



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

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

Lista de medicamentos cubiertos (Formulario)

2024

NOTA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.

Este Formulario se actualizó el 1 de octubre de 2024.

Mensaje importante sobre lo que paga por las vacunas–

Algunas vacunas se consideran beneficios médicos. Otras vacunas se consideran medicamentos de la Parte D. Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted.

Para obtener información más reciente o por otras preguntas, contáctenos al **1-833-522-3767** (TTY: **711**), las 24 horas del día, los 7 días de la semana, incluso los días festivos, o visítenos en **[medicare.lacare.org](https://www.medicare.lacare.org)**.



L.A. Care Medicare Plus (HMO D-SNP) 2024 *Lista de medicamentos cubiertos* (Formulario)

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocido como Lista de medicamentos). La Lista le indica qué medicamentos recetados, medicamentos de venta libre (over-the-counter, OTC), productos que no sean medicamentos y artículos 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.

Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos, aparece en las páginas de la portada y contracubierta. Los términos más importantes y sus definiciones figuran en el último capítulo de la *Evidencia de cobertura*.

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Si tiene preguntas, 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.

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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.

- Siempre puede consultar la *Lista actualizada de medicamentos cubiertos* de L.A. Care Medicare Plus en línea, en medicare.lacare.org, o puede llamar al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos.
- Puede obtener este documento de manera gratuita en otros formatos, como en letra grande, en braille o en formato de audio. Llame 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.
- Este documento está disponible de forma gratuita en árabe, armenio, chino, persa, jemer, coreano, ruso, español, tagalo y vietnamita.
- Puede solicitar que le enviemos siempre la información en el idioma o formato que necesite. Esto se llama "solicitud permanente". Haremos un seguimiento de su solicitud permanente para que no tenga que hacer solicitudes por separado cada vez que le enviemos información. Para recibir este documento en un idioma que no sea el inglés o en un formato alternativo, comuníquese a 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 ayudarlo a hacer o cambiar una solicitud permanente.

B. Preguntas frecuentes

Encuentre aquí las respuestas para las preguntas que tenga acerca de la *Lista de medicamentos cubiertos*. Puede leer todas las preguntas frecuentes para obtener más información, o buscar una pregunta y su respuesta.

B1. ¿Qué medicamentos recetados están en la *Lista de medicamentos cubiertos*? (Para abreviar, denominamos "*Lista de medicamentos*" a la *Lista de medicamentos cubiertos*).

Los medicamentos que aparecen en la *Lista de medicamentos cubiertos* que comienza en la página 1 son los medicamentos cubiertos por L.A. Care Medicare Plus. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia se encuentra en nuestra red si tenemos un acuerdo de trabajo con ella para que le proporcione servicios. Nos referimos a estas farmacias como "farmacias de la red". L.A. Care Medicare Plus cubre los medicamentos recetados incluidos en la *Lista de medicamentos cubiertos*. Otros medicamentos, como algunos medicamentos de venta libre (OTC) y ciertas vitaminas, pueden estar cubiertos por Medi-Cal Rx. Visite el sitio web de Medi-Cal Rx en (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. Lleve su tarjeta de identificación de beneficiario (Beneficiary Identification Card, BIC) de Medi-Cal cuando adquiera medicamentos recetados a través de Medi-Cal Rx.

- L.A. Care Medicare Plus cubrirá todos los medicamentos médicamente necesarios que se encuentran en la *Lista de medicamentos* si ocurre lo siguiente:
 - su médico u otra persona que recetó el medicamento dice que usted los necesita para mejorarse o mantenerse saludable;
 - L.A. Care Medicare Plus está de acuerdo en que el medicamento es médicamente necesario para usted, y
 - usted surte la receta médica en una farmacia de la red de L.A. Care Medicare Plus.



Si tiene preguntas, 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.

- En algunos casos, debe hacer algo antes de que pueda obtener un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de medicamentos cubiertos en nuestro sitio web en medicare.lacare.org o puede llamar al Departamento de 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. ¿La Lista de medicamentos cambia alguna vez?

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

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir solicitar o no solicitar la autorización previa de 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 las restricciones a la terapia de pasos 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, por lo general, no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- salga al mercado un nuevo medicamento más económico que funcione tan bien como un medicamento incluido ahora en la Lista de medicamentos, **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.

- Siempre puede consultar la Lista actualizada de medicamentos en línea de L.A. Care Medicare Plus en medicare.lacare.org.
- También puede comunicarse con el Departamento de Servicios para los Miembros al 1-833-522-3767 (TTY: 711) para consultar la Lista actual de medicamentos, las 24 horas del día, los 7 días de la semana, incluso los días festivos.



Si tiene preguntas, 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.

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:

- **Un nuevo medicamento genérico está disponible.** A veces, sale al mercado un nuevo medicamento genérico que funciona tan bien como un medicamento de marca incluido ahora en la Lista de medicamentos. Cuando esto suceda, es posible que quitemos el medicamento de marca y agreguemos el nuevo medicamento genérico, pero el costo que usted deberá pagar por el medicamento nuevo seguirá siendo de \$0. Al agregar el nuevo medicamento genérico, también es posible que decidamos mantener el medicamento de marca 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 el cambio específico una vez que suceda.
 - Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con las medidas que puede tomar para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- **Se retira 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 si el fabricante de un medicamento retira el medicamento del mercado, lo eliminaremos de la Lista de medicamentos. Si usted está tomando el medicamento, se lo haremos saber. Si recibe alguna de estas cartas, consulte con su médico para encontrar una alternativa de medicamento que sea segura para usted.

Podemos hacer otros cambios que afecten los medicamentos que usted toma. Le informaremos con anticipación acerca de estos otros cambios en la Lista de medicamentos. Estos cambios podrían realizarse si:

- La Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) proporciona nuevas directrices o hay nuevas pautas clínicas acerca de un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado, **y**
 - reemplazamos un medicamento de marca incluido actualmente en la Lista de medicamentos, **o**
 - cambiamos las reglas o los límites de cobertura para el medicamento de marca.

Cuando ocurran estos cambios, haremos lo siguiente:

- informarle al menos 30 días antes de que realicemos el cambio en la Lista de medicamentos, **o**
- informarle y darle un suministro de 30 días del medicamento después de solicitar un resurtido.

Esto le dará tiempo para consultar con su médico u otra persona que recetó el medicamento. Ellos pueden ayudarle a decidir lo siguiente:

- si reemplazar un medicamento por otro similar que se encuentre en la Lista de medicamentos, **o**
- si es necesario solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.



Si tiene preguntas, 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.

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 poseen reglas de cobertura o tienen límites sobre la cantidad que puede recibir. En algunos casos usted o su médico u otro profesional deben hacer algo antes de que pueda recibir el medicamento. Por ejemplo:

- **Autorización previa:** Para algunos medicamentos, usted o su médico, u otra persona que recetó el medicamento, deben obtener la autorización de L.A. Care Medicare Plus antes de que pueda surtir su receta. Una autorización previa es diferente a una referencia. Es posible que L.A. Care Medicare Plus no cubra el medicamento si no obtiene una autorización previa.
- **Límites de cantidad:** En ocasiones L.A. Care Medicare Plus limita la cantidad de un medicamento que puede obtener.
- **Terapia de pasos:** En ocasiones L.A. Care Medicare Plus requiere que tome una terapia de pasos. Esto significa que debe probar medicamentos en un determinado orden para su condición médica. Es posible que deba probar un medicamento antes de que proporcionemos cobertura para otro medicamento. Si su médico cree que el primer medicamento no le funciona, entonces cubriremos el segundo.
- **Cobertura basada en indicaciones:** Si L.A. Care Medicare Plus cubre un medicamento solo para algunas condiciones médicas, lo identificamos claramente en la Lista de medicamentos junto con las condiciones médicas específicas que están cubiertas.

Puede averiguar si su medicamento posee requisitos adicionales o límites consultando el inicio de las tablas en la página xi. También puede visitar nuestro sitio web medicare.lacare.org para obtener más información. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y de terapia de pasos. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para consultar con su médico u otra persona que recetó el medicamento. Ellos podrán decidir si existe un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

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

La tabla que aparece en la Lista de medicamentos por condición médica en la página número de página 1 posee una columna con el título "Acciones necesarias, restricciones o limitaciones de uso".

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.



Si tiene preguntas, 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.

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

Puede encontrar un medicamento de dos formas:

- puede buscar por orden alfabético, **o**
- puede buscar por condición médica.

Para buscar **por orden alfabético**, busque su medicamento en la sección Índice de medicamentos cubiertos. Puede encontrarla al final de la lista de medicamentos. Se denomina Índice. Los medicamentos figuran en orden alfabético.

Para buscar por **condición médica**, busque la sección denominada “Lista de medicamentos por condición médica” en la página xii. Los medicamentos en esta sección se agrupan en categorías, de acuerdo con el tipo de condición médica que tratan. Por ejemplo, si tiene una condición cardíaca, debe buscar en la categoría, agentes cardiovasculares - Misc. Ahí es donde encontrará los medicamentos que tratan condiciones del corazón.

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, comuníquese con el Departamento de 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 al respecto. Si le informan que L.A. Care Medicare Plus no cubrirá el medicamento, puede elegir una de las siguientes opciones:

- Solicitar al *Departamento de Servicios para los Miembros* una lista de medicamentos similares al que desea tomar. Luego, muestre la lista a su médico u otra persona que recetó el medicamento. Ellos pueden recetar un medicamento de la Lista de medicamentos que sea similar al que usted desea tomar, **o**
- puede pedirle a L.A. Care Medicare Plus que haga una excepción y cubra su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

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 si tengo problemas para obtener mi medicamento?

Podemos ayudarle. Podemos cubrir un suministro temporal de 30 días de su medicamento durante los primeros 90 días si usted es miembro de L.A. Care Medicare Plus. Esto le dará tiempo para consultar con su médico u otra persona que recetó el medicamento. Ellos podrán decidir si existe un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción.

Si su receta es por menos días, vamos a permitir varios resurtidos para ofrecerle un suministro de medicamentos hasta por un máximo de 30 días.

Cubriremos un suministro de 30 días de su medicamento si:

- está tomando un medicamento que no está en nuestra Lista de medicamento;
- las reglas de nuestro plan de salud no le permiten obtener la cantidad ordenada por la persona que recetó el medicamento;
- el medicamento requiere autorización previa de L.A. Care Medicare Plus, **o**
- está tomando un medicamento que es parte de una restricción de terapia de pasos.



Si tiene preguntas, 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.

Si está tomando un medicamento que L.A. Care Medicare Plus no considera un medicamento de la Parte D, tiene derecho a obtener un suministro único del medicamento durante 72 horas.

Si está en una residencia de reposo u otro centro de atención médica a largo plazo y necesita un medicamento que no está en la Lista de medicamentos, o si no puede conseguir fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan durante más de 90 días, vive en un centro de atención médica 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 transferidos de un hospital a centros de atención médica a largo plazo.
2. Miembros que son dados de alta de un hospital y enviados a su casa.
3. Miembros que terminan su estadía en un hospital de enfermería de la Parte A de Medicare y que necesitan regresar a su formulario del plan de la Parte D.
4. Miembros que abandonan el estatus del centro de cuidados paliativos para regresar a los beneficios estándar de la Parte A y B de Medicare.
5. Miembros que terminan su estadía en un centro de atención médica a largo plazo y regresan a la comunidad.
6. Miembros que son dados de alta de hospitales psiquiátricos con regímenes de medicamentos altamente personalizados.

Las farmacias pueden comunicarse con el Centro de Ayuda de Farmacia al 1-844-268-9785 para procesar las cancelaciones del punto de venta a fin de asegurar que los miembros reciban acceso a sus medicamentos sin ningún retraso.

B10. ¿Puedo solicitar una excepción para cubrir mi medicamento?

Sí. Puede solicitar a L.A. Care Medicare Plus que realice una excepción para cubrir un medicamento que no se encuentre en la Lista de medicamentos.

También puede solicitarnos que cambiemos las reglas de su medicamento.

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



Si tiene preguntas, 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.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, comuníquese con el Departamento de Servicios para los Miembros. Un representante del Departamento de Servicios para los Miembros trabajará con usted y su proveedor para ayudarle a solicitar una excepción. También puede leer el Capítulo 9 de la *Evidencia de cobertura* para obtener más información acerca de las excepciones.

B12. ¿Cuánto tiempo tarda obtener una excepción?

Una vez que recibimos una declaración de la persona que recetó el medicamento y la cual solicita una excepción, le informaremos sobre nuestra decisión dentro de las 72 horas. Su médico u otra persona que recetó el medicamento puede enviarnos la declaración por fax o correo. O bien, su médico u otra persona que recetó el medicamento nos puede decir al respecto por teléfono y, luego, enviarnos una declaración por fax o por correo. Para obtener más información, puede llamarnos al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos.

Si usted o la persona que recetó el medicamento piensan que su salud puede perjudicarse si tiene que esperar 72 horas para una decisión, puede solicitar una excepción acelerada. Es una decisión más rápida. Si la persona que recetó el medicamento respalda su solicitud, le informaremos nuestra decisión dentro de las 24 horas de recibir la declaración de respaldo de la persona que recetó el medicamento.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos contienen los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos de marca y normalmente no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA).

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

B14. ¿Qué son los medicamentos OTC?

OTC significa “de venta libre”. L.A. Care Medicare Plus cubre algunos medicamentos OTC cuando son recetados por su proveedor.

Puede leer la Lista de medicamentos de L.A. Care Medicare Plus para buscar cuáles son los medicamentos OTC que están cubiertos.

B15. ¿L.A. Care Medicare Plus cubre los productos OTC que no sean medicamentos?

L.A. Care Medicare Plus cubre algunos productos OTC que no sean medicamentos cuando son recetados por su proveedor.

Algunos ejemplos de productos OTC que no sean medicamentos incluyen hisopos con alcohol.

Puede leer la Lista de medicamentos de L.A. Care Medicare Plus para buscar cuáles son los productos OTC que no sean medicamentos que están cubiertos.



Si tiene preguntas, 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.

B16. ¿L.A. Care Medicare Plus cubre los suministros de medicamentos recetados a largo plazo?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de 100 días de sus medicamentos recetados enviado directamente a su hogar. Un suministro de 100 días tiene el mismo copago que un suministro de un mes.
- **Programas de farmacia minorista para 100 días.** Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos recetados cubiertos. Un suministro de 100 días tiene el mismo copago que un suministro de un mes.

B17. ¿La farmacia local me puede enviar medicamentos recetados a mi casa?

Es posible que su farmacia local pueda entregar su receta en su casa. Puede llamar a su farmacia para averiguar si ofrecen entrega a domicilio.

B18. ¿Cuál es mi copago?

Los miembros de L.A. Care Medicare Plus tienen un copago de \$0 para medicamentos OTC y recetados, así como para productos que no sean medicamentos si el miembro sigue las reglas del plan. Consulte las preguntas B14 y B15 para obtener más información sobre los medicamentos OTC y los productos que no sean medicamentos.

Los niveles son grupos de medicamentos en 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 preguntas, 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. Resumen de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le proporciona información sobre los medicamentos cubiertos por L.A. Care Medicare Plus. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la página 1 del índice. El Índice detalla alfabéticamente todos los medicamentos cubiertos por L.A. Care Medicare Plus.



Si tiene preguntas, 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.

ABREVIATURAS DE LAS NOTAS DE COBERTURA

Restricciones a la administración de utilización

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
Autorización previa (Prior Authorization, PA)	Restricción a la autorización previa	Usted (o su médico) deben obtener una autorización previa de L.A. Care Medicare Plus antes de surtir su receta para este medicamento. Sin una autorización previa, L.A. Care Medicare Plus no podrá cubrir este medicamento.
PA BvD	Restricción de autorización previa para la determinación de la Parte B frente a la Parte D	Este medicamento puede ser elegible para el pago en virtud de la Parte B o Parte D de Medicare. Usted (o su médico) deben obtener una autorización previa de L.A. Care Medicare Plus para determinar que el medicamento está cubierto conforme la Parte D de Medicare antes de surtir su receta médica para este medicamento. Sin una autorización previa, L.A. Care Medicare Plus no podrá cubrir este medicamento.
PA NSO	Restricción de autorización previa solo para los miembros nuevos (Prior Authorization Restriction for New Starts Only, PA NSO)	Si esta es una nueva receta para usted, es decir, es el primer medicamento que se le receta, usted (o su médico) debe obtener autorización previa de L.A. Care Medicare Plus antes de surtir su receta de este medicamento. Sin una autorización previa, L.A. Care Medicare Plus no podrá cubrir este medicamento.
QL	Restricción al límite de cantidad (Quantity Limit, QL)	L.A. Care Medicare Plus limita la cantidad cubierta dentro de un plazo específico para este medicamento.
ST	Restricción a la terapia de pasos (Step Therapy, ST)	Antes de que L.A. Care Medicare Plus ofrezca cobertura para este medicamento, primero debe probar otro(s) medicamento(s) del formulario para tratar su condición médica. Este medicamento solo puede cubrirse si otro(s) medicamento(s) no le resulta(n).
ST NSO	Terapia de pasos solo para nuevos tratamientos (Step Therapy for New Starts Only, ST NSO)	Si esta es una receta nueva para usted, es decir, si es la primera vez que se la recetan, antes de que L.A. Care Medicare Plus ofrezca cobertura para este medicamento, primero debe probar otro(s) medicamento(s) del formulario para tratar su condición médica. Este medicamento solo puede cubrirse si otro(s) medicamento(s) no le resulta(n).

Otros requisitos especiales de cobertura

Distribución limitada (Limited distribution, LD)	Medicamento de distribución limitada	Esta receta médica puede estar disponible solo en determinadas farmacias. Para obtener más información, consulte su <i>Directorio de proveedores/farmacias</i> o llame al Departamento de 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 sin extensión	Los medicamentos con la inscripción "NDS" se limitan a un suministro de un mes tanto en las farmacias minoristas como en las órdenes por correo.
INS	Insulina	Productos de insulina a un máximo de \$35 por mes.
VAC	Vacuna	Vacunas de la Parte D de Medicare cubiertas a \$0.

Si tiene preguntas, 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.



Nota: El asterisco (*) al lado de un medicamento indica que no es un “medicamento cubierto por la Parte D”. Estos medicamentos tienen reglas diferentes para las apelaciones.

- Una apelación es una manera formal de solicitar la revisión de una decisión que tomamos sobre su cobertura y de solicitar que la cambiemos si cree que cometimos un error.
- Por ejemplo, podemos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o Medi-Cal.
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si en algún momento 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.
- También puede leer el Capítulo 9 de la *Evidencia de cobertura* para obtener información acerca de cómo apelar una decisión.

C1. Lista de medicamentos por condición médica

Los medicamentos en esta sección se agrupan en categorías, de acuerdo con el tipo de condición médica que tratan. Por ejemplo, si tiene una afección del corazón, debe buscar en la categoría, agentes cardiovasculares - Misc. Ahí es donde encontrará los medicamentos que tratan condiciones del corazón.



Si tiene preguntas, 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.

D. Índice de medicamentos cubiertos

En esta sección, puede buscar un medicamento por su nombre en orden alfabético. Allí podrá ver el número de página donde hay información adicional sobre la cobertura de su medicamento.



Si tiene preguntas, 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).

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 er cap</i>	1	
<i>dextroamphetamine sulfate 10mg tab</i>	1	
<i>dextroamphetamine sulfate 15mg er cap</i>	1	
<i>dextroamphetamine sulfate 5mg er cap</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	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI 150MG TAB	1	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	1	PA QL=30 EA/30 Days
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX 17.8MG TAB	1	NDS PA QL=60 EA/30 Days
WAKIX 4.45MG TAB	1	NDS PA QL=60 EA/30 Days
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

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>armodafinil 50mg tab</i>	1	PA QL=30 EA/30 Days
<i>dexmethylphenidate 10mg er cap</i>	1	
<i>dexmethylphenidate 10mg tab</i>	1	
<i>dexmethylphenidate 15mg er cap</i>	1	
<i>dexmethylphenidate 2.5mg tab</i>	1	
<i>dexmethylphenidate 20mg er cap</i>	1	
<i>dexmethylphenidate 25mg er cap</i>	1	
<i>dexmethylphenidate 30mg er cap</i>	1	
<i>dexmethylphenidate 35mg er cap</i>	1	
<i>dexmethylphenidate 40mg er cap</i>	1	
<i>dexmethylphenidate 5mg er cap</i>	1	
<i>dexmethylphenidate 5mg tab</i>	1	
<i>methylphenidate 10mg cr cap</i>	1	
<i>methylphenidate 10mg er tab</i>	1	
<i>methylphenidate 10mg la cap</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 cr cap</i>	1	
<i>methylphenidate 20mg er tab</i>	1	
<i>methylphenidate 20mg la cap</i>	1	
<i>methylphenidate 20mg tab</i>	1	
<i>methylphenidate 27mg er tab</i>	1	
<i>methylphenidate 27mg sr tab</i>	1	
<i>methylphenidate 2mg/ml oral soln</i>	1	
<i>methylphenidate 30mg cr cap</i>	1	
<i>methylphenidate 30mg la cap</i>	1	
<i>methylphenidate 36mg er tab</i>	1	
<i>methylphenidate 36mg sr tab</i>	1	
<i>methylphenidate 40mg cr cap</i>	1	
<i>methylphenidate 40mg la cap</i>	1	
<i>methylphenidate 50mg cr cap</i>	1	
<i>methylphenidate 54mg er tab</i>	1	
<i>methylphenidate 54mg sr tab</i>	1	
<i>methylphenidate 5mg tab</i>	1	
<i>methylphenidate 60mg cr cap</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	

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
GENTAMICIN 1MG/ML INJ	1	
<i>gentamicin 40mg/ml inj</i>	1	
<i>neomycin sulfate 500mg tab</i>	1	
TOBRAMYCIN 10MG/ML INJ	1	
<i>tobramycin 40mg/ml inj</i>	1	
<i>tobramycin 60mg/ml inh soln</i>	1	PA QL=300 ML/30 Days
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
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		
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
HUMIRA 10MG/0.1ML SYRINGE (ABBVIE)	1	NDS PA QL=2 EA/28 Days
HUMIRA 20MG/0.2ML SYRINGE (ABBVIE)	1	NDS PA QL=2 EA/28 Days
HUMIRA 40MG/0.4ML AUTO-INJECTOR (ABBVIE)	1	NDS PA QL=6 EA/28 Days
HUMIRA 40MG/0.4ML SYRINGE (ABBVIE)	1	NDS PA QL=6 EA/28 Days
HUMIRA 40MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=6 EA/28 Days
HUMIRA 40MG/0.8ML SYRINGE	1	NDS PA QL=6 EA/28 Days
HUMIRA 80MG/0.8ML AUTO-INJECTOR (ABBVIE)	1	NDS PA QL=2 EA/28 Days
HUMIRA PEN - PEDIATRIC UC STARTER PACK 80MG/0.8ML INJ (ABBVIE)	1	NDS PA QL=4 EA/180 Days
HUMIRA PEN 80MG/0.8ML AND 40MG/0.4ML - PSORIASIS/UVEITIS STARTER PACK	1	NDS PA QL=3 EA/180 Days
HUMIRA PEN 80MG/0.8ML CROHNS/UC/HIDRADENITIS STARTER PACK (ABBVIE)	1	NDS PA QL=3 EA/180 Days
SIMPONI 100MG/ML AUTO-INJECTOR	1	NDS PA QL=3 ML/28 Days
SIMPONI 100MG/ML SYRINGE	1	NDS PA QL=3 ML/28 Days
SIMPONI 50MG/0.5ML AUTO-INJECTOR	1	NDS PA QL=.50 ML/28 Days
SIMPONI 50MG/0.5ML SYRINGE	1	NDS PA QL=.50 ML/28 Days
GOLD COMPOUNDS		
RIDAURA 3MG CAP	1	
INTERLEUKIN-1 BLOCKERS		

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
ARCALYST 220MG INJ	1	NDS PA
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
TYENNE 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
TYENNE 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 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 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>diclofenac sodium/misoprostol 50-0.2mg dr tab</i>	1	
<i>diclofenac sodium/misoprostol 75-0.2mg dr 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 20mg/ml susp</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	
<i>naproxen sodium 550mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	
<i>piroxicam 20mg 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>sulindac 150mg tab</i>	1	
<i>sulindac 200mg tab</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 28-DAY STARTER PACK	1	NDS PA QL=55 EA/28 Days
OTEZLA 30MG TAB	1	NDS PA QL=60 EA/30 Days
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide 10mg tab</i>	1	
<i>leflunomide 20mg 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
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
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
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
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>diflunisal 500mg tab</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE 15MG TAB	1	QL=240 EA/30 Days
CODEINE SULFATE 30MG TAB	1	QL=240 EA/30 Days
CODEINE SULFATE 60MG TAB	1	QL=180 EA/30 Days
<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
<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

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
MORPHINE SULFATE 15MG TAB	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
MORPHINE SULFATE 30MG TAB	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 20mg/ml oral soln</i>	1	QL=270 ML/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days
<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>acetaminophen/codeine phosphate 24mg-2.4mg/ml oral soln</i>	1	QL=4980 ML/30 Days
<i>acetaminophen/hydrocodone bitartrate 21.7mg-0.5mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	1	QL=390 EA/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 2.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 325-10mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 325-5mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 325-7.5mg tab</i>	1	QL=360 EA/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
OXYCODONE/ACETAMINOPHEN 5-325MG/5ML	1	QL=1800 ML/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

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>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
<i>butorphanol tartrate 1mg/act nasal inhaler</i>	1	QL=10 ML/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 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
<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	
<i>procto-med 2.5% cream</i>	1	
<i>proctosol 2.5% cream</i>	1	
<i>proctozone hc 2.5% cream</i>	1	
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
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine 1000mg er tab</i>	1	
<i>ranolazine 500mg er tab</i>	1	
NITRATES		
<i>isosorbide dinitrate 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>isosorbide dinitrate 20mg tab</i>	1	
<i>isosorbide dinitrate 30mg tab</i>	1	
<i>isosorbide dinitrate 5mg tab</i>	1	
<i>isosorbide mononitrate 10mg tab</i>	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
<i>isosorbide mononitrate 20mg tab</i>	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/act spray</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	
ANTI-ANXIETY AGENTS		
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>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

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
lorazepam 1mg tab	1	QL=150 EA/30 Days
lorazepam 2mg tab	1	QL=150 EA/30 Days
lorazepam 2mg/ml oral soln	1	QL=150 ML/30 Days
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide 100mg cap	1	PA
disopyramide 150mg cap	1	PA
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG TAB	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine 150mg cap	1	
mexiletine 200mg cap	1	
mexiletine 250mg cap	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate 100mg tab	1	
flecainide acetate 150mg tab	1	
flecainide acetate 50mg tab	1	
propafenone 150mg tab	1	
propafenone 225mg er cap	1	
propafenone 225mg tab	1	
propafenone 300mg tab	1	
propafenone 325mg er cap	1	
propafenone 425mg er cap	1	
ANTIARRHYTHMICS TYPE III		
amiodarone 200mg tab	1	
amiodarone 400mg tab	1	
dofetilide 0.125mg cap	1	
dofetilide 0.25mg cap	1	
dofetilide 0.5mg cap	1	
MULTAQ 400MG TAB	1	
pacerone 200mg tab	1	
pacerone 400mg tab	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10MG/0.5ML SYRINGE	1	PA
FASENRA 30MG/ML AUTO-INJECTOR	1	PA
FASENRA 30MG/ML SYRINGE	1	PA
NUCALA 100MG INJ	1	NDS PA
NUCALA 100MG/ML AUTO-INJECTOR	1	NDS PA
NUCALA 100MG/ML SYRINGE	1	NDS PA
NUCALA 40MG/0.4ML SYRINGE	1	NDS PA
XOLAIR 150MG INJ	1	NDS PA
XOLAIR 150MG/ML AUTO-INJECTOR	1	NDS PA
XOLAIR 150MG/ML SYRINGE	1	NDS PA
XOLAIR 300MG/2ML AUTO-INJECTOR	1	NDS 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
XOLAIR 300MG/2ML SYRINGE	1	NDS PA
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA
XOLAIR 75MG/0.5ML SYRINGE	1	NDS PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG INHALER	1	QL=25.80 GM/30 Days
INCRUSE ELLIPTA 62.5MCG/INH INHALER	1	
<i>ipratropium bromide 0.02% inh soln</i>	1	PA BvD
SPIRIVA RESPIMAT 1.25MCG/ACT INH	1	ST QL=4 GM/30 Days
LEUKOTRIENE MODULATORS		
<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 4mg granules</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
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast 0.5mg tab</i>	1	
<i>roflumilast 250mcg tab</i>	1	
STEROID INHALANTS		
ALVESCO 160MCG INHALER	1	QL=12.20 GM/30 Days
ALVESCO 80MCG INHALER	1	QL=12.20 GM/30 Days
ARNUITY 100MCG INHALER	1	QL=30 EA/30 Days
ARNUITY 200MCG INHALER	1	QL=30 EA/30 Days
ARNUITY 50MCG 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 0.125mg/ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 0.25mg/ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 0.5mg/ml 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	

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>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 INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 100-25MCG INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 200-25MCG INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 50-25MCG INH	1	QL=60 EA/30 Days
<i>breyna 160-4.5mcg/act inh</i>	1	QL=10.30 GM/30 Days
<i>breyna 80-4.5mcg/act inh</i>	1	QL=10.30 GM/30 Days
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 INH	1	QL=6 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>fluticasone propionate/salmeterol 100-50mcg/act dry powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 250-50mcg/act dry powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 500-50mcg/act dry 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/0.5ml neb 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
SEREVENT 50MCG/DOSE INHALER	1	
STIOLTO 2.5-2.5MCG/ACT INH	1	QL=4 GM/30 Days
<i>terbutaline sulfat 2.5mg tab</i>	1	
<i>terbutaline sulfat 5mg tab</i>	1	
TRELEGY ELLIPTA 100-62.5-25MCG INHALER	1	QL=60 EA/30 Days
TRELEGY ELLIPTA 200-62.5-25MCG INHALER	1	QL=60 EA/30 Days
<i>wixela 100-50mcg inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 250-50mcg inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 500-50mcg inhaler</i>	1	QL=60 EA/30 Days
XOPENEX 45MCG INHALER	1	ST QL=30 GM/30 Days
XANTHINES		
THEOPHYLLINE 100MG ER TAB	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
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	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<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	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5MG TAB	1	
ELIQUIS 5MG 30-DAY STARTER PACK	1	
ELIQUIS 5MG TAB	1	
XARELTO 10MG TAB	1	
XARELTO 15MG TAB	1	
XARELTO 1MG/ML SUSP	1	
XARELTO 2.5MG TAB	1	
XARELTO 20MG TAB	1	
XARELTO TAB STARTER PACK	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	

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>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		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA 0.5MG/ML SUSP	1	PA NSO
FYCOMPA 10MG TAB	1	PA NSO
FYCOMPA 12MG TAB	1	PA NSO
FYCOMPA 2MG TAB	1	PA NSO
FYCOMPA 4MG TAB	1	PA NSO
FYCOMPA 6MG TAB	1	PA NSO
FYCOMPA 8MG TAB	1	PA NSO
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10mg tab</i>	1	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml 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
<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	ST_NSO QL=60 EA/30 Days
SYMPAZAN 20MG ORAL FILM	1	ST_NSO QL=60 EA/30 Days
SYMPAZAN 5MG ORAL FILM	1	ST_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

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
VALTOCO 5MG (5MG/0.1ML) NASAL SPARY DOSE PACK	1	QL=10 EA/30 Days
ANTICONVULSANTS - MISC.		
APTIOM 200MG TAB	1	PA NSO
APTIOM 400MG TAB	1	PA NSO
APTIOM 600MG TAB	1	PA NSO
APTIOM 800MG TAB	1	PA NSO
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
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 susp</i>	1	
<i>carbamazepine 300mg er cap</i>	1	
<i>carbamazepine 400mg er tab</i>	1	
DIACOMIT 250MG CAP	1	NDS PA NSO
DIACOMIT 250MG POWDER FOR ORAL SUSP	1	NDS PA NSO
DIACOMIT 500MG CAP	1	NDS PA NSO
DIACOMIT 500MG POWDER FOR ORAL SUSP	1	NDS PA NSO
EPIDIOLEX 100MG/ML ORAL SOLN	1	PA NSO
<i>epitol 200mg tab</i>	1	
EPRONTIA 25MG/ML ORAL SOLN	1	
FINTEPLA 2.2MG/ML ORAL SOLN	1	NDS PA NSO QL=360 ML/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	
<i>lacosamide 10mg/ml oral soln</i>	1	
<i>lacosamide 150mg tab</i>	1	
<i>lacosamide 200mg tab</i>	1	
<i>lacosamide 50mg tab</i>	1	
<i>lamotrigine 100mg er tab</i>	1	
<i>lamotrigine 100mg odt</i>	1	
<i>lamotrigine 100mg tab</i>	1	
<i>lamotrigine 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>lamotrigine 200mg er tab</i>	1	
<i>lamotrigine 200mg odt</i>	1	
<i>lamotrigine 200mg tab</i>	1	
<i>lamotrigine 250mg er tab</i>	1	
<i>lamotrigine 25mg chew tab</i>	1	
<i>lamotrigine 25mg er tab</i>	1	
<i>lamotrigine 25mg odt</i>	1	
<i>lamotrigine 25mg tab</i>	1	
<i>lamotrigine 300mg er tab</i>	1	
<i>lamotrigine 50mg er tab</i>	1	
<i>lamotrigine 50mg odt</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 susp</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	
<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>roovepra 500mg tab</i>	1	
<i>rufinamide 200mg tab</i>	1	
<i>rufinamide 400mg tab</i>	1	
<i>rufinamide 40mg/ml susp</i>	1	
SPRITAM 1000MG TAB FOR ORAL SUSP	1	PA NSO
SPRITAM 250MG TAB FOR ORAL SUSP	1	PA NSO
SPRITAM 500MG TAB FOR ORAL SUSP	1	PA NSO
SPRITAM 750MG TAB FOR ORAL SUSP	1	PA NSO
<i>subvenite 100mg tab</i>	1	
<i>subvenite 150mg tab</i>	1	
<i>subvenite 200mg 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>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 SUSP	1	PA NSO
<i>zonisamide 100mg cap</i>	1	
<i>zonisamide 25mg cap</i>	1	
<i>zonisamide 50mg cap</i>	1	
ZTALMY 50MG/ML SUSP	1	NDS PA NSO QL=1100 ML/30 Days
CARBAMATES		
<i>felbamate 120mg/ml susp</i>	1	
<i>felbamate 400mg tab</i>	1	
<i>felbamate 600mg tab</i>	1	
XCOPRI 100MG TAB	1	QL=30 EA/30 Days
XCOPRI 12.5/25MG TITRATION PACK	1	QL=28 EA/28 Days
XCOPRI 150/200MG PACK TAB	1	QL=56 EA/28 Days
XCOPRI 150/200MG TITRATION PACK	1	QL=28 EA/28 Days
XCOPRI 150MG TAB	1	QL=60 EA/30 Days
XCOPRI 200MG TAB	1	QL=60 EA/30 Days
XCOPRI 25MG TAB	1	QL=30 EA/30 Days
XCOPRI 50/100MG TITRATION PACK	1	QL=28 EA/28 Days
XCOPRI 50MG TAB	1	QL=30 EA/30 Days
XCOPRI TAB 100/150MG MAINTENANCE PACK	1	QL=56 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
<i>vigabatrin 500mg tab</i>	1	PA NSO
<i>vigadrone 500mg powder for oral soln</i>	1	PA NSO
<i>vigadrone 500mg tab</i>	1	PA NSO
<i>vigpoder 500mg powder for oral soln</i>	1	PA NSO
HYDANTOINS		
DILANTIN 30MG ER CAP	1	
<i>phenytoin 25mg/ml 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	
SUCCINIMIDES		
<i>ethosuximide 250mg cap</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<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	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 105-45MG ER TAB	1	ST_NSO QL=60 EA/30 Days
ANTIDEPRESSANTS - MISC.		
<i>bupropion 100mg er tab</i>	1	
<i>bupropion 100mg tab</i>	1	
<i>bupropion 150mg sr (12 hr) tab</i>	1	
<i>bupropion 150mg xl (24 hr) tab</i>	1	
<i>bupropion 200mg er tab</i>	1	
<i>bupropion 300mg er tab</i>	1	
<i>bupropion 75mg tab</i>	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
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	ST_NSO QL=30 EA/30 Days
EMSAM 6MG/24HR PATCH	1	ST_NSO QL=30 EA/30 Days
EMSAM 9MG/24HR PATCH	1	ST_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	

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>citalopram 40mg tab</i>	1	
<i>escitalopram 10mg tab</i>	1	
<i>escitalopram 1mg/ml oral soln</i>	1	
<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	
<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 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 2mg/ml susp</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	
<i>sertraline 25mg tab</i>	1	
<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	ST_NSO QL=30 EA/30 Days
<i>vilazodone 20mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>vilazodone 40mg tab</i>	1	ST_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	
DRIZALMA 20MG DR CAP	1	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
DRIZALMA 30MG DR CAP	1	PA NSO QL=60 EA/30 Days
DRIZALMA 40MG DR CAP	1	PA NSO QL=60 EA/30 Days
DRIZALMA 60MG DR CAP	1	PA NSO QL=60 EA/30 Days
<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	ST NSO QL=30 EA/30 Days
FETZIMA 20MG ER CAP	1	ST NSO QL=30 EA/30 Days
FETZIMA 40MG ER CAP	1	ST NSO QL=30 EA/30 Days
FETZIMA 80MG ER CAP	1	ST NSO QL=30 EA/30 Days
FETZIMA PACK	1	ST 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
<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

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>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		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100mg tab</i>	1	
<i>acarbose 25mg tab</i>	1	
<i>acarbose 50mg tab</i>	1	
MIGLITOL 100MG TAB	1	
<i>miglitol 25mg tab</i>	1	
MIGLITOL 50MG TAB	1	
ANTIDIABETIC COMBINATIONS		
ALOGLIPTIN 12.5MG/METFORMIN 1000MG TAB	1	QL=60 EA/30 Days
ALOGLIPTIN 12.5MG/METFORMIN 500MG TAB	1	QL=60 EA/30 Days
ALOGLIPTIN 12.5MG/PIOGLITAZONE 30MG TAB	1	QL=30 EA/30 Days
ALOGLIPTIN 25MG/PIOGLITAZONE 15MG TAB	1	QL=30 EA/30 Days
ALOGLIPTIN 25MG/PIOGLITAZONE 30MG TAB	1	QL=30 EA/30 Days
ALOGLIPTIN 25MG/PIOGLITAZONE 45MG TAB	1	QL=30 EA/30 Days
<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	
JANUMET 1000-50MG TAB	1	QL=60 EA/30 Days
JANUMET 500-50MG TAB	1	QL=60 EA/30 Days
JANUMET XR 1000-100MG TAB	1	QL=30 EA/30 Days
JANUMET XR 1000-50MG TAB	1	QL=60 EA/30 Days
JANUMET XR 500-50MG TAB	1	QL=60 EA/30 Days
SYNJARDY 10-1000MG ER TAB	1	QL=30 EA/30 Days
SYNJARDY 12.5-1000MG ER TAB	1	QL=60 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 25-1000MG ER TAB	1	QL=30 EA/30 Days
SYNJARDY 5-1000MG ER 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

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
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
BIGUANIDES		
<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	
DIABETIC OTHER		
BAQSIMI 3MG/DOSE NASAL POWDER	1	QL=2 EA/7 Days
<i>diazoxide 50mg/ml susp</i>	1	
GLUCAGON (RDNA) 1MG INJ	1	QL=2 EA/7 Days
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
KORLYM 300MG TAB	1	NDS PA QL=120 EA/30 Days
<i>mifepristone 300mg tab</i>	1	PA QL=120 EA/30 Days
ZEGALOGUE 0.6MG/0.6ML AUTO-INJECTOR	1	QL=1.20 ML/7 Days
ZEGALOGUE 0.6MG/0.6ML SYRINGE	1	QL=1.20 ML/7 Days
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN 12.5MG TAB	1	QL=30 EA/30 Days
ALOGLIPTIN 25MG TAB	1	QL=30 EA/30 Days
ALOGLIPTIN 6.25MG TAB	1	QL=30 EA/30 Days
JANUVIA 100MG TAB	1	QL=30 EA/30 Days
JANUVIA 25MG TAB	1	QL=30 EA/30 Days
JANUVIA 50MG TAB	1	QL=30 EA/30 Days
INCRETIN MIMETIC AGENTS		
BYDUREON 2MG/0.85ML AUTO-INJECTOR	1	PA QL=3.40 ML/28 Days
LIRAGLUTIDE 6MG/ML PEN INJ	1	PA QL=9 ML/30 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

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
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
VICTOZA 18MG/3ML PEN INJ	1	PA QL=9 ML/30 Days
INSULIN		
HUMALOG 100UNIT/ML CARTRIDGE	1	INS
HUMALOG 100UNIT/ML KWIKPEN	1	INS
HUMALOG 200UNIT/ML PEN INJ	1	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ	1	INS
HUMALOG MIX 25-75UNIT/ML INJ	1	INS
HUMALOG MIX 25-75UNIT/ML PEN INJ	1	INS
HUMALOG MIX 50-50UNIT/ML PEN INJ	1	INS
HUMULIN 70-30UNIT/ML INJ	1	INS
HUMULIN 70-30UNIT/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
LEVEMIR 100UNIT/ML INJ	1	INS
LEVEMIR 100UNIT/ML PEN INJ	1	INS
LYUMJEV 100UNIT/ML INJ	1	INS PA BvD
LYUMJEV 100UNIT/ML PEN INJ	1	INS
LYUMJEV 200UNIT/ML PEN INJ	1	INS
TOUJEO 300UNIT/ML PEN INJ	1	INS
TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA 100UNIT/ML INJ	1	INS
TRESIBA 100UNIT/ML PEN INJ	1	INS
TRESIBA 200UNIT/ML PEN INJ	1	INS
INSULIN SENSITIZING AGENTS		
<i>pioglitazone 15mg tab</i>	1	
<i>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide 120mg tab</i>	1	
<i>nateglinide 60mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	
<i>repaglinide 1mg tab</i>	1	
<i>repaglinide 2mg 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
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	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	1	
<i>loperamide 2mg cap</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox 125mg tab for oral susp</i>	1	
<i>deferasirox 180mg granules</i>	1	
<i>deferasirox 180mg tab</i>	1	
<i>deferasirox 250mg tab for oral susp</i>	1	
<i>deferasirox 360mg granules</i>	1	
<i>deferasirox 360mg tab</i>	1	
<i>deferasirox 500mg tab for oral susp</i>	1	
<i>deferasirox 90mg granules</i>	1	
<i>deferasirox 90mg tab</i>	1	
<i>deferiprone 1000mg tab</i>	1	PA
<i>deferiprone 500mg tab</i>	1	PA
OPIOID ANTAGONISTS		
KLOXXADO 8MG/0.1ML NASAL SPRAY	1	
NALOXONE 0.4MG/ML CARTRIDGE	1	
<i>naloxone 0.4mg/ml inj</i>	1	
NALOXONE 0.4MG/ML SYRINGE	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

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>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	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine succinate/pyridoxine 10-10mg dr tab</i>	1	
<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
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant 125mg cap</i>	1	PA BvD QL=3 EA/2 Days
<i>aprepitant 125mg/aprepitant 80mg cap therapy pack</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
VARUBI 90MG TAB	1	PA BvD QL=4 EA/28 Days
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>casprofungin acetate 50mg inj</i>	1	NDS PA
<i>casprofungin acetate 70mg inj</i>	1	PA
<i>micafungin sodium 100mg inj</i>	1	
<i>micafungin sodium 50mg inj</i>	1	
ANTIFUNGALS		
ABELCET 5MG/ML INJ	1	PA BvD
AMPHOTERICIN B 50MG INJ	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 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 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 susp</i>	1	
<i>fluconazole 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>itraconazole 100mg cap</i>	1	
<i>ketoconazole 200mg tab</i>	1	
<i>posaconazole 100mg dr tab</i>	1	PA
<i>posaconazole 40mg/ml susp</i>	1	PA
VORICONAZOLE 200MG INJ	1	PA
<i>voriconazole 200mg tab</i>	1	PA
<i>voriconazole 40mg/ml susp</i>	1	PA
<i>voriconazole 50mg tab</i>	1	PA
ANTI-HISTAMINES		
ANTI-HISTAMINES - NON-SEDATING		
<i>desloratadine 5mg tab</i>	1	
<i>levocetirizine 5mg tab</i>	1	
ANTI-HISTAMINES - PHENOTHIAZINES		
<i>promethazine 1.25mg/ml oral soln</i>	1	
<i>promethazine 12.5mg rectal supp</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg rectal supp</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg tab</i>	1	
<i>promethegan 25mg rectal supp</i>	1	
ANTI-HYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180MG TAB	1	PA QL=30 EA/30 Days
ANTI-HYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe 10mg/simvastatin 10mg tab</i>	1	
<i>ezetimibe 10mg/simvastatin 20mg tab</i>	1	
<i>ezetimibe 10mg/simvastatin 40mg tab</i>	1	
<i>ezetimibe 10mg/simvastatin 80mg tab</i>	1	
NEXLIZET 180-10MG TAB	1	PA QL=30 EA/30 Days
ANTI-HYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 1000mg cap</i>	1	QL=120 EA/30 Days
<i>icosapent ethyl 500mg cap</i>	1	QL=120 EA/30 Days
<i>omega-3 acid ethyl esters (usp) 1000mg cap</i>	1	QL=120 EA/30 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin (sugar-free) 4000mg powder for oral susp</i>	1	
<i>cholestyramine resin 4000mg powder for oral susp</i>	1	
<i>colesevelam 625mg tab</i>	1	
<i>colestipol 1000mg 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	

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>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	
<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	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
NICOTINIC ACID DERIVATIVES		
<i>niacin 1000mg er tab</i>	1	
<i>niacin 500mg er tab</i>	1	
<i>niacin 750mg er tab</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT 150MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
PRALUENT 75MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 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
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril 10mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine 250mg cap</i>	1	NDS
<i>phenoxybenzamine 10mg cap</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	

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>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	
<i>clonidine 0.2mg tab</i>	1	
<i>clonidine 0.2mg/24hr weekly patch</i>	1	
<i>clonidine 0.3mg tab</i>	1	
<i>clonidine 0.3mg/24hr weekly patch</i>	1	
<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		
<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>	1	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-25-40mg 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>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	
<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	

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>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	
DIRECT RENIN INHIBITORS		
<i>aliskiren 150mg tab</i>	1	
<i>aliskiren 300mg tab</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone 25mg tab</i>	1	
<i>eplerenone 50mg tab</i>	1	
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.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole 250mg tab</i>	1	
<i>metronidazole 500mg tab</i>	1	
<i>metronidazole 5mg/ml inj</i>	1	
<i>pentamidine isethionate 300mg inj</i>	1	
<i>pentamidine isethionate 50mg/ml inh soln</i>	1	PA BvD QL=1 EA/28 Days
<i>tinidazole 250mg tab</i>	1	
<i>tinidazole 500mg tab</i>	1	
<i>trimethoprim 100mg 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
XIFAXAN 200MG TAB	1	QL=9 EA/3 Days
XIFAXAN 550MG TAB	1	PA QL=60 EA/30 Days
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole/trimethoprim 200-40mg/5ml susp</i>	1	
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 150mg/ml susp</i>	1	
<i>nitazoxanide 500mg tab</i>	1	PA QL=6 EA/3 Days
CARBAPENEMS		
CILASTATIN/IMIPENEM 250-250MG INJ	1	
<i>cilastatin/imipenem 500-500mg inj</i>	1	
<i>ertapenem 1gm inj</i>	1	
<i>meropenem 1000mg inj</i>	1	
<i>meropenem 500mg inj</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin 500mg inj</i>	1	NDS
GLYCOPEPTIDES		
DALVANCE 500MG INJ	1	NDS
<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	
LEPROSTATICS		
<i>dapsone 100mg tab</i>	1	
<i>dapsone 25mg tab</i>	1	
LINCOSAMIDES		
<i>clindamycin 12mg/ml inj</i>	1	
<i>clindamycin 150mg cap</i>	1	
<i>clindamycin 150mg/ml (6ml) inj</i>	1	
<i>clindamycin 15mg/ml oral soln</i>	1	
<i>clindamycin 18mg/ml inj</i>	1	
<i>clindamycin 300mg cap</i>	1	
<i>clindamycin 6mg/ml inj</i>	1	
<i>clindamycin 75mg cap</i>	1	
MONOBACTAMS		
<i>aztreonam 1000mg inj</i>	1	
<i>aztreonam 2000mg inj</i>	1	
CAYSTON 75MG INH SOLN	1	NDS PA QL=84 ML/28 Days
OXAZOLIDINONES		
<i>linezolid 20mg/ml susp</i>	1	PA
<i>linezolid 2mg/ml inj</i>	1	PA
<i>linezolid 600mg 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
SIVEXTRO 200MG INJ	1	NDS PA QL=6 EA/6 Days
SIVEXTRO 200MG TAB	1	NDS PA QL=6 EA/6 Days
POLYMYXINS		
<i>colistin 75mg/ml inj</i>	1	
<i>polymyxin b 250000unit/ml inj</i>	1	
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1000mg 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>quinine sulfate 324mg cap</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10MG TAB	1	NDS PA
<i>pyridostigmine bromide 180mg er tab</i>	1	
<i>pyridostigmine bromide 60mg tab</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<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

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
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 SUSP	1	
TABLOID 40MG TAB	1	
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
INLYTA 5MG TAB	1	NDS PA NSO QL=120 EA/30 Days
LENVIMA 10MG DAILY DOSE PACK	1	NDS PA NSO QL=30 EA/30 Days
LENVIMA 12MG DAILY DOSE PACK	1	NDS PA NSO QL=90 EA/30 Days
LENVIMA 14MG DAILY DOSE PACK	1	NDS PA NSO QL=60 EA/30 Days
LENVIMA 18MG DAILY DOSE PACK	1	NDS PA NSO QL=90 EA/30 Days
LENVIMA 20MG DAILY DOSE PACK	1	NDS PA NSO QL=60 EA/30 Days
LENVIMA 24MG DAILY DOSE PACK	1	NDS PA NSO QL=90 EA/30 Days
LENVIMA 4MG DAILY DOSE PACK	1	NDS PA NSO QL=30 EA/30 Days
LENVIMA 8MG DAILY DOSE PACK	1	NDS PA NSO QL=60 EA/30 Days
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA 150MG TAB	1	NDS PA NSO QL=120 EA/30 Days
TUKYSA 50MG TAB	1	NDS PA NSO QL=120 EA/30 Days
ANTINEOPLASTIC - BCL-2 INHIBITORS		
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	1	NDS PA NSO QL=42 EA/28 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

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>gefitinib 250mg tab</i>	1	PA NSO
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
ODOMZO 200MG CAP	1	NDS PA NSO
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	
FIRMAGON 120MG/VIAL INJ	1	PA NSO
FIRMAGON 80MG INJ	1	PA NSO
<i>letrozole 2.5mg tab</i>	1	
LEUPROLIDE ACETATE 22.5MG INJ	1	QL=1 EA/84 Days
<i>leuprolide acetate 5mg/ml inj</i>	1	
LUPRON 11.25MG SYRINGE (NON-PEDIATRIC)	1	QL=1 EA/84 Days
LUPRON 22.5MG SYRINGE	1	QL=1 EA/84 Days
LUPRON 3.75MG SYRINGE	1	NDS QL=1 EA/28 Days
LUPRON 30MG SYRINGE	1	QL=1 EA/112 Days
LUPRON 45MG SYRINGE (NON-PEDIATRIC)	1	QL=1 EA/168 Days
LUPRON 7.5MG SYRINGE (NON-PEDIATRIC)	1	NDS QL=1 EA/28 Days
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 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

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
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	
<i>tamoxifen 10mg tab</i>	1	
<i>tamoxifen 20mg tab</i>	1	
<i>toremifene 60mg tab</i>	1	
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	NDS 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 - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40MG TAB	1	NDS PA NSO QL=90 EA/30 Days
ANTINEOPLASTIC - IMMUNOMODULATORS		
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
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
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
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO 100MG ONCE WEEKLY CARTON (8-PACK)	1	NDS PA NSO QL=8 EA/28 Days
XPOVIO 40MG ONCE WEEKLY CARTON (4-PACK)	1	NDS PA NSO QL=4 EA/28 Days
XPOVIO 40MG TWICE WEEKLY CARTON (8-PACK)	1	NDS PA NSO QL=8 EA/28 Days
XPOVIO 60MG ONCE WEEKLY CARTON (4-PACK)	1	NDS PA NSO QL=4 EA/28 Days
XPOVIO 60MG TWICE WEEKLY CARTON (24 PACK)	1	NDS PA NSO QL=24 EA/28 Days
XPOVIO 80MG ONCE WEEKLY CARTON (8-PACK)	1	NDS PA NSO QL=8 EA/28 Days
XPOVIO 80MG TWICE WEEKLY CARTON (32 PACK)	1	NDS PA NSO QL=32 EA/28 Days
ANTINEOPLASTIC COMBINATIONS		
INQOVI 5 TABLET PACK	1	NDS PA NSO QL=5 EA/28 Days
KISQALI/FEMARA 200 CO-PACK	1	NDS PA NSO QL=49 EA/28 Days
KISQALI/FEMARA 400 CO-PACK	1	NDS PA NSO QL=70 EA/28 Days
KISQALI/FEMARA 600 CO-PACK	1	NDS PA NSO QL=91 EA/28 Days
LONSURF 6.14-15MG TAB	1	NDS PA NSO
LONSURF 8.19-20MG TAB	1	NDS PA NSO
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

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
ALUNBRIG INITIATION PACK	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=150 EA/30 Days
BOSULIF 100MG TAB	1	NDS PA NSO QL=120 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
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	1	NDS PA NSO QL=56 EA/28 Days
COMETRIQ CAP 140MG DAILY DOSE PACK	1	NDS PA NSO QL=112 EA/28 Days
COMETRIQ CAP 60MG DAILY DOSE PACK	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

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
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 SUSP	1	NDS PA NSO
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
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 200MG DAILY DOSE PACK (21)	1	NDS PA NSO QL=21 EA/28 Days
KISQALI 400MG DAILY DOSE PACK (42)	1	NDS PA NSO QL=42 EA/28 Days
KISQALI 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
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 4MG TAB PACK (12MG DAILY DOSE)	1	NDS PA NSO QL=84 EA/28 Days
LYTGOBI 4MG TAB PACK (16MG DAILY DOSE)	1	NDS PA NSO QL=112 EA/28 Days
LYTGOBI 4MG TAB PACK (20MG DAILY DOSE)	1	NDS PA NSO QL=140 EA/28 Days
MEKINIST 0.05MG/ML ORAL SOLN	1	NDS PA NSO
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

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
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 200MG DAILY DOSE PACK	1	NDS PA NSO QL=30 EA/30 Days
PIQRAY 250MG DAILY DOSE PACK	1	NDS PA NSO QL=60 EA/30 Days
PIQRAY 300MG DAILY DOSE PACK	1	NDS PA NSO QL=60 EA/30 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
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
SCEMBLIX 100MG TAB	1	NDS PA NSO QL=120 EA/30 Days
SCEMBLIX 20MG TAB	1	NDS PA NSO QL=60 EA/30 Days
SCEMBLIX 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
<i>sunitinib 25mg cap</i>	1	PA NSO
<i>sunitinib 37.5mg cap</i>	1	PA NSO
<i>sunitinib 50mg cap</i>	1	PA NSO
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=90 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

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
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
<i>torpenz 10mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>torpenz 2.5mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>torpenz 5mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>torpenz 7.5mg tab</i>	1	PA NSO QL=30 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
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
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
BESREMI 500MCG/ML SYRINGE	1	NDS PA NSO QL=2 ML/28 Days
<i>bexarotene 75mg cap</i>	1	PA NSO
<i>hydroxyurea 500mg cap</i>	1	
MATULANE 50MG CAP	1	NDS

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>tretinoin 10mg cap</i>	1	
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	
NOURIANZ 20MG TAB	1	PA QL=30 EA/30 Days
NOURIANZ 40MG TAB	1	PA QL=30 EA/30 Days
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 COMT INHIBITORS		
<i>entacapone 200mg tab</i>	1	
<i>tolcapone 100mg 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	
<i>pramipexole 0.5mg 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>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	
<i>rasagiline 1mg tab</i>	1	
<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>lurasidone 120mg tab</i>	1	ST_NSO
<i>lurasidone 20mg tab</i>	1	ST_NSO
<i>lurasidone 40mg tab</i>	1	ST_NSO
<i>lurasidone 60mg tab</i>	1	ST_NSO
<i>lurasidone 80mg tab</i>	1	ST_NSO
NUPLAZID 10MG TAB	1	PA NSO QL=30 EA/30 Days
NUPLAZID 34MG CAP	1	PA NSO QL=30 EA/30 Days
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

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
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 TITRATION PACK	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	
<i>risperidone 0.25mg tab</i>	1	
<i>risperidone 0.5mg odt</i>	1	
<i>risperidone 0.5mg tab</i>	1	
<i>risperidone 12.5mg inj</i>	1	PA NSO QL=2 EA/28 Days
<i>risperidone 1mg odt</i>	1	
<i>risperidone 1mg tab</i>	1	
<i>risperidone 1mg/ml oral soln</i>	1	
<i>risperidone 25mg inj</i>	1	PA NSO QL=2 EA/28 Days
<i>risperidone 2mg odt</i>	1	
<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	
<i>risperidone 3mg tab</i>	1	
<i>risperidone 4mg odt</i>	1	
<i>risperidone 4mg tab</i>	1	
<i>risperidone 50mg 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

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
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
BUTYROPHENONES		
<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 inj</i>	1	
<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml inj</i>	1	
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	
<i>clozapine 100mg tab</i>	1	
CLOZAPINE 12.5MG ODT	1	
<i>clozapine 150mg odt</i>	1	
<i>clozapine 200mg odt</i>	1	
<i>clozapine 200mg tab</i>	1	
<i>clozapine 25mg odt</i>	1	
<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	
<i>olanzapine 10mg odt</i>	1	
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg odt</i>	1	
<i>olanzapine 15mg tab</i>	1	
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg odt</i>	1	
<i>olanzapine 20mg tab</i>	1	
<i>olanzapine 5mg odt</i>	1	
<i>olanzapine 5mg tab</i>	1	
<i>olanzapine 7.5mg tab</i>	1	
<i>quetiapine 100mg 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>quetiapine 150mg er tab</i>	1	
<i>quetiapine 200mg er tab</i>	1	
<i>quetiapine 200mg tab</i>	1	
<i>quetiapine 25mg tab</i>	1	
<i>quetiapine 300mg er tab</i>	1	
<i>quetiapine 300mg tab</i>	1	
<i>quetiapine 400mg er tab</i>	1	
<i>quetiapine 400mg tab</i>	1	
<i>quetiapine 50mg er tab</i>	1	
<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 SUSP	1	
ZYPREXA 210MG INJ	1	PA NSO QL=2 EA/28 Days
DIHYDROINDOLONES		
MOLINDONE 10MG TAB	1	
MOLINDONE 25MG TAB	1	
MOLINDONE 5MG TAB	1	
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	
<i>prochlorperazine 5mg tab</i>	1	
<i>thioridazine 100mg tab</i>	1	
<i>thioridazine 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>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 300MG INJ	1	NDS PA NSO QL=1 EA/28 Days
ABILIFY 300MG SYRINGE	1	NDS PA NSO QL=1 EA/28 Days
ABILIFY 400MG INJ	1	NDS PA NSO QL=1 EA/28 Days
ABILIFY 400MG SYRINGE	1	NDS PA NSO QL=1 EA/28 Days
ABILIFY 720MG/2.4ML SYRINGE	1	QL=2.40 ML/56 Days
ABILIFY 960MG/3.2ML SYRINGE	1	QL=3.20 ML/56 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
<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
THIOXANTHENES		
<i>thiothixene 10mg cap</i>	1	
<i>thiothixene 1mg cap</i>	1	
<i>thiothixene 2mg cap</i>	1	
<i>thiothixene 5mg cap</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir 20mg/ml oral soln</i>	1	
<i>abacavir 300mg tab</i>	1	
<i>abacavir/lamivudine 600-300mg tab</i>	1	
APTIVUS 250MG CAP	1	
<i>atazanavir 150mg 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>atazanavir 200mg cap</i>	1	
<i>atazanavir 300mg cap</i>	1	
BIKTARVY 30-120-15MG TAB	1	
BIKTARVY 50-200-25MG TAB	1	
CIMDUO 300-300MG TAB	1	
COMPLERA 200-25-300MG TAB	1	
<i>darunavir 600mg tab</i>	1	
<i>darunavir 800mg tab</i>	1	
DELSTRIGO 100-300-300MG TAB	1	
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	
EDURANT 25MG TAB	1	
EFAVIRENZ 200MG CAP	1	
EFAVIRENZ 50MG CAP	1	
<i>efavirenz 600mg tab</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	1	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 400-300-300mg tab</i>	1	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	1	
<i>emtricitabine 200mg cap</i>	1	
<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	
<i>etravirine 100mg tab</i>	1	
<i>etravirine 200mg tab</i>	1	
EVOTAZ 300-150MG TAB	1	
<i>fosamprenavir 700mg tab</i>	1	
FUZEON 90MG INJ	1	
GENVOYA 150-150-200-10MG TAB	1	
INTELENCE 25MG TAB	1	
ISENTRESS 100MG CHEW TAB	1	
ISENTRESS 100MG GRANULES FOR ORAL SUSP	1	
ISENTRESS 25MG CHEW TAB	1	
ISENTRESS 400MG TAB	1	
ISENTRESS 600MG TAB	1	
JULUCA 50-25MG TAB	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>lamivudine 10mg/ml oral soln</i>	1	
<i>lamivudine 150mg tab</i>	1	
<i>lamivudine 300mg tab</i>	1	
<i>lamivudine/zidovudine 150-300mg tab</i>	1	
<i>lopinavir/ritonavir 100-25mg tab</i>	1	
<i>lopinavir/ritonavir 200-50mg tab</i>	1	
<i>lopinavir/ritonavir 80-20mg/ml oral soln</i>	1	
<i>maraviroc 150mg tab</i>	1	
<i>maraviroc 300mg tab</i>	1	
NEVIRAPINE 10MG/ML SUSP	1	
<i>nevirapine 200mg tab</i>	1	
<i>nevirapine 400mg er tab</i>	1	
NORVIR 100MG ORAL POWDER	1	
ODEFSEY 200-25-25MG TAB	1	
PIFELTRO 100MG TAB	1	
PREZCOBIX 150-800MG TAB	1	
PREZISTA 100MG/ML SUSP	1	
PREZISTA 150MG TAB	1	
PREZISTA 75MG TAB	1	
REYATAZ 50MG ORAL POWDER	1	
<i>ritonavir 100mg tab</i>	1	
RUKOBIA 600MG ER TAB	1	
SELZENTRY 20MG/ML ORAL SOLN	1	
SELZENTRY 25MG TAB	1	
SELZENTRY 75MG TAB	1	
STRIBILD 150-150-200-300MG TAB	1	
SUNLENCA 300MG TAB 4-TABLET PACK	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB 5-TABLET PACK	1	QL=5 EA/28 Days
SYMTUZA 150-800-200-10MG TAB	1	
<i>tenofovir disoproxil fumarate 300mg tab</i>	1	
TIVICAY 10MG TAB	1	
TIVICAY 25MG TAB	1	
TIVICAY 50MG TAB	1	
TIVICAY 5MG TAB FOR ORAL SUSP	1	
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	1	
TRIUMEQ 600-50-300MG TAB	1	
TRIZIVIR 300-150-300MG TAB	1	
TYBOST 150MG TAB	1	
VIRACEPT 250MG TAB	1	
VIRACEPT 625MG TAB	1	
VIREAD 150MG TAB	1	
VIREAD 200MG TAB	1	
VIREAD 250MG TAB	1	
VIREAD 40MG/GM ORAL POWDER	1	
<i>zidovudine 100mg 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>zidovudine 10mg/ml oral soln</i>	1	
<i>zidovudine 300mg tab</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID 150MG/100MG TAB PACK (20)	1	QL=20 EA/5 Days
PAXLOVID 150MG/100MG TAB PACK (30)	1	QL=30 EA/5 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
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	NDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10mg tab</i>	1	
<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	
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
PEGASYS 180MCG/ML INJ	1	NDS
RIBAVIRIN 200MG CAP	1	
RIBAVIRIN 200MG TAB	1	
SOFOSBUVIR/VELPATASVIR 400-100MG TAB	1	NDS PA QL=30 EA/30 Days
VEMLIDY 25MG TAB	1	NDS
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 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 susp</i>	1	QL=540 ML/180 Days
<i>oseltamivir 75mg cap</i>	1	QL=42 EA/180 Days
RELENZA 5MG/BLISTER INHALER	1	QL=120 EA/30 Days
RIMANTADINE 100MG TAB	1	
MISC. ANTIVIRALS		
LAGEVRIO 200MG CAP	1	QL=40 EA/5 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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 cap</i>	1	
<i>cartia 180mg er cap</i>	1	
<i>cartia 240mg er cap</i>	1	
<i>cartia 300mg er cap</i>	1	
<i>dilt 120mg er cap</i>	1	
<i>dilt 180mg er cap</i>	1	
<i>dilt 240mg er 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>nicardipine 20mg cap</i>	1	
<i>nicardipine 30mg cap</i>	1	
<i>nifedipine 30mg er tab</i>	1	
<i>nifedipine 30mg osmotic 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>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 cap</i>	1	
<i>tiadylt 180mg er cap</i>	1	
<i>tiadylt 240mg er cap</i>	1	
<i>tiadylt 300mg er cap</i>	1	
<i>tiadylt 360mg er cap</i>	1	
<i>tiadylt 420mg er 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	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN 0.05MG/ML ORAL SOLN	1	
<i>digoxin 0.125mg tab</i>	1	
<i>digoxin 0.25mg tab</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
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
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
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>hydralazine/isosorbide dinitrate 37.5-20mg tab</i>	1	
PROSTAGLANDIN VASODILATORS		
ORENITRAM 0.125MG ER TAB	1	PA
ORENITRAM 0.25MG ER TAB	1	NDS PA
ORENITRAM 1MG ER TAB	1	NDS PA
ORENITRAM 2.5MG ER TAB	1	NDS PA
ORENITRAM 5MG ER TAB	1	NDS PA
ORENITRAM ER TAB MONTH 1 TITRATION KIT PACK	1	NDS 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
ORENITRAM ER TAB MONTH 2 TITRATION KIT PACK	1	NDS PA
ORENITRAM ER TAB MONTH 3 TITRATION KIT PACK	1	NDS PA
TYVASO 16-32-48MCG TITRATION PACK	1	NDS PA QL=252 EA/28 Days
TYVASO 16MCG INH POWDER	1	NDS PA QL=112 EA/28 Days
TYVASO 32-48MCG MAINTENANCE PACK	1	NDS PA QL=224 EA/28 Days
TYVASO 32MCG INH POWDER	1	NDS PA QL=112 EA/28 Days
TYVASO 48MCG INH POWDER	1	NDS PA QL=112 EA/28 Days
TYVASO 64MCG INH POWDER	1	NDS PA QL=112 EA/28 Days
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<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
TRACLEER 32MG TAB FOR ORAL SUSP	1	NDS PA QL=120 EA/30 Days
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq 20mg tab</i>	1	PA
<i>sildenafil 20mg tab</i>	1	PA
<i>tadalafil 20mg tab</i>	1	PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS 0.5MG TAB	1	NDS PA QL=90 EA/30 Days
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
SINUS NODE INHIBITORS		
CORLANOR 5MG TAB	1	PA
CORLANOR 5MG/5ML ORAL SOLN	1	PA
CORLANOR 7.5MG TAB	1	PA
<i>ivabradine 5mg tab</i>	1	PA
<i>ivabradine 7.5mg tab</i>	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61MG CAP	1	NDS PA QL=30 EA/30 Days
VYNDAQEL 20MG CAP	1	NDS PA QL=120 EA/30 Days
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
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
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFADROXIL 1000MG TAB	1	
<i>cefadroxil 100mg/ml 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 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 susp</i>	1	
<i>cephalexin 500mg cap</i>	1	
<i>cephalexin 50mg/ml susp</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250MG CAP	1	
CEFACLOR 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 susp</i>	1	
<i>cefprozil 500mg tab</i>	1	
<i>cefprozil 50mg/ml 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 susp</i>	1	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml susp</i>	1	
<i>cefixime 20mg/ml susp</i>	1	
<i>cefixime 400mg cap</i>	1	
<i>cefixime 40mg/ml susp</i>	1	
<i>cefpodoxime 100mg tab</i>	1	
<i>cefpodoxime 10mg/ml susp</i>	1	
<i>cefpodoxime 200mg tab</i>	1	
<i>cefpodoxime 20mg/ml 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	
CEPHALOSPORINS - 4TH GENERATION		

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>cefepime 1000mg inj</i>	1	
<i>cefepime 2000mg inj</i>	1	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO 400MG INJ	1	NDS
TEFLARO 600MG INJ	1	NDS
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>altavera 28 day pack</i>	1	
<i>alyacen 1/35 pack</i>	1	
<i>amethia 91 day pack</i>	1	
<i>apri 28 day pack</i>	1	
<i>aranelle 28 pack</i>	1	
<i>ashlyna 91 day pack</i>	1	
<i>aubra 28 day pack</i>	1	
<i>aviane 28 pack</i>	1	
<i>balziva 28 day pack</i>	1	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	1	
<i>blisovi 24 fe 1/20 28 day pack</i>	1	
<i>briellyn 28 day pack</i>	1	
<i>cryselle 28 pack</i>	1	
<i>cyred 28 day pack</i>	1	
<i>desogestrel/ethinyl estradiol/ethinyl estradiol 0.15-0.01-0.02mg 28 day pack</i>	1	
<i>desogestrel/ethinyl estradiol/inert ingredients 0.15-0.03-1mg pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg pack</i>	1	
<i>enpresse 28 day pack</i>	1	
<i>enskyce 28 day pack</i>	1	
<i>estarylla 28 day pack</i>	1	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg 91 day pack</i>	1	
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg pack</i>	1	
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg pack</i>	1	
<i>ethinyl estradiol/ferrous fumarate/norethindrone 0.025-75-0.8mg pack</i>	1	
<i>ethinyl estradiol/ferrous fumarate/norethindrone 0.035-75-0.4mg pack</i>	1	
<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg 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>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg 28 day pack</i>	1	
<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 1-20/1-30/1-35mg-mcg pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg 28 day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 28 daypack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 91 day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg pack</i>	1	
<i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate/norgestimate 0.025-1-0.18-0.215-0.25mg</i>	1	
<i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate/norgestimate 0.035-1-0.18-0.215-0.25mg</i>	1	
<i>ethinyl estradiol/levonorgestrel 91 day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.02-1mg pack</i>	1	
<i>falmina 28 day pack</i>	1	
<i>finzala 24 fe chewable 28 day pack</i>	1	
<i>hailey 24 fe 28 day pack</i>	1	
<i>iclevia 91 day pack</i>	1	
<i>introvale 91 day pack</i>	1	
<i>isibloom 28 day pack</i>	1	
<i>jasmiel 28 day pack</i>	1	
<i>juleber 28 day pack</i>	1	
<i>junel 1.5/30 21 day pack</i>	1	
<i>junel 1/20 21 day pack</i>	1	
<i>junel fe 1.5/30 28 day pack</i>	1	
<i>junel fe 1/20 28 day pack</i>	1	
<i>junel fe 24 1/20 28 day pack</i>	1	
<i>kaitlib fe 28 day pack</i>	1	
<i>kariva 28 day pack</i>	1	
<i>kelnor 1/35 28 day pack</i>	1	
<i>kelnor 1/50 28 day pack</i>	1	
<i>kurvelo pack</i>	1	
<i>larin 1.5/30 pack</i>	1	
<i>larin 1/20 pack</i>	1	
<i>larin fe 1.5/30 pack</i>	1	
<i>larin fe 1/20 pack</i>	1	
<i>layolis fe 28 pack</i>	1	
<i>leena 28 day pack</i>	1	
<i>lessina 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>levonest 28 day pack</i>	1	
<i>levonorgestrel-ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg pack</i>	1	
<i>levora 0.15/30 28 day pack</i>	1	
<i>loestrin fe 1/20 28 day pack</i>	1	
<i>loryna 28 day pack</i>	1	
<i>low-ogestrel 28 day pack</i>	1	
<i>luteru 28 day pack</i>	1	
<i>marlissa 28 day pack</i>	1	
<i>mibelas 24 fe chewable 28 day pack</i>	1	
<i>microgestin 1.5/30 21 day pack</i>	1	
<i>microgestin 1/20 21 day pack</i>	1	
<i>microgestin 24 fe 28 day pack</i>	1	
<i>microgestin fe 1.5/30 28 day pack</i>	1	
<i>microgestin fe 1/20 28 day pack</i>	1	
<i>mili 28 day pack</i>	1	
<i>necon 0.5/35 28 day pack</i>	1	
<i>nikki 28 day pack</i>	1	
<i>nortrel 0.5/35 28 day pack</i>	1	
<i>nortrel 1/35 21 day pack</i>	1	
<i>nortrel 1/35 28 day pack</i>	1	
<i>nortrel 7/7/7 28 day pack</i>	1	
<i>nylia 1/35 28 day pack</i>	1	
<i>nylia 7/7/7 28 day pack</i>	1	
<i>nymyo 28 day pack</i>	1	
<i>ocella 28 day pack</i>	1	
<i>pimtrea tab pack</i>	1	
<i>portia 28 day pack</i>	1	
<i>reclipsen 28 day pack</i>	1	
<i>rivelsa 91 day pack</i>	1	
<i>setlakin 91 day pack</i>	1	
<i>sprintec 28 day pack</i>	1	
<i>sronyx 28 day pack</i>	1	
<i>syeda 28 day pack</i>	1	
<i>tarina 24 fe 1/20 28 day pack</i>	1	
<i>tarina fe 1/20 28 day pack</i>	1	
<i>tilia fe pack</i>	1	
<i>tri-estarylla 28 day pack</i>	1	
<i>tri-legest 28 day pack</i>	1	
<i>tri-lo- estarylla 28 day pack</i>	1	
<i>tri-lo-sprintec 28 day pack</i>	1	
<i>tri-mili 28 day pack</i>	1	
<i>tri-nymyo 28 day pack</i>	1	
<i>tri-sprintec 28 day pack</i>	1	
<i>tri-vylibra 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>tri-vylibra lo 28 day pack</i>	1	
<i>trivora 28 day pack</i>	1	
<i>turqoz 28 day pack</i>	1	
TYBLUME 28 DAY PACK	1	
VELIVET 28 DAY PACK	1	
<i>vestura 3-0.02mg pack</i>	1	
<i>vienva 28 day pack</i>	1	
<i>vyfemla 28 day pack</i>	1	
<i>vylibra 28 day pack</i>	1	
<i>wymzya fe 28 day pack</i>	1	
<i>zovia 1/35e 28 day pack</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.15-0.013MG/24HR VAGINAL SYSTEM	1	QL=1 EA/365 Days
<i>eluryng 0.120-0.015mg/24hr vaginal system</i>	1	
<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	1	
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	1	
<i>haloette 0.120-0.015mg/24hr vaginal system</i>	1	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	1	
<i>medroxyprogesterone acetate 150mg/ml inj</i>	1	
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila 28 day 0.35mg pack</i>	1	
<i>deblitane 0.35mg tab 28 day pack</i>	1	
<i>errin 28 day 0.35mg pack</i>	1	
<i>heather 0.35mg 28-day pack</i>	1	
<i>incassia 0.35mg 28 day pack</i>	1	
<i>lyleq 28 day 0.35mg pack</i>	1	
<i>lyza 0.35mg pack</i>	1	
<i>nora-be 28 day 0.35mg pack</i>	1	
<i>norethindrone 0.35mg pack</i>	1	
<i>sharobel 0.35mg 28 day pack</i>	1	
SLYND 4MG TAB PACK	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3mg dr cap</i>	1	
<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	

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>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 pack</i>	1	
<i>methylprednisolone 4mg tab</i>	1	PA BvD
<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>prednisone 10mg tab</i>	1	PA BvD
<i>prednisone 1mg tab</i>	1	PA BvD
PREDNISON 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
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>acutane 10mg cap</i>	1	
<i>acutane 20mg cap</i>	1	
<i>acutane 40mg cap</i>	1	
<i>adapalene 0.3% gel</i>	1	PA QL=45 GM/30 Days
<i>amneestem 10mg cap</i>	1	
<i>amneestem 20mg cap</i>	1	
<i>amneestem 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>clindamycin/benzoyl peroxide 1-5% gel</i>	1	QL=100 GM/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>erythromycin/benzoyl peroxide 5-3% gel</i>	1	QL=46.60 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>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
CLOTRIMAZOLE/BETAMETHASONE 1-0.05% LOTION	1	QL=60 ML/30 Days
<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 acetone 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 solution</i>	1	QL=10 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
PANRETIN 0.1% GEL	1	NDS PA NSO
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
METHOXSALEN 10MG CAP	1	
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
TALTZ 80MG/ML AUTO-INJECTOR	1	NDS PA QL=3 ML/28 Days
TALTZ 80MG/ML SYRINGE	1	NDS PA QL=3 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
ZORYVE 0.3% CREAM	1	PA QL=60 GM/30 Days
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5% shampoo</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5% ointment</i>	1	QL=30 GM/30 Days
<i>penciclovir 1% cream</i>	1	QL=5 GM/7 Days
BURN PRODUCTS		
<i>silver sulfadiazine 1% cream</i>	1	
<i>ssd 1% cream</i>	1	
SULFAMYLON 85MG/GM CREAM	1	QL=453.60 GM/30 Days
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort 1% cream</i>	1	QL=240 GM/30 Days
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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% 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
<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
ECZEMA AGENTS		
ADBRY 150MG/ML SYRINGE	1	NDS PA QL=6 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
CIBINQO 100MG TAB	1	NDS PA QL=30 EA/30 Days
CIBINQO 200MG TAB	1	NDS PA QL=30 EA/30 Days
CIBINQO 50MG TAB	1	NDS PA QL=30 EA/30 Days
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
EMOLLIENTS		
<i>ammonium lactate 12% cream</i>	1	
<i>ammonium lactate 12% lotion</i>	1	
ENZYMES - TOPICAL		
SANTYL 250UNIT/GM OINTMENT	1	QL=90 GM/30 Days
HAIR GROWTH AGENTS		
LITFULO 50MG CAP	1	NDS PA QL=28 EA/28 Days
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5% cream</i>	1	QL=24 EA/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
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5% TOPICAL SOLN	1	QL=7 ML/30 Days
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 4% 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
<i>tridacaine 5% patch</i>	1	PA QL=90 EA/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
SCABICIDES & PEDICULICIDES		
<i>malathion 0.5% lotion</i>	1	
<i>permethrin 5% cream</i>	1	
WOUND CARE PRODUCTS		
REGGRANEX 0.01% GEL	1	PA QL=30 GM/15 Days
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
ZENPEP 105000-25000-79000UNIT DR CAP	1	ST
ZENPEP 14000-3000-10000UNIT DR CAP	1	ST
ZENPEP 24000-5000-17000UNIT DR CAP	1	ST
ZENPEP 252600-60000-189600UNIT DR CAP	1	ST
ZENPEP 40000-126000-168000UNIT DR CAP	1	ST
ZENPEP 42000-10000-32000UNIT DR CAP	1	ST
ZENPEP 63000-15000-47000UNIT DR CAP	1	ST
ZENPEP 84000-20000-63000UNIT DR CAP	1	ST
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 0.5mg 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	

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
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	
<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>alendronate sodium 70mg/75ml oral soln</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>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 (12) pack</i>	1	
<i>risedronate sodium 35mg tab (4) pack</i>	1	
<i>risedronate sodium 5mg tab</i>	1	
<i>salmon calcitonin 200unit/act nasal spray</i>	1	
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 HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT 10MG INJ	1	NDS PA
SOMAVERT 15MG INJ	1	NDS PA
SOMAVERT 20MG INJ	1	NDS PA
SOMAVERT 25MG INJ	1	NDS PA
SOMAVERT 30MG INJ	1	NDS PA
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
SKYTROFA 11MG CARTRIDGE	1	NDS 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
SKYTROFA 13.3MG CARTRIDGE	1	NDS PA
SKYTROFA 3.6MG CARTRIDGE	1	NDS PA
SKYTROFA 3MG CARTRIDGE	1	NDS PA
SKYTROFA 4.3MG CARTRIDGE	1	NDS PA
SKYTROFA 5.2MG CARTRIDGE	1	NDS PA
SKYTROFA 6.3MG CARTRIDGE	1	NDS PA
SKYTROFA 7.6MG CARTRIDGE	1	NDS PA
SKYTROFA 9.1MG 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
HORMONE RECEPTOR MODULATORS		
OSPHENA 60MG TAB	1	PA
<i>raloxifene 60mg tab</i>	1	QL=30 EA/30 Days
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX 40MG/4ML INJ	1	NDS PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL 2MG/ML NASAL INHALER	1	NDS PA
METABOLIC MODIFIERS		
<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
<i>cinacalcet 60mg tab</i>	1	PA BvD
<i>cinacalcet 90mg tab</i>	1	PA BvD
GALAFOLD 123MG 28 DAY PACK	1	NDS PA QL=15 EA/30 Days
<i>javygtor 100mg powder for oral soln</i>	1	PA
<i>javygtor 100mg tab</i>	1	PA
<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>nitisinone 10mg cap</i>	1	NDS PA
<i>nitisinone 20mg cap</i>	1	NDS PA
<i>nitisinone 2mg cap</i>	1	NDS PA
<i>nitisinone 5mg cap</i>	1	NDS PA
ORFADIN 4MG/ML SUSP	1	NDS PA
PALYNZIQ 10MG/0.5ML SYRINGE	1	NDS PA
PALYNZIQ 2.5MG/0.5ML SYRINGE	1	NDS PA
PALYNZIQ 20MG/ML SYRINGE	1	NDS PA
<i>paricalcitol 1mcg cap</i>	1	PA BvD
<i>paricalcitol 2mcg cap</i>	1	PA BvD
<i>paricalcitol 4mcg cap</i>	1	PA BvD
PHEBURANE 483MG/GM ORAL PELLETT	1	NDS
<i>sapropterin 100mg powder for oral soln</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>sapropterin 100mg tab</i>	1	PA
<i>sapropterin 500mg powder for oral soln</i>	1	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA 10MG TAB	1	PA QL=30 EA/30 Days
KERENDIA 20MG TAB	1	PA QL=30 EA/30 Days
POSTERIOR PITUITARY HORMONES		
<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	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5mg tab</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
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>estradiol/norethindrone acetate 0.5-0.1mg pack</i>	1	
<i>estradiol/norethindrone acetate 1-0.5mg pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg pack</i>	1	
<i>fyavolv 0.0025-0.5mg tab</i>	1	
<i>fyavolv 0.005-1mg tab</i>	1	
<i>jinteli 0.005-1mg tab</i>	1	
<i>mimvey 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	
ESTROGENS		
<i>dotti 0.025mg/24hr patch</i>	1	
<i>dotti 0.0375mg/24hr patch</i>	1	
<i>dotti 0.05mg/24hr patch</i>	1	
<i>dotti 0.075mg/24hr patch</i>	1	
<i>dotti 0.1mg/24hr patch</i>	1	
<i>estradiol 0.00104mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00104mg/hr weekly patch</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>estradiol 0.00156mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00156mg/hr weekly patch</i>	1	
<i>estradiol 0.00208mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00208mg/hr weekly patch</i>	1	
<i>estradiol 0.0025mg/hr weekly patch</i>	1	
<i>estradiol 0.00312mg/hr weekly patch</i>	1	
<i>estradiol 0.00313mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00417mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00417mg/hr weekly patch</i>	1	
<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 patch</i>	1	
<i>lyllana 0.0375mg/24hr patch</i>	1	
<i>lyllana 0.05mg/24hr patch</i>	1	
<i>lyllana 0.075mg/24hr patch</i>	1	
<i>lyllana 0.1mg/24hr patch</i>	1	
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		
BAXDELA 450MG TAB	1	PA QL=60 EA/30 Days
<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 500mg tab</i>	1	
<i>levofloxacin 500mg/100ml inj</i>	1	
<i>levofloxacin 750mg tab</i>	1	
<i>levofloxacin 750mg/150ml inj</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
<i>moxifloxacin 400mg tab</i>	1	
<i>ofloxacin 400mg tab</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE 3MG TAB	1	
FARNESOID X RECEPTOR (FXR) AGONISTS		

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
OICALIVA 10MG TAB	1	NDS PA QL=30 EA/30 Days
OICALIVA 5MG TAB	1	NDS PA QL=30 EA/30 Days
GALLSTONE SOLUBILIZING AGENTS		
RELTONE 200MG CAP	1	PA
RELTONE 400MG CAP	1	PA
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 300mg cap</i>	1	
<i>ursodiol 500mg tab</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 20mg/ml oral soln</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone 24mcg cap</i>	1	QL=60 EA/30 Days
<i>lubiprostone 8mcg cap</i>	1	QL=60 EA/30 Days
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 1mg/ml oral soln</i>	1	
<i>metoclopramide 5mg tab</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium 750mg cap</i>	1	
CIMZIA 200MG INJ	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	1	NDS PA QL=2 EA/28 Days
<i>mesalamine 1000mg rectal supp</i>	1	
<i>mesalamine 375mg er cap</i>	1	
<i>mesalamine 66.7mg/ml enema</i>	1	
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	
INTESTINAL ACIDIFIERS		
<i>enulose 10gm/15ml oral soln</i>	1	
<i>generlac 10gm/15ml oral soln</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron 0.5mg tab</i>	1	
<i>alosetron 1mg tab</i>	1	
LINZESS 145MCG CAP	1	PA QL=30 EA/30 Days
LINZESS 290MCG CAP	1	PA QL=30 EA/30 Days
LINZESS 72MCG CAP	1	PA QL=30 EA/30 Days
LIVE FECAL MICROBIOTA		
VOWST 30000000UNIT CAP	1	PA QL=12 EA/365 Days
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK 12.5MG TAB	1	PA
MOVANTIK 25MG TAB	1	PA
RELISTOR 12MG/0.6ML INJ	1	PA
RELISTOR 12MG/0.6ML SYRINGE	1	PA
RELISTOR 8MG/0.4ML SYRINGE	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
SYMPROIC 0.2MG TAB	1	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate 667mg cap</i>	1	
FOSRENOL 1000MG ORAL POWDER	1	
FOSRENOL 750MG ORAL POWDER	1	
<i>lanthanum carbonate 1000mg chew tab</i>	1	
<i>lanthanum carbonate 500mg chew tab</i>	1	
<i>lanthanum carbonate 750mg chew tab</i>	1	
<i>sevelamer carbonate 2400mg powder for oral susp</i>	1	
<i>sevelamer carbonate 800mg powder for oral susp</i>	1	
<i>sevelamer carbonate 800mg tab</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5MG INJ	1	NDS PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250MG	1	NDS PA QL=84 EA/28 Days
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate 10meq er tab</i>	1	
<i>potassium citrate 15meq er tab</i>	1	
<i>potassium citrate 5meq er tab</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON 150MG CAP	1	
CYSTAGON 50MG CAP	1	
GENITOURINARY IRRIGANTS		
<i>sodium chloride 0.9% irrigation soln</i>	1	
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200MG TAB	1	NDS PA QL=30 EA/30 Days
FILSPARI 400MG TAB	1	NDS PA QL=30 EA/30 Days
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100MG CAP	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	
<i>finasteride 5mg tab</i>	1	
<i>tamsulosin 0.4mg cap</i>	1	
URINARY STONE AGENTS		
LITHOSTAT 250MG TAB	1	
<i>tiopronin 100mg tab</i>	1	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine/probenecid 0.5-500mg tab</i>	1	
GOUT AGENTS		
<i>allopurinol 100mg tab</i>	1	
<i>allopurinol 300mg tab</i>	1	
<i>colchicine 0.6mg 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>febuxostat 40mg tab</i>	1	ST
<i>febuxostat 80mg tab</i>	1	ST
URICOSURICS		
<i>probenecid 500mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant 10mg/ml syringe</i>	1	PA
<i>sajazir 30mg/3ml syringe</i>	1	PA
COMPLEMENT INHIBITORS		
BERINERT 500UNIT INJ	1	NDS PA
CINRYZE 500UNIT INJ	1	NDS PA
HAEGARDA 2000UNIT INJ	1	NDS PA
HAEGARDA 3000UNIT INJ	1	NDS PA
RUCONEST 2100UNIT INJ	1	NDS PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline 400mg er tab</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO 110MG CAP	1	NDS PA QL=30 EA/30 Days
ORLADEYO 150MG CAP	1	NDS PA QL=30 EA/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
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	
BRILINTA 60MG TAB	1	
BRILINTA 90MG TAB	1	
CABLIVI 11MG INJ	1	NDS PA QL=30 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	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND 20MG TAB (4-WEEK PACK)	1	NDS PA QL=56 EA/28 Days
PYRUKYND 20MG/50MG TAB TAPER PACK	1	NDS PA QL=14 EA/14 Days
PYRUKYND 50MG TAB (4-WEEK PACK)	1	NDS PA QL=56 EA/28 Days
PYRUKYND 5MG TAB (4-WEEK PACK)	1	NDS PA QL=56 EA/28 Days
PYRUKYND 5MG TAB TAPER PACK	1	NDS PA QL=7 EA/7 Days
PYRUKYND 5MG/20MG TAB TAPER PACK	1	NDS PA QL=14 EA/14 Days
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA 84MG CAP	1	NDS PA QL=60 EA/30 Days
<i>miglustat 100mg cap</i>	1	PA
<i>yargesa 100mg 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
AGENTS FOR SICKLE CELL DISEASE		
DROXIA 200MG CAP	1	
DROXIA 300MG CAP	1	
DROXIA 400MG CAP	1	
<i>glutamine 5000mg powder for oral soln</i>	1	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	1	NDS PA QL=10 EA/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK	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
PROMACTA 12.5MG TAB	1	NDS PA QL=30 EA/30 Days
PROMACTA 25MG POWDER FOR ORAL SUSP	1	NDS PA
PROMACTA 25MG TAB	1	NDS PA QL=30 EA/30 Days
PROMACTA 50MG TAB	1	NDS PA QL=60 EA/30 Days
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
ZARXIO 300MCG/0.5ML SYRINGE	1	NDS
ZARXIO 480MCG/0.8ML SYRINGE	1	NDS
ZIEXTENZO 6MG/0.6ML SYRINGE	1	NDS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital 100mg tab</i>	1	
<i>phenobarbital 15mg tab</i>	1	
<i>phenobarbital 16.2mg tab</i>	1	
<i>phenobarbital 30mg tab</i>	1	
<i>phenobarbital 32.4mg tab</i>	1	
<i>phenobarbital 4mg/ml oral soln</i>	1	
<i>phenobarbital 60mg 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>phenobarbital 64.8mg tab</i>	1	
<i>phenobarbital 97.2mg tab</i>	1	
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>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
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon 8mg tab</i>	1	QL=30 EA/30 Days
<i>tasimelteon 20mg cap</i>	1	NDS PA QL=30 EA/30 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 oral soln</i>	1	
<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6gm/177ml prep kit</i>	1	
SUFLAVE SOLN PACK	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10gm/15ml oral soln</i>	1	
<i>lactulose 667mg/ml oral soln</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin 20mg/ml susp</i>	1	
<i>azithromycin 250mg pack</i>	1	
<i>azithromycin 250mg tab</i>	1	
<i>azithromycin 40mg/ml susp</i>	1	
<i>azithromycin 500mg inj</i>	1	
<i>azithromycin 500mg tab</i>	1	
<i>azithromycin 500mg tab pack</i>	1	
<i>azithromycin 600mg tab</i>	1	
CLARITHROMYCIN		

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>clarithromycin 250mg tab</i>	1	
CLARITHROMYCIN 25MG/ML SUSP	1	
<i>clarithromycin 500mg er tab</i>	1	
<i>clarithromycin 500mg tab</i>	1	
CLARITHROMYCIN 50MG/ML SUSP	1	
ERYTHROMYCINS		
ERYTHROMYCIN 250MG DR CAP	1	
<i>erythromycin 250mg tab</i>	1	
<i>erythromycin 500mg tab</i>	1	
<i>erythromycin ethylsuccinate 40mg/ml susp</i>	1	
<i>erythromycin ethylsuccinate 80mg/ml susp</i>	1	
FIDAXOMICIN		
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
DIFICID 40MG/ML SUSP	1	PA QL=136 ML/10 Days
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS & DRESSINGS - PADS 2 X 2	1	
MISC. DEVICES		
ALCOHOL SWAB 1X1 (DIABETIC)	1	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (DISP) U-100 0.3ML	1	
INSULIN SYRINGE (DISP) U-100 1/2ML	1	
INSULIN SYRINGE (DISP) U-100 1ML	1	
NEEDLES INSULIN DISP. SAFETY	1	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG 140MG/ML AUTO-INJECTOR	1	PA QL=1 ML/30 Days
AIMOVIG 70MG/ML AUTO-INJECTOR	1	PA QL=1 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
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	1	PA QL=16 ML/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
REYVOW 100MG TAB	1	PA QL=8 EA/30 Days
REYVOW 50MG TAB	1	PA QL=8 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

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>rizatriptan 5mg tab</i>	1	QL=36 EA/60 Days
<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
<i>zolmitriptan 5mg/act nasal spray</i>	1	QL=12 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
GLUCOSE 25MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	
<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	
GLUCOSE 50MG/ML/POTASSIUM CHLORIDE 0.04MEQ/ML/SODIUM CHLORIDE 9MG/ML INJ	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	
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

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
MAGNESIUM		
<i>magnesium sulfate 500mg/ml inj</i>	1	
<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>penicillamine 250mg tab</i>	1	
<i>trientine 250mg cap</i>	1	PA
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
REVLIMID 10MG CAP	1	NDS PA NSO QL=30 EA/30 Days
REVLIMID 15MG CAP	1	NDS PA NSO QL=30 EA/30 Days
REVLIMID 2.5MG CAP	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
REVLIMID 20MG CAP	1	NDS PA NSO QL=30 EA/30 Days
REVLIMID 25MG CAP	1	NDS PA NSO QL=30 EA/30 Days
REVLIMID 5MG CAP	1	NDS 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
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		
<i>azathioprine 50mg tab</i>	1	PA BvD
<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
ENSPRYNG 120MG/ML SYRINGE	1	NDS PA QL=2 ML/28 Days
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
<i>everolimus 0.5mg tab</i>	1	PA BvD
<i>everolimus 0.75mg tab</i>	1	PA BvD
<i>everolimus 1mg tab</i>	1	PA BvD
<i>gengraf 100mg cap</i>	1	PA BvD
<i>gengraf 100mg/ml oral soln</i>	1	PA BvD
<i>gengraf 25mg cap</i>	1	PA BvD
LUPKYNIS 7.9MG CAP	1	NDS PA QL=180 EA/30 Days
<i>mycophenolate mofetil 200mg/ml 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
SANDIMMUNE 100MG/ML ORAL SOLN	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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOKELMA 10GM POWDER FOR ORAL SUSP	1	PA
LOKELMA 5GM POWDER FOR ORAL SUSP	1	PA
<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
VELTASSA 25.2GM POWDER FOR ORAL SUSP	1	PA
VELTASSA 8.4GM POWDER FOR ORAL SUSP	1	PA
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
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
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine viscous 2% topical soln</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10mg lozenge</i>	1	
<i>nystatin 100000unit/ml susp</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12% mouthwash</i>	1	
<i>periogard 0.12% mouthwash</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq 0.1% oral paste</i>	1	
<i>triamcinolone acetonide 0.1% oral paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline 30mg cap</i>	1	
<i>pilocarpine 5mg tab</i>	1	
<i>pilocarpine 7.5mg tab</i>	1	
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	

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
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	1	
<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i>	1	
<i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i>	1	
NASAL STEROIDS		
<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
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA 105MG/5ML 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=200 ML/30 Days
NUTRIENTS		
CARBOHYDRATES		
<i>glucose 100mg/ml inj</i>	1	PA BvD
<i>glucose 50mg/ml inj</i>	1	
LIPIDS		
DOJOLVI 100% ORAL SOLN	1	NDS PA
INTRALIPID 20GM/100ML INJ	1	PA BvD
NUTRILIPID 20GM/100ML INJ	1	PA BvD
PROTEINS		
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
CLINIMIX E 2.75/5 INJ	1	PA BvD
CLINIMIX E 4.25/10 INJ	1	PA BvD
CLINIMIX E 4.25/5 INJ	1	PA BvD
CLINIMIX E 5/15 INJ	1	PA BvD
CLINIMIX E 5/20 INJ	1	PA BvD
<i>clinisol 15 inj</i>	1	PA BvD
<i>plenamine 15% inj</i>	1	PA BvD
PREMASOL 10% INJ	1	PA BvD
PROSOL 20% INJ	1	PA BvD
TRAVASOL 10% INJ	1	PA BvD
TROPHAMINE 10% INJ	1	PA BvD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL 0.5% OPHTH 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
<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	
<i>timolol 0.5% ophth soln (preservative-free)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1% ophth soln</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE 0.125% OPHTH SOLN	1	
<i>pilocarpine 1% ophth soln</i>	1	
<i>pilocarpine 2% ophth soln</i>	1	
<i>pilocarpine 4% 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
NATACYN 5% OPHTH SUSP	1	QL=15 ML/7 Days
<i>neo-polycin ophth ointment</i>	1	QL=7 GM/7 Days
<i>neomycin/bacitracin/polymyxin ophth ointment 5mg-400unit-10000unit</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
<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 IMMUNOMODULATORS		

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>cyclosporine 0.05% ophth susp</i>	1	QL=60 EA/30 Days
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5% OPHTH SOLN	1	QL=60 EA/30 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.05-0.2MG/ML OPHTH SOLN	1	QL=5 ML/30 Days
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002% OPHTH SOLN	1	NDS PA QL=112 ML/365 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	
TOBRADEX 0.1-0.3% OPHTH OINTMENT	1	
OPHTHALMICS - MISC.		
<i>azelastine 0.05% ophth soln</i>	1	
<i>brinzolamide 1% ophth susp</i>	1	
<i>bromfenac 0.07% ophth soln</i>	1	QL=12 ML/365 Days
CROMOLYN SODIUM 4% OPHTH SOLN	1	
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	
<i>epinastine 0.05% ophth soln</i>	1	
FLURBIPROFEN SODIUM 0.03% OPHTH SOLN	1	
ILEVRO 0.3% OPHTH SUSP	1	QL=12 ML/365 Days
<i>ketorolac tromethamine 0.4% ophth soln</i>	1	QL=20 ML/365 Days
<i>ketorolac tromethamine 0.5% ophth soln</i>	1	
PROLENSA 0.07% OPHTH SOLN	1	QL=12 ML/365 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

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
LUMIGAN 0.01% OPHTH SOLN	1	QL=5 ML/30 Days
<i>tafluprost 0.0015% ophth soln</i>	1	ST QL=30 EA/30 Days
<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	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN 0.2% OTIC SOLN	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	
OTIC STEROIDS		
<i>flac 0.01% otic soln</i>	1	
<i>fluocinolone acetonide 0.01% otic soln</i>	1	
<i>hydrocortisone/acetic acid 1-2% otic soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
BIVIGAM 5GM/50ML INJ	1	NDS PA
GAMMAGARD 10GM INJ	1	NDS PA
GAMMAGARD 2.5GM/25ML INJ	1	NDS PA
GAMMAGARD 5GM INJ	1	NDS PA
GAMMAKED 1GM/10ML INJ	1	NDS PA
GAMMAPLEX 10GM/100ML INJ	1	NDS PA
GAMMAPLEX 10GM/200ML INJ	1	NDS PA
GAMMAPLEX 20GM/200ML INJ	1	NDS PA
GAMMAPLEX 5GM/50ML INJ	1	NDS PA
GAMUNEX 1GM/10ML INJ	1	NDS PA
OCTAGAM 1GM/20ML INJ	1	NDS PA
OCTAGAM 2GM/20ML INJ	1	NDS PA
PANZYGA 10GM/100ML INJ	1	NDS PA
PANZYGA 1GM/10ML INJ	1	NDS PA
PANZYGA 2.5GM/25ML INJ	1	NDS PA
PANZYGA 20GM/200ML INJ	1	NDS PA
PANZYGA 30GM/300ML INJ	1	NDS PA
PANZYGA 5GM/50ML 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	

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>amoxicillin 25mg/ml susp</i>	1	
<i>amoxicillin 40mg/ml susp</i>	1	
<i>amoxicillin 500mg cap</i>	1	
<i>amoxicillin 500mg tab</i>	1	
<i>amoxicillin 50mg/ml susp</i>	1	
<i>amoxicillin 80mg/ml 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 POTASSIUM 40000UNIT/ML INJ	1	
PENICILLIN G POTASSIUM 60000UNIT/ML INJ	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	
PENICILLIN COMBINATIONS		
<i>amoxicillin 250mg/clavulanate 125mg tab</i>	1	
AMOXICILLIN/CLAVULANATE 400-57MG CHEW TAB	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 susp</i>	1	
<i>amoxicillin/k clavulanate 250-62.5mg/5ml susp</i>	1	
<i>amoxicillin/k clavulanate 400-57mg/5ml susp</i>	1	
<i>amoxicillin/k clavulanate 600-42.9mg/5ml 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	

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>nafcillin 2gm inj</i>	1	
<i>oxacillin 100mg/ml inj</i>	1	
<i>oxacillin 1gm inj</i>	1	
OXACILLIN 20MG/ML INJ	1	
<i>oxacillin 2gm inj</i>	1	
OXACILLIN 40MG/ML INJ	1	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate 10mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
MEGESTROL ACETATE 125MG/ML SUSP	1	PA
<i>norethindrone acetate 5mg tab</i>	1	
<i>progesterone 100mg cap</i>	1	
<i>progesterone 200mg cap</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	
ANTI-CATAPLECTIC AGENTS		
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
XYWAV 0.5GM/ML ORAL SOLN	1	NDS PA QL=540 ML/30 Days
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	
<i>galantamine 4mg tab</i>	1	
<i>galantamine 8mg tab</i>	1	
<i>galantamine hydrobromide 16mg er cap</i>	1	
<i>galantamine hydrobromide 24mg er cap</i>	1	
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	1	
<i>galantamine hydrobromide 8mg er cap</i>	1	
<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

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>memantine 2mg/ml oral soln</i>	1	QL=300 ML/30 Days
<i>memantine 5/10mg titration pack</i>	1	
<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	
<i>rivastigmine 13.3mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 3mg cap</i>	1	
<i>rivastigmine 4.5mg cap</i>	1	
<i>rivastigmine 4.6mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 6mg cap</i>	1	
<i>rivastigmine 9.5mg/24hr patch</i>	1	QL=30 EA/30 Days
FIBROMYALGIA AGENTS		
SAVELLA 100MG TAB	1	QL=60 EA/30 Days
SAVELLA 12.5MG TAB	1	QL=60 EA/30 Days
SAVELLA 25MG TAB	1	QL=60 EA/30 Days
SAVELLA 50MG TAB	1	QL=60 EA/30 Days
SAVELLA TAB 4-WEEK TITRATION PACK (55)	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 6-12-24MG XR TAB TITRATION PACK	1	NDS PA QL=42 EA/28 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
AUSTEDO XR 48MG TAB	1	NDS PA QL=30 EA/30 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 PACK	1	NDS PA QL=28 EA/28 Days
<i>tetrabenazine 12.5mg tab</i>	1	
<i>tetrabenazine 25mg tab</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX 30MCG/0.5ML AUTO-INJECTOR	1	NDS
AVONEX 30MCG/0.5ML SYRINGE	1	NDS
BETASERON 0.3MG INJ	1	NDS
<i>dalfampridine 10mg er tab</i>	1	QL=60 EA/30 Days
<i>dimethyl fumarate 120mg dr cap</i>	1	
<i>dimethyl fumarate 240mg dr cap</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dimethyl fumarate/dimethyl fumarate 120-240mg pack</i>	1	
<i>fingolimod 0.5mg cap</i>	1	
<i>glatiramer acetate 20mg/ml syringe</i>	1	
<i>glatiramer acetate 40mg/ml syringe</i>	1	
<i>glatopa 20mg/ml syringe</i>	1	
<i>glatopa 40mg/ml syringe</i>	1	
KESIMPTA 20MG/0.4ML PEN INJ	1	NDS
MAVENCLAD 10 TABLET PACK 10MG	1	NDS
MAVENCLAD 4 TABLET PACK 10MG	1	NDS
MAVENCLAD 5 TABLET PACK 10MG	1	NDS
MAVENCLAD 6 TABLET PACK 10MG	1	NDS
MAVENCLAD 7 TABLET PACK 10MG	1	NDS
MAVENCLAD 8 TABLET PACK 10MG	1	NDS
MAVENCLAD 9 TABLET PACK 10MG	1	NDS
MAYZENT 0.25MG STARTER PACK	1	NDS
MAYZENT 0.25MG TAB	1	NDS
MAYZENT 1MG TAB	1	NDS
MAYZENT 2MG TAB	1	NDS
MAYZENT STARTER PACK (7)	1	
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	1	NDS
PLEGRIDY 125MCG/0.5ML SYRINGE	1	NDS
REBIF 22MCG/0.5ML AUTO-INJECTOR	1	NDS
REBIF 22MCG/0.5ML SYRINGE	1	NDS
REBIF 44MCG/0.5ML AUTO-INJECTOR	1	NDS
REBIF 44MCG/0.5ML SYRINGE	1	NDS
REBIF REBIDOSE PACK	1	NDS
REBIF TITRATION PACK	1	NDS
<i>teriflunomide 14mg tab</i>	1	
<i>teriflunomide 7mg tab</i>	1	
ZEPOSIA 0.92MG CAP	1	NDS PA
ZEPOSIA 28-DAY STARTER KIT	1	NDS PA
ZEPOSIA CAP 7-DAY STARTER PACK	1	NDS PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA 20-10MG CAP	1	PA QL=60 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES USP 1MG TAB	1	
PIMOZIDE 1MG TAB	1	
PIMOZIDE 2MG TAB	1	
SMOKING DETERRENTS		
<i>bupropion 150mg sr tab</i>	1	
NICOTROL 10MG INH SOLN	1	
NICOTROL 10MG/ML NASAL INHALER	1	
<i>varenicline 0.5mg tab</i>	1	
<i>varenicline 0.5mg/1mg first month pack</i>	1	
<i>varenicline 1mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline 1mg tab pack (56)</i>	1	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST 1000MG INJ	1	NDS PA
GLASSIA 1000MG/50ML INJ	1	NDS PA
PROLASTIN 1000MG INJ	1	NDS PA
ZEMAIRA 1000MG INJ	1	NDS PA
CYSTIC FIBROSIS AGENTS		
BRONCHITOL 40MG INH POWDER	1	NDS PA QL=560 EA/28 Days
KALYDECO 13.4MG GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 150MG TAB	1	NDS PA QL=60 EA/30 Days
KALYDECO 25MG GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 5.8MG GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 50MG GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 75MG GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG 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 GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 94-75MG GRANULES	1	NDS PA QL=56 EA/28 Days
PULMOZYME 1MG/ML INH SOLN	1	NDS PA BvD QL=150 ML/30 Days
SYMDEKO 50-75MG/75MG PACK	1	NDS PA QL=60 EA/30 Days
SYMDEKO TAB 4-WEEK PACK	1	NDS PA QL=60 EA/30 Days
TRIKAFTA 100-50-75MG/150MG PACK	1	NDS PA QL=90 EA/30 Days
TRIKAFTA 100-50-75MG/75MG GRANULES PACK	1	NDS PA QL=56 EA/28 Days
TRIKAFTA 50-37.5-25MG/75MG TAB PACK	1	NDS PA QL=84 EA/28 Days
TRIKAFTA 80-40-60MG/59.5MG GRANULES PACK	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
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE 500MG TAB	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 150MG TAB	1	NDS PA QL=30 EA/14 Days
GLYCYLCYCLINES		
<i>tigecycline 50mg inj</i>	1	NDS
TETRACYCLINES		
<i>demeclocycline 150mg tab</i>	1	
<i>demeclocycline 300mg tab</i>	1	
<i>doxy 100mg inj</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 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	
<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 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	

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 125mcg tab</i>	1	
<i>levoxyl 137mcg tab</i>	1	
<i>levoxyl 150mcg tab</i>	1	
<i>levoxyl 175mcg tab</i>	1	
<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 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	

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>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		
<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	
<i>famotidine 8mg/ml susp</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate 1000mg tab</i>	1	
<i>sucralfate 100mg/ml susp</i>	1	
PROTON PUMP INHIBITORS		
<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	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol 100mcg tab</i>	1	
<i>misoprostol 200mcg tab</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>fesoterodine fumarate 4mg er tab</i>	1	
<i>fesoterodine fumarate 8mg er tab</i>	1	
<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	
<i>tolterodine tartrate 2mg er cap</i>	1	QL=30 EA/30 Days
<i>tolterodine tartrate 2mg tab</i>	1	
<i>tolterodine tartrate 4mg er cap</i>	1	QL=30 EA/30 Days
<i>tropium chloride 20mg tab</i>	1	
<i>tropium chloride 60mg er cap</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA 75MG TAB	1	PA
MYRBETRIQ 25MG ER TAB	1	
MYRBETRIQ 50MG ER TAB	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
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<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	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate 100mg tab</i>	1	
VACCINES		
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

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
RECOMBIVAX 5MCG/0.5ML INJ	1	PA BvD VAC
RECOMBIVAX 5MCG/0.5ML SYRINGE	1	PA BvD VAC
ROTARIX SUSP	1	
ROTARIX SUSP	1	
ROTATEQ 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
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
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	
ESTRING 2MG (7.5 MCG/24HR) VAGINAL SYSTEM	1	ST
PREMARIN 0.625MG/GM VAGINAL CREAM	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<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
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa 100mg cap</i>	1	PA
<i>droxidopa 200mg cap</i>	1	PA
<i>droxidopa 300mg cap</i>	1	PA
VASOPRESSORS		
<i>midodrine 10mg tab</i>	1	
<i>midodrine 2.5mg tab</i>	1	
<i>midodrine 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.

ALPHABETICAL LISTING OF DRUGS

A					
<i>abacavir 20mg/ml oral soln</i>	45	<i>acetylcysteine 100mg/ml inh soln</i>	58	AKEEGA 500-100MG TAB	34
<i>abacavir 300mg tab</i>	45	<i>acetylcysteine 200mg/ml inh soln</i>	58	AKEEGA 500-50MG TAB	34
<i>abacavir/lamivudine 600-300mg tab</i>	45	<i>acitretin 10mg cap</i>	60	<i>ala-cort 1% cream</i>	60
ABELCET 5MG/ML INJ	24	<i>acitretin 17.5mg cap</i>	60	<i>ala-cort 2.5% cream</i>	60
ABILIFY 300MG INJ	45	<i>acitretin 25mg cap</i>	60	<i>albendazole 200mg tab</i>	7
ABILIFY 300MG SYRINGE	45	ACTEMRA	4	<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	10
ABILIFY 400MG INJ	45	162MG/0.9ML		<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	10
ABILIFY 400MG SYRINGE	45	AUTO-INJECTOR		<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	11
ABILIFY 720MG/2.4ML SYRINGE	45	ACTEMRA	4	<i>albuterol 1.25mg/3ml neb soln</i>	11
ABILIFY 960MG/3.2ML SYRINGE	45	162MG/0.9ML SYRINGE		<i>albuterol 108mcg HFA inhaler (6.7gm)</i>	11
<i>abiraterone acetate 250mg tab</i>	34	ACTHIB INJ	90	<i>albuterol 108mcg HFA inhaler (8.5gm)</i>	11
ABRYSVO	90	ACTIMMUNE	39	<i>albuterol 2mg tab</i>	11
120MCG/0.5ML INJ		2000000UNIT/0.5ML INJ		<i>albuterol 4mg tab</i>	11
<i>acamprosate calcium 333mg dr tab</i>	83	<i>acyclovir 200mg cap</i>	48	<i>albuterol 5mg/ml inh soln</i>	11
<i>acarbose 100mg tab</i>	20	<i>acyclovir 400mg tab</i>	48	<i>alclometasone dipropionate 0.05% cream</i>	60
<i>acarbose 25mg tab</i>	20	<i>acyclovir 40mg/ml susp</i>	48	<i>alclometasone dipropionate 0.05% ointment</i>	60
<i>acarbose 50mg tab</i>	20	<i>acyclovir 5% ointment</i>	60	ALCOHOL SWAB 1X1 (DIABETIC)	73
<i>accutane 10mg cap</i>	58	<i>acyclovir 50mg/ml inj</i>	48	ALECENSA 150MG CAP	35
<i>accutane 20mg cap</i>	58	<i>acyclovir 800mg tab</i>	48	<i>alendronate sodium 10mg tab</i>	64
<i>accutane 40mg cap</i>	58	ADACEL INJ	88	<i>alendronate sodium 35mg tab</i>	64
<i>acebutolol 200mg cap</i>	49	ADACEL SYRINGE	88	<i>alendronate sodium 70mg tab</i>	64
<i>acebutolol 400mg cap</i>	49	<i>adapalene 0.3% gel</i>	58	<i>alendronate sodium 70mg/75ml oral soln</i>	64
<i>acetaminophen/codeine phosphate 24mg-2.4mg/ml oral soln</i>	6	ADBRY 150MG/ML SYRINGE	61	<i>alfuzosin 10mg er tab</i>	69
<i>acetaminophen/hydrocodone bitartrate 21.7mg-0.5mg/ml oral soln</i>	6	<i>adefovir dipivoxil 10mg tab</i>	48	<i>aliskiren 150mg tab</i>	30
<i>acetazolamide 125mg tab</i>	63	ADEMPAS 0.5MG TAB	52	<i>aliskiren 300mg tab</i>	30
<i>acetazolamide 250mg tab</i>	63	ADEMPAS 1.5MG TAB	52	<i>allopurinol 100mg tab</i>	69
<i>acetazolamide 500mg er cap</i>	63	ADEMPAS 1MG TAB	52	<i>allopurinol 300mg tab</i>	69
<i>acetic acid 2% otic soln</i>	81	ADEMPAS 2.5MG TAB	52		
		ADEMPAS 2MG TAB	52		
		ADVAIR 115-21MCG HFA INHALER	10		
		ADVAIR 230-21MCG HFA INHALER	10		
		ADVAIR 45-21MCG/ACT HFA INHALER	10		
		AIMOVIG 140MG/ML	73		
		AUTO-INJECTOR			
		AIMOVIG 70MG/ML	73		
		AUTO-INJECTOR			

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

ALOGLIPTIN 12.5MG TAB	21	<i>ambrisentan 10mg tab</i>	52	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	29
ALOGLIPTIN 12.5MG/METFORMIN 1000MG TAB	20	<i>ambrisentan 5mg tab</i>	52	<i>medoxomil 5-12.5-40mg tab</i>	
ALOGLIPTIN 12.5MG/METFORMIN 500MG TAB	20	<i>amethia 91 day pack</i>	54	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	29
ALOGLIPTIN 12.5MG/PIOGLITAZONE 30MG TAB	20	<i>amikacin 250mg/ml inj</i>	2	<i>medoxomil 5-25-40mg tab</i>	
ALOGLIPTIN 25MG TAB	21	<i>amiloride 5mg tab</i>	63	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
ALOGLIPTIN 25MG/PIOGLITAZONE 15MG TAB	20	AMILORIDE/HYDROCH LOROTHIAZIDE 5-50MG TAB	63	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
ALOGLIPTIN 25MG/PIOGLITAZONE 30MG TAB	20	<i>amiodarone 200mg tab</i>	9	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
ALOGLIPTIN 25MG/PIOGLITAZONE 45MG TAB	20	<i>amiodarone 400mg tab</i>	9	<i>10-12.5-160mg tab</i>	
ALOGLIPTIN 6.25MG TAB	21	<i>amitriptyline 100mg tab</i>	19	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
<i>alosepron 0.5mg tab</i>	68	<i>amitriptyline 10mg tab</i>	19	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
<i>alosepron 1mg tab</i>	68	<i>amitriptyline 150mg tab</i>	19	<i>10-25-160mg tab</i>	
<i>alprazolam 0.25mg tab</i>	8	<i>amitriptyline 25mg tab</i>	19	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
<i>alprazolam 0.5mg tab</i>	8	<i>amitriptyline 50mg tab</i>	19	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
<i>alprazolam 1mg tab</i>	8	<i>amitriptyline 75mg tab</i>	19	<i>10-25-320mg tab</i>	
<i>alprazolam 2mg tab</i>	8	<i>amlodipine 10mg tab</i>	50	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
<i>altavera 28 day pack</i>	54	<i>amlodipine 2.5mg tab</i>	50	<i>5-12.5-160mg tab</i>	
ALUNBRIG 180MG TAB	35	<i>amlodipine 5mg tab</i>	50	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
ALUNBRIG 30MG TAB	35	<i>amlodipine/benazepril 10-20mg cap</i>	28	<i>amlodipine/hydrochloroth iazide/valsartan</i>	29
ALUNBRIG 90MG TAB	35	<i>amlodipine/benazepril 10-40mg cap</i>	28	<i>amlodipine/olmesartan</i>	29
ALUNBRIG INITIATION PACK	36	<i>amlodipine/benazepril 2.5-10mg cap</i>	28	<i>amlodipine/olmesartan</i>	29
ALVESCO 160MCG INHALER	10	<i>amlodipine/benazepril 5-10mg cap</i>	28	<i>amlodipine/olmesartan</i>	29
ALVESCO 80MCG INHALER	10	<i>amlodipine/benazepril 5-20mg cap</i>	28	<i>amlodipine/olmesartan</i>	29
<i>alyacen 1/35 pack</i>	54	<i>amlodipine/benazepril 5-40mg cap</i>	28	<i>amlodipine/olmesartan</i>	29
<i>alyq 20mg tab</i>	52	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	28	<i>amlodipine/olmesartan</i>	29
<i>amantadine 100mg cap</i>	40	<i>amlodipine/hydrochloroth iazide/olmesartan</i>	28	<i>amlodipine/olmesartan</i>	29
<i>amantadine 10mg/ml oral soln</i>	40	<i>medoxomil 10-12.5-40mg tab</i>		<i>amlodipine/olmesartan</i>	29
		<i>amlodipine/hydrochloroth iazide/olmesartan</i>	28	<i>amlodipine/olmesartan</i>	29
		<i>medoxomil 10-25-40mg tab</i>		<i>amlodipine/olmesartan</i>	29
		<i>amlodipine/hydrochloroth iazide/olmesartan</i>	29	<i>ammonium lactate 12% cream</i>	62
		<i>medoxomil 5-12.5-20mg tab</i>		<i>ammonium lactate 12% lotion</i>	62
				<i>amnestem 10mg cap</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>amnesteam 20mg cap</i>	58	<i>amphetamine/dextroamph</i>	1	ARCALYST 220MG INJ	4
<i>amnesteam 40mg cap</i>	58	<i>etamine 25mg er cap</i>		AREXVY 120MCG/0.5ML	90
<i>amoxapine 100mg tab</i>	19	<i>amphetamine/dextroamph</i>	1	INJ	
<i>amoxapine 150mg tab</i>	19	<i>etamine 30mg tab</i>		ARIKAYCE	2
<i>amoxapine 25mg tab</i>	19	<i>amphetamine/dextroamph</i>	1	590MG/8.4ML INH SUSP	
<i>amoxapine 50mg tab</i>	19	<i>etamine 5mg tab</i>		<i>aripiprazole 10mg odt</i>	45
AMOXICILLIN 125MG	81	<i>amphetamine/dextroamph</i>	1	<i>aripiprazole 10mg tab</i>	45
CHEW TAB		<i>etamine 7.5mg tab</i>		<i>aripiprazole 15mg odt</i>	45
<i>amoxicillin 250mg cap</i>	81	AMPHOTERICIN B	24	<i>aripiprazole 15mg tab</i>	45
AMOXICILLIN 250MG	81	50MG INJ		<i>aripiprazole 1mg/ml oral</i>	45
CHEW TAB		<i>ampicillin 1000mg inj</i>	82	<i>soln</i>	
<i>amoxicillin</i>	82	<i>ampicillin 100mg/ml inj</i>	82	<i>aripiprazole 20mg tab</i>	45
<i>250mg/clavulanate</i>		AMPICILLIN 125MG INJ	82	<i>aripiprazole 2mg tab</i>	45
<i>125mg tab</i>		<i>ampicillin 500mg cap</i>	82	<i>aripiprazole 30mg tab</i>	45
<i>amoxicillin 25mg/ml susp</i>	82	<i>ampicillin/sulbactam</i>	82	<i>aripiprazole 5mg tab</i>	45
<i>amoxicillin 40mg/ml susp</i>	82	<i>1000-500mg inj</i>		ARISTADA	45
<i>amoxicillin 500mg cap</i>	82	<i>ampicillin/sulbactam</i>	82	1064MG/3.9ML	
<i>amoxicillin 500mg tab</i>	82	<i>100-50mg/ml inj</i>		SYRINGE	
<i>amoxicillin 50mg/ml susp</i>	82	<i>ampicillin/sulbactam</i>	82	ARISTADA	45
<i>amoxicillin 80mg/ml susp</i>	82	<i>2000-1000mg inj</i>		441MG/1.6ML SYRINGE	
<i>amoxicillin 875mg tab</i>	82	<i>anagrelide 0.5mg cap</i>	70	ARISTADA	45
AMOXICILLIN/CLAVUL	82	<i>anagrelide 1mg cap</i>	70	662MG/2.4ML SYRINGE	
ANATE 400-57MG		<i>anastrozole 1mg tab</i>	34	ARISTADA	45
CHEW TAB		ANNOVERA	57	675MG/2.4ML SYRINGE	
<i>amoxicillin/clavulanate</i>	82	0.15-0.013MG/24HR		ARISTADA	45
<i>500-125mg tab</i>		VAGINAL SYSTEM		882MG/3.2ML SYRINGE	
<i>amoxicillin/clavulanate</i>	82	ANORO ELLIPTA	11	<i>armodafinil 150mg tab</i>	1
<i>875-125mg tab</i>		62.5-25MCG INHALER		<i>armodafinil 200mg tab</i>	1
<i>amoxicillin/k clavulanate</i>	82	APRACLONIDINE 0.5%	79	<i>armodafinil 250mg tab</i>	1
<i>200-28.5mg/5ml susp</i>		OPHTH SOLN		<i>armodafinil 50mg tab</i>	2
<i>amoxicillin/k clavulanate</i>	82	<i>aprepitant 125mg cap</i>	24	ARNUITY 100MCG	10
<i>250-62.5mg/5ml susp</i>		<i>aprepitant</i>	24	INHALER	
<i>amoxicillin/k clavulanate</i>	82	<i>125mg/aprepitant 80mg</i>		ARNUITY 200MCG	10
<i>400-57mg/5ml susp</i>		<i>cap therapy pack</i>		INHALER	
<i>amoxicillin/k clavulanate</i>	82	<i>aprepitant 40mg cap</i>	24	ARNUITY 50MCG	10
<i>600-42.9mg/5ml susp</i>		<i>aprepitant 80mg cap</i>	24	INHALER	
<i>amphetamine/dextroamph</i>	1	<i>apri 28 day pack</i>	54	<i>asenapine 10mg sl tab</i>	43
<i>etamine 10mg tab</i>		APTIOM 200MG TAB	14	<i>asenapine 2.5mg sl tab</i>	43
<i>amphetamine/dextroamph</i>	1	APTIOM 400MG TAB	14	<i>asenapine 5mg sl tab</i>	43
<i>etamine 12.5mg tab</i>		APTIOM 600MG TAB	14	<i>ashlyna 91 day pack</i>	54
<i>amphetamine/dextroamph</i>	1	APTIOM 800MG TAB	14	ASMANEX 100MCG HFA	10
<i>etamine 15mg tab</i>		APTIVUS 250MG CAP	45	INHALER	
<i>amphetamine/dextroamph</i>	1	ARALAST 1000MG INJ	86	ASMANEX 110MCG	10
<i>etamine 20mg tab</i>		<i>aranelle 28 pack</i>	54	(30ACT) TWISTHALER	

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

ASMANEX 200MCG HFA INHALER	10	ATROVENT 17MCG INHALER	10	<i>azithromycin 500mg tab pack</i>	72
ASMANEX 220MCG (120ACT) TWISTHALER	10	<i>aubra 28 day pack</i>	54	<i>azithromycin 600mg tab</i>	72
ASMANEX 220MCG (30ACT) TWISTHALER	10	AUGTYRO 40MG CAP	36	<i>aztreonam 1000mg inj</i>	31
ASMANEX 220MCG (60ACT) TWISTHALER	10	AUSTEDO 12MG TAB	84	<i>aztreonam 2000mg inj</i>	31
ASMANEX 50MCG HFA INHALER	10	AUSTEDO 6-12-24MG XR TAB TITRATION PACK	84	B	
<i>aspirin/dipyridamole 25-200mg er cap</i>	70	AUSTEDO 6MG TAB	84	BACITRACIN 500UNIT/GM OPHTH OINTMENT	79
<i>atazanavir 150mg cap</i>	45	AUSTEDO 9MG TAB	84	<i>bacitracin/polymyxin B 0.5-10unit/mg ophth ointment</i>	79
<i>atazanavir 200mg cap</i>	46	AUSTEDO XR 12MG TAE	84	<i>baclofen 10mg tab</i>	77
<i>atazanavir 300mg cap</i>	46	AUSTEDO XR 24MG TAE	84	<i>baclofen 20mg tab</i>	77
<i>atenolol 100mg tab</i>	49	AUSTEDO XR 30MG TAE	84	<i>balsalazide disodium 750mg cap</i>	68
<i>atenolol 25mg tab</i>	49	AUSTEDO XR 36MG TAE	84	BALVERSA 3MG TAB	36
<i>atenolol 50mg tab</i>	49	AUSTEDO XR 42MG TAE	84	BALVERSA 4MG TAB	36
<i>atenolol/chlorthalidone 100-25mg tab</i>	29	AUSTEDO XR 48MG TAE	84	BALVERSA 5MG TAB	36
<i>atenolol/chlorthalidone 50-25mg tab</i>	29	AUSTEDO XR 6MG TAB	84	<i>balziva 28 day pack</i>	54
<i>atomoxetine 100mg cap</i>	1	AUVELITY 105-45MG ER TAB	17	BAQSIMI 3MG/DOSE NASAL POWDER	21
<i>atomoxetine 10mg cap</i>	1	<i>aviane 28 pack</i>	54	BAXDELA 450MG TAB	67
<i>atomoxetine 18mg cap</i>	1	AVONEX 30MCG/0.5ML AUTO-INJECTOR	84	BCG LIVE TICE STRAIN 50MG INJ	90
<i>atomoxetine 25mg cap</i>	1	AVONEX 30MCG/0.5ML SYRINGE	84	<i>benazepril 10mg tab</i>	26
<i>atomoxetine 40mg cap</i>	1	AYVAKIT 100MG TAB	35	<i>benazepril 20mg tab</i>	27
<i>atomoxetine 60mg cap</i>	1	AYVAKIT 200MG TAB	35	<i>benazepril 40mg tab</i>	27
<i>atomoxetine 80mg cap</i>	1	AYVAKIT 25MG TAB	35	<i>benazepril 5mg tab</i>	27
<i>atorvastatin 10mg tab</i>	26	AYVAKIT 300MG TAB	35	<i>benazepril/hydrochlorothiazide 10-12.5mg tab</i>	29
<i>atorvastatin 20mg tab</i>	26	AYVAKIT 50MG TAB	35	<i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	29
<i>atorvastatin 40mg tab</i>	26	<i>azathioprine 50mg tab</i>	76	<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	29
<i>atorvastatin 80mg tab</i>	26	<i>azelaic acid 15% gel</i>	62	<i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>	29
<i>atovaquone 150mg/ml susp</i>	31	<i>azelastine 0.05% ophth soln</i>	80	BENLYSTA 200MG/ML AUTO-INJECTOR	77
<i>atovaquone/proguanil 250-100mg tab</i>	32	<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	78	BENLYSTA 200MG/ML SYRINGE	77
<i>atovaquone/proguanil 62.5-25mg tab</i>	32	<i>azithromycin 20mg/ml susp</i>	72	BENZNIDAZOLE 100MG TAB	7
<i>atropine sulfate 1% ophth soln</i>	79	<i>azithromycin 250mg pack</i>	72		
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	23	<i>azithromycin 250mg tab</i>	72		
		<i>azithromycin 40mg/ml susp</i>	72		
		<i>azithromycin 500mg inj</i>	72		
		<i>azithromycin 500mg tab</i>	72		

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

BENZNIDAZOLE	7	BEXSERO SYRINGE	90	BRAFTOVI 75MG CAP	36
12.5MG TAB		<i>bicalutamide 50mg tab</i>	34	BREO ELLIPTA	11
<i>benztropine mesylate</i>	40	BICILLIN L-A	82	100-25MCG INHALER	
<i>0.5mg tab</i>		1200000UNIT/2ML		BREO ELLIPTA	11
<i>benztropine mesylate 1mg</i>	40	SYRINGE		200-25MCG INHALER	
<i>tab</i>		BICILLIN L-A	82	BREO ELLIPTA	11
<i>benztropine mesylate 2mg</i>	40	2400000UNIT/4ML		50-25MCG INH	
<i>tab</i>		SYRINGE		<i>breyana 160-4.5mcg/act</i>	11
BERINERT 500UNIT INJ	70	BICILLIN L-A	82	<i>inh</i>	
BESREMI 500MCG/ML	39	600000UNIT/ML		<i>breyana 80-4.5mcg/act inh</i>	11
SYRINGE		SYRINGE		BREZTRI AEROSPHERE	11
<i>betamethasone 0.05%</i>	60	BIKTARVY 30-120-15MG	46	160-9-4.8MCG/ACT	
<i>aug cream</i>		TAB		INHALER	
<i>betamethasone 0.05%</i>	60	BIKTARVY 50-200-25MG	46	<i>briellyn 28 day pack</i>	54
<i>aug lotion</i>		TAB		BRILINTA 60MG TAB	70
<i>betamethasone 0.05%</i>	60	<i>bimatoprost 0.03% ophth</i>	80	BRILINTA 90MG TAB	70
<i>aug ointment</i>		<i>soln</i>		<i>brimonidine tartrate</i>	79
<i>betamethasone 0.05%</i>	60	<i>bisoprolol fumarate 10mg</i>	49	<i>0.1% ophth soln</i>	
<i>cream</i>		<i>tab</i>		<i>brimonidine tartrate</i>	79
<i>betamethasone 0.05%</i>	60	<i>bisoprolol fumarate 5mg</i>	49	<i>0.15% ophth soln</i>	
<i>lotion</i>		<i>tab</i>		<i>brimonidine tartrate</i>	79
<i>betamethasone 0.05%</i>	60	<i>bisoprolol</i>	29	<i>0.2% ophth soln</i>	
<i>ointment</i>		<i>fumarate/hydrochlorothia</i>		<i>brimonidine</i>	79
<i>betamethasone 0.1%</i>	60	<i>zide 10-6.25mg tab</i>		<i>tartrate/timolol 0.2-0.5%</i>	
<i>cream</i>		<i>bisoprolol</i>	29	<i>ophth soln</i>	
<i>betamethasone 0.1%</i>	60	<i>fumarate/hydrochlorothia</i>		<i>brinzolamide 1% ophth</i>	80
<i>lotion</i>		<i>zide 2.5-6.25mg tab</i>		<i>susp</i>	
<i>betamethasone 0.1%</i>	60	<i>bisoprolol</i>	29	BRIVIACT 100MG TAB	14
<i>ointment</i>		<i>fumarate/hydrochlorothia</i>		BRIVIACT 10MG TAB	14
BETASERON 0.3MG INJ	84	<i>zide 5-6.25mg tab</i>		BRIVIACT 10MG/ML	14
BETAXOLOL 0.5%	78	BIVIGAM 5GM/50ML INJ	81	ORAL SOLN	
OPHTH SOLN		<i>blisovi 21 fe 1.5/30 28</i>	54	BRIVIACT 25MG TAB	14
<i>betaxolol 10mg tab</i>	49	<i>day pack</i>		BRIVIACT 50MG TAB	14
<i>betaxolol 20mg tab</i>	49	<i>blisovi 24 fe 1/20 28 day</i>	54	BRIVIACT 75MG TAB	14
<i>bethanechol chloride</i>	90	<i>pack</i>		<i>bromfenac 0.07% ophth</i>	80
<i>10mg tab</i>		BOOSTRIX INJ	88	<i>soln</i>	
<i>bethanechol chloride</i>	90	BOOSTRIX SYRINGE	88	<i>bromocriptine 2.5mg tab</i>	40
<i>25mg tab</i>		<i>bosentan 125mg tab</i>	52	<i>bromocriptine 5mg cap</i>	40
<i>bethanechol chloride</i>	90	<i>bosentan 62.5mg tab</i>	52	BRONCHITOL 40MG	86
<i>50mg tab</i>		BOSULIF 100MG CAP	36	INH POWDER	
<i>bethanechol chloride 5mg</i>	90	BOSULIF 100MG TAB	36	BRUKINSA 80MG CAP	36
<i>tab</i>		BOSULIF 400MG TAB	36	<i>budesonide 0.125mg/ml</i>	10
<i>bexarotene 1% gel</i>	59	BOSULIF 500MG TAB	36	<i>inh susp</i>	
<i>bexarotene 75mg cap</i>	39	BOSULIF 50MG CAP	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>budesonide 0.25mg/ml inh susp</i>	10	<i>bupropion 100mg er tab</i>	17	<i>CAPLYTA 21MG CAP</i>	41
<i>budesonide 0.5mg/ml inh susp</i>	10	<i>bupropion 100mg tab</i>	17	<i>CAPLYTA 42MG CAP</i>	41
<i>budesonide 2mg/act rectal foam</i>	7	<i>bupropion 150mg sr (12 hr) tab</i>	17	<i>CAPRELSA 100MG TAB</i>	36
<i>budesonide 3mg dr cap</i>	57	<i>bupropion 150mg sr tab</i>	85	<i>CAPRELSA 300MG TAB</i>	36
<i>budesonide 9mg er tab</i>	57	<i>bupropion 150mg xl (24 hr) tab</i>	17	<i>captopril 100mg tab</i>	27
<i>budesonide/formoterol fumarate 160-45mcg inhaler</i>	11	<i>bupropion 200mg er tab</i>	17	<i>captopril 12.5mg tab</i>	27
<i>budesonide/formoterol fumarate 80-45mcg inhaler</i>	11	<i>bupropion 300mg er tab</i>	17	<i>captopril 25mg tab</i>	27
<i>bumetanide 0.5mg tab</i>	63	<i>bupropion 75mg tab</i>	17	<i>captopril 50mg tab</i>	27
<i>bumetanide 1mg tab</i>	63	<i>bupirone 10mg tab</i>	8	<i>carbamazepine 100mg chew tab</i>	14
<i>bumetanide 2mg tab</i>	63	<i>bupirone 15mg tab</i>	8	<i>carbamazepine 100mg er cap</i>	14
<i>buprenorphine 2mg sl tab</i>	6	<i>bupirone 30mg tab</i>	8	<i>carbamazepine 100mg er tab</i>	14
<i>buprenorphine 8mg sl tab</i>	6			<i>carbamazepine 200mg er cap</i>	14
<i>buprenorphine/naloxone 12-3mg sl film</i>	6			<i>carbamazepine 200mg er tab</i>	14
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	6			<i>carbamazepine 200mg er tab</i>	14
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	7			<i>carbamazepine 200mg/ml susp</i>	14
<i>buprenorphine/naloxone 4-1mg sl film</i>	7			<i>carbamazepine 300mg er cap</i>	14
<i>buprenorphine/naloxone 8-2mg sl film</i>	7			<i>carbamazepine 400mg er tab</i>	14
<i>buprenorphine/naloxone 8-2mg sl tab</i>	7			<i>carbidopa 25mg tab</i>	40
<i>bupropion 100mg er tab</i>	17			<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	40
<i>bupropion 100mg tab</i>	17			<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	40
<i>bupropion 150mg sr (12 hr) tab</i>	17			<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	40
<i>bupropion 150mg sr tab</i>	85			<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	40
<i>bupropion 150mg xl (24 hr) tab</i>	17			<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	40
<i>bupropion 200mg er tab</i>	17				
<i>bupropion 300mg er tab</i>	17				
<i>bupropion 75mg tab</i>	17				
<i>bupirone 10mg tab</i>	8				
<i>bupirone 15mg tab</i>	8				
<i>bupirone 30mg tab</i>	8				
		<i>buspirone 5mg tab</i>	8		
		<i>buspirone 7.5mg tab</i>	8		
		<i>butorphanol tartrate 1mg/act nasal inhaler</i>	7		
		<i>BYDUREON 2MG/0.85ML AUTO-INJECTOR</i>	21		
		C			
		<i>cabergoline 0.5mg tab</i>	66		
		<i>CABLIVI 11MG INJ</i>	70		
		<i>CABOMETYX 20MG TAE</i>	36		
		<i>CABOMETYX 40MG TAE</i>	36		
		<i>CABOMETYX 60MG TAE</i>	36		
		<i>calcipotriene 0.005% cream</i>	60		
		<i>calcipotriene 0.005% ointment</i>	60		
		<i>CALCIPOTRIENE 0.005% TOPICAL SOLN</i>	60		
		<i>calcitriol 0.25mcg cap</i>	65		
		<i>calcitriol 0.5mcg cap</i>	65		
		<i>calcitriol 1mcg/ml oral soln</i>	65		
		<i>calcium acetate 667mg cap</i>	69		
		<i>CALQUENCE 100MG CAP</i>	36		
		<i>CALQUENCE 100MG TAB</i>	36		
		<i>camila 28 day 0.35mg pack</i>	57		
		<i>CAMZYOS 10MG CAP</i>	51		
		<i>CAMZYOS 15MG CAP</i>	51		
		<i>CAMZYOS 2.5MG CAP</i>	51		
		<i>CAMZYOS 5MG CAP</i>	51		
		<i>candesartan cilexetil 16mg tab</i>	27		
		<i>candesartan cilexetil 32mg tab</i>	27		
		<i>candesartan cilexetil 4mg tab</i>	27		
		<i>candesartan cilexetil 8mg tab</i>	27		
		<i>CAPLYTA 10.5MG CAP</i>	41		

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>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	40	<i>cefadroxil 50mg/ml susp</i>	53	<i>cephalexin 50mg/ml susp</i>	53
CARBIDOPA/LEVODOPA 10-100MG ODT	40	<i>cefazolin 1000mg inj</i>	53	CERDELGA 84MG CAP	70
<i>carbidopa/levodopa 10-100mg tab</i>	40	<i>cefazolin 200mg/ml inj</i>	53	<i>cevimeline 30mg cap</i>	77
<i>carbidopa/levodopa 25-100mg er tab</i>	40	<i>cefazolin 500mg inj</i>	53	<i>chlordiazepoxide 10mg cap</i>	8
CARBIDOPA/LEVODOPA 25-100MG ODT	40	<i>cefdinir 25mg/ml susp</i>	53	<i>chlordiazepoxide 25mg cap</i>	8
<i>carbidopa/levodopa 25-100mg tab</i>	40	<i>cefdinir 300mg cap</i>	53	<i>chlordiazepoxide 5mg cap</i>	8
CARBIDOPA/LEVODOPA 25-250MG ODT	40	<i>cefdinir 50mg/ml susp</i>	53	<i>chlorhexidine gluconate 0.12% mouthwash</i>	77
<i>carbidopa/levodopa 25-250mg tab</i>	40	<i>cefepime 1000mg inj</i>	54	<i>chloroquine phosphate 250mg tab</i>	32
<i>carbidopa/levodopa 50-200mg er tab</i>	40	<i>cefepime 2000mg inj</i>	54	<i>chloroquine phosphate 500mg tab</i>	32
<i>carglumic acid 200mg tab for oral susp</i>	65	<i>cefixime 20mg/ml susp</i>	53	<i>chlorpromazine 100mg tab</i>	44
<i>carisoprodol 350mg tab</i>	77	<i>cefixime 400mg cap</i>	53	CHLORPROMAZINE 100MG/ML ORAL SOLN	44
CARTEOLOL 1% OPHTH SOLN	79	<i>cefixime 40mg/ml susp</i>	53	<i>chlorpromazine 10mg tab</i>	44
<i>cartia 120mg er cap</i>	50	<i>cefoxitin 1gm inj</i>	53	<i>chlorpromazine 200mg tab</i>	44
<i>cartia 180mg er cap</i>	50	<i>cefoxitin 200mg/ml inj</i>	53	<i>chlorpromazine 25mg tab</i>	44
<i>cartia 240mg er cap</i>	50	<i>cefoxitin 2gm inj</i>	53	CHLORPROMAZINE 30MG/ML ORAL SOLN	44
<i>cartia 300mg er cap</i>	50	<i>cefpodoxime 100mg tab</i>	53	<i>chlorpromazine 50mg tab</i>	44
<i>carvedilol 12.5mg tab</i>	49	<i>cefpodoxime 10mg/ml susp</i>	53	<i>chlorthalidone 25mg tab</i>	64
<i>carvedilol 25mg tab</i>	49	<i>cefpodoxime 200mg tab</i>	53	<i>chlorthalidone 50mg tab</i>	64
<i>carvedilol 3.125mg tab</i>	49	<i>cefpodoxime 20mg/ml susp</i>	53	<i>chlorzoxazone 500mg tab</i>	77
<i>carvedilol 6.25mg tab</i>	49	<i>cefprozil 250mg tab</i>	53	<i>cholestyramine resin (sugar-free) 4000mg powder for oral susp</i>	25
<i>caspofungin acetate 50mg inj</i>	24	<i>cefprozil 25mg/ml susp</i>	53	<i>cholestyramine resin 4000mg powder for oral susp</i>	25
<i>caspofungin acetate 70mg inj</i>	24	<i>cefprozil 500mg tab</i>	53	CIBINQO 100MG TAB	62
CAYSTON 75MG INH SOLN	31	<i>cefprozil 50mg/ml susp</i>	53	CIBINQO 200MG TAB	62
CEFACLOR 250MG CAP	53	<i>ceftazidime 1gm inj</i>	53	CIBINQO 50MG TAB	62
CEFACLOR 500MG CAP	53	<i>ceftazidime 200mg/ml inj</i>	53	<i>ciclopirox 0.77% cream</i>	59
CEFADROXIL 1000MG TAB	52	<i>ceftazidime 2gm inj</i>	53	<i>ciclopirox 0.77% gel</i>	59
<i>cefadroxil 100mg/ml susp</i>	52	<i>ceftriaxone 10gm inj</i>	53	<i>ciclopirox 1% shampoo</i>	59
<i>cefadroxil 500mg cap</i>	52	<i>ceftriaxone 1gm inj</i>	53	<i>ciclopirox 8% topical soln</i>	59
		<i>ceftriaxone 250mg inj</i>	53	CILASTATIN/IMIPENEM 250-250MG INJ	31
		<i>ceftriaxone 2gm inj</i>	53		
		<i>ceftriaxone 500mg inj</i>	53		
		<i>cefuroxime 1500mg inj</i>	53		
		<i>cefuroxime 250mg tab</i>	53		
		<i>cefuroxime 500mg tab</i>	53		
		<i>cefuroxime 750mg inj</i>	53		
		<i>celecoxib 100mg cap</i>	4		
		<i>celecoxib 200mg cap</i>	4		
		<i>celecoxib 400mg cap</i>	4		
		<i>celecoxib 50mg cap</i>	4		
		<i>cephalexin 250mg cap</i>	53		
		<i>cephalexin 25mg/ml susp</i>	53		
		<i>cephalexin 500mg cap</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

<i>cilastatin/imipenem</i>	31	<i>clindamycin 1% gel</i>	58	<i>clobetasol propionate</i>	61
<i>500-500mg inj</i>		<i>clindamycin 1% gel</i>	58	<i>0.05% ointment</i>	
<i>cilostazol 100mg tab</i>	70	<i>(twice-daily)</i>		<i>clobetasol propionate</i>	61
<i>cilostazol 50mg tab</i>	70	<i>clindamycin 1% lotion</i>	58	<i>0.05% shampoo</i>	
CIMDUO 300-300MG	46	<i>clindamycin 1% topical</i>	58	<i>clobetasol propionate</i>	61
TAB		<i>soln</i>		<i>0.05% topical soln</i>	
<i>cimetidine 200mg tab</i>	89	<i>clindamycin 12mg/ml inj</i>	31	<i>clobetasol propionate</i>	61
<i>cimetidine 300mg tab</i>	89	<i>clindamycin 150mg cap</i>	31	<i>0.05% topical spray</i>	
<i>cimetidine 400mg tab</i>	89	<i>clindamycin 150mg/ml</i>	31	<i>clodan 0.05% shampoo</i>	61
<i>cimetidine 800mg tab</i>	89	<i>(6ml) inj</i>		<i>clomipramine 25mg cap</i>	19
CIMZIA 200MG INJ	68	<i>clindamycin 15mg/ml oral</i>	31	<i>clomipramine 50mg cap</i>	19
CIMZIA 200MG/ML	68	<i>soln</i>		<i>clomipramine 75mg cap</i>	19
SYRINGE		<i>clindamycin 18mg/ml inj</i>	31	<i>clonazepam 0.125mg odt</i>	13
<i>cinacalcet 30mg tab</i>	65	<i>clindamycin 2% vaginal</i>	91	<i>clonazepam 0.25mg odt</i>	13
<i>cinacalcet 60mg tab</i>	65	<i>cream</i>		<i>clonazepam 0.5mg odt</i>	13
<i>cinacalcet 90mg tab</i>	65	<i>clindamycin 300mg cap</i>	31	<i>clonazepam 0.5mg tab</i>	13
CINRYZE 500UNIT INJ	70	<i>clindamycin 6mg/ml inj</i>	31	<i>clonazepam 1mg odt</i>	13
CIPROFLOXACIN 0.2%	81	<i>clindamycin 75mg cap</i>	31	<i>clonazepam 1mg tab</i>	13
OTIC SOLN		<i>clindamycin/benzoyl</i>	58	<i>clonazepam 2mg odt</i>	13
<i>ciprofloxacin 0.3% ophth</i>	79	<i>peroxide 1-5% gel</i>		<i>clonazepam 2mg tab</i>	13
<i>soln</i>		CLINIMIX 4.25/10 INJ	78	<i>clonidine 0.1mg er tab</i>	1
<i>ciprofloxacin 250mg tab</i>	67	CLINIMIX 4.25/5 INJ	78	<i>clonidine 0.1mg tab</i>	28
<i>ciprofloxacin 2mg/ml inj</i>	67	CLINIMIX 5/15 INJ	78	<i>clonidine 0.1mg/24hr</i>	28
<i>ciprofloxacin 500mg tab</i>	67	CLINIMIX 5/20 INJ	78	<i>weekly patch</i>	
<i>ciprofloxacin 750mg tab</i>	67	CLINIMIX E 2.75/5 INJ	78	<i>clonidine 0.2mg tab</i>	28
<i>ciprofloxacin/dexamethas</i>	81	CLINIMIX E 4.25/10 INJ	78	<i>clonidine 0.2mg/24hr</i>	28
<i>one 0.3-0.1% otic susp</i>		CLINIMIX E 4.25/5 INJ	78	<i>weekly patch</i>	
<i>citalopram 10mg tab</i>	17	CLINIMIX E 5/15 INJ	78	<i>clonidine 0.3mg tab</i>	28
<i>citalopram 20mg tab</i>	17	CLINIMIX E 5/20 INJ	78	<i>clonidine 0.3mg/24hr</i>	28
<i>citalopram 2mg/ml oral</i>	17	<i>clinisol 15 inj</i>	78	<i>weekly patch</i>	
<i>soln</i>		<i>clobazam 10mg tab</i>	13	<i>clopidogrel 75mg tab</i>	70
<i>citalopram 40mg tab</i>	18	<i>clobazam 2.5mg/ml susp</i>	13	<i>clorazepate dipotassium</i>	8
<i>claravis 10mg cap</i>	58	<i>clobazam 20mg tab</i>	13	<i>15mg tab</i>	
<i>claravis 20mg cap</i>	58	<i>clobetasol propionate</i>	60	<i>clotrimazole 1% cream</i>	59
<i>claravis 30mg cap</i>	58	<i>0.05% cream</i>		<i>clotrimazole 10mg</i>	77
<i>claravis 40mg cap</i>	58	<i>clobetasol propionate</i>	61	<i>lozenge</i>	
<i>clarithromycin 250mg tab</i>	73	<i>0.05% e cream</i>		<i>clotrimazole/betamethaso</i>	59
CLARITHROMYCIN	73	<i>clobetasol propionate</i>	61	<i>ne 1-0.05% cream</i>	
25MG/ML SUSP		<i>0.05% foam</i>		CLOTTRIMAZOLE/BETA	59
<i>clarithromycin 500mg er</i>	73	<i>clobetasol propionate</i>	61	METHASONE 1-0.05%	
<i>tab</i>		<i>0.05% gel</i>		LOTION	
<i>clarithromycin 500mg tab</i>	73	<i>clobetasol propionate</i>	61	<i>clozapine 100mg odt</i>	43
CLARITHROMYCIN	73	<i>0.05% lotion</i>		<i>clozapine 100mg tab</i>	43
50MG/ML SUSP					

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

CLOZAPINE 12.5MG ODT	43	<i>constulose 10gm/15ml oral soln</i>	72	<i>cyclosporine modified 25mg cap</i>	76
<i>clozapine 150mg odt</i>	43	COPIKTRA 15MG CAP	36	<i>cyclosporine modified 50mg cap</i>	76
<i>clozapine 200mg odt</i>	43	COPIKTRA 25MG CAP	36	<i>cyred 28 day pack</i>	54
<i>clozapine 200mg tab</i>	43	CORLANOR 5MG TAB	52	CYSTADROPS 0.37% OPHTH SOLN	80
<i>clozapine 25mg odt</i>	43	CORLANOR 5MG/5ML	52	CYSTAGON 150MG CAP	69
<i>clozapine 25mg tab</i>	43	ORAL SOLN		CYSTAGON 50MG CAP	69
<i>clozapine 50mg tab</i>	43	CORLANOR 7.5MG TAB	52	CYSTARAN 0.44% OPHTH SOLN	80
COARTEM 20-120MG TAB	32	COTELLIC 20MG TAB	36		
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	6	CREON 120000-24000-76000UNIT DR CAP	62	D	
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	6	CREON 15000-3000-9500UNIT DR CAP	62	<i>dalfampridine 10mg er tab</i>	84
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	6	CREON 180000-36000-114000UNIT DR CAP	63	DALVANCE 500MG INJ	31
CODEINE SULFATE 15MG TAB	5	CREON 60000-12000-38000UNIT DR CAP	63	<i>danazol 100mg cap</i>	7
CODEINE SULFATE 30MG TAB	5	<i>cromolyn sodium 20mg/ml oral soln</i>	68	<i>danazol 200mg cap</i>	7
CODEINE SULFATE 60MG TAB	5	CROMOLYN SODIUM 4% OPHTH SOLN	80	<i>danazol 50mg cap</i>	7
<i>colchicine 0.6mg tab</i>	69	<i>cryselle 28 pack</i>	54	<i>dantrolene sodium 100mg cap</i>	77
<i>colchicine/probenecid 0.5-500mg tab</i>	69	<i>cyclobenzaprine 10mg tab</i>	77	<i>dantrolene sodium 25mg cap</i>	77
<i>colesevelam 625mg tab</i>	25	<i>cyclobenzaprine 5mg tab</i>	77	<i>dantrolene sodium 50mg cap</i>	77
<i>colestipol 1000mg tab</i>	25	CYCLOPHOSPHAMIDE 25MG TAB	33	<i>dapsone 100mg tab</i>	31
<i>colestipol 5000mg granules for oral susp</i>	25	CYCLOPHOSPHAMIDE 50MG TAB	33	<i>dapsone 25mg tab</i>	31
<i>colistin 75mg/ml inj</i>	32	<i>cyclosporine 0.05% ophthalmic susp</i>	80	DAPTACEL INJ	88
COMBIVENT 20-100MCG/ACT INH	11	<i>cyclosporine 100mg cap</i>	76	<i>daptomycin 500mg inj</i>	31
COMETRIQ CAP 100MG DAILY DOSE PACK	36	<i>cyclosporine 25mg cap</i>	76	<i>darunavir 600mg tab</i>	46
COMETRIQ CAP 140MG DAILY DOSE PACK	36	<i>cyclosporine modified 100mg cap</i>	76	<i>darunavir 800mg tab</i>	46
COMETRIQ CAP 60MG DAILY DOSE PACK	36	<i>cyclosporine modified 100mg/ml oral soln</i>	76	DAURISMO 100MG TAB	34
COMPLERA 200-25-300MG TAB	46			DAURISMO 25MG TAB	34
<i>compro 25mg rectal supp</i>	44			<i>deblitane 0.35mg tab 28 day pack</i>	57
				<i>deferasirox 125mg tab for oral susp</i>	23
				<i>deferasirox 180mg granules</i>	23
				<i>deferasirox 180mg tab</i>	23
				<i>deferasirox 250mg tab for oral susp</i>	23
				<i>deferasirox 360mg granules</i>	23
				<i>deferasirox 360mg tab</i>	23

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>deferasirox 500mg tab for oral susp</i>	23	<i>desogestrel/ethinyl estradiol/inert ingredients</i>	54	<i>dexmethylphenidate 25mg er cap</i>	2
<i>deferasirox 90mg granules</i>	23	<i>desonide 0.05% ointment</i>	61	<i>dexmethylphenidate 30mg er cap</i>	2
<i>deferasirox 90mg tab</i>	23	<i>desoximetasone 0.25% cream</i>	61	<i>dexmethylphenidate 40mg er cap</i>	2
<i>deferiprone 1000mg tab</i>	23	<i>desoximetasone 0.25% ointment</i>	61	<i>dexmethylphenidate 5mg er cap</i>	2
<i>deferiprone 500mg tab</i>	23	<i>desvenlafaxine succinate 100mg er tab</i>	18	<i>dexmethylphenidate 5mg tab</i>	2
DELSTRIGO	46	<i>desvenlafaxine succinate 25mg er tab</i>	18	<i>dextroamphetamine sulfate 10mg er cap</i>	1
100-300-300MG TAB		<i>desvenlafaxine succinate 50mg er tab</i>	18	<i>dextroamphetamine sulfate 10mg tab</i>	1
<i>demeclocycline 150mg tab</i>	86	DEXAMETHASONE	57	<i>dextroamphetamine sulfate 15mg er cap</i>	1
<i>demeclocycline 300mg tab</i>	86	0.1MG/ML ORAL SOLN		<i>dextroamphetamine sulfate 5mg er cap</i>	1
DEPO-SUBQ PROVERA	57	<i>dexamethasone 0.5mg tab</i>	57	<i>dextroamphetamine sulfate 5mg tab</i>	1
104MG/0.65ML		<i>dexamethasone 0.75mg tab</i>	57	DIACOMIT 250MG CAP	14
SYRINGE		<i>dexamethasone 1.5mg tab</i>	57	DIACOMIT 250MG POWDER FOR ORAL SUSP	14
<i>depo-testosterone 200mg/ml inj</i>	7	<i>dexamethasone 1mg tab</i>	57	DIACOMIT 500MG CAP	14
DESCOVY 120-15MG TAB	46	<i>dexamethasone 2mg tab</i>	57	DIACOMIT 500MG POWDER FOR ORAL SUSP	14
DESCOVY 200-25MG TAB	46	<i>dexamethasone 4mg tab</i>	57	<i>diazepam 10mg tab</i>	8
<i>desipramine 100mg tab</i>	19	<i>dexamethasone 6mg tab</i>	58	<i>diazepam 10mg/2ml rectal gel</i>	13
<i>desipramine 10mg tab</i>	19	DEXAMETHASONE	80	<i>diazepam 1mg/ml oral soln</i>	8
<i>desipramine 150mg tab</i>	19	PHOSPHATE 0.1% OPHTH SOLN		DIAZEPAM	13
<i>desipramine 25mg tab</i>	19	<i>dexamethasone/neomycin /polymyxin b 0.1% ophth ointment</i>	80	2.5MG/0.5ML RECTAL GEL	
<i>desipramine 50mg tab</i>	19	<i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i>	80	<i>diazepam 20mg/4ml rectal gel</i>	13
<i>desipramine 75mg tab</i>	19	<i>dexmethylphenidate 10mg er cap</i>	2	<i>diazepam 2mg tab</i>	8
<i>desloratadine 5mg tab</i>	25	<i>dexmethylphenidate 10mg tab</i>	2	<i>diazepam 5mg tab</i>	8
<i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i>	66	<i>dexmethylphenidate 15mg er cap</i>	2	<i>diazepam 5mg/ml oral soln</i>	8
<i>desmopressin acetate 0.1mg tab</i>	66	<i>dexmethylphenidate 2.5mg tab</i>	2		
<i>desmopressin acetate 0.2mg tab</i>	66	<i>dexmethylphenidate 20mg er cap</i>	2		
<i>desogestrel/ethinyl estradiol/ethinyl estradiol</i>	54				
<i>0.15-0.01-0.02mg 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>diazoxide 50mg/ml susp</i>	21	<i>diltiazem 120mg er (12hr)</i>	50	<i>divalproex sodium 500mg</i>	17
<i>diclofenac potassium</i>	4	<i>cap</i>		<i>dr tab</i>	
<i>50mg tab</i>		<i>diltiazem 120mg er (24hr)</i>	50	<i>divalproex sodium 500mg</i>	17
<i>diclofenac sodium 0.1%</i>	80	<i>cap</i>		<i>er tab</i>	
<i>ophth soln</i>		<i>diltiazem 120mg tab</i>	50	<i>dofetilide 0.125mg cap</i>	9
<i>diclofenac sodium 100mg</i>	4	<i>diltiazem 180mg er (24hr)</i>	50	<i>dofetilide 0.25mg cap</i>	9
<i>er tab</i>		<i>cap</i>		<i>dofetilide 0.5mg cap</i>	9
<i>diclofenac sodium 25mg</i>	4	<i>diltiazem 240mg er (24hr)</i>	50	DOJOLVI 100% ORAL	78
<i>dr tab</i>		<i>cap</i>		SOLN	
<i>diclofenac sodium 3% gel</i>	59	<i>diltiazem 300mg er (24hr)</i>	50	<i>donepezil 10mg odt</i>	83
<i>diclofenac sodium 50mg</i>	4	<i>cap</i>		<i>donepezil 10mg tab</i>	83
<i>dr tab</i>		<i>diltiazem 30mg tab</i>	50	<i>donepezil 23mg tab</i>	83
<i>diclofenac sodium 75mg</i>	4	<i>diltiazem 360mg er (24hr)</i>	50	<i>donepezil 5mg odt</i>	83
<i>dr tab</i>		<i>cap</i>		<i>donepezil 5mg tab</i>	83
<i>diclofenac</i>	4	<i>diltiazem 420mg er (24hr)</i>	50	DOPTELET 20MG TAB	71
<i>sodium/misoprostol</i>		<i>cap</i>		DOPTELET TAB 40MG	71
<i>50-0.2mg dr tab</i>		<i>diltiazem 60mg er (12hr)</i>	50	DAILY DOSE PACK	
<i>diclofenac</i>	4	<i>cap</i>		DOPTELET TAB 60MG	71
<i>sodium/misoprostol</i>		<i>diltiazem 60mg tab</i>	50	DAILY DOSE PACK	
<i>75-0.2mg dr tab</i>		<i>diltiazem 90mg er (12hr)</i>	50	<i>dorzolamide 2% ophth</i>	80
<i>dicloxacillin 250mg cap</i>	82	<i>cap</i>		<i>soln</i>	
<i>dicloxacillin 500mg cap</i>	82	<i>diltiazem 90mg tab</i>	50	<i>dorzolamide/timolol</i>	79
<i>dicyclomine 10mg cap</i>	88	<i>dimethyl fumarate 120mg</i>	84	<i>22.3-6.8mg/ml ophth soln</i>	
<i>dicyclomine 20mg tab</i>	89	<i>dr cap</i>		<i>dorzolamide/timolol</i>	79
<i>dicyclomine 2mg/ml oral</i>	89	<i>dimethyl fumarate 240mg</i>	84	<i>maleate 2%-0.5% ophth</i>	
<i>soln</i>		<i>dr cap</i>		<i>soln (preservative-free)</i>	
DIFICID 200MG TAB	73	<i>dimethyl</i>	85	<i>dotti 0.025mg/24hr patch</i>	66
DIFICID 40MG/ML SUSP	73	<i>fumarate/dimethyl</i>		<i>dotti 0.0375mg/24hr</i>	66
<i>diflunisal 500mg tab</i>	5	<i>fumarate 120-240mg</i>		<i>patch</i>	
<i>difluprednate 0.05%</i>	80	<i>pack</i>		<i>dotti 0.05mg/24hr patch</i>	66
<i>ophth susp</i>		DIPHThERIA/TETANUS	88	<i>dotti 0.075mg/24hr patch</i>	66
DIGOXIN 0.05MG/ML	51	TOXOID INJ		<i>dotti 0.1mg/24hr patch</i>	66
ORAL SOLN		<i>disopyramide 100mg cap</i>	9	DOVATO 50-300MG TAB	46
<i>digoxin 0.125mg tab</i>	51	<i>disopyramide 150mg cap</i>	9	<i>doxazosin 1mg tab</i>	28
<i>digoxin 0.25mg tab</i>	51	<i>disulfiram 250mg tab</i>	83	<i>doxazosin 2mg tab</i>	28
<i>dihydroergotamine</i>	73	<i>disulfiram 500mg tab</i>	83	<i>doxazosin 4mg tab</i>	28
<i>mesylate 0.5mg/act nasal</i>		<i>divalproex sodium 125mg</i>	17	<i>doxazosin 8mg tab</i>	28
<i>inhaler</i>		<i>dr cap</i>		<i>doxepin 100mg cap</i>	19
DILANTIN 30MG ER	16	<i>divalproex sodium 125mg</i>	17	<i>doxepin 10mg cap</i>	19
CAP		<i>dr tab</i>		<i>doxepin 10mg/ml oral</i>	19
<i>dilt 120mg er cap</i>	50	<i>divalproex sodium 250mg</i>	17	<i>soln</i>	
<i>dilt 180mg er cap</i>	50	<i>dr tab</i>		<i>doxepin 150mg cap</i>	19
<i>dilt 240mg er cap</i>	50	<i>divalproex sodium 250mg</i>	17	<i>doxepin 25mg cap</i>	19
		<i>er tab</i>		<i>doxepin 50mg cap</i>	19

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>doxepin 75mg cap</i>	20	DROXIA 400MG CAP	71	ELECTROLYTE-148	74
<i>doxy 100mg inj</i>	86	<i>droxidopa 100mg cap</i>	91	SOLUTION	
<i>doxycycline hyclate 100mg cap</i>	87	<i>droxidopa 200mg cap</i>	91	ELIGARD 22.5MG	34
<i>doxycycline hyclate 100mg tab</i>	87	<i>droxidopa 300mg cap</i>	91	SYRINGE	
<i>doxycycline hyclate 20mg tab</i>	87	DULERA 100-5MCG	11	ELIGARD 30MG	34
<i>doxycycline hyclate 50mg cap</i>	87	INHALER		SYRINGE	
<i>doxycycline monohydrate 100mg cap</i>	87	DULERA 200-5MCG	11	ELIGARD 45MG	34
<i>doxycycline monohydrate 100mg tab</i>	87	INHALER		SYRINGE	
<i>doxycycline monohydrate 50mg cap</i>	87	DULERA 50-5MCG	11	ELIGARD 7.5MG	34
<i>doxycycline monohydrate 50mg tab</i>	87	INHALER		SYRINGE	
<i>doxycycline monohydrate 5mg/ml susp</i>	87	<i>duloxetine 20mg dr cap</i>	19	ELIQUIS 2.5MG TAB	12
<i>doxylamine succinate/pyridoxine 10-10mg dr tab</i>	24	<i>duloxetine 30mg dr cap</i>	19	ELIQUIS 5MG 30-DAY	12
DRIZALMA 20MG DR CAP	18	<i>duloxetine 60mg dr cap</i>	19	STARTER PACK	
DRIZALMA 30MG DR CAP	19	DUPIXENT	62	ELIQUIS 5MG TAB	12
DRIZALMA 40MG DR CAP	19	100MG/0.67ML		ELMIRON 100MG CAP	69
DRIZALMA 60MG DR CAP	19	SYRINGE		<i>eluryng</i>	57
<i>dronabinol 10mg cap</i>	24	DUPIXENT	62	<i>0.120-0.015mg/24hr vaginal system</i>	
<i>dronabinol 2.5mg cap</i>	24	200MG/1.14ML		EMGALITY 100MG/ML	73
<i>dronabinol 5mg cap</i>	24	AUTO-INJECTOR		SYRINGE	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg pack</i>	54	DUPIXENT	62	EMGALITY 120MG/ML	73
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg pack</i>	54	DUPIXENT 300MG/2ML	62	AUTO-INJECTOR	
DROXIA 200MG CAP	71	AUTO-INJECTOR		EMGALITY 120MG/ML	73
DROXIA 300MG CAP	71	DUPIXENT 300MG/2ML	62	SYRINGE	
		SYRINGE		EMSAM 12MG/24HR	17
		<i>dutasteride 0.5mg cap</i>	69	PATCH	
		E		EMSAM 6MG/24HR	17
		<i>econazole nitrate 1% cream</i>	59	PATCH	
		EDURANT 25MG TAB	46	EMSAM 9MG/24HR	17
		EFAVIRENZ 200MG CAP	46	PATCH	
		EFAVIRENZ 50MG CAP	46	<i>emtricitabine 200mg cap</i>	46
		<i>efavirenz 600mg tab</i>	46	<i>emtricitabine/tenofovir</i>	46
		<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	46	<i>disoproxil fumarate 100-150mg tab</i>	
		<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 400-300-300mg tab</i>	46	<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	46
		<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	46	<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	46
				<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	46

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

EMTRIVA 10MG/ML ORAL SOLN	46	<i>enoxaparin sodium</i> 150mg/1ml syringe	12	ERGOLOID MESYLATES USP 1MG TAB	85
<i>enalapril maleate 10mg</i> tab	27	<i>enoxaparin sodium</i> 30mg/0.3ml syringe	12	ERIVEDGE 150MG CAP	34
<i>enalapril maleate 2.5mg</i> tab	27	<i>enoxaparin sodium</i> 40mg/0.4ml syringe	12	ERLEADA 240MG TAB	34
<i>enalapril maleate 20mg</i> tab	27	<i>enoxaparin sodium</i> 60mg/0.6ml syringe	12	ERLEADA 60MG TAB	34
<i>enalapril maleate 5mg</i> tab	27	<i>enoxaparin sodium</i> 80mg/0.8ml syringe	12	<i>erlotinib 100mg tab</i>	33
<i>enalapril</i> <i>maleate/hydrochlorothiaz</i> <i>ide 10-25mg tab</i>	29	<i>enpresse 28 day pack</i>	54	<i>erlotinib 150mg tab</i>	33
<i>enalapril</i> <i>maleate/hydrochlorothiaz</i> <i>ide 5-12.5mg tab</i>	29	<i>enskyce 28 day pack</i>	54	<i>erlotinib 25mg tab</i>	33
ENBREL 25MG/0.5ML INJ	5	ENSPRYNG 120MG/ML SYRINGE	76	<i>errin 28 day 0.35mg pack</i>	57
ENBREL 25MG/0.5ML SYRINGE	5	<i>entacapone 200mg tab</i>	40	<i>ertapenem 1gm inj</i>	31
ENBREL 50MG/ML AUTO-INJECTOR	5	<i>entecavir 0.5mg tab</i>	48	<i>erythromycin 0.5% ophth</i> ointment	79
ENBREL 50MG/ML CARTRIDGE	5	<i>entecavir 1mg tab</i>	48	<i>erythromycin 2% gel</i>	58
ENBREL 50MG/ML SYRINGE	5	ENTRESTO 24-26MG TAB	51	<i>erythromycin 2% topical</i> soln	58
<i>endocet 2.5-325mg tab</i>	6	ENTRESTO 49-51MG TAB	51	ERYTHROMYCIN 250MG DR CAP	73
<i>endocet 325-10mg tab</i>	6	ENTRESTO 97-103MG TAB	51	<i>erythromycin 250mg tab</i>	73
<i>endocet 325-5mg tab</i>	6	<i>enulose 10gm/15ml oral</i> soln	68	<i>erythromycin 500mg tab</i>	73
<i>endocet 325-7.5mg tab</i>	6	ENVARUSUS XR 0.75MG TAB	76	<i>erythromycin</i>	73
ENGERIX-B 10MCG/0.5ML SYRINGE	90	ENVARUSUS XR 1MG TAE	76	<i>ethylsuccinate 40mg/ml</i> susp	
ENGERIX-B 20MCG/ML INJ	90	ENVARUSUS XR 4MG TAE	76	<i>erythromycin</i>	73
ENGERIX-B 20MCG/ML SYRINGE	90	EPIDIOLEX 100MG/ML ORAL SOLN	14	<i>ethylsuccinate 80mg/ml</i> susp	
<i>enilloring</i> 0.120-0.015mg/24hr vaginal system	57	<i>epinastine 0.05% ophth</i> soln	80	<i>erythromycin/benzoyl</i> peroxide 5-3% gel	58
<i>enoxaparin sodium</i> 100mg/1ml syringe	12	<i>epinephrine</i> 0.15mg/0.3ml auto-injector (2pack)	91	<i>escitalopram 10mg tab</i>	18
<i>enoxaparin sodium</i> 120mg/0.8ml syringe	12	<i>epinephrine 0.3mg/0.3ml</i> auto-injector (2pack)	91	<i>escitalopram 1mg/ml oral</i> soln	18
		<i>epitol 200mg tab</i>	14	<i>escitalopram 20mg tab</i>	18
		<i>eplerenone 25mg tab</i>	30	<i>escitalopram 5mg tab</i>	18
		<i>eplerenone 50mg tab</i>	30	<i>estarylla 28 day pack</i>	54
		EPRONTIA 25MG/ML ORAL SOLN	14	<i>estradiol 0.00104mg/hr</i> twice weekly patch	66
				<i>estradiol 0.00104mg/hr</i> weekly patch	66
				<i>estradiol 0.00156mg/hr</i> twice weekly patch	67
				<i>estradiol 0.00156mg/hr</i> weekly patch	67
				<i>estradiol 0.00208mg/hr</i> twice weekly patch	67

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>estradiol 0.00208mg/hr weekly patch</i>	67	<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg pack</i>	54	<i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate</i>	55
<i>estradiol 0.0025mg/hr weekly patch</i>	67	<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	57	<i>0.025-1-0.18-0.215-0.25 mg</i>	
<i>estradiol 0.00312mg/hr weekly patch</i>	67	<i>ethinyl estradiol/ferrous fumarate/norethindrone 0.025-75-0.8mg pack</i>	54	<i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate</i>	55
<i>estradiol 0.00313mg/hr twice weekly patch</i>	67	<i>ethinyl estradiol/ferrous fumarate/norethindrone 0.035-75-0.4mg pack</i>	54	<i>0.035-1-0.18-0.215-0.25 mg</i>	
<i>estradiol 0.00417mg/hr twice weekly patch</i>	67	<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg 21 day pack</i>	54	<i>ethinyl estradiol/levonorgestrel 91 day pack</i>	55
<i>estradiol 0.00417mg/hr weekly patch</i>	67	<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg 28 day pack</i>	55	<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	66
<i>estradiol 0.01% vaginal cream</i>	91	<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg 28 day pack</i>	55	<i>ethinyl estradiol/norethindrone acetate 0.005-1mg pack</i>	55
<i>estradiol 0.5mg tab</i>	67	<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 1-20/1-30/1-35mg-mcg pack</i>	55	<i>ethosuximide 250mg cap</i>	16
<i>estradiol 1mg tab</i>	67	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg 28 day pack</i>	55	<i>ethosuximide 50mg/ml oral soln</i>	17
<i>estradiol 2mg tab</i>	67	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 28 daypack</i>	55	<i>etodolac 200mg cap</i>	4
<i>estradiol valerate 10mg/ml inj</i>	67	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 91 day pack</i>	55	<i>etodolac 300mg cap</i>	4
<i>estradiol valerate 20mg/ml inj</i>	67	<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg pack</i>	55	<i>etodolac 400mg tab</i>	4
<i>estradiol valerate 40mg/ml inj</i>	67			<i>etodolac 500mg tab</i>	4
<i>estradiol/norethindrone acetate 0.5-0.1mg pack</i>	66			<i>etravirine 100mg tab</i>	46
<i>estradiol/norethindrone acetate 1-0.5mg pack</i>	66			<i>etravirine 200mg tab</i>	46
ESTRING 2MG (7.5 MCG/24HR) VAGINAL SYSTEM	91			<i>euthyrox 100mcg tab</i>	87
<i>eszopiclone 1mg tab</i>	72			<i>euthyrox 112mcg tab</i>	87
<i>eszopiclone 2mg tab</i>	72			<i>euthyrox 125mcg tab</i>	87
<i>eszopiclone 3mg tab</i>	72			<i>euthyrox 137mcg tab</i>	87
<i>ethambutol 100mg tab</i>	32			<i>euthyrox 150mcg tab</i>	87
<i>ethambutol 400mg tab</i>	32			<i>euthyrox 175mcg tab</i>	87
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg 91 day pack</i>	54			<i>euthyrox 200mcg tab</i>	87
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg 91 day pack</i>	54			<i>euthyrox 25mcg tab</i>	87
<i>estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg pack</i>	67			<i>euthyrox 50mcg tab</i>	87
				<i>euthyrox 75mcg tab</i>	87

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>euthyrox 88mcg tab</i>	87	FANAPT 2MG TAB	42	<i>fesoterodine fumarate 4mg er tab</i>	89
<i>everolimus 0.25mg tab</i>	76	FANAPT 4MG TAB	42	<i>fesoterodine fumarate 8mg er tab</i>	89
<i>everolimus 0.5mg tab</i>	76	FANAPT 6MG TAB	42	FETZIMA 120MG ER CAP	19
<i>everolimus 0.75mg tab</i>	76	FANAPT 8MG TAB	42	FETZIMA 20MG ER CAP	19
<i>everolimus 10mg tab</i>	36	FANAPT TITRATION PACK	42	FETZIMA 40MG ER CAP	19
<i>everolimus 1mg tab</i>	76	FARXIGA 10MG TAB	23	FETZIMA 80MG ER CAP	19
<i>everolimus 2.5mg tab</i>	36	FARXIGA 5MG TAB	23	FETZIMA PACK	19
<i>everolimus 2mg tab for oral susp</i>	36	FASENRA 10MG/0.5ML SYRINGE	9	FILSPARI 200MG TAB	69
<i>everolimus 3mg tab for oral susp</i>	36	FASENRA 30MG/ML AUTO-INJECTOR	9	FILSPARI 400MG TAB	69
<i>everolimus 5mg tab</i>	36	FASENRA 30MG/ML SYRINGE	9	<i>finasteride 5mg tab</i>	69
<i>everolimus 5mg tab for oral susp</i>	36	<i>febuxostat 40mg tab</i>	70	<i>ingolimod 0.5mg cap</i>	85
<i>everolimus 7.5mg tab</i>	36	<i>febuxostat 80mg tab</i>	70	FINTEPLA 2.2MG/ML ORAL SOLN	14
EVOTAZ 300-150MG TAB	46	<i>felbamate 120mg/ml susp</i>	16	<i>finzala 24 fe chewable 28 day pack</i>	55
EVRYSDI 0.75MG/ML ORAL SOLN	78	<i>felbamate 400mg tab</i>	16	FIRDAPSE 10MG TAB	32
<i>exemestane 25mg tab</i>	34	<i>felbamate 600mg tab</i>	16	FIRMAGON 120MG/VIAL INJ	34
<i>ezetimibe 10mg tab</i>	26	<i>felodipine 10mg er tab</i>	50	FIRMAGON 80MG INJ	34
<i>ezetimibe 10mg/simvastatin 10mg tab</i>	25	<i>felodipine 2.5mg er tab</i>	50	<i>flac 0.01% otic soln</i>	81
<i>ezetimibe 10mg/simvastatin 20mg tab</i>	25	<i>fenofibrate 134mg cap</i>	25	<i>flavoxate 100mg tab</i>	90
<i>ezetimibe 10mg/simvastatin 40mg tab</i>	25	<i>fenofibrate 145mg tab</i>	25	<i>flecainide acetate 100mg tab</i>	9
<i>ezetimibe 10mg/simvastatin 80mg tab</i>	25	<i>fenofibrate 160mg tab</i>	25	<i>flecainide acetate 150mg tab</i>	9
F		<i>fenofibrate 200mg cap</i>	26	<i>flecainide acetate 50mg tab</i>	9
<i>falmina 28 day pack</i>	55	<i>fenofibrate 48mg tab</i>	26	<i>fluconazole 100mg tab</i>	24
<i>famciclovir 125mg tab</i>	48	<i>fenofibrate 54mg tab</i>	26	<i>fluconazole 10mg/ml susp</i>	24
<i>famciclovir 250mg tab</i>	48	<i>fenofibrate 67mg cap</i>	26	<i>fluconazole 150mg tab</i>	24
<i>famciclovir 500mg tab</i>	48	<i>fenofibric acid 135mg dr cap</i>	26	<i>fluconazole 200mg tab</i>	24
<i>famotidine 20mg tab</i>	89	<i>fenofibric acid 45mg dr cap</i>	26	<i>fluconazole 200mg/100ml inj</i>	24
<i>famotidine 40mg tab</i>	89	<i>fentanyl 100mcg/hr patch</i>	5	<i>fluconazole 400mg/200ml inj</i>	24
<i>famotidine 8mg/ml susp</i>	89	<i>fentanyl 1200mcg lozenge</i>	5	<i>fluconazole 40mg/ml susp</i>	24
FANAPT 10MG TAB	41	<i>fentanyl 12mcg/hr patch</i>	5	<i>fluconazole 50mg tab</i>	24
FANAPT 12MG TAB	42	<i>fentanyl 1600mcg lozenge</i>	5	<i>flucytosine 250mg cap</i>	24
FANAPT 1MG TAB	42	<i>fentanyl 200mcg lozenge</i>	5	<i>flucytosine 500mg cap</i>	24
		<i>fentanyl 25mcg/hr patch</i>	5	<i>fludrocortisone acetate 0.1mg tab</i>	58
		<i>fentanyl 400mcg lozenge</i>	5		
		<i>fentanyl 50mcg/hr patch</i>	5		
		<i>fentanyl 600mcg lozenge</i>	5		
		<i>fentanyl 75mcg/hr patch</i>	5		
		<i>fentanyl 800mcg lozenge</i>	5		

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>flunisolide 25% (25mcg/act) nasal inhaler</i>	78	<i>fluphenazine 5mg tab</i>	44	<i>fondaparinux sodium 10mg/0.8ml syringe</i>	12
<i>fluocinolone acetonide 0.01% cream</i>	61	FLUPHENAZINE	44	<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	12
<i>fluocinolone acetonide 0.01% oil</i>	61	5MG/ML ORAL SOLN		<i>fondaparinux sodium 5mg/0.4ml syringe</i>	13
<i>fluocinolone acetonide 0.01% otic soln</i>	81	<i>fluphenazine decanoate 25mg/ml inj</i>	44	<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	13
<i>fluocinolone acetonide 0.01% topical soln</i>	61	FLURBIPROFEN	80	<i>fosamprenavir 700mg tab</i>	46
<i>fluocinolone acetonide 0.025% cream</i>	61	SODIUM 0.03% OPHTH SOLN		<i>fosinopril sodium 10mg tab</i>	27
<i>fluocinolone acetonide 0.025% ointment</i>	61	<i>fluticasone propionate 0.005% ointment</i>	61	<i>fosinopril sodium 20mg tab</i>	27
<i>fluocinonide 0.05% cream</i>	61	<i>fluticasone propionate 0.05% cream</i>	61	<i>fosinopril sodium 40mg tab</i>	27
<i>fluocinonide 0.05% e cream</i>	61	FLUTICASONE	10	<i>fosinopril</i>	29
FLUOCINONIDE 0.05% GEL	61	PROPIONATE 110MCG INHALER		<i>sodium/hydrochlorothiazide 10-12.5mg tab</i>	
<i>fluocinonide 0.05% ointment</i>	61	FLUTICASONE	10	<i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>	29
<i>fluocinonide 0.05% topical soln</i>	61	PROPIONATE 220MCG INHALER		FOSRENOL 1000MG ORAL POWDER	69
<i>fluocinonide 0.1% cream</i>	61	FLUTICASONE	10	FOSRENOL 750MG ORAL POWDER	69
<i>fluorometholone 0.1% ophth susp</i>	80	PROPIONATE 44MCG INHALER		FOTIVDA 0.89MG CAP	36
FLUOROURACIL 2% TOPICAL SOLN	59	<i>fluticasone propionate 50mcg/act nasal inhaler</i>	78	FOTIVDA 1.34MG CAP	36
<i>fluorouracil 5% cream</i>	59	<i>fluticasone propionate/salmeterol 100-50mcg/act dry powder inhaler</i>	11	FRUZAQLA 1MG CAP	33
<i>fluorouracil 5% topical solution</i>	59	<i>fluticasone propionate/salmeterol 250-50mcg/act dry powder inhaler</i>	11	FRUZAQLA 5MG CAP	33
<i>fluoxetine 10mg cap</i>	18	<i>fluticasone</i>	11	FUROSCIX 80MG/10ML CARTRIDGE	63
<i>fluoxetine 20mg cap</i>	18	<i>propionate/salmeterol 500-50mcg/act dry powder inhaler</i>		<i>furosemide 10mg/ml inj</i>	63
<i>fluoxetine 40mg cap</i>	18	<i>fluvastatin 20mg cap</i>	26	<i>furosemide 10mg/ml oral soln</i>	63
<i>fluoxetine 4mg/ml oral soln</i>	18	<i>fluvastatin 40mg cap</i>	26	<i>furosemide 20mg tab</i>	63
<i>fluoxetine 60mg tab</i>	18	<i>fluvoxamine maleate 100mg tab</i>	18	<i>furosemide 40mg tab</i>	63
FLUPHENAZINE	44	<i>fluvoxamine maleate 25mg tab</i>	18	<i>furosemide 80mg tab</i>	63
0.5MG/ML ORAL SOLN		<i>fluvoxamine maleate 50mg tab</i>	18	FUROSEMIDE 8MG/ML ORAL SOLN	63
<i>fluphenazine 10mg tab</i>	44			FUZEON 90MG INJ	46
<i>fluphenazine 1mg tab</i>	44			<i>fyavolv 0.0025-0.5mg tab</i>	66
<i>fluphenazine 2.5mg tab</i>	44			<i>fyavolv 0.005-1mg tab</i>	66
FLUPHENAZINE	44			FYCOMPA 0.5MG/ML SUSP	13
2.5MG/ML INJ					

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

FYCOMPA 10MG TAB	13	GAMMAPLEX	81	<i>glatiramer acetate</i>	85
FYCOMPA 12MG TAB	13	5GM/50ML INJ		<i>40mg/ml syringe</i>	
FYCOMPA 2MG TAB	13	GAMUNEX 1GM/10ML	81	<i>glatopa 20mg/ml syringe</i>	85
FYCOMPA 4MG TAB	13	INJ		<i>glatopa 40mg/ml syringe</i>	85
FYCOMPA 6MG TAB	13	GARDASIL 9 INJ	90	GLEOSTINE 100MG CAP	33
FYCOMPA 8MG TAB	13	GARDASIL 9 SYRINGE	90	GLEOSTINE 10MG CAP	33
<hr/>		GATTEX 5MG INJ	69	GLEOSTINE 40MG CAP	33
G		GAUZE PADS &	73	<i>glimepiride 1mg tab</i>	23
<i>gabapentin 100mg cap</i>	14	DRESSINGS - PADS 2 X 2		<i>glimepiride 2mg tab</i>	23
<i>gabapentin 300mg cap</i>	14	GAVILYTE-C POWDER	72	<i>glimepiride 4mg tab</i>	23
<i>gabapentin 400mg cap</i>	14	FOR ORAL SOLN		<i>glipizide 10mg er tab</i>	23
<i>gabapentin 50mg/ml oral soln</i>	14	<i>gavilyte-g powder for oral soln</i>	72	<i>glipizide 10mg tab</i>	23
<i>gabapentin 600mg tab (Neurontin equiv)</i>	14	GAVRETO 100MG CAP	36	<i>glipizide 2.5mg er tab</i>	23
<i>gabapentin 800mg tab</i>	14	<i>gefitinib 250mg tab</i>	34	<i>glipizide 5mg er tab</i>	23
GALAFOLD 123MG 28 DAY PACK	65	<i>gemfibrozil 600mg tab</i>	26	<i>glipizide 5mg tab</i>	23
<i>galantamine 12mg tab</i>	83	GEMTESA 75MG TAB	89	<i>glipizide/metformin 2.5-250mg tab</i>	
<i>galantamine 4mg tab</i>	83	<i>generlac 10gm/15ml oral soln</i>	68	<i>glipizide/metformin 2.5-500mg tab</i>	20
<i>galantamine 8mg tab</i>	83	<i>gengraf 100mg cap</i>	76	<i>glipizide/metformin 5-500mg tab</i>	20
<i>galantamine hydrobromide 16mg er cap</i>	83	<i>gengraf 100mg/ml oral soln</i>	76	GLUCAGON (RDNA) 1MG INJ	21
<i>galantamine hydrobromide 24mg er cap</i>	83	<i>gengraf 25mg cap</i>	76	<i>glucose 100mg/ml inj</i>	78
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	83	<i>gentamicin 0.1% cream</i>	59	GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	74
<i>galantamine hydrobromide 8mg er cap</i>	83	<i>gentamicin 0.1% ointment</i>	59	GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	74
GAMMAGARD 10GM INJ	81	<i>gentamicin 0.3% ophth soln</i>	79	GLUCOSE 25MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	74
GAMMAGARD 2.5GM/25ML INJ	81	GENTAMICIN 0.8MG/ML INJ	2	<i>glucose 50mg/ml inj</i>	78
GAMMAGARD 5GM INJ	81	<i>gentamicin 1.2mg/ml inj</i>	2	<i>glucose</i>	74
GAMMAKED 1GM/10ML INJ	81	GENTAMICIN 1.6MG/ML INJ	2	<i>50mg/ml/potassium chloride</i>	
GAMMAPLEX 10GM/100ML INJ	81	GENTAMICIN 1MG/ML INJ	3	<i>0.01meq/ml/sodium chloride 4.5mg/ml inj</i>	
GAMMAPLEX 10GM/200ML INJ	81	<i>gentamicin 40mg/ml inj</i>	3	<i>glucose</i>	74
GAMMAPLEX 20GM/200ML INJ	81	GENVOYA 150-150-200-10MG TAB	46	<i>50mg/ml/potassium chloride</i>	
		GILOTRIF 20MG TAB	34	<i>0.01meq/ml/sodium chloride 4.5mg/ml inj</i>	
		GILOTRIF 30MG TAB	34	<i>glucose</i>	
		GILOTRIF 40MG TAB	34	<i>50mg/ml/potassium chloride 0.02meq/ml inj</i>	
		GLASSIA 1000MG/50ML INJ	86		
		<i>glatiramer acetate 20mg/ml syringe</i>	85		

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>	74	<i>griseofulvin 25mg/ml</i>	24	<i>haloperidol decanoate</i>	43
<i>50mg/ml/potassium</i>		<i>susp</i>		<i>100mg/ml (1ml) inj</i>	
<i>chloride</i>		<i>griseofulvin 500mg tab</i>	24	<i>haloperidol decanoate</i>	43
<i>0.02meq/ml/sodium</i>		<i>guanfacine 1mg er tab</i>	1	<i>100mg/ml inj</i>	
<i>chloride 2.25mg/ml inj</i>		<i>guanfacine 2mg er tab</i>	1	<i>haloperidol decanoate</i>	43
<i>glucose</i>	74	<i>guanfacine 3mg er tab</i>	1	<i>50mg/ml (1ml) inj</i>	
<i>50mg/ml/potassium</i>		<i>guanfacine 4mg er tab</i>	1	<i>haloperidol decanoate</i>	43
<i>chloride</i>		GVOKE 0.5MG/0.1ML	21	<i>50mg/ml inj</i>	
<i>0.02meq/ml/sodium</i>		AUTO-INJECTOR		HAVRIX 1440ELU/ML	90
<i>chloride 4.5mg/ml inj</i>		GVOKE 1MG/0.2ML	21	SYRINGE	
<i>glucose</i>	74	AUTO-INJECTOR		HAVRIX 720ELU/0.5ML	90
<i>50mg/ml/potassium</i>		GVOKE 1MG/0.2ML INJ	21	SYRINGE	
<i>chloride</i>		GVOKE 1MG/0.2ML	21	<i>heather 0.35mg 28-day</i>	57
<i>0.02meq/ml/sodium</i>		SYRINGE		<i>pack</i>	
<i>chloride 9mg/ml inj</i>		<hr/>		<i>heparin sodium porcine</i>	13
<i>glucose</i>	74	H		<i>10000unit/ml inj</i>	
<i>50mg/ml/potassium</i>		HADLIMA 40MG/0.4ML	3	<i>heparin sodium porcine</i>	13
<i>chloride</i>		AUTO-INJECTOR		<i>1000unit/ml inj</i>	
<i>0.03meq/ml/sodium</i>		HADLIMA 40MG/0.4ML	3	<i>heparin sodium porcine</i>	13
<i>chloride 4.5mg/ml inj</i>		SYRINGE		<i>20000unit/ml inj</i>	
<i>glucose</i>	74	HADLIMA 40MG/0.8ML	3	<i>heparin sodium porcine</i>	13
<i>50mg/ml/potassium</i>		AUTO-INJECTOR		<i>5000unit/ml inj</i>	
<i>chloride</i>		HADLIMA 40MG/0.8ML	3	HEPLISAV-B	90
<i>0.04meq/ml/sodium</i>		SYRINGE		20MCG/0.5ML SYRINGE	
<i>chloride 4.5mg/ml inj</i>		HAEGARDA 2000UNIT	70	HIBERIX 10MCG INJ	90
GLUCOSE	74	INJ		HUMALOG 100UNIT/ML	22
50MG/ML/POTASSIUM		HAEGARDA 3000UNIT	70	CARTRIDGE	
CHLORIDE		<i>hailey 24 fe 28 day pack</i>	55	HUMALOG 100UNIT/ML	22
0.04MEQ/ML/SODIUM		<i>halobetasol propionate</i>	61	KWIKPEN	
CHLORIDE 9MG/ML INJ		<i>0.05% cream</i>		HUMALOG 200UNIT/ML	22
<i>glucose 50mg/ml/sodium</i>	74	<i>halobetasol propionate</i>	61	PEN INJ	
<i>chloride 2mg/ml inj</i>		<i>0.05% ointment</i>		HUMALOG JUNIOR	22
<i>glucose 50mg/ml/sodium</i>	74	<i>haloette</i>	57	100UNIT/ML PEN INJ	
<i>chloride 4.5mg/ml inj</i>		<i>0.120-0.015mg/24hr</i>		HUMALOG MIX	22
<i>glucose 50mg/ml/sodium</i>	74	<i>vaginal system</i>		25-75UNIT/ML INJ	
<i>chloride 9mg/ml inj</i>		<i>haloperidol 0.5mg tab</i>	43	HUMALOG MIX	22
<i>glutamine 5000mg</i>	71	<i>haloperidol 10mg tab</i>	43	25-75UNIT/ML PEN INJ	
<i>powder for oral soln</i>		<i>haloperidol 1mg tab</i>	43	HUMALOG MIX	22
<i>glycopyrrolate 1mg tab</i>	89	<i>haloperidol 20mg tab</i>	43	50-50UNIT/ML PEN INJ	
<i>glycopyrrolate 2mg tab</i>	89	<i>haloperidol 2mg tab</i>	43	HUMIRA 10MG/0.1ML	3
<i>granisetron 1mg tab</i>	23	<i>haloperidol 2mg/ml oral</i>	43	SYRINGE (ABBVIE)	
<i>griseofulvin 125mg tab</i>	24	<i>soln</i>		HUMIRA 20MG/0.2ML	3
<i>griseofulvin 250mg tab</i>	24	<i>haloperidol 5mg tab</i>	43	SYRINGE (ABBVIE)	
		<i>haloperidol 5mg/ml inj</i>	43		

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

HUMIRA 40MG/0.4ML AUTO-INJECTOR (ABBVIE)	3	<i>hydralazine/isosorbide dinitrate 37.5-20mg tab</i>	51	<i>hydrochlorothiazide/olme sartan medoxomil 25-40mg tab</i>	30
HUMIRA 40MG/0.4ML SYRINGE (ABBVIE)	3	<i>12.5mg cap</i>	64	<i>hydrochlorothiazide/spiro nolactone 25-25mg tab</i>	63
HUMIRA 40MG/0.8ML AUTO-INJECTOR	3	<i>12.5mg tab</i>	64	<i>hydrochlorothiazide/telmi sartan 12.5-40mg tab</i>	30
HUMIRA 40MG/0.8ML SYRINGE	3	<i>25mg tab</i>	64	<i>hydrochlorothiazide/telmi sartan 12.5-80mg tab</i>	30
HUMIRA 80MG/0.8ML AUTO-INJECTOR (ABBVIE)	3	<i>50mg tab</i>	29	<i>hydrochlorothiazide/telmi sartan 25-80mg tab</i>	30
HUMIRA PEN - PEDIATRIC UC STARTER PACK 80MG/0.8ML INJ (ABBVIE)	3	<i>hydrochlorothiazide/irbes artan 12.5-150mg tab</i>	29	<i>hydrochlorothiazide/tria mterene 25-37.5mg cap</i>	63
HUMIRA PEN 80MG/0.8ML AND 40MG/0.4ML - PSORIASIS/UVEITIS STARTER PACK	3	<i>hydrochlorothiazide/irbes artan 12.5-300mg tab</i>	29	<i>hydrochlorothiazide/tria mterene 25-37.5mg tab</i>	63
HUMIRA PEN 80MG/0.8ML CROHNS/UC/HIDRADEN ITIS STARTER PACK (ABBVIE)	3	<i>hydrochlorothiazide/lisin opril 12.5-10mg tab</i>	29	<i>hydrochlorothiazide/tria mterene 50-75mg tab</i>	63
HUMULIN 70-30UNIT/ML INJ	22	<i>hydrochlorothiazide/lisin opril 12.5-20mg tab</i>	29	<i>hydrochlorothiazide/vals artan 12.5-160mg tab</i>	30
HUMULIN 70-30UNIT/ML PEN INJ	22	<i>hydrochlorothiazide/lisin opril 25-20mg tab</i>	29	<i>hydrochlorothiazide/vals artan 12.5-320mg tab</i>	30
HUMULIN N 100UNIT/ML INJ	22	<i>hydrochlorothiazide/losar tan potassium 12.5-100mg tab</i>	30	<i>hydrochlorothiazide/vals artan 12.5-80mg tab</i>	30
HUMULIN N 100UNIT/ML PEN INJ	22	<i>hydrochlorothiazide/losar tan potassium 12.5-50mg tab</i>	30	<i>hydrochlorothiazide/vals artan 25-160mg tab</i>	30
HUMULIN R 100UNIT/ML INJ	22	<i>hydrochlorothiazide/losar tan potassium 25-100mg tab</i>	30	<i>hydrochlorothiazide/vals artan 25-320mg tab</i>	30
HUMULIN R 500UNIT/ML INJ	22	<i>hydrochlorothiazide/meto prolol tartrate 25-100mg tab</i>	30	<i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>	6
HUMULIN R 500UNIT/ML PEN INJ	22	<i>hydrochlorothiazide/meto prolol tartrate 25-50mg tab</i>	30	<i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>	6
<i>hydralazine 100mg tab</i>	30	<i>hydrochlorothiazide/olme sartan medoxomil 12.5-20mg tab</i>	30	<i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i>	6
<i>hydralazine 10mg tab</i>	30	<i>hydrochlorothiazide/olme sartan medoxomil</i>	30	<i>hydrocortisone 1% cream</i>	61
<i>hydralazine 25mg tab</i>	30	<i>12.5-40mg tab</i>		<i>hydrocortisone 1.67mg/ml enema</i>	7
<i>hydralazine 50mg tab</i>	30			<i>hydrocortisone 10mg tab</i>	58
				<i>hydrocortisone 2.5% cream</i>	7
				<i>hydrocortisone 2.5% ointment</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>hydrocortisone 20mg tab</i>	58	ICLUSIG 15MG TAB	36	INQOVI 5 TABLET PACK	35
<i>hydrocortisone 5mg tab</i>	58	ICLUSIG 30MG TAB	36	INREBIC 100MG CAP	37
HYDROCORTISONE	61	ICLUSIG 45MG TAB	36	INSULIN GLARGINE	22
LOTION 2.5%		<i>icosapent ethyl 1000mg</i>	25	300UNIT/ML PEN INJ	
<i>hydrocortisone/acetic</i>	81	<i>cap</i>		(1.5ML)	
<i>acid 1-2% otic soln</i>		<i>icosapent ethyl 500mg</i>	25	INSULIN GLARGINE	22
<i>hydromorphone 2mg tab</i>	5	<i>cap</i>		300UNIT/ML PEN INJ	
<i>hydromorphone 4mg tab</i>	5	IDHIFA 100MG TAB	37	(3ML)	
<i>hydromorphone 8mg tab</i>	5	IDHIFA 50MG TAB	37	INSULIN LISPRO	22
<i>hydroxychloroquine</i>	32	ILEVRO 0.3% OPHTH	80	100UNIT/ML INJ	
<i>sulfate 100mg tab</i>		SUSP		INSULIN PEN NEEDLE	73
<i>hydroxychloroquine</i>	32	<i>imatinib 100mg tab</i>	37	INSULIN SYRINGE	73
<i>sulfate 200mg tab</i>		<i>imatinib 400mg tab</i>	37	(DISP) U-100 0.3ML	
<i>hydroxychloroquine</i>	32	IMBRUVICA 140MG CAP	37	INSULIN SYRINGE	73
<i>sulfate 300mg tab</i>		IMBRUVICA 420MG TAB	37	(DISP) U-100 1/2ML	
<i>hydroxychloroquine</i>	32	IMBRUVICA 70MG CAP	37	INSULIN SYRINGE	73
<i>sulfate 400mg tab</i>		IMBRUVICA 70MG/ML	37	(DISP) U-100 1ML	
<i>hydroxyurea 500mg cap</i>	39	SUSP		INTELENCE 25MG TAB	46
<i>hydroxyzine 10mg tab</i>	8	<i>imipramine 10mg tab</i>	20	INTRALIPID	78
<i>hydroxyzine 25mg tab</i>	8	<i>imipramine 25mg tab</i>	20	20GM/100ML INJ	
<i>hydroxyzine 50mg tab</i>	8	<i>imipramine 50mg tab</i>	20	<i>introvale 91 day pack</i>	55
HYDROXYZINE	8	<i>imiquimod 5% cream</i>	62	INVEGA HAFYERA	42
PAMOATE 100MG CAP		IMOVAX 2.5UNIT/ML INJ	90	1092MG/3.5ML	
<i>hydroxyzine pamoate</i>	8	<i>incassia 0.35mg 28 day</i>	57	SYRINGE	
<i>25mg cap</i>		<i>pack</i>		INVEGA HAFYERA	42
<i>hydroxyzine pamoate</i>	8	INCRELEX 40MG/4ML	65	1560MG/5ML SYRINGE	
<i>50mg cap</i>		INJ		INVEGA SUSTENNA	42
<hr/>		INCRUSE ELLIPTA	10	117MG/0.75ML	
I		62.5MCG/INH INHALER		SYRINGE	
<i>ibandronate 150mg tab</i>	64	<i>indapamide 1.25mg tab</i>	64	INVEGA SUSTENNA	42
IBRANCE 100MG CAP	36	<i>indapamide 2.5mg tab</i>	64	156MG/ML SYRINGE	
IBRANCE 100MG TAB	36	INFANRIX SYRINGE	88	INVEGA SUSTENNA	42
IBRANCE 125MG CAP	36	INGREZZA 40MG CAP	84	234MG/1.5ML SYRINGE	
IBRANCE 125MG TAB	36	INGREZZA 40MG	84	INVEGA SUSTENNA	42
IBRANCE 75MG CAP	36	SPRINKLE CAP		39MG/0.25ML SYRINGE	
IBRANCE 75MG TAB	36	INGREZZA 60MG CAP	84	INVEGA SUSTENNA	42
<i>ibu 600mg tab</i>	4	INGREZZA 60MG	84	78MG/0.5ML SYRINGE	
<i>ibu 800mg tab</i>	4	SPRINKLE CAP		INVEGA TRINZA	42
<i>ibuprofen 20mg/ml susp</i>	4	INGREZZA 80MG CAP	84	273MG/0.875ML	
<i>ibuprofen 400mg tab</i>	4	INGREZZA 80MG	84	SYRINGE	
<i>ibuprofen 600mg tab</i>	4	SPRINKLE CAP		INVEGA TRINZA	42
<i>ibuprofen 800mg tab</i>	4	INGREZZA CAP PACK	84	410MG/1.315ML	
<i>icatibant 10mg/ml syringe</i>	70	INLYTA 1MG TAB	33	SYRINGE	
<i>iclevia 91 day pack</i>	55	INLYTA 5MG TAB	33		
ICLUSIG 10MG TAB	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

INVEGA TRINZA 546MG/1.75ML SYRINGE	42	<i>isosorbide mononitrate</i> <i>120mg er tab</i>	8	JANUMET XR 1000-50MG TAB	20
INVEGA TRINZA 819MG/2.625ML SYRINGE	42	<i>isosorbide mononitrate</i> <i>20mg tab</i>	8	JANUMET XR 500-50MG TAB	20
IPOL INJ	90	<i>isosorbide mononitrate</i> <i>60mg er tab</i>	8	JANUVIA 100MG TAB	21
<i>ipratropium bromide</i> <i>0.02% inh soln</i>	10	<i>isotretinoin 10mg cap</i>	59	JANUVIA 25MG TAB	21
<i>ipratropium bromide</i> <i>0.03% (0.021mg/act)</i> <i>nasal inhaler</i>	78	<i>isotretinoin 20mg cap</i>	59	JANUVIA 50MG TAB	21
<i>ipratropium bromide</i> <i>0.06% (0.042mg/act)</i> <i>nasal inhaler</i>	78	<i>isotretinoin 30mg cap</i>	59	JARDIANCE 10MG TAB	23
<i>ipratropium/albuterol</i> <i>0.5-2.5mg/3ml inh soln</i>	11	<i>isotretinoin 40mg cap</i>	59	JARDIANCE 25MG TAB	23
<i>irbesartan 150mg tab</i>	27	<i>isradipine 2.5mg cap</i>	50	<i>jasmiel 28 day pack</i>	55
<i>irbesartan 300mg tab</i>	28	<i>isradipine 5mg cap</i>	50	<i>javygtor 100mg powder</i> <i>for oral soln</i>	65
<i>irbesartan 75mg tab</i>	28	<i>itraconazole 100mg cap</i>	25	<i>javygtor 100mg tab</i>	65
ISENTRESS 100MG CHEW TAB	46	<i>ivabradine 5mg tab</i>	52	<i>javygtor 500mg powder</i> <i>for oral soln</i>	65
ISENTRESS 100MG GRANULES FOR ORAL SUSP	46	<i>ivabradine 7.5mg tab</i>	52	JAYPIRCA 100MG TAB	37
ISENTRESS 25MG CHEW TAB	46	<i>ivermectin 3mg tab</i>	7	JAYPIRCA 50MG TAB	37
ISENTRESS 400MG TAB	46	IWILFIN 192MG TAB	40	<i>jinteli 0.005-1mg tab</i>	66
ISENTRESS 600MG TAB	46	IXCHIQ INJ	90	<i>juleber 28 day pack</i>	55
<i>isibloom 28 day pack</i>	55	IXIARO 0.012MG/ML SYRINGE	90	JULUCA 50-25MG TAB	46
ISONIAZID 100MG TAB	32	J		<i>junel 1.5/30 21 day pack</i>	55
<i>isoniazid 10mg/ml oral</i> <i>soln</i>	32	JAKAFI 10MG TAB	37	<i>junel 1/20 21 day pack</i>	55
<i>isoniazid 300mg tab</i>	32	JAKAFI 15MG TAB	37	<i>junel fe 1.5/30 28 day</i> <i>pack</i>	55
<i>isosorbide dinitrate 10mg</i> <i>tab</i>	7	JAKAFI 20MG TAB	37	<i>junel fe 1/20 28 day pack</i>	55
<i>isosorbide dinitrate 20mg</i> <i>tab</i>	8	JAKAFI 25MG TAB	37	<i>junel fe 24 1/20 28 day</i> <i>pack</i>	55
<i>isosorbide dinitrate 30mg</i> <i>tab</i>	8	JAKAFI 5MG TAB	37	JYLAMVO 2MG/ML	33
<i>isosorbide dinitrate 5mg</i> <i>tab</i>	8	<i>jantoven 10mg tab</i>	12	ORAL SOLN	
<i>isosorbide mononitrate</i> <i>10mg tab</i>	8	<i>jantoven 1mg tab</i>	12	JYNNEOS 0.5ML INJ	90
		<i>jantoven 2.5mg tab</i>	12	K	
		<i>jantoven 2mg tab</i>	12	<i>kaitlib fe 28 day pack</i>	55
		<i>jantoven 3mg tab</i>	12	KALYDECO 13.4MG GRANULES	86
		<i>jantoven 4mg tab</i>	12	KALYDECO 150MG TAB	86
		<i>jantoven 5mg tab</i>	12	KALYDECO 25MG GRANULES	86
		<i>jantoven 6mg tab</i>	12	KALYDECO 5.8MG GRANULES	86
		<i>jantoven 7.5mg tab</i>	12	KALYDECO 50MG GRANULES	86
		JANUMET 1000-50MG TAB	20	KALYDECO 75MG GRANULES	86
		JANUMET 500-50MG TAB	20	<i>kariva 28 day pack</i>	55
		JANUMET XR 1000-100MG TAB	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

KCL/D5W/LR INJ 0.15%	74	KISQALI/FEMARA 600	35	<i>lamotrigine 200mg er tab</i>	15	
<i>kcl/nacl 20meq-0.45% inj</i>	74	CO-PACK		<i>lamotrigine 200mg odt</i>	15	
<i>kcl/nacl 20meq-0.9% inj</i>	74	<i>klor-con 10meq er tab</i>	75	<i>lamotrigine 200mg tab</i>	15	
<i>kcl/nacl 40meq-9% inj</i>	74	<i>klor-con 10meq micro er</i>	75	<i>lamotrigine 250mg er tab</i>	15	
<i>kelnor 1/35 28 day pack</i>	55	<i>tab</i>		<i>lamotrigine 25mg chew</i>	15	
<i>kelnor 1/50 28 day pack</i>	55	<i>klor-con 15meq micro er</i>	75	<i>tab</i>		
KERENDIA 10MG TAB	66	<i>tab</i>		<i>lamotrigine 25mg er tab</i>	15	
KERENDIA 20MG TAB	66	<i>klor-con 20meq micro er</i>	75	<i>lamotrigine 25mg odt</i>	15	
KESIMPTA 20MG/0.4ML	85	<i>tab</i>		<i>lamotrigine 25mg tab</i>	15	
PEN INJ		<i>klor-con 20meq powder</i>	75	<i>lamotrigine 300mg er tab</i>	15	
<i>ketoconazole 2% cream</i>	59	<i>for oral soln</i>		<i>lamotrigine 50mg er tab</i>	15	
<i>ketoconazole 2%</i>	59	<i>klor-con 8meq er tab</i>	75	<i>lamotrigine 50mg odt</i>	15	
<i>shampoo</i>		KLOXXADO 8MG/0.1ML	23	<i>lamotrigine 5mg chew tab</i>	15	
<i>ketoconazole 200mg tab</i>	25	NASAL SPRAY		<i>lansoprazole 15mg dr cap</i>	89	
<i>ketorolac tromethamine</i>	80	KORLYM 300MG TAB	21	<i>lansoprazole 30mg dr cap</i>	89	
<i>0.4% ophth soln</i>		KOSELUGO 10MG CAP	37	<i>lanthanum carbonate</i>	69	
<i>ketorolac tromethamine</i>	80	KOSELUGO 25MG CAP	37	<i>1000mg chew tab</i>		
<i>0.5% ophth soln</i>		<i>kourzeq 0.1% oral paste</i>	77	<i>lanthanum carbonate</i>	69	
<i>ketorolac tromethamine</i>	4	KRAZATI 200MG TAB	37	<i>500mg chew tab</i>		
<i>10mg tab</i>		<i>kurvelo pack</i>	55	<i>lanthanum carbonate</i>	69	
KEVZARA	4	<hr/>			<i>750mg chew tab</i>	
150MG/1.14ML		L		LANTUS 100UNIT/ML	22	
AUTO-INJECTOR		<i>labetalol 100mg tab</i>	49	INJ		
KEVZARA	4	<i>labetalol 200mg tab</i>	49	LANTUS 100UNIT/ML	22	
150MG/1.14ML		<i>labetalol 300mg tab</i>	49	PEN INJ		
SYRINGE		<i>lacosamide 100mg tab</i>	14	<i>lapatinib 250mg tab</i>	37	
KEVZARA	4	<i>lacosamide 10mg/ml oral</i>	14	<i>larin 1.5/30 pack</i>	55	
200MG/1.14ML		<i>soln</i>		<i>larin 1/20 pack</i>	55	
AUTO-INJECTOR		<i>lacosamide 150mg tab</i>	14	<i>larin fe 1.5/30 pack</i>	55	
KEVZARA	4	<i>lacosamide 200mg tab</i>	14	<i>larin fe 1/20 pack</i>	55	
200MG/1.14ML		<i>lacosamide 50mg tab</i>	14	<i>latanoprost 0.005% ophth</i>	80	
SYRINGE		<i>lactulose 667mg/ml oral</i>	72	<i>soln</i>		
KINRIX SYRINGE	88	<i>soln</i>		<i>layolis fe 28 pack</i>	55	
<i>kionex 15gm/60ml susp</i>	76	LAGEVRIO 200MG CAP	48	<i>leena 28 day pack</i>	55	
KISQALI 200MG DAILY	37	<i>lamivudine 100mg tab</i>	48	<i>leflunomide 10mg tab</i>	5	
DOSE PACK (21)		<i>lamivudine 10mg/ml oral</i>	47	<i>leflunomide 20mg tab</i>	5	
KISQALI 400MG DAILY	37	<i>soln</i>		<i>lenalidomide 10mg cap</i>	75	
DOSE PACK (42)		<i>lamivudine 150mg tab</i>	47	<i>lenalidomide 15mg cap</i>	75	
KISQALI 600MG DAILY	37	<i>lamivudine 300mg tab</i>	47	<i>lenalidomide 2.5mg cap</i>	75	
DOSE PACK (63)		<i>lamivudine/zidovudine</i>	47	<i>lenalidomide 20mg cap</i>	75	
KISQALI/FEMARA 200	35	<i>150-300mg tab</i>		<i>lenalidomide 25mg cap</i>	75	
CO-PACK		<i>lamotrigine 100mg er tab</i>	14	<i>lenalidomide 5mg cap</i>	75	
KISQALI/FEMARA 400	35	<i>lamotrigine 100mg odt</i>	14	LENVIMA 10MG DAILY	33	
CO-PACK		<i>lamotrigine 100mg tab</i>	14	DOSE PACK		
		<i>lamotrigine 150mg tab</i>	14			

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

LENVIMA 12MG DAILY DOSE PACK	33	<i>levetiracetam 500mg er tab</i>	15	<i>levothyroxine sodium 300mcg tab</i>	87
LENVIMA 14MG DAILY DOSE PACK	33	<i>levetiracetam 500mg tab</i>	15	<i>levothyroxine sodium 50mcg tab</i>	87
LENVIMA 18MG DAILY DOSE PACK	33	<i>levetiracetam 750mg er tab</i>	15	<i>levothyroxine sodium 75mcg tab</i>	87
LENVIMA 20MG DAILY DOSE PACK	33	<i>levetiracetam 750mg tab</i>	15	<i>levothyroxine sodium 88mcg tab</i>	87
LENVIMA 24MG DAILY DOSE PACK	33	LEVOBUNOLOL 0.5% OPHTH SOLN	79	<i>levoxyl 100mcg tab</i>	87
LENVIMA 4MG DAILY DOSE PACK	33	<i>levocarnitine 100mg/ml oral soln</i>	65	<i>levoxyl 112mcg tab</i>	87
LENVIMA 8MG DAILY DOSE PACK	33	<i>levocarnitine 330mg tab</i>	65	<i>levoxyl 125mcg tab</i>	88
<i>lessina 28 day pack</i>	55	<i>levocetirizine 5mg tab</i>	25	<i>levoxyl 137mcg tab</i>	88
<i>letrozole 2.5mg tab</i>	34	<i>levofloxacin 250mg tab</i>	67	<i>levoxyl 150mcg tab</i>	88
<i>leucovorin 10mg tab</i>	40	<i>levofloxacin 500mg tab</i>	67	<i>levoxyl 175mcg tab</i>	88
<i>leucovorin 15mg tab</i>	40	<i>levofloxacin</i>	67	<i>levoxyl 200mcg tab</i>	88
<i>leucovorin 25mg tab</i>	40	<i>500mg/100ml inj</i>		<i>levoxyl 25mcg tab</i>	88
<i>leucovorin 5mg tab</i>	40	<i>levofloxacin 750mg tab</i>	67	<i>levoxyl 50mcg tab</i>	88
LEUKERAN 2MG TAB	33	<i>levofloxacin</i>	67	<i>levoxyl 75mcg tab</i>	88
LEUPROLIDE ACETATE 22.5MG INJ	34	<i>750mg/150ml inj</i>		<i>levoxyl 88mcg tab</i>	88
<i>leuprolide acetate 5mg/ml inj</i>	34	<i>levofloxacin oral soln 25mg/ml</i>	67	LIBERVANT 10MG BUCCAL FILM	13
<i>levalbuterol 0.31mg/3ml neb soln</i>	11	<i>levonest 28 day pack</i>	56	LIBERVANT 12.5MG BUCCAL FILM	13
<i>levalbuterol 0.63mg/3ml inh soln</i>	11	<i>levonorgestrel-ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg pack</i>	56	LIBERVANT 15MG BUCCAL FILM	13
<i>levalbuterol 1.25mg/0.5ml neb soln</i>	11	<i>levora 0.15/30 28 day pack</i>	56	LIBERVANT 5MG BUCCAL FILM	13
<i>levalbuterol 1.25mg/3ml neb soln</i>	11	<i>levothyroxine sodium 100mcg tab</i>	87	LIBERVANT 7.5MG BUCCAL FILM	13
LEVALBUTEROL 45MCG/ACT INHALER	11	<i>levothyroxine sodium 112mcg tab</i>	87	<i>lidocaine 4% topical soln</i>	62
LEVEMIR 100UNIT/ML INJ	22	<i>levothyroxine sodium 125mcg tab</i>	87	<i>lidocaine 5% ointment</i>	62
LEVEMIR 100UNIT/ML PEN INJ	22	<i>levothyroxine sodium 137mcg tab</i>	87	<i>lidocaine 5% patch</i>	62
<i>levetiracetam 1000mg tab</i>	15	<i>levothyroxine sodium 150mcg tab</i>	87	<i>lidocaine viscous 2% topical soln</i>	77
<i>levetiracetam 100mg/ml oral soln</i>	15	<i>levothyroxine sodium 175mcg tab</i>	87	<i>lidocaine/prilocaine 2.5-2.5% cream</i>	62
<i>levetiracetam 250mg tab</i>	15	<i>levothyroxine sodium 200mcg tab</i>	87	<i>lidocan 5% patch</i>	62
		<i>levothyroxine sodium 25mcg tab</i>	87	<i>linezolid 20mg/ml susp</i>	31
				<i>linezolid 2mg/ml inj</i>	31
				<i>linezolid 600mg tab</i>	31
				LINZESS 145MCG CAP	68
				LINZESS 290MCG CAP	68
				LINZESS 72MCG CAP	68

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>liothyronine sodium</i>	88	LIVTENCITY 200MG TAF	48	<i>loxapine 50mg cap</i>	43
<i>25mcg tab</i>		<i>loestrin fe 1/20 28 day</i>	56	<i>loxapine 5mg cap</i>	43
<i>liothyronine sodium</i>	88	<i>pack</i>		<i>lubiprostone 24mcg cap</i>	68
<i>50mcg tab</i>		LOKELMA 10GM	77	<i>lubiprostone 8mcg cap</i>	68
<i>liothyronine sodium 5mcg</i>	88	POWDER FOR ORAL		LUMAKRAS 120MG TAB	37
<i>tab</i>		SUSP		LUMAKRAS 320MG TAB	37
LIRAGLUTIDE 6MG/ML	21	LOKELMA 5GM	77	LUMIGAN 0.01% OPHTH	81
PEN INJ		POWDER FOR ORAL		SOLN	
<i>lisdexamfetamine</i>	1	SUSP		LUMRYZ 4.5GM	83
<i>dimesylate 10mg cap</i>		LONSURF 6.14-15MG	35	GRANULES FOR ORAL	
<i>lisdexamfetamine</i>	1	TAB		SUSP	
<i>dimesylate 20mg cap</i>		LONSURF 8.19-20MG	35	LUMRYZ 6GM	83
<i>lisdexamfetamine</i>	1	TAB		GRANULES FOR ORAL	
<i>dimesylate 30mg cap</i>		<i>loperamide 2mg cap</i>	23	SUSP	
<i>lisdexamfetamine</i>	1	<i>lopinavir/ritonavir</i>	47	LUMRYZ 7.5GM	83
<i>dimesylate 40mg cap</i>		<i>100-25mg tab</i>		GRANULES FOR ORAL	
<i>lisdexamfetamine</i>	1	<i>lopinavir/ritonavir</i>	47	SUSP	
<i>dimesylate 50mg cap</i>		<i>200-50mg tab</i>		LUMRYZ 9GM	83
<i>lisdexamfetamine</i>	1	<i>lopinavir/ritonavir</i>	47	GRANULES FOR ORAL	
<i>dimesylate 60mg cap</i>		<i>80-20mg/ml oral soln</i>		SUSP	
<i>lisdexamfetamine</i>	1	<i>lorazepam 0.5mg tab</i>	8	LUPKYNIS 7.9MG CAP	76
<i>dimesylate 70mg cap</i>		<i>lorazepam 1mg tab</i>	9	LUPRON 11.25MG	34
<i>lisinopril 10mg tab</i>	27	<i>lorazepam 2mg tab</i>	9	SYRINGE	
<i>lisinopril 2.5mg tab</i>	27	<i>lorazepam 2mg/ml oral</i>	9	(NON-PEDIATRIC)	
<i>lisinopril 20mg tab</i>	27	<i>soln</i>		LUPRON 22.5MG	34
<i>lisinopril 30mg tab</i>	27	LORBRENA 100MG TAB	37	SYRINGE	
<i>lisinopril 40mg tab</i>	27	LORBRENA 25MG TAB	37	LUPRON 3.75MG	34
<i>lisinopril 5mg tab</i>	27	<i>loryna 28 day pack</i>	56	SYRINGE	
LITFULO 50MG CAP	62	<i>losartan potassium</i>	28	LUPRON 30MG	34
<i>lithium carbonate 150mg</i>	41	<i>100mg tab</i>		SYRINGE	
<i>cap</i>		<i>losartan potassium 25mg</i>	28	LUPRON 45MG	34
<i>lithium carbonate 300mg</i>	41	<i>tab</i>		SYRINGE	
<i>cap</i>		<i>losartan potassium 50mg</i>	28	(NON-PEDIATRIC)	
<i>lithium carbonate 300mg</i>	41	<i>tab</i>		LUPRON 7.5MG	34
<i>er tab</i>		<i>loteprednol etabonate</i>	80	SYRINGE	
<i>lithium carbonate 300mg</i>	41	<i>0.5% ophth gel</i>		(NON-PEDIATRIC)	
<i>tab</i>		<i>loteprednol etabonate</i>	80	<i>lurasidone 120mg tab</i>	41
<i>lithium carbonate 450mg</i>	41	<i>0.5% ophth susp</i>		<i>lurasidone 20mg tab</i>	41
<i>er tab</i>		<i>lovastatin 10mg tab</i>	26	<i>lurasidone 40mg tab</i>	41
LITHIUM CARBONATE	41	<i>lovastatin 20mg tab</i>	26	<i>lurasidone 60mg tab</i>	41
600MG CAP		<i>lovastatin 40mg tab</i>	26	<i>lurasidone 80mg tab</i>	41
<i>lithium citrate 60mg/ml</i>	41	<i>low-ogestrel 28 day pack</i>	56	<i>lutera 28 day pack</i>	56
<i>oral soln</i>		<i>loxapine 10mg cap</i>	43	<i>lyleq 28 day 0.35mg pack</i>	57
LITHOSTAT 250MG TAB	69	<i>loxapine 25mg cap</i>	43		

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>lyllana 0.025mg/24hr patch</i>	67	MAVENCLAD 5 TABLET PACK 10MG	85	MEKINIST 0.5MG TAB	37
<i>lyllana 0.0375mg/24hr patch</i>	67	MAVENCLAD 6 TABLET PACK 10MG	85	MEKINIST 2MG TAB	37
<i>lyllana 0.05mg/24hr patch</i>	67	MAVENCLAD 7 TABLET PACK 10MG	85	MEKTOVI 15MG TAB	37
<i>lyllana 0.075mg/24hr patch</i>	67	MAVENCLAD 8 TABLET PACK 10MG	85	<i>meloxicam 15mg tab</i>	4
<i>lyllana 0.1mg/24hr patch</i>	67	MAVENCLAD 9 TABLET PACK 10MG	85	<i>meloxicam 7.5mg tab</i>	4
LYNPARZA 100MG TAB	37	MAVENCLAD 9 TABLET PACK 10MG	85	<i>memantine 10mg tab</i>	83
LYNPARZA 150MG TAB	37	MAVENCLAD 8 TABLET PACK 10MG	85	<i>memantine 14mg er cap</i>	83
LYSODREN 500MG TAB	34	MAVENCLAD 7 TABLET PACK 10MG	85	<i>memantine 21mg er cap</i>	83
LYTGOBI 4MG TAB	37	MAVENCLAD 6 TABLET PACK 10MG	85	<i>memantine 28mg er cap</i>	83
PACK (12MG DAILY DOSE)		MAVENCLAD 5 TABLET PACK 10MG	85	<i>memantine 2mg/ml oral soln</i>	84
LYTGOBI 4MG TAB	37	MAVENCLAD 4 TABLET PACK 10MG	85	<i>memantine 5/10mg titration pack</i>	84
PACK (16MG DAILY DOSE)		MAVENCLAD 3 TABLET PACK 10MG	85	<i>memantine 5mg tab</i>	84
LYTGOBI 4MG TAB	37	MAVENCLAD 2 TABLET PACK 10MG	85	<i>memantine 7mg er cap</i>	84
PACK (20MG DAILY DOSE)		MAVENCLAD 1 TABLET PACK 10MG	85	MENACTRA INJ	90
LYUMJEV 100UNIT/ML INJ	22	MAVENCLAD 10 TABLET PACK 10MG	85	MENQUADFI INJ	90
LYUMJEV 100UNIT/ML PEN INJ	22	MAVENCLAD 11 TABLET PACK 10MG	85	MENVEO INJ	90
LYUMJEV 200UNIT/ML PEN INJ	22	MAVENCLAD 12 TABLET PACK 10MG	85	<i>mercaptopurine 50mg tab</i>	33
<i>lyza 0.35mg pack</i>	57	MAVENCLAD 13 TABLET PACK 10MG	85	<i>meropenem 1000mg inj</i>	31
M		MAVENCLAD 14 TABLET PACK 10MG	85	<i>meropenem 500mg inj</i>	31
<i>magnesium sulfate 500mg/ml inj</i>	75	MAVENCLAD 15 TABLET PACK 10MG	85	<i>mesalamine 1000mg rectal supp</i>	68
<i>magnesium sulfate 500mg/ml syringe</i>	75	MAVENCLAD 16 TABLET PACK 10MG	85	<i>mesalamine 375mg er cap</i>	68
<i>malathion 0.5% lotion</i>	62	MAVENCLAD 17 TABLET PACK 10MG	85	<i>mesalamine 66.7mg/ml enema</i>	68
<i>maraviroc 150mg tab</i>	47	MAVENCLAD 18 TABLET PACK 10MG	85	MESNEX 400MG TAB	40
<i>maraviroc 300mg tab</i>	47	MAVENCLAD 19 TABLET PACK 10MG	85	<i>metaxalone 800mg tab</i>	77
<i>marlissa 28 day pack</i>	56	MAVENCLAD 20 TABLET PACK 10MG	85	<i>metformin 1000mg tab</i>	21
MARPLAN 10MG TAB	17	MAVENCLAD 21 TABLET PACK 10MG	85	<i>metformin 500mg er tab</i>	21
MATULANE 50MG CAP	39	MAVENCLAD 22 TABLET PACK 10MG	85	<i>metformin 500mg tab</i>	21
MAVENCLAD 10 TABLET PACK 10MG	85	MAVENCLAD 23 TABLET PACK 10MG	85	<i>metformin 750mg er tab</i>	21
MAVENCLAD 4 TABLET PACK 10MG	85	MAVENCLAD 24 TABLET PACK 10MG	85	<i>metformin 850mg tab</i>	21
		MAVENCLAD 25 TABLET PACK 10MG	85	<i>methadone 10mg tab</i>	5
		MAVENCLAD 26 TABLET PACK 10MG	85	<i>methadone 5mg tab</i>	5
		MAVENCLAD 27 TABLET PACK 10MG	85	<i>methazolamide 25mg tab</i>	63
		MAVENCLAD 28 TABLET PACK 10MG	85	<i>methazolamide 50mg tab</i>	63
		MAVENCLAD 29 TABLET PACK 10MG	85	<i>methenamine hippurate 1000mg tab</i>	32
		MAVENCLAD 30 TABLET PACK 10MG	85	<i>methimazole 10mg tab</i>	87
		MAVENCLAD 31 TABLET PACK 10MG	85	<i>methimazole 5mg tab</i>	87
		MAVENCLAD 32 TABLET PACK 10MG	85	<i>methocarbamol 500mg tab</i>	77
		MAVENCLAD 33 TABLET PACK 10MG	85		
		MAVENCLAD 34 TABLET PACK 10MG	85		
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		MAVENCLAD 196 TABLET PACK 10MG	85		
		MAVENCLAD 197 TABLET PACK 10MG	85		
		MAVENCLAD 198 TABLET PACK 10MG	85		

ALPHABETICAL LISTING OF DRUGS

<i>methocarbamol 750mg tab</i>	77	<i>methylphenidate 40mg cr cap</i>	2	<i>metoprolol tartrate 50mg tab</i>	49
<i>methotrexate 2.5mg tab</i>	33	<i>methylphenidate 40mg la cap</i>	2	<i>metoprolol tartrate 75mg tab</i>	49
<i>methotrexate 25mg/ml inj</i>	33	<i>methylphenidate 50mg cr cap</i>	2	<i>metronidazole 0.75% cream</i>	62
<i>methotrexate 50mg/2ml inj</i>	33	<i>methylphenidate 54mg er tab</i>	2	<i>metronidazole 0.75% gel</i>	62
METHOXSALLEN 10MG CAP	60	<i>methylphenidate 54mg sr tab</i>	2	<i>metronidazole 0.75% vaginal gel</i>	91
<i>methsuximide 300mg cap</i>	17	<i>methylphenidate 5mg tab</i>	2	<i>metronidazole 1% gel</i>	62
<i>methylphenidate 10mg cr cap</i>	2	<i>methylphenidate 60mg cr cap</i>	2	<i>metronidazole 250mg tab</i>	30
<i>methylphenidate 10mg er tab</i>	2	<i>methylprednisolone 16mg tab</i>	58	<i>metronidazole 500mg tab</i>	30
<i>methylphenidate 10mg la cap</i>	2	<i>methylprednisolone 32mg tab</i>	58	<i>metronidazole 5mg/ml inj</i>	30
<i>methylphenidate 10mg tab</i>	2	<i>methylprednisolone 4mg pack</i>	58	<i>metyrosine 250mg cap</i>	27
<i>methylphenidate 18mg ER osmotic tab</i>	2	<i>methylprednisolone 4mg tab</i>	58	<i>mexiletine 150mg cap</i>	9
<i>methylphenidate 1mg/ml oral soln</i>	2	<i>methylprednisolone 8mg tab</i>	58	<i>mexiletine 200mg cap</i>	9
<i>methylphenidate 20mg cr cap</i>	2	<i>metoclopramide 10mg tab</i>	68	<i>mexiletine 250mg cap</i>	9
<i>methylphenidate 20mg er tab</i>	2	<i>metoclopramide 1mg/ml oral soln</i>	68	<i>mibelas 24 fe chewable 28 day pack</i>	56
<i>methylphenidate 20mg la cap</i>	2	<i>metoclopramide 5mg tab</i>	68	<i>micafungin sodium 100mg inj</i>	24
<i>methylphenidate 20mg tab</i>	2	<i>metolazone 10mg tab</i>	64	<i>micafungin sodium 50mg inj</i>	24
<i>methylphenidate 27mg er tab</i>	2	<i>metolazone 2.5mg tab</i>	64	<i>microgestin 1.5/30 21 day pack</i>	56
<i>methylphenidate 27mg sr tab</i>	2	<i>metolazone 5mg tab</i>	64	<i>microgestin 1/20 21 day pack</i>	56
<i>methylphenidate 2mg/ml oral soln</i>	2	<i>metoprolol succinate 100mg er tab</i>	49	<i>microgestin 24 fe 28 day pack</i>	56
<i>methylphenidate 30mg cr cap</i>	2	<i>metoprolol succinate 200mg er tab</i>	49	<i>microgestin fe 1.5/30 28 day pack</i>	56
<i>methylphenidate 30mg la cap</i>	2	<i>metoprolol succinate 25mg er tab</i>	49	<i>microgestin fe 1/20 28 day pack</i>	56
<i>methylphenidate 36mg er tab</i>	2	<i>metoprolol succinate 50mg er tab</i>	49	<i>midodrine 10mg tab</i>	91
<i>methylphenidate 36mg sr tab</i>	2	<i>metoprolol tartrate 100mg tab</i>	49	<i>midodrine 2.5mg tab</i>	91
		<i>metoprolol tartrate 25mg tab</i>	49	<i>midodrine 5mg tab</i>	91
		<i>metoprolol tartrate 37.5mg tab</i>	49	<i>mifepristone 300mg tab</i>	21
				MIGLITOL 100MG TAB	20
				<i>miglitol 25mg tab</i>	20
				MIGLITOL 50MG TAB	20
				<i>miglustat 100mg cap</i>	70
				<i>mili 28 day pack</i>	56
				<i>mimvey pack</i>	66
				<i>minocycline 100mg cap</i>	87

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>minocycline 50mg cap</i>	87	MORPHINE SULFATE	6	MYRBETRIQ 25MG ER	89
<i>minocycline 75mg cap</i>	87	2MG/ML ORAL SOLN		TAB	
<i>minoxidil 10mg tab</i>	30	<i>morphine sulfate 30mg er</i>	6	MYRBETRIQ 50MG ER	89
<i>minoxidil 2.5mg tab</i>	30	<i>tab</i>		TAB	
<i>mirtazapine 15mg odt</i>	17	MORPHINE SULFATE	6	<hr/>	
<i>mirtazapine 15mg tab</i>	17	30MG TAB		N	
<i>mirtazapine 30mg odt</i>	17	MORPHINE SULFATE	6	<i>nabumetone 500mg tab</i>	4
<i>mirtazapine 30mg tab</i>	17	4MG/ML ORAL SOLN		<i>nabumetone 750mg tab</i>	4
<i>mirtazapine 45mg odt</i>	17	<i>morphine sulfate 60mg er</i>	6	<i>nadolol 20mg tab</i>	49
<i>mirtazapine 45mg tab</i>	17	<i>tab</i>		<i>nadolol 40mg tab</i>	49
<i>mirtazapine 7.5mg tab</i>	17	MOUNJARO	21	<i>nadolol 80mg tab</i>	49
<i>misoprostol 100mcg tab</i>	89	10MG/0.5ML		<i>nafacillin 100mg/ml inj</i>	82
<i>misoprostol 200mcg tab</i>	89	AUTO-INJECTOR		<i>nafacillin 1gm inj</i>	82
M-M-R II INJ	90	MOUNJARO	21	<i>nafacillin 2gm inj</i>	83
<i>modafinil 100mg tab</i>	2	12.5MG/0.5ML		NALOXONE 0.4MG/ML	23
<i>modafinil 200mg tab</i>	2	AUTO-INJECTOR		CARTRIDGE	
<i>moexipril 15mg tab</i>	27	MOUNJARO	21	<i>naloxone 0.4mg/ml inj</i>	23
<i>moexipril 7.5mg tab</i>	27	15MG/0.5ML		NALOXONE 0.4MG/ML	23
MOLINDONE 10MG TAB	44	AUTO-INJECTOR		SYRINGE	
MOLINDONE 25MG TAB	44	MOUNJARO	21	<i>naloxone 1mg/ml syringe</i>	23
MOLINDONE 5MG TAB	44	2.5MG/0.5ML		<i>naloxone 40mg/ml nasal</i>	23
<i>mometasone furoate 0.1% cream</i>	61	AUTO-INJECTOR		<i>spray</i>	
<i>mometasone furoate 0.1% lotion</i>	61	MOUNJARO 5MG/0.5ML	21	<i>naltrexone 50mg tab</i>	23
<i>mometasone furoate 0.1% ointment</i>	61	AUTO-INJECTOR		<i>naproxen 250mg tab</i>	4
<i>montelukast 10mg tab</i>	10	MOUNJARO	21	<i>naproxen 375mg dr tab</i>	4
<i>montelukast 4mg chew tab</i>	10	7.5MG/0.5ML		<i>naproxen 375mg tab</i>	4
<i>montelukast 4mg granules</i>	10	AUTO-INJECTOR		<i>naproxen 500mg tab</i>	4
<i>montelukast 5mg chew tab</i>	10	MOVANTIK 12.5MG TAB	68	<i>naproxen sodium 275mg tab</i>	4
<i>morphine sulfate 100mg er tab</i>	5	MOVANTIK 25MG TAB	68	<i>naproxen sodium 550mg tab</i>	4
<i>morphine sulfate 15mg er tab</i>	5	MOXIFLOXACIN	67	<i>naratriptan 1mg tab</i>	73
MORPHINE SULFATE 15MG TAB	6	1.6MG/ML INJ		<i>naratriptan 2.5mg tab</i>	73
<i>morphine sulfate 200mg er tab</i>	6	<i>moxifloxacin 400mg tab</i>	67	NATACYN 5% OPHTH	79
<i>morphine sulfate 20mg/ml oral soln</i>	6	MULTAQ 400MG TAB	9	SUSP	
		<i>mupirocin 2% ointment</i>	59	<i>nateglinide 120mg tab</i>	22
		<i>mycophenolate mofetil 200mg/ml susp</i>	76	<i>nateglinide 60mg tab</i>	22
		<i>mycophenolate mofetil 250mg cap</i>	76	NAYZILAM 5MG/0.1ML	13
		<i>mycophenolate mofetil 500mg tab</i>	76	NASAL SPRAY	
		<i>mycophenolic acid 180mg dr tab</i>	76	<i>necon 0.5/35 28 day pack</i>	56
		<i>mycophenolic acid 360mg dr tab</i>	76	NEEDLES INSULIN	73
				DISP. SAFETY	
				NEFAZODONE 100MG	18
				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

NEFAZODONE 150MG TAB	18	<i>niacin 500mg er tab</i>	26	<i>nitroglycerin 0.4mg sl tab</i>	8
NEFAZODONE 200MG TAB	18	<i>niacin 750mg er tab</i>	26	<i>nitroglycerin 0.4mg/act spray</i>	8
NEFAZODONE 250MG TAB	18	<i>nicardipine 20mg cap</i>	50	<i>nitroglycerin 0.4mg/hr patch</i>	8
NEFAZODONE 50MG TAB	18	<i>nicardipine 30mg cap</i>	50	<i>nitroglycerin 0.6mg sl tab</i>	8
<i>neomycin sulfate 500mg tab</i>	3	NICOTROL 10MG INH SOLN	85	<i>nitroglycerin 0.6mg/hr patch</i>	8
<i>neomycin/bacitracin/poly myxin ophth ointment</i>	79	NICOTROL 10MG/ML NASAL INHALER	85	NIVESTYM	71
<i>5mg-400unit-10000unit</i>		<i>nifedipine 30mg er tab</i>	50	300MCG/0.5ML SYRINGE	
NEOMYCIN/POLYMYXI N B/GRAMICIDIN	79	<i>nifedipine 30mg osmotic er tab</i>	50	NIVESTYM 300MCG/ML INJ	71
1.75-10000-0.025MG-UN T-MG/ML OPHTH SOLN		<i>nifedipine 60mg er tab</i>	51	NIVESTYM	71
<i>neomycin/polymyxin/bacit racin/hydrocortisone</i>	80	<i>nifedipine 60mg osmotic er tab</i>	51	480MCG/0.8ML SYRINGE	
<i>ophth 1% ointment</i>		<i>nifedipine 90mg er tab</i>	51	NIVESTYM	71
<i>neomycin/polymyxin/dexa methasone 0.1% ophth susp</i>	80	<i>nifedipine 90mg osmotic er tab</i>	51	480MCG/1.6ML INJ	
<i>neomycin/polymyxin/hydr ocortisone</i>	81	<i>nikki 28 day pack</i>	56	<i>nora-be 28 day 0.35mg pack</i>	57
<i>3.5-10000unit-1% otic soln</i>		<i>nilutamide 150mg tab</i>	34	NORDITROPIN	64
<i>neomycin/polymyxin/hydr ocortisone</i>	81	<i>nimodipine 30mg cap</i>	51	10MG/1.5ML PEN INJ	
<i>3.5-10000unit-1% otic susp</i>		NINLARO 2.3MG CAP	37	NORDITROPIN	64
<i>neo-polycin hc ophth ointment</i>	80	NINLARO 3MG CAP	37	15MG/1.5ML PEN INJ	
<i>neo-polycin ophth ointment</i>	79	NINLARO 4MG CAP	37	NORDITROPIN	64
NERLYNX 40MG TAB	37	<i>nitazoxanide 500mg tab</i>	31	NORDITROPIN	64
NEVIRAPINE 10MG/ML SUSP	47	<i>nitisinone 10mg cap</i>	65	30MG/3ML PEN INJ	
<i>nevirapine 200mg tab</i>	47	<i>nitisinone 20mg cap</i>	65	NORDITROPIN	64
<i>nevirapine 400mg er tab</i>	47	<i>nitisinone 2mg cap</i>	65	5MG/1.5ML PEN INJ	
NEXLETOL 180MG TAB	25	<i>nitisinone 5mg cap</i>	65	<i>norethindrone 0.35mg pack</i>	57
NEXLIZET 180-10MG TAB	25	NITRO-BID 2% OINTMENT	8	<i>norethindrone acetate 5mg tab</i>	83
<i>niacin 1000mg er tab</i>	26	<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	32	<i>nortrel 0.5/35 28 day pack</i>	56
		<i>nitrofurantoin macrocrystals 100mg cap</i>	32	<i>nortrel 1/35 21 day pack</i>	56
		<i>nitrofurantoin macrocrystals 50mg cap</i>	32	<i>nortrel 1/35 28 day pack</i>	56
		<i>nitroglycerin 0.1mg/hr patch</i>	8	<i>nortrel 7/7/7 28 day pack</i>	56
		<i>nitroglycerin 0.2mg/hr patch</i>	8	<i>nortriptyline 10mg cap</i>	20
		<i>nitroglycerin 0.3mg sl tab</i>	8	<i>nortriptyline 25mg cap</i>	20
		<i>nitroglycerin 0.4% rectal ointment</i>	7	<i>nortriptyline 2mg/ml oral soln</i>	20
				<i>nortriptyline 50mg cap</i>	20
				<i>nortriptyline 75mg cap</i>	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

NORVIR 100MG ORAL POWDER	47	O		<i>olmesartan medoxomil</i>	28
NOURIANZ 20MG TAB	40	OCALIVA 10MG TAB	68	<i>20mg tab</i>	
NOURIANZ 40MG TAB	40	OCALIVA 5MG TAB	68	<i>olmesartan medoxomil</i>	28
NUBEQA 300MG TAB	34	<i>ocella 28 day pack</i>	56	<i>40mg tab</i>	
NUCALA 100MG INJ	9	OCTAGAM 1GM/20ML	81	<i>olmesartan medoxomil</i>	28
NUCALA 100MG/ML AUTO-INJECTOR	9	INJ		<i>5mg tab</i>	
NUCALA 100MG/ML SYRINGE	9	OCTAGAM 2GM/20ML	81	<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	78
NUCALA 40MG/0.4ML SYRINGE	9	<i>octreotide 0.05mg/ml inj</i>	66	OLUMIANT 1MG TAB	3
NUEDEXTA 20-10MG CAP	85	<i>octreotide 0.1mg/ml inj</i>	66	OLUMIANT 2MG TAB	3
NUPLAZID 10MG TAB	41	<i>octreotide 0.2mg/ml inj</i>	66	OLUMIANT 4MG TAB	3
NUPLAZID 34MG CAP	41	<i>octreotide 0.5mg/ml inj</i>	66	<i>omega-3 acid ethyl esters (usp) 1000mg cap</i>	25
NUTRILIPID 20GM/100ML INJ	78	<i>octreotide 1mg/ml inj</i>	66	<i>omeprazole 10mg dr cap</i>	89
NUZYRA 150MG TAB	86	ODEFSEY 200-25-25MG TAB	47	<i>omeprazole 20mg dr cap</i>	89
<i>nyamyc 100000unit/gm topical powder</i>	59	OFEV 100MG CAP	86	<i>omeprazole 40mg dr cap</i>	89
<i>nylia 1/35 28 day pack</i>	56	OFEV 150MG CAP	86	OMNITROPE 10MG/1.5ML CARTRIDGE	64
<i>nylia 7/7/7 28 day pack</i>	56	<i>ofloxacin 0.3% ophth soln</i>	79	OMNITROPE 5.8MG INJ	64
<i>nymyo 28 day pack</i>	56	<i>ofloxacin 0.3% otic soln</i>	81	OMNITROPE 5MG/1.5ML CARTRIDGE	64
<i>nystatin 100000 unit/gm ointment</i>	59	<i>ofloxacin 400mg tab</i>	67	<i>ondansetron 0.8mg/ml oral soln</i>	23
<i>nystatin 100000unit/gm topical powder</i>	59	OGSIVEO 100MG TAB 7-DAY PACK (14)	37	<i>ondansetron 4mg odt</i>	24
<i>nystatin 100000unit/ml cream</i>	59	OGSIVEO 150MG TAB 7-DAY PACK (14)	37	<i>ondansetron 4mg tab</i>	24
<i>nystatin 100000unit/ml susp</i>	77	OGSIVEO 50MG TAB	37	<i>ondansetron 8mg odt</i>	24
<i>nystatin 500000unit tab</i>	24	OJEMDA 100MG TAB	37	<i>ondansetron 8mg tab</i>	24
<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment</i>	59	OJEMDA 25MG/ML POWDER FOR ORAL SUSP	37	ONUREG 200MG TAB	33
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>	59	OJJAARA 100MG TAB	38	ONUREG 300MG TAB	33
<i>nystop 100000unit/gm topical powder</i>	59	OJJAARA 150MG TAB	38	OPSUMIT 10MG TAB	52
NYVEPRIA 6MG/0.6ML SYRINGE	71	OJJAARA 200MG TAB	38	OPVEE 2.7MG/0.1ML	23
		<i>olanzapine 10mg inj</i>	43	NASAL SPRAY	
		<i>olanzapine 10mg odt</i>	43	ORENCIA 125MG/ML AUTO-INJECTOR	5
		<i>olanzapine 10mg tab</i>	43	ORENCIA 125MG/ML SYRINGE	5
		<i>olanzapine 15mg odt</i>	43	ORENCIA 50MG/0.4ML SYRINGE	5
		<i>olanzapine 15mg tab</i>	43	ORENCIA 87.5MG/0.7ML SYRINGE	5
		<i>olanzapine 2.5mg tab</i>	43	ORENITRAM 0.125MG ER TAB	51
		<i>olanzapine 20mg odt</i>	43		
		<i>olanzapine 20mg tab</i>	43		
		<i>olanzapine 5mg odt</i>	43		
		<i>olanzapine 5mg tab</i>	43		
		<i>olanzapine 7.5mg tab</i>	43		

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

ORENITRAM 0.25MG ER TAB	51	<i>oxacillin 1gm inj</i>	83	<i>oxycodone/acetaminophen 7.5-325mg tab</i>	6
ORENITRAM 1MG ER TAB	51	OXACILLIN 20MG/ML INJ	83	OZEMPIC 2.68MG/ML PEN INJ	21
ORENITRAM 2.5MG ER TAB	51	<i>oxacillin 2gm inj</i>	83	OZEMPIC 2MG/3ML PEN INJ	21
ORENITRAM 5MG ER TAB	51	OXACILLIN 40MG/ML INJ	83	OZEMPIC 4MG/3ML PEN INJ	21
ORENITRAM ER TAB MONTH 1 TITRATION KIT PACK	51	OXBRYTA 300MG TAB	71	<hr/>	
ORENITRAM ER TAB MONTH 2 TITRATION KIT PACK	52	OXBRYTA 300MG TAB FOR ORAL SUSP	71	P	
ORENITRAM ER TAB MONTH 3 TITRATION KIT PACK	52	OXBRYTA 500MG TAB	71	<i>pacerone 200mg tab</i>	9
ORFADIN 4MG/ML SUSP	65	<i>oxcarbazepine 150mg tab</i>	15	<i>pacerone 400mg tab</i>	9
ORGOVYX 120MG TAB	34	<i>oxcarbazepine 300mg tab</i>	15	<i>paliperidone 1.5mg er tab</i>	42
ORKAMBI 125-100MG GRANULES	86	<i>oxcarbazepine 600mg tab</i>	15	<i>paliperidone 3mg er tab</i>	42
ORKAMBI 125-100MG TAB	86	<i>oxcarbazepine 60mg/ml susp</i>	15	<i>paliperidone 6mg er tab</i>	42
ORKAMBI 125-200MG TAB	86	OXERVATE 0.002% OPTH SOLN	80	<i>paliperidone 9mg er tab</i>	42
ORKAMBI 188-150MG GRANULES	86	<i>oxybutynin chloride 10mg er tab</i>	89	PALYNZIQ 10MG/0.5ML SYRINGE	65
ORKAMBI 94-75MG GRANULES	86	<i>oxybutynin chloride 15mg er tab</i>	89	PALYNZIQ 2.5MG/0.5ML SYRINGE	65
ORLADEYO 110MG CAP	70	<i>oxybutynin chloride 1mg/ml oral soln</i>	89	PALYNZIQ 20MG/ML SYRINGE	65
ORLADEYO 150MG CAP	70	<i>oxybutynin chloride 5mg er tab</i>	89	PANRETIN 0.1% GEL	60
<i>orphenadrine citrate 100mg er tab</i>	77	<i>oxybutynin chloride 5mg tab</i>	89	<i>pantoprazole 20mg dr tab</i>	89
ORSERDU 345MG TAB	35	<i>oxycodone 10mg tab</i>	6	<i>pantoprazole 40mg dr tab</i>	89
ORSERDU 86MG TAB	35	<i>oxycodone 15mg tab</i>	6	PANZYGA 10GM/100ML INJ	81
<i>oseltamivir 30mg cap</i>	48	<i>oxycodone 1mg/ml oral soln</i>	6	PANZYGA 1GM/10ML INJ	81
<i>oseltamivir 45mg cap</i>	48	<i>oxycodone 20mg tab</i>	6	PANZYGA 2.5GM/25ML INJ	81
<i>oseltamivir 6mg/ml susp</i>	48	<i>oxycodone 20mg/ml oral soln</i>	6	PANZYGA 20GM/200ML INJ	81
<i>oseltamivir 75mg cap</i>	48	<i>oxycodone 30mg tab</i>	6	PANZYGA 30GM/300ML INJ	81
OSPHENA 60MG TAB	65	<i>oxycodone 5mg tab</i>	6	PANZYGA 5GM/50ML INJ	81
OTEZLA 28-DAY STARTER PACK	5	<i>oxycodone/acetaminophen 10-325mg tab</i>	6	<i>paricalcitol 1mcg cap</i>	65
OTEZLA 30MG TAB	5	<i>oxycodone/acetaminophen 2.5-325mg tab</i>	6	<i>paricalcitol 2mcg cap</i>	65
<i>oxacillin 100mg/ml inj</i>	83	<i>oxycodone/acetaminophen 5-325mg tab</i>	6	<i>paricalcitol 4mcg cap</i>	65
		OXYCODONE/ACETAMINOPHEN 5-325MG/5ML	6	<i>paroxetine 10mg tab</i>	18
		NOPHEN 5-325MG/5ML	6	<i>paroxetine 12.5mg er tab</i>	18
				<i>paroxetine 20mg tab</i>	18
				<i>paroxetine 25mg er tab</i>	18
				<i>paroxetine 2mg/ml susp</i>	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

<i>paroxetine 30mg tab</i>	18	<i>penicillin v potassium</i>	82	<i>phenobarbital 4mg/ml</i>	71
<i>paroxetine 37.5mg er tab</i>	18	<i>250mg tab</i>		<i>oral soln</i>	
<i>paroxetine 40mg tab</i>	18	PENICILLIN V	82	<i>phenobarbital 60mg tab</i>	71
PAXLOVID	48	POTASSIUM 25MG/ML		<i>phenobarbital 64.8mg tab</i>	72
150MG/100MG TAB		ORAL SOLN		<i>phenobarbital 97.2mg tab</i>	72
PACK (20)		<i>penicillin v potassium</i>	82	<i>phenoxybenzamine 10mg</i>	27
PAXLOVID	48	<i>500mg tab</i>		<i>cap</i>	
150MG/100MG TAB		PENICILLIN V	82	<i>phenytoin 25mg/ml susp</i>	16
PACK (30)		POTASSIUM 50MG/ML		<i>phenytoin 50mg chew tab</i>	16
<i>pazopanib 200mg tab</i>	38	ORAL SOLN		<i>phenytoin sodium 100mg</i>	16
PEDIARIX SYRINGE	88	PENTACEL	88	<i>er cap</i>	
PEDVAXHIB	90	96-30-68UNIT/ML INJ		<i>phenytoin sodium 200mg</i>	16
7.5MCG/0.5ML INJ		<i>pentamidine isethionate</i>	30	<i>er cap</i>	
<i>peg 3350 powder for oral</i>	72	<i>300mg inj</i>		<i>phenytoin sodium 300mg</i>	16
<i>soln (100gm Moviprep</i>		<i>pentamidine isethionate</i>	30	<i>er cap</i>	
<i>equiv)</i>		<i>50mg/ml inh soln</i>		PHOSPHOLINE IODIDE	79
<i>peg 3350/electrolyte oral</i>	72	<i>pentoxifylline 400mg er</i>	70	0.125% OPHTH SOLN	
<i>soln</i>		<i>tab</i>		PIFELTRO 100MG TAB	47
<i>peg 3350/kcl/sodium</i>	72	PERINDOPRIL	27	<i>pilocarpine 1% ophth</i>	79
<i>bicarbonate/sodium</i>		ERBUMINE 2MG TAB		<i>soln</i>	
<i>chloride powder for oral</i>		<i>perindopril erbumine</i>	27	<i>pilocarpine 2% ophth</i>	79
<i>soln</i>		<i>4mg tab</i>		<i>soln</i>	
PEGASYS	48	PERINDOPRIL	27	<i>pilocarpine 4% ophth</i>	79
180MCG/0.5ML		ERBUMINE 8MG TAB		<i>soln</i>	
SYRINGE		<i>periogard 0.12%</i>	77	<i>pilocarpine 5mg tab</i>	77
PEGASYS 180MCG/ML	48	<i>mouthwash</i>		<i>pilocarpine 7.5mg tab</i>	77
INJ		<i>permethrin 5% cream</i>	62	<i>pimecrolimus 1% cream</i>	62
PEMAZYRE 13.5MG TAB	38	<i>perphenazine 16mg tab</i>	44	PIMOZIDE 1MG TAB	85
PEMAZYRE 4.5MG TAB	38	<i>perphenazine 2mg tab</i>	44	PIMOZIDE 2MG TAB	85
PEMAZYRE 9MG TAB	38	<i>perphenazine 4mg tab</i>	44	<i>pimtrex tab pack</i>	56
PENBRAYA INJ	90	<i>perphenazine 8mg tab</i>	44	<i>pindolol 10mg tab</i>	49
<i>penciclovir 1% cream</i>	60	PERSERIS 120MG	42	<i>pindolol 5mg tab</i>	49
<i>penicillamine 250mg tab</i>	75	SYRINGE		<i>pioglitazone 15mg tab</i>	22
<i>penicillin g potassium</i>	82	PERSERIS 90MG	42	<i>pioglitazone 30mg tab</i>	22
<i>1000000unit/ml inj</i>		SYRINGE		<i>pioglitazone 45mg tab</i>	22
PENICILLIN G	82	PHEBURANE	65	<i>piperacillin/tazobactam</i>	82
POTASSIUM		483MG/GM ORAL		<i>2000-250mg inj</i>	
40000UNIT/ML INJ		PELLET		<i>piperacillin/tazobactam</i>	82
PENICILLIN G	82	PHENELZINE 15MG TAB	17	<i>3000-375mg inj</i>	
POTASSIUM		<i>phenobarbital 100mg tab</i>	71	<i>piperacillin/tazobactam</i>	82
60000UNIT/ML INJ		<i>phenobarbital 15mg tab</i>	71	<i>36-4.5gm inj</i>	
PENICILLIN G SODIUM	82	<i>phenobarbital 16.2mg tab</i>	71	<i>piperacillin/tazobactam</i>	82
100000UNIT/ML INJ		<i>phenobarbital 30mg tab</i>	71	<i>4000-500mg inj</i>	
		<i>phenobarbital 32.4mg tab</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

PIQRAY 200MG DAILY DOSE PACK	38	<i>potassium chloride 10meq micro er tab</i>	75	<i>prasugrel 5mg tab</i>	70
PIQRAY 250MG DAILY DOSE PACK	38	POTASSIUM CHLORIDE 10MEQ/100ML INJ	75	<i>pravastatin sodium 10mg tab</i>	26
PIQRAY 300MG DAILY DOSE PACK	38	<i>potassium chloride 15meq micro er tab</i>	75	<i>pravastatin sodium 20mg tab</i>	26
<i>pirfenidone 267mg cap</i>	86	<i>potassium chloride 2.67meq/ml oral soln</i>	75	<i>pravastatin sodium 40mg tab</i>	26
<i>pirfenidone 267mg tab</i>	86	<i>potassium chloride 20meq er tab</i>	75	<i>pravastatin sodium 80mg tab</i>	26
<i>pirfenidone 801mg tab</i>	86	<i>potassium chloride 20meq micro er tab</i>	75	<i>pravastatin sodium 80mg tab</i>	26
<i>piroxicam 10mg cap</i>	4	<i>potassium chloride 20meq powder for oral soln</i>	75	<i>prazosin 1mg cap</i>	28
<i>piroxicam 20mg cap</i>	4	POTASSIUM CHLORIDE 20MEQ/100ML INJ	75	<i>prazosin 2mg cap</i>	28
PLASMA-LYTE 148 INJ	74	<i>potassium chloride 2meq/ml (20ml) inj</i>	75	<i>prazosin 5mg cap</i>	28
PLASMA-LYTE A INJ	74	<i>potassium chloride 2meq/ml inj</i>	75	PREDNISOLONE 1% OPHTH SOLN	80
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	85	POTASSIUM CHLORIDE 20MEQ/100ML INJ	75	<i>prednisolone 1mg/ml oral soln</i>	58
PLEGRIDY 125MCG/0.5ML SYRINGE	85	<i>potassium chloride 2meq/ml (20ml) inj</i>	75	<i>prednisolone 3mg/ml oral soln</i>	58
<i>plenamine 15% inj</i>	78	<i>potassium chloride 2meq/ml inj</i>	75	PREDNISOLONE ACETATE 1% OPHTH SUSP	80
PODOFILOX 0.5% TOPICAL SOLN	62	POTASSIUM CHLORIDE 40MEQ/100ML INJ	75	<i>prednisone 10mg tab</i>	58
<i>polycin 0.5-10unit/mg ophthalm ointment</i>	79	<i>potassium chloride 8meq er cap</i>	75	<i>prednisone 1mg tab</i>	58
<i>polymyxin b 250000unit/ml inj</i>	32	<i>potassium chloride 8meq er tab</i>	75	PREDNISONE 1MG/ML ORAL SOLN	58
<i>polymyxin b/trimethoprim 10000 Unit/ML-0.1% ophthalm soln</i>	79	<i>potassium citrate 10meq er tab</i>	69	<i>prednisone 2.5mg tab</i>	58
POMALYST 1MG CAP	35	<i>potassium citrate 15meq er tab</i>	69	<i>prednisone 20mg tab</i>	58
POMALYST 2MG CAP	35	<i>potassium citrate 5meq er tab</i>	69	<i>prednisone 50mg tab</i>	58
POMALYST 3MG CAP	35	POTALUENT 150MG/ML AUTO-INJECTOR	26	<i>prednisone 5mg tab</i>	58
POMALYST 4MG CAP	35	POTALUENT 75MG/ML AUTO-INJECTOR	26	<i>pregabalin 100mg cap</i>	15
<i>portia 28 day pack</i>	56	<i>pramipexole 0.125mg tab</i>	40	<i>pregabalin 150mg cap</i>	15
<i>posaconazole 100mg dr tab</i>	25	<i>pramipexole 0.25mg tab</i>	40	<i>pregabalin 200mg cap</i>	15
<i>posaconazole 40mg/ml susp</i>	25	<i>pramipexole 0.5mg tab</i>	40	<i>pregabalin 20mg/ml oral soln</i>	15
<i>potassium chloride 1.33meq/ml oral soln</i>	75	<i>pramipexole 0.75mg tab</i>	41	<i>pregabalin 225mg cap</i>	15
<i>potassium chloride 10meq er cap</i>	75	<i>pramipexole 1.5mg tab</i>	41	<i>pregabalin 25mg cap</i>	15
<i>potassium chloride 10meq er tab</i>	75	<i>pramipexole 1mg tab</i>	41	<i>pregabalin 300mg cap</i>	15
		<i>prasugrel 10mg tab</i>	70	<i>pregabalin 50mg cap</i>	15
				<i>pregabalin 75mg cap</i>	15
				PREHEVBRIO 10MCG/ML INJ	90
				PREMARIN 0.3MG TAB	67
				PREMARIN 0.45MG TAB	67

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

PREMARIN 0.625MG TAB	67	<i>proctosol 2.5% cream</i>	7	<i>propafenone 425mg er cap</i>	9
PREMARIN 0.625MG/GM VAGINAL CREAM	91	<i>proctozone hc 2.5% cream</i>	7	<i>propranolol 10mg tab</i>	49
PREMARIN 0.9MG TAB	67	<i>progesterone 100mg cap</i>	83	<i>propranolol 120mg er cap</i>	49
PREMARIN 1.25MG TAB	67	<i>progesterone 200mg cap</i>	83	<i>propranolol 160mg er cap</i>	49
PREMASOL 10% INJ	78	PROGRAF 0.2MG GRANULES FOR ORAL SUSP	76	<i>propranolol 20mg tab</i>	49
PREMPHASE 28 DAY PACK	66	PROGRAF 1MG GRANULES FOR ORAL SUSP	76	<i>propranolol 40mg tab</i>	49
PREMPRO 0.3/1.5MG 28 DAY PACK	66	PROLASTIN 1000MG INJ	86	<i>propranolol 4mg/ml oral soln</i>	49
PREMPRO 0.45/1.5MG 28 DAY PACK	66	PROLENSA 0.07% OPHTH SOLN	80	<i>propranolol 60mg er cap</i>	49
PREMPRO 0.625/2.5MG 28 DAY PACK	66	PROLIA 60MG/ML SYRINGE	64	<i>propranolol 60mg tab</i>	49
PREMPRO 0.625/5MG 28 DAY PACK	66	PROMACTA 12.5MG POWDER FOR ORAL SUSP	71	<i>propranolol 80mg er cap</i>	49
<i>prevalite 4gm powder for oral susp</i>	25	PROMACTA 12.5MG TAB	71	<i>propranolol 80mg tab</i>	49
PREVYMIS 240MG TAB	48	PROMACTA 25MG POWDER FOR ORAL SUSP	71	PROPRANOLOL 8MG/ML ORAL SOLN	49
PREVYMIS 480MG TAB	48	PROMACTA 25MG TAB	71	<i>propylthiouracil 50mg tab</i>	87
PREZCOBIX 150-800MG TAB	47	PROMACTA 50MG TAB	71	PROQUAD INJ	90
PREZISTA 100MG/ML SUSP	47	PROMACTA 75MG TAB	71	PROSOL 20% INJ	78
PREZISTA 150MG TAB	47	<i>promethazine 1.25mg/ml oral soln</i>	25	<i>protriptyline 10mg tab</i>	20
PREZISTA 75MG TAB	47	<i>promethazine 12.5mg rectal supp</i>	25	<i>protriptyline 5mg tab</i>	20
PRIFTIN 150MG TAB	32	<i>promethazine 12.5mg tab</i>	25	PULMOZYME 1MG/ML INH SOLN	86
PRIMAQUINE	32	<i>promethazine 25mg rectal supp</i>	25	PURIXAN 2000MG/100ML SUSP	33
PHOSPHATE 26.3MG TAB		<i>promethazine 25mg tab</i>	25	<i>pyrazinamide 500mg tab</i>	32
<i>primidone 250mg tab</i>	15	<i>promethazine 50mg tab</i>	25	<i>pyridostigmine bromide 180mg er tab</i>	32
<i>primidone 50mg tab</i>	15	<i>promethegan 25mg rectal supp</i>	25	<i>pyridostigmine bromide 60mg tab</i>	32
PRIORIX INJ	90	<i>propafenone 150mg tab</i>	9	PYRUKYND 20MG TAB (4-WEEK PACK)	70
PRIVIGEN 20GM/200ML INJ	81	<i>propafenone 225mg er cap</i>	9	PYRUKYND 20MG/50MG TAB TAPER PACK	70
<i>probenecid 500mg tab</i>	70	<i>propafenone 225mg tab</i>	9	PYRUKYND 50MG TAB (4-WEEK PACK)	70
<i>prochlorperazine 10mg tab</i>	44	<i>propafenone 300mg tab</i>	9	PYRUKYND 5MG TAB (4-WEEK PACK)	70
<i>prochlorperazine 25mg rectal supp</i>	44	<i>propafenone 325mg er cap</i>	9	PYRUKYND 5MG TAB TAPER PACK	70
<i>prochlorperazine 5mg tab</i>	44				
<i>procto-med 2.5% cream</i>	7				

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

PYRUKYND 5MG/20MG TAB TAPER PACK	70	<i>ranolazine 1000mg er tab</i>	7	REPATHA 420MG/3.5ML CARTRIDGE	26
Q		<i>ranolazine 500mg er tab</i>	7	RETACRIT	71
QINLOCK 50MG TAB	38	<i>rasagiline 0.5mg tab</i>	41	10000UNIT/ML INJ	
QUADRACEL INJ	88	<i>rasagiline 1mg tab</i>	41	RETACRIT	71
QUADRACEL INJ	88	REBIF 22MCG/0.5ML AUTO-INJECTOR	85	20000UNIT/2ML INJ	
QUADRACEL SYRINGE	88	REBIF 22MCG/0.5ML SYRINGE	85	RETACRIT	71
<i>quetiapine 100mg tab</i>	43	REBIF 44MCG/0.5ML AUTO-INJECTOR	85	20000UNIT/ML INJ	
<i>quetiapine 150mg er tab</i>	44	REBIF 44MCG/0.5ML SYRINGE	85	RETACRIT 2000UNIT/ML INJ	71
<i>quetiapine 200mg er tab</i>	44	REBIF REBIDOSE PACK	85	RETACRIT 3000UNIT/ML INJ	71
<i>quetiapine 200mg tab</i>	44	REBIF TITRATION PACK	85	RETACRIT	71
<i>quetiapine 25mg tab</i>	44	<i>reclipsen 28 day pack</i>	56	40000UNIT/ML INJ	
<i>quetiapine 300mg er tab</i>	44	RECOMBIVAX	90	RETACRIT 4000UNIT/ML INJ	71
<i>quetiapine 300mg tab</i>	44	10MCG/ML INJ		RETEVMO 40MG CAP	38
<i>quetiapine 400mg er tab</i>	44	RECOMBIVAX	90	RETEVMO 80MG CAP	38
<i>quetiapine 400mg tab</i>	44	10MCG/ML SYRINGE		REVLIMID 10MG CAP	75
<i>quetiapine 50mg er tab</i>	44	RECOMBIVAX	90	REVLIMID 15MG CAP	75
<i>quetiapine 50mg tab</i>	44	40MCG/ML INJ		REVLIMID 2.5MG CAP	75
<i>quinapril 10mg tab</i>	27	RECOMBIVAX	91	REVLIMID 20MG CAP	76
<i>quinapril 20mg tab</i>	27	5MCG/0.5ML INJ		REVLIMID 25MG CAP	76
<i>quinapril 40mg tab</i>	27	RECOMBIVAX	91	REVLIMID 5MG CAP	76
<i>quinapril 5mg tab</i>	27	5MCG/0.5ML SYRINGE		REXULTI 0.25MG TAB	45
QUINIDINE SULFATE 200MG TAB	9	REGRANEX 0.01% GEL	62	REXULTI 0.5MG TAB	45
QUINIDINE SULFATE 300MG TAB	9	RELENZA 5MG/BLISTER	48	REXULTI 1MG TAB	45
<i>quinine sulfate 324mg cap</i>	32	INHALER		REXULTI 2MG TAB	45
QVAR 40MCG	10	RELISTOR 12MG/0.6ML INJ	68	REXULTI 3MG TAB	45
REDIHALER		RELISTOR 12MG/0.6ML SYRINGE	68	REXULTI 4MG TAB	45
QVAR 80MCG	10	RELISTOR 8MG/0.4ML SYRINGE	68	REYATAZ 50MG ORAL POWDER	47
REDIHALER		RELTONE 200MG CAP	68	REYVOW 100MG TAB	73
R		RELTONE 400MG CAP	68	REYVOW 50MG TAB	73
RABAVERT 2.5UNIT/ML INJ	90	<i>repaglinide 0.5mg tab</i>	22	REZLIDHIA 150MG CAP	38
RADICAVA 105MG/5ML SUSP	78	<i>repaglinide 1mg tab</i>	22	REZUROCK 200MG TAB	76
<i>raloxifene 60mg tab</i>	65	<i>repaglinide 2mg tab</i>	22	RHOPRESSA 0.02% OPHTH SOLN	80
<i>ramelteon 8mg tab</i>	72	REPATHA 140MG/ML AUTO-INJECTOR	26	RIBAVIRIN 200MG CAP	48
<i>ramipril 1.25mg cap</i>	27	REPATHA 140MG/ML SYRINGE	26	RIBAVIRIN 200MG TAB	48
<i>ramipril 10mg cap</i>	27			RIDAURA 3MG CAP	3
<i>ramipril 2.5mg cap</i>	27			<i>rifabutin 150mg cap</i>	32
<i>ramipril 5mg cap</i>	27			<i>rifampin 150mg cap</i>	32
				<i>rifampin 300mg cap</i>	32

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>rifampin 600mg inj</i>	32	<i>rivastigmine 4.6mg/24hr</i>	84	RUCONEST 2100UNIT	70
<i>riluzole 50mg tab</i>	78	<i>patch</i>		INJ	
RIMANTADINE 100MG	48	<i>rivastigmine 6mg cap</i>	84	<i>rufinamide 200mg tab</i>	15
TAB		<i>rivastigmine 9.5mg/24hr</i>	84	<i>rufinamide 400mg tab</i>	15
RINVOQ 15MG ER TAB	3	<i>patch</i>		<i>rufinamide 40mg/ml susp</i>	15
RINVOQ 30MG ER TAB	3	<i>rivelsa 91 day pack</i>	56	RUKOBIA 600MG ER	47
RINVOQ 45MG ER TAB	3	<i>rizatriptan 10mg odt</i>	73	TAB	
<i>risedronate sodium</i>	64	<i>rizatriptan 10mg tab</i>	73	RYBELSUS 14MG TAB	21
<i>150mg tab</i>		<i>rizatriptan 5mg odt</i>	73	RYBELSUS 3MG TAB	21
<i>risedronate sodium 30mg</i>	64	<i>rizatriptan 5mg tab</i>	74	RYBELSUS 7MG TAB	21
<i>tab</i>		ROCKLATAN	80	RYDAPT 25MG CAP	38
<i>risedronate sodium 35mg</i>	64	0.05-0.2MG/ML OPHTH		<hr/>	
<i>tab</i>		SOLN		S	
<i>risedronate sodium 35mg</i>	64	<i>roflumilast 0.5mg tab</i>	10	<i>sajazir 30mg/3ml syringe</i>	70
<i>tab (12) pack</i>		<i>roflumilast 250mcg tab</i>	10	<i>salmon calcitonin</i>	64
<i>risedronate sodium 35mg</i>	64	<i>ropinirole 0.25mg tab</i>	41	<i>200unit/act nasal spray</i>	
<i>tab (4) pack</i>		<i>ropinirole 0.5mg tab</i>	41	SANDIMMUNE	76
<i>risedronate sodium 5mg</i>	64	<i>ropinirole 1mg tab</i>	41	100MG/ML ORAL SOLN	
<i>tab</i>		<i>ropinirole 2mg tab</i>	41	SANTYL 250UNIT/GM	62
RISPERIDONE 0.25MG	42	<i>ropinirole 3mg tab</i>	41	OINTMENT	
ODT		<i>ropinirole 4mg tab</i>	41	<i>sapropterin 100mg</i>	65
<i>risperidone 0.25mg tab</i>	42	<i>ropinirole 5mg tab</i>	41	<i>powder for oral soln</i>	
<i>risperidone 0.5mg odt</i>	42	<i>rosuvastatin calcium</i>	26	<i>sapropterin 100mg tab</i>	66
<i>risperidone 0.5mg tab</i>	42	<i>10mg tab</i>		<i>sapropterin 500mg</i>	66
<i>risperidone 12.5mg inj</i>	42	<i>rosuvastatin calcium</i>	26	<i>powder for oral soln</i>	
<i>risperidone 1mg odt</i>	42	<i>20mg tab</i>		SAVELLA 100MG TAB	84
<i>risperidone 1mg tab</i>	42	<i>rosuvastatin calcium</i>	26	SAVELLA 12.5MG TAB	84
<i>risperidone 1mg/ml oral</i>	42	<i>40mg tab</i>		SAVELLA 25MG TAB	84
<i>soln</i>		<i>rosuvastatin calcium 5mg</i>	26	SAVELLA 50MG TAB	84
<i>risperidone 25mg inj</i>	42	<i>tab</i>		SAVELLA TAB 4-WEEK	84
<i>risperidone 2mg odt</i>	42	ROTARIX SUSP	91	TITRATION PACK (55)	
<i>risperidone 2mg tab</i>	42	ROTARIX SUSP	91	SCSEMBLIX 100MG TAB	38
<i>risperidone 37.5mg inj</i>	42	ROTATEQ SUSP	91	SCSEMBLIX 20MG TAB	38
<i>risperidone 3mg odt</i>	42	<i>roweepra 500mg tab</i>	15	SCSEMBLIX 40MG TAB	38
<i>risperidone 3mg tab</i>	42	ROZLYTREK 100MG	38	<i>scopolamine 1mg/72hr</i>	24
<i>risperidone 4mg odt</i>	42	CAP		<i>patch</i>	
<i>risperidone 4mg tab</i>	42	ROZLYTREK 200MG	38	SECUADO 3.8MG/24HR	44
<i>risperidone 50mg inj</i>	42	CAP		PATCH	
<i>ritonavir 100mg tab</i>	47	ROZLYTREK 50MG	38	SECUADO 5.7MG/24HR	44
<i>rivastigmine 1.5mg cap</i>	84	ORAL PELLETT		PATCH	
<i>rivastigmine 13.3mg/24hr</i>	84	RUBRACA 200MG TAB	38	SECUADO 7.6MG/24HR	44
<i>patch</i>		RUBRACA 250MG TAB	38	PATCH	
<i>rivastigmine 3mg cap</i>	84	RUBRACA 300MG TAB	38	<i>selegiline 5mg cap</i>	41
<i>rivastigmine 4.5mg cap</i>	84			<i>selenium sulfide 2.5%</i>	60
				<i>shampoo</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

SELZENTRY 20MG/ML ORAL SOLN	47	<i>simvastatin 80mg tab</i>	26	<i>sodium chloride 50mg/ml inj</i>	75
SELZENTRY 25MG TAB	47	<i>sirolimus 0.5mg tab</i>	76	SODIUM OXYBATE	83
SELZENTRY 75MG TAB	47	<i>sirolimus 1mg tab</i>	76	500MG/ML ORAL SOLN	
SEREVENT	11	<i>sirolimus 1mg/ml oral soln</i>	76	<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	77
50MCG/DOSE INHALER		SIRTURO 100MG TAB	32	<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6gm/177ml prep kit</i>	72
<i>sertraline 100mg tab</i>	18	SIRTURO 20MG TAB	32	SOFOSBUVIR/VELPATAS VIR 400-100MG TAB	48
<i>sertraline 20mg/ml oral soln</i>	18	SIVEXTRO 200MG INJ	32	SOGROYA 10MG/1.5ML PEN INJ	65
<i>sertraline 25mg tab</i>	18	SIVEXTRO 200MG TAB	32	SOGROYA 15MG/1.5ML PEN INJ	65
<i>sertraline 50mg tab</i>	18	SKYRIZI 150MG/ML	60	SOGROYA 5MG/1.5ML PEN INJ	65
<i>setlakin 91 day pack</i>	56	AUTO-INJECTOR		SOLTAMOX 10MG/5ML ORAL SOLN	35
<i>sevelamer carbonate 2400mg powder for oral susp</i>	69	SKYRIZI 150MG/ML	60	SOMAVERT 10MG INJ	64
<i>sevelamer carbonate 800mg powder for oral susp</i>	69	SYRINGE		SOMAVERT 15MG INJ	64
<i>sevelamer carbonate 800mg tab</i>	69	SKYRIZI 180MG/1.2ML CARTRIDGE	68	SOMAVERT 20MG INJ	64
<i>sharobel 0.35mg 28 day pack</i>	57	SKYRIZI 360MG/2.4ML CARTRIDGE	68	SOMAVERT 25MG INJ	64
SHINGRIX	91	SKYTROFA 11MG CARTRIDGE	64	SOMAVERT 30MG INJ	64
50MCG/0.5ML INJ		SKYTROFA 13.3MG CARTRIDGE	65	<i>sorafenib 200mg tab</i>	38
SIGNIFOR 0.3MG/ML INJ	66	SKYTROFA 3.6MG CARTRIDGE	65	<i>sorine 120mg tab</i>	50
SIGNIFOR 0.6MG/ML INJ	66	SKYTROFA 3MG CARTRIDGE	65	<i>sorine 160mg tab</i>	50
SIGNIFOR 0.9MG/ML INJ	66	SKYTROFA 4.3MG CARTRIDGE	65	<i>sotalol 120mg tab</i>	50
<i>sildenafil 20mg tab</i>	52	SKYTROFA 5.2MG CARTRIDGE	65	<i>sotalol 160mg tab</i>	50
<i>silver sulfadiazine 1% cream</i>	60	SKYTROFA 6.3MG CARTRIDGE	65	<i>sotalol 240mg tab</i>	50
SIMBRINZA 0.2-1% OPHTH SUSP	79	SKYTROFA 7.6MG CARTRIDGE	65	<i>sotalol 80mg tab</i>	50
SIMPONI 100MG/ML AUTO-INJECTOR	3	SKYTROFA 9.1MG CARTRIDGE	65	<i>sotalol af 120mg tab</i>	50
SIMPONI 100MG/ML SYRINGE	3	SLYND 4MG TAB PACK	57	<i>sotalol af 160mg tab</i>	50
SIMPONI 50MG/0.5ML AUTO-INJECTOR	3	<i>sodium chloride 0.45% inj</i>	75	<i>sotalol af 80mg tab</i>	50
SIMPONI 50MG/0.5ML SYRINGE	3	<i>sodium chloride 0.9% inj</i>	75	SPIRIVA RESPIMAT	10
<i>simvastatin 10mg tab</i>	26	<i>sodium chloride 0.9%</i>	69	1.25MCG/ACT INH	
<i>simvastatin 20mg tab</i>	26	<i>irrigation soln</i>		<i>spironolactone 100mg tab</i>	63
<i>simvastatin 40mg tab</i>	26	<i>sodium chloride 3% inj</i>	75	<i>spironolactone 25mg tab</i>	63
<i>simvastatin 5mg tab</i>	26			<i>spironolactone 50mg tab</i>	63
				<i>sprintec 28 day pack</i>	56
				SPRITAM 1000MG TAB FOR ORAL SUSP	15

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

SPRITAM 250MG TAB FOR ORAL SUSP	15	SULFADIAZINE 500MG TAB	86	SYMPAZAN 20MG ORAL FILM	13
SPRITAM 500MG TAB FOR ORAL SUSP	15	<i>sulfamethoxazole/trimethoprim 200-40mg/5ml susp</i>	31	SYMPAZAN 5MG ORAL FILM	13
SPRITAM 750MG TAB FOR ORAL SUSP	15	<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	31	SYMPROIC 0.2MG TAB	69
SPRYCEL 100MG TAB	38	<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	31	SYMTUZA	47
SPRYCEL 140MG TAB	38	SULFAMYLON	60	150-800-200-10MG TAB	
SPRYCEL 20MG TAB	38	85MG/GM CREAM		SYNAREL 2MG/ML NASAL INHALER	65
SPRYCEL 50MG TAB	38	<i>sulfasalazine 500mg dr tab</i>	68	SYNJARDY 10-1000MG ER TAB	20
SPRYCEL 70MG TAB	38	<i>sulfasalazine 500mg tab</i>	68	SYNJARDY	20
SPRYCEL 80MG TAB	38	<i>sulindac 150mg tab</i>	5	12.5-1000MG ER TAB	
<i>sps 15gm/60ml susp</i>	77	<i>sulindac 200mg tab</i>	5	SYNJARDY	20
<i>sronyx 28 day pack</i>	56	<i>sumatriptan 100mg tab</i>	74	12.5-1000MG TAB	
<i>ssd 1% cream</i>	60	<i>sumatriptan 25mg tab</i>	74	SYNJARDY 12.5-500MG TAB	20
STELARA 45MG/0.5ML INJ	60	<i>sumatriptan 4mg/0.5ml cartridge</i>	74	SYNJARDY 25-1000MG ER TAB	20
STELARA 45MG/0.5ML SYRINGE	60	<i>sumatriptan 50mg tab</i>	74	SYNJARDY 5-1000MG ER TAB	20
STELARA 90MG/ML SYRINGE	60	<i>sumatriptan 6mg/0.5ml auto-injector</i>	74	SYNJARDY 5-1000MG TAB	20
STIOLTO	11	<i>sumatriptan 6mg/0.5ml cartridge</i>	74	SYNJARDY 5-500MG TAB	20
2.5-2.5MCG/ACT INH		<i>sumatriptan 6mg/0.5ml inj</i>	74		
STIVARGA 40MG TAB	38	<i>sunitinib 12.5mg cap</i>	38	T	
STRIBILD	47	<i>sunitinib 25mg cap</i>	38	TABLOID 40MG TAB	33
150-150-200-300MG TAB		<i>sunitinib 37.5mg cap</i>	38	TABRECTA 150MG TAB	38
<i>subvenite 100mg tab</i>	15	<i>sunitinib 50mg cap</i>	38	TABRECTA 200MG TAB	38
<i>subvenite 150mg tab</i>	15	SUNLENCA 300MG TAB	47	<i>tacrolimus 0.03% ointment</i>	62
<i>subvenite 200mg tab</i>	15	4-TABLET PACK		<i>tacrolimus 0.1% ointment</i>	62
<i>subvenite 25mg tab</i>	16	SUNLENCA 300MG TAB	47	<i>tacrolimus 0.5mg cap</i>	76
SUCRAID 8500UNIT/ML ORAL SOLN	63	5-TABLET PACK		<i>tacrolimus 1mg cap</i>	76
<i>sucralfate 1000mg tab</i>	89	SUNOSI 150MG TAB	1	<i>tacrolimus 5mg cap</i>	76
<i>sucralfate 100mg/ml susp</i>	89	SUNOSI 75MG TAB	1	<i>tadalafil 20mg tab</i>	52
SUFLAVE SOLN PACK	72	<i>syeda 28 day pack</i>	56	TAFINLAR 10MG TAB FOR ORAL SUSP	38
<i>sulfacetamide sodium 10% lotion</i>	59	SYMDEKO	86	TAFINLAR 50MG CAP	38
<i>sulfacetamide sodium 10% ophth soln</i>	79	50-75MG/75MG PACK		TAFINLAR 75MG CAP	38
SULFACETAMIDE/PRED NISOLONE 10-0.25% OPTH SOLN	80	SYMDEKO TAB 4-WEEK PACK	86	<i>tafluprost 0.0015% ophth soln</i>	81
		SYMPAZAN 10MG ORAL FILM	13	TAGRISSE 40MG TAB	34
				TAGRISSE 80MG TAB	34

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

TAKHZYRO 300MG/2ML INJ	70	TEPMETKO 225MG TAB	39	<i>tetrabenazine 25mg tab</i>	84
TAKHZYRO 300MG/2ML SYRINGE	70	<i>terazosin 10mg cap</i>	28	<i>tetracycline 250mg cap</i>	87
TALTZ 80MG/ML AUTO-INJECTOR	60	<i>terazosin 1mg cap</i>	28	<i>tetracycline 500mg cap</i>	87
TALTZ 80MG/ML SYRINGE	60	<i>terazosin 2mg cap</i>	28	THALOMID 100MG CAP	76
TALZENNA 0.1MG CAP	38	<i>terazosin 5mg cap</i>	28	THALOMID 150MG CAP	76
TALZENNA 0.25MG CAP	38	<i>terbinafine 250mg tab</i>	24	THALOMID 200MG CAP	76
TALZENNA 0.35MG CAP	38	<i>terbutaline sulfate 2.5mg tab</i>	11	THALOMID 50MG CAP	76
TALZENNA 0.5MG CAP	38	<i>terbutaline sulfate 5mg tab</i>	11	THEOPHYLLINE 100MG ER TAB	11
TALZENNA 0.75MG CAP	39	<i>terconazole 0.4% vaginal cream</i>	91	THEOPHYLLINE 200MG ER TAB	12
TALZENNA 1MG CAP	39	<i>terconazole 0.8% vaginal cream</i>	91	<i>theophylline 300mg er tab</i>	12
<i>tamoxifen 10mg tab</i>	35	<i>terconazole 80mg vaginal insert</i>	91	<i>theophylline 400mg er tab</i>	12
<i>tamoxifen 20mg tab</i>	35	<i>teriflunomide 14mg tab</i>	85	<i>theophylline 450mg er tab</i>	12
<i>tamsulosin 0.4mg cap</i>	69	<i>teriflunomide 7mg tab</i>	85	<i>theophylline 600mg er tab</i>	12
<i>tarina 24 fe 1/20 28 day pack</i>	56	TERIPARATIDE	64	<i>thioridazine 100mg tab</i>	44
<i>tarina fe 1/20 28 day pack</i>	56	0.02MG/ACT PEN INJ		<i>thioridazine 10mg tab</i>	44
TASIGNA 150MG CAP	39	<i>testosterone 1% (12.5mg/act) gel pump</i>	7	<i>thioridazine 25mg tab</i>	45
TASIGNA 200MG CAP	39	<i>testosterone 1% (25mg) gel packet</i>	7	<i>thioridazine 50mg tab</i>	45
TASIGNA 50MG CAP	39	<i>testosterone 1% (50mg) gel packet</i>	7	<i>thiothixene 10mg cap</i>	45
<i>tasimelteon 20mg cap</i>	72	<i>testosterone 1.62% (1.25gm) gel packet</i>	7	<i>thiothixene 1mg cap</i>	45
<i>tazarotene 0.1% cream</i>	60	<i>testosterone 1.62% (2.5gm) gel packet</i>	7	<i>thiothixene 2mg cap</i>	45
<i>tazicef 1gm inj</i>	53	<i>testosterone 1.62% (20.25mg/act) gel pump</i>	7	<i>thiothixene 5mg cap</i>	45
<i>tazicef 2gm inj</i>	53	<i>testosterone 30mg/act topical soln</i>	7	<i>tiadylt 120mg er cap</i>	51
TAZICEF 6GM INJ	53	<i>testosterone cypionate 100mg/ml inj</i>	7	<i>tiadylt 180mg er cap</i>	51
TAZVERIK 200MG TAB	39	<i>testosterone cypionate 200mg/ml (1ml) inj</i>	7	<i>tiadylt 240mg er cap</i>	51
TDVAX 4-4UNIT/ML INJ	88	<i>testosterone cypionate 200mg/ml inj</i>	7	<i>tiadylt 300mg er cap</i>	51
TEFLARO 400MG INJ	54	TESTOSTERONE	7	<i>tiadylt 360mg er cap</i>	51
TEFLARO 600MG INJ	54	ENANTHATE 200MG/ML INJ		<i>tiadylt 420mg er cap</i>	51
<i>telmisartan 20mg tab</i>	28	<i>tetrabenazine 12.5mg tab</i>	84	<i>tiagabine 12mg tab</i>	16
<i>telmisartan 40mg tab</i>	28			<i>tiagabine 16mg tab</i>	16
<i>telmisartan 80mg tab</i>	28			<i>tiagabine 2mg tab</i>	16
<i>temazepam 15mg cap</i>	72			<i>tiagabine 4mg tab</i>	16
<i>temazepam 30mg cap</i>	72			TIBSOVO 250MG TAB	39
TENIVAC 4-10UNIT/ML INJ	88			TICOVAC	91
TENIVAC 4-10UNIT/ML SYRINGE	88			1.2MCG/0.25ML SYRINGE	
<i>tenofovir disoproxil fumarate 300mg tab</i>	47			TICOVAC 2.4MCG/0.5ML SYRINGE	91
				<i>tigecycline 50mg inj</i>	86

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>tilia fe pack</i>	56	<i>torpenz 10mg tab</i>	39	TRELSTAR 3.75MG INJ	35
<i>timolol 0.25% ophth gel</i>	79	<i>torpenz 2.5mg tab</i>	39	TREMFYA 100MG/ML	60
<i>timolol 0.25% ophth soln</i>	79	<i>torpenz 5mg tab</i>	39	AUTO-INJECTOR	
<i>timolol 0.5% ophth gel</i>	79	<i>torpenz 7.5mg tab</i>	39	TREMFYA 100MG/ML	60
<i>timolol 0.5% ophth soln</i>	79	<i>torse mide 100mg tab</i>	63	SYRINGE	
<i>timolol 0.5% ophth soln (preservative-free)</i>	79	<i>torse mide 10mg tab</i>	63	TRESIBA 100UNIT/ML	22
<i>timolol 10mg tab</i>	50	<i>torse mide 20mg tab</i>	63	INJ	
<i>timolol 5mg tab</i>	50	<i>torse mide 5mg tab</i>	63	TRESIBA 100UNIT/ML	22
<i>tinidazole 250mg tab</i>	30	TOUJEO 300UNIT/ML	22	PEN INJ	
<i>tinidazole 500mg tab</i>	30	PEN INJ		TRESIBA 200UNIT/ML	22
<i>tiopronin 100mg tab</i>	69	TOUJEO MAX	22	PEN INJ	
TIVICAY 10MG TAB	47	300UNIT/ML PEN INJ		<i>tretinoin 0.01% gel</i>	59
TIVICAY 25MG TAB	47	(3ML)		<i>tretinoin 0.025% cream</i>	59
TIVICAY 50MG TAB	47	TPN ELECTROLYTES INJ	74	<i>tretinoin 0.025% gel</i>	59
TIVICAY 5MG TAB FOR ORAL SUSP	47	TRACLEER 32MG TAB	52	<i>tretinoin 0.05% cream</i>	59
<i>tizanidine 2mg tab</i>	77	FOR ORAL SUSP		<i>tretinoin 0.1% cream</i>	59
<i>tizanidine 4mg tab</i>	77	<i>tramadol 100mg er tab</i>	6	<i>tretinoin 10mg cap</i>	40
TOBRADEX 0.1-0.3% OPHTH OINTMENT	80	<i>tramadol 200mg er tab</i>	6	<i>triamcinolone acetonide 0.025% cream</i>	61
<i>tobramycin 0.3% ophth soln</i>	79	<i>tramadol 300mg er tab</i>	6	<i>triamcinolone acetonide 0.025% lotion</i>	61
TOBRAMYCIN 10MG/ML INJ	3	<i>tramadol 50mg tab</i>	6	<i>triamcinolone acetonide 0.025% ointment</i>	61
<i>tobramycin 40mg/ml inj</i>	3	<i>tramadol/acetaminophen 37.5-325mg tab</i>	6	<i>triamcinolone acetonide 0.1% cream</i>	61
<i>tobramycin 60mg/ml inh soln</i>	3	<i>trandolapril 1mg tab</i>	27	<i>triamcinolone acetonide 0.1% lotion</i>	61
<i>tolcapone 100mg tab</i>	40	<i>trandolapril 2mg tab</i>	27	<i>triamcinolone acetonide 0.1% ointment</i>	61
<i>tolterodine tartrate 1mg tab</i>	89	<i>trandolapril 4mg tab</i>	27	<i>triamcinolone acetonide 0.1% oral paste</i>	77
<i>tolterodine tartrate 2mg er cap</i>	89	<i>tranexamic acid 650mg tab</i>	71	<i>triamcinolone acetonide 0.5% cream</i>	61
<i>tolterodine tartrate 2mg tab</i>	89	<i>tranylcypramine 10mg tab</i>	17	<i>triamcinolone acetonide 0.5% ointment</i>	61
<i>tolterodine tartrate 4mg er cap</i>	89	TRAVASOL 10% INJ	78	<i>triazolam 0.125mg tab</i>	72
<i>topiramate 100mg tab</i>	16	<i>travoprost 0.004% ophth soln</i>	81	<i>triazolam 0.25mg tab</i>	72
<i>topiramate 15mg cap</i>	16	<i>trazodone 100mg tab</i>	18	<i>tridacaine 5% patch</i>	62
<i>topiramate 200mg tab</i>	16	<i>trazodone 150mg tab</i>	18	<i>triderm 0.1% cream</i>	61
<i>topiramate 25mg cap</i>	16	<i>trazodone 50mg tab</i>	18	<i>triderm 0.5% cream</i>	61
<i>topiramate 25mg tab</i>	16	TRECTOR 250MG TAB	33	<i>trientine 250mg cap</i>	75
<i>topiramate 50mg tab</i>	16	TRELEGY ELLIPTA 100-62.5-25MCG	11	<i>tri-estarylla 28 day pack</i>	56
<i>toremifene 60mg tab</i>	35	INHALER		<i>trifluoperazine 10mg tab</i>	45
		TRELEGY ELLIPTA 200-62.5-25MCG	11	<i>trifluoperazine 1mg tab</i>	45
		INHALER			
		TRELSTAR 11.25MG INJ	35		
		TRELSTAR 22.5MG INJ	35		

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>trifluoperazine 2mg tab</i>	45	<i>trospium chloride 20mg tab</i>	89	TYVASO 32MCG INH POWDER	52
<i>trifluoperazine 5mg tab</i>	45	<i>trospium chloride 60mg er cap</i>	89	TYVASO 48MCG INH POWDER	52
TRIFLURIDINE 1% OPTH SOLN	79	TRULANCE 3MG TAB	67	TYVASO 64MCG INH POWDER	52
<i>trihexyphenidyl 2mg tab</i>	40	TRULICITY	22		
<i>trihexyphenidyl 5mg tab</i>	40	0.75MG/0.5ML		U	
TRIKAFTA	86	AUTO-INJECTOR		UBRELVY 100MG TAB	73
100-50-75MG/150MG PACK		TRULICITY	22	UBRELVY 50MG TAB	73
TRIKAFTA	86	1.5MG/0.5ML		<i>unithroid 100mcg tab</i>	88
100-50-75MG/75MG GRANULES PACK		AUTO-INJECTOR		<i>unithroid 112mcg tab</i>	88
TRIKAFTA	86	TRULICITY 3MG/0.5ML	22	<i>unithroid 125mcg tab</i>	88
50-37.5-25MG/75MG TAB PACK		AUTO-INJECTOR		<i>unithroid 137mcg tab</i>	88
TRIKAFTA	86	TRULICITY	22	<i>unithroid 150mcg tab</i>	88
80-40-60MG/59.5MG GRANULES PACK		4.5MG/0.5ML		<i>unithroid 175mcg tab</i>	88
<i>tri-legest 28 day pack</i>	56	AUTO-INJECTOR		<i>unithroid 200mcg tab</i>	88
<i>tri-lo- estarylla 28 day pack</i>	56	TRUMENBA SYRINGE	90	<i>unithroid 25mcg tab</i>	88
<i>tri-lo-sprintec 28 day pack</i>	56	TRUQAP 160MG TAB	39	<i>unithroid 300mcg tab</i>	88
<i>trimethoprim 100mg tab</i>	30	TRUQAP 200MG TAB	39	<i>unithroid 50mcg tab</i>	88
<i>tri-mili 28 day pack</i>	56	TUKYSA 150MG TAB	33	<i>unithroid 75mcg tab</i>	88
<i>trimipramine 100mg cap</i>	20	TUKYSA 50MG TAB	33	<i>unithroid 88mcg tab</i>	88
<i>trimipramine 25mg cap</i>	20	TURALIO 125MG CAP	39	<i>ursodiol 250mg tab</i>	68
<i>trimipramine 50mg cap</i>	20	<i>turqoz 28 day pack</i>	57	<i>ursodiol 300mg cap</i>	68
TRINTELLIX 10MG TAB	18	TWINRIX SYRINGE	91	<i>ursodiol 500mg tab</i>	68
TRINTELLIX 20MG TAB	18	TYBLUME 28 DAY PACK	57	UZEDY 100MG/0.28ML SYRINGE	42
TRINTELLIX 5MG TAB	18	TYBOST 150MG TAB	47	UZEDY 125MG/0.35ML SYRINGE	42
<i>tri-nymyo 28 day pack</i>	56	TYENNE 162MG/0.9ML	4	UZEDY 150MG/0.42ML SYRINGE	42
<i>tri-sprintec 28 day pack</i>	56	AUTO-INJECTOR		UZEDY 200MG/0.56ML SYRINGE	42
TRIUMEQ	47	TYENNE 162MG/0.9ML SYRINGE	4	UZEDY 250MG/0.7ML SYRINGE	43
600-50-300MG TAB		TYMLOS	64	UZEDY 50MG/0.14ML SYRINGE	43
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	47	3120MCG/1.56ML PEN		UZEDY 75MG/0.21ML SYRINGE	43
<i>trivora 28 day pack</i>	57	INJ			
<i>tri-vylibra 28 day pack</i>	56	TYPHIM VI	90	V	
<i>tri-vylibra lo 28 day pack</i>	57	25MCG/0.5ML INJ		<i>valacyclovir 1000mg tab</i>	48
TRIZIVIR	47	TYPHIM VI	90	<i>valacyclovir 500mg tab</i>	48
300-150-300MG TAB		25MCG/0.5ML SYRINGE		VALCHLOR 0.016% GEL	60
TROPHAMINE 10% INJ	78	TYVASO 16-32-48MCG TITRATION PACK	52	<i>valganciclovir 450mg tab</i>	48
		TYVASO 16MCG INH POWDER	52		
		TYVASO 32-48MCG MAINTENANCE PACK	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 50mg/ml oral soln</i>	48	VARUBI 90MG TAB	24	VERZENIO 50MG TAB	39
<i>valproic acid 250mg cap</i>	17	VELIVET 28 DAY PACK	57	<i>vestura 3-0.02mg pack</i>	57
<i>valproic acid 50mg/ml oral soln</i>	17	VELTASSA 16.8GM POWDER FOR ORAL SUSP	77	VICTOZA 18MG/3ML PEN INJ	22
<i>valsartan 160mg tab</i>	28	VELTASSA 25.2GM POWDER FOR ORAL SUSP	77	<i>vienva 28 day pack</i>	57
<i>valsartan 320mg tab</i>	28	VELTASSA 8.4GM POWDER FOR ORAL SUSP	77	<i>vigabatrin 500mg powder for oral soln</i>	16
<i>valsartan 40mg tab</i>	28	VELTASSA 8.4GM POWDER FOR ORAL SUSP	77	<i>vigabatrin 500mg tab</i>	16
<i>valsartan 80mg tab</i>	28	VEMLIDY 25MG TAB	48	<i>vigadrone 500mg powder for oral soln</i>	16
VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	13	VENCLEXTA 100MG TAB	33	<i>vigadrone 500mg tab</i>	16
VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	13	VENCLEXTA 10MG TAB	33	<i>vigpoder 500mg powder for oral soln</i>	16
VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	13	VENCLEXTA 50MG TAB	33	<i>vilazodone 10mg tab</i>	18
VALTOCO 5MG (5MG/0.1ML) NASAL SPARY DOSE PACK	14	VENCLEXTA TAB STARTER PACK	33	<i>vilazodone 20mg tab</i>	18
<i>vancomycin 100mg/ml inj</i>	31	<i>venlafaxine 100mg tab</i>	19	<i>vilazodone 40mg tab</i>	18
<i>vancomycin 125mg cap</i>	31	<i>venlafaxine 150mg er cap</i>	19	VIRACEPT 250MG TAB	47
<i>vancomycin 1gm inj</i>	31	<i>venlafaxine 25mg tab</i>	19	VIRACEPT 625MG TAB	47
<i>vancomycin 250mg cap</i>	31	<i>venlafaxine 37.5mg er cap</i>	19	VIREAD 150MG TAB	47
<i>vancomycin 500mg inj</i>	31	<i>venlafaxine 37.5mg tab</i>	19	VIREAD 200MG TAB	47
<i>vancomycin 750mg inj</i>	31	<i>venlafaxine 50mg tab</i>	19	VIREAD 250MG TAB	47
VANFLYTA 17.7MG TAB	39	<i>venlafaxine 75mg er cap</i>	19	VIREAD 40MG/GM ORAL POWDER	47
VANFLYTA 26.5MG TAB	39	<i>venlafaxine 75mg tab</i>	19	VITRAKVI 100MG CAP	39
VAQTA 25UNIT/0.5ML INJ	91	<i>verapamil 120mg er cap</i>	51	VITRAKVI 20MG/ML ORAL SOLN	39
VAQTA 25UNIT/0.5ML SYRINGE	91	<i>verapamil 120mg er tab</i>	51	VITRAKVI 25MG CAP	39
VAQTA 50UNIT/ML INJ	91	<i>verapamil 180mg er cap</i>	51	VIZIMPRO 15MG TAB	34
VAQTA 50UNIT/ML SYRINGE	91	<i>verapamil 180mg er tab</i>	51	VIZIMPRO 30MG TAB	34
<i>varenicline 0.5mg tab</i>	85	<i>verapamil 240mg er cap</i>	51	VIZIMPRO 45MG TAB	34
<i>varenicline 0.5mg/1mg first month pack</i>	85	<i>verapamil 40mg tab</i>	51	VONJO 100MG CAP	39
<i>varenicline 1mg tab</i>	85	<i>verapamil 80mg tab</i>	51	VORICONAZOLE 200MG INJ	25
<i>varenicline 1mg tab pack (56)</i>	86	VERQUVO 10MG TAB	52	<i>voriconazole 200mg tab</i>	25
VARIVAX 1350PFU/0.5ML INJ	91	VERQUVO 2.5MG TAB	52	<i>voriconazole 40mg/ml susp</i>	25
		VERQUVO 5MG TAB	52	<i>voriconazole 50mg tab</i>	25
		VERSACLOZ 50MG/ML SUSP	44	VOSEVI 400-100-100MG TAB	48
		VERZENIO 100MG TAB	39	VOWST 30000000UNIT CAP	68
		VERZENIO 150MG TAB	39	VRAYLAR 1.5MG CAP	41
		VERZENIO 200MG TAB	39	VRAYLAR 3MG CAP	41
				VRAYLAR 4.5MG CAP	41

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

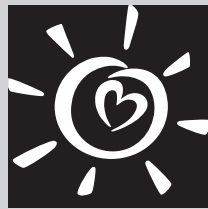
VRAYLAR 6MG CAP	41	XATMEP 2.5MG/ML	33	XOLAIR 150MG/ML	9
<i>vyfemla 28 day pack</i>	57	ORAL SOLN		AUTO-INJECTOR	
<i>vylibra 28 day pack</i>	57	XCOPRI 100MG TAB	16	XOLAIR 150MG/ML	9
VYNDAMAX 61MG CAP	52	XCOPRI 12.5/25MG	16	SYRINGE	
VYNDAQEL 20MG CAP	52	TITRATION PACK		XOLAIR 300MG/2ML	9
W		XCOPRI 150/200MG	16	AUTO-INJECTOR	
WAKIX 17.8MG TAB	1	PACK TAB		XOLAIR 300MG/2ML	10
WAKIX 4.45MG TAB	1	XCOPRI 150/200MG	16	SYRINGE	
<i>warfarin sodium 10mg tab</i>	12	TITRATION PACK		XOLAIR 75MG/0.5ML	10
<i>warfarin sodium 1mg tab</i>	12	XCOPRI 150MG TAB	16	AUTO-INJECTOR	
<i>warfarin sodium 2.5mg tab</i>	12	XCOPRI 200MG TAB	16	XOLAIR 75MG/0.5ML	10
<i>warfarin sodium 2mg tab</i>	12	XCOPRI 25MG TAB	16	SYRINGE	
<i>warfarin sodium 3mg tab</i>	12	XCOPRI 50/100MG	16	XOPENEX 45MCG	11
<i>warfarin sodium 4mg tab</i>	12	TITRATION PACK		INHALER	
<i>warfarin sodium 5mg tab</i>	12	XCOPRI 50MG TAB	16	XOSPATA 40MG TAB	39
<i>warfarin sodium 6mg tab</i>	12	XCOPRI TAB 100/150MG	16	XPOVIO 100MG ONCE	35
<i>warfarin sodium 7.5mg tab</i>	12	MAINTENANCE PACK		WEEKLY CARTON	
WELIREG 40MG TAB	35	XDEMVY 0.25% OPHTH	79	(8-PACK)	
<i>wixela 100-50mcg inhaler</i>	11	SOLN		XPOVIO 40MG ONCE	35
<i>wixela 250-50mcg inhaler</i>	11	XELJANZ 10MG TAB	3	WEEKLY CARTON	
<i>wixela 500-50mcg inhaler</i>	11	XELJANZ 1MG/ML	3	(4-PACK)	
<i>wymzya fe 28 day pack</i>	57	ORAL SOLN		XPOVIO 40MG TWICE	35
X		XELJANZ 5MG TAB	3	WEEKLY CARTON	
XALKORI 150MG ORAL	39	XELJANZ XR 11MG TAB	3	(8-PACK)	
PELLET		XELJANZ XR 22MG TAB	3	XPOVIO 60MG ONCE	35
XALKORI 200MG CAP	39	XERMELO 250MG	69	WEEKLY CARTON	
XALKORI 20MG ORAL	39	XGEVA 120MG/1.7ML	64	(4-PACK)	
PELLET		INJ		XPOVIO 60MG TWICE	35
XALKORI 250MG CAP	39	XIFAXAN 200MG TAB	31	WEEKLY CARTON (24	
XALKORI 50MG ORAL	39	XIFAXAN 550MG TAB	31	PACK)	
PELLET		XIGDUO XR 10-1000MG	21	XPOVIO 80MG ONCE	35
XARELTO 10MG TAB	12	TAB		WEEKLY CARTON	
XARELTO 15MG TAB	12	XIGDUO XR 10-500MG	21	(8-PACK)	
XARELTO 1MG/ML	12	TAB		XPOVIO 80MG TWICE	35
SUSP		XIGDUO XR	21	WEEKLY CARTON (32	
XARELTO 2.5MG TAB	12	2.5-1000MG TAB		PACK)	
XARELTO 20MG TAB	12	XIGDUO XR 5-1000MG	21	XTANDI 40MG CAP	35
XARELTO TAB STARTER	12	TAB		XTANDI 40MG TAB	35
PACK		XIGDUO XR 5-500MG	21	XTANDI 80MG TAB	35
		TAB		XYWAV 0.5GM/ML	83
		XIIDRA 5% OPHTH	80	ORAL SOLN	
		SOLN		Y	
		XOLAIR 150MG INJ	9	<i>yargesa 100mg cap</i>	70
				YF-VAX INJ	91

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

YF-VAX INJ	91	ZENPEP	63	ZTALMY 50MG/ML	16
<hr/>		63000-15000-47000UNIT		SUSP	
Z		DR CAP		ZURZUVAE 20MG CAP	17
<i>zafirlukast 10mg tab</i>	10	ZENPEP	63	ZURZUVAE 25MG CAP	17
<i>zafirlukast 20mg tab</i>	10	84000-20000-63000UNIT		ZURZUVAE 30MG CAP	17
<i>zaleplon 10mg cap</i>	72	DR CAP		ZYDELIG 100MG TAB	39
<i>zaleplon 5mg cap</i>	72	ZEPOSIA 0.92MG CAP	85	ZYDELIG 150MG TAB	39
ZARXIO 300MCG/0.5ML	71	ZEPOSIA 28-DAY	85	ZYKADIA 150MG TAB	39
SYRINGE		STARTER KIT		ZYPREXA 210MG INJ	44
ZARXIO 480MCG/0.8ML	71	ZEPOSIA CAP 7-DAY	85		
SYRINGE		STARTER PACK			
ZAVZPRET 10MG/ACT	73	<i>zidovudine 100mg cap</i>	47		
NASAL SPRAY		<i>zidovudine 10mg/ml oral</i>	48		
ZEGALOGUE	21	<i>soln</i>			
0.6MG/0.6ML		<i>zidovudine 300mg tab</i>	48		
AUTO-INJECTOR		ZIEXTENZO 6MG/0.6ML	71		
ZEGALOGUE	21	SYRINGE			
0.6MG/0.6ML SYRINGE		ZIMHI 5MG/0.5ML	23		
ZEJULA 100MG TAB	39	SYRINGE			
ZEJULA 200MG TAB	39	<i>ziprasidone 20mg cap</i>	41		
ZEJULA 300MG TAB	39	<i>ziprasidone 20mg inj</i>	41		
ZELBORAF 240MG TAB	39	<i>ziprasidone 40mg cap</i>	41		
ZEMAIRA 1000MG INJ	86	<i>ziprasidone 60mg cap</i>	41		
<i>zenatane 10mg cap</i>	59	<i>ziprasidone 80mg cap</i>	41		
<i>zenatane 20mg cap</i>	59	ZOLINZA 100MG CAP	39		
<i>zenatane 30mg cap</i>	59	<i>zolmitriptan 2.5mg tab</i>	74		
<i>zenatane 40mg cap</i>	59	<i>zolmitriptan 5mg tab</i>	74		
ZENPEP	63	<i>zolmitriptan 5mg/act</i>	74		
105000-25000-79000UNI		<i>nasal spray</i>			
T DR CAP		<i>zolpidem tartrate 10mg</i>	72		
ZENPEP	63	<i>tab</i>			
14000-3000-10000UNIT		<i>zolpidem tartrate 12.5mg</i>	72		
DR CAP		<i>er tab</i>			
ZENPEP	63	<i>zolpidem tartrate 5mg tab</i>	72		
24000-5000-17000UNIT		<i>zolpidem tartrate 6.25mg</i>	72		
DR CAP		<i>er tab</i>			
ZENPEP	63	ZONISADE 100MG/5ML	16		
252600-60000-189600U		SUSP			
NIT DR CAP		<i>zonisamide 100mg cap</i>	16		
ZENPEP	63	<i>zonisamide 25mg cap</i>	16		
40000-126000-168000U		<i>zonisamide 50mg cap</i>	16		
NIT DR CAP		ZORYVE 0.3% CREAM	60		
ZENPEP	63	<i>zovia 1/35e 28 day pack</i>	57		
42000-10000-32000UNIT					
DR CAP					

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L.A. Care
HEALTH PLAN®

For All of L.A.

Este Formulario se actualizó el 10/01/2024. Mensaje importante sobre lo que paga por las vacunas: Algunas vacunas se consideran beneficios médicos. Otras vacunas se consideran medicamentos de la Parte D. Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted.

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