0.2mg tab</i>	1	
<i>clonidine 0.2mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>clonidine 0.3mg tab</i>	1	
<i>clonidine 0.3mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>doxazosin 1mg tab</i>	1	
<i>doxazosin 2mg tab</i>	1	
<i>doxazosin 4mg tab</i>	1	
<i>doxazosin 8mg tab</i>	1	
<i>prazosin 1mg cap</i>	1	
<i>prazosin 2mg cap</i>	1	
<i>prazosin 5mg cap</i>	1	
<i>terazosin 10mg cap</i>	1	
<i>terazosin 1mg cap</i>	1	
<i>terazosin 2mg cap</i>	1	
<i>terazosin 5mg cap</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine/benazepril 10-20mg cap</i>	1	
<i>amlodipine/benazepril 10-40mg cap</i>	1	
<i>amlodipine/benazepril 2.5-10mg cap</i>	1	
<i>amlodipine/benazepril 5-10mg cap</i>	1	
<i>amlodipine/benazepril 5-20mg cap</i>	1	
<i>amlodipine/benazepril 5-40mg cap</i>	1	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-12.5-40mg tab</i>		
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-25-40mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-20mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-25-40mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/valsartan 10-12.5-160mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/valsartan 10-25-160mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/valsartan 10-25-320mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/valsartan 5-12.5-160mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/valsartan 5-25-160mg tab</i>	1	
<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	1	
<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	1	
<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	1	
<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	1	
<i>amlodipine/valsartan 10-160mg tab</i>	1	
<i>amlodipine/valsartan 10-320mg tab</i>	1	
<i>amlodipine/valsartan 5-160mg tab</i>	1	
<i>amlodipine/valsartan 5-320mg tab</i>	1	
<i>atenolol/chlorthalidone 100-25mg tab</i>	1	
<i>atenolol/chlorthalidone 50-25mg tab</i>	1	
<i>benazepril/hydrochlorothiazide 10-12.5mg tab</i>	1	
<i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	1	
<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	1	
<i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enalapril maleate/hydrochlorothiazide 10-25mg tab</i>	1	
<i>enalapril maleate/hydrochlorothiazide 5-12.5mg tab</i>	1	
<i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>	1	
<i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>	1	
<i>hydrochlorothiazide/irbesartan 12.5-150mg tab</i>	1	
<i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i>	1	
<i>hydrochlorothiazide/lisinopril 12.5-10mg tab</i>	1	
<i>hydrochlorothiazide/lisinopril 12.5-20mg tab</i>	1	
<i>hydrochlorothiazide/lisinopril 25-20mg tab</i>	1	
<i>hydrochlorothiazide/losartan potassium 12.5-100mg tab</i>	1	
<i>hydrochlorothiazide/losartan potassium 12.5-50mg tab</i>	1	
<i>hydrochlorothiazide/losartan potassium 25-100mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 25-100mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 50-100mg tab</i>	1	
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab</i>	1	
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i>	1	
<i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>	1	
<i>hydrochlorothiazide/telmisartan 12.5-40mg tab</i>	1	
<i>hydrochlorothiazide/telmisartan 12.5-80mg tab</i>	1	
<i>hydrochlorothiazide/telmisartan 25-80mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 12.5-320mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 12.5-80mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 25-160mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 25-320mg tab</i>	1	
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren 150mg tab</i>	1	
<i>aliskiren 300mg tab</i>	1	
<i>eplerenone 25mg tab</i>	1	
<i>eplerenone 50mg tab</i>	1	
<i>metyrosine 250mg cap</i>	1	NDS PA
VASODILATORS		
<i>hydralazine 100mg tab</i>	1	
<i>hydralazine 10mg tab</i>	1	
<i>hydralazine 25mg tab</i>	1	
<i>hydralazine 50mg tab</i>	1	
<i>minoxidil 10mg tab</i>	1	
<i>minoxidil 2.5mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-INFECTIVE AGENTS - MISC.		
azithromycin 20mg/ml oral susp	1	
azithromycin 250mg pack (6)	1	
azithromycin 250mg tab	1	
azithromycin 40mg/ml oral susp	1	
azithromycin 500mg inj	1	
azithromycin 500mg tab	1	
azithromycin 500mg tab pack (3)	1	
azithromycin 600mg tab	1	
aztreonam 1gm inj	1	
aztreonam 2gm inj	1	
cefepime 1000mg inj	1	
cefepime 2000mg inj	1	
clarithromycin 250mg tab	1	
CLARITHROMYCIN 25MG/ML ORAL SUSP	1	
clarithromycin 500mg tab	1	
CLARITHROMYCIN 50MG/ML ORAL SUSP	1	
clindamycin 150mg cap	1	
clindamycin 300mg cap	1	
clindamycin 300mg/50ml inj	1	
clindamycin 600mg/50ml inj	1	
clindamycin 75mg cap	1	
clindamycin 75mg/5ml oral soln	1	
clindamycin 900mg/50ml inj	1	
clindamycin 900mg/6ml inj	1	
colistin 75mg/ml inj	1	
daptomycin 500mg inj	1	
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
DIFICID 40MG/ML ORAL SUSP	1	PA QL=136 ML/10 Days
ery-tab 250mg dr tab	1	
ery-tab 333mg dr tab	1	
ery-tab 500mg dr tab	1	
erythromycin 250mg dr tab	1	
erythromycin 250mg tab	1	
erythromycin 333mg dr tab	1	
erythromycin 500mg dr tab	1	
erythromycin 500mg tab	1	
erythromycin ethylsuccinate 40mg/ml oral susp	1	
erythromycin ethylsuccinate 80mg/ml oral susp	1	
linezolid 100mg/5ml oral susp	1	PA QL=1800 ML/30 Days
linezolid 600mg tab	1	QL=60 EA/30 Days
linezolid 600mg/300ml inj	1	PA
metronidazole 250mg tab	1	
metronidazole 500mg tab	1	
metronidazole 5mg/ml inj	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentamidine isethionate 300mg inj</i>	1	
<i>pentamidine isethionate 300mg/6ml inh soln</i>	1	PA BvD QL=1 EA/28 Days
TEFLARO 400MG INJ	1	NDS
TEFLARO 600MG INJ	1	NDS
<i>tigecycline 50mg inj</i>	1	NDS
<i>tinidazole 250mg tab</i>	1	
<i>tinidazole 500mg tab</i>	1	
<i>trimethoprim 100mg tab</i>	1	
<i>vancomycin 100mg/ml inj</i>	1	
<i>vancomycin 125mg cap</i>	1	ST QL=120 EA/30 Days
<i>vancomycin 1gm inj</i>	1	
<i>vancomycin 250mg cap</i>	1	ST QL=120 EA/30 Days
<i>vancomycin 500mg inj</i>	1	
<i>vancomycin 750mg inj</i>	1	
XIFAXAN 550MG TAB	1	PA QL=60 EA/30 Days
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750mg/5ml oral susp</i>	1	
<i>nitazoxanide 500mg tab</i>	1	PA QL=6 EA/3 Days
ANTIPROTOZOAL AGENTS		
CILASTATIN/IMIPENEM 250-250MG INJ	1	
<i>cilastatin/imipenem 500-500mg inj</i>	1	
<i>ertapenem 1gm inj</i>	1	
<i>meropenem 1gm inj</i>	1	
<i>meropenem 500mg inj</i>	1	
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1gm tab</i>	1	
<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 50mg cap</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone/proguanil 250-100mg tab</i>	1	
<i>atovaquone/proguanil 62.5-25mg tab</i>	1	
COARTEM 20-120MG TAB	1	
ANTIMALARIALS		
<i>chloroquine phosphate 250mg tab</i>	1	
<i>chloroquine phosphate 500mg tab</i>	1	
<i>hydroxychloroquine sulfate 100mg tab</i>	1	
<i>hydroxychloroquine sulfate 200mg tab</i>	1	
<i>hydroxychloroquine sulfate 300mg tab</i>	1	
<i>hydroxychloroquine sulfate 400mg tab</i>	1	
<i>mefloquine 250mg tab</i>	1	
PRIMAQUINE PHOSPHATE 26.3MG TAB	1	
<i>pyrimethamine 25mg tab</i>	1	PA QL=90 EA/30 Days
<i>quinine sulfate 324mg cap</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10MG TAB	1	NDS PA
<i>pyridostigmine bromide 60mg tab</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone 100mg tab</i>	1	
<i>dapsone 25mg tab</i>	1	
<i>ethambutol 100mg tab</i>	1	
<i>ethambutol 400mg tab</i>	1	
ISONIAZID 100MG TAB	1	
<i>isoniazid 10mg/ml oral soln</i>	1	
<i>isoniazid 300mg tab</i>	1	
PRIFTIN 150MG TAB	1	
<i>pyrazinamide 500mg tab</i>	1	
<i>rifabutin 150mg cap</i>	1	
<i>rifampin 150mg cap</i>	1	
<i>rifampin 300mg cap</i>	1	
<i>rifampin 600mg inj</i>	1	
SIRTURO 100MG TAB	1	NDS PA
SIRTURO 20MG TAB	1	NDS PA
TRECTOR 250MG TAB	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25MG TAB	1	PA BvD
CYCLOPHOSPHAMIDE 50MG TAB	1	PA BvD
GLEOSTINE 100MG CAP	1	
GLEOSTINE 10MG CAP	1	
GLEOSTINE 40MG CAP	1	
LEUKERAN 2MG TAB	1	
ANTIMETABOLITES		
JYLAMVO 2MG/ML ORAL SOLN	1	PA NSO
<i>mercaptopurine 50mg tab</i>	1	
<i>methotrexate 2.5mg tab</i>	1	
<i>methotrexate 25mg/ml inj</i>	1	
<i>methotrexate 50mg/2ml inj</i>	1	
ONUREG 200MG TAB	1	NDS PA NSO QL=14 EA/28 Days
ONUREG 300MG TAB	1	NDS PA NSO QL=14 EA/28 Days
PURIXAN 2000MG/100ML ORAL SUSP	1	PA NSO QL=300 ML/30 Days
TABLOID 40MG TAB	1	NDS
XATMEP 2.5MG/ML ORAL SOLN	1	PA NSO
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1MG CAP	1	NDS PA NSO QL=84 EA/28 Days
FRUZAQLA 5MG CAP	1	NDS PA NSO QL=21 EA/28 Days
INLYTA 1MG TAB	1	NDS PA NSO QL=180 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INLYTA 5MG TAB	1	NDS PA NSO QL=120 EA/30 Days
LENVIMA 10MG DAILY DOSE PACK (30)	1	NDS PA NSO QL=30 EA/30 Days
LENVIMA 12MG DAILY DOSE PACK (90)	1	NDS PA NSO QL=90 EA/30 Days
LENVIMA 14MG DAILY DOSE PACK (60)	1	NDS PA NSO QL=60 EA/30 Days
LENVIMA 18MG DAILY DOSE PACK (90)	1	NDS PA NSO QL=90 EA/30 Days
LENVIMA 20MG DAILY DOSE PACK (60)	1	NDS PA NSO QL=60 EA/30 Days
LENVIMA 24MG DAILY DOSE PACK (90)	1	NDS PA NSO QL=90 EA/30 Days
LENVIMA 4MG DAILY DOSE PACK (30)	1	NDS PA NSO QL=30 EA/30 Days
LENVIMA 8MG DAILY DOSE PACK (60)	1	NDS PA NSO QL=60 EA/30 Days
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib 100mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>erlotinib 150mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>erlotinib 25mg tab</i>	1	PA NSO QL=90 EA/30 Days
<i>gefitinib 250mg tab</i>	1	PA NSO QL=60 EA/30 Days
GILOTRIF 20MG TAB	1	NDS PA NSO QL=30 EA/30 Days
GILOTRIF 30MG TAB	1	NDS PA NSO QL=30 EA/30 Days
GILOTRIF 40MG TAB	1	NDS PA NSO QL=30 EA/30 Days
TAGRISSE 40MG TAB	1	NDS PA NSO QL=30 EA/30 Days
TAGRISSE 80MG TAB	1	NDS PA NSO QL=30 EA/30 Days
VIZIMPRO 15MG TAB	1	NDS PA NSO QL=30 EA/30 Days
VIZIMPRO 30MG TAB	1	NDS PA NSO QL=30 EA/30 Days
VIZIMPRO 45MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
DAURISMO 25MG TAB	1	NDS PA NSO QL=60 EA/30 Days
ERIVEDGE 150MG CAP	1	NDS PA NSO QL=28 EA/28 Days
ODOMZO 200MG CAP	1	NDS PA NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250mg tab</i>	1	QL=120 EA/30 Days
AKEEGA 500-100MG TAB	1	NDS PA NSO QL=60 EA/30 Days
AKEEGA 500-50MG TAB	1	NDS PA NSO QL=60 EA/30 Days
<i>anastrozole 1mg tab</i>	1	
<i>bicalutamide 50mg tab</i>	1	
ELIGARD 22.5MG SYRINGE	1	QL=1 EA/84 Days
ELIGARD 30MG SYRINGE	1	QL=1 EA/112 Days
ELIGARD 45MG SYRINGE	1	QL=1 EA/168 Days
ELIGARD 7.5MG SYRINGE	1	QL=1 EA/28 Days
ERLEADA 240MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ERLEADA 60MG TAB	1	NDS PA NSO QL=120 EA/30 Days
<i>exemestane 25mg tab</i>	1	QL=60 EA/30 Days
FIRMAGON 120MG INJ	1	PA NSO QL=4 EA/365 Days
FIRMAGON 80MG INJ	1	PA NSO QL=1 EA/28 Days
<i>letrozole 2.5mg tab</i>	1	
LUPRON 11.25MG SYRINGE (3 MONTH)	1	QL=1 EA/84 Days
LUPRON 3.75MG SYRINGE (1 MONTH)	1	NDS QL=1 EA/28 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYSODREN 500MG TAB	1	
<i>megestrol acetate 20mg tab</i>	1	PA NSO
<i>megestrol acetate 40mg tab</i>	1	PA NSO
<i>megestrol acetate 40mg/ml oral susp</i>	1	PA
<i>nilutamide 150mg tab</i>	1	
NUBEQA 300MG TAB	1	NDS PA NSO QL=120 EA/30 Days
ORGOVYX 120MG TAB	1	NDS PA NSO QL=30 EA/28 Days
ORSERDU 345MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ORSERDU 86MG TAB	1	NDS PA NSO QL=90 EA/30 Days
SOLTAMOX 10MG/5ML ORAL SOLN	1	PA NSO QL=600 ML/30 Days
<i>tamoxifen 10mg tab</i>	1	
<i>tamoxifen 20mg tab</i>	1	
<i>toremifene 60mg tab</i>	1	QL=30 EA/30 Days
TRELSTAR 11.25MG INJ	1	QL=1 EA/84 Days
TRELSTAR 22.5MG INJ	1	QL=1 EA/168 Days
TRELSTAR 3.75MG INJ	1	QL=1 EA/28 Days
XTANDI 40MG CAP	1	NDS PA NSO QL=120 EA/30 Days
XTANDI 40MG TAB	1	NDS PA NSO QL=120 EA/30 Days
XTANDI 80MG TAB	1	NDS PA NSO QL=60 EA/30 Days
ANTINEOPLASTIC COMBINATIONS		
INQOVI 35-100MG TAB PACK (5)	1	NDS PA NSO QL=5 EA/28 Days
KISQALI/FEMARA 200 CO-PACK (49)	1	NDS PA NSO QL=49 EA/28 Days
KISQALI/FEMARA 400 CO-PACK (70)	1	NDS PA NSO QL=70 EA/28 Days
KISQALI/FEMARA 600 CO-PACK (91)	1	NDS PA NSO QL=91 EA/28 Days
LONSURF 6.14-15MG TAB	1	NDS PA NSO QL=100 EA/28 Days
LONSURF 8.19-20MG TAB	1	NDS PA NSO QL=80 EA/28 Days
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150MG CAP	1	NDS PA NSO QL=240 EA/30 Days
ALUNBRIG 180MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ALUNBRIG 30MG TAB	1	NDS PA NSO QL=120 EA/30 Days
ALUNBRIG 90MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ALUNBRIG TAB INITIATION PACK (30)	1	NDS PA NSO QL=30 EA/30 Days
AUGTYRO 40MG CAP	1	NDS PA NSO QL=240 EA/30 Days
BALVERSA 3MG TAB	1	NDS PA NSO QL=60 EA/30 Days
BALVERSA 4MG TAB	1	NDS PA NSO QL=60 EA/30 Days
BALVERSA 5MG TAB	1	NDS PA NSO QL=30 EA/30 Days
BOSULIF 100MG CAP	1	NDS PA NSO QL=180 EA/30 Days
BOSULIF 100MG TAB	1	NDS PA NSO QL=90 EA/30 Days
BOSULIF 400MG TAB	1	NDS PA NSO QL=30 EA/30 Days
BOSULIF 500MG TAB	1	NDS PA NSO QL=30 EA/30 Days
BOSULIF 50MG CAP	1	NDS PA NSO QL=30 EA/30 Days
BRAFTOVI 75MG CAP	1	NDS PA NSO QL=180 EA/30 Days
BRUKINSA 80MG CAP	1	NDS PA NSO QL=120 EA/30 Days
CABOMETYX 20MG TAB	1	NDS PA NSO QL=30 EA/30 Days
CABOMETYX 40MG TAB	1	NDS PA NSO QL=30 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX 60MG TAB	1	NDS PA NSO QL=30 EA/30 Days
CALQUENCE 100MG CAP	1	NDS PA NSO QL=60 EA/30 Days
CALQUENCE 100MG TAB	1	NDS PA NSO QL=60 EA/30 Days
CAPRELSA 100MG TAB	1	NDS PA NSO QL=60 EA/30 Days
CAPRELSA 300MG TAB	1	NDS PA NSO QL=30 EA/30 Days
COMETRIQ CAP 100MG DAILY DOSE PACK (56)	1	NDS PA NSO QL=56 EA/28 Days
COMETRIQ CAP 140MG DAILY DOSE PACK (112)	1	NDS PA NSO QL=112 EA/28 Days
COMETRIQ CAP 60MG DAILY DOSE PACK (84)	1	NDS PA NSO QL=84 EA/28 Days
COPIKTRA 15MG CAP	1	NDS PA NSO QL=60 EA/30 Days
COPIKTRA 25MG CAP	1	NDS PA NSO QL=60 EA/30 Days
COTELLIC 20MG TAB	1	NDS PA NSO QL=63 EA/28 Days
<i>everolimus 10mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>everolimus 2.5mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>everolimus 2mg tab for oral susp</i>	1	PA NSO QL=150 EA/30 Days
<i>everolimus 3mg tab for oral susp</i>	1	PA NSO QL=90 EA/30 Days
<i>everolimus 5mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>everolimus 5mg tab for oral susp</i>	1	PA NSO QL=60 EA/30 Days
<i>everolimus 7.5mg tab</i>	1	PA NSO QL=30 EA/30 Days
FOTIVDA 0.89MG CAP	1	NDS PA NSO QL=21 EA/28 Days
FOTIVDA 1.34MG CAP	1	NDS PA NSO QL=21 EA/28 Days
GAVRETO 100MG CAP	1	NDS PA NSO QL=120 EA/30 Days
IBRANCE 100MG CAP	1	NDS PA NSO QL=21 EA/28 Days
IBRANCE 100MG TAB	1	NDS PA NSO QL=21 EA/28 Days
IBRANCE 125MG CAP	1	NDS PA NSO QL=21 EA/28 Days
IBRANCE 125MG TAB	1	NDS PA NSO QL=21 EA/28 Days
IBRANCE 75MG CAP	1	NDS PA NSO QL=21 EA/28 Days
IBRANCE 75MG TAB	1	NDS PA NSO QL=21 EA/28 Days
ICLUSIG 10MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 15MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 30MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 45MG TAB	1	NDS PA NSO QL=30 EA/30 Days
IDHIFA 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
IDHIFA 50MG TAB	1	NDS PA NSO QL=30 EA/30 Days
<i>imatinib 100mg tab</i>	1	QL=90 EA/30 Days
<i>imatinib 400mg tab</i>	1	QL=60 EA/30 Days
IMBRUVICA 140MG CAP	1	NDS PA NSO QL=90 EA/30 Days
IMBRUVICA 420MG TAB	1	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 70MG CAP	1	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 70MG/ML ORAL SUSP	1	NDS PA NSO QL=216 ML/27 Days
INREBIC 100MG CAP	1	NDS PA NSO QL=120 EA/30 Days
JAKAFI 10MG TAB	1	NDS PA NSO QL=60 EA/30 Days
JAKAFI 15MG TAB	1	NDS PA NSO QL=60 EA/30 Days
JAKAFI 20MG TAB	1	NDS PA NSO QL=60 EA/30 Days
JAKAFI 25MG TAB	1	NDS PA NSO QL=60 EA/30 Days
JAKAFI 5MG TAB	1	NDS PA NSO QL=60 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAYPIRCA 100MG TAB	1	NDS PA NSO QL=60 EA/30 Days
JAYPIRCA 50MG TAB	1	NDS PA NSO QL=30 EA/30 Days
KISQALI TAB 200MG DAILY DOSE PACK (21)	1	NDS PA NSO QL=21 EA/28 Days
KISQALI TAB 400MG DAILY DOSE PACK (42)	1	NDS PA NSO QL=42 EA/28 Days
KISQALI TAB 600MG DAILY DOSE PACK (63)	1	NDS PA NSO QL=63 EA/28 Days
KOSELUGO 10MG CAP	1	NDS PA NSO QL=240 EA/30 Days
KOSELUGO 25MG CAP	1	NDS PA NSO QL=120 EA/30 Days
KRAZATI 200MG TAB	1	NDS PA NSO QL=180 EA/30 Days
<i>lapatinib 250mg tab</i>	1	PA NSO QL=180 EA/30 Days
LORBRENA 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
LORBRENA 25MG TAB	1	NDS PA NSO QL=90 EA/30 Days
LUMAKRAS 120MG TAB	1	NDS PA NSO QL=240 EA/30 Days
LUMAKRAS 320MG TAB	1	NDS PA NSO QL=90 EA/30 Days
LYNPARZA 100MG TAB	1	NDS PA NSO QL=120 EA/30 Days
LYNPARZA 150MG TAB	1	NDS PA NSO QL=120 EA/30 Days
LYTGOBI TAB 12MG DAILEY DOSE PACK (21)	1	NDS PA NSO QL=84 EA/28 Days
LYTGOBI TAB 16MG DAILEY DOSE PACK (28)	1	NDS PA NSO QL=112 EA/28 Days
LYTGOBI TAB 20MG DAILEY DOSE PACK (35)	1	NDS PA NSO QL=140 EA/28 Days
MEKINIST 0.05MG/ML ORAL SOLN	1	NDS PA NSO QL=1260 ML/30 Days
MEKINIST 0.5MG TAB	1	NDS PA NSO QL=90 EA/30 Days
MEKINIST 2MG TAB	1	NDS PA NSO QL=30 EA/30 Days
MEKTOVI 15MG TAB	1	NDS PA NSO QL=180 EA/30 Days
NERLYNX 40MG TAB	1	NDS PA NSO QL=180 EA/30 Days
NINLARO 2.3MG CAP	1	NDS PA NSO QL=3 EA/28 Days
NINLARO 3MG CAP	1	NDS PA NSO QL=3 EA/28 Days
NINLARO 4MG CAP	1	NDS PA NSO QL=3 EA/28 Days
OGSIVEO 100MG TAB 7-DAY PACK (14)	1	NDS PA NSO QL=56 EA/28 Days
OGSIVEO 150MG TAB 7-DAY PACK (14)	1	NDS PA NSO QL=56 EA/28 Days
OGSIVEO 50MG TAB	1	NDS PA NSO QL=180 EA/30 Days
OJEMDA 100MG TAB	1	NDS PA NSO QL=24 EA/28 Days
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	1	NDS PA NSO QL=96 ML/28 Days
OJJAARA 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
OJJAARA 150MG TAB	1	NDS PA NSO QL=30 EA/30 Days
OJJAARA 200MG TAB	1	NDS PA NSO QL=30 EA/30 Days
<i>pazopanib 200mg tab</i>	1	PA NSO QL=120 EA/30 Days
PEMAZYRE 13.5MG TAB	1	NDS PA NSO QL=30 EA/30 Days
PEMAZYRE 4.5MG TAB	1	NDS PA NSO QL=30 EA/30 Days
PEMAZYRE 9MG TAB	1	NDS PA NSO QL=30 EA/30 Days
PIQRAY TAB 200MG DAILY DOSE PACK (28)	1	NDS PA NSO QL=28 EA/28 Days
PIQRAY TAB 250MG DAILY DOSE PACK (56)	1	NDS PA NSO QL=56 EA/28 Days
PIQRAY TAB 300MG DAILY DOSE PACK (56)	1	NDS PA NSO QL=56 EA/28 Days
QINLOCK 50MG TAB	1	NDS PA NSO QL=90 EA/30 Days
RETEVMO 40MG CAP	1	NDS PA NSO QL=120 EA/30 Days
RETEVMO 80MG CAP	1	NDS PA NSO QL=120 EA/30 Days
REZLIDHIA 150MG CAP	1	NDS PA NSO QL=60 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROZLYTREK 100MG CAP	1	NDS PA NSO QL=150 EA/30 Days
ROZLYTREK 200MG CAP	1	NDS PA NSO QL=90 EA/30 Days
ROZLYTREK 50MG ORAL PELLETT	1	NDS PA NSO QL=336 EA/28 Days
RUBRACA 200MG TAB	1	NDS PA NSO QL=120 EA/30 Days
RUBRACA 250MG TAB	1	NDS PA NSO QL=120 EA/30 Days
RUBRACA 300MG TAB	1	NDS PA NSO QL=120 EA/30 Days
RYDAPT 25MG CAP	1	NDS PA NSO QL=224 EA/28 Days
SCSEMBLIX 100MG TAB	1	NDS PA NSO QL=120 EA/30 Days
SCSEMBLIX 20MG TAB	1	NDS PA NSO QL=60 EA/30 Days
SCSEMBLIX 40MG TAB	1	NDS PA NSO QL=300 EA/30 Days
<i>sorafenib 200mg tab</i>	1	PA NSO QL=120 EA/30 Days
SPRYCEL 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
SPRYCEL 140MG TAB	1	NDS PA NSO QL=30 EA/30 Days
SPRYCEL 20MG TAB	1	NDS PA NSO QL=90 EA/30 Days
SPRYCEL 50MG TAB	1	NDS PA NSO QL=30 EA/30 Days
SPRYCEL 70MG TAB	1	NDS PA NSO QL=30 EA/30 Days
SPRYCEL 80MG TAB	1	NDS PA NSO QL=30 EA/30 Days
STIVARGA 40MG TAB	1	NDS PA NSO QL=84 EA/28 Days
<i>sunitinib 12.5mg cap</i>	1	PA NSO QL=28 EA/28 Days
<i>sunitinib 25mg cap</i>	1	PA NSO QL=28 EA/28 Days
<i>sunitinib 37.5mg cap</i>	1	PA NSO QL=28 EA/28 Days
<i>sunitinib 50mg cap</i>	1	PA NSO QL=28 EA/28 Days
TABRECTA 150MG TAB	1	NDS PA NSO QL=120 EA/30 Days
TABRECTA 200MG TAB	1	NDS PA NSO QL=120 EA/30 Days
TAFINLAR 10MG TAB FOR ORAL SUSP	1	NDS PA NSO QL=840 EA/28 Days
TAFINLAR 50MG CAP	1	NDS PA NSO QL=120 EA/30 Days
TAFINLAR 75MG CAP	1	NDS PA NSO QL=120 EA/30 Days
TALZENNA 0.1MG CAP	1	NDS PA NSO QL=30 EA/30 Days
TALZENNA 0.25MG CAP	1	NDS PA NSO QL=30 EA/30 Days
TALZENNA 0.35MG CAP	1	NDS PA NSO QL=30 EA/30 Days
TALZENNA 0.5MG CAP	1	NDS PA NSO QL=30 EA/30 Days
TALZENNA 0.75MG CAP	1	NDS PA NSO QL=30 EA/30 Days
TALZENNA 1MG CAP	1	NDS PA NSO QL=30 EA/30 Days
TASIGNA 150MG CAP	1	NDS PA NSO QL=112 EA/28 Days
TASIGNA 200MG CAP	1	NDS PA NSO QL=112 EA/28 Days
TASIGNA 50MG CAP	1	NDS PA NSO QL=120 EA/30 Days
TAZVERIK 200MG TAB	1	NDS PA NSO QL=240 EA/30 Days
TEPMETKO 225MG TAB	1	NDS PA NSO QL=60 EA/30 Days
TIBSOVO 250MG TAB	1	NDS PA NSO QL=60 EA/30 Days
TRUQAP 160MG TAB	1	NDS PA NSO QL=64 EA/28 Days
TRUQAP 200MG TAB	1	NDS PA NSO QL=64 EA/28 Days
TURALIO 125MG CAP	1	NDS PA NSO QL=120 EA/30 Days
VANFLYTA 17.7MG TAB	1	NDS PA NSO QL=28 EA/28 Days
VANFLYTA 26.5MG TAB	1	NDS PA NSO QL=56 EA/28 Days
VERZENIO 100MG TAB	1	NDS PA NSO QL=56 EA/28 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERZENIO 150MG TAB	1	NDS PA NSO QL=56 EA/28 Days
VERZENIO 200MG TAB	1	NDS PA NSO QL=56 EA/28 Days
VERZENIO 50MG TAB	1	NDS PA NSO QL=56 EA/28 Days
VITRAKVI 100MG CAP	1	NDS PA NSO QL=60 EA/30 Days
VITRAKVI 20MG/ML ORAL SOLN	1	NDS PA NSO QL=300 ML/30 Days
VITRAKVI 25MG CAP	1	NDS PA NSO QL=180 EA/30 Days
VONJO 100MG CAP	1	NDS PA NSO QL=120 EA/30 Days
XALKORI 150MG ORAL PELLETT	1	NDS PA NSO QL=180 EA/30 Days
XALKORI 200MG CAP	1	NDS PA NSO QL=60 EA/30 Days
XALKORI 20MG ORAL PELLETT	1	NDS PA NSO QL=120 EA/30 Days
XALKORI 250MG CAP	1	NDS PA NSO QL=120 EA/30 Days
XALKORI 50MG ORAL PELLETT	1	NDS PA NSO QL=120 EA/30 Days
XOSPATA 40MG TAB	1	NDS PA NSO QL=90 EA/30 Days
ZEJULA 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ZEJULA 200MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ZEJULA 300MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ZELBORAF 240MG TAB	1	NDS PA NSO QL=240 EA/30 Days
ZOLINZA 100MG CAP	1	NDS PA NSO QL=120 EA/30 Days
ZYDELIG 100MG TAB	1	NDS PA NSO QL=60 EA/30 Days
ZYDELIG 150MG TAB	1	NDS PA NSO QL=60 EA/30 Days
ZYKADIA 150MG TAB	1	NDS PA NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	1	NDS PA NSO
AYVAKIT 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	1	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 25MG TAB	1	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 300MG TAB	1	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 50MG TAB	1	NDS PA NSO QL=30 EA/30 Days
BESREMI 500MCG/ML SYRINGE	1	NDS PA NSO QL=2 ML/28 Days
<i>bexarotene 75mg cap</i>	1	PA NSO QL=300 EA/30 Days
<i>hydroxyurea 500mg cap</i>	1	
MATULANE 50MG CAP	1	NDS
POMALYST 1MG CAP	1	NDS PA NSO QL=21 EA/28 Days
POMALYST 2MG CAP	1	NDS PA NSO QL=21 EA/28 Days
POMALYST 3MG CAP	1	NDS PA NSO QL=21 EA/28 Days
POMALYST 4MG CAP	1	NDS PA NSO QL=21 EA/28 Days
<i>tretinoin 10mg cap</i>	1	
TUKYSA 150MG TAB	1	NDS PA NSO QL=120 EA/30 Days
TUKYSA 50MG TAB	1	NDS PA NSO QL=120 EA/30 Days
VENCLEXTA 100MG TAB	1	NDS PA NSO QL=180 EA/30 Days
VENCLEXTA 10MG TAB	1	PA NSO QL=60 EA/30 Days
VENCLEXTA 50MG TAB	1	PA NSO QL=30 EA/30 Days
VENCLEXTA TAB STARTER PACK (42)	1	NDS PA NSO QL=42 EA/28 Days
WELIREG 40MG TAB	1	NDS PA NSO QL=90 EA/30 Days
XPOVIO TAB 100MG ONCE WEEKLY CARTON (8)	1	NDS PA NSO QL=8 EA/28 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)	1	NDS PA NSO QL=4 EA/28 Days
XPOVIO TAB 40MG TWICE WEEKLY CARTON (8)	1	NDS PA NSO QL=8 EA/28 Days
XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)	1	NDS PA NSO QL=4 EA/28 Days
XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)	1	NDS PA NSO QL=24 EA/28 Days
XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	1	NDS PA NSO QL=8 EA/28 Days
XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)	1	NDS PA NSO QL=32 EA/28 Days
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192MG TAB	1	NDS PA NSO QL=240 EA/30 Days
<i>leucovorin 10mg tab</i>	1	
<i>leucovorin 15mg tab</i>	1	
<i>leucovorin 25mg tab</i>	1	
<i>leucovorin 5mg tab</i>	1	
MESNEX 400MG TAB	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25mg tab</i>	1	
<i>entacapone 200mg tab</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg tab</i>	1	
<i>benztropine mesylate 2mg tab</i>	1	
<i>trihexyphenidyl 2mg tab</i>	1	
<i>trihexyphenidyl 5mg tab</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine 100mg cap</i>	1	
<i>amantadine 10mg/ml oral soln</i>	1	
<i>bromocriptine 2.5mg tab</i>	1	
<i>bromocriptine 5mg cap</i>	1	
<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	1	
CARBIDOPA/LEVODOPA 10-100MG ODT	1	
<i>carbidopa/levodopa 10-100mg tab</i>	1	
<i>carbidopa/levodopa 25-100mg er tab</i>	1	
CARBIDOPA/LEVODOPA 25-100MG ODT	1	
<i>carbidopa/levodopa 25-100mg tab</i>	1	
CARBIDOPA/LEVODOPA 25-250MG ODT	1	
<i>carbidopa/levodopa 25-250mg tab</i>	1	
<i>carbidopa/levodopa 50-200mg er tab</i>	1	
<i>pramipexole 0.125mg tab</i>	1	
<i>pramipexole 0.25mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pramipexole 0.5mg tab</i>	1	
<i>pramipexole 0.75mg tab</i>	1	
<i>pramipexole 1.5mg tab</i>	1	
<i>pramipexole 1mg tab</i>	1	
<i>ropinirole 0.25mg tab</i>	1	
<i>ropinirole 0.5mg tab</i>	1	
<i>ropinirole 1mg tab</i>	1	
<i>ropinirole 2mg tab</i>	1	
<i>ropinirole 3mg tab</i>	1	
<i>ropinirole 4mg tab</i>	1	
<i>ropinirole 5mg tab</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>rasagiline 1mg tab</i>	1	QL=30 EA/30 Days
<i>selegiline 5mg cap</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate 150mg cap</i>	1	
<i>lithium carbonate 300mg cap</i>	1	
<i>lithium carbonate 300mg er tab</i>	1	
<i>lithium carbonate 300mg tab</i>	1	
<i>lithium carbonate 450mg er tab</i>	1	
LITHIUM CARBONATE 600MG CAP	1	
<i>lithium citrate 60mg/ml oral soln</i>	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5MG CAP	1	PA NSO QL=30 EA/30 Days
CAPLYTA 21MG CAP	1	PA NSO QL=30 EA/30 Days
CAPLYTA 42MG CAP	1	PA NSO QL=30 EA/30 Days
<i>haloperidol 0.5mg tab</i>	1	
<i>haloperidol 10mg tab</i>	1	
<i>haloperidol 1mg tab</i>	1	
<i>haloperidol 20mg tab</i>	1	
<i>haloperidol 2mg tab</i>	1	
<i>haloperidol 2mg/ml oral soln</i>	1	
<i>haloperidol 5mg tab</i>	1	
<i>haloperidol 5mg/ml inj</i>	1	
<i>haloperidol decanoate 100mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 100mg/ml (5ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (5ml) inj</i>	1	
<i>lurasidone 120mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 20mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 40mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 60mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 80mg tab</i>	1	ST_NSO QL=60 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOLINDONE 10MG TAB	1	
MOLINDONE 25MG TAB	1	
MOLINDONE 5MG TAB	1	
NUPLAZID 10MG TAB	1	PA NSO QL=30 EA/30 Days
NUPLAZID 34MG CAP	1	PA NSO QL=30 EA/30 Days
<i>thiothixene 10mg cap</i>	1	
<i>thiothixene 1mg cap</i>	1	
<i>thiothixene 2mg cap</i>	1	
<i>thiothixene 5mg cap</i>	1	
VRAYLAR 1.5MG CAP	1	PA NSO QL=30 EA/30 Days
VRAYLAR 3MG CAP	1	PA NSO QL=30 EA/30 Days
VRAYLAR 4.5MG CAP	1	PA NSO QL=30 EA/30 Days
VRAYLAR 6MG CAP	1	PA NSO QL=30 EA/30 Days
<i>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 20mg inj</i>	1	PA NSO QL=60 EA/30 Days
<i>ziprasidone 40mg cap</i>	1	
<i>ziprasidone 60mg cap</i>	1	
<i>ziprasidone 80mg cap</i>	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 12MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 1MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 2MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 4MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 6MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 8MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT TAB TITRATION PACK (8)	1	PA NSO QL=60 EA/30 Days
INVEGA HAFYERA 1092MG/3.5ML SYRINGE	1	PA NSO QL=3.50 ML/180 Days
INVEGA HAFYERA 1560MG/5ML SYRINGE	1	PA NSO QL=5 ML/180 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	1	PA NSO QL=.75 ML/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	1	PA NSO QL=1 ML/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	1	PA NSO QL=1.50 ML/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	1	PA NSO QL=.25 ML/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	1	PA NSO QL=.50 ML/28 Days
INVEGA TRINZA 273MG/0.875ML SYRINGE	1	PA NSO QL=.88 ML/84 Days
INVEGA TRINZA 410MG/1.315ML SYRINGE	1	PA NSO QL=1.32 ML/84 Days
INVEGA TRINZA 546MG/1.75ML SYRINGE	1	PA NSO QL=1.75 ML/84 Days
INVEGA TRINZA 819MG/2.625ML SYRINGE	1	PA NSO QL=2.63 ML/84 Days
<i>paliperidone 1.5mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 3mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 6mg er tab</i>	1	QL=60 EA/30 Days
<i>paliperidone 9mg er tab</i>	1	QL=30 EA/30 Days
PERSERIS 120MG SYRINGE	1	NDS PA NSO QL=1 EA/28 Days
PERSERIS 90MG SYRINGE	1	NDS PA NSO QL=1 EA/28 Days
RISPERIDONE 0.25MG ODT	1	QL=60 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone 0.25mg tab</i>	1	
<i>risperidone 0.5mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 0.5mg tab</i>	1	
<i>risperidone 1mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 1mg tab</i>	1	
<i>risperidone 1mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>risperidone 2mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 2mg tab</i>	1	
<i>risperidone 37.5mg inj</i>	1	PA NSO QL=2 EA/28 Days
<i>risperidone 3mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 3mg tab</i>	1	
<i>risperidone 4mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 4mg tab</i>	1	
<i>risperidone 50mg inj</i>	1	PA NSO QL=2 EA/28 Days
<i>risperidone microspheres 12.5mg inj</i>	1	PA NSO QL=2 EA/28 Days
<i>risperidone microspheres 25mg inj</i>	1	PA NSO QL=2 EA/28 Days
UZEDY 100MG/0.28ML SYRINGE	1	QL=.28 ML/30 Days
UZEDY 125MG/0.35ML SYRINGE	1	NDS QL=.35 ML/30 Days
UZEDY 150MG/0.42ML SYRINGE	1	QL=.42 ML/60 Days
UZEDY 200MG/0.56ML SYRINGE	1	QL=.56 ML/60 Days
UZEDY 250MG/0.7ML SYRINGE	1	QL=.70 ML/60 Days
UZEDY 50MG/0.14ML SYRINGE	1	NDS QL=.14 ML/30 Days
UZEDY 75MG/0.21ML SYRINGE	1	NDS QL=.21 ML/30 Days
DIBENZAPINES		
<i>asenapine 10mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 2.5mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 5mg sl tab</i>	1	QL=60 EA/30 Days
<i>clozapine 100mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 100mg tab</i>	1	
CLOZAPINE 12.5MG ODT	1	QL=90 EA/30 Days
<i>clozapine 150mg odt</i>	1	QL=180 EA/30 Days
<i>clozapine 200mg odt</i>	1	QL=120 EA/30 Days
<i>clozapine 200mg tab</i>	1	
<i>clozapine 25mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 25mg tab</i>	1	
<i>clozapine 50mg tab</i>	1	
<i>loxapine 10mg cap</i>	1	
<i>loxapine 25mg cap</i>	1	
<i>loxapine 50mg cap</i>	1	
<i>loxapine 5mg cap</i>	1	
<i>olanzapine 10mg inj</i>	1	QL=90 EA/30 Days
<i>olanzapine 10mg odt</i>	1	QL=60 EA/30 Days
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 15mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 20mg tab</i>	1	
<i>olanzapine 5mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 5mg tab</i>	1	
<i>olanzapine 7.5mg tab</i>	1	
<i>quetiapine 100mg tab</i>	1	
<i>quetiapine 150mg er tab</i>	1	QL=30 EA/30 Days
<i>quetiapine 200mg er tab</i>	1	QL=30 EA/30 Days
<i>quetiapine 200mg tab</i>	1	
<i>quetiapine 25mg tab</i>	1	
<i>quetiapine 300mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 300mg tab</i>	1	
<i>quetiapine 400mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 400mg tab</i>	1	
<i>quetiapine 50mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 50mg tab</i>	1	
SECUADO 3.8MG/24HR PATCH	1	PA NSO QL=30 EA/30 Days
SECUADO 5.7MG/24HR PATCH	1	PA NSO QL=30 EA/30 Days
SECUADO 7.6MG/24HR PATCH	1	PA NSO QL=30 EA/30 Days
VERSACLOZ 50MG/ML ORAL SUSP	1	PA NSO QL=600 ML/30 Days
ZYPREXA RELPREVV 210MG INJ	1	PA NSO QL=2 EA/28 Days
PHENOTHIAZINES		
<i>chlorpromazine 100mg tab</i>	1	
CHLORPROMAZINE 100MG/ML ORAL SOLN	1	
<i>chlorpromazine 10mg tab</i>	1	
<i>chlorpromazine 200mg tab</i>	1	
<i>chlorpromazine 25mg tab</i>	1	
CHLORPROMAZINE 30MG/ML ORAL SOLN	1	
<i>chlorpromazine 50mg tab</i>	1	
<i>compro 25mg rectal supp</i>	1	
FLUPHENAZINE 0.5MG/ML ORAL SOLN	1	
<i>fluphenazine 10mg tab</i>	1	
<i>fluphenazine 1mg tab</i>	1	
<i>fluphenazine 2.5mg tab</i>	1	
FLUPHENAZINE 2.5MG/ML INJ	1	
<i>fluphenazine 5mg tab</i>	1	
FLUPHENAZINE 5MG/ML ORAL SOLN	1	
<i>fluphenazine decanoate 25mg/ml inj</i>	1	
<i>perphenazine 16mg tab</i>	1	
<i>perphenazine 2mg tab</i>	1	
<i>perphenazine 4mg tab</i>	1	
<i>perphenazine 8mg tab</i>	1	
<i>prochlorperazine 10mg tab</i>	1	
<i>prochlorperazine 25mg rectal supp</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prochlorperazine 5mg tab</i>	1	
<i>thioridazine 100mg tab</i>	1	
<i>thioridazine 10mg tab</i>	1	
<i>thioridazine 25mg tab</i>	1	
<i>thioridazine 50mg tab</i>	1	
<i>trifluoperazine 10mg tab</i>	1	
<i>trifluoperazine 1mg tab</i>	1	
<i>trifluoperazine 2mg tab</i>	1	
<i>trifluoperazine 5mg tab</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720MG/2.4ML SYRINGE	1	QL=2.40 ML/56 Days
ABILIFY ASIMTUFII 960MG/3.2ML SYRINGE	1	QL=3.20 ML/56 Days
ABILIFY MAINTENA 300MG INJ	1	NDS PA NSO QL=1 EA/28 Days
ABILIFY MAINTENA 300MG SYRINGE	1	NDS PA NSO QL=1 EA/28 Days
ABILIFY MAINTENA 400MG INJ	1	NDS PA NSO QL=1 EA/28 Days
ABILIFY MAINTENA 400MG SYRINGE	1	NDS PA NSO QL=1 EA/28 Days
<i>aripiprazole 10mg odt</i>	1	PA NSO QL=60 EA/30 Days
<i>aripiprazole 10mg tab</i>	1	
<i>aripiprazole 15mg odt</i>	1	PA NSO QL=60 EA/30 Days
<i>aripiprazole 15mg tab</i>	1	
<i>aripiprazole 1mg/ml oral soln</i>	1	PA NSO QL=900 ML/30 Days
<i>aripiprazole 20mg tab</i>	1	
<i>aripiprazole 2mg tab</i>	1	
<i>aripiprazole 30mg tab</i>	1	
<i>aripiprazole 5mg tab</i>	1	
ARISTADA 1064MG/3.9ML SYRINGE	1	PA NSO QL=3.90 ML/56 Days
ARISTADA 441MG/1.6ML SYRINGE	1	NDS PA NSO QL=1.60 ML/28 Days
ARISTADA 662MG/2.4ML SYRINGE	1	NDS PA NSO QL=2.40 ML/28 Days
ARISTADA 675MG/2.4ML SYRINGE	1	PA NSO QL=2.40 ML/42 Days
ARISTADA 882MG/3.2ML SYRINGE	1	PA NSO QL=3.20 ML/28 Days
REXULTI 0.25MG TAB	1	PA NSO QL=30 EA/30 Days
REXULTI 0.5MG TAB	1	PA NSO QL=30 EA/30 Days
REXULTI 1MG TAB	1	PA NSO QL=30 EA/30 Days
REXULTI 2MG TAB	1	PA NSO QL=30 EA/30 Days
REXULTI 3MG TAB	1	PA NSO QL=30 EA/30 Days
REXULTI 4MG TAB	1	PA NSO QL=30 EA/30 Days
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir 20mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>abacavir 300mg tab</i>	1	QL=60 EA/30 Days
<i>abacavir/lamivudine 600-300mg tab</i>	1	QL=30 EA/30 Days
APTIVUS 250MG CAP	1	QL=120 EA/30 Days
<i>atazanavir 150mg cap</i>	1	QL=30 EA/30 Days
<i>atazanavir 200mg cap</i>	1	QL=60 EA/30 Days
<i>atazanavir 300mg cap</i>	1	QL=30 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BIKTARVY 30-120-15MG TAB	1	QL=30 EA/30 Days
BIKTARVY 50-200-25MG TAB	1	QL=30 EA/30 Days
CIMDUO 300-300MG TAB	1	QL=30 EA/30 Days
COMPLERA 200-25-300MG TAB	1	QL=30 EA/30 Days
<i>darunavir 600mg tab</i>	1	QL=60 EA/30 Days
<i>darunavir 800mg tab</i>	1	QL=30 EA/30 Days
DELSTRIGO 100-300-300MG TAB	1	QL=30 EA/30 Days
DESCOVY 120-15MG TAB	1	QL=30 EA/30 Days
DESCOVY 200-25MG TAB	1	QL=30 EA/30 Days
DOVATO 50-300MG TAB	1	QL=30 EA/30 Days
EDURANT 25MG TAB	1	QL=30 EA/30 Days
<i>efavirenz 600mg tab</i>	1	QL=30 EA/30 Days
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	1	QL=30 EA/30 Days
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 400-300-300mg tab</i>	1	QL=30 EA/30 Days
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine 200mg cap</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	1	QL=30 EA/30 Days
EMTRIVA 10MG/ML ORAL SOLN	1	QL=850 ML/30 Days
<i>etravirine 100mg tab</i>	1	QL=60 EA/30 Days
<i>etravirine 200mg tab</i>	1	QL=60 EA/30 Days
EVOTAZ 300-150MG TAB	1	QL=30 EA/30 Days
<i>fosamprenavir 700mg tab</i>	1	QL=120 EA/30 Days
FUZEON 90MG INJ	1	QL=60 EA/30 Days
GENVOYA 150-150-200-10MG TAB	1	QL=30 EA/30 Days
INTELENCE 25MG TAB	1	QL=120 EA/30 Days
ISENTRESS 100MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 100MG GRANULES FOR ORAL SUSP	1	QL=60 EA/30 Days
ISENTRESS 25MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 400MG TAB	1	QL=60 EA/30 Days
ISENTRESS 600MG TAB	1	QL=60 EA/30 Days
JULUCA 50-25MG TAB	1	QL=30 EA/30 Days
<i>lamivudine 10mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>lamivudine 150mg tab</i>	1	QL=60 EA/30 Days
<i>lamivudine 300mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine/zidovudine 150-300mg tab</i>	1	QL=60 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lopinavir/ritonavir 100-25mg tab</i>	1	QL=300 EA/30 Days
<i>lopinavir/ritonavir 200-50mg tab</i>	1	QL=120 EA/30 Days
<i>lopinavir/ritonavir 80-20mg/ml oral soln</i>	1	QL=480 ML/30 Days
<i>maraviroc 150mg tab</i>	1	QL=60 EA/30 Days
<i>maraviroc 300mg tab</i>	1	QL=120 EA/30 Days
NEVIRAPINE 10MG/ML ORAL SUSP	1	QL=1200 ML/30 Days
<i>nevirapine 200mg tab</i>	1	QL=60 EA/30 Days
<i>nevirapine 400mg er tab</i>	1	QL=30 EA/30 Days
NORVIR 100MG ORAL POWDER	1	QL=360 EA/30 Days
ODEFSEY 200-25-25MG TAB	1	QL=30 EA/30 Days
PIFELTRO 100MG TAB	1	QL=30 EA/30 Days
PREZCOBIX 150-800MG TAB	1	QL=30 EA/30 Days
PREZISTA 100MG/ML ORAL SUSP	1	QL=400 ML/30 Days
PREZISTA 150MG TAB	1	QL=240 EA/30 Days
PREZISTA 75MG TAB	1	QL=480 EA/30 Days
REYATAZ 50MG ORAL POWDER	1	QL=240 EA/30 Days
<i>ritonavir 100mg tab</i>	1	QL=360 EA/30 Days
RUKOBIA 600MG ER TAB	1	QL=60 EA/30 Days
SELZENTRY 20MG/ML ORAL SOLN	1	QL=1840 ML/30 Days
SELZENTRY 25MG TAB	1	QL=240 EA/30 Days
SELZENTRY 75MG TAB	1	QL=60 EA/30 Days
STRIBILD 150-150-200-300MG TAB	1	QL=30 EA/30 Days
SUNLENCA 300MG TAB THERAPY PACK (4)	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB THERAPY PACK (5)	1	QL=5 EA/28 Days
SYMTUZA 150-800-200-10MG TAB	1	QL=30 EA/30 Days
<i>tenofovir disoproxil fumarate 300mg tab</i>	1	QL=30 EA/30 Days
TIVICAY 10MG TAB	1	QL=60 EA/30 Days
TIVICAY 25MG TAB	1	QL=60 EA/30 Days
TIVICAY 50MG TAB	1	QL=60 EA/30 Days
TIVICAY 5MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 600-50-300MG TAB	1	QL=30 EA/30 Days
TYBOST 150MG TAB	1	QL=30 EA/30 Days
VIRACEPT 250MG TAB	1	QL=300 EA/30 Days
VIRACEPT 625MG TAB	1	QL=120 EA/30 Days
VIREAD 150MG TAB	1	QL=30 EA/30 Days
VIREAD 200MG TAB	1	QL=30 EA/30 Days
VIREAD 250MG TAB	1	QL=30 EA/30 Days
VIREAD 40MG/GM ORAL POWDER	1	QL=240 GM/30 Days
<i>zidovudine 100mg cap</i>	1	QL=180 EA/30 Days
<i>zidovudine 10mg/ml oral soln</i>	1	QL=1920 ML/30 Days
<i>zidovudine 300mg tab</i>	1	QL=60 EA/30 Days
CMV AGENTS		
LIVTENCITY 200MG TAB	1	NDS PA QL=120 EA/30 Days
PREVYMIS 240MG TAB	1	NDS PA QL=30 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVYMIS 480MG TAB	1	NDS PA QL=30 EA/30 Days
<i>valganciclovir 450mg tab</i>	1	
<i>valganciclovir 50mg/ml oral soln</i>	1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 1mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine 100mg tab</i>	1	QL=90 EA/30 Days
MAVYRET 100-40MG TAB	1	NDS PA QL=90 EA/30 Days
MAVYRET 50-20MG ORAL PELLETT	1	NDS PA QL=150 EA/30 Days
PEGASYS 180MCG/0.5ML SYRINGE	1	NDS QL=2 ML/28 Days
PEGASYS 180MCG/ML INJ	1	NDS QL=4 ML/28 Days
RIBAVIRIN 200MG CAP	1	QL=210 EA/30 Days
RIBAVIRIN 200MG TAB	1	QL=210 EA/30 Days
SOFOSBUVIR/VELPATASVIR 400-100MG TAB	1	NDS PA QL=30 EA/30 Days
VEMLIDY 25MG TAB	1	NDS QL=30 EA/30 Days
VOSEVI 400-100-100MG TAB	1	NDS PA QL=30 EA/30 Days
HERPES AGENTS		
<i>acyclovir 200mg cap</i>	1	
<i>acyclovir 400mg tab</i>	1	
<i>acyclovir 40mg/ml oral susp</i>	1	
<i>acyclovir 50mg/ml inj</i>	1	PA BvD
<i>acyclovir 800mg tab</i>	1	
<i>famciclovir 125mg tab</i>	1	
<i>famciclovir 250mg tab</i>	1	
<i>famciclovir 500mg tab</i>	1	
<i>valacyclovir 1000mg tab</i>	1	
<i>valacyclovir 500mg tab</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir 30mg cap</i>	1	QL=84 EA/180 Days
<i>oseltamivir 45mg cap</i>	1	QL=42 EA/180 Days
<i>oseltamivir 6mg/ml oral susp</i>	1	QL=540 ML/180 Days
<i>oseltamivir 75mg cap</i>	1	QL=42 EA/180 Days
RELENZA 5MG/BLISTER POWDER INHALER	1	QL=120 EA/30 Days
RIMANTADINE 100MG TAB	1	
XOFLUZA 40MG TAB	1	QL=2 EA/30 Days
XOFLUZA 80MG TAB	1	QL=1 EA/30 Days
MISC. ANTIVIRALS		
PAXLOVID 150MG/100MG TAB PACK (20)	1	QL=20 EA/5 Days
PAXLOVID 150MG/100MG TAB PACK (30)	1	QL=30 EA/5 Days
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol 12.5mg tab</i>	1	
<i>carvedilol 25mg tab</i>	1	
<i>carvedilol 3.125mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carvedilol 6.25mg tab</i>	1	
<i>labetalol 100mg tab</i>	1	
<i>labetalol 200mg tab</i>	1	
<i>labetalol 300mg tab</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol 200mg cap</i>	1	
<i>acebutolol 400mg cap</i>	1	
<i>atenolol 100mg tab</i>	1	
<i>atenolol 25mg tab</i>	1	
<i>atenolol 50mg tab</i>	1	
<i>betaxolol 10mg tab</i>	1	
<i>betaxolol 20mg tab</i>	1	
<i>bisoprolol fumarate 10mg tab</i>	1	
<i>bisoprolol fumarate 5mg tab</i>	1	
<i>metoprolol succinate 100mg er tab</i>	1	
<i>metoprolol succinate 200mg er tab</i>	1	
<i>metoprolol succinate 25mg er tab</i>	1	
<i>metoprolol succinate 50mg er tab</i>	1	
<i>metoprolol tartrate 100mg tab</i>	1	
<i>metoprolol tartrate 25mg tab</i>	1	
<i>metoprolol tartrate 37.5mg tab</i>	1	
<i>metoprolol tartrate 50mg tab</i>	1	
<i>metoprolol tartrate 75mg tab</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20mg tab</i>	1	
<i>nadolol 40mg tab</i>	1	
<i>nadolol 80mg tab</i>	1	
<i>pindolol 10mg tab</i>	1	
<i>pindolol 5mg tab</i>	1	
<i>propranolol 10mg tab</i>	1	
<i>propranolol 120mg er cap</i>	1	
<i>propranolol 160mg er cap</i>	1	
<i>propranolol 20mg tab</i>	1	
<i>propranolol 40mg tab</i>	1	
<i>propranolol 4mg/ml oral soln</i>	1	
<i>propranolol 60mg er cap</i>	1	
<i>propranolol 60mg tab</i>	1	
<i>propranolol 80mg er cap</i>	1	
<i>propranolol 80mg tab</i>	1	
PROPRANOLOL 8MG/ML ORAL SOLN	1	
<i>sorine 120mg tab</i>	1	
<i>sorine 160mg tab</i>	1	
<i>sotalol 120mg tab</i>	1	
<i>sotalol 160mg tab</i>	1	
<i>sotalol 240mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sotalol 80mg tab</i>	1	
<i>sotalol af 120mg tab</i>	1	
<i>sotalol af 160mg tab</i>	1	
<i>sotalol af 80mg tab</i>	1	
<i>timolol 10mg tab</i>	1	
<i>timolol 5mg tab</i>	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine 10mg tab</i>	1	
<i>amlodipine 2.5mg tab</i>	1	
<i>amlodipine 5mg tab</i>	1	
<i>cartia 120mg er (24hr) cap</i>	1	
<i>cartia 180mg er (24hr) cap</i>	1	
<i>cartia 240mg er (24hr) cap</i>	1	
<i>cartia 300mg er (24hr) cap</i>	1	
<i>dilt 120mg er (24hr) cap</i>	1	
<i>dilt 180mg er (24hr) cap</i>	1	
<i>dilt 240mg er (24hr) cap</i>	1	
<i>diltiazem 120mg er (12hr) cap</i>	1	
<i>diltiazem 120mg er (24hr) cap</i>	1	
<i>diltiazem 120mg tab</i>	1	
<i>diltiazem 180mg er (24hr) cap</i>	1	
<i>diltiazem 240mg er (24hr) cap</i>	1	
<i>diltiazem 300mg er (24hr) cap</i>	1	
<i>diltiazem 30mg tab</i>	1	
<i>diltiazem 360mg er (24hr) cap</i>	1	
<i>diltiazem 420mg er (24hr) cap</i>	1	
<i>diltiazem 60mg er (12hr) cap</i>	1	
<i>diltiazem 60mg tab</i>	1	
<i>diltiazem 90mg er (12hr) cap</i>	1	
<i>diltiazem 90mg tab</i>	1	
<i>felodipine 10mg er tab</i>	1	
<i>felodipine 2.5mg er tab</i>	1	
<i>felodipine 5mg er tab</i>	1	
<i>isradipine 2.5mg cap</i>	1	
<i>isradipine 5mg cap</i>	1	
<i>nifedipine 30mg er tab</i>	1	
<i>nifedipine 30mg osmotic er tab</i>	1	
<i>nifedipine 60mg er tab</i>	1	
<i>nifedipine 60mg osmotic er tab</i>	1	
<i>nifedipine 90mg er tab</i>	1	
<i>nifedipine 90mg osmotic er tab</i>	1	
<i>nimodipine 30mg cap</i>	1	
<i>tiadylt 120mg er (24hr) cap</i>	1	
<i>tiadylt 180mg er (24hr) cap</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tiadylt 240mg er (24hr) cap</i>	1	
<i>tiadylt 300mg er (24hr) cap</i>	1	
<i>tiadylt 360mg er (24hr) cap</i>	1	
<i>tiadylt 420mg er (24hr) cap</i>	1	
<i>verapamil 120mg er cap</i>	1	
<i>verapamil 120mg er tab</i>	1	
<i>verapamil 120mg tab</i>	1	
<i>verapamil 180mg er cap</i>	1	
<i>verapamil 180mg er tab</i>	1	
<i>verapamil 240mg er cap</i>	1	
<i>verapamil 240mg er tab</i>	1	
<i>verapamil 40mg tab</i>	1	
<i>verapamil 80mg tab</i>	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>droxidopa 100mg cap</i>	1	PA QL=90 EA/30 Days
<i>droxidopa 200mg cap</i>	1	PA QL=180 EA/30 Days
<i>droxidopa 300mg cap</i>	1	PA QL=180 EA/30 Days
<i>midodrine 10mg tab</i>	1	
<i>midodrine 2.5mg tab</i>	1	
<i>midodrine 5mg tab</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
CAMZYOS 10MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 15MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 2.5MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 5MG CAP	1	NDS PA QL=30 EA/30 Days
CORLANOR 5MG TAB	1	PA QL=60 EA/30 Days
CORLANOR 7.5MG TAB	1	PA QL=60 EA/30 Days
<i>digoxin 0.125mg tab</i>	1	
<i>digoxin 0.25mg tab</i>	1	
ENTRESTO 24-26MG TAB	1	QL=60 EA/30 Days
ENTRESTO 49-51MG TAB	1	QL=60 EA/30 Days
ENTRESTO 97-103MG TAB	1	QL=60 EA/30 Days
<i>pentoxifylline 400mg er tab</i>	1	
<i>ranolazine 1000mg er tab</i>	1	
<i>ranolazine 500mg er tab</i>	1	
VERQUVO 10MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 2.5MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 5MG TAB	1	PA QL=30 EA/30 Days
VYNDAMAX 61MG CAP	1	NDS PA QL=30 EA/30 Days
VYNDAQEL 20MG CAP	1	NDS PA QL=120 EA/30 Days
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil 100mg/ml oral susp</i>	1	
<i>cefadroxil 500mg cap</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefadroxil 50mg/ml oral susp</i>	1	
<i>cefazolin 1000mg inj</i>	1	
<i>cefazolin 200mg/ml inj</i>	1	
<i>cefazolin 500mg inj</i>	1	
<i>cephalexin 250mg cap</i>	1	
<i>cephalexin 25mg/ml oral susp</i>	1	
<i>cephalexin 500mg cap</i>	1	
<i>cephalexin 50mg/ml oral susp</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACTOR 250MG CAP	1	
CEFACTOR 500MG CAP	1	
<i>cefoxitin 1gm inj</i>	1	
<i>cefoxitin 200mg/ml inj</i>	1	
<i>cefoxitin 2gm inj</i>	1	
<i>cefprozil 250mg tab</i>	1	
<i>cefprozil 25mg/ml oral susp</i>	1	
<i>cefprozil 500mg tab</i>	1	
<i>cefprozil 50mg/ml oral susp</i>	1	
<i>cefuroxime 1500mg inj</i>	1	
<i>cefuroxime 250mg tab</i>	1	
<i>cefuroxime 500mg tab</i>	1	
<i>cefuroxime 750mg inj</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 25mg/ml oral susp</i>	1	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml oral susp</i>	1	
<i>cefixime 20mg/ml oral susp</i>	1	
<i>cefixime 400mg cap</i>	1	
<i>cefixime 40mg/ml oral susp</i>	1	
<i>cefpodoxime 100mg tab</i>	1	
<i>cefpodoxime 10mg/ml oral susp</i>	1	
<i>cefpodoxime 200mg tab</i>	1	
<i>cefpodoxime 20mg/ml oral susp</i>	1	
<i>ceftazidime 1gm inj</i>	1	
<i>ceftazidime 200mg/ml inj</i>	1	
<i>ceftazidime 2gm inj</i>	1	
<i>ceftriaxone 10gm inj</i>	1	
<i>ceftriaxone 1gm inj</i>	1	
<i>ceftriaxone 250mg inj</i>	1	
<i>ceftriaxone 2gm inj</i>	1	
<i>ceftriaxone 500mg inj</i>	1	
<i>tazicef 1gm inj</i>	1	
<i>tazicef 2gm inj</i>	1	
TAZICEF 6GM INJ	1	
CORTICOSTEROIDS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCOCORTICOSTEROIDS		
<i>budesonide 3mg dr cap</i>	1	QL=90 EA/30 Days
<i>budesonide 9mg er tab</i>	1	PA QL=30 EA/30 Days
DEXAMETHASONE 0.1MG/ML ORAL SOLN	1	
<i>dexamethasone 0.5mg tab</i>	1	
<i>dexamethasone 0.75mg tab</i>	1	
<i>dexamethasone 1.5mg tab</i>	1	
<i>dexamethasone 1mg tab</i>	1	
<i>dexamethasone 2mg tab</i>	1	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>hydrocortisone 10mg tab</i>	1	
<i>hydrocortisone 20mg tab</i>	1	
<i>hydrocortisone 5mg tab</i>	1	
<i>methylprednisolone 16mg tab</i>	1	PA BvD
<i>methylprednisolone 32mg tab</i>	1	PA BvD
<i>methylprednisolone 4mg tab</i>	1	PA BvD
<i>methylprednisolone 4mg tab pack (21)</i>	1	
<i>methylprednisolone 8mg tab</i>	1	PA BvD
<i>prednisolone 1mg/ml oral soln</i>	1	PA BvD
<i>prednisolone 3mg/ml oral soln</i>	1	PA BvD
<i>prednisolone 5mg/ml oral soln</i>	1	PA BvD
<i>prednisone 10mg tab</i>	1	PA BvD
<i>prednisone 1mg tab</i>	1	PA BvD
PREDNISONONE 1MG/ML ORAL SOLN	1	PA BvD
<i>prednisone 2.5mg tab</i>	1	PA BvD
<i>prednisone 20mg tab</i>	1	PA BvD
<i>prednisone 50mg tab</i>	1	PA BvD
<i>prednisone 5mg tab</i>	1	PA BvD
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1mg tab</i>	1	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
<i>acetylcysteine 100mg/ml inh soln</i>	1	PA BvD
<i>acetylcysteine 200mg/ml inh soln</i>	1	PA BvD
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline 30mg cap</i>	1	
<i>chlorhexidine gluconate 0.12% mouthwash</i>	1	
<i>clotrimazole 10mg lozenge</i>	1	
<i>kourzeq 0.1% oral paste</i>	1	
<i>lidocaine viscous 2% mucous membrane topical soln</i>	1	
<i>nystatin 100000unit/ml oral susp</i>	1	
<i>periogard 0.12% mouthwash</i>	1	
<i>pilocarpine 5mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pilocarpine 7.5mg tab</i>	1	
<i>triamcinolone acetonide 0.1% oral paste</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane 10mg cap</i>	1	
<i>accutane 20mg cap</i>	1	
<i>accutane 40mg cap</i>	1	
<i>amnesteem 10mg cap</i>	1	
<i>amnesteem 20mg cap</i>	1	
<i>amnesteem 40mg cap</i>	1	
<i>claravis 10mg cap</i>	1	
<i>claravis 20mg cap</i>	1	
<i>claravis 30mg cap</i>	1	
<i>claravis 40mg cap</i>	1	
<i>clindamycin 1% gel</i>	1	QL=75 GM/30 Days
<i>clindamycin 1% gel (twice-daily)</i>	1	QL=75 GM/30 Days
<i>clindamycin 1% lotion</i>	1	QL=60 ML/30 Days
<i>clindamycin 1% topical soln</i>	1	QL=60 ML/30 Days
<i>erythromycin 2% gel</i>	1	QL=60 GM/30 Days
<i>erythromycin 2% topical soln</i>	1	QL=60 ML/30 Days
<i>isotretinoin 10mg cap</i>	1	
<i>isotretinoin 20mg cap</i>	1	
<i>isotretinoin 30mg cap</i>	1	
<i>isotretinoin 40mg cap</i>	1	
<i>sulfacetamide sodium 10% lotion</i>	1	QL=118 ML/30 Days
<i>tretinoin 0.01% gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.05% cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.1% cream</i>	1	PA QL=45 GM/30 Days
<i>zenatane 10mg cap</i>	1	
<i>zenatane 20mg cap</i>	1	
<i>zenatane 30mg cap</i>	1	
<i>zenatane 40mg cap</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin 0.1% cream</i>	1	QL=30 GM/30 Days
<i>gentamicin 0.1% ointment</i>	1	QL=120 GM/30 Days
<i>mupirocin 2% ointment</i>	1	QL=220 GM/30 Days
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77% cream</i>	1	QL=90 GM/30 Days
<i>ciclopirox 0.77% gel</i>	1	QL=100 GM/30 Days
<i>ciclopirox 1% shampoo</i>	1	QL=120 ML/30 Days
<i>ciclopirox 8% topical soln</i>	1	QL=13.20 ML/30 Days
<i>clotrimazole 1% cream</i>	1	QL=45 GM/30 Days
<i>clotrimazole/betamethasone 1-0.05% cream</i>	1	QL=90 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>econazole nitrate 1% cream</i>	1	QL=85 GM/30 Days
<i>ketoconazole 2% cream</i>	1	QL=120 GM/30 Days
<i>ketoconazole 2% shampoo</i>	1	QL=240 ML/30 Days
<i>nyamyc 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000 unit/gm ointment</i>	1	QL=30 GM/30 Days
<i>nystatin 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000unit/ml cream</i>	1	QL=30 GM/30 Days
<i>% ointment</i>	1	QL=60 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>	1	QL=60 GM/30 Days
<i>nystop 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1% gel</i>	1	PA NSO QL=60 GM/30 Days
<i>diclofenac sodium 3% gel</i>	1	PA QL=100 GM/30 Days
FLUOROURACIL 2% TOPICAL SOLN	1	QL=10 ML/30 Days
<i>fluorouracil 5% cream</i>	1	QL=40 GM/30 Days
<i>fluorouracil 5% topical soln</i>	1	QL=10 ML/30 Days
PANRETIN 0.1% GEL	1	NDS PA NSO QL=60 GM/30 Days
VALCHLOR 0.016% GEL	1	NDS PA NSO QL=240 GM/30 Days
ANTIPSORIATICS		
<i>acitretin 10mg cap</i>	1	
<i>acitretin 17.5mg cap</i>	1	
<i>acitretin 25mg cap</i>	1	
<i>calcipotriene 0.005% cream</i>	1	PA QL=120 GM/30 Days
<i>calcipotriene 0.005% ointment</i>	1	PA QL=120 GM/30 Days
CALCIPOTRIENE 0.005% TOPICAL SOLN	1	PA QL=120 ML/30 Days
COSENTYX 150MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
COSENTYX 150MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
COSENTYX 75MG/0.5ML SYRINGE	1	NDS PA QL=2 ML/28 Days
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
METHOXSALEN 10MG CAP	1	
OTEZLA 30MG TAB	1	NDS PA QL=60 EA/30 Days
OTEZLA TAB 28-DAY STARTER PACK (55)	1	NDS PA QL=55 EA/28 Days
SKYRIZI 150MG/ML AUTO-INJECTOR	1	PA QL=7 ML/365 Days
SKYRIZI 150MG/ML SYRINGE	1	PA QL=7 ML/365 Days
STELARA 45MG/0.5ML INJ	1	PA QL=.50 ML/28 Days
STELARA 45MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
STELARA 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
<i>tazarotene 0.1% cream</i>	1	PA QL=60 GM/30 Days
TREMFYA 100MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TREMFYA 100MG/ML SYRINGE	1	PA QL=2 ML/28 Days
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort 1% cream</i>	1	QL=240 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ala-cort 2.5% cream</i>	1	QL=454 GM/30 Days
<i>alclometasone dipropionate 0.05% cream</i>	1	QL=120 GM/30 Days
<i>alclometasone dipropionate 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>betamethasone 0.05% aug cream</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% aug lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% aug ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% cream</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.05% lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.1% cream</i>	1	QL=180 GM/30 Days
<i>betamethasone 0.1% lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.1% ointment</i>	1	QL=180 GM/30 Days
<i>clobetasol propionate 0.05% cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% e cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% foam</i>	1	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% gel</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% lotion</i>	1	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>clobetasol propionate 0.05% topical spray</i>	1	QL=125 ML/30 Days
<i>clodan 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>desonide 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% cream</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% ointment</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical oil</i>	1	QL=120 ML/30 Days
<i>fluocinolone acetonide 0.01% topical soln</i>	1	QL=90 ML/30 Days
<i>fluocinolone acetonide 0.025% cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.025% ointment</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% cream</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% e cream</i>	1	QL=120 GM/30 Days
FLUOCINONIDE 0.05% GEL	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% ointment</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical soln</i>	1	QL=60 ML/30 Days
<i>fluocinonide 0.1% cream</i>	1	QL=60 GM/30 Days
<i>fluticasone propionate 0.005% ointment</i>	1	QL=240 GM/30 Days
<i>fluticasone propionate 0.05% cream</i>	1	QL=240 GM/30 Days
<i>halobetasol propionate 0.05% cream</i>	1	QL=50 GM/30 Days
<i>halobetasol propionate 0.05% ointment</i>	1	QL=50 GM/30 Days
<i>hydrocortisone 1% cream</i>	1	QL=240 GM/30 Days
<i>hydrocortisone 2.5% ointment</i>	1	QL=240 GM/30 Days
HYDROCORTISONE LOTION 2.5%	1	QL=118 ML/30 Days
<i>mometasone furoate 0.1% cream</i>	1	QL=180 GM/30 Days
<i>mometasone furoate 0.1% lotion</i>	1	QL=180 ML/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mometasone furoate 0.1% ointment</i>	1	QL=180 GM/30 Days
<i>triamcinolone acetonide 0.025% cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.025% lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.025% ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.1% ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% ointment</i>	1	QL=120 GM/30 Days
<i>triderm 0.1% cream</i>	1	QL=454 GM/30 Days
<i>triderm 0.5% cream</i>	1	QL=454 GM/30 Days
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus 1% cream</i>	1	QL=100 GM/30 Days
<i>tacrolimus 0.03% ointment</i>	1	QL=100 GM/30 Days
<i>tacrolimus 0.1% ointment</i>	1	QL=100 GM/30 Days
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 4% mucous membrane topical soln</i>	1	QL=50 ML/30 Days
<i>lidocaine 5% ointment</i>	1	PA QL=107 GM/30 Days
<i>lidocaine 5% patch</i>	1	PA QL=90 EA/30 Days
<i>lidocaine/prilocaine 2.5-2.5% cream</i>	1	QL=30 GM/30 Days
<i>lidocan 5% patch</i>	1	PA QL=90 EA/30 Days
MISC. TOPICAL		
<i>acyclovir 5% ointment</i>	1	QL=30 GM/30 Days
<i>ammonium lactate 12% cream</i>	1	
<i>ammonium lactate 12% lotion</i>	1	
<i>imiquimod 5% cream</i>	1	QL=24 EA/30 Days
<i>malathion 0.5% lotion</i>	1	QL=59 ML/30 Days
<i>permethrin 5% cream</i>	1	QL=60 GM/30 Days
PODOFILOX 0.5% TOPICAL SOLN	1	QL=7 ML/30 Days
<i>selenium sulfide 2.5% shampoo</i>	1	QL=120 ML/30 Days
ROSACEA AGENTS		
<i>azelaic acid 15% gel</i>	1	QL=50 GM/30 Days
<i>metronidazole 0.75% cream</i>	1	QL=45 GM/30 Days
<i>metronidazole 0.75% gel</i>	1	QL=45 GM/30 Days
<i>metronidazole 1% gel</i>	1	QL=60 GM/30 Days
WOUND CARE PRODUCTS		
REGRANEX 0.01% GEL	1	PA QL=30 GM/15 Days
SANTYL 250UNIT/GM OINTMENT	1	QL=90 GM/30 Days
<i>silver sulfadiazine 1% cream</i>	1	
<i>ssd 1% cream</i>	1	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON 120000-24000-76000UNIT DR CAP	1	
CREON 15000-3000-9500UNIT DR CAP	1	
CREON 180000-36000-114000UNIT DR CAP	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CREON 30000-6000-19000UNIT DR CAP	1	
CREON 60000-12000-38000UNIT DR CAP	1	
SUCRAID 8500UNIT/ML ORAL SOLN	1	NDS PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125mg tab</i>	1	
<i>acetazolamide 250mg tab</i>	1	
<i>acetazolamide 500mg er cap</i>	1	
<i>methazolamide 25mg tab</i>	1	
<i>methazolamide 50mg tab</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	1	
<i>hydrochlorothiazide/spironolactone 25-25mg tab</i>	1	
<i>hydrochlorothiazide/triamterene 25-37.5mg cap</i>	1	
<i>hydrochlorothiazide/triamterene 25-37.5mg tab</i>	1	
<i>hydrochlorothiazide/triamterene 50-75mg tab</i>	1	
LOOP DIURETICS		
<i>bumetanide 0.25mg/ml inj</i>	1	
<i>bumetanide 0.5mg tab</i>	1	
<i>bumetanide 1mg tab</i>	1	
<i>bumetanide 2mg tab</i>	1	
FUROSCIX 80MG/10ML CARTRIDGE	1	NDS QL=8 EA/7 Days
<i>furosemide 10mg/ml inj</i>	1	
<i>furosemide 10mg/ml oral soln</i>	1	
<i>furosemide 20mg tab</i>	1	
<i>furosemide 40mg tab</i>	1	
<i>furosemide 80mg tab</i>	1	
FUROSEMIDE 8MG/ML ORAL SOLN	1	
<i>torseamide 100mg tab</i>	1	
<i>torseamide 10mg tab</i>	1	
<i>torseamide 20mg tab</i>	1	
<i>torseamide 5mg tab</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride 5mg tab</i>	1	
<i>spironolactone 100mg tab</i>	1	
<i>spironolactone 25mg tab</i>	1	
<i>spironolactone 50mg tab</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone 25mg tab</i>	1	
<i>chlorthalidone 50mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg cap</i>	1	
<i>hydrochlorothiazide 12.5mg tab</i>	1	
<i>hydrochlorothiazide 25mg tab</i>	1	
<i>hydrochlorothiazide 50mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>indapamide 1.25mg tab</i>	1	
<i>indapamide 2.5mg tab</i>	1	
<i>metolazone 10mg tab</i>	1	
<i>metolazone 2.5mg tab</i>	1	
<i>metolazone 5mg tab</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium 10mg tab</i>	1	
<i>alendronate sodium 35mg tab</i>	1	
<i>alendronate sodium 70mg tab</i>	1	
<i>ibandronate 150mg tab</i>	1	QL=1 EA/30 Days
PROLIA 60MG/ML SYRINGE	1	ST QL=1 ML/168 Days
<i>raloxifene 60mg tab</i>	1	QL=30 EA/30 Days
<i>risedronate sodium 150mg tab</i>	1	
<i>risedronate sodium 30mg tab</i>	1	
<i>risedronate sodium 35mg tab</i>	1	
<i>risedronate sodium 35mg tab pack (12)</i>	1	
<i>risedronate sodium 35mg tab pack (4)</i>	1	
<i>risedronate sodium 5mg tab</i>	1	
<i>salmon calcitonin 200unit/act nasal spray</i>	1	QL=3.70 ML/28 Days
TERIPARATIDE 0.02MG/ACT PEN INJ	1	NDS QL=2.48 ML/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	1	NDS PA QL=1.56 ML/30 Days
XGEVA 120MG/1.7ML INJ	1	NDS PA QL=1.70 ML/28 Days
GROWTH HORMONES		
NORDITROPIN 10MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 15MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 30MG/3ML PEN INJ	1	NDS PA
NORDITROPIN 5MG/1.5ML PEN INJ	1	NDS PA
OMNITROPE 10MG/1.5ML CARTRIDGE	1	NDS PA
OMNITROPE 5.8MG INJ	1	NDS PA
OMNITROPE 5MG/1.5ML CARTRIDGE	1	NDS PA
SOGROYA 10MG/1.5ML PEN INJ	1	NDS PA
SOGROYA 15MG/1.5ML PEN INJ	1	NDS PA
SOGROYA 5MG/1.5ML PEN INJ	1	NDS PA
METABOLIC MODIFIERS		
<i>betaine 1gm powder for oral soln</i>	1	
<i>calcitriol 0.25mcg cap</i>	1	PA BvD
<i>calcitriol 0.5mcg cap</i>	1	PA BvD
<i>calcitriol 1mcg/ml oral soln</i>	1	PA BvD
<i>carglumic acid 200mg tab for oral susp</i>	1	PA
<i>cinacalcet 30mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>cinacalcet 60mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>cinacalcet 90mg tab</i>	1	PA BvD QL=120 EA/30 Days
<i>javygtor 100mg powder for oral soln</i>	1	PA
<i>javygtor 100mg tab</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>javygtor 500mg powder for oral soln</i>	1	PA
<i>levocarnitine 100mg/ml oral soln</i>	1	PA BvD
<i>levocarnitine 330mg tab</i>	1	PA BvD
<i>paricalcitol 1mcg cap</i>	1	PA BvD
<i>paricalcitol 2mcg cap</i>	1	PA BvD
<i>paricalcitol 4mcg cap</i>	1	PA BvD
<i>sapropterin 100mg powder for oral soln</i>	1	PA
<i>sapropterin 100mg tab</i>	1	PA
<i>sapropterin 500mg powder for oral soln</i>	1	PA
<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide 0.05mg/ml inj</i>	1	PA
<i>octreotide 0.1mg/ml inj</i>	1	PA
<i>octreotide 0.2mg/ml inj</i>	1	PA
<i>octreotide 0.5mg/ml inj</i>	1	PA
<i>octreotide 1mg/ml inj</i>	1	PA
SIGNIFOR 0.3MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.6MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.9MG/ML INJ	1	NDS PA QL=60 ML/30 Days
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
<i>cabergoline 0.5mg tab</i>	1	
<i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i>	1	
<i>desmopressin acetate 0.1mg tab</i>	1	
<i>desmopressin acetate 0.2mg tab</i>	1	
INCRELEX 40MG/4ML INJ	1	NDS PA
KERENDIA 10MG TAB	1	PA QL=30 EA/30 Days
KERENDIA 20MG TAB	1	PA QL=30 EA/30 Days
SOMAVERT 10MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 15MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 20MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 25MG INJ	1	NDS PA QL=30 EA/30 Days
SOMAVERT 30MG INJ	1	NDS PA QL=30 EA/30 Days
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>altavera tab 28-day pack</i>	1	
<i>alyacen 1/35 tab 28-day pack</i>	1	
<i>amethia tab 91-day pack</i>	1	
<i>apri tab 28-day pack</i>	1	
<i>aranelle tab 28-day pack</i>	1	
<i>ashlyna tab 91-day pack</i>	1	
<i>aubra tab 28-day pack</i>	1	
<i>aviane tab 28-day pack</i>	1	
<i>balziva tab 28-day pack</i>	1	
<i>blisovi 21 fe tab 1.5/30 28-day pack</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>blisovi 24 fe tab 1/20 28-day pack</i>	1	
<i>briellyn tab 28-day pack</i>	1	
<i>camreselo tab 91-day pack</i>	1	
<i>cryselle tab 28-day pack</i>	1	
<i>cyred tab 28-day pack</i>	1	
<i>desogestrel/ethinyl estradiol/ethinyl estradiol 0.15-0.01-0.02mg tab 28-day pack</i>	1	
<i>desogestrel/ethinyl estradiol/inert ingredients 0.15-0.03-1mg tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	1	
<i>eluryng 0.120-0.015mg/24hr vaginal system</i>	1	
<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	1	
<i>enpresse tab 28-day pack</i>	1	
<i>enskyce tab 28-day pack</i>	1	
<i>estarylla tab 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 0.5-0.1mg 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	1	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	1	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	1	
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	1	
<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	1	
<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25mg-mcg tab 28-day pack</i>	1	
<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35mg-mcg tab 28-day pack</i>	1	
<i>falmina tab 28-day pack</i>	1	
<i>finzala 24 fe chewable tab 28-day pack</i>	1	
<i>fyavolv 0.0025-0.5mg tab</i>	1	
<i>fyavolv 0.005-1mg tab</i>	1	
<i>hailey 24 fe tab 28-day pack</i>	1	
<i>haloette 0.120-0.015mg/24hr vaginal system</i>	1	
<i>iclevia tab 91-day pack</i>	1	
<i>introvale tab 91-day pack</i>	1	
<i>isibloom tab 28-day pack</i>	1	
<i>jasmiel tab 28-day pack</i>	1	
<i>jinteli 0.005-1mg tab</i>	1	
<i>juleber tab 28-day pack</i>	1	
<i>junel 1.5/30 tab 21-day pack</i>	1	
<i>junel 1/20 tab 21-day pack</i>	1	
<i>junel fe 24 1/20 28-day pack</i>	1	
<i>junel fe tab 1.5/30 28-day pack</i>	1	
<i>junel fe tab 1/20 28-day pack</i>	1	
<i>kariva tab 28-day pack</i>	1	
<i>kelnor 1mg-35mcg tab 28-day pack</i>	1	
<i>kelnor tab 1/50 28-day pack</i>	1	
<i>kurvelo tab 28-day pack</i>	1	
<i>larin 1.5/30 tab 21-day pack</i>	1	
<i>larin 1/20 tab 21-day pack</i>	1	
<i>larin fe tab 1.5/30 28-day pack</i>	1	
<i>larin fe tab 1/20 28-day pack</i>	1	
<i>leena tab 28-day pack</i>	1	
<i>lessina tab 28-day pack</i>	1	
<i>levonest tab 28-day pack</i>	1	
<i>levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	1	
<i>levora 0.15/30 tab 28-day pack</i>	1	
<i>loestrin fe tab 1/20 28-day pack</i>	1	
<i>loryna tab 28-day pack</i>	1	
<i>low-ogestrel tab 28-day pack</i>	1	
<i>lutera tab 28-day pack</i>	1	
<i>marlissa tab 28-day pack</i>	1	
<i>mibelas 24 fe chewable tab 28-day pack</i>	1	
<i>microgestin 1.5/30 tab 21-day pack</i>	1	
<i>microgestin 1/20 tab 21-day pack</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>microgestin 24 fe tab 28-day pack</i>	1	
<i>microgestin fe tab 1.5/30 28-day pack</i>	1	
<i>microgestin fe tab 1/20 28-day pack</i>	1	
<i>mili tab 28-day pack</i>	1	
<i>mimvey 28-day pack</i>	1	
<i>necon 0.5/35 tab 28-day pack</i>	1	
<i>nikki tab 28-day pack</i>	1	
<i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i>	1	
<i>nortrel 0.5/35 tab 28-day pack</i>	1	
<i>nortrel 1/35 tab 21-day pack</i>	1	
<i>nortrel 1/35 tab 28-day pack</i>	1	
<i>nortrel 7/7/7 tab 28-day pack</i>	1	
<i>nylia 1/35 tab 28-day pack</i>	1	
<i>nylia 7/7/7 tab 28-day pack</i>	1	
<i>nymyo tab 28-day pack</i>	1	
<i>ocella tab 28-day pack</i>	1	
<i>pimtreea tab 28-day pack</i>	1	
<i>portia tab 28-day pack</i>	1	
PREMPHASE 28-DAY PACK	1	
PREMPRO 0.3/1.5MG 28-DAY PACK	1	
PREMPRO 0.45/1.5MG 28-DAY PACK	1	
PREMPRO 0.625/2.5MG 28-DAY PACK	1	
PREMPRO 0.625/5MG 28-DAY PACK	1	
<i>reclipsen tab 28-day pack</i>	1	
<i>setlakin tab 91-day pack</i>	1	
<i>sprintec tab 28-day pack</i>	1	
<i>sronyx tab 28-day pack</i>	1	
<i>syeda tab 28-day pack</i>	1	
<i>tarina 24 fe tab 1/20 28-day pack</i>	1	
<i>tarina fe tab 1/20 28-day pack</i>	1	
<i>tri-estarylla tab 28-day pack</i>	1	
<i>tri-lo- estarylla tab 28-day pack</i>	1	
<i>tri-lo-sprintec tab 28-day pack</i>	1	
<i>tri-mili tab 28-day pack</i>	1	
<i>tri-nymyo tab 28-day pack</i>	1	
<i>tri-sprintec tab 28-day pack</i>	1	
<i>tri-vylibra lo tab 28-day pack</i>	1	
<i>tri-vylibra tab 28-day pack</i>	1	
<i>trivora tab 28-day pack</i>	1	
<i>turqoz tab 28-day pack</i>	1	
VELIVET TAB 28-DAY PACK	1	
<i>vestura tab 3-0.02mg 28-day pack</i>	1	
<i>vienva tab 28-day pack</i>	1	
<i>vyfemla tab 28-day pack</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vylibra tab 28-day pack</i>	1	
<i>xulane 150-35mcg/24hr patch</i>	1	
<i>zafemy 150-35mcg/24hr patch</i>	1	
<i>zovia 1mg-35mcg tab 28-day pack</i>	1	
ESTROGENS		
<i>dotti 0.025mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.0375mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.05mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.075mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.1mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.0025mg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.01mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.01mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.025mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.025mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.0375mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.0375mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.05mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.05mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.075mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.075mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.5mg tab</i>	1	
<i>estradiol 1mg tab</i>	1	
<i>estradiol 2mg tab</i>	1	
<i>estradiol valerate 10mg/ml inj</i>	1	
<i>estradiol valerate 20mg/ml inj</i>	1	
<i>estradiol valerate 40mg/ml inj</i>	1	
<i>lyllana 0.025mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>lyllana 0.0375mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>lyllana 0.05mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>lyllana 0.075mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>lyllana 0.1mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
PREMARIN 0.3MG TAB	1	
PREMARIN 0.45MG TAB	1	
PREMARIN 0.625MG TAB	1	
PREMARIN 0.9MG TAB	1	
PREMARIN 1.25MG TAB	1	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ciprofloxacin 250mg tab</i>	1	
<i>ciprofloxacin 2mg/ml inj</i>	1	
<i>ciprofloxacin 500mg tab</i>	1	
<i>ciprofloxacin 750mg tab</i>	1	
<i>levofloxacin 250mg tab</i>	1	
<i>levofloxacin 25mg/ml oral soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levofloxacin 500mg tab</i>	1	
<i>levofloxacin 500mg/100ml inj</i>	1	
<i>levofloxacin 750mg tab</i>	1	
<i>levofloxacin 750mg/150ml inj</i>	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
<i>moxifloxacin 400mg tab</i>	1	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 20mg/ml oral soln</i>	1	
<i>enulose 10gm/15ml oral soln</i>	1	
GATTEX 5MG INJ	1	NDS PA
<i>generlac 10gm/15ml oral soln</i>	1	
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 1mg/ml oral soln</i>	1	
<i>metoclopramide 5mg tab</i>	1	
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 300mg cap</i>	1	
<i>ursodiol 500mg tab</i>	1	
VOWST 30000000UNIT CAP	1	NDS PA QL=12 EA/30 Days
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium 750mg cap</i>	1	
<i>mesalamine 1gm rectal supp</i>	1	QL=30 EA/30 Days
<i>mesalamine 375mg er cap</i>	1	QL=120 EA/30 Days
<i>mesalamine 66.7mg/ml enema</i>	1	QL=1800 ML/30 Days
SKYRIZI 180MG/1.2ML CARTRIDGE	1	PA QL=1.20 ML/56 Days
SKYRIZI 360MG/2.4ML CARTRIDGE	1	PA QL=2.40 ML/56 Days
<i>sulfasalazine 500mg dr tab</i>	1	
<i>sulfasalazine 500mg tab</i>	1	
GENITOURINARY AGENTS		
GENITOURINARY AGENTS, OTHER		
CYSTAGON 150MG CAP	1	
CYSTAGON 50MG CAP	1	
ELMIRON 100MG CAP	1	QL=90 EA/30 Days
<i>potassium citrate 10meq er tab</i>	1	
<i>potassium citrate 15meq er tab</i>	1	
<i>potassium citrate 5meq er tab</i>	1	
<i>sodium chloride 0.9% irrigation soln</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	
<i>finasteride 5mg tab</i>	1	
<i>tadalafil 2.5mg tab</i>	1	PA QL=30 EA/30 Days
<i>tadalafil 5mg tab</i>	1	PA QL=30 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tamsulosin 0.4mg cap</i>	1	
GOUT AGENTS		
GOUT AGENTS		
<i>allopurinol 100mg tab</i>	1	
<i>allopurinol 300mg tab</i>	1	
<i>colchicine 0.6mg tab</i>	1	
<i>colchicine/probenecid 0.5-500mg tab</i>	1	
<i>febuxostat 40mg tab</i>	1	ST
<i>febuxostat 80mg tab</i>	1	ST
<i>probenecid 500mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide 0.5mg cap</i>	1	
<i>anagrelide 1mg cap</i>	1	
<i>aspirin/dipyridamole 25-200mg er cap</i>	1	QL=60 EA/30 Days
BRILINTA 60MG TAB	1	QL=60 EA/30 Days
BRILINTA 90MG TAB	1	QL=60 EA/30 Days
<i>cilostazol 100mg tab</i>	1	
<i>cilostazol 50mg tab</i>	1	
<i>clopidogrel 75mg tab</i>	1	
<i>prasugrel 10mg tab</i>	1	
<i>prasugrel 5mg tab</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL DISEASE		
DROXIA 200MG CAP	1	
DROXIA 300MG CAP	1	
DROXIA 400MG CAP	1	
<i>l-glutamine 5gm powder for oral soln</i>	1	NDS PA QL=180 EA/30 Days
OXBRYTA 300MG TAB	1	NDS PA QL=90 EA/30 Days
OXBRYTA 300MG TAB FOR ORAL SUSP	1	NDS PA QL=150 EA/30 Days
OXBRYTA 500MG TAB	1	NDS PA QL=150 EA/30 Days
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET 20MG TAB	1	NDS PA QL=60 EA/30 Days
DOPTELET TAB 40MG DAILY DOSE PACK (10)	1	NDS PA QL=10 EA/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK (15)	1	NDS PA QL=15 EA/5 Days
NIVESTYM 300MCG/0.5ML SYRINGE	1	NDS
NIVESTYM 300MCG/ML INJ	1	NDS
NIVESTYM 480MCG/0.8ML SYRINGE	1	NDS
NIVESTYM 480MCG/1.6ML INJ	1	NDS
NYVEPRIA 6MG/0.6ML SYRINGE	1	NDS
PROMACTA 12.5MG POWDER FOR ORAL SUSP	1	NDS PA QL=90 EA/30 Days
PROMACTA 12.5MG TAB	1	NDS PA QL=30 EA/30 Days
PROMACTA 25MG POWDER FOR ORAL SUSP	1	NDS PA QL=180 EA/30 Days
PROMACTA 25MG TAB	1	NDS PA QL=30 EA/30 Days
PROMACTA 50MG TAB	1	NDS PA QL=60 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA 75MG TAB	1	NDS PA QL=60 EA/30 Days
RETACRIT 10000UNIT/ML INJ	1	PA
RETACRIT 20000UNIT/2ML INJ	1	PA
RETACRIT 20000UNIT/ML INJ	1	PA
RETACRIT 2000UNIT/ML INJ	1	PA
RETACRIT 3000UNIT/ML INJ	1	PA
RETACRIT 40000UNIT/ML INJ	1	PA
RETACRIT 4000UNIT/ML INJ	1	PA
STIMUFEND 6MG/0.6ML SYRINGE	1	NDS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650mg tab</i>	1	QL=30 EA/5 Days
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone 1mg tab</i>	1	PA QL=30 EA/30 Days
<i>eszopiclone 2mg tab</i>	1	PA QL=30 EA/30 Days
<i>eszopiclone 3mg tab</i>	1	PA QL=30 EA/30 Days
<i>ramelteon 8mg tab</i>	1	QL=30 EA/30 Days
<i>temazepam 15mg cap</i>	1	QL=30 EA/30 Days
<i>temazepam 30mg cap</i>	1	QL=30 EA/30 Days
<i>triazolam 0.125mg tab</i>	1	QL=30 EA/30 Days
<i>triazolam 0.25mg tab</i>	1	QL=60 EA/30 Days
<i>zaleplon 10mg cap</i>	1	QL=30 EA/30 Days
<i>zaleplon 5mg cap</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 10mg tab</i>	1	PA QL=30 EA/30 Days
<i>zolpidem tartrate 12.5mg er tab</i>	1	PA QL=30 EA/30 Days
<i>zolpidem tartrate 5mg tab</i>	1	PA QL=60 EA/30 Days
<i>zolpidem tartrate 6.25mg er tab</i>	1	PA QL=30 EA/30 Days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
BERINERT 500UNIT INJ	1	NDS PA
HAEGARDA 2000UNIT INJ	1	NDS PA
HAEGARDA 3000UNIT INJ	1	NDS PA
<i>icatibant 10mg/ml syringe</i>	1	PA QL=27 ML/30 Days
<i>sajazir 30mg/3ml syringe</i>	1	PA QL=27 ML/30 Days
TAKHZYRO 300MG/2ML INJ	1	NDS PA QL=4 ML/28 Days
TAKHZYRO 300MG/2ML SYRINGE	1	NDS PA QL=4 ML/28 Days
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C POWDER FOR ORAL SOLN	1	
<i>gavilyte-g powder for oral soln</i>	1	
<i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	1	
<i>peg 3350/electrolyte powder for oral soln</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i>	1	
SUFLAVE SOLN PACK	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10gm/15ml oral soln</i>	1	
<i>lactulose 667mg/ml oral soln</i>	1	
LINZESS 145MCG CAP	1	QL=30 EA/30 Days
LINZESS 290MCG CAP	1	QL=30 EA/30 Days
LINZESS 72MCG CAP	1	QL=30 EA/30 Days
<i>lubiprostone 24mcg cap</i>	1	QL=60 EA/30 Days
<i>lubiprostone 8mcg cap</i>	1	QL=60 EA/30 Days
MOVANTIK 12.5MG TAB	1	PA QL=30 EA/30 Days
MOVANTIK 25MG TAB	1	PA QL=30 EA/30 Days
TRULANCE 3MG TAB	1	QL=30 EA/30 Days
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PAD (2 X 2)	1	
MISC. DEVICES		
ALCOHOL SWAB 1X1 (DIABETIC)	1	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE	1	
INSULIN SYRINGE (DISP) U-100 0.3ML	1	
INSULIN SYRINGE (DISP) U-100 1/2ML	1	
INSULIN SYRINGE (DISP) U-100 1ML	1	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	1	PA QL=16 ML/30 Days
EMGALITY 100MG/ML SYRINGE	1	PA QL=3 ML/30 Days
EMGALITY 120MG/ML AUTO-INJECTOR	1	PA QL=2 ML/30 Days
EMGALITY 120MG/ML SYRINGE	1	PA QL=2 ML/30 Days
UBRELVY 100MG TAB	1	PA QL=16 EA/30 Days
UBRELVY 50MG TAB	1	PA QL=16 EA/30 Days
ZAVZPRET 10MG/ACT NASAL SPRAY	1	PA QL=6 EA/30 Days
SEROTONIN AGONISTS		
<i>naratriptan 1mg tab</i>	1	QL=18 EA/30 Days
<i>naratriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
<i>rizatriptan 10mg odt</i>	1	QL=36 EA/60 Days
<i>rizatriptan 10mg tab</i>	1	QL=36 EA/60 Days
<i>rizatriptan 5mg odt</i>	1	QL=36 EA/60 Days
<i>rizatriptan 5mg tab</i>	1	QL=36 EA/60 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan 100mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 25mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 4mg/0.5ml cartridge</i>	1	QL=5 ML/30 Days
<i>sumatriptan 50mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 6mg/0.5ml auto-injector</i>	1	QL=5 ML/30 Days
<i>sumatriptan 6mg/0.5ml cartridge</i>	1	QL=5 ML/30 Days
<i>sumatriptan 6mg/0.5ml inj</i>	1	QL=5 ML/30 Days
<i>zolmitriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
<i>zolmitriptan 5mg tab</i>	1	QL=18 EA/30 Days
MINERALS & ELECTROLYTES		
ELECTROLYTE MIXTURES		
ELECTROLYTE-148 SOLUTION	1	
GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	1	PA BvD
GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	PA BvD
<i>glucose 50mg/ml/potassium chloride 0.01meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.03meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 9mg/ml inj</i>	1	
<i>glucose 50mg/ml/sodium chloride 2mg/ml inj</i>	1	
<i>glucose 50mg/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>	1	
GLUCOSE/SODIUM CHLORIDE 25MG/ML-4.5MG/ML INJ	1	
KCL/D5W/LR INJ 0.15%	1	
<i>kcl/nacl 20meq-0.45% inj</i>	1	
<i>kcl/nacl 20meq-0.9% inj</i>	1	
<i>kcl/nacl 40meq-9% inj</i>	1	
PLASMA-LYTE 148 INJ	1	
PLASMA-LYTE A INJ	1	
TPN ELECTROLYTES INJ	1	PA BvD
MAGNESIUM		
<i>magnesium sulfat 500mg/ml inj</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>magnesium sulfate 500mg/ml syringe</i>	1	
POTASSIUM		
<i>klor-con 10meq er tab</i>	1	
<i>klor-con 10meq micro er tab</i>	1	
<i>klor-con 15meq micro er tab</i>	1	
<i>klor-con 20meq micro er tab</i>	1	
<i>klor-con 20meq powder for oral soln</i>	1	
<i>klor-con 8meq er tab</i>	1	
<i>potassium chloride 1.33meq/ml oral soln</i>	1	
<i>potassium chloride 10meq er cap</i>	1	
<i>potassium chloride 10meq er tab</i>	1	
<i>potassium chloride 10meq micro er tab</i>	1	
POTASSIUM CHLORIDE 10MEQ/100ML INJ	1	
<i>potassium chloride 15meq micro er tab</i>	1	
<i>potassium chloride 2.67meq/ml oral soln</i>	1	
<i>potassium chloride 20meq er tab</i>	1	
<i>potassium chloride 20meq micro er tab</i>	1	
<i>potassium chloride 20meq powder for oral soln</i>	1	
POTASSIUM CHLORIDE 20MEQ/100ML INJ	1	
<i>potassium chloride 2meq/ml (20ml) inj</i>	1	
<i>potassium chloride 2meq/ml inj</i>	1	
POTASSIUM CHLORIDE 40MEQ/100ML INJ	1	
<i>potassium chloride 8meq er cap</i>	1	
<i>potassium chloride 8meq er tab</i>	1	
SODIUM		
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride 0.9% inj</i>	1	
<i>sodium chloride 3% inj</i>	1	
<i>sodium chloride 50mg/ml inj</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>deferasirox 180mg tab</i>	1	PA
<i>deferasirox 360mg tab</i>	1	PA
<i>deferasirox 90mg tab</i>	1	PA
<i>penicillamine 250mg tab</i>	1	
<i>trientine 250mg cap</i>	1	PA QL=240 EA/30 Days
IMMUNOMODULATORS		
<i>lenalidomide 10mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 15mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 2.5mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 20mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 25mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 5mg cap</i>	1	PA NSO QL=30 EA/30 Days
REZUROCK 200MG TAB	1	NDS PA QL=30 EA/30 Days
THALOMID 100MG CAP	1	NDS QL=30 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID 150MG CAP	1	NDS QL=60 EA/30 Days
THALOMID 200MG CAP	1	NDS QL=60 EA/30 Days
THALOMID 50MG CAP	1	NDS QL=30 EA/30 Days
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST 220MG INJ	1	NDS PA
<i>azathioprine 50mg tab</i>	1	PA BvD
BENLYSTA 200MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
BENLYSTA 200MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
<i>cyclosporine 100mg cap</i>	1	PA BvD
<i>cyclosporine 25mg cap</i>	1	PA BvD
<i>cyclosporine modified 100mg cap</i>	1	PA BvD
<i>cyclosporine modified 100mg/ml oral soln</i>	1	PA BvD
<i>cyclosporine modified 25mg cap</i>	1	PA BvD
<i>cyclosporine modified 50mg cap</i>	1	PA BvD
ENVARUSUS XR 0.75MG TAB	1	PA BvD
ENVARUSUS XR 1MG TAB	1	PA BvD
ENVARUSUS XR 4MG TAB	1	PA BvD
<i>everolimus 0.25mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>everolimus 0.5mg tab</i>	1	PA BvD QL=120 EA/30 Days
<i>everolimus 0.75mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>everolimus 1mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>engraf 100mg cap</i>	1	PA BvD
<i>engraf 100mg/ml oral soln</i>	1	PA BvD
<i>engraf 25mg cap</i>	1	PA BvD
LITFULO 50MG CAP	1	NDS PA QL=28 EA/28 Days
LUPKYNIS 7.9MG CAP	1	NDS PA QL=180 EA/30 Days
<i>mycophenolate mofetil 200mg/ml oral susp</i>	1	PA BvD
<i>mycophenolate mofetil 250mg cap</i>	1	PA BvD
<i>mycophenolate mofetil 500mg tab</i>	1	PA BvD
<i>mycophenolic acid 180mg dr tab</i>	1	PA BvD
<i>mycophenolic acid 360mg dr tab</i>	1	PA BvD
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	1	PA BvD
PROGRAF 1MG GRANULES FOR ORAL SUSP	1	PA BvD
<i>sirolimus 0.5mg tab</i>	1	PA BvD
<i>sirolimus 1mg tab</i>	1	PA BvD
<i>sirolimus 1mg/ml oral soln</i>	1	PA BvD
<i>sirolimus 2mg tab</i>	1	PA BvD
<i>tacrolimus 0.5mg cap</i>	1	PA BvD
<i>tacrolimus 1mg cap</i>	1	PA BvD
<i>tacrolimus 5mg cap</i>	1	PA BvD
POTASSIUM REMOVING AGENTS		
<i>kionex 15gm/60ml susp</i>	1	
LOKELMA 10GM POWDER FOR ORAL SUSP	1	PA QL=90 EA/30 Days
LOKELMA 5GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	1	
<i>sps 15gm/60ml susp</i>	1	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
VELTASSA 25.2GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
VELTASSA 8.4GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	PA QL=90 EA/30 Days
<i>chlorzoxazone 500mg tab</i>	1	PA
<i>cyclobenzaprine 10mg tab</i>	1	PA QL=90 EA/30 Days
<i>cyclobenzaprine 5mg tab</i>	1	PA QL=90 EA/30 Days
<i>metaxalone 800mg tab</i>	1	PA
<i>methocarbamol 500mg tab</i>	1	PA
<i>methocarbamol 750mg tab</i>	1	PA
<i>orphenadrine citrate 100mg er tab</i>	1	PA
<i>tizanidine 2mg tab</i>	1	
<i>tizanidine 4mg tab</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 100mg cap</i>	1	
<i>dantrolene sodium 25mg cap</i>	1	
<i>dantrolene sodium 50mg cap</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	1	QL=60 ML/30 Days
<i>flunisolide 25% (25mcg/act) nasal inhaler</i>	1	QL=50 ML/30 Days
<i>fluticasone propionate 50mcg/act nasal inhaler</i>	1	QL=32 GM/30 Days
<i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i>	1	QL=30 ML/30 Days
<i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i>	1	QL=45 ML/30 Days
<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	1	QL=30.50 GM/30 Days
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA 105MG/5ML ORAL SUSP	1	NDS PA QL=70 ML/28 Days
<i>riluzole 50mg tab</i>	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75MG/ML ORAL SOLN	1	NDS PA QL=240 ML/30 Days
NUTRIENTS		
CARBOHYDRATES		
<i>glucose 100mg/ml inj</i>	1	PA BvD
<i>glucose 50mg/ml inj</i>	1	
PROTEINS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX 4.25/10 INJ	1	PA BvD
CLINIMIX 4.25/5 INJ	1	PA BvD
CLINIMIX 5/15 INJ	1	PA BvD
CLINIMIX 5/20 INJ	1	PA BvD
<i>clinisol 15% inj</i>	1	PA BvD
<i>plenamine 15% inj</i>	1	PA BvD
PROSOL 20% INJ	1	PA BvD
TRAVASOL 10% INJ	1	PA BvD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate/timolol 0.2-0.5% ophth soln</i>	1	
CARTEOLOL 1% OPHTH SOLN	1	
<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	1	
<i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i>	1	
LEVOBUNOLOL 0.5% OPHTH SOLN	1	
<i>timolol 0.25% ophth gel</i>	1	
<i>timolol 0.25% ophth soln</i>	1	
<i>timolol 0.5% ophth gel</i>	1	
<i>timolol 0.5% ophth soln</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate 0.1% ophth soln</i>	1	
<i>brimonidine tartrate 0.15% ophth soln</i>	1	
<i>brimonidine tartrate 0.2% ophth soln</i>	1	
SIMBRINZA 0.2-1% OPHTH SUSP	1	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500UNIT/GM OPHTH OINTMENT	1	
<i>bacitracin/polymyxin b 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days
<i>ciprofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
<i>erythromycin 0.5% ophth ointment</i>	1	QL=7 GM/7 Days
<i>gentamicin 0.3% ophth soln</i>	1	QL=10 ML/7 Days
<i>moxifloxacin 0.5% ophth soln</i>	1	QL=6 ML/7 Days
NATACYN 5% OPHTH SUSP	1	QL=15 ML/7 Days
<i>neo-polycin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
<i>neomycin/bacitracin/polymyxin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	1	QL=10 ML/7 Days
<i>ofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
<i>polycin 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days
<i>polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln</i>	1	QL=10 ML/7 Days
<i>sulfacetamide sodium 10% ophth soln</i>	1	QL=15 ML/7 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
TRIFLURIDINE 1% OPHTH SOLN	1	QL=15 ML/7 Days
XDEMVIY 0.25% OPHTH SOLN	1	PA QL=10 ML/42 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.02-0.005% OPHTH SOLN	1	QL=5 ML/30 Days
OPHTHALMIC STEROIDS		
DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN	1	
<i>dexamethasone/neomycin/polymyxin b 0.1% ophth ointment</i>	1	
<i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i>	1	
<i>difluprednate 0.05% ophth susp</i>	1	
<i>fluorometholone 0.1% ophth susp</i>	1	
<i>loteprednol etabonate 0.5% ophth gel</i>	1	
<i>loteprednol etabonate 0.5% ophth susp</i>	1	
<i>neo-polycin hc ophth ointment</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophth 1% ointment</i>	1	
<i>neomycin/polymyxin/dexamethasone 0.1% ophth susp</i>	1	
PREDNISOLONE 1% OPHTH SOLN	1	
PREDNISOLONE ACETATE 1% OPHTH SUSP	1	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN	1	
OPHTHALMICS - MISC.		
<i>atropine sulfate 1% ophth soln</i>	1	
<i>azelastine 0.05% ophth soln</i>	1	
<i>bromfenac 0.07% ophth soln</i>	1	QL=12 ML/365 Days
CROMOLYN SODIUM 4% OPHTH SOLN	1	
<i>cyclosporine 0.05% ophth susp</i>	1	QL=60 EA/30 Days
CYSTADROPS 0.37% OPHTH SOLN	1	NDS PA QL=20 ML/28 Days
CYSTARAN 0.44% OPHTH SOLN	1	NDS PA QL=60 ML/28 Days
<i>diclofenac sodium 0.1% ophth soln</i>	1	QL=20 ML/365 Days
<i>dorzolamide 2% ophth soln</i>	1	
FLURBIPROFEN SODIUM 0.03% OPHTH SOLN	1	
<i>ketorolac tromethamine 0.4% ophth soln</i>	1	QL=20 ML/365 Days
<i>ketorolac tromethamine 0.5% ophth soln</i>	1	
<i>pilocarpine 1% ophth soln</i>	1	
<i>pilocarpine 2% ophth soln</i>	1	
<i>pilocarpine 4% ophth soln</i>	1	
XIIDRA 5% OPHTH SOLN	1	QL=60 EA/30 Days
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03% ophth soln</i>	1	QL=5 ML/30 Days
<i>latanoprost 0.005% ophth soln</i>	1	QL=5 ML/30 Days
LUMIGAN 0.01% OPHTH SOLN	1	QL=5 ML/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>travoprost 0.004% ophth soln</i>	1	QL=5 ML/30 Days
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2% otic soln</i>	1	
<i>flac 0.01% otic soln</i>	1	
<i>fluocinolone acetonide 0.01% otic soln</i>	1	
<i>ofloxacin 0.3% otic soln</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	1	
<i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln</i>	1	
<i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMUNEX 1GM/10ML INJ	1	NDS PA
OCTAGAM 1GM/20ML INJ	1	NDS PA
OCTAGAM 2GM/20ML INJ	1	NDS PA
PRIVIGEN 20GM/200ML INJ	1	NDS PA
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125MG CHEW TAB	1	
<i>amoxicillin 250mg cap</i>	1	
AMOXICILLIN 250MG CHEW TAB	1	
<i>amoxicillin 25mg/ml oral susp</i>	1	
<i>amoxicillin 40mg/ml oral susp</i>	1	
<i>amoxicillin 500mg cap</i>	1	
<i>amoxicillin 500mg tab</i>	1	
<i>amoxicillin 50mg/ml oral susp</i>	1	
<i>amoxicillin 80mg/ml oral susp</i>	1	
<i>amoxicillin 875mg tab</i>	1	
<i>ampicillin 1000mg inj</i>	1	
<i>ampicillin 100mg/ml inj</i>	1	
AMPICILLIN 125MG INJ	1	
<i>ampicillin 500mg cap</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A 1200000UNIT/2ML SYRINGE	1	
BICILLIN L-A 2400000UNIT/4ML SYRINGE	1	
BICILLIN L-A 600000UNIT/ML SYRINGE	1	
<i>penicillin g potassium 1000000unit/ml inj</i>	1	
PENICILLIN G SODIUM 100000UNIT/ML INJ	1	
<i>penicillin v potassium 250mg tab</i>	1	
PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN	1	
<i>penicillin v potassium 500mg tab</i>	1	
PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENICILLIN COMBINATIONS		
<i>amoxicillin/clavulanate 250-125mg tab</i>	1	
<i>amoxicillin/clavulanate 500-125mg tab</i>	1	
<i>amoxicillin/clavulanate 875-125mg tab</i>	1	
<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	1	
<i>ampicillin/sulbactam 100-50mg/ml inj</i>	1	
<i>ampicillin/sulbactam 1000-500mg inj</i>	1	
<i>ampicillin/sulbactam 2000-1000mg inj</i>	1	
<i>piperacillin/tazobactam 2000-250mg inj</i>	1	
<i>piperacillin/tazobactam 3000-375mg inj</i>	1	
<i>piperacillin/tazobactam 36-4.5gm inj</i>	1	
<i>piperacillin/tazobactam 4000-500mg inj</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250mg cap</i>	1	
<i>dicloxacillin 500mg cap</i>	1	
<i>nafcillin 100mg/ml inj</i>	1	
<i>nafcillin 1gm inj</i>	1	
<i>nafcillin 2gm inj</i>	1	
<i>oxacillin 100mg/ml inj</i>	1	
<i>oxacillin 1gm inj</i>	1	
<i>oxacillin 2gm inj</i>	1	
PROGESTINS		
PROGESTINS		
<i>camila 0.35mg tab 28-day pack</i>	1	
<i>deblitane 0.35mg tab 28-day pack</i>	1	
DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	1	
<i>errin 0.35mg tab 28-day pack</i>	1	
<i>heather 0.35mg 28-day pack</i>	1	
<i>incassia 0.35mg tab 28-day pack</i>	1	
LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	1	
<i>lyleq 0.35mg tab 28-day pack</i>	1	
<i>lyza 0.35mg tab 28-day pack</i>	1	
<i>medroxyprogesterone acetate 10mg tab</i>	1	
<i>medroxyprogesterone acetate 150mg/ml inj</i>	1	
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	1	
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
MEGESTROL ACETATE 125MG/ML SUSP	1	PA
NEXPLANON 68MG IMPLANT	1	
<i>nora-be 0.35mg tab 28-day pack</i>	1	
<i>norethindrone 0.35mg 28-day pack</i>	1	
<i>norethindrone acetate 5mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>progesterone 100mg cap</i>	1	
<i>progesterone 200mg cap</i>	1	
<i>sharobel 0.35mg tab 28-day pack</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium 333mg dr tab</i>	1	
<i>disulfiram 250mg tab</i>	1	
<i>disulfiram 500mg tab</i>	1	
ANTIDEMENTIA AGENTS		
<i>donepezil 10mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 10mg tab</i>	1	QL=60 EA/30 Days
<i>donepezil 23mg tab</i>	1	ST QL=30 EA/30 Days
<i>donepezil 5mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 12mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 4mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 8mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine hydrobromide 16mg er cap</i>	1	QL=30 EA/30 Days
<i>galantamine hydrobromide 24mg er cap</i>	1	QL=30 EA/30 Days
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	1	QL=200 ML/30 Days
<i>galantamine hydrobromide 8mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 10mg tab</i>	1	QL=60 EA/30 Days
<i>memantine 14mg er cap</i>	1	ST QL=30 EA/30 Days
<i>memantine 21mg er cap</i>	1	ST QL=30 EA/30 Days
<i>memantine 28mg er cap</i>	1	ST QL=30 EA/30 Days
<i>memantine 2mg/ml oral soln</i>	1	QL=300 ML/30 Days
<i>memantine 5mg tab</i>	1	QL=60 EA/30 Days
<i>memantine 7mg er cap</i>	1	ST QL=30 EA/30 Days
<i>rivastigmine 1.5mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 13.3mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 3mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 4.5mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 4.6mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 6mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 9.5mg/24hr patch</i>	1	QL=30 EA/30 Days
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 6MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 9MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO XR 12MG TAB	1	NDS PA QL=60 EA/30 Days
AUSTEDO XR 24MG TAB	1	NDS PA QL=60 EA/30 Days
AUSTEDO XR 30MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 36MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 42MG TAB	1	NDS PA QL=30 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR 48MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 6-12-24MG TAB TITRATION PACK (42)	1	NDS PA QL=42 EA/28 Days
AUSTEDO XR 6MG TAB	1	NDS PA QL=90 EA/30 Days
INGREZZA 40MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 40MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 60MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 60MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 80MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 80MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA CAP THERAPY PACK (28)	1	NDS PA QL=28 EA/28 Days
<i>tetrabenazine 12.5mg tab</i>	1	QL=90 EA/30 Days
<i>tetrabenazine 25mg tab</i>	1	QL=120 EA/30 Days
MULTIPLE SCLEROSIS AGENTS		
AVONEX 30MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 EA/28 Days
AVONEX 30MCG/0.5ML SYRINGE	1	NDS QL=1 EA/28 Days
BETASERON 0.3MG INJ	1	NDS QL=14 EA/28 Days
<i>dalfampridine 10mg er tab</i>	1	QL=60 EA/30 Days
<i>dimethyl fumarate 120mg dr cap</i>	1	QL=14 EA/7 Days
<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	1	QL=60 EA/180 Days
<i>dimethyl fumarate 240mg dr cap</i>	1	QL=60 EA/30 Days
<i>fingolimod 0.5mg cap</i>	1	QL=30 EA/30 Days
<i>glatiramer acetate 20mg/ml syringe</i>	1	QL=30 ML/30 Days
<i>glatiramer acetate 40mg/ml syringe</i>	1	QL=12 ML/28 Days
<i>glatopa 20mg/ml syringe</i>	1	QL=30 ML/30 Days
<i>glatopa 40mg/ml syringe</i>	1	QL=12 ML/28 Days
KESIMPTA 20MG/0.4ML PEN INJ	1	NDS QL=1.20 ML/28 Days
MAYZENT 0.25MG TAB	1	NDS QL=120 EA/30 Days
MAYZENT 1MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT 2MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT TAB STARTER PACK (12)	1	NDS QL=12 EA/28 Days
MAYZENT TAB STARTER PACK (7)	1	QL=7 EA/28 Days
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 ML/28 Days
PLEGRIDY 125MCG/0.5ML SYRINGE	1	NDS QL=1 ML/28 Days
<i>teriflunomide 14mg tab</i>	1	QL=30 EA/30 Days
<i>teriflunomide 7mg tab</i>	1	QL=30 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
NUEDEXTA 20-10MG CAP	1	PA QL=60 EA/30 Days
PIMOZIDE 1MG TAB	1	
PIMOZIDE 2MG TAB	1	
SMOKING DETERRENTS		
<i>bupropion 150mg sr (12hr) tab</i>	1	
NICOTROL 10MG INH SOLN	1	
NICOTROL 10MG/ML NASAL INHALER	1	
<i>varenicline 0.5mg tab</i>	1	QL=56 EA/28 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline 0.5mg/1mg first month pack (53)</i>	1	QL=53 EA/28 Days
<i>varenicline 1mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline 1mg tab pack (56)</i>	1	QL=56 EA/28 Days
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN 1000MG INJ	1	NDS PA
ZEMAIRA 1000MG INJ	1	NDS PA
CYSTIC FIBROSIS AGENTS		
CAYSTON 75MG/ML INH SOLN	1	NDS PA QL=84 ML/28 Days
KALYDECO 13.4MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 150MG TAB	1	NDS PA QL=60 EA/30 Days
KALYDECO 25MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 5.8MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 50MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 75MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG TAB	1	NDS PA QL=120 EA/30 Days
ORKAMBI 125-200MG TAB	1	NDS PA QL=120 EA/30 Days
ORKAMBI 188-150MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 94-75MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
PULMOZYME 1MG/ML INH SOLN	1	NDS PA BvD QL=150 ML/30 Days
SYMDEKO TAB 4-WEEK PACK (56)	1	NDS PA QL=60 EA/30 Days
SYMDEKO TAB 50-75MG/75MG PACK (56)	1	NDS PA QL=60 EA/30 Days
TRIKAFTA 100-50-75MG/150MG TAB PACK (84)	1	NDS PA QL=90 EA/30 Days
TRIKAFTA 100-50-75MG/75MG GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
TRIKAFTA 50-37.5-25MG/75MG TAB PACK (84)	1	NDS PA QL=84 EA/28 Days
TRIKAFTA 80-40-60MG/59.5MG GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
PULMONARY FIBROSIS AGENTS		
OFEV 100MG CAP	1	NDS PA QL=60 EA/30 Days
OFEV 150MG CAP	1	NDS PA QL=60 EA/30 Days
<i>pirfenidone 267mg cap</i>	1	PA QL=270 EA/30 Days
<i>pirfenidone 267mg tab</i>	1	PA QL=270 EA/30 Days
<i>pirfenidone 801mg tab</i>	1	PA QL=90 EA/30 Days
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
<i>desloratadine 5mg tab</i>	1	
<i>levocetirizine 5mg tab</i>	1	
<i>promethazine 1.25mg/ml oral soln</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg tab</i>	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5MG TAB	1	NDS PA QL=90 EA/30 Days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADEMPAS 1.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2MG TAB	1	NDS PA QL=90 EA/30 Days
<i>alyq 20mg tab</i>	1	PA QL=60 EA/30 Days
<i>ambrisentan 10mg tab</i>	1	PA QL=30 EA/30 Days
<i>ambrisentan 5mg tab</i>	1	PA QL=30 EA/30 Days
<i>bosentan 125mg tab</i>	1	PA QL=60 EA/30 Days
<i>bosentan 62.5mg tab</i>	1	PA QL=60 EA/30 Days
OPSUMIT 10MG TAB	1	NDS PA QL=30 EA/30 Days
<i>sildenafil 20mg tab</i>	1	PA QL=360 EA/30 Days
<i>tadalafil 20mg tab</i>	1	PA QL=60 EA/30 Days
RESPIRATORY TRACT/PULMONARY AGENTS		
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>roflumilast 250mcg tab</i>	1	QL=28 EA/365 Days
THEOPHYLLINE 100MG ER TAB	1	
THEOPHYLLINE 200MG ER TAB	1	
<i>theophylline 300mg er tab</i>	1	
<i>theophylline 400mg er tab</i>	1	
<i>theophylline 450mg er tab</i>	1	
<i>theophylline 600mg er tab</i>	1	
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 6GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 9GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
SODIUM OXYBATE 500MG/ML ORAL SOLN	1	NDS PA QL=540 ML/30 Days
SUNOSI 150MG TAB	1	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	1	PA QL=30 EA/30 Days
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE 500MG TAB	1	
<i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	1	
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>doxy 100mg inj</i>	1	
<i>doxycycline hyclate 100mg cap</i>	1	
<i>doxycycline hyclate 100mg tab</i>	1	
<i>doxycycline hyclate 20mg tab</i>	1	
<i>doxycycline hyclate 50mg cap</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline monohydrate 100mg cap</i>	1	
<i>doxycycline monohydrate 100mg tab</i>	1	
<i>doxycycline monohydrate 50mg cap</i>	1	
<i>doxycycline monohydrate 50mg tab</i>	1	
<i>doxycycline monohydrate 5mg/ml oral susp</i>	1	
<i>minocycline 100mg cap</i>	1	
<i>minocycline 50mg cap</i>	1	
<i>minocycline 75mg cap</i>	1	
<i>tetracycline 250mg cap</i>	1	
<i>tetracycline 500mg cap</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	
<i>propylthiouracil 50mg tab</i>	1	
THYROID HORMONES		
<i>euthyrox 100mcg tab</i>	1	
<i>euthyrox 112mcg tab</i>	1	
<i>euthyrox 125mcg tab</i>	1	
<i>euthyrox 137mcg tab</i>	1	
<i>euthyrox 150mcg tab</i>	1	
<i>euthyrox 175mcg tab</i>	1	
<i>euthyrox 200mcg tab</i>	1	
<i>euthyrox 25mcg tab</i>	1	
<i>euthyrox 50mcg tab</i>	1	
<i>euthyrox 75mcg tab</i>	1	
<i>euthyrox 88mcg tab</i>	1	
<i>levothyroxine sodium 100mcg tab</i>	1	
<i>levothyroxine sodium 112mcg tab</i>	1	
<i>levothyroxine sodium 125mcg tab</i>	1	
<i>levothyroxine sodium 137mcg tab</i>	1	
<i>levothyroxine sodium 150mcg tab</i>	1	
<i>levothyroxine sodium 175mcg tab</i>	1	
<i>levothyroxine sodium 200mcg tab</i>	1	
<i>levothyroxine sodium 25mcg tab</i>	1	
<i>levothyroxine sodium 300mcg tab</i>	1	
<i>levothyroxine sodium 50mcg tab</i>	1	
<i>levothyroxine sodium 75mcg tab</i>	1	
<i>levothyroxine sodium 88mcg tab</i>	1	
<i>levoxyl 100mcg tab</i>	1	
<i>levoxyl 112mcg tab</i>	1	
<i>levoxyl 125mcg tab</i>	1	
<i>levoxyl 137mcg tab</i>	1	
<i>levoxyl 150mcg tab</i>	1	
<i>levoxyl 175mcg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levoxyl 200mcg tab</i>	1	
<i>levoxyl 25mcg tab</i>	1	
<i>levoxyl 50mcg tab</i>	1	
<i>levoxyl 75mcg tab</i>	1	
<i>levoxyl 88mcg tab</i>	1	
<i>liothyronine sodium 25mcg tab</i>	1	
<i>liothyronine sodium 50mcg tab</i>	1	
<i>liothyronine sodium 5mcg tab</i>	1	
<i>unithroid 100mcg tab</i>	1	
<i>unithroid 112mcg tab</i>	1	
<i>unithroid 125mcg tab</i>	1	
<i>unithroid 137mcg tab</i>	1	
<i>unithroid 150mcg tab</i>	1	
<i>unithroid 175mcg tab</i>	1	
<i>unithroid 200mcg tab</i>	1	
<i>unithroid 25mcg tab</i>	1	
<i>unithroid 300mcg tab</i>	1	
<i>unithroid 50mcg tab</i>	1	
<i>unithroid 75mcg tab</i>	1	
<i>unithroid 88mcg tab</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ	1	VAC
ADACEL SYRINGE	1	VAC
BOOSTRIX INJ	1	VAC
BOOSTRIX SYRINGE	1	VAC
DAPTACEL INJ	1	
DIPHThERIA/TETANUS TOXOID INJ	1	PA BvD
INFANRIX SYRINGE	1	
KINRIX SYRINGE	1	
PEDIARIX SYRINGE	1	
PENTACEL 96-30-68UNIT/ML INJ	1	
QUADRACEL INJ	1	
QUADRACEL SYRINGE	1	
TDVAX 4-4UNIT/ML INJ	1	PA BvD VAC
TENIVAC 4-10UNIT/ML INJ	1	PA BvD VAC
TENIVAC 4-10UNIT/ML SYRINGE	1	PA BvD VAC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine 10mg cap</i>	1	
<i>dicyclomine 20mg tab</i>	1	
<i>dicyclomine 2mg/ml oral soln</i>	1	
<i>glycopyrrolate 1mg tab</i>	1	
<i>glycopyrrolate 2mg tab</i>	1	
H-2 ANTAGONISTS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cimetidine 200mg tab</i>	1	
<i>cimetidine 300mg tab</i>	1	
<i>cimetidine 400mg tab</i>	1	
<i>cimetidine 800mg tab</i>	1	
<i>famotidine 20mg tab</i>	1	
<i>famotidine 40mg tab</i>	1	
MISC. ANTI-ULCER		
<i>misoprostol 100mcg tab</i>	1	
<i>misoprostol 200mcg tab</i>	1	
<i>sucralfate 1000mg tab</i>	1	
<i>sucralfate 100mg/ml oral susp</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole 20mg dr cap</i>	1	
<i>esomeprazole 40mg dr cap</i>	1	
<i>lansoprazole 15mg dr cap</i>	1	
<i>lansoprazole 30mg dr cap</i>	1	
<i>omeprazole 10mg dr cap</i>	1	
<i>omeprazole 20mg dr cap</i>	1	
<i>omeprazole 40mg dr cap</i>	1	
<i>pantoprazole 20mg dr tab</i>	1	
<i>pantoprazole 40mg dr tab</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>fesoterodine fumarate 4mg er tab</i>	1	QL=30 EA/30 Days
<i>fesoterodine fumarate 8mg er tab</i>	1	QL=30 EA/30 Days
<i>oxybutynin chloride 10mg er tab</i>	1	
<i>oxybutynin chloride 15mg er tab</i>	1	
<i>oxybutynin chloride 1mg/ml oral soln</i>	1	
<i>oxybutynin chloride 5mg er tab</i>	1	
<i>oxybutynin chloride 5mg tab</i>	1	
<i>tolterodine tartrate 1mg tab</i>	1	QL=60 EA/30 Days
<i>tolterodine tartrate 2mg er cap</i>	1	QL=30 EA/30 Days
<i>tolterodine tartrate 2mg tab</i>	1	QL=60 EA/30 Days
<i>tolterodine tartrate 4mg er cap</i>	1	QL=30 EA/30 Days
<i>tropium chloride 20mg tab</i>	1	QL=60 EA/30 Days
<i>tropium chloride 60mg er cap</i>	1	QL=30 EA/30 Days
URINARY ANTISPASMODICS		
<i>bethanechol chloride 10mg tab</i>	1	
<i>bethanechol chloride 25mg tab</i>	1	
<i>bethanechol chloride 50mg tab</i>	1	
<i>bethanechol chloride 5mg tab</i>	1	
<i>flavoxate 100mg tab</i>	1	
<i>mirabegron 25mg er tab</i>	1	QL=30 EA/30 Days
<i>mirabegron 50mg er tab</i>	1	QL=30 EA/30 Days
VACCINES		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BACTERIAL VACCINES		
ACTHIB INJ	1	
BCG LIVE TICE STRAIN 50MG INJ	1	VAC
BEXSERO SYRINGE	1	VAC
HIBERIX 10MCG INJ	1	
MENACTRA INJ	1	VAC
MENQUADFI INJ	1	VAC
MENVEO INJ	1	VAC
PEDVAXHIB 7.5MCG/0.5ML INJ	1	
PENBRAYA INJ	1	VAC
TRUMENBA SYRINGE	1	VAC
TYPHIM VI 25MCG/0.5ML INJ	1	VAC
TYPHIM VI 25MCG/0.5ML SYRINGE	1	VAC
VIRAL VACCINES		
ABRYSVO 120MCG/0.5ML INJ	1	VAC
AREXVY 120MCG/0.5ML INJ	1	VAC
ENGERIX-B 10MCG/0.5ML SYRINGE	1	PA BvD VAC
ENGERIX-B 20MCG/ML INJ	1	PA BvD VAC
ENGERIX-B 20MCG/ML SYRINGE	1	PA BvD VAC
GARDASIL 9 INJ	1	VAC
GARDASIL 9 SYRINGE	1	VAC
HAVRIX 1440ELU/ML SYRINGE	1	VAC
HAVRIX 720ELU/0.5ML SYRINGE	1	
HEPLISAV-B 20MCG/0.5ML SYRINGE	1	PA BvD VAC
IMOVAX 2.5UNIT/ML INJ	1	PA BvD VAC
IPOL INJ	1	VAC
IXCHIQ INJ	1	VAC
IXIARO 0.012MG/ML SYRINGE	1	VAC
JYNNEOS 0.5ML INJ	1	VAC
M-M-R II INJ	1	VAC
PREHEVBRIO 10MCG/ML INJ	1	PA BvD VAC
PRIORIX INJ	1	VAC
PROQUAD INJ	1	
RABAVERT 2.5UNIT/ML INJ	1	PA BvD VAC
RECOMBIVAX 10MCG/ML INJ	1	PA BvD VAC
RECOMBIVAX 10MCG/ML SYRINGE	1	PA BvD VAC
RECOMBIVAX 40MCG/ML INJ	1	PA BvD VAC
RECOMBIVAX 5MCG/0.5ML INJ	1	PA BvD VAC
RECOMBIVAX 5MCG/0.5ML SYRINGE	1	PA BvD VAC
ROTARIX 1000000UNIT/ML ORAL SUSP	1	
ROTARIX 667000UNIT/ML ORAL SUSP	1	
ROTATEQ ORAL SUSP	1	
SHINGRIX 50MCG/0.5ML INJ	1	QL=2 EA/365 DaysVAC
TICOVAC 1.2MCG/0.25ML SYRINGE	1	
TICOVAC 2.4MCG/0.5ML SYRINGE	1	VAC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TWINRIX SYRINGE	1	VAC
VAQTA 25UNIT/0.5ML INJ	1	
VAQTA 25UNIT/0.5ML SYRINGE	1	
VAQTA 50UNIT/ML INJ	1	VAC
VAQTA 50UNIT/ML SYRINGE	1	VAC
VARIVAX 1350PFU/0.5ML INJ	1	VAC
YF-VAX INJ	1	VAC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin 2% vaginal cream</i>	1	
<i>metronidazole 0.75% vaginal gel</i>	1	
<i>terconazole 0.4% vaginal cream</i>	1	
<i>terconazole 0.8% vaginal cream</i>	1	
<i>terconazole 80mg vaginal insert</i>	1	
VAGINAL ESTROGENS		
<i>estradiol 0.01% vaginal cream</i>	1	
PREMARIN 0.625MG/GM VAGINAL CREAM	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

A					
<i>abacavir 20mg/ml oral soln</i>	42	<i>acitretin 17.5mg cap</i>	52	<i>albuterol 1.25mg/3ml neb soln</i>	9
<i>abacavir 300mg tab</i>	42	<i>acitretin 25mg cap</i>	52	<i>albuterol 108mcg HFA inhaler (6.7gm)</i>	9
<i>abacavir/lamivudine 600-300mg tab</i>	42	ACTEMRA	3	<i>albuterol 108mcg HFA inhaler (8.5gm)</i>	9
ABELCET 5MG/ML INJ	22	162MG/0.9ML		<i>albuterol 2mg tab</i>	9
ABILIFY ASIMTUFII 720MG/2.4ML SYRINGE	42	AUTO-INJECTOR		<i>albuterol 4mg tab</i>	9
ABILIFY ASIMTUFII 960MG/3.2ML SYRINGE	42	ACTEMRA	3	<i>albuterol 5mg/ml inh soln</i>	9
ABILIFY MAINTENA 300MG INJ	42	162MG/0.9ML SYRINGE		<i>alclometasone dipropionate 0.05% cream</i>	53
ABILIFY MAINTENA 300MG SYRINGE	42	ACTHIB INJ	81	<i>alclometasone dipropionate 0.05% ointment</i>	53
ABILIFY MAINTENA 400MG INJ	42	ACTIMMUNE	36	ALCOHOL SWAB 1X1 (DIABETIC)	65
ABILIFY MAINTENA 400MG SYRINGE	42	2000000UNIT/0.5ML INJ		ALECENSA 150MG CAP	32
<i>abiraterone acetate 250mg tab</i>	31	<i>acyclovir 200mg cap</i>	45	<i>alendronate sodium 10mg tab</i>	56
ABRYSVO	81	<i>acyclovir 400mg tab</i>	45	<i>alendronate sodium 35mg tab</i>	56
120MCG/0.5ML INJ		<i>acyclovir 40mg/ml oral susp</i>	45	<i>alendronate sodium 70mg tab</i>	56
<i>acamprosate calcium 333mg dr tab</i>	74	<i>acyclovir 5% ointment</i>	54	<i>alfuzosin 10mg er tab</i>	62
<i>acarbose 100mg tab</i>	19	<i>acyclovir 50mg/ml inj</i>	45	<i>aliskiren 150mg tab</i>	27
<i>acarbose 25mg tab</i>	19	<i>acyclovir 800mg tab</i>	45	<i>aliskiren 300mg tab</i>	27
<i>acarbose 50mg tab</i>	19	ADACEL INJ	79	<i>allopurinol 100mg tab</i>	63
<i>accutane 10mg cap</i>	51	ADACEL SYRINGE	79	<i>allopurinol 300mg tab</i>	63
<i>accutane 20mg cap</i>	51	<i>adefovir dipivoxil 10mg tab</i>	45	<i>alosetron 0.5mg tab</i>	21
<i>accutane 40mg cap</i>	51	ADEMPAS 0.5MG TAB	76	<i>alosetron 1mg tab</i>	21
<i>acebutolol 200mg cap</i>	46	ADEMPAS 1.5MG TAB	77	<i>alprazolam 0.25mg tab</i>	7
<i>acebutolol 400mg cap</i>	46	ADEMPAS 1MG TAB	77	<i>alprazolam 0.5mg tab</i>	7
<i>acetazolamide 125mg tab</i>	55	ADEMPAS 2.5MG TAB	77	<i>alprazolam 1mg tab</i>	7
<i>acetazolamide 250mg tab</i>	55	ADEMPAS 2MG TAB	77	<i>alprazolam 2mg tab</i>	7
<i>acetazolamide 500mg er cap</i>	55	ADVAIR 115-21MCG HFA INHALER	9	<i>altavera tab 28-day pack</i>	57
<i>acetic acid 2% otic soln</i>	72	ADVAIR 230-21MCG HFA INHALER	9	ALUNBRIG 180MG TAB	32
<i>acetylcysteine 100mg/ml inh soln</i>	50	ADVAIR 45-21MCG/ACT HFA INHALER	9	ALUNBRIG 30MG TAB	32
<i>acetylcysteine 200mg/ml inh soln</i>	50	AKEEGA 500-100MG TAB	31	ALUNBRIG 90MG TAB	32
<i>acitretin 10mg cap</i>	52	AKEEGA 500-50MG TAB	31	ALUNBRIG TAB	32
		<i>ala-cort 1% cream</i>	52	INITIATION PACK (30)	
		<i>ala-cort 2.5% cream</i>	53	ALVESCO 160MCG INHALER	9
		<i>albendazole 200mg tab</i>	6		
		<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	9		
		<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	9		
		<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	9		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

ALVESCO 80MCG INHALER	9	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	26	<i>amlodipine/valsartan 5-160mg tab</i>	26
<i>alyacen 1/35 tab 28-day pack</i>	57	<i>medoxomil 10-25-40mg tab</i>		<i>amlodipine/valsartan 5-320mg tab</i>	26
<i>alyq 20mg tab</i>	77	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	26	<i>ammonium lactate 12% cream</i>	54
<i>amantadine 100mg cap</i>	37	<i>medoxomil 5-12.5-20mg tab</i>		<i>ammonium lactate 12% lotion</i>	54
<i>amantadine 10mg/ml oral soln</i>	37	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	26	<i>amnesteem 10mg cap</i>	51
<i>ambrisentan 10mg tab</i>	77	<i>medoxomil 5-12.5-40mg tab</i>		<i>amnesteem 20mg cap</i>	51
<i>ambrisentan 5mg tab</i>	77	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	26	<i>amnesteem 40mg cap</i>	51
<i>amethia tab 91-day pack</i>	57	<i>medoxomil 5-12.5-40mg tab</i>		<i>amoxapine 100mg tab</i>	17
<i>amikacin 250mg/ml inj</i>	2	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	26	<i>amoxapine 150mg tab</i>	17
<i>amiloride 5mg tab</i>	55	<i>medoxomil 5-25-40mg tab</i>		<i>amoxapine 25mg tab</i>	18
AMILORIDE/HYDROCH LOROTHIAZIDE 5-50MG TAB	55	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxapine 50mg tab</i>	18
<i>amiodarone 100mg tab</i>	8	<i>10-12.5-160mg tab</i>		AMOXICILLIN 125MG CHEW TAB	72
<i>amiodarone 200mg tab</i>	8	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxicillin 250mg cap</i>	72
<i>amiodarone 400mg tab</i>	8	<i>10-12.5-160mg tab</i>		AMOXICILLIN 250MG CHEW TAB	72
<i>amitriptyline 100mg tab</i>	17	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxicillin 25mg/ml oral susp</i>	72
<i>amitriptyline 10mg tab</i>	17	<i>10-25-160mg tab</i>		<i>amoxicillin 40mg/ml oral susp</i>	72
<i>amitriptyline 150mg tab</i>	17	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxicillin 500mg cap</i>	72
<i>amitriptyline 25mg tab</i>	17	<i>10-25-320mg tab</i>		<i>amoxicillin 500mg tab</i>	72
<i>amitriptyline 50mg tab</i>	17	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxicillin 50mg/ml oral susp</i>	72
<i>amitriptyline 75mg tab</i>	17	<i>5-12.5-160mg tab</i>		<i>amoxicillin 80mg/ml oral susp</i>	72
<i>amlodipine 10mg tab</i>	47	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxicillin 875mg tab</i>	72
<i>amlodipine 2.5mg tab</i>	47	<i>10-25-160mg tab</i>		<i>amoxicillin/clavulanate 250-125mg tab</i>	73
<i>amlodipine 5mg tab</i>	47	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxicillin/clavulanate 500-125mg tab</i>	73
<i>amlodipine/benazepril 10-20mg cap</i>	26	<i>5-12.5-160mg tab</i>		<i>amoxicillin/clavulanate 875-125mg tab</i>	73
<i>amlodipine/benazepril 10-40mg cap</i>	26	<i>amlodipine/hydrochloroth iazide/valsartan</i>	26	<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	73
<i>amlodipine/benazepril 2.5-10mg cap</i>	26	<i>5-25-160mg tab</i>		<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	73
<i>amlodipine/benazepril 5-10mg cap</i>	26	<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	26		
<i>amlodipine/benazepril 5-20mg cap</i>	26	<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	26		
<i>amlodipine/benazepril 5-40mg cap</i>	26	<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	26		
<i>amlodipine/hydrochloroth iazide/olmesartan</i>	26	<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	26		
<i>medoxomil 10-12.5-40mg tab</i>		<i>amlodipine/valsartan 10-160mg tab</i>	26		
		<i>amlodipine/valsartan 10-320mg tab</i>	26		

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ALPHABETICAL LISTING OF DRUGS

<i>amoxicillin/k clavulanate</i>	73	<i>aprepitant 40mg cap</i>	22	ARNUITY 50MCG	9
<i>400-57mg/5ml oral susp</i>		<i>aprepitant 80mg cap</i>	22	POWDER INHALER	
<i>amoxicillin/k clavulanate</i>	73	<i>apri tab 28-day pack</i>	57	<i>asenapine 10mg sl tab</i>	40
<i>600-42.9mg/5ml oral</i>		APTIOM 200MG TAB	12	<i>asenapine 2.5mg sl tab</i>	40
<i>susp</i>		APTIOM 400MG TAB	12	<i>asenapine 5mg sl tab</i>	40
<i>amphetamine/dextroamph</i>	1	APTIOM 600MG TAB	12	<i>ashlyna tab 91-day pack</i>	57
<i>etamine 10mg tab</i>		APTIOM 800MG TAB	12	ASMANEX 100MCG HFA	9
<i>amphetamine/dextroamph</i>	1	APTIVUS 250MG CAP	42	INHALER	
<i>etamine 12.5mg tab</i>		<i>aranelle tab 28-day pack</i>	57	ASMANEX 110MCG	9
<i>amphetamine/dextroamph</i>	1	ARCALYST 220MG INJ	68	(30ACT) TWISTHALER	
<i>etamine 15mg tab</i>		AREXVY 120MCG/0.5ML	81	ASMANEX 200MCG HFA	9
<i>amphetamine/dextroamph</i>	1	INJ		INHALER	
<i>etamine 20mg tab</i>		ARIKAYCE	2	ASMANEX 220MCG	9
<i>amphetamine/dextroamph</i>	1	590MG/8.4ML INH SUSP		(120ACT) TWISTHALER	
<i>etamine 25mg er cap</i>		<i>aripiprazole 10mg odt</i>	42	ASMANEX 220MCG	9
<i>amphetamine/dextroamph</i>	1	<i>aripiprazole 10mg tab</i>	42	(30ACT) TWISTHALER	
<i>etamine 30mg tab</i>		<i>aripiprazole 15mg odt</i>	42	ASMANEX 220MCG	9
<i>amphetamine/dextroamph</i>	1	<i>aripiprazole 15mg tab</i>	42	(60ACT) TWISTHALER	
<i>etamine 5mg tab</i>		<i>aripiprazole 1mg/ml oral</i>	42	ASMANEX 50MCG HFA	9
<i>amphetamine/dextroamph</i>	1	<i>soln</i>		INHALER	
<i>etamine 7.5mg tab</i>		<i>aripiprazole 20mg tab</i>	42	<i>aspirin/dipyridamole</i>	63
AMPHOTERICIN B	22	<i>aripiprazole 2mg tab</i>	42	<i>25-200mg er cap</i>	
50MG INJ		<i>aripiprazole 30mg tab</i>	42	<i>atazanavir 150mg cap</i>	42
<i>ampicillin 1000mg inj</i>	72	<i>aripiprazole 5mg tab</i>	42	<i>atazanavir 200mg cap</i>	42
<i>ampicillin 100mg/ml inj</i>	72	ARISTADA	42	<i>atazanavir 300mg cap</i>	42
AMPICILLIN 125MG INJ	72	1064MG/3.9ML		<i>atenolol 100mg tab</i>	46
<i>ampicillin 500mg cap</i>	72	SYRINGE		<i>atenolol 25mg tab</i>	46
<i>ampicillin/sulbactam</i>	73	ARISTADA	42	<i>atenolol 50mg tab</i>	46
<i>1000-500mg inj</i>		441MG/1.6ML SYRINGE		<i>atenolol/chlorthalidone</i>	26
<i>ampicillin/sulbactam</i>	73	ARISTADA	42	<i>100-25mg tab</i>	
<i>100-50mg/ml inj</i>		662MG/2.4ML SYRINGE		<i>atenolol/chlorthalidone</i>	26
<i>ampicillin/sulbactam</i>	73	ARISTADA	42	<i>50-25mg tab</i>	
<i>2000-1000mg inj</i>		675MG/2.4ML SYRINGE		<i>atomoxetine 100mg cap</i>	1
<i>anagrelide 0.5mg cap</i>	63	ARISTADA	42	<i>atomoxetine 10mg cap</i>	1
<i>anagrelide 1mg cap</i>	63	882MG/3.2ML SYRINGE		<i>atomoxetine 18mg cap</i>	1
<i>anastrozole 1mg tab</i>	31	<i>armodafinil 150mg tab</i>	1	<i>atomoxetine 25mg cap</i>	1
ANORO ELLIPTA	9	<i>armodafinil 200mg tab</i>	1	<i>atomoxetine 40mg cap</i>	1
62.5-25MCG POWDER		<i>armodafinil 250mg tab</i>	1	<i>atomoxetine 60mg cap</i>	1
INHALER		<i>armodafinil 50mg tab</i>	1	<i>atomoxetine 80mg cap</i>	1
APRACLONIDINE 0.5%	70	ARNUITY 100MCG	9	<i>atorvastatin 10mg tab</i>	23
OPHTH SOLN		POWDER INHALER		<i>atorvastatin 20mg tab</i>	23
<i>aprepitant 125mg cap</i>	22	ARNUITY 200MCG	9	<i>atorvastatin 40mg tab</i>	23
<i>aprepitant 125mg/80mg</i>	22	POWDER INHALER		<i>atorvastatin 80mg tab</i>	23
<i>cap therapy pack (3)</i>					

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>atovaquone 750mg/5ml oral susp</i>	29	<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	69	<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	26	
<i>atovaquone/proguanil 250-100mg tab</i>	29	<i>azithromycin 20mg/ml oral susp</i>	28	<i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>	26	
<i>atovaquone/proguanil 62.5-25mg tab</i>	29	<i>azithromycin 250mg pack (6)</i>	28	BENLYSTA 200MG/ML AUTO-INJECTOR	68	
<i>atropine sulfate 1% ophthalmic soln</i>	71	<i>azithromycin 250mg tab</i>	28	BENLYSTA 200MG/ML SYRINGE	68	
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	21	<i>azithromycin 40mg/ml oral susp</i>	28	BENZNIDAZOLE 100MG TAB	6	
ATROVENT 17MCG HFA INHALER	8	<i>azithromycin 500mg inj</i>	28	BENZNIDAZOLE 12.5MG TAB	6	
<i>aubra tab 28-day pack</i>	57	<i>azithromycin 500mg tab</i>	28	<i>benztropine mesylate 0.5mg tab</i>	37	
AUGTYRO 40MG CAP	32	<i>azithromycin 600mg tab</i>	28	<i>benztropine mesylate 1mg tab</i>	37	
AUSTEDO 12MG TAB	74	<i>aztreonam 1gm inj</i>	28	<i>benztropine mesylate 2mg tab</i>	37	
AUSTEDO 6MG TAB	74	<i>aztreonam 2gm inj</i>	28	BERINERT 500UNIT INJ	64	
AUSTEDO 9MG TAB	74	<hr/>			BESREMI 500MCG/ML SYRINGE	36
AUSTEDO XR 12MG TAE	74	B		<i>betaine 1gm powder for oral soln</i>	56	
AUSTEDO XR 24MG TAE	74	BACITRACIN 500UNIT/GM OPHTH OINTMENT	70	<i>betamethasone 0.05% aug cream</i>	53	
AUSTEDO XR 30MG TAE	74	<i>bacitracin/polymyxin b 0.5-10unit/mg ophthalmic ointment</i>	70	<i>betamethasone 0.05% aug lotion</i>	53	
AUSTEDO XR 36MG TAE	74	<i>baclofen 10mg tab</i>	69	<i>betamethasone 0.05% aug ointment</i>	53	
AUSTEDO XR 42MG TAE	74	<i>baclofen 20mg tab</i>	69	<i>betamethasone 0.05% cream</i>	53	
AUSTEDO XR 48MG TAE	75	<i>balsalazide disodium 750mg cap</i>	62	<i>betamethasone 0.05% lotion</i>	53	
AUSTEDO XR 6-12-24MG TAB TITRATION PACK (42)	75	BALVERSA 3MG TAB	32	<i>betamethasone 0.05% ointment</i>	53	
AUSTEDO XR 6MG TAB	75	BALVERSA 4MG TAB	32	<i>betamethasone 0.1% cream</i>	53	
AUVELITY 105-45MG ER TAB	15	BALVERSA 5MG TAB	32	<i>betamethasone 0.1% lotion</i>	53	
<i>aviane tab 28-day pack</i>	57	<i>balziva tab 28-day pack</i>	57	<i>betamethasone 0.1% ointment</i>	53	
AVONEX 30MCG/0.5ML AUTO-INJECTOR	75	BAQSIMI 3MG/DOSE NASAL POWDER	19	BETASERON 0.3MG INJ	75	
AVONEX 30MCG/0.5ML SYRINGE	75	BCG LIVE TICE STRAIN 50MG INJ	81	BETAXOLOL 0.5% OPHTH SOLN	70	
AYVAKIT 100MG TAB	36	<i>benazepril 10mg tab</i>	24			
AYVAKIT 200MG TAB	36	<i>benazepril 20mg tab</i>	24			
AYVAKIT 25MG TAB	36	<i>benazepril 40mg tab</i>	24			
AYVAKIT 300MG TAB	36	<i>benazepril 5mg tab</i>	24			
AYVAKIT 50MG TAB	36	<i>benazepril/hydrochlorothiazide 10-12.5mg tab</i>	26			
<i>azathioprine 50mg tab</i>	68	<i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	26			
<i>azelaic acid 15% gel</i>	54					
<i>azelastine 0.05% ophthalmic soln</i>	71					

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>betaxolol 10mg tab</i>	46	<i>blisovi 24 fe tab 1/20</i>	58	BRIVIACT 25MG TAB	12
<i>betaxolol 20mg tab</i>	46	<i>28-day pack</i>		BRIVIACT 50MG TAB	12
<i>bethanechol chloride</i>	80	BOOSTRIX INJ	79	BRIVIACT 75MG TAB	12
<i>10mg tab</i>		BOOSTRIX SYRINGE	79	<i>bromfenac 0.07% ophth</i>	71
<i>bethanechol chloride</i>	80	<i>bosentan 125mg tab</i>	77	<i>soln</i>	
<i>25mg tab</i>		<i>bosentan 62.5mg tab</i>	77	<i>bromocriptine 2.5mg tab</i>	37
<i>bethanechol chloride</i>	80	BOSULIF 100MG CAP	32	<i>bromocriptine 5mg cap</i>	37
<i>50mg tab</i>		BOSULIF 100MG TAB	32	BRUKINSA 80MG CAP	32
<i>bethanechol chloride 5mg</i>	80	BOSULIF 400MG TAB	32	<i>budesonide 0.25mg/2ml</i>	9
<i>tab</i>		BOSULIF 500MG TAB	32	<i>inh susp</i>	
<i>bexarotene 1% gel</i>	52	BOSULIF 50MG CAP	32	<i>budesonide 0.5mg/2ml</i>	9
<i>bexarotene 75mg cap</i>	36	BRAFTOVI 75MG CAP	32	<i>inh susp</i>	
BEXSERO SYRINGE	81	BREO ELLIPTA	9	<i>budesonide 1mg/2ml inh</i>	9
<i>bicalutamide 50mg tab</i>	31	100-25MCG POWDER		<i>susp</i>	
BICILLIN L-A	72	INHALER		<i>budesonide 2mg/act</i>	6
1200000UNIT/2ML		BREO ELLIPTA	9	<i>rectal foam</i>	
SYRINGE		200-25MCG POWDER		<i>budesonide 3mg dr cap</i>	50
BICILLIN L-A	72	INHALER		<i>budesonide 9mg er tab</i>	50
2400000UNIT/4ML		BREO ELLIPTA	9	<i>budesonide/formoterol</i>	10
SYRINGE		50-25MCG POWDER		<i>fumarate 160-45mcg</i>	
BICILLIN L-A	72	INHALER		<i>inhaler</i>	
600000UNIT/ML		<i>breyna 160-4.5mcg/act</i>	9	<i>budesonide/formoterol</i>	10
SYRINGE		<i>inhaler</i>		<i>fumarate 80-45mcg</i>	
BIKTARVY 30-120-15MG	43	<i>breyna 80-4.5mcg/act</i>	9	<i>inhaler</i>	
TAB		inhaler		<i>bumetanide 0.25mg/ml inj</i>	55
BIKTARVY 50-200-25MG	43	BREZTRI AEROSPHERE	10	<i>bumetanide 0.5mg tab</i>	55
TAB		160-9-4.8MCG/ACT		<i>bumetanide 1mg tab</i>	55
<i>bimatoprost 0.03% ophth</i>	71	INHALER		<i>bumetanide 2mg tab</i>	55
<i>soln</i>		<i>briellyn tab 28-day pack</i>	58	<i>buprenorphine 2mg sl tab</i>	5
<i>bisoprolol fumarate 10mg</i>	46	BRILINTA 60MG TAB	63	<i>buprenorphine 8mg sl tab</i>	5
<i>tab</i>		BRILINTA 90MG TAB	63	<i>buprenorphine/naloxone</i>	5
<i>bisoprolol fumarate 5mg</i>	46	<i>brimonidine tartrate</i>	70	<i>12-3mg sl film</i>	
<i>tab</i>		<i>0.1% ophth soln</i>		<i>buprenorphine/naloxone</i>	5
<i>bisoprolol</i>	26	<i>brimonidine tartrate</i>	70	<i>2-0.5mg sl film</i>	
<i>fumarate/hydrochlorothia</i>		<i>0.15% ophth soln</i>		<i>buprenorphine/naloxone</i>	5
<i>zide 10-6.25mg tab</i>		<i>brimonidine tartrate</i>	70	<i>2-0.5mg sl tab</i>	
<i>bisoprolol</i>	26	<i>0.2% ophth soln</i>		<i>buprenorphine/naloxone</i>	5
<i>fumarate/hydrochlorothia</i>		<i>brimonidine</i>	70	<i>4-1mg sl film</i>	
<i>zide 2.5-6.25mg tab</i>		<i>tartrate/timolol 0.2-0.5%</i>		<i>buprenorphine/naloxone</i>	5
<i>bisoprolol</i>	26	<i>ophth soln</i>		<i>8-2mg sl film</i>	
<i>fumarate/hydrochlorothia</i>		BRIVIACT 100MG TAB	12	<i>buprenorphine/naloxone</i>	5
<i>zide 5-6.25mg tab</i>		BRIVIACT 10MG TAB	12	<i>8-2mg sl tab</i>	
<i>blisovi 21 fe tab 1.5/30</i>	57	BRIVIACT 10MG/ML	12	<i>bupropion 100mg sr</i>	15
<i>28-day pack</i>		ORAL SOLN		<i>(12hr) tab</i>	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>carvedilol 12.5mg tab</i>	45	<i>cefprozil 500mg tab</i>	49	<i>chlorpromazine 25mg tab</i>	41
<i>carvedilol 25mg tab</i>	45	<i>cefprozil 50mg/ml oral susp</i>	49	CHLORPROMAZINE	41
<i>carvedilol 3.125mg tab</i>	45	<i>ceftazidime 1gm inj</i>	49	30MG/ML ORAL SOLN	
<i>carvedilol 6.25mg tab</i>	46	<i>ceftazidime 200mg/ml inj</i>	49	<i>chlorpromazine 50mg tab</i>	41
<i>casprofungin acetate 50mg inj</i>	22	<i>ceftazidime 2gm inj</i>	49	<i>chlorthalidone 25mg tab</i>	55
<i>casprofungin acetate 70mg inj</i>	22	<i>ceftriaxone 10gm inj</i>	49	<i>chlorthalidone 50mg tab</i>	55
CAYSTON 75MG/ML INH SOLN	76	<i>ceftriaxone 1gm inj</i>	49	<i>chlorzoxazone 500mg tab</i>	69
CEFACLOR 250MG CAP	49	<i>ceftriaxone 250mg inj</i>	49	<i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i>	
CEFACLOR 500MG CAP	49	<i>ceftriaxone 500mg inj</i>	49	<i>cholestyramine resin 4gm powder for oral susp</i>	23
<i>cefadroxil 100mg/ml oral susp</i>	48	<i>cefuroxime 1500mg inj</i>	49	<i>ciclopirox 0.77% cream</i>	51
<i>cefadroxil 500mg cap</i>	48	<i>cefuroxime 250mg tab</i>	49	<i>ciclopirox 0.77% gel</i>	51
<i>cefadroxil 50mg/ml oral susp</i>	49	<i>cefuroxime 500mg tab</i>	49	<i>ciclopirox 1% shampoo</i>	51
<i>cefazolin 1000mg inj</i>	49	<i>cefuroxime 750mg inj</i>	49	<i>ciclopirox 8% topical soln</i>	51
<i>cefazolin 200mg/ml inj</i>	49	<i>celecoxib 100mg cap</i>	3	CILASTATIN/IMIPENEM	29
<i>cefazolin 500mg inj</i>	49	<i>celecoxib 200mg cap</i>	3	250-250MG INJ	
<i>cefdinir 25mg/ml oral susp</i>	49	<i>celecoxib 400mg cap</i>	3	<i>cilastatin/imipenem 500-500mg inj</i>	29
<i>cefdinir 300mg cap</i>	49	<i>celecoxib 50mg cap</i>	3	<i>cilostazol 100mg tab</i>	63
<i>cefdinir 50mg/ml oral susp</i>	49	<i>cephalexin 250mg cap</i>	49	<i>cilostazol 50mg tab</i>	63
<i>cefepime 1000mg inj</i>	28	<i>cephalexin 25mg/ml oral susp</i>	49	CIMDUO 300-300MG TAB	43
<i>cefepime 2000mg inj</i>	28	<i>cephalexin 500mg cap</i>	49	<i>cimetidine 200mg tab</i>	80
<i>cefixime 20mg/ml oral susp</i>	49	<i>cephalexin 50mg/ml oral susp</i>	49	<i>cimetidine 300mg tab</i>	80
<i>cefixime 400mg cap</i>	49	<i>cevimeline 30mg cap</i>	50	<i>cimetidine 400mg tab</i>	80
<i>cefixime 40mg/ml oral susp</i>	49	<i>chlordiazepoxide 10mg cap</i>	7	<i>cimetidine 800mg tab</i>	80
<i>cefoxitin 1gm inj</i>	49	<i>chlordiazepoxide 25mg cap</i>	7	CIMZIA 200MG INJ	2
<i>cefoxitin 200mg/ml inj</i>	49	<i>chlorhexidine gluconate 0.12% mouthwash</i>	50	CIMZIA 200MG/ML SYRINGE	2
<i>cefoxitin 2gm inj</i>	49	<i>chloroquine phosphate 250mg tab</i>	29	<i>cinacalcet 30mg tab</i>	56
<i>cefpodoxime 100mg tab</i>	49	<i>chloroquine phosphate 500mg tab</i>	29	<i>cinacalcet 60mg tab</i>	56
<i>cefpodoxime 10mg/ml oral susp</i>	49	<i>chlorpromazine 100mg tab</i>	41	<i>cinacalcet 90mg tab</i>	56
<i>cefpodoxime 200mg tab</i>	49	CHLORPROMAZINE	41	<i>ciprofloxacin 0.3% ophth soln</i>	70
<i>cefpodoxime 20mg/ml oral susp</i>	49	100MG/ML ORAL SOLN		<i>ciprofloxacin 250mg tab</i>	61
<i>cefprozil 250mg tab</i>	49	<i>chlorpromazine 10mg tab</i>	41	<i>ciprofloxacin 2mg/ml inj</i>	61
<i>cefprozil 25mg/ml oral susp</i>	49	<i>chlorpromazine 200mg tab</i>	41	<i>ciprofloxacin 500mg tab</i>	61
				<i>ciprofloxacin 750mg tab</i>	61
				<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	72
				<i>citalopram 10mg tab</i>	16
				<i>citalopram 20mg tab</i>	16

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>citalopram 2mg/ml oral soln</i>	16	<i>clobetasol propionate 0.05% cream</i>	53	<i>clorazepate dipotassium 3.75mg tab</i>	7
<i>citalopram 40mg tab</i>	16	<i>clobetasol propionate 0.05% e cream</i>	53	<i>clorazepate dipotassium 7.5mg tab</i>	7
<i>claravis 10mg cap</i>	51	<i>clobetasol propionate 0.05% foam</i>	53	<i>clotrimazole 1% cream</i>	51
<i>claravis 20mg cap</i>	51	<i>clobetasol propionate 0.05% gel</i>	53	<i>clotrimazole 10mg lozenge</i>	50
<i>claravis 30mg cap</i>	51	<i>clobetasol propionate 0.05% lotion</i>	53	<i>clotrimazole/betamethasone 1-0.05% cream</i>	51
<i>claravis 40mg cap</i>	51	<i>clobetasol propionate 0.05% ointment</i>	53	<i>clozapine 100mg odt</i>	40
<i>clarithromycin 250mg tab</i>	28	<i>clobetasol propionate 0.05% shampoo</i>	53	<i>clozapine 100mg tab</i>	40
CLARITHROMYCIN	28	<i>clobetasol propionate 0.05% topical soln</i>	53	CLOZAPINE 12.5MG	40
25MG/ML ORAL SUSP		<i>clobetasol propionate 0.05% topical spray</i>	53	ODT	
<i>clarithromycin 500mg tab</i>	28	<i>clodan 0.05% shampoo</i>	53	<i>clozapine 150mg odt</i>	40
CLARITHROMYCIN	28	<i>clomipramine 25mg cap</i>	18	<i>clozapine 200mg odt</i>	40
50MG/ML ORAL SUSP		<i>clomipramine 50mg cap</i>	18	<i>clozapine 200mg tab</i>	40
<i>clindamycin 1% gel</i>	51	<i>clomipramine 75mg cap</i>	18	<i>clozapine 25mg odt</i>	40
<i>clindamycin 1% gel (twice-daily)</i>	51	<i>clonazepam 0.125mg odt</i>	11	<i>clozapine 25mg tab</i>	40
<i>clindamycin 1% lotion</i>	51	<i>clonazepam 0.25mg odt</i>	11	<i>clozapine 50mg tab</i>	40
<i>clindamycin 1% topical soln</i>	51	<i>clonazepam 0.5mg odt</i>	11	COARTEM 20-120MG	29
<i>clindamycin 150mg cap</i>	28	<i>clonazepam 0.5mg tab</i>	11	TAB	
<i>clindamycin 2% vaginal cream</i>	82	<i>clonazepam 1mg odt</i>	11	<i>codeine phosphate/acetaminophen 15-300mg tab</i>	5
<i>clindamycin 300mg cap</i>	28	<i>clonazepam 1mg tab</i>	11	CODEINE	5
<i>clindamycin 300mg/50ml inj</i>	28	<i>clonazepam 2mg odt</i>	12	PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML	
<i>clindamycin 600mg/50ml inj</i>	28	<i>clonazepam 2mg tab</i>	12	ORAL SOLN	
<i>clindamycin 75mg cap</i>	28	<i>clonidine 0.1mg er tab</i>	1	<i>codeine phosphate/acetaminophen 30-300mg tab</i>	5
<i>clindamycin 75mg/5ml oral soln</i>	28	<i>clonidine 0.1mg tab</i>	25	<i>codeine phosphate/acetaminophen 60-300mg tab</i>	5
<i>clindamycin 900mg/50ml inj</i>	28	<i>clonidine 0.1mg/24hr weekly patch</i>	25	<i>colchicine 0.6mg tab</i>	63
CLINIMIX 4.25/10 INJ	70	<i>clonidine 0.2mg tab</i>	25	<i>colchicine/probenecid 0.5-500mg tab</i>	63
CLINIMIX 4.25/5 INJ	70	<i>clonidine 0.2mg/24hr weekly patch</i>	25	<i>colesevelam 625mg tab</i>	23
CLINIMIX 5/15 INJ	70	<i>clonidine 0.3mg tab</i>	25	<i>colestipol 1gm tab</i>	23
CLINIMIX 5/20 INJ	70	<i>clonidine 0.3mg/24hr weekly patch</i>	25	<i>colestipol 5000mg granules for oral susp</i>	23
<i>clinisol 15% inj</i>	70	<i>clopidogrel 75mg tab</i>	63	<i>colistin 75mg/ml inj</i>	28
<i>clobazam 10mg tab</i>	11	<i>clorazepate dipotassium 15mg tab</i>	7		
<i>clobazam 2.5mg/ml oral susp</i>	11				
<i>clobazam 20mg tab</i>	11				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

COMBIVENT 20-100MCG/ACT INHALER	10	<i>cromolyn sodium 20mg/ml oral soln</i>	62	<i>dapsone 25mg tab</i>	30
COMETRIQ CAP 100MG DAILY DOSE PACK (56)	33	CROMOLYN SODIUM 4% OPHTH SOLN	71	DAPTACEL INJ	79
COMETRIQ CAP 140MG DAILY DOSE PACK (112)	33	<i>cryselle tab 28-day pack</i>	58	<i>daptomycin 500mg inj</i>	28
COMETRIQ CAP 60MG DAILY DOSE PACK (84)	33	<i>cyclobenzaprine 10mg tab</i>	69	<i>darunavir 600mg tab</i>	43
COMPLERA 200-25-300MG TAB	43	<i>cyclobenzaprine 5mg tab</i>	69	DAURISMO 100MG TAB	31
<i>compro 25mg rectal supp</i>	41	CYCLOPHOSPHAMIDE 25MG TAB	30	DAURISMO 25MG TAB	31
<i>constulose 10gm/15ml oral soln</i>	65	CYCLOPHOSPHAMIDE 50MG TAB	30	<i>deblitane 0.35mg tab 28-day pack</i>	73
COPIKTRA 15MG CAP	33	<i>cyclosporine 0.05% ophth susp</i>	71	<i>deferasirox 180mg tab</i>	67
COPIKTRA 25MG CAP	33	<i>cyclosporine 100mg cap</i>	68	<i>deferasirox 360mg tab</i>	67
CORLANOR 5MG TAB	48	<i>cyclosporine 25mg cap</i>	68	<i>deferasirox 90mg tab</i>	67
CORLANOR 7.5MG TAB	48	<i>cyclosporine modified 100mg cap</i>	68	DELSTRIGO 100-300-300MG TAB	43
COSENTYX 150MG/ML AUTO-INJECTOR	52	<i>cyclosporine modified 100mg/ml oral soln</i>	68	DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	73
COSENTYX 150MG/ML SYRINGE	52	<i>cyclosporine modified 25mg cap</i>	68	<i>depo-testosterone 100mg/ml inj</i>	5
COSENTYX 75MG/0.5ML SYRINGE	52	<i>cyclosporine modified 50mg cap</i>	68	<i>depo-testosterone 200mg/ml inj</i>	5
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	52	<i>cyred tab 28-day pack</i>	58	DESCOVY 120-15MG TAB	43
COTELLIC 20MG TAB	33	CYSTADROPS 0.37% OPHTH SOLN	71	DESCOVY 200-25MG TAB	43
CREON 120000-24000-76000UNI T DR CAP	54	CYSTAGON 150MG CAP	62	<i>desipramine 100mg tab</i>	18
CREON 15000-3000-9500UNIT DR CAP	54	CYSTAGON 50MG CAP	62	<i>desipramine 10mg tab</i>	18
CREON 180000-36000-114000U NIT DR CAP	54	CYSTARAN 0.44% OPHTH SOLN	71	<i>desipramine 150mg tab</i>	18
CREON 30000-6000-19000UNIT DR CAP	55	D <i>dalfampridine 10mg er tab</i>	75	<i>desipramine 25mg tab</i>	18
CREON 60000-12000-38000UNIT DR CAP	55	<i>danazol 100mg cap</i>	5	<i>desipramine 50mg tab</i>	18
		<i>danazol 200mg cap</i>	5	<i>desipramine 75mg tab</i>	18
		<i>danazol 50mg cap</i>	5	<i>desloratadine 5mg tab</i>	76
		<i>dantrolene sodium 100mg cap</i>	69	<i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i>	57
		<i>dantrolene sodium 25mg cap</i>	69	<i>desmopressin acetate 0.1mg tab</i>	57
		<i>dantrolene sodium 50mg cap</i>	69	<i>desmopressin acetate 0.2mg tab</i>	57
		<i>dapsone 100mg tab</i>	30	<i>desogestrel/ethinyl estradiol/ethinyl</i>	58
				<i>estradiol 0.15-0.01-0.02mg tab 28-day pack</i>	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>desogestrel/ethinyl estradiol/inert ingredients</i>	58	DIACOMIT 250MG CAP	12	<i>dicyclomine 2mg/ml oral soln</i>	79
<i>0.15-0.03-1mg tab 28-day pack</i>		DIACOMIT 250MG POWDER FOR ORAL SUSP	12	DIFICID 200MG TAB	28
<i>desonide 0.05% ointment</i>	53	DIACOMIT 500MG CAP	12	DIFICID 40MG/ML ORAL SUSP	28
<i>desoximetasone 0.25% cream</i>	53	DIACOMIT 500MG POWDER FOR ORAL SUSP	13	<i>diflunisal 500mg tab</i>	3
<i>desoximetasone 0.25% ointment</i>	53	<i>diazepam 10mg tab</i>	7	<i>difluprednate 0.05% ophth susp</i>	71
<i>desvenlafaxine succinate 100mg er tab</i>	17	<i>diazepam 10mg/2ml rectal gel</i>	12	<i>digoxin 0.125mg tab</i>	48
<i>desvenlafaxine succinate 25mg er tab</i>	17	<i>diazepam 1mg/ml oral soln</i>	7	<i>digoxin 0.25mg tab</i>	48
<i>desvenlafaxine succinate 50mg er tab</i>	17	DIAZEPAM 2.5MG/0.5ML RECTAL GEL	12	<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	65
DEXAMETHASONE 0.1MG/ML ORAL SOLN	50	<i>diazepam 20mg/4ml rectal gel</i>	12	<i>dilt 120mg er (24hr) cap</i>	47
<i>dexamethasone 0.5mg tab</i>	50	<i>diazepam 2mg tab</i>	7	<i>dilt 180mg er (24hr) cap</i>	47
<i>dexamethasone 0.75mg tab</i>	50	<i>diazepam 5mg tab</i>	7	<i>dilt 240mg er (24hr) cap</i>	47
<i>dexamethasone 1.5mg tab</i>	50	<i>diazepam 5mg/ml oral soln</i>	7	<i>diltiazem 120mg er (12hr) cap</i>	47
<i>dexamethasone 1mg tab</i>	50	<i>diazoxide 50mg/ml oral susp</i>	19	<i>diltiazem 120mg er (24hr) cap</i>	47
<i>dexamethasone 2mg tab</i>	50	<i>diclofenac potassium 50mg tab</i>	3	<i>diltiazem 120mg tab</i>	47
<i>dexamethasone 4mg tab</i>	50	<i>diclofenac sodium 0.1% ophth soln</i>	71	<i>diltiazem 180mg er (24hr) cap</i>	47
<i>dexamethasone 6mg tab</i>	50	<i>diclofenac sodium 1.5% topical soln</i>	3	<i>diltiazem 240mg er (24hr) cap</i>	47
DEXAMETHASONE PHOSPHATE 0.1% OPTH SOLN	71	<i>diclofenac sodium 100mg er tab</i>	3	<i>diltiazem 300mg er (24hr) cap</i>	47
<i>dexamethasone/neomycin /polymyxin b 0.1% ophth ointment</i>	71	<i>diclofenac sodium 25mg dr tab</i>	3	<i>diltiazem 30mg tab</i>	47
<i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i>	71	<i>diclofenac sodium 3% gel</i>	52	<i>diltiazem 360mg er (24hr) cap</i>	47
<i>dexmethylphenidate 10mg tab</i>	1	<i>diclofenac sodium 50mg dr tab</i>	3	<i>diltiazem 420mg er (24hr) cap</i>	47
<i>dexmethylphenidate 2.5mg tab</i>	1	<i>diclofenac sodium 75mg dr tab</i>	3	<i>diltiazem 60mg er (12hr) cap</i>	47
<i>dexmethylphenidate 5mg tab</i>	1	<i>dicloxacillin 250mg cap</i>	73	<i>diltiazem 60mg tab</i>	47
<i>dextroamphetamine sulfate 10mg tab</i>	1	<i>dicloxacillin 500mg cap</i>	73	<i>diltiazem 90mg er (12hr) cap</i>	47
<i>dextroamphetamine sulfate 5mg tab</i>	1	<i>dicyclomine 10mg cap</i>	79	<i>diltiazem 90mg tab</i>	47
		<i>dicyclomine 20mg tab</i>	79	<i>dimethyl fumarate 120mg dr cap</i>	75
				<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	75

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>dimethyl fumarate 240mg dr cap</i>	75	<i>dotti 0.05mg/24hr twice weekly patch</i>	61	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	58
DIPHTHERIA/TETANUS TOXOID INJ	79	<i>dotti 0.075mg/24hr twice weekly patch</i>	61	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	58
<i>disopyramide 100mg cap</i>	7	<i>dotti 0.1mg/24hr twice weekly patch</i>	61	DROXIA 200MG CAP	63
<i>disopyramide 150mg cap</i>	7	DOVATO 50-300MG TAB	43	DROXIA 300MG CAP	63
<i>disulfiram 250mg tab</i>	74	<i>doxazosin 1mg tab</i>	25	DROXIA 400MG CAP	63
<i>disulfiram 500mg tab</i>	74	<i>doxazosin 2mg tab</i>	25	<i>droxidopa 100mg cap</i>	48
<i>divalproex sodium 125mg dr cap</i>	15	<i>doxazosin 4mg tab</i>	25	<i>droxidopa 200mg cap</i>	48
<i>divalproex sodium 125mg dr tab</i>	15	<i>doxazosin 8mg tab</i>	25	<i>droxidopa 300mg cap</i>	48
<i>divalproex sodium 250mg dr tab</i>	15	<i>doxepin 100mg cap</i>	18	DULERA 100-5MCG	10
<i>divalproex sodium 250mg er tab</i>	15	<i>doxepin 10mg cap</i>	18	INHALER	
<i>divalproex sodium 500mg dr tab</i>	15	<i>doxepin 10mg/ml oral soln</i>	18	DULERA 200-5MCG	10
<i>divalproex sodium 500mg er tab</i>	15	<i>doxepin 150mg cap</i>	18	INHALER	
<i>dofetilide 0.125mg cap</i>	8	<i>doxepin 25mg cap</i>	18	DULERA 50-5MCG	10
<i>dofetilide 0.25mg cap</i>	8	<i>doxepin 50mg cap</i>	18	INHALER	
<i>dofetilide 0.5mg cap</i>	8	<i>doxepin 75mg cap</i>	18	<i>duloxetine 20mg dr cap</i>	17
<i>donepezil 10mg odt</i>	74	<i>doxy 100mg inj</i>	77	<i>duloxetine 30mg dr cap</i>	17
<i>donepezil 10mg tab</i>	74	<i>doxycycline hyclate 100mg cap</i>	77	<i>duloxetine 60mg dr cap</i>	17
<i>donepezil 23mg tab</i>	74	<i>doxycycline hyclate 100mg tab</i>	77	DUPIXENT	8
<i>donepezil 5mg odt</i>	74	<i>doxycycline hyclate 20mg tab</i>	77	100MG/0.67ML SYRINGE	
<i>donepezil 5mg tab</i>	74	<i>doxycycline hyclate 50mg cap</i>	77	DUPIXENT	8
DOPTELET 20MG TAB	63	<i>doxycycline monohydrate 100mg cap</i>	78	200MG/1.14ML SYRINGE	
DOPTELET TAB 40MG	63	<i>doxycycline monohydrate 100mg tab</i>	78	DUPIXENT 300MG/2ML AUTO-INJECTOR	8
DAILY DOSE PACK (10)		<i>doxycycline monohydrate 50mg cap</i>	78	DUPIXENT 300MG/2ML SYRINGE	8
DOPTELET TAB 60MG	63	<i>doxycycline monohydrate 50mg tab</i>	78	<i>dutasteride 0.5mg cap</i>	62
DAILY DOSE PACK (15)		<i>doxycycline monohydrate 5mg/ml oral susp</i>	78	<hr/>	
<i>dorzolamide 2% ophth soln</i>	71	<i>dronabinol 10mg cap</i>	22	E	
<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	70	<i>dronabinol 2.5mg cap</i>	22	<i>econazole nitrate 1% cream</i>	52
<i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i>	70	<i>dronabinol 5mg cap</i>	22	EDURANT 25MG TAB	43
<i>dotti 0.025mg/24hr twice weekly patch</i>	61			<i>efavirenz 600mg tab</i>	43
<i>dotti 0.0375mg/24hr twice weekly patch</i>	61				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	43	<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	43	ENGERIX-B 20MCG/ML SYRINGE	81
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 400-300-300mg tab</i>	43	<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	43	<i>enilloring</i>	58
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	43	<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	43	<i>0.120-0.015mg/24hr vaginal system</i>	
ELECTROLYTE-148 SOLUTION	66	EMTRIVA 10MG/ML	43	<i>enoxaparin sodium 100mg/1ml syringe</i>	11
ELIGARD 22.5MG SYRINGE	31	ORAL SOLN		<i>enoxaparin sodium 120mg/0.8ml syringe</i>	11
ELIGARD 30MG SYRINGE	31	<i>enalapril maleate 10mg tab</i>	24	<i>enoxaparin sodium 150mg/1ml syringe</i>	11
ELIGARD 45MG SYRINGE	31	<i>enalapril maleate 2.5mg tab</i>	24	<i>enoxaparin sodium 30mg/0.3ml syringe</i>	11
ELIGARD 7.5MG SYRINGE	31	<i>enalapril maleate 20mg tab</i>	24	<i>enoxaparin sodium 40mg/0.4ml syringe</i>	11
ELIQUIS 2.5MG TAB	10	<i>enalapril maleate 5mg tab</i>	24	<i>enoxaparin sodium 60mg/0.6ml syringe</i>	11
ELIQUIS 5MG 30-DAY STARTER PACK (74)	10	<i>enalapril maleate/hydrochlorothiazide 10-25mg tab</i>	27	<i>enoxaparin sodium 80mg/0.8ml syringe</i>	11
ELIQUIS 5MG TAB	10	<i>enalapril</i>	27	<i>enpresse tab 28-day pack</i>	58
ELMIRON 100MG CAP	62	<i>maleate/hydrochlorothiazide 5-12.5mg tab</i>	27	<i>enskyce tab 28-day pack</i>	58
<i>eluryng 0.120-0.015mg/24hr vaginal system</i>	58	ENBREL 25MG/0.5ML INJ	2	<i>entacapone 200mg tab</i>	37
EMGALITY 100MG/ML SYRINGE	65	ENBREL 25MG/0.5ML SYRINGE	2	<i>entecavir 0.5mg tab</i>	45
EMGALITY 120MG/ML AUTO-INJECTOR	65	ENBREL 50MG/ML AUTO-INJECTOR	3	<i>entecavir 1mg tab</i>	45
EMGALITY 120MG/ML SYRINGE	65	ENBREL 50MG/ML CARTRIDGE	3	ENTRESTO 24-26MG TAB	48
EMSAM 12MG/24HR PATCH	16	ENBREL 50MG/ML SYRINGE	3	ENTRESTO 49-51MG TAB	48
EMSAM 6MG/24HR PATCH	16	<i>endocet 10-325mg tab</i>	5	ENTRESTO 97-103MG TAB	48
EMSAM 9MG/24HR PATCH	16	<i>endocet 2.5-325mg tab</i>	5	<i>enulose 10gm/15ml oral soln</i>	62
<i>emtricitabine 200mg cap</i>	43	<i>endocet 5-325mg tab</i>	5	ENVARUSUS XR 0.75MG TAB	68
<i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>	43	<i>endocet 7.5-325mg tab</i>	5	ENVARUSUS XR 1MG TAB	68
		ENGERIX-B 10MCG/0.5ML SYRINGE	81	ENVARUSUS XR 4MG TAB	68
		ENGERIX-B 20MCG/ML INJ	81	EPIDIOLEX 100MG/ML	13
				ORAL SOLN	
				<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	10
				<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	10
				<i>epitol 200mg tab</i>	13

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>eplerenone 25mg tab</i>	27	<i>estarylla tab 28-day pack</i>	58	<i>ethambutol 400mg tab</i>	30
<i>eplerenone 50mg tab</i>	27	<i>estradiol 0.0025mg/hr weekly patch</i>	61	<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	58
<i>EPRONTIA 25MG/ML ORAL SOLN</i>	13	<i>estradiol 0.01% vaginal cream</i>	82	<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ERIVEDGE 150MG CAP</i>	31	<i>estradiol 0.01mg/24hr twice weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ERLEADA 240MG TAB</i>	31	<i>estradiol 0.01mg/24hr weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ERLEADA 60MG TAB</i>	31	<i>estradiol 0.025mg/24hr twice weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erlotinib 100mg tab</i>	31	<i>estradiol 0.025mg/24hr weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erlotinib 150mg tab</i>	31	<i>estradiol 0.0375mg/24hr twice weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erlotinib 25mg tab</i>	31	<i>estradiol 0.0375mg/24hr weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>errin 0.35mg tab 28-day pack</i>	73	<i>estradiol 0.05mg/24hr twice weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ertapenem 1gm inj</i>	29	<i>estradiol 0.05mg/24hr weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ery-tab 250mg dr tab</i>	28	<i>estradiol 0.075mg/24hr twice weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ery-tab 333mg dr tab</i>	28	<i>estradiol 0.075mg/24hr weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ery-tab 500mg dr tab</i>	28	<i>estradiol 0.075mg/24hr twice weekly patch</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 0.5% ophthalmic ointment</i>	70	<i>estradiol 0.5mg tab</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 2% gel</i>	51	<i>estradiol 1mg tab</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 2% topical soln</i>	51	<i>estradiol 2mg tab</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 250mg dr tab</i>	28	<i>estradiol valerate 10mg/ml inj</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 250mg tab</i>	28	<i>estradiol valerate 20mg/ml inj</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 333mg dr tab</i>	28	<i>estradiol valerate 40mg/ml inj</i>	61	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 500mg dr tab</i>	28	<i>estradiol/norethindrone acetate 0.5-0.1mg 28-day pack</i>	58	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin 500mg tab</i>	28	<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	58	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin</i>	28	<i>eszopiclone 1mg tab</i>	64	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ethylsuccinate 40mg/ml oral susp</i>	28	<i>eszopiclone 2mg tab</i>	64	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>erythromycin</i>	28	<i>eszopiclone 3mg tab</i>	64	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>ethylsuccinate 80mg/ml oral susp</i>	28	<i>ethambutol 100mg tab</i>	30	<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>escitalopram 10mg tab</i>	16			<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>escitalopram 1mg/ml oral soln</i>	16			<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>escitalopram 20mg tab</i>	16			<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>escitalopram 5mg tab</i>	16			<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>esomeprazole 20mg dr cap</i>	80			<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58
<i>esomeprazole 40mg dr cap</i>	80			<i>ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	58

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>ethinyl</i>	58	<i>everolimus 1mg tab</i>	68	FASENRA 30MG/ML	8
<i>estradiol/norethindrone acetate 0.0025-0.5mg pack</i>		<i>everolimus 2.5mg tab</i>	33	AUTO-INJECTOR	
<i>ethinyl</i>	58	<i>everolimus 2mg tab for oral susp</i>	33	FASENRA 30MG/ML SYRINGE	8
<i>estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>		<i>everolimus 3mg tab for oral susp</i>	33	<i>febuxostat 40mg tab</i>	63
<i>ethinyl</i>	59	<i>everolimus 5mg tab</i>	33	<i>febuxostat 80mg tab</i>	63
<i>estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>		<i>everolimus 5mg tab for oral susp</i>	33	<i>felbamate 120mg/ml oral susp</i>	14
<i>ethinyl</i>	59	<i>everolimus 7.5mg tab</i>	33	<i>felbamate 400mg tab</i>	15
<i>estradiol/norgestimate 0.18-25/0.215-25/0.25-25 mg-mcg tab 28-day pack</i>		EVOTAZ 300-150MG TAB	43	<i>felbamate 600mg tab</i>	15
<i>ethinyl</i>	59	EVRYSIDI 0.75MG/ML ORAL SOLN	69	<i>felodipine 10mg er tab</i>	47
<i>estradiol/norgestimate 0.18-35/0.215-35/0.25-35 mg-mcg tab 28-day pack</i>		<i>exemestane 25mg tab</i>	31	<i>felodipine 2.5mg er tab</i>	47
<i>ethosuximide 250mg cap</i>	15	<i>ezetimibe 10mg tab</i>	22	<i>felodipine 5mg er tab</i>	47
<i>ethosuximide 50mg/ml oral soln</i>	15	<i>ezetimibe/simvastatin 10-10mg tab</i>	22	<i>fenofibrate 134mg cap</i>	23
<i>etodolac 200mg cap</i>	3	<i>ezetimibe/simvastatin 10-20mg tab</i>	23	<i>fenofibrate 145mg tab</i>	23
<i>etodolac 300mg cap</i>	3	<i>ezetimibe/simvastatin 10-40mg tab</i>	23	<i>fenofibrate 160mg tab</i>	23
<i>etodolac 400mg tab</i>	3	<i>ezetimibe/simvastatin 10-80mg tab</i>	23	<i>fenofibrate 200mg cap</i>	23
<i>etodolac 500mg tab</i>	3	F		<i>fenofibrate 48mg tab</i>	23
<i>etravirine 100mg tab</i>	43	<i>falmina tab 28-day pack</i>	59	<i>fenofibrate 54mg tab</i>	23
<i>etravirine 200mg tab</i>	43	<i>famciclovir 125mg tab</i>	45	<i>fenofibrate 67mg cap</i>	23
<i>euthyrox 100mcg tab</i>	78	<i>famciclovir 250mg tab</i>	45	<i>fenofibric acid 135mg dr cap</i>	23
<i>euthyrox 112mcg tab</i>	78	<i>famciclovir 500mg tab</i>	45	<i>fenofibric acid 45mg dr cap</i>	23
<i>euthyrox 125mcg tab</i>	78	<i>famotidine 20mg tab</i>	80	<i>fentanyl 100mcg/hr patch</i>	4
<i>euthyrox 137mcg tab</i>	78	<i>famotidine 40mg tab</i>	80	<i>fentanyl 1200mcg lozenge</i>	4
<i>euthyrox 150mcg tab</i>	78	FANAPT 10MG TAB	39	<i>fentanyl 12mcg/hr patch</i>	4
<i>euthyrox 175mcg tab</i>	78	FANAPT 12MG TAB	39	<i>fentanyl 1600mcg lozenge</i>	4
<i>euthyrox 200mcg tab</i>	78	FANAPT 1MG TAB	39	<i>fentanyl 200mcg lozenge</i>	4
<i>euthyrox 25mcg tab</i>	78	FANAPT 2MG TAB	39	<i>fentanyl 25mcg/hr patch</i>	4
<i>euthyrox 50mcg tab</i>	78	FANAPT 4MG TAB	39	<i>fentanyl 400mcg lozenge</i>	4
<i>euthyrox 75mcg tab</i>	78	FANAPT 6MG TAB	39	<i>fentanyl 50mcg/hr patch</i>	4
<i>euthyrox 88mcg tab</i>	78	FANAPT 8MG TAB	39	<i>fentanyl 600mcg lozenge</i>	4
<i>everolimus 0.25mg tab</i>	68	FANAPT TAB TITRATION PACK (8)	39	<i>fentanyl 75mcg/hr patch</i>	4
<i>everolimus 0.5mg tab</i>	68	FARXIGA 10MG TAB	21	<i>fentanyl 800mcg lozenge</i>	4
<i>everolimus 0.75mg tab</i>	68	FARXIGA 5MG TAB	21	<i>fesoterodine fumarate 4mg er tab</i>	80
<i>everolimus 10mg tab</i>	33	FASENRA 10MG/0.5ML SYRINGE	8	<i>fesoterodine fumarate 8mg er tab</i>	80
				FETZIMA 120MG ER CAP	17
				FETZIMA 20MG ER CAP	17
				FETZIMA 40MG ER CAP	17
				FETZIMA 80MG ER CAP	17

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

FETZIMA ER CAP	17	<i>fluocinolone acetonide</i>	53	<i>fluticasone propionate</i>	53
TITRATION PACK (28)		<i>0.01% topical soln</i>		<i>0.005% ointment</i>	
<i>finasteride 5mg tab</i>	62	<i>fluocinolone acetonide</i>	53	<i>fluticasone propionate</i>	53
<i> fingolimod 0.5mg cap</i>	75	<i>0.025% cream</i>		<i>0.05% cream</i>	
FINTEPLA 2.2MG/ML	13	<i>fluocinolone acetonide</i>	53	FLUTICASONE	9
ORAL SOLN		<i>0.025% ointment</i>		PROPIONATE 110MCG	
<i>finzala 24 fe chewable tab</i>	59	<i>fluocinonide 0.05% cream</i>	53	INHALER	
<i>28-day pack</i>		<i>fluocinonide 0.05% e</i>	53	FLUTICASONE	9
FIRDAPSE 10MG TAB	30	<i>cream</i>		PROPIONATE 220MCG	
FIRMAGON 120MG INJ	31	FLUOCINONIDE 0.05%	53	INHALER	
FIRMAGON 80MG INJ	31	GEL		FLUTICASONE	9
<i>flac 0.01% otic soln</i>	72	<i>fluocinonide 0.05%</i>	53	PROPIONATE 44MCG	
<i>flavoxate 100mg tab</i>	80	<i>ointment</i>		INHALER	
<i>flecainide acetate 100mg tab</i>	7	<i>fluocinonide 0.05%</i>	53	<i>fluticasone propionate</i>	69
<i>flecainide acetate 150mg tab</i>	7	<i>topical soln</i>		<i>50mcg/act nasal inhaler</i>	
<i>flecainide acetate 50mg tab</i>	8	<i>fluocinonide 0.1% cream</i>	53	<i>fluticasone</i>	10
<i>fluconazole 100mg tab</i>	22	<i>fluorometholone 0.1%</i>	71	<i>propionate/salmeterol</i>	
<i>fluconazole 10mg/ml oral susp</i>	22	<i>ophth susp</i>		<i>100-50mcg/act powder</i>	
<i>fluconazole 150mg tab</i>	22	FLUOROURACIL 2%	52	<i>inhaler</i>	
<i>fluconazole 200mg tab</i>	22	TOPICAL SOLN		<i>fluticasone</i>	10
<i>fluconazole 200mg/100ml inj</i>	22	<i>fluorouracil 5% cream</i>	52	<i>propionate/salmeterol</i>	
<i>fluconazole 400mg/200ml inj</i>	22	<i>fluorouracil 5% topical soln</i>	52	<i>250-50mcg/act powder</i>	
<i>fluconazole 40mg/ml oral susp</i>	22	<i>fluoxetine 10mg cap</i>	16	<i>inhaler</i>	
<i>fluconazole 50mg tab</i>	22	<i>fluoxetine 20mg cap</i>	16	<i>fluvastatin 20mg cap</i>	23
<i>flucytosine 250mg cap</i>	22	<i>fluoxetine 40mg cap</i>	16	<i>fluvastatin 40mg cap</i>	23
<i>flucytosine 500mg cap</i>	22	<i>fluoxetine 4mg/ml oral soln</i>	16	<i>fluvoxamine maleate</i>	16
<i>fludrocortisone acetate 0.1mg tab</i>	50	<i>fluoxetine 60mg tab</i>	16	<i>100mg tab</i>	
<i>flunisolide 25% (25mcg/act) nasal inhaler</i>	69	FLUPHENAZINE	41	<i>fluvoxamine maleate</i>	16
<i>fluocinolone acetonide 0.01% cream</i>	53	0.5MG/ML ORAL SOLN		<i>25mg tab</i>	
<i>fluocinolone acetonide 0.01% otic soln</i>	72	<i>fluphenazine 10mg tab</i>	41	<i>fluvoxamine maleate</i>	16
<i>fluocinolone acetonide 0.01% topical oil</i>	53	<i>fluphenazine 1mg tab</i>	41	<i>50mg tab</i>	
		<i>fluphenazine 2.5mg tab</i>	41	<i>fondaparinux sodium</i>	11
		FLUPHENAZINE	41	<i>10mg/0.8ml syringe</i>	
		2.5MG/ML INJ		<i>fondaparinux sodium</i>	11
		<i>fluphenazine 5mg tab</i>	41	<i>2.5mg/0.5ml syringe</i>	
		FLUPHENAZINE	41	<i>fondaparinux sodium</i>	11
		5MG/ML ORAL SOLN		<i>5mg/0.4ml syringe</i>	
		<i>fluphenazine decanoate</i>	41	<i>fondaparinux sodium</i>	11
		<i>25mg/ml inj</i>		<i>7.5mg/0.6ml syringe</i>	
		FLURBIPROFEN	71	<i>fosamprenavir 700mg tab</i>	43
		SODIUM 0.03% OPPTH SOLN			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>fosinopril sodium 10mg tab</i>	24	<i>gabapentin 600mg tab (Neurontin equiv)</i>	13	GENTAMICIN 1.6MG/ML INJ	2
<i>fosinopril sodium 20mg tab</i>	24	<i>gabapentin 800mg tab</i>	13	GENTAMICIN 1MG/ML INJ	2
<i>fosinopril sodium 40mg tab</i>	24	<i>galantamine 12mg tab</i>	74	<i>gentamicin 40mg/ml inj</i>	2
<i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>	27	<i>galantamine 4mg tab</i>	74	GENVOYA	43
<i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>	27	<i>galantamine hydrobromide 16mg er cap</i>	74	150-150-200-10MG TAB	
FOTIVDA 0.89MG CAP	33	<i>galantamine hydrobromide 24mg er cap</i>	74	GILOTRIF 20MG TAB	31
FOTIVDA 1.34MG CAP	33	GALANTAMINE	74	GILOTRIF 30MG TAB	31
FRUZAQLA 1MG CAP	30	HYDROBROMIDE		GILOTRIF 40MG TAB	31
FRUZAQLA 5MG CAP	30	4MG/ML ORAL SOLN		<i>glatiramer acetate 20mg/ml syringe</i>	75
FUROSCIX 80MG/10ML CARTRIDGE	55	<i>galantamine hydrobromide 8mg er cap</i>	74	<i>glatiramer acetate 40mg/ml syringe</i>	75
<i>furosemide 10mg/ml inj</i>	55	GAMUNEX 1GM/10ML INJ	72	<i>glatopa 20mg/ml syringe</i>	75
<i>furosemide 10mg/ml oral soln</i>	55	GARDASIL 9 INJ	81	<i>glatopa 40mg/ml syringe</i>	75
<i>furosemide 20mg tab</i>	55	GARDASIL 9 SYRINGE	81	GLEOSTINE 100MG CAP	30
<i>furosemide 40mg tab</i>	55	GATTEX 5MG INJ	62	GLEOSTINE 10MG CAP	30
<i>furosemide 80mg tab</i>	55	GAUZE PAD (2 X 2)	65	GLEOSTINE 40MG CAP	30
FUROSEMIDE 8MG/ML ORAL SOLN	55	GAVILYTE-C POWDER FOR ORAL SOLN	64	<i>glimepiride 1mg tab</i>	21
FUZEON 90MG INJ	43	<i>gavilyte-g powder for oral soln</i>	64	<i>glimepiride 2mg tab</i>	21
<i>fyavolv 0.0025-0.5mg tab</i>	59	GAVRETO 100MG CAP	33	<i>glimepiride 4mg tab</i>	21
<i>fyavolv 0.005-1mg tab</i>	59	<i>gefitinib 250mg tab</i>	31	<i>glipizide 10mg er tab</i>	21
FYCOMPA 0.5MG/ML ORAL SUSP	13	<i>gemfibrozil 600mg tab</i>	23	<i>glipizide 10mg tab</i>	21
FYCOMPA 10MG TAB	13	<i>generlac 10gm/15ml oral soln</i>	62	<i>glipizide 2.5mg er tab</i>	21
FYCOMPA 12MG TAB	13	<i>gengraf 100mg cap</i>	68	<i>glipizide 5mg er tab</i>	21
FYCOMPA 2MG TAB	13	<i>gengraf 100mg/ml oral soln</i>	68	<i>glipizide 5mg tab</i>	21
FYCOMPA 4MG TAB	13	<i>gengraf 25mg cap</i>	68	<i>glipizide/metformin 2.5-250mg tab</i>	
FYCOMPA 6MG TAB	13	<i>gentamicin 0.1% cream</i>	51	<i>glipizide/metformin 2.5-500mg tab</i>	
FYCOMPA 8MG TAB	13	<i>gentamicin 0.1% ointment</i>	51	<i>glipizide/metformin 5-500mg tab</i>	18
G		<i>gentamicin 0.3% ophth soln</i>	70	<i>glucose 100mg/ml inj</i>	69
<i>gabapentin 100mg cap</i>	13	GENTAMICIN 0.8MG/ML INJ	2	GLUCOSE	66
<i>gabapentin 300mg cap</i>	13	<i>gentamicin 1.2mg/ml inj</i>	2	100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	
<i>gabapentin 400mg cap</i>	13			GLUCOSE	66
<i>gabapentin 50mg/ml oral soln</i>	13			100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	
				<i>glucose 50mg/ml inj</i>	69

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>glucose</i>	66	GLUCOSE/SODIUM	66	<i>haloette</i>	59
<i>50mg/ml/potassium chloride</i>		CHLORIDE		<i>0.120-0.015mg/24hr vaginal system</i>	
<i>0.01meq/ml/sodium chloride 4.5mg/ml inj</i>		25MG/ML-4.5MG/ML		<i>haloperidol 0.5mg tab</i>	38
<i>glucose</i>	66	<i>glycopyrrolate 1mg tab</i>	79	<i>haloperidol 10mg tab</i>	38
<i>50mg/ml/potassium chloride 0.02meq/ml inj</i>		<i>glycopyrrolate 2mg tab</i>	79	<i>haloperidol 1mg tab</i>	38
<i>glucose</i>	66	GLYXAMBI 10-5MG TAB	18	<i>haloperidol 20mg tab</i>	38
<i>50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj</i>		GLYXAMBI 25-5MG TAB	18	<i>haloperidol 2mg tab</i>	38
<i>glucose</i>	66	<i>granisetron 1mg tab</i>	21	<i>haloperidol 2mg/ml oral soln</i>	38
<i>50mg/ml/potassium chloride</i>		<i>griseofulvin 125mg tab</i>	22	<i>haloperidol 5mg tab</i>	38
<i>0.02meq/ml/sodium chloride 2.25mg/ml inj</i>		<i>griseofulvin 250mg tab</i>	22	<i>haloperidol 5mg/ml inj</i>	38
<i>glucose</i>	66	<i>griseofulvin 25mg/ml oral susp</i>		<i>haloperidol decanoate 100mg/ml (1ml) inj</i>	38
<i>50mg/ml/potassium chloride</i>		<i>griseofulvin 500mg tab</i>	22	<i>haloperidol decanoate 100mg/ml (5ml) inj</i>	38
<i>0.02meq/ml/sodium chloride 4.5mg/ml inj</i>		<i>guanfacine 1mg er tab</i>	1	<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	38
<i>glucose</i>	66	<i>guanfacine 2mg er tab</i>	1	<i>haloperidol decanoate 50mg/ml (5ml) inj</i>	38
<i>50mg/ml/potassium chloride</i>		<i>guanfacine 3mg er tab</i>	1	HAVRIX 1440ELU/ML	81
<i>0.02meq/ml/sodium chloride 9mg/ml inj</i>		<i>guanfacine 4mg er tab</i>	1	SYRINGE	
<i>glucose</i>	66	GVOKE 0.5MG/0.1ML	19	HAVRIX 720ELU/0.5ML	81
<i>50mg/ml/potassium chloride</i>		AUTO-INJECTOR		SYRINGE	
<i>0.02meq/ml/sodium chloride 9mg/ml inj</i>		GVOKE 1MG/0.2ML	19	<i>heather 0.35mg 28-day pack</i>	73
<i>glucose</i>	66	GVOKE 1MG/0.2ML	19	<i>heparin sodium porcine 10000unit/ml inj</i>	11
<i>50mg/ml/potassium chloride</i>		SYRINGE		<i>heparin sodium porcine 1000unit/ml inj</i>	11
<i>0.03meq/ml/sodium chloride 4.5mg/ml inj</i>		H		<i>heparin sodium porcine 20000unit/ml inj</i>	11
<i>glucose</i>	66	HADLIMA 40MG/0.4ML	3	<i>heparin sodium porcine 5000unit/ml inj</i>	11
<i>50mg/ml/potassium chloride</i>		AUTO-INJECTOR		HEPLISAV-B	81
<i>0.04meq/ml/sodium chloride 4.5mg/ml inj</i>		HADLIMA 40MG/0.4ML	3	20MCG/0.5ML SYRINGE	
<i>glucose</i>	66	SYRINGE		HIBERIX 10MCG INJ	81
<i>50mg/ml/potassium chloride</i>		HADLIMA 40MG/0.8ML	3	HUMALOG 100UNIT/ML	20
<i>0.04meq/ml/sodium chloride 9mg/ml inj</i>		AUTO-INJECTOR		CARTRIDGE	
<i>glucose 50mg/ml/sodium chloride 2mg/ml inj</i>		HADLIMA 40MG/0.8ML	3	HUMALOG 100UNIT/ML	20
<i>glucose 50mg/ml/sodium chloride 4.5mg/ml inj</i>		SYRINGE		KWIKPEN	
<i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>		HAEGARDA 2000UNIT	64	HUMALOG 200UNIT/ML	20
		INJ		KWIKPEN	
		HAEGARDA 3000UNIT	64		
		INJ			
		<i>hailey 24 fe tab 28-day pack</i>	59		
		<i>halobetasol propionate 0.05% cream</i>	53		
		<i>halobetasol propionate 0.05% ointment</i>	53		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

HUMALOG JUNIOR 100UNIT/ML PEN INJ	20	<i>hydrochlorothiazide/losar tan potassium 12.5-100mg tab</i>	27	<i>hydrochlorothiazide/vals artan 12.5-320mg tab</i>	27
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ	20	<i>hydrochlorothiazide/losar tan potassium 12.5-50mg tab</i>	27	<i>hydrochlorothiazide/vals artan 12.5-80mg tab</i>	27
HUMALOG MIX (75/25) 100UNIT/ML INJ	20	<i>hydrochlorothiazide/losar tan potassium 25-100mg tab</i>	27	<i>hydrochlorothiazide/vals artan 25-160mg tab</i>	27
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN	20	<i>hydrochlorothiazide/meto prolol tartrate 25-100mg tab</i>	27	<i>hydrochlorothiazide/vals artan 25-320mg tab</i>	27
HUMULIN (70/30) 100UNIT/ML INJ	20	<i>hydrochlorothiazide/meto prolol tartrate 25-50mg tab</i>	27	<i>hydrocodone</i>	5
HUMULIN (70/30) 100UNIT/ML PEN INJ	20	<i>hydrochlorothiazide/olme sartan medoxomil</i>	27	<i>bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	
HUMULIN N 100UNIT/ML INJ	20	<i>hydrochlorothiazide/olme sartan medoxomil</i>	27	<i>hydrocodone</i>	5
HUMULIN N 100UNIT/ML PEN INJ	20	<i>hydrochlorothiazide/olme sartan medoxomil</i>	27	<i>bitartrate/acetaminophen 10-325mg tab</i>	
HUMULIN R 100UNIT/ML INJ	20	<i>hydrochlorothiazide/olme sartan medoxomil</i>	27	<i>hydrocodone</i>	5
HUMULIN R 500UNIT/ML INJ	20	<i>hydrochlorothiazide/olme sartan medoxomil</i>	27	<i>bitartrate/acetaminophen 5-325mg tab</i>	
HUMULIN R 500UNIT/ML PEN INJ	20	<i>hydrochlorothiazide/olme sartan medoxomil</i>	27	<i>hydrocodone</i>	5
<i>hydralazine 100mg tab</i>	27	<i>hydrochlorothiazide/spiro nolactone 25-25mg tab</i>	55	<i>bitartrate/acetaminophen 7.5-325mg tab</i>	
<i>hydralazine 10mg tab</i>	27	<i>hydrochlorothiazide/spiro nolactone 25-25mg tab</i>	55	<i>hydrocortisone 1% cream</i>	53
<i>hydralazine 25mg tab</i>	27	<i>hydrochlorothiazide/telmi sartan 12.5-40mg tab</i>	27	<i>hydrocortisone 1.67mg/ml enema</i>	6
<i>hydralazine 50mg tab</i>	27	<i>hydrochlorothiazide/telmi sartan 12.5-40mg tab</i>	27	<i>hydrocortisone 10mg tab</i>	50
<i>hydrochlorothiazide 12.5mg cap</i>	55	<i>hydrochlorothiazide/telmi sartan 12.5-80mg tab</i>	27	<i>hydrocortisone 2.5% cream</i>	6
<i>hydrochlorothiazide 12.5mg tab</i>	55	<i>hydrochlorothiazide/vals artan 12.5-160mg tab</i>	27	<i>hydrocortisone 2.5% ointment</i>	53
<i>hydrochlorothiazide 25mg tab</i>	55			<i>hydrocortisone 20mg tab</i>	50
<i>hydrochlorothiazide 50mg tab</i>	55			<i>hydrocortisone 5mg tab</i>	50
<i>hydrochlorothiazide/irbes artan 12.5-150mg tab</i>	27			HYDROCORTISONE	53
<i>hydrochlorothiazide/irbes artan 12.5-300mg tab</i>	27			LOTION 2.5%	
<i>hydrochlorothiazide/lisin opril 12.5-10mg tab</i>	27			<i>hydromorphone 2mg tab</i>	4
<i>hydrochlorothiazide/lisin opril 12.5-20mg tab</i>	27			<i>hydromorphone 4mg tab</i>	4
<i>hydrochlorothiazide/lisin opril 25-20mg tab</i>	27			<i>hydromorphone 8mg tab</i>	4
				<i>hydroxychloroquine sulfate 100mg tab</i>	29
				<i>hydroxychloroquine sulfate 200mg tab</i>	29
				<i>hydroxychloroquine sulfate 300mg tab</i>	29
				<i>hydroxychloroquine sulfate 400mg tab</i>	29
				<i>hydroxyurea 500mg cap</i>	36

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>hydroxyzine 10mg tab</i>	7	<i>imiquimod 5% cream</i>	54	INTELENCE 25MG TAB	43
<i>hydroxyzine 25mg tab</i>	7	IMOVAX 2.5UNIT/ML INJ	81	<i>introvale tab 91-day pack</i>	59
<i>hydroxyzine 50mg tab</i>	7	<i>incassia 0.35mg tab</i>	73	INVEGA HAFYERA	39
HYDROXYZINE	7	<i>28-day pack</i>		1092MG/3.5ML	
PAMOATE 100MG CAP		INCRELEX 40MG/4ML	57	SYRINGE	
<i>hydroxyzine pamoate</i>	7	INJ		INVEGA HAFYERA	39
<i>25mg cap</i>		INCRUSE ELLIPTA	8	1560MG/5ML SYRINGE	
<i>hydroxyzine pamoate</i>	7	62.5MCG/INH POWDER		INVEGA SUSTENNA	39
<i>50mg cap</i>		INHALER		117MG/0.75ML	
I		<i>indapamide 1.25mg tab</i>	56	SYRINGE	
<i>ibandronate 150mg tab</i>	56	<i>indapamide 2.5mg tab</i>	56	INVEGA SUSTENNA	39
IBRANCE 100MG CAP	33	INFANRIX SYRINGE	79	156MG/ML SYRINGE	
IBRANCE 100MG TAB	33	INGREZZA 40MG CAP	75	INVEGA SUSTENNA	39
IBRANCE 125MG CAP	33	INGREZZA 40MG	75	234MG/1.5ML SYRINGE	
IBRANCE 125MG TAB	33	SPRINKLE CAP		INVEGA SUSTENNA	39
IBRANCE 75MG CAP	33	INGREZZA 60MG CAP	75	39MG/0.25ML SYRINGE	
IBRANCE 75MG TAB	33	INGREZZA 60MG	75	INVEGA SUSTENNA	39
<i>ibu 600mg tab</i>	3	SPRINKLE CAP		78MG/0.5ML SYRINGE	
<i>ibu 800mg tab</i>	3	INGREZZA 80MG CAP	75	INVEGA TRINZA	39
<i>ibuprofen 400mg tab</i>	3	INGREZZA 80MG	75	273MG/0.875ML	
<i>ibuprofen 600mg tab</i>	3	SPRINKLE CAP		SYRINGE	
<i>ibuprofen 800mg tab</i>	3	INGREZZA CAP	75	INVEGA TRINZA	39
<i>icatibant 10mg/ml syringe</i>	64	THERAPY PACK (28)		410MG/1.315ML	
<i>iclevia tab 91-day pack</i>	59	INLYTA 1MG TAB	30	SYRINGE	
ICLUSIG 10MG TAB	33	INLYTA 5MG TAB	31	INVEGA TRINZA	39
ICLUSIG 15MG TAB	33	INQOVI 35-100MG TAB	32	546MG/1.75ML	
ICLUSIG 30MG TAB	33	PACK (5)		SYRINGE	
ICLUSIG 45MG TAB	33	INREBIC 100MG CAP	33	INVEGA TRINZA	39
<i>icosapent ethyl 1000mg cap</i>	23	INSULIN GLARGINE	20	819MG/2.625ML	
<i>icosapent ethyl 500mg cap</i>	23	300UNIT/ML PEN INJ		SYRINGE	
IDHIFA 100MG TAB	33	(1.5ML)		IPOL INJ	81
IDHIFA 50MG TAB	33	INSULIN GLARGINE	20	<i>ipratropium bromide</i>	8
<i>imatinib 100mg tab</i>	33	300UNIT/ML PEN INJ		<i>0.02% inh soln</i>	
<i>imatinib 400mg tab</i>	33	(3ML)		<i>ipratropium bromide</i>	69
IMBRUVICA 140MG CAP	33	INSULIN LISPRO	20	<i>0.03% (0.021mg/act)</i>	
IMBRUVICA 420MG TAB	33	100UNIT/ML INJ		<i>nasal inhaler</i>	
IMBRUVICA 70MG CAP	33	INSULIN PEN NEEDLE	65	<i>ipratropium bromide</i>	69
IMBRUVICA 70MG/ML	33	INSULIN SYRINGE	65	<i>0.06% (0.042mg/act)</i>	
ORAL SUSP		INSULIN SYRINGE	65	<i>nasal inhaler</i>	
<i>imipramine 10mg tab</i>	18	(DISP) U-100 0.3ML		<i>ipratropium/albuterol</i>	10
<i>imipramine 25mg tab</i>	18	INSULIN SYRINGE	65	<i>0.5-2.5mg/3ml inh soln</i>	
<i>imipramine 50mg tab</i>	18	(DISP) U-100 1/2ML		<i>irbesartan 150mg tab</i>	25
		INSULIN SYRINGE	65	<i>irbesartan 300mg tab</i>	25
		(DISP) U-100 1ML		<i>irbesartan 75mg tab</i>	25

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

ISENTRESS 100MG CHEW TAB	43	IXIARO 0.012MG/ML SYRINGE	81	JENTADUETO XR 2.5-1000MG TAB	19
ISENTRESS 100MG GRANULES FOR ORAL SUSP	43	J		JENTADUETO XR 5-1000MG TAB	19
ISENTRESS 25MG CHEW TAB	43	JAKAFI 10MG TAB	33	<i>jinteli 0.005-1mg tab</i>	59
ISENTRESS 400MG TAB	43	JAKAFI 15MG TAB	33	<i>juleber tab 28-day pack</i>	59
ISENTRESS 600MG TAB	43	JAKAFI 20MG TAB	33	JULUCA 50-25MG TAB	43
<i>isibloom tab 28-day pack</i>	59	JAKAFI 25MG TAB	33	<i>junel 1.5/30 tab 21-day pack</i>	59
ISONIAZID 100MG TAB	30	JAKAFI 5MG TAB	33	<i>junel 1/20 tab 21-day pack</i>	59
<i>isoniazid 10mg/ml oral soln</i>	30	<i>jantoven 10mg tab</i>	11	<i>junel fe 24 1/20 28-day pack</i>	59
<i>isoniazid 300mg tab</i>	30	<i>jantoven 1mg tab</i>	11	<i>junel fe tab 1.5/30 28-day pack</i>	59
<i>isosorbide dinitrate 10mg tab</i>	6	<i>jantoven 2.5mg tab</i>	11	<i>junel fe tab 1/20 28-day pack</i>	59
<i>isosorbide dinitrate 20mg tab</i>	6	<i>jantoven 2mg tab</i>	11	JYLAMVO 2MG/ML ORAL SOLN	30
<i>isosorbide dinitrate 30mg tab</i>	6	<i>jantoven 3mg tab</i>	11	JYNNEOS 0.5ML INJ	81
<i>isosorbide dinitrate 5mg tab</i>	6	<i>jantoven 4mg tab</i>	11	K	
ISOSORBIDE MONONITRATE 10MG TAB	6	<i>jantoven 5mg tab</i>	11	KALYDECO 13.4MG ORAL GRANULES	76
<i>isosorbide mononitrate 120mg er tab</i>	6	<i>jantoven 6mg tab</i>	11	KALYDECO 150MG TAB	76
ISOSORBIDE MONONITRATE 20MG TAB	6	<i>jantoven 7.5mg tab</i>	11	KALYDECO 25MG ORAL GRANULES	76
<i>isosorbide mononitrate 30mg er tab</i>	6	JANUMET 50-1000MG TAB	18	KALYDECO 5.8MG ORAL GRANULES	76
<i>isosorbide mononitrate 60mg er tab</i>	6	JANUMET 50-500MG TAB	18	KALYDECO 50MG ORAL GRANULES	76
<i>isotretinoin 10mg cap</i>	51	JANUMET XR 100-1000MG TAB	18	KALYDECO 75MG ORAL GRANULES	76
<i>isotretinoin 20mg cap</i>	51	JANUMET XR 50-500MG TAB	18	<i>kariva tab 28-day pack</i>	59
<i>isotretinoin 30mg cap</i>	51	JANUVIA 100MG TAB	19	KCL/D5W/LR INJ 0.15%	66
<i>isotretinoin 40mg cap</i>	51	JANUVIA 25MG TAB	20	<i>kcl/nacl 20meq-0.45% inj</i>	66
<i>isradipine 2.5mg cap</i>	47	JANUVIA 50MG TAB	20	<i>kcl/nacl 20meq-0.9% inj</i>	66
<i>isradipine 5mg cap</i>	47	JARDIANCE 10MG TAB	21	<i>kcl/nacl 40meq-9% inj</i>	66
<i>itraconazole 100mg cap</i>	22	JARDIANCE 25MG TAB	21	<i>kelnor 1mg-35mcg tab 28-day pack</i>	59
<i>ivermectin 3mg tab</i>	6	<i>jasmiel tab 28-day pack</i>	59	<i>kelnor tab 1/50 28-day pack</i>	59
IWILFIN 192MG TAB	37	<i>javygtor 100mg powder for oral soln</i>	56	KERENDIA 10MG TAB	57
IXCHIQ INJ	81	<i>javygtor 100mg tab</i>	56	KERENDIA 20MG TAB	57
		<i>javygtor 500mg powder for oral soln</i>	57		
		JAYPIRCA 100MG TAB	34		
		JAYPIRCA 50MG TAB	34		
		JENTADUETO 2.5-1000MG TAB	18		
		JENTADUETO 2.5-500MG TAB	18		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

KESIMPTA 20MG/0.4ML PEN INJ	75	<i>klor-con 20meq micro er tab</i>	67	<i>lapatinib 250mg tab</i>	34
<i>ketoconazole 2% cream</i>	52	<i>klor-con 20meq powder for oral soln</i>	67	<i>larin 1.5/30 tab 21-day pack</i>	59
<i>ketoconazole 2% shampoo</i>	52	<i>klor-con 8meq er tab</i>	67	<i>larin 1/20 tab 21-day pack</i>	59
<i>ketoconazole 200mg tab</i>	22	KLOXXADO 8MG/0.1ML	21	<i>larin fe tab 1.5/30 28-day pack</i>	59
<i>ketorolac tromethamine 0.4% ophth soln</i>	71	NASAL SPRAY		<i>larin fe tab 1/20 28-day pack</i>	59
<i>ketorolac tromethamine 0.5% ophth soln</i>	71	KOSELUGO 10MG CAP	34	<i>latanoprost 0.005% ophth soln</i>	71
<i>ketorolac tromethamine 10mg tab</i>	3	KOSELUGO 25MG CAP	34	<i>leena tab 28-day pack</i>	59
KEVZARA	3	<i>kourzeq 0.1% oral paste</i>	50	<i>leflunomide 10mg tab</i>	2
150MG/1.14ML		KRAZATI 200MG TAB	34	<i>leflunomide 20mg tab</i>	2
AUTO-INJECTOR		<i>kurvelo tab 28-day pack</i>	59	<i>lenalidomide 10mg cap</i>	67
KEVZARA	3	<hr/>			
150MG/1.14ML		L		<i>lenalidomide 15mg cap</i>	67
SYRINGE		<i>labetalol 100mg tab</i>	46	<i>lenalidomide 2.5mg cap</i>	67
KEVZARA	3	<i>labetalol 200mg tab</i>	46	<i>lenalidomide 20mg cap</i>	67
200MG/1.14ML		<i>labetalol 300mg tab</i>	46	<i>lenalidomide 25mg cap</i>	67
AUTO-INJECTOR		<i>lacosamide 100mg tab</i>	13	<i>lenalidomide 5mg cap</i>	67
KEVZARA	3	<i>lacosamide 10mg/ml oral soln</i>	13	LENVIMA 10MG DAILY	31
200MG/1.14ML		<i>lacosamide 150mg tab</i>	13	DOSE PACK (30)	
AUTO-INJECTOR		<i>lacosamide 200mg tab</i>	13	LENVIMA 12MG DAILY	31
KEVZARA	3	<i>lacosamide 50mg tab</i>	13	DOSE PACK (90)	
200MG/1.14ML		<i>lactulose 667mg/ml oral soln</i>	65	LENVIMA 14MG DAILY	31
SYRINGE		<i>lamivudine 100mg tab</i>	45	DOSE PACK (60)	
KINRIX SYRINGE	79	<i>lamivudine 10mg/ml oral soln</i>	43	LENVIMA 18MG DAILY	31
<i>kionex 15gm/60ml susp</i>	68	<i>lamivudine 150mg tab</i>	43	DOSE PACK (90)	
KISQALI TAB 200MG	34	<i>lamivudine 300mg tab</i>	43	LENVIMA 20MG DAILY	31
DAILY DOSE PACK (21)		<i>lamivudine/zidovudine 150-300mg tab</i>	43	DOSE PACK (60)	
KISQALI TAB 400MG	34	<i>lamotrigine 100mg tab</i>	13	LENVIMA 24MG DAILY	31
DAILY DOSE PACK (42)		<i>lamotrigine 150mg tab</i>	13	DOSE PACK (90)	
KISQALI TAB 600MG	34	<i>lamotrigine 200mg tab</i>	13	LENVIMA 4MG DAILY	31
DAILY DOSE PACK (63)		<i>lamotrigine 25mg chew tab</i>	13	DOSE PACK (30)	
KISQALI/FEMARA 200 CO-PACK (49)	32	<i>lamotrigine 25mg tab</i>	13	LENVIMA 8MG DAILY	31
KISQALI/FEMARA 400 CO-PACK (70)	32	<i>lamotrigine 5mg chew tab</i>	13	DOSE PACK (60)	
KISQALI/FEMARA 600 CO-PACK (91)	32	<i>lansoprazole 15mg dr cap</i>	80	<i>lessina tab 28-day pack</i>	59
<i>klor-con 10meq er tab</i>	67	<i>lansoprazole 30mg dr cap</i>	80	<i>letrozole 2.5mg tab</i>	31
<i>klor-con 10meq micro er tab</i>	67	LANTUS 100UNIT/ML INJ	20	<i>leucovorin 10mg tab</i>	37
<i>klor-con 15meq micro er tab</i>	67	LANTUS 100UNIT/ML PEN INJ	20	<i>leucovorin 15mg tab</i>	37
				<i>leucovorin 25mg tab</i>	37
				<i>leucovorin 5mg tab</i>	37
				LEUKERAN 2MG TAB	30

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>levalbuterol 0.31mg/3ml neb soln</i>	10	<i>levothyroxine sodium 125mcg tab</i>	78	<i>lidocaine 4% mucous membrane topical soln</i>	54
<i>levalbuterol 0.63mg/3ml inh soln</i>	10	<i>levothyroxine sodium 137mcg tab</i>	78	<i>lidocaine 5% ointment</i>	54
<i>levalbuterol 1.25mg/3ml neb soln</i>	10	<i>levothyroxine sodium 150mcg tab</i>	78	<i>lidocaine 5% patch</i>	54
LEVALBUTEROL 45MCG/ACT INHALER	10	<i>levothyroxine sodium 175mcg tab</i>	78	<i>lidocaine viscous 2% mucous membrane topical soln</i>	50
<i>levetiracetam 1000mg tab</i>	13	<i>levothyroxine sodium 200mcg tab</i>	78	<i>lidocaine/prilocaine 2.5-2.5% cream</i>	54
<i>levetiracetam 100mg/ml oral soln</i>	13	<i>levothyroxine sodium 25mcg tab</i>	78	<i>lidocaine/prilocaine 5% patch</i>	54
<i>levetiracetam 250mg tab</i>	13	<i>levothyroxine sodium 300mcg tab</i>	78	LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	73
<i>levetiracetam 500mg er tab</i>	13	<i>levothyroxine sodium 50mcg tab</i>	78	<i>linezolid 100mg/5ml oral susp</i>	28
<i>levetiracetam 500mg tab</i>	13	<i>levothyroxine sodium 75mcg tab</i>	78	<i>linezolid 600mg tab</i>	28
<i>levetiracetam 750mg er tab</i>	13	<i>levothyroxine sodium 88mcg tab</i>	78	<i>linezolid 600mg/300ml inj</i>	28
<i>levetiracetam 750mg tab</i>	13	<i>levoxyl 100mcg tab</i>	78	LINZESS 145MCG CAP	65
LEVOBUNOLOL 0.5% OPHTH SOLN	70	<i>levoxyl 112mcg tab</i>	78	LINZESS 290MCG CAP	65
<i>levocarnitine 100mg/ml oral soln</i>	57	<i>levoxyl 125mcg tab</i>	78	LINZESS 72MCG CAP	65
<i>levocarnitine 330mg tab</i>	57	<i>levoxyl 137mcg tab</i>	78	<i>liothyronine sodium 25mcg tab</i>	79
<i>levocetirizine 5mg tab</i>	76	<i>levoxyl 150mcg tab</i>	78	<i>liothyronine sodium 50mcg tab</i>	79
<i>levofloxacin 250mg tab</i>	61	<i>levoxyl 175mcg tab</i>	78	<i>liothyronine sodium 5mcg tab</i>	79
<i>levofloxacin 25mg/ml oral soln</i>	61	<i>levoxyl 200mcg tab</i>	79	<i>lisdexamfetamine dimesylate 10mg cap</i>	1
<i>levofloxacin 500mg tab</i>	62	<i>levoxyl 25mcg tab</i>	79	<i>lisdexamfetamine dimesylate 20mg cap</i>	1
<i>levofloxacin 500mg/100ml inj</i>	62	<i>levoxyl 50mcg tab</i>	79	<i>lisdexamfetamine dimesylate 30mg cap</i>	1
<i>levofloxacin 750mg tab</i>	62	<i>levoxyl 75mcg tab</i>	79	<i>lisdexamfetamine dimesylate 40mg cap</i>	1
<i>levofloxacin 750mg/150ml inj</i>	62	<i>levoxyl 88mcg tab</i>	79	<i>lisdexamfetamine dimesylate 50mg cap</i>	1
<i>levonest tab 28-day pack</i>	59	<i>l-glutamine 5gm powder for oral soln</i>	63	<i>lisdexamfetamine dimesylate 60mg cap</i>	1
<i>levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	59	LIBERVANT 10MG BUCCAL FILM	12	<i>lisdexamfetamine dimesylate 70mg cap</i>	1
<i>levora 0.15/30 tab 28-day pack</i>	59	LIBERVANT 12.5MG BUCCAL FILM	12	<i>lisinopril 10mg tab</i>	24
<i>levothyroxine sodium 100mcg tab</i>	78	LIBERVANT 15MG BUCCAL FILM	12	<i>lisinopril 2.5mg tab</i>	24
<i>levothyroxine sodium 112mcg tab</i>	78	LIBERVANT 5MG BUCCAL FILM	12	<i>lisinopril 20mg tab</i>	24
		LIBERVANT 7.5MG BUCCAL FILM	12	<i>lisinopril 30mg tab</i>	24

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>lisinopril 40mg tab</i>	24	<i>loryna tab 28-day pack</i>	59	<i>lurasidone 20mg tab</i>	38
<i>lisinopril 5mg tab</i>	24	<i>losartan potassium 100mg tab</i>		<i>lurasidone 40mg tab</i>	38
LITFULO 50MG CAP	68	<i>losartan potassium 25mg tab</i>	25	<i>lurasidone 60mg tab</i>	38
<i>lithium carbonate 150mg cap</i>	38	<i>losartan potassium 50mg tab</i>	25	<i>luratera tab 28-day pack</i>	59
<i>lithium carbonate 300mg cap</i>	38	<i>loteprednol etabonate 0.5% ophth gel</i>	71	<i>lyleq 0.35mg tab 28-day pack</i>	73
<i>lithium carbonate 300mg er tab</i>	38	<i>loteprednol etabonate 0.5% ophth susp</i>	71	<i>lyllana 0.025mg/24hr twice weekly patch</i>	61
<i>lithium carbonate 300mg tab</i>	38	<i>lovastatin 10mg tab</i>	23	<i>lyllana 0.0375mg/24hr twice weekly patch</i>	61
<i>lithium carbonate 450mg er tab</i>	38	<i>lovastatin 20mg tab</i>	23	<i>lyllana 0.05mg/24hr twice weekly patch</i>	61
LITHIUM CARBONATE 600MG CAP	38	<i>lovastatin 40mg tab</i>	23	<i>lyllana 0.075mg/24hr twice weekly patch</i>	61
<i>lithium citrate 60mg/ml oral soln</i>	38	<i>low-ogestrel tab 28-day pack</i>	59	<i>lyllana 0.1mg/24hr twice weekly patch</i>	61
LIVTENCITY 200MG TAE	44	<i>loxapine 10mg cap</i>	40	LYNPARZA 100MG TAB	34
<i>loestrin fe tab 1/20 28-day pack</i>	59	<i>loxapine 25mg cap</i>	40	LYNPARZA 150MG TAB	34
LOKELMA 10GM POWDER FOR ORAL SUSP	68	<i>loxapine 50mg cap</i>	40	LYSODREN 500MG TAB	32
LOKELMA 5GM POWDER FOR ORAL SUSP	68	<i>loxapine 5mg cap</i>	40	LYTGOBI TAB 12MG	34
LONSURF 6.14-15MG TAB	32	<i>lubiprostone 24mcg cap</i>	65	DAILEY DOSE PACK (21)	
LONSURF 8.19-20MG TAB	32	<i>lubiprostone 8mcg cap</i>	65	LYTGOBI TAB 16MG	34
<i>loperamide 2mg cap</i>	21	LUMAKRAS 120MG TAB	34	DAILEY DOSE PACK (28)	
<i>lopinavir/ritonavir 100-25mg tab</i>	44	LUMAKRAS 320MG TAB	34	LYTGOBI TAB 20MG	34
<i>lopinavir/ritonavir 200-50mg tab</i>	44	LUMIGAN 0.01% OPHTH SOLN	71	DAILEY DOSE PACK (35)	
<i>lopinavir/ritonavir 80-20mg/ml oral soln</i>	44	LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	77	<i>lyza 0.35mg tab 28-day pack</i>	73
<i>lorazepam 0.5mg tab</i>	7	LUMRYZ 6GM GRANULES FOR ORAL SUSP	77		
<i>lorazepam 1mg tab</i>	7	LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	77	M	
<i>lorazepam 2mg tab</i>	7	LUMRYZ 9GM GRANULES FOR ORAL SUSP	77	<i>magnesium sulfate 500mg/ml inj</i>	66
<i>lorazepam 2mg/ml oral soln</i>	7	LUPKYNIS 7.9MG CAP	68	<i>magnesium sulfate 500mg/ml syringe</i>	67
LORBRENA 100MG TAB	34	LUPRON 11.25MG SYRINGE (3 MONTH)	31	<i>malathion 0.5% lotion</i>	54
LORBRENA 25MG TAB	34	LUPRON 3.75MG SYRINGE (1 MONTH)	31	<i>maraviroc 150mg tab</i>	44
		<i>lurasidone 120mg tab</i>	38	<i>maraviroc 300mg tab</i>	44
				<i>marlissa tab 28-day pack</i>	59
				MARPLAN 10MG TAB	16
				MATULANE 50MG CAP	36
				MAVYRET 100-40MG TAB	45
				MAVYRET 50-20MG ORAL PELLETT	45
				MAYZENT 0.25MG TAB	75

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

MAYZENT 1MG TAB	75	MENVEO INJ	81	<i>methylphenidate 18mg er</i>	1
MAYZENT 2MG TAB	75	<i>mercaptapurine 50mg tab</i>	30	<i>osmotic tab</i>	
MAYZENT TAB STARTEI	75	<i>meropenem 1gm inj</i>	29	<i>methylphenidate 1mg/ml</i>	1
PACK (12)		<i>meropenem 500mg inj</i>	29	<i>oral soln</i>	
MAYZENT TAB STARTEI	75	<i>mesalamine 1gm rectal</i>	62	<i>methylphenidate 20mg er</i>	1
PACK (7)		<i>supp</i>		<i>tab</i>	
<i>meclizine 12.5mg tab</i>	21	<i>mesalamine 375mg er cap</i>	62	<i>methylphenidate 20mg</i>	2
<i>meclizine 25mg tab</i>	21	<i>mesalamine 66.7mg/ml</i>	62	<i>tab</i>	
<i>medroxyprogesterone</i>	73	<i>enema</i>		<i>methylphenidate 27mg er</i>	2
<i>acetate 10mg tab</i>		MESNEX 400MG TAB	37	<i>osmotic tab</i>	
<i>medroxyprogesterone</i>	73	<i>metaxalone 800mg tab</i>	69	<i>methylphenidate 27mg er</i>	2
<i>acetate 150mg/ml inj</i>		<i>metformin 1000mg tab</i>	19	<i>tab</i>	
<i>medroxyprogesterone</i>	73	<i>metformin 500mg er tab</i>	19	<i>methylphenidate 2mg/ml</i>	2
<i>acetate 150mg/ml syringe</i>		<i>metformin 500mg tab</i>	19	<i>oral soln</i>	
<i>medroxyprogesterone</i>	73	<i>metformin 750mg er tab</i>	19	<i>methylphenidate 36mg er</i>	2
<i>acetate 2.5mg tab</i>		<i>metformin 850mg tab</i>	19	<i>osmotic tab</i>	
<i>medroxyprogesterone</i>	73	<i>methadone 10mg tab</i>	4	<i>methylphenidate 36mg er</i>	2
<i>acetate 5mg tab</i>		METHADONE 1MG/ML	4	<i>tab</i>	
<i>mefloquine 250mg tab</i>	29	ORAL SOLN		<i>methylphenidate 54mg er</i>	2
MEGESTROL ACETATE	73	METHADONE 2MG/ML	4	<i>osmotic tab</i>	
125MG/ML SUSP		ORAL SOLN		<i>methylphenidate 54mg er</i>	2
<i>megestrol acetate 20mg</i>	32	<i>methadone 5mg tab</i>	4	<i>tab</i>	
<i>tab</i>		<i>methazolamide 25mg tab</i>	55	<i>methylphenidate 5mg tab</i>	2
<i>megestrol acetate 40mg</i>	32	<i>methazolamide 50mg tab</i>	55	<i>methylprednisolone 16mg</i>	50
<i>tab</i>		<i>methenamine hippurate</i>	29	<i>tab</i>	
<i>megestrol acetate</i>	32	<i>1gm tab</i>		<i>methylprednisolone 32mg</i>	50
<i>40mg/ml oral susp</i>		<i>methimazole 10mg tab</i>	78	<i>tab</i>	
MEKINIST 0.05MG/ML	34	<i>methimazole 5mg tab</i>	78	<i>methylprednisolone 4mg</i>	50
ORAL SOLN		<i>methocarbamol 500mg</i>	69	<i>tab</i>	
MEKINIST 0.5MG TAB	34	<i>tab</i>		<i>methylprednisolone 4mg</i>	50
MEKINIST 2MG TAB	34	<i>methocarbamol 750mg</i>	69	<i>tab pack (21)</i>	
MEKTOVI 15MG TAB	34	<i>tab</i>		<i>methylprednisolone 8mg</i>	50
<i>meloxicam 15mg tab</i>	3	<i>methotrexate 2.5mg tab</i>	30	<i>tab</i>	
<i>meloxicam 7.5mg tab</i>	3	<i>methotrexate 25mg/ml inj</i>	30	<i>metoclopramide 10mg tab</i>	62
<i>memantine 10mg tab</i>	74	<i>methotrexate 50mg/2ml</i>	30	<i>metoclopramide 1mg/ml</i>	62
<i>memantine 14mg er cap</i>	74	<i>inj</i>		<i>oral soln</i>	
<i>memantine 21mg er cap</i>	74	METHOXSALEN 10MG	52	<i>metoclopramide 5mg tab</i>	62
<i>memantine 28mg er cap</i>	74	CAP		<i>metolazone 10mg tab</i>	56
<i>memantine 2mg/ml oral</i>	74	<i>methsuximide 300mg cap</i>	15	<i>metolazone 2.5mg tab</i>	56
<i>soln</i>		<i>methylphenidate 10mg er</i>	1	<i>metolazone 5mg tab</i>	56
<i>memantine 5mg tab</i>	74	<i>tab</i>		<i>metoprolol succinate</i>	46
<i>memantine 7mg er cap</i>	74	<i>methylphenidate 10mg</i>	1	<i>100mg er tab</i>	
MENACTRA INJ	81	<i>tab</i>		<i>metoprolol succinate</i>	46
MENQUADFI INJ	81			<i>200mg er tab</i>	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>metoprolol succinate</i>	46	<i>midodrine 2.5mg tab</i>	48	<i>morphine sulfate 15mg</i>	4
<i>25mg er tab</i>		<i>midodrine 5mg tab</i>	48	<i>tab</i>	
<i>metoprolol succinate</i>	46	<i>mifepristone 300mg tab</i>	19	<i>morphine sulfate 200mg</i>	4
<i>50mg er tab</i>		<i>mili tab 28-day pack</i>	60	<i>er tab</i>	
<i>metoprolol tartrate</i>	46	<i>mimvey 28-day pack</i>	60	<i>morphine sulfate 20mg/ml</i>	4
<i>100mg tab</i>		<i>minocycline 100mg cap</i>	78	<i>oral soln</i>	
<i>metoprolol tartrate 25mg</i>	46	<i>minocycline 50mg cap</i>	78	MORPHINE SULFATE	4
<i>tab</i>		<i>minocycline 75mg cap</i>	78	2MG/ML ORAL SOLN	
<i>metoprolol tartrate</i>	46	<i>minoxidil 10mg tab</i>	27	<i>morphine sulfate 30mg er</i>	4
<i>37.5mg tab</i>		<i>minoxidil 2.5mg tab</i>	27	<i>tab</i>	
<i>metoprolol tartrate 50mg</i>	46	<i>mirabegron 25mg er tab</i>	80	<i>morphine sulfate 30mg</i>	4
<i>tab</i>		<i>mirabegron 50mg er tab</i>	80	<i>tab</i>	
<i>metoprolol tartrate 75mg</i>	46	<i>mirtazapine 15mg odt</i>	16	MORPHINE SULFATE	4
<i>tab</i>		<i>mirtazapine 15mg tab</i>	16	4MG/ML ORAL SOLN	
<i>metronidazole 0.75%</i>	54	<i>mirtazapine 30mg odt</i>	16	<i>morphine sulfate 60mg er</i>	4
<i>cream</i>		<i>mirtazapine 30mg tab</i>	16	<i>tab</i>	
<i>metronidazole 0.75% gel</i>	54	<i>mirtazapine 45mg odt</i>	16	MOUNJARO	20
<i>metronidazole 0.75%</i>	82	<i>mirtazapine 45mg tab</i>	16	10MG/0.5ML	
<i>vaginal gel</i>		<i>mirtazapine 7.5mg tab</i>	16	AUTO-INJECTOR	
<i>metronidazole 1% gel</i>	54	<i>misoprostol 100mcg tab</i>	80	MOUNJARO	20
<i>metronidazole 250mg tab</i>	28	<i>misoprostol 200mcg tab</i>	80	12.5MG/0.5ML	
<i>metronidazole 500mg tab</i>	28	M-M-R II INJ	81	AUTO-INJECTOR	
<i>metronidazole 5mg/ml inj</i>	28	<i>modafinil 100mg tab</i>	2	MOUNJARO	20
<i>metyrosine 250mg cap</i>	27	<i>modafinil 200mg tab</i>	2	15MG/0.5ML	
<i>mexiletine 150mg cap</i>	7	<i>moexipril 15mg tab</i>	24	AUTO-INJECTOR	
<i>mexiletine 200mg cap</i>	7	<i>moexipril 7.5mg tab</i>	24	MOUNJARO	20
<i>mexiletine 250mg cap</i>	7	MOLINDONE 10MG TAB	39	2.5MG/0.5ML	
<i>mibelas 24 fe chewable</i>	59	MOLINDONE 25MG TAB	39	AUTO-INJECTOR	
<i>tab 28-day pack</i>		MOLINDONE 5MG TAB	39	MOUNJARO 5MG/0.5ML	20
<i>micafungin sodium</i>	22	<i>mometasone furoate 0.1%</i>	53	AUTO-INJECTOR	
<i>100mg inj</i>		<i>cream</i>		MOUNJARO	20
<i>micafungin sodium 50mg</i>	22	<i>mometasone furoate 0.1%</i>	53	7.5MG/0.5ML	
<i>inj</i>		<i>lotion</i>		AUTO-INJECTOR	
<i>microgestin 1.5/30 tab</i>	59	<i>mometasone furoate 0.1%</i>	54	MOVANTIK 12.5MG TAB	65
<i>21-day pack</i>		<i>ointment</i>		MOVANTIK 25MG TAB	65
<i>microgestin 1/20 tab</i>	59	<i>montelukast 10mg tab</i>	9	<i>moxifloxacin 0.5% ophth</i>	70
<i>21-day pack</i>		<i>montelukast 4mg chew</i>	9	<i>soln</i>	
<i>microgestin 24 fe tab</i>	60	<i>tab</i>		MOXIFLOXACIN	62
<i>28-day pack</i>		<i>montelukast 5mg chew</i>	9	1.6MG/ML INJ	
<i>microgestin fe tab 1.5/30</i>	60	<i>tab</i>		<i>moxifloxacin 400mg tab</i>	62
<i>28-day pack</i>		<i>morphine sulfate 100mg</i>	4	MULTAQ 400MG TAB	8
<i>microgestin fe tab 1/20</i>	60	<i>er tab</i>		<i>mupirocin 2% ointment</i>	51
<i>28-day pack</i>		<i>morphine sulfate 15mg er</i>	4	<i>mycophenolate mofetil</i>	68
<i>midodrine 10mg tab</i>	48	<i>tab</i>		<i>200mg/ml oral susp</i>	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>mycophenolate mofetil</i> 250mg cap	68	NEFAZODONE 150MG TAB	17	NEXLIZET 180-10MG TAB	23
<i>mycophenolate mofetil</i> 500mg tab	68	NEFAZODONE 200MG TAB	17	NEXPLANON 68MG IMPLANT	73
<i>mycophenolic acid</i> 180mg dr tab	68	NEFAZODONE 250MG TAB	17	<i>niacin</i> 1000mg er tab	23
<i>mycophenolic acid</i> 360mg dr tab	68	NEFAZODONE 50MG TAB	17	<i>niacin</i> 500mg er tab	23
<hr/>				<i>niacin</i> 750mg er tab	23
N		<i>neomycin sulfate</i> 500mg tab	2	NICOTROL 10MG INH SOLN	75
<i>nabumetone</i> 500mg tab	3	<i>neomycin/bacitracin/poly</i> <i>myxin</i>	70	NICOTROL 10MG/ML	75
<i>nabumetone</i> 750mg tab	3	5mg-400unit-10000unit <i>ophth ointment</i>		NASAL INHALER	
<i>nadolol</i> 20mg tab	46	NEOMYCIN/POLYMYXI N B/GRAMICIDIN	70	<i>nifedipine</i> 30mg er tab	47
<i>nadolol</i> 40mg tab	46	1.75-10000-0.025MG-UN T-MG/ML OPHTH SOLN		<i>nifedipine</i> 30mg osmotic er tab	47
<i>nadolol</i> 80mg tab	46	<i>neomycin/polymyxin/bacit</i> <i>racin/hydrocortisone</i>	71	<i>nifedipine</i> 60mg er tab	47
<i>nafcillin</i> 100mg/ml inj	73	<i>ophth 1% ointment</i>		<i>nifedipine</i> 60mg osmotic er tab	47
<i>nafcillin</i> 1gm inj	73	<i>neomycin/polymyxin/dexa</i> <i>methasone 0.1% ophth</i>	71	<i>nifedipine</i> 90mg er tab	47
<i>nafcillin</i> 2gm inj	73	<i>susp</i>		<i>nifedipine</i> 90mg osmotic er tab	47
NALOXONE 0.4MG/ML CARTRIDGE	21	<i>neomycin/polymyxin/hydr</i> <i>ocortisone</i>	72	<i>nikki tab 28-day pack</i>	60
<i>naloxone</i> 0.4mg/ml inj	21	3.5-10000unit-1% otic <i>soln</i>		<i>nilutamide</i> 150mg tab	32
<i>naloxone</i> 1mg/ml syringe	21	<i>neomycin/polymyxin/hydr</i> <i>ocortisone</i>	72	<i>nimodipine</i> 30mg cap	47
<i>naloxone</i> 40mg/ml nasal spray	21	3.5-10000unit-1% otic <i>susp</i>		NINLARO 2.3MG CAP	34
<i>naltrexone</i> 50mg tab	21	<i>neo-polycin</i>	70	NINLARO 3MG CAP	34
<i>naproxen</i> 250mg tab	3	5mg-400unit-10000unit <i>ophth ointment</i>		NINLARO 4MG CAP	34
<i>naproxen</i> 375mg dr tab	3	<i>neo-polycin hc ophth</i> <i>ointment</i>	71	<i>nitazoxanide</i> 500mg tab	29
<i>naproxen</i> 375mg tab	3	NERLYNX 40MG TAB	34	NITRO-BID 2%	6
<i>naproxen</i> 500mg tab	3	NEVIRAPINE 10MG/ML ORAL SUSP	44	OINTMENT	
<i>naproxen sodium</i> 275mg tab	3	<i>nevirapine</i> 200mg tab	44	<i>nitrofurantoin</i>	29
<i>naproxen sodium</i> 550mg tab	4	<i>nevirapine</i> 400mg er tab	44	<i>macro/nitrofurantoin</i> <i>mono 100mg cap</i>	
<i>naratriptan</i> 1mg tab	65	NEXLETOL 180MG TAB	23	<i>nitrofurantoin</i>	29
<i>naratriptan</i> 2.5mg tab	65			<i>nitrofurantoin</i> <i>macrocrystals 100mg cap</i>	
NATACYN 5% OPHTH SUSP	70			<i>nitrofurantoin</i>	29
<i>nateglinide</i> 120mg tab	19			<i>nitroglycerin</i> 0.1mg/hr <i>patch</i>	6
<i>nateglinide</i> 60mg tab	19			<i>nitroglycerin</i> 0.2mg/hr <i>patch</i>	6
NAYZILAM 5MG/0.1ML NASAL SPRAY	12			<i>nitroglycerin</i> 0.3mg sl tab	6
<i>necon</i> 0.5/35 tab 28-day pack	60			<i>nitroglycerin</i> 0.4% rectal <i>ointment</i>	6
NEFAZODONE 100MG TAB	17			<i>nitroglycerin</i> 0.4mg sl tab	6

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>nitroglycerin 0.4mg/hr patch</i>	6	<i>nortriptyline 50mg cap</i>	18	<i>ocella tab 28-day pack</i>	60
<i>nitroglycerin 0.6mg sl tab</i>	6	<i>nortriptyline 75mg cap</i>	18	OCTAGAM 1GM/20ML INJ	72
<i>nitroglycerin 0.6mg/hr patch</i>	6	NORVIR 100MG ORAL POWDER	44	OCTAGAM 2GM/20ML INJ	72
NIVESTYM 300MCG/0.5ML SYRINGE	63	NUBEQA 300MG TAB	32	<i>octreotide 0.05mg/ml inj</i>	57
NIVESTYM 300MCG/ML INJ	63	NUCALA 100MG INJ	8	<i>octreotide 0.1mg/ml inj</i>	57
NIVESTYM 480MCG/0.8ML SYRINGE	63	NUCALA 100MG/ML AUTO-INJECTOR	8	<i>octreotide 0.2mg/ml inj</i>	57
NIVESTYM 480MCG/1.6ML INJ	63	NUCALA 100MG/ML SYRINGE	8	<i>octreotide 0.5mg/ml inj</i>	57
<i>nora-be 0.35mg tab 28-day pack</i>	73	NUCALA 40MG/0.4ML SYRINGE	8	<i>octreotide 1mg/ml inj</i>	57
NORDITROPIN 10MG/1.5ML PEN INJ	56	NUEDEXTA 20-10MG CAP	75	ODEFSEY 200-25-25MG TAB	44
NORDITROPIN 15MG/1.5ML PEN INJ	56	NUPLAZID 10MG TAB	39	ODOMZO 200MG CAP	31
NORDITROPIN 30MG/3ML PEN INJ	56	NUPLAZID 34MG CAP	39	OFEV 100MG CAP	76
<i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i>	60	<i>nyamyc 100000unit/gm topical powder</i>	52	OFEV 150MG CAP	76
<i>norethindrone 0.35mg 28-day pack</i>	73	<i>nylia 1/35 tab 28-day pack</i>	60	<i>ofloxacin 0.3% ophth soln</i>	70
<i>norethindrone acetate 5mg tab</i>	73	<i>nylia 7/7/7 tab 28-day pack</i>	60	<i>ofloxacin 0.3% otic soln</i>	72
<i>nortrel 0.5/35 tab 28-day pack</i>	60	<i>nymyo tab 28-day pack</i>	60	OGSIVEO 100MG TAB 7-DAY PACK (14)	34
<i>nortrel 1/35 tab 21-day pack</i>	60	<i>nystatin 100000 unit/gm ointment</i>	52	OGSIVEO 150MG TAB 7-DAY PACK (14)	34
<i>nortrel 1/35 tab 28-day pack</i>	60	<i>nystatin 100000unit/gm topical powder</i>	52	OGSIVEO 50MG TAB	34
<i>nortrel 7/7/7 tab 28-day pack</i>	60	<i>nystatin 100000unit/ml cream</i>	52	OJEMDA 100MG TAB	34
<i>nortriptyline 10mg cap</i>	18	<i>nystatin 100000unit/ml oral susp</i>	50	OJEMDA 25MG/ML POWDER FOR ORAL SUSP	34
<i>nortriptyline 25mg cap</i>	18	<i>nystatin 500000unit tab</i>	22	OJJAARA 100MG TAB	34
<i>nortriptyline 2mg/ml oral soln</i>	18	<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment</i>	52	OJJAARA 150MG TAB	34
		<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>	52	OJJAARA 200MG TAB	34
		<i>nystop 100000unit/gm topical powder</i>	52	<i>olanzapine 10mg inj</i>	40
		NYVEPRIA 6MG/0.6ML SYRINGE	63	<i>olanzapine 10mg odt</i>	40
				<i>olanzapine 10mg tab</i>	40
				<i>olanzapine 15mg odt</i>	40
				<i>olanzapine 15mg tab</i>	40
				<i>olanzapine 2.5mg tab</i>	41
				<i>olanzapine 20mg odt</i>	41
				<i>olanzapine 20mg tab</i>	41
				<i>olanzapine 5mg odt</i>	41
				<i>olanzapine 5mg tab</i>	41
				<i>olanzapine 7.5mg tab</i>	41
				<i>olmesartan medoxomil 20mg tab</i>	25
				<i>olmesartan medoxomil 40mg tab</i>	25

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>olmesartan medoxomil</i>	25	ORKAMBI 125-200MG	76	<i>oxycodone 20mg tab</i>	4
<i>5mg tab</i>		TAB		<i>oxycodone 30mg tab</i>	4
<i>olopatadine 0.6%</i>	69	ORKAMBI 188-150MG	76	<i>oxycodone 5mg tab</i>	5
<i>(0.665mg/act) nasal</i>		ORAL GRANULES		<i>oxycodone/acetaminophe</i>	5
<i>inhaler</i>		ORKAMBI 94-75MG	76	<i>n 10-325mg tab</i>	
OLUMIANT 1MG TAB	2	ORAL GRANULES		<i>oxycodone/acetaminophe</i>	5
OLUMIANT 2MG TAB	2	<i>orphenadrine citrate</i>	69	<i>n 2.5-325mg tab</i>	
OLUMIANT 4MG TAB	2	<i>100mg er tab</i>		<i>oxycodone/acetaminophe</i>	5
<i>omega-3 acid ethyl esters</i>	23	ORSERDU 345MG TAB	32	<i>n 5-325mg tab</i>	
<i>(usp) 1gm cap</i>		ORSERDU 86MG TAB	32	<i>oxycodone/acetaminophe</i>	5
<i>omeprazole 10mg dr cap</i>	80	<i>oseltamivir 30mg cap</i>	45	<i>n 7.5-325mg tab</i>	
<i>omeprazole 20mg dr cap</i>	80	<i>oseltamivir 45mg cap</i>	45	OZEMPIC 2.68MG/ML	20
<i>omeprazole 40mg dr cap</i>	80	<i>oseltamivir 6mg/ml oral</i>	45	PEN INJ	
OMNITROPE	56	<i>susp</i>		OZEMPIC 2MG/3ML	20
10MG/1.5ML		<i>oseltamivir 75mg cap</i>	45	PEN INJ	
CARTRIDGE		OTEZLA 30MG TAB	52	OZEMPIC 4MG/3ML	20
OMNITROPE 5.8MG INJ	56	OTEZLA TAB 28-DAY	52	PEN INJ	
OMNITROPE	56	STARTER PACK (55)			
5MG/1.5ML CARTRIDGE		<i>oxacillin 100mg/ml inj</i>	73	P	
<i>ondansetron 0.8mg/ml</i>	21	<i>oxacillin 1gm inj</i>	73	<i>pacerone 100mg tab</i>	8
<i>oral soln</i>		<i>oxacillin 2gm inj</i>	73	<i>pacerone 200mg tab</i>	8
<i>ondansetron 4mg odt</i>	21	OXBRYTA 300MG TAB	63	<i>pacerone 400mg tab</i>	8
<i>ondansetron 4mg tab</i>	21	OXBRYTA 300MG TAB	63	<i>paliperidone 1.5mg er tab</i>	39
<i>ondansetron 8mg odt</i>	21	FOR ORAL SUSP		<i>paliperidone 3mg er tab</i>	39
<i>ondansetron 8mg tab</i>	21	OXBRYTA 500MG TAB	63	<i>paliperidone 6mg er tab</i>	39
ONUREG 200MG TAB	30	<i>oxcarbazepine 150mg tab</i>	13	<i>paliperidone 9mg er tab</i>	39
ONUREG 300MG TAB	30	<i>oxcarbazepine 300mg tab</i>	13	PANRETIN 0.1% GEL	52
OPSUMIT 10MG TAB	77	<i>oxcarbazepine 600mg tab</i>	13	<i>pantoprazole 20mg dr tab</i>	80
OPVEE 2.7MG/0.1ML	21	<i>oxcarbazepine 60mg/ml</i>	13	<i>pantoprazole 40mg dr tab</i>	80
NASAL SPRAY		<i>oral susp</i>		<i>paricalcitol 1mcg cap</i>	57
ORENCIA 125MG/ML	4	<i>oxybutynin chloride 10mg</i>	80	<i>paricalcitol 2mcg cap</i>	57
AUTO-INJECTOR		<i>er tab</i>		<i>paricalcitol 4mcg cap</i>	57
ORENCIA 125MG/ML	4	<i>oxybutynin chloride 15mg</i>	80	<i>paroxetine 10mg tab</i>	16
SYRINGE		<i>er tab</i>		<i>paroxetine 10mg/5ml oral</i>	16
ORENCIA 50MG/0.4ML	4	<i>oxybutynin chloride</i>	80	<i>susp</i>	
SYRINGE		<i>1mg/ml oral soln</i>		<i>paroxetine 12.5mg er tab</i>	16
ORENCIA 87.5MG/0.7ML	4	<i>oxybutynin chloride 5mg</i>	80	<i>paroxetine 20mg tab</i>	16
SYRINGE		<i>er tab</i>		<i>paroxetine 25mg er tab</i>	16
ORGOVYX 120MG TAB	32	<i>oxybutynin chloride 5mg</i>	80	<i>paroxetine 30mg tab</i>	16
ORKAMBI 125-100MG	76	<i>tab</i>		<i>paroxetine 37.5mg er tab</i>	16
ORAL GRANULES		<i>oxycodone 10mg tab</i>	4	<i>paroxetine 40mg tab</i>	16
ORKAMBI 125-100MG	76	<i>oxycodone 15mg tab</i>	4	PAXLOVID	45
TAB		<i>oxycodone 1mg/ml oral</i>	4	150MG/100MG TAB	
		<i>soln</i>		PACK (20)	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

PAXLOVID 150MG/100MG TAB PACK (30) <i>pazopanib 200mg tab</i>	45	<i>pentamidine isethionate 300mg/6ml inh soln</i>	29	<i>pilocarpine 2% ophth soln</i>	71
PEDIARIX SYRINGE	79	<i>pentoxifylline 400mg er tab</i>	48	<i>pilocarpine 4% ophth soln</i>	71
PEDVAXHIB 7.5MCG/0.5ML INJ <i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	81	PERINDOPRIL ERBUMINE 2MG TAB <i>perindopril erbumine 4mg tab</i>	24	<i>pilocarpine 5mg tab</i>	50
<i>peg 3350/electrolyte powder for oral soln</i>	64	PERINDOPRIL ERBUMINE 8MG TAB <i>periogard 0.12% mouthwash</i>	24	<i>pilocarpine 7.5mg tab</i>	51
<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	64	<i>permethrin 5% cream</i>	24	<i>pimecrolimus 1% cream</i>	54
PEGASYS 180MCG/0.5ML SYRINGE	65	<i>perphenazine 16mg tab</i>	50	PIMOZIDE 1MG TAB	75
PEGASYS 180MCG/ML INJ	45	<i>perphenazine 2mg tab</i>	41	PIMOZIDE 2MG TAB	75
PEMAZYRE 13.5MG TAB	34	<i>perphenazine 4mg tab</i>	41	<i>pimtrex 28-day pack</i>	60
PEMAZYRE 4.5MG TAB	34	<i>perphenazine 8mg tab</i>	41	<i>pindolol 10mg tab</i>	46
PEMAZYRE 9MG TAB	34	PERSERIS 120MG SYRINGE	41	<i>pindolol 5mg tab</i>	46
PENBRAYA INJ	81	PERSERIS 90MG SYRINGE	39	<i>pioglitazone 15mg tab</i>	19
<i>penicillamine 250mg tab</i>	67	PHENELZINE 15MG TAB	39	<i>pioglitazone 30mg tab</i>	19
<i>penicillin g potassium 1000000unit/ml inj</i>	72	<i>phenobarbital 100mg tab</i>	16	<i>pioglitazone 45mg tab</i>	19
PENICILLIN G SODIUM 100000UNIT/ML INJ <i>penicillin v potassium 250mg tab</i>	72	<i>phenobarbital 15mg tab</i>	13	<i>piperacillin/tazobactam 2000-250mg inj</i>	73
PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN <i>penicillin v potassium 500mg tab</i>	72	<i>phenobarbital 16.2mg tab</i>	13	<i>piperacillin/tazobactam 3000-375mg inj</i>	73
PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	72	<i>phenobarbital 30mg tab</i>	13	<i>piperacillin/tazobactam 36-4.5gm inj</i>	73
PENTACEL 96-30-68UNIT/ML INJ <i>pentamidine isethionate 300mg inj</i>	79	<i>phenobarbital 32.4mg tab</i>	13	<i>piperacillin/tazobactam 4000-500mg inj</i>	73
	29	<i>phenobarbital 4mg/ml oral soln</i>	14	PIQRAY TAB 200MG DAILY DOSE PACK (28)	34
		<i>phenobarbital 60mg tab</i>	14	PIQRAY TAB 250MG DAILY DOSE PACK (56)	34
		<i>phenobarbital 64.8mg tab</i>	14	PIQRAY TAB 300MG DAILY DOSE PACK (56)	34
		<i>phenobarbital 97.2mg tab</i>	14	<i>pirfenidone 267mg cap</i>	76
		<i>phenytoin 25mg/ml oral susp</i>	14	<i>pirfenidone 267mg tab</i>	76
		<i>phenytoin 50mg chew tab</i>	14	<i>pirfenidone 801mg tab</i>	76
		<i>phenytoin sodium 100mg er cap</i>	14	<i>piroxicam 10mg cap</i>	4
		<i>phenytoin sodium 200mg er cap</i>	14	<i>piroxicam 20mg cap</i>	4
		<i>phenytoin sodium 300mg er cap</i>	14	PLASMA-LYTE 148 INJ	66
		PIFELTRO 100MG TAB	44	PLASMA-LYTE A INJ	66
		<i>pilocarpine 1% ophth soln</i>	71	PLEGRIDY	75
				125MCG/0.5ML AUTO-INJECTOR	
				PLEGRIDY	75
				125MCG/0.5ML SYRINGE	
				<i>plenamine 15% inj</i>	70

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

PODOFILOX 0.5% TOPICAL SOLN	54	POTASSIUM CHLORIDE 40MEQ/100ML INJ	67	<i>prednisone 1mg tab</i>	50
<i>polycin 0.5-10unit/mg ophth ointment</i>	70	<i>potassium chloride 8meq er cap</i>	67	PREDNISONE 1MG/ML ORAL SOLN	50
<i>polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln</i>	70	<i>potassium chloride 8meq er tab</i>	67	<i>prednisone 2.5mg tab</i>	50
POMALYST 1MG CAP	36	<i>potassium citrate 10meq er tab</i>	62	<i>prednisone 20mg tab</i>	50
POMALYST 2MG CAP	36	<i>potassium citrate 15meq er tab</i>	62	<i>prednisone 50mg tab</i>	50
POMALYST 3MG CAP	36	<i>potassium citrate 5meq er tab</i>	62	<i>prednisone 5mg tab</i>	50
POMALYST 4MG CAP	36	<i>pramipexole 0.125mg tab</i>	37	<i>pregabalin 100mg cap</i>	14
<i>portia tab 28-day pack</i>	60	<i>pramipexole 0.25mg tab</i>	37	<i>pregabalin 150mg cap</i>	14
<i>posaconazole 100mg dr tab</i>	22	<i>pramipexole 0.5mg tab</i>	38	<i>pregabalin 200mg cap</i>	14
<i>posaconazole 40mg/ml oral susp</i>	22	<i>pramipexole 0.75mg tab</i>	38	<i>pregabalin 20mg/ml oral soln</i>	14
<i>potassium chloride 1.33meq/ml oral soln</i>	67	<i>pramipexole 1.5mg tab</i>	38	<i>pregabalin 225mg cap</i>	14
<i>potassium chloride 10meq er cap</i>	67	<i>pramipexole 1mg tab</i>	38	<i>pregabalin 25mg cap</i>	14
<i>potassium chloride 10meq er tab</i>	67	<i>prasugrel 10mg tab</i>	63	<i>pregabalin 300mg cap</i>	14
<i>potassium chloride 10meq micro er tab</i>	67	<i>pravastatin sodium 10mg tab</i>	23	<i>pregabalin 50mg cap</i>	14
POTASSIUM CHLORIDE 10MEQ/100ML INJ	67	<i>pravastatin sodium 20mg tab</i>	23	<i>pregabalin 75mg cap</i>	14
<i>potassium chloride 15meq micro er tab</i>	67	<i>pravastatin sodium 40mg tab</i>	24	PREHEVBRIO	81
<i>potassium chloride 2.67meq/ml oral soln</i>	67	<i>pravastatin sodium 80mg tab</i>	24	10MCG/ML INJ	
<i>potassium chloride 20meq er tab</i>	67	<i>praziquantel 600mg tab</i>	6	PREMARIN 0.3MG TAB	61
<i>potassium chloride 20meq micro er tab</i>	67	<i>prazosin 1mg cap</i>	25	PREMARIN 0.45MG TAB	61
<i>potassium chloride 20meq powder for oral soln</i>	67	<i>prazosin 2mg cap</i>	25	PREMARIN 0.625MG TAB	61
POTASSIUM CHLORIDE 20MEQ/100ML INJ	67	<i>prazosin 5mg cap</i>	25	PREMARIN	82
<i>potassium chloride 2meq/ml (20ml) inj</i>	67	PREDNISOLONE 1% OPHTH SOLN	71	0.625MG/GM VAGINAL CREAM	
<i>potassium chloride 2meq/ml inj</i>	67	<i>prednisolone 1mg/ml oral soln</i>	50	PREMARIN 0.9MG TAB	61
		<i>prednisolone 3mg/ml oral soln</i>	50	PREMARIN 1.25MG TAB	61
		<i>prednisolone 5mg/ml oral soln</i>	50	PREMPHASE 28-DAY PACK	60
		PREDNISOLONE ACETATE 1% OPHTH SUSP	71	PREMPRO 0.3/1.5MG 28-DAY PACK	60
		<i>prednisone 10mg tab</i>	50	PREMPRO 0.45/1.5MG 28-DAY PACK	60
				PREMPRO 0.625/2.5MG 28-DAY PACK	60
				PREMPRO 0.625/5MG 28-DAY PACK	60
				<i>prevalite 4gm powder for oral susp</i>	23
				PREVYMIS 240MG TAB	44
				PREVYMIS 480MG TAB	45
				PREZCOBIX 150-800MG TAB	44

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

PREZISTA 100MG/ML ORAL SUSP	44	<i>promethazine 1.25mg/ml oral soln</i>	76	Q	
PREZISTA 150MG TAB	44	<i>promethazine 12.5mg tab</i>	76	QINLOCK 50MG TAB	34
PREZISTA 75MG TAB	44	<i>promethazine 25mg tab</i>	76	QUADRACEL INJ	79
PRIFTIN 150MG TAB	30	<i>promethazine 50mg tab</i>	76	QUADRACEL SYRINGE	79
PRIMAQUINE	29	<i>propafenone 150mg tab</i>	8	<i>quetiapine 100mg tab</i>	41
PHOSPHATE 26.3MG TAB		<i>propafenone 225mg er cap</i>	8	<i>quetiapine 150mg er tab</i>	41
<i>primidone 250mg tab</i>	14	<i>propafenone 225mg tab</i>	8	<i>quetiapine 200mg er tab</i>	41
<i>primidone 50mg tab</i>	14	<i>propafenone 300mg tab</i>	8	<i>quetiapine 200mg tab</i>	41
PRIORIX INJ	81	<i>propafenone 325mg er cap</i>	8	<i>quetiapine 25mg tab</i>	41
PRIVIGEN 20GM/200ML INJ	72	<i>propafenone 425mg er cap</i>	8	<i>quetiapine 300mg er tab</i>	41
<i>probenecid 500mg tab</i>	63	<i>propranolol 10mg tab</i>	46	<i>quetiapine 300mg tab</i>	41
<i>prochlorperazine 10mg tab</i>	41	<i>propranolol 120mg er cap</i>	46	<i>quetiapine 400mg er tab</i>	41
<i>prochlorperazine 25mg rectal supp</i>	41	<i>propranolol 160mg er cap</i>	46	<i>quetiapine 400mg tab</i>	41
<i>prochlorperazine 5mg tab</i>	42	<i>propranolol 20mg tab</i>	46	<i>quetiapine 50mg er tab</i>	41
<i>procto-med 2.5% cream</i>	6	<i>propranolol 40mg tab</i>	46	<i>quetiapine 50mg tab</i>	41
<i>proctosol 2.5% cream</i>	6	<i>propranolol 4mg/ml oral soln</i>	46	<i>quinapril 10mg tab</i>	24
<i>proctozone hc 2.5% cream</i>	6	<i>propranolol 60mg er cap</i>	46	<i>quinapril 20mg tab</i>	24
<i>progesterone 100mg cap</i>	74	<i>propranolol 60mg tab</i>	46	<i>quinapril 40mg tab</i>	24
<i>progesterone 200mg cap</i>	74	<i>propranolol 80mg er cap</i>	46	<i>quinapril 5mg tab</i>	24
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	68	<i>propranolol 80mg tab</i>	46	QUINIDINE SULFATE 200MG TAB	7
PROGRAF 1MG GRANULES FOR ORAL SUSP	68	PROPRANOLOL 8MG/ML ORAL SOLN	46	QUINIDINE SULFATE 300MG TAB	7
PROLASTIN 1000MG INJ	76	<i>propylthiouracil 50mg tab</i>	78	<i>quinine sulfate 324mg cap</i>	29
PROLIA 60MG/ML SYRINGE	56	PROQUAD INJ	81	QVAR 40MCG	9
PROMACTA 12.5MG POWDER FOR ORAL SUSP	63	PROSOL 20% INJ	70	REDIHALER	
PROMACTA 12.5MG TAB	63	<i>protriptyline 10mg tab</i>	18	QVAR 80MCG	9
PROMACTA 25MG POWDER FOR ORAL SUSP	63	<i>protriptyline 5mg tab</i>	18	REDIHALER	
PROMACTA 25MG TAB	63	PULMOZYME 1MG/ML INH SOLN	76	R	
PROMACTA 50MG TAB	63	PURIXAN 2000MG/100ML ORAL SUSP	30	RABAVERT 2.5UNIT/ML INJ	81
PROMACTA 75MG TAB	64	<i>pyrazinamide 500mg tab</i>	30	RADICAVA 105MG/5ML ORAL SUSP	69
		<i>pyridostigmine bromide 60mg tab</i>	30	<i>raloxifene 60mg tab</i>	56
		<i>pyrimethamine 25mg tab</i>	29	<i>ramelteon 8mg tab</i>	64

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>reclipsen tab 28-day pack</i>	60	REXULTI 4MG TAB	42	<i>risperidone 3mg tab</i>	40
RECOMBIVAX	81	REYATAZ 50MG ORAL	44	<i>risperidone 4mg odt</i>	40
10MCG/ML INJ		POWDER		<i>risperidone 4mg tab</i>	40
RECOMBIVAX	81	REZLIDHIA 150MG CAP	34	<i>risperidone 50mg inj</i>	40
10MCG/ML SYRINGE		REZUROCK 200MG TAB	67	<i>risperidone microspheres</i>	40
RECOMBIVAX	81	RHOPRESSA 0.02%	71	<i>12.5mg inj</i>	
40MCG/ML INJ		OPHTH SOLN		<i>risperidone microspheres</i>	40
RECOMBIVAX	81	RIBAVIRIN 200MG CAP	45	<i>25mg inj</i>	
5MCG/0.5ML INJ		RIBAVIRIN 200MG TAB	45	<i>ritonavir 100mg tab</i>	44
RECOMBIVAX	81	<i>rifabutin 150mg cap</i>	30	<i>rivastigmine 1.5mg cap</i>	74
5MCG/0.5ML SYRINGE		<i>rifampin 150mg cap</i>	30	<i>rivastigmine 13.3mg/24hr</i>	74
REGANEX 0.01% GEL	54	<i>rifampin 300mg cap</i>	30	<i>patch</i>	
RELENZA 5MG/BLISTER	45	<i>rifampin 600mg inj</i>	30	<i>rivastigmine 3mg cap</i>	74
POWDER INHALER		<i>riluzole 50mg tab</i>	69	<i>rivastigmine 4.5mg cap</i>	74
<i>repaglinide 0.5mg tab</i>	19	RIMANTADINE 100MG	45	<i>rivastigmine 4.6mg/24hr</i>	74
<i>repaglinide 1mg tab</i>	19	TAB		<i>patch</i>	
<i>repaglinide 2mg tab</i>	19	RINVOQ 15MG ER TAB	2	<i>rivastigmine 6mg cap</i>	74
REPATHA 140MG/ML	23	RINVOQ 30MG ER TAB	2	<i>rivastigmine 9.5mg/24hr</i>	74
AUTO-INJECTOR		RINVOQ 45MG ER TAB	2	<i>patch</i>	
REPATHA 140MG/ML	23	<i>risedronate sodium</i>	56	<i>rizatriptan 10mg odt</i>	65
SYRINGE		<i>150mg tab</i>		<i>rizatriptan 10mg tab</i>	65
REPATHA 420MG/3.5ML	23	<i>risedronate sodium 30mg</i>	56	<i>rizatriptan 5mg odt</i>	65
CARTRIDGE		<i>tab</i>		<i>rizatriptan 5mg tab</i>	65
RETACRIT	64	<i>risedronate sodium 35mg</i>	56	ROCKLATAN	71
10000UNIT/ML INJ		<i>tab</i>		0.02-0.005% OPTH	
RETACRIT	64	<i>risedronate sodium 35mg</i>	56	SOLN	
20000UNIT/2ML INJ		<i>tab pack (12)</i>		<i>roflumilast 0.5mg tab</i>	77
RETACRIT	64	<i>risedronate sodium 35mg</i>	56	<i>roflumilast 250mcg tab</i>	77
20000UNIT/ML INJ		<i>tab pack (4)</i>		<i>ropinirole 0.25mg tab</i>	38
RETACRIT 2000UNIT/ML	64	<i>risedronate sodium 5mg</i>	56	<i>ropinirole 0.5mg tab</i>	38
INJ		<i>tab</i>		<i>ropinirole 1mg tab</i>	38
RETACRIT 3000UNIT/ML	64	RISPERIDONE 0.25MG	39	<i>ropinirole 2mg tab</i>	38
INJ		ODT		<i>ropinirole 3mg tab</i>	38
RETACRIT	64	<i>risperidone 0.25mg tab</i>	40	<i>ropinirole 4mg tab</i>	38
40000UNIT/ML INJ		<i>risperidone 0.5mg odt</i>	40	<i>ropinirole 5mg tab</i>	38
RETACRIT 4000UNIT/ML	64	<i>risperidone 0.5mg tab</i>	40	<i>rosuvastatin calcium</i>	24
INJ		<i>risperidone 1mg odt</i>	40	<i>10mg tab</i>	
RETEVMO 40MG CAP	34	<i>risperidone 1mg tab</i>	40	<i>rosuvastatin calcium</i>	24
RETEVMO 80MG CAP	34	<i>risperidone 1mg/ml oral</i>	40	<i>20mg tab</i>	
REXULTI 0.25MG TAB	42	<i>soln</i>		<i>rosuvastatin calcium</i>	24
REXULTI 0.5MG TAB	42	<i>risperidone 2mg odt</i>	40	<i>40mg tab</i>	
REXULTI 1MG TAB	42	<i>risperidone 2mg tab</i>	40	<i>rosuvastatin calcium 5mg</i>	24
REXULTI 2MG TAB	42	<i>risperidone 37.5mg inj</i>	40	<i>tab</i>	
REXULTI 3MG TAB	42	<i>risperidone 3mg odt</i>	40		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

ROTARIX	81	SECUADO 3.8MG/24HR	41	SKYRIZI 150MG/ML	52
1000000UNIT/ML ORAL		PATCH		AUTO-INJECTOR	
SUSP		SECUADO 5.7MG/24HR	41	SKYRIZI 150MG/ML	52
ROTARIX	81	PATCH		SYRINGE	
667000UNIT/ML ORAL		SECUADO 7.6MG/24HR	41	SKYRIZI 180MG/1.2ML	62
SUSP		PATCH		CARTRIDGE	
ROTATEQ ORAL SUSP	81	<i>selegiline 5mg cap</i>	38	SKYRIZI 360MG/2.4ML	62
<i>roweepra 500mg tab</i>	14	<i>selenium sulfide 2.5%</i>	54	CARTRIDGE	
ROZLYTREK 100MG	35	<i>shampoo</i>		<i>sodium chloride 0.45%</i>	67
CAP		SELZENTRY 20MG/ML	44	<i>inj</i>	
ROZLYTREK 200MG	35	ORAL SOLN		<i>sodium chloride 0.9% inj</i>	67
CAP		SELZENTRY 25MG TAB	44	<i>sodium chloride 0.9%</i>	62
ROZLYTREK 50MG	35	SELZENTRY 75MG TAB	44	<i>irrigation soln</i>	
ORAL PELLETT		<i>sertraline 100mg tab</i>	16	<i>sodium chloride 3% inj</i>	67
RUBRACA 200MG TAB	35	<i>sertraline 20mg/ml oral</i>	16	<i>sodium chloride 50mg/ml</i>	67
RUBRACA 250MG TAB	35	<i>soln</i>		<i>inj</i>	
RUBRACA 300MG TAB	35	<i>sertraline 25mg tab</i>	16	SODIUM OXYBATE	77
<i>rufinamide 200mg tab</i>	14	<i>sertraline 50mg tab</i>	17	500MG/ML ORAL SOLN	
<i>rufinamide 400mg tab</i>	14	<i>setlakin tab 91-day pack</i>	60	<i>sodium phenylbutyrate</i>	57
<i>rufinamide 40mg/ml oral</i>	14	<i>sharobel 0.35mg tab</i>	74	<i>3gm/tsp oral powder</i>	
<i>susp</i>		<i>28-day pack</i>		<i>sodium polystyrene</i>	69
RUKOBIA 600MG ER	44	SHINGRIX	81	<i>sulfonate 15000mg</i>	
TAB		50MCG/0.5ML INJ		<i>powder for oral susp</i>	
RYBELSUS 14MG TAB	20	SIGNIFOR 0.3MG/ML INJ	57	<i>sodium sulfate/potassium</i>	65
RYBELSUS 3MG TAB	20	SIGNIFOR 0.6MG/ML INJ	57	<i>sulfate/magnesium sulfate</i>	
RYBELSUS 7MG TAB	20	SIGNIFOR 0.9MG/ML INJ	57	<i>17.5-3.13-1.6 gm/177ml</i>	
RYDAPT 25MG CAP	35	<i>sildenafil 20mg tab</i>	77	<i>oral soln prep kit</i>	
S		<i>silver sulfadiazine 1%</i>	54	<i>sodium sulfate/potassium</i>	65
<i>sajazir 30mg/3ml syringe</i>	64	<i>cream</i>		<i>sulfate/magnesium sulfate</i>	
<i>salmon calcitonin</i>	56	SIMBRINZA 0.2-1%	70	<i>17.5-3.13-1.6 gm/177ml</i>	
<i>200unit/act nasal spray</i>		OPHTH SUSP		<i>oral soln prep kit (480ml)</i>	
SANTYL 250UNIT/GM	54	<i>simvastatin 10mg tab</i>	24	SOFOBUVIR/VELPATAS	45
OINTMENT		<i>simvastatin 20mg tab</i>	24	VIR 400-100MG TAB	
<i>sapropterin 100mg</i>	57	<i>simvastatin 40mg tab</i>	24	SOGROYA 10MG/1.5ML	56
<i>powder for oral soln</i>		<i>simvastatin 5mg tab</i>	24	PEN INJ	
<i>sapropterin 100mg tab</i>	57	<i>simvastatin 80mg tab</i>	24	SOGROYA 15MG/1.5ML	56
<i>sapropterin 500mg</i>	57	<i>sirolimus 0.5mg tab</i>	68	PEN INJ	
<i>powder for oral soln</i>		<i>sirolimus 1mg tab</i>	68	SOGROYA 5MG/1.5ML	56
SCSEMBLIX 100MG TAB	35	<i>sirolimus 1mg/ml oral</i>	68	PEN INJ	
SCSEMBLIX 20MG TAB	35	<i>soln</i>		SOLTAMOX 10MG/5ML	32
SCSEMBLIX 40MG TAB	35	<i>sirolimus 2mg tab</i>	68	ORAL SOLN	
<i>scopolamine 1mg/72hr</i>	21	SIRTURO 100MG TAB	30	SOMAVERT 10MG INJ	57
<i>patch</i>		SIRTURO 20MG TAB	30	SOMAVERT 15MG INJ	57
				SOMAVERT 20MG INJ	57

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

SOMAVERT 25MG INJ	57	STIVARGA 40MG TAB	35	<i>sumatriptan 6mg/0.5ml</i>	66
SOMAVERT 30MG INJ	57	STREPTOMYCIN 1GM	2	<i>auto-injector</i>	
<i>sorafenib 200mg tab</i>	35	INJ		<i>sumatriptan 6mg/0.5ml</i>	66
<i>sorine 120mg tab</i>	46	STRIBILD	44	<i>cartridge</i>	
<i>sorine 160mg tab</i>	46	150-150-200-300MG		<i>sumatriptan 6mg/0.5ml</i>	66
<i>sotalol 120mg tab</i>	46	TAB		<i>inj</i>	
<i>sotalol 160mg tab</i>	46	STRIVERDI 2.5MCG/ACT	10	<i>sunitinib 12.5mg cap</i>	35
<i>sotalol 240mg tab</i>	46	INHALER		<i>sunitinib 25mg cap</i>	35
<i>sotalol 80mg tab</i>	47	<i>subvenite 100mg tab</i>	14	<i>sunitinib 37.5mg cap</i>	35
<i>sotalol af 120mg tab</i>	47	<i>subvenite 150mg tab</i>	14	<i>sunitinib 50mg cap</i>	35
<i>sotalol af 160mg tab</i>	47	<i>subvenite 200mg tab</i>	14	SUNLENCA 300MG TAB	44
<i>sotalol af 80mg tab</i>	47	<i>subvenite 25mg tab</i>	14	THERAPY PACK (4)	
<i>spironolactone 100mg tab</i>	55	SUCRAID 8500UNIT/ML	55	SUNLENCA 300MG TAB	44
<i>spironolactone 25mg tab</i>	55	ORAL SOLN		THERAPY PACK (5)	
<i>spironolactone 50mg tab</i>	55	<i>sucralfate 1000mg tab</i>	80	SUNOSI 150MG TAB	77
<i>sprintec tab 28-day pack</i>	60	<i>sucralfate 100mg/ml oral</i>	80	SUNOSI 75MG TAB	77
SPRITAM 1000MG TAB	14	<i>susp</i>		<i>syeda tab 28-day pack</i>	60
FOR ORAL SUSP		SUFLAVE SOLN PACK	65	SYMDEKO TAB 4-WEEK	76
SPRITAM 250MG TAB	14	<i>sulfacetamide sodium</i>	51	PACK (56)	
FOR ORAL SUSP		<i>10% lotion</i>		SYMDEKO TAB	76
SPRITAM 500MG TAB	14	<i>sulfacetamide sodium</i>	70	50-75MG/75MG PACK	
FOR ORAL SUSP		<i>10% ophth soln</i>		(56)	
SPRITAM 750MG TAB	14	SULFACETAMIDE/PRED	71	SYMPAZAN 10MG ORAL	12
FOR ORAL SUSP		NISOLONE 10-0.25%		FILM	
SPRYCEL 100MG TAB	35	OPHTH SOLN		SYMPAZAN 20MG ORAL	12
SPRYCEL 140MG TAB	35	SULFADIAZINE 500MG	77	FILM	
SPRYCEL 20MG TAB	35	TAB		SYMPAZAN 5MG ORAL	12
SPRYCEL 50MG TAB	35	<i>sulfamethoxazole/trimeth</i>	77	FILM	
SPRYCEL 70MG TAB	35	<i>oprim 200-40mg/5ml oral</i>		SYMTUZA	44
SPRYCEL 80MG TAB	35	<i>susp</i>		150-800-200-10MG TAB	
<i>sps 15gm/60ml susp</i>	69	<i>sulfamethoxazole/trimeth</i>	77	SYNJARDY	19
<i>sronyx tab 28-day pack</i>	60	<i>oprim 400-80mg tab</i>		12.5-1000MG TAB	
<i>ssd 1% cream</i>	54	<i>sulfamethoxazole/trimeth</i>	77	SYNJARDY 12.5-500MG	19
STELARA 45MG/0.5ML	52	<i>oprim 800-160mg tab</i>		TAB	
INJ		<i>sulfasalazine 500mg dr</i>	62	SYNJARDY 5-1000MG	19
STELARA 45MG/0.5ML	52	<i>tab</i>		TAB	
SYRINGE		<i>sulfasalazine 500mg tab</i>	62	SYNJARDY 5-500MG	19
STELARA 90MG/ML	52	<i>sulindac 150mg tab</i>	4	TAB	
SYRINGE		<i>sulindac 200mg tab</i>	4	SYNJARDY XR	19
STIMUFEND 6MG/0.6ML	64	<i>sumatriptan 100mg tab</i>	66	10-1000MG TAB	
SYRINGE		<i>sumatriptan 25mg tab</i>	66	SYNJARDY XR	19
STIOLTO	10	<i>sumatriptan 4mg/0.5ml</i>	66	12.5-1000MG TAB	
2.5-2.5MCG/ACT		<i>cartridge</i>		SYNJARDY XR	19
INHALER		<i>sumatriptan 50mg tab</i>	66	25-1000MG TAB	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

SYNJARDY XR 5-1000MG TAB	19	TAZICEF 6GM INJ	49	<i>testosterone 1.62% (2.5gm) gel packet</i>	6
T		TAZVERIK 200MG TAB	35	<i>testosterone 1.62% (20.25mg/act) gel pump</i>	6
TABLOID 40MG TAB	30	TDVAX 4-4UNIT/ML INJ	79	<i>testosterone 30mg/act topical soln</i>	6
TABRECTA 150MG TAB	35	TEFLARO 400MG INJ	29	<i>testosterone cypionate 100mg/ml inj</i>	6
TABRECTA 200MG TAB	35	TEFLARO 600MG INJ	29	<i>testosterone cypionate 200mg/ml (1ml) inj</i>	6
<i>tacrolimus 0.03% ointment</i>	54	<i>telmisartan 20mg tab</i>	25	<i>testosterone cypionate 200mg/ml inj</i>	6
<i>tacrolimus 0.1% ointment</i>	54	<i>telmisartan 40mg tab</i>	25	TESTOSTERONE	6
<i>tacrolimus 0.5mg cap</i>	68	<i>telmisartan 80mg tab</i>	25	ENANTHATE 200MG/ML	
<i>tacrolimus 1mg cap</i>	68	<i>temazepam 15mg cap</i>	64	INJ	
<i>tacrolimus 5mg cap</i>	68	<i>temazepam 30mg cap</i>	64	<i>tetrabenazine 12.5mg tab</i>	75
<i>tadalafil 2.5mg tab</i>	62	TENIVAC 4-10UNIT/ML	79	<i>tetrabenazine 25mg tab</i>	75
<i>tadalafil 20mg tab</i>	77	INJ		<i>tetracycline 250mg cap</i>	78
<i>tadalafil 5mg tab</i>	62	TENIVAC 4-10UNIT/ML	79	<i>tetracycline 500mg cap</i>	78
TAFINLAR 10MG TAB	35	SYRINGE		THALOMID 100MG CAP	67
FOR ORAL SUSP		<i>tenofovir disoproxil fumarate 300mg tab</i>	44	THALOMID 150MG CAP	68
TAFINLAR 50MG CAP	35	TEPMETKO 225MG TAB	35	THALOMID 200MG CAP	68
TAFINLAR 75MG CAP	35	<i>terazosin 10mg cap</i>	25	THALOMID 50MG CAP	68
TAGRISSO 40MG TAB	31	<i>terazosin 1mg cap</i>	25	THEOPHYLLINE 100MG	77
TAGRISSO 80MG TAB	31	<i>terazosin 2mg cap</i>	25	ER TAB	
TAKHZYRO 300MG/2ML	64	<i>terazosin 5mg cap</i>	25	THEOPHYLLINE 200MG	77
INJ		<i>terbinafine 250mg tab</i>	22	ER TAB	
TAKHZYRO 300MG/2ML	64	<i>terbutaline sulfate 2.5mg tab</i>	10	<i>theophylline 300mg er tab</i>	77
SYRINGE		<i>terbutaline sulfate 5mg tab</i>	10	<i>theophylline 400mg er tab</i>	77
TALZENNA 0.1MG CAP	35	<i>terconazole 0.4% vaginal cream</i>	82	<i>theophylline 450mg er tab</i>	77
TALZENNA 0.25MG CAP	35	<i>terconazole 0.8% vaginal cream</i>	82	<i>theophylline 600mg er tab</i>	77
TALZENNA 0.35MG CAP	35	<i>terconazole 80mg vaginal insert</i>	82	<i>thioridazine 100mg tab</i>	42
TALZENNA 0.5MG CAP	35	<i>teriflunomide 14mg tab</i>	75	<i>thioridazine 10mg tab</i>	42
TALZENNA 0.75MG CAP	35	<i>teriflunomide 7mg tab</i>	75	<i>thioridazine 25mg tab</i>	42
TALZENNA 1MG CAP	35	TERIPARATIDE	56	<i>thioridazine 50mg tab</i>	42
<i>tamoxifen 10mg tab</i>	32	0.02MG/ACT PEN INJ		<i>thiothixene 10mg cap</i>	39
<i>tamoxifen 20mg tab</i>	32	<i>testosterone 1% (12.5mg/act) gel pump</i>	5	<i>thiothixene 1mg cap</i>	39
<i>tamsulosin 0.4mg cap</i>	63	<i>testosterone 1% (25mg) gel packet</i>	5	<i>thiothixene 2mg cap</i>	39
<i>tarina 24 fe tab 1/20 28-day pack</i>	60	<i>testosterone 1% (50mg) gel packet</i>	5	<i>thiothixene 5mg cap</i>	39
<i>tarina fe tab 1/20 28-day pack</i>	60	<i>testosterone 1.62% (1.25gm) gel packet</i>	5		
TASIGNA 150MG CAP	35				
TASIGNA 200MG CAP	35				
TASIGNA 50MG CAP	35				
<i>tazarotene 0.1% cream</i>	52				
<i>tazicef 1gm inj</i>	49				
<i>tazicef 2gm inj</i>	49				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>tiadylt 120mg er (24hr) cap</i>	47	<i>tobramycin 80mg/2ml inj</i>	2	<i>trazodone 150mg tab</i>	17
<i>tiadylt 180mg er (24hr) cap</i>	47	<i>tolterodine tartrate 1mg tab</i>	80	<i>trazodone 50mg tab</i>	17
<i>tiadylt 240mg er (24hr) cap</i>	48	<i>tolterodine tartrate 2mg er cap</i>	80	TRECTOR 250MG TAB	30
<i>tiadylt 300mg er (24hr) cap</i>	48	<i>tolterodine tartrate 2mg tab</i>	80	TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	10
<i>tiadylt 360mg er (24hr) cap</i>	48	<i>tolterodine tartrate 4mg er cap</i>	80	TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	10
<i>tiadylt 420mg er (24hr) cap</i>	48	<i>topiramate 100mg tab</i>	14	TRELSTAR 11.25MG INJ	32
<i>tiagabine 12mg tab</i>	15	<i>topiramate 15mg cap</i>	14	TRELSTAR 22.5MG INJ	32
<i>tiagabine 16mg tab</i>	15	<i>topiramate 200mg tab</i>	14	TRELSTAR 3.75MG INJ	32
<i>tiagabine 2mg tab</i>	15	<i>topiramate 25mg cap</i>	14	TREMFYA 100MG/ML	52
<i>tiagabine 4mg tab</i>	15	<i>topiramate 25mg tab</i>	14	AUTO-INJECTOR	
TIBSOVO 250MG TAB	35	<i>topiramate 50mg tab</i>	14	TREMFYA 100MG/ML	52
TICOVAC	81	<i>toremifene 60mg tab</i>	32	SYRINGE	
1.2MCG/0.25ML SYRINGE		<i>torseamide 100mg tab</i>	55	TRESIBA 100UNIT/ML	20
TICOVAC 2.4MCG/0.5ML SYRINGE	81	<i>torseamide 10mg tab</i>	55	INJ	
<i>tigecycline 50mg inj</i>	29	<i>torseamide 20mg tab</i>	55	TRESIBA 100UNIT/ML PEN INJ	20
<i>timolol 0.25% ophth gel</i>	70	<i>torseamide 5mg tab</i>	55	TRESIBA 200UNIT/ML PEN INJ	21
<i>timolol 0.25% ophth soln</i>	70	TOUJEO 300UNIT/ML PEN INJ (1.5ML)	20	<i>tretinoin 0.01% gel</i>	51
<i>timolol 0.5% ophth gel</i>	70	TOUJEO MAX	20	<i>tretinoin 0.025% cream</i>	51
<i>timolol 0.5% ophth soln</i>	70	300UNIT/ML PEN INJ (3ML)		<i>tretinoin 0.025% gel</i>	51
<i>timolol 10mg tab</i>	47	TPN ELECTROLYTES INJ	66	<i>tretinoin 0.05% cream</i>	51
<i>timolol 5mg tab</i>	47	TRADJENTA 5MG TAB	20	<i>tretinoin 0.1% cream</i>	51
<i>tinidazole 250mg tab</i>	29	<i>tramadol 100mg er tab</i>	5	<i>tretinoin 10mg cap</i>	36
<i>tinidazole 500mg tab</i>	29	<i>tramadol 200mg er tab</i>	5	<i>triamcinolone acetonide 0.025% cream</i>	54
TIVICAY 10MG TAB	44	<i>tramadol 300mg er tab</i>	5	<i>triamcinolone acetonide 0.025% lotion</i>	54
TIVICAY 25MG TAB	44	<i>tramadol 50mg tab</i>	5	<i>triamcinolone acetonide 0.025% ointment</i>	54
TIVICAY 50MG TAB	44	<i>tramadol/acetaminophen 37.5-325mg tab</i>	5	<i>triamcinolone acetonide 0.1% cream</i>	54
TIVICAY 5MG TAB FOR ORAL SUSP	44	<i>trandolapril 1mg tab</i>	25	<i>triamcinolone acetonide 0.1% lotion</i>	54
<i>tizanidine 2mg tab</i>	69	<i>trandolapril 2mg tab</i>	25	<i>triamcinolone acetonide 0.1% ointment</i>	54
<i>tizanidine 4mg tab</i>	69	<i>trandolapril 4mg tab</i>	25	<i>triamcinolone acetonide 0.1% oral paste</i>	51
<i>tobramycin 0.3% ophth soln</i>	71	<i>tranexamic acid 650mg tab</i>	64	<i>triamcinolone acetonide 0.5% cream</i>	54
TOBRAMYCIN 10MG/ML INJ	2	<i>tranylcypramine 10mg tab</i>	16		
<i>tobramycin 300mg/5ml inh soln</i>	2	TRAVASOL 10% INJ	70		
		<i>travoprost 0.004% ophth soln</i>	72		
		<i>trazodone 100mg tab</i>	17		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>triamcinolone acetonide</i>	54	<i>trimipramine 25mg cap</i>	18	TYMLOS	56
<i>0.5% ointment</i>		<i>trimipramine 50mg cap</i>	18	3120MCG/1.56ML PEN	
<i>triazolam 0.125mg tab</i>	64	TRINTELLIX 10MG TAB	17	INJ	
<i>triazolam 0.25mg tab</i>	64	TRINTELLIX 20MG TAB	17	TYPHIM VI	81
<i>triderm 0.1% cream</i>	54	TRINTELLIX 5MG TAB	17	25MCG/0.5ML INJ	
<i>triderm 0.5% cream</i>	54	<i>tri-nymyo tab 28-day</i>	60	TYPHIM VI	81
<i>trientine 250mg cap</i>	67	<i>pack</i>		25MCG/0.5ML SYRINGE	
<i>tri-estarylla tab 28-day</i>	60	<i>tri-sprintec tab 28-day</i>	60	<hr/>	
<i>pack</i>		<i>pack</i>		U	
<i>trifluoperazine 10mg tab</i>	42	TRIUMEQ	44	UBRELVY 100MG TAB	65
<i>trifluoperazine 1mg tab</i>	42	600-50-300MG TAB		UBRELVY 50MG TAB	65
<i>trifluoperazine 2mg tab</i>	42	TRIUMEQ 60-5-30MG	44	<i>unithroid 100mcg tab</i>	79
<i>trifluoperazine 5mg tab</i>	42	TAB FOR ORAL SUSP		<i>unithroid 112mcg tab</i>	79
TRIFLURIDINE 1%	71	<i>trivora tab 28-day pack</i>	60	<i>unithroid 125mcg tab</i>	79
OPHTH SOLN		<i>tri-vylibra lo tab 28-day</i>	60	<i>unithroid 137mcg tab</i>	79
<i>trihexyphenidyl 2mg tab</i>	37	<i>pack</i>		<i>unithroid 150mcg tab</i>	79
<i>trihexyphenidyl 5mg tab</i>	37	<i>tri-vylibra tab 28-day</i>	60	<i>unithroid 175mcg tab</i>	79
TRIJARDY XR	19	<i>pack</i>		<i>unithroid 200mcg tab</i>	79
10-5-1000MG TAB		<i>trospium chloride 20mg</i>	80	<i>unithroid 25mcg tab</i>	79
TRIJARDY XR	19	<i>tab</i>		<i>unithroid 300mcg tab</i>	79
12.5-2.5-1000MG TAB		<i>trospium chloride 60mg</i>	80	<i>unithroid 50mcg tab</i>	79
TRIJARDY XR	19	<i>er cap</i>		<i>unithroid 75mcg tab</i>	79
25-5-1000MG TAB		TRULANCE 3MG TAB	65	<i>unithroid 88mcg tab</i>	79
TRIJARDY XR	19	TRULICITY	20	<i>ursodiol 250mg tab</i>	62
5-2.5-1000MG TAB		0.75MG/0.5ML		<i>ursodiol 300mg cap</i>	62
TRIKAFTA	76	AUTO-INJECTOR		<i>ursodiol 500mg tab</i>	62
100-50-75MG/150MG		TRULICITY	20	UZEDY 100MG/0.28ML	40
TAB PACK (84)		1.5MG/0.5ML		SYRINGE	
TRIKAFTA	76	AUTO-INJECTOR		UZEDY 125MG/0.35ML	40
100-50-75MG/75MG		TRULICITY 3MG/0.5ML	20	SYRINGE	
GRANULES PACK (56)		AUTO-INJECTOR		UZEDY 150MG/0.42ML	40
TRIKAFTA	76	TRULICITY	20	SYRINGE	
50-37.5-25MG/75MG		4.5MG/0.5ML		UZEDY 200MG/0.56ML	40
TAB PACK (84)		AUTO-INJECTOR		SYRINGE	
TRIKAFTA	76	TRUMENBA SYRINGE	81	UZEDY 250MG/0.7ML	40
80-40-60MG/59.5MG		TRUQAP 160MG TAB	35	SYRINGE	
GRANULES PACK (56)		TRUQAP 200MG TAB	35	UZEDY 50MG/0.14ML	40
<i>tri-lo- estarylla tab</i>	60	TUKYSA 150MG TAB	36	SYRINGE	
<i>28-day pack</i>		TUKYSA 50MG TAB	36	UZEDY 75MG/0.21ML	40
<i>tri-lo-sprintec tab 28-day</i>	60	TURALIO 125MG CAP	35	SYRINGE	
<i>pack</i>		<i>turqoz tab 28-day pack</i>	60	<hr/>	
<i>trimethoprim 100mg tab</i>	29	TWINRIX SYRINGE	82	V	
<i>tri-mili tab 28-day pack</i>	60	TYBOST 150MG TAB	44	<i>valacyclovir 1000mg tab</i>	45
<i>trimipramine 100mg cap</i>	18			<i>valacyclovir 500mg tab</i>	45
				VALCHLOR 0.016% GEL	52

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

<i>valganciclovir 450mg tab</i>	45	VARIVAX	82	VERZENIO 150MG TAB	36
<i>valganciclovir 50mg/ml oral soln</i>	45	1350PFU/0.5ML INJ		VERZENIO 200MG TAB	36
<i>valproic acid 250mg cap</i>	15	VELIVET TAB 28-DAY PACK	60	VERZENIO 50MG TAB	36
<i>valproic acid 50mg/ml oral soln</i>	15	VELTASSA 16.8GM POWDER FOR ORAL SUSP	69	<i>vestura tab 3-0.02mg 28-day pack</i>	60
<i>valsartan 160mg tab</i>	25	VELTASSA 25.2GM POWDER FOR ORAL SUSP	69	<i>vienna tab 28-day pack</i>	60
<i>valsartan 320mg tab</i>	25	VELTASSA 8.4GM POWDER FOR ORAL SUSP	69	<i>vigabatrin 500mg powder for oral soln</i>	15
<i>valsartan 40mg tab</i>	25	VEMLIDY 25MG TAB	45	<i>vigabatrin 500mg tab</i>	15
<i>valsartan 80mg tab</i>	25	VENCLEXTA 100MG TAB	36	<i>vigadrone 500mg powder for oral soln</i>	15
VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	12	VENCLEXTA 10MG TAB	36	<i>vigadrone 500mg tab</i>	15
VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	12	VENCLEXTA 50MG TAB	36	<i>vigpoder 500mg powder for oral soln</i>	15
VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	12	VENCLEXTA TAB STARTER PACK (42)	36	<i>vilazodone 10mg tab</i>	17
VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	12	<i>venlafaxine 100mg tab</i>	17	<i>vilazodone 20mg tab</i>	17
<i>vancomycin 100mg/ml inj</i>	29	<i>venlafaxine 150mg er cap</i>	17	<i>vilazodone 40mg tab</i>	17
<i>vancomycin 125mg cap</i>	29	<i>venlafaxine 25mg tab</i>	17	VIRACEPT 250MG TAB	44
<i>vancomycin 1gm inj</i>	29	<i>venlafaxine 37.5mg er cap</i>	17	VIRACEPT 625MG TAB	44
<i>vancomycin 250mg cap</i>	29	<i>venlafaxine 37.5mg tab</i>	17	VIREAD 150MG TAB	44
<i>vancomycin 500mg inj</i>	29	<i>venlafaxine 50mg tab</i>	17	VIREAD 200MG TAB	44
<i>vancomycin 750mg inj</i>	29	<i>venlafaxine 75mg er cap</i>	17	VIREAD 250MG TAB	44
VANFLYTA 17.7MG TAB	35	<i>venlafaxine 75mg tab</i>	17	VIREAD 40MG/GM ORAL POWDER	44
VANFLYTA 26.5MG TAB	35	<i>verapamil 120mg er cap</i>	48	VITRAKVI 100MG CAP	36
VAQTA 25UNIT/0.5ML INJ	82	<i>verapamil 120mg er tab</i>	48	VITRAKVI 20MG/ML ORAL SOLN	36
VAQTA 25UNIT/0.5ML SYRINGE	82	<i>verapamil 120mg tab</i>	48	VITRAKVI 25MG CAP	36
VAQTA 50UNIT/ML INJ	82	<i>verapamil 180mg er cap</i>	48	VIZIMPRO 15MG TAB	31
VAQTA 50UNIT/ML SYRINGE	82	<i>verapamil 180mg er tab</i>	48	VIZIMPRO 30MG TAB	31
<i>varenicline 0.5mg tab</i>	75	<i>verapamil 240mg er cap</i>	48	VIZIMPRO 45MG TAB	31
<i>varenicline 0.5mg/1mg first month pack (53)</i>	76	<i>verapamil 240mg er tab</i>	48	VONJO 100MG CAP	36
<i>varenicline 1mg tab</i>	76	<i>verapamil 40mg tab</i>	48	<i>voriconazole 200mg inj</i>	22
<i>varenicline 1mg tab pack (56)</i>	76	<i>verapamil 80mg tab</i>	48	<i>voriconazole 200mg tab</i>	22
		VERQUOVO 10MG TAB	48	<i>voriconazole 40mg/ml oral susp</i>	22
		VERQUOVO 2.5MG TAB	48	<i>voriconazole 50mg tab</i>	22
		VERQUOVO 5MG TAB	48	VOSEVI 400-100-100MG TAB	45
		VERSACLOZ 50MG/ML ORAL SUSP	41	VOWST 30000000UNIT CAP	62
		VERZENIO 100MG TAB	35	VRAYLAR 1.5MG CAP	39
				VRAYLAR 3MG CAP	39
				VRAYLAR 4.5MG CAP	39

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ALPHABETICAL LISTING OF DRUGS

VRAYLAR 6MG CAP	39	XATMEP 2.5MG/ML	30	XOLAIR 150MG INJ	8
<i>vyfemla tab 28-day pack</i>	60	ORAL SOLN		XOLAIR 150MG/ML	8
<i>vylibra tab 28-day pack</i>	61	XCOPRI 100MG TAB	15	AUTO-INJECTOR	
VYNDAMAX 61MG CAP	48	XCOPRI 150MG TAB	15	XOLAIR 150MG/ML	8
VYNDAQEL 20MG CAP	48	XCOPRI 200MG TAB	15	SYRINGE	
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W		XCOPRI 25MG TAB	15	XOLAIR 300MG/2ML	8
<i>warfarin sodium 10mg tab</i>	11	XCOPRI 50MG TAB	15	AUTO-INJECTOR	
<i>warfarin sodium 1mg tab</i>	11	XCOPRI TAB 100/150MG	15	XOLAIR 300MG/2ML	8
<i>warfarin sodium 2.5mg tab</i>	11	MAINTENANCE PACK (56)		SYRINGE	
<i>warfarin sodium 2mg tab</i>	11	XCOPRI TAB 12.5/25MG	15	XOLAIR 75MG/0.5ML	8
<i>warfarin sodium 3mg tab</i>	11	TITRATION PACK (28)		AUTO-INJECTOR	
<i>warfarin sodium 4mg tab</i>	11	XCOPRI TAB 150/200MG	15	XOLAIR 75MG/0.5ML	8
<i>warfarin sodium 5mg tab</i>	11	PACK (56)		SYRINGE	
<i>warfarin sodium 6mg tab</i>	11	XCOPRI TAB 150/200MG	15	XOPENEX 45MCG	10
<i>warfarin sodium 7.5mg tab</i>	11	TITRATION PACK (28)		INHALER	
WELIREG 40MG TAB	36	XCOPRI TAB 50/100MG	15	XOSPATA 40MG TAB	36
<i>wixela 100-50mcg powder inhaler</i>	10	TITRATION PACK (28)		XPOVIO TAB 100MG	36
<i>wixela 250-50mcg powder inhaler</i>	10	XDENVY 0.25% OPHTH SOLN	71	ONCE WEEKLY CARTON (8)	
<i>wixela 500-50mcg powder inhaler</i>	10	XELJANZ 10MG TAB	2	XPOVIO TAB 40MG	37
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X		XELJANZ 1MG/ML	2	ONCE WEEKLY CARTON (4)	
XALKORI 150MG ORAL PELLET	36	ORAL SOLN		XPOVIO TAB 40MG	37
XALKORI 200MG CAP	36	XELJANZ 5MG TAB	2	TWICE WEEKLY	
XALKORI 20MG ORAL PELLET	36	XELJANZ XR 11MG TAB	2	CARTON (8)	
XALKORI 250MG CAP	36	XELJANZ XR 22MG TAB	2	XPOVIO TAB 60MG	37
XALKORI 50MG ORAL PELLET	36	XERMELO 250MG TAB	21	ONCE WEEKLY CARTON (4)	
XARELTO 10MG TAB	10	XGEVA 120MG/1.7ML	56	XPOVIO TAB 60MG	37
XARELTO 15MG TAB	10	INJ		TWICE WEEKLY	
XARELTO 1MG/ML	10	XIFAXAN 550MG TAB	29	CARTON (24)	
ORAL SUSP		XIGDUO XR 10-1000MG	19	XPOVIO TAB 80MG	37
XARELTO 2.5MG TAB	10	TAB		ONCE WEEKLY CARTON (8)	
XARELTO 20MG TAB	10	XIGDUO XR 10-500MG	19	XPOVIO TAB 80MG	37
XARELTO TAB STARTER	10	TAB		TWICE WEEKLY	
PACK (51)		XIGDUO XR	19	CARTON (32)	
		2.5-1000MG TAB		XTANDI 40MG CAP	32
		XIGDUO XR 5-1000MG	19	XTANDI 40MG TAB	32
		TAB		XTANDI 80MG TAB	32
		XIGDUO XR 5-500MG	19	<i>xulane 150-35mcg/24hr patch</i>	61
		TAB		<hr/>	
		XIIDRA 5% OPHTH SOLN	71	Y	
		XOFLUZA 40MG TAB	45	YF-VAX INJ	82
		XOFLUZA 80MG TAB	45		

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ALPHABETICAL LISTING OF DRUGS

Z		<i>zovia 1mg-35mcg tab</i>	61
<i>zafemy 150-35mcg/24hr patch</i>	61	<i>28-day pack</i>	
<i>zafirlukast 10mg tab</i>	9	ZTALMY 50MG/ML	14
<i>zafirlukast 20mg tab</i>	9	ORAL SUSP	
<i>zaleplon 10mg cap</i>	64	ZURZUVAE 20MG CAP	16
<i>zaleplon 5mg cap</i>	64	ZURZUVAE 25MG CAP	16
ZAVZPRET 10MG/ACT	65	ZURZUVAE 30MG CAP	16
NASAL SPRAY		ZYDELIG 100MG TAB	36
ZEJULA 100MG TAB	36	ZYDELIG 150MG TAB	36
ZEJULA 200MG TAB	36	ZYKADIA 150MG TAB	36
ZEJULA 300MG TAB	36	ZYPREXA RELPREVV	41
ZELBORAF 240MG TAB	36	210MG INJ	
ZEMAIRA 1000MG INJ	76		
<i>zenatane 10mg cap</i>	51		
<i>zenatane 20mg cap</i>	51		
<i>zenatane 30mg cap</i>	51		
<i>zenatane 40mg cap</i>	51		
<i>zidovudine 100mg cap</i>	44		
<i>zidovudine 10mg/ml oral soln</i>	44		
<i>zidovudine 300mg tab</i>	44		
ZIMHI 5MG/0.5ML	21		
SYRINGE			
<i>ziprasidone 20mg cap</i>	39		
<i>ziprasidone 20mg inj</i>	39		
<i>ziprasidone 40mg cap</i>	39		
<i>ziprasidone 60mg cap</i>	39		
<i>ziprasidone 80mg cap</i>	39		
ZOLINZA 100MG CAP	36		
<i>zolmitriptan 2.5mg tab</i>	66		
<i>zolmitriptan 5mg tab</i>	66		
<i>zolpidem tartrate 10mg tab</i>	64		
<i>zolpidem tartrate 12.5mg er tab</i>	64		
<i>zolpidem tartrate 5mg tab</i>	64		
<i>zolpidem tartrate 6.25mg er tab</i>	64		
ZONISADE 100MG/5ML	14		
ORAL SUSP			
<i>zonisamide 100mg cap</i>	14		
<i>zonisamide 25mg cap</i>	14		
<i>zonisamide 50mg cap</i>	14		

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L.A. Care
HEALTH PLAN®

For All of L.A.

Este formulario se actualizó el 26 de agosto de 2024. Mensaje importante acerca de lo que usted paga por las vacunas: Algunas vacunas se consideran beneficios médicos. Otras vacunas son consideradas medicamentos de la Parte D. Nuestro plan cubre la mayoría de las vacunas de la Parte D sin ningún costo para usted.

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