



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 diciembre 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*.

Índice

A. Avisos legales.....	iii
B. Preguntas frecuentes.....	iii
B1. ¿Qué medicamentos recetados están en la <i>Lista de medicamentos cubiertos</i> ? (Para abreviar, llamamos “ <i>Lista de medicamentos</i> ” a la Lista de medicamentos cubiertos).....	iii
B2. ¿Se realizan cambios en la Lista de medicamentos?	iv
B3. ¿Qué sucede cuando se realiza un cambio en la Lista de medicamentos?.....	v
B4. ¿Hay algún límite o restricción en la cobertura de los medicamentos o alguna medida que deba tomar para obtener determinados medicamentos?.....	vi
B5. ¿Cómo sabré si el medicamento que deseo tiene restricciones o si hay alguna medida que deba tomar para obtener el medicamento?.....	vi
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)?.....	vi
B7. ¿Cómo puedo encontrar un medicamento en la Lista de medicamentos?.....	vii
B8. ¿Qué sucede si el medicamento que deseo tomar no figura en la Lista de medicamentos?.....	vii
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?.....	vii
B10. ¿Puedo solicitar una excepción para cubrir mi medicamento?	viii
B11. ¿Cómo puedo solicitar una excepción?.....	ix
B12. ¿Cuánto tiempo tarda obtener una excepción?.....	ix
B13. ¿Qué son los medicamentos genéricos?	ix
B14. ¿Qué son los medicamentos OTC?.....	ix
B15. ¿L.A. Care Medicare Plus cubre los productos OTC que no sean medicamentos?	ix



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?	x
B17. ¿La farmacia local me puede enviar medicamentos recetados a mi casa?	x
B18. ¿Cuál es mi copago?	x
C. Resumen de la <i>Lista de medicamentos cubiertos</i>	x
C1. Lista de medicamentos por condición médica	xii
D. Índice de medicamentos cubiertos	xiii



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.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 1MG/ML ORAL SOLN	1	NDS PA QL=360 ML/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	

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
INTERLEUKIN-1 BLOCKERS		
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	

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>piroxicam 20mg cap</i>	1	
<i>sulindac 150mg tab</i>	1	
<i>sulindac 200mg tab</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 20MG TAB	1	NDS PA QL=60 EA/30 Days
OTEZLA 28-DAY STARTER PACK	1	NDS PA QL=55 EA/28 Days
OTEZLA 30MG TAB	1	NDS PA QL=60 EA/30 Days
OTEZLA TAB 28-DAY STARTER PACK (55)	1	NDS PA QL=55 EA/28 Days
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 12mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 25mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 50mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 75mcg/hr patch</i>	1	QL=10 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
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

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>morphine sulfate 2mg/ml oral soln</i>	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
<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

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 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	
<i>isosorbide dinitrate 20mg tab</i>	1	
<i>isosorbide dinitrate 30mg tab</i>	1	
<i>isosorbide dinitrate 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>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
<i>lorazepam 1mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg/ml oral soln</i>	1	QL=150 ML/30 Days

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
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide 100mg cap</i>	1	PA
<i>disopyramide 150mg cap</i>	1	PA
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG TAB	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine 150mg cap</i>	1	
<i>mexiletine 200mg cap</i>	1	
<i>mexiletine 250mg cap</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate 100mg tab</i>	1	
<i>flecainide acetate 150mg tab</i>	1	
<i>flecainide acetate 50mg tab</i>	1	
<i>propafenone 150mg tab</i>	1	
<i>propafenone 225mg er cap</i>	1	
<i>propafenone 225mg tab</i>	1	
<i>propafenone 300mg tab</i>	1	
<i>propafenone 325mg er cap</i>	1	
<i>propafenone 425mg er cap</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
<i>dofetilide 0.125mg cap</i>	1	
<i>dofetilide 0.25mg cap</i>	1	
<i>dofetilide 0.5mg cap</i>	1	
MULTAQ 400MG TAB	1	
<i>pacerone 200mg tab</i>	1	
<i>pacerone 400mg tab</i>	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
XOLAIR 300MG/2ML SYRINGE	1	NDS PA
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA
XOLAIR 75MG/0.5ML SYRINGE	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
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	
<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

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 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>breyana 160-4.5mcg/act inh</i>	1	QL=10.30 GM/30 Days
<i>breyana 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 sulfate 2.5mg tab</i>	1	
<i>terbutaline sulfate 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	
THEOPHYLLINE 200MG ER TAB	1	
<i>theophylline 300mg er tab</i>	1	
<i>theophylline 400mg 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>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	
<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	

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>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
VALTOCO 5MG (5MG/0.1ML) NASAL SPARY DOSE PACK	1	QL=10 EA/30 Days
ANTICONVULSANTS - MISC.		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>lamotrigine 200mg er tab</i>	1	
<i>lamotrigine 200mg odt</i>	1	
<i>lamotrigine 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>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>roweepra 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	
<i>subvenite 25mg tab</i>	1	
<i>topiramate 100mg tab</i>	1	
<i>topiramate 15mg 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>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
VIGAFYDE 100MG/ML ORAL SOLN	1	PA NSO QL=720 ML/30 Days
<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	
<i>ethosuximide 50mg/ml oral soln</i>	1	
<i>methsuximide 300mg 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
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	
<i>citalopram 40mg tab</i>	1	
<i>escitalopram 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>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
DRIZALMA 30MG DR CAP	1	PA NSO QL=60 EA/30 Days
DRIZALMA 40MG 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 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
<i>doxepin 75mg cap</i>	1	PA NSO
<i>imipramine 10mg tab</i>	1	PA NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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
XIGDUO XR 10-1000MG TAB	1	QL=30 EA/30 Days
XIGDUO XR 10-500MG TAB	1	QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

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 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	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA 10MG TAB	1	QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>naltrexone 50mg tab</i>	1	
OPVEE 2.7MG/0.1ML NASAL SPRAY	1	
ZIMHI 5MG/0.5ML SYRINGE	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron 1mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>ondansetron 0.8mg/ml oral soln</i>	1	PA BvD
<i>ondansetron 4mg odt</i>	1	PA BvD
<i>ondansetron 4mg tab</i>	1	PA BvD
<i>ondansetron 8mg odt</i>	1	PA BvD

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 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	
<i>itraconazole 100mg cap</i>	1	
<i>ketoconazole 200mg tab</i>	1	
<i>posaconazole 100mg dr tab</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180MG TAB	1	PA QL=30 EA/30 Days
ANTIHYPERLIPIDEMICS - 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
ANTIHYPERLIPIDEMICS - 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	
<i>fenofibrate 200mg cap</i>	1	
<i>fenofibrate 48mg tab</i>	1	
<i>fenofibrate 54mg 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 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	
<i>benazepril 20mg tab</i>	1	
<i>benazepril 40mg tab</i>	1	
<i>benazepril 5mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>irbesartan 300mg tab</i>	1	
<i>irbesartan 75mg tab</i>	1	
<i>losartan potassium 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>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	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-20mg tab</i>	1	
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg 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 5-25-40mg 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	
<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	

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/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	
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 150mg/ml susp</i>	1	
NITAZOXANIDE 500MG TAB	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	
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	

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 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
TRECTOR 250MG TAB	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25MG TAB	1	PA BvD
CYCLOPHOSPHAMIDE 50MG TAB	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
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
<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
LAZCLUZE 240MG 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
LAZCLUZE 80MG TAB	1	NDS PA NSO QL=60 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
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	

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>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
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

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
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>dasatinib 100mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>dasatinib 140mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>dasatinib 20mg tab</i>	1	PA NSO QL=90 EA/30 Days
<i>dasatinib 50mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>dasatinib 70mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>dasatinib 80mg tab</i>	1	PA NSO QL=30 EA/30 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

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
ICLUSIG 15MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 30MG TAB	1	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 45MG TAB	1	NDS PA NSO QL=30 EA/30 Days
IDHIFA 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
IDHIFA 50MG TAB	1	NDS PA NSO QL=30 EA/30 Days
<i>imatinib 100mg tab</i>	1	QL=90 EA/30 Days
<i>imatinib 400mg tab</i>	1	QL=60 EA/30 Days
IMBRUVICA 140MG CAP	1	NDS PA NSO QL=90 EA/30 Days
IMBRUVICA 420MG TAB	1	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 70MG CAP	1	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 70MG/ML 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

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
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 100MG TAB PACK (400MG ONCE WEEKLY) (16)	1	NDS PA NSO QL=24 EA/28 Days
OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24)	1	NDS PA NSO QL=24 EA/28 Days
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	1	NDS PA NSO QL=96 ML/28 Days
OJJAARA 100MG TAB	1	NDS PA NSO QL=30 EA/30 Days
OJJAARA 150MG TAB	1	NDS PA NSO QL=30 EA/30 Days
OJJAARA 200MG TAB	1	NDS PA NSO QL=30 EA/30 Days
<i>pazopanib 200mg tab</i>	1	PA NSO QL=120 EA/30 Days
PEMAZYRE 13.5MG TAB	1	NDS PA NSO QL=30 EA/30 Days
PEMAZYRE 4.5MG TAB	1	NDS PA NSO QL=30 EA/30 Days
PEMAZYRE 9MG TAB	1	NDS PA NSO QL=30 EA/30 Days
PIQRAY 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 120MG TAB	1	NDS PA NSO QL=60 EA/30 Days
RETEVMO 160MG TAB	1	NDS PA NSO QL=60 EA/30 Days
RETEVMO 40MG CAP	1	NDS PA NSO QL=120 EA/30 Days
RETEVMO 40MG TAB	1	NDS PA NSO QL=90 EA/30 Days
RETEVMO 80MG CAP	1	NDS PA NSO QL=120 EA/30 Days
RETEVMO 80MG TAB	1	NDS PA NSO QL=60 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
SCSEMBLIX 100MG TAB	1	NDS PA NSO QL=120 EA/30 Days
SCSEMBLIX 20MG TAB	1	NDS PA NSO QL=60 EA/30 Days
SCSEMBLIX 40MG TAB	1	NDS PA NSO QL=300 EA/30 Days
<i>sorafenib 200mg tab</i>	1	PA NSO QL=120 EA/30 Days
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

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
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
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
VORANIGO 10MG TAB	1	NDS PA NSO QL=60 EA/30 Days
VORANIGO 40MG TAB	1	NDS PA NSO QL=30 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

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
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
<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	

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>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	
<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

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>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 20mg inj</i>	1	PA NSO QL=60 EA/30 Days
<i>ziprasidone 40mg cap</i>	1	
<i>ziprasidone 60mg cap</i>	1	
<i>ziprasidone 80mg cap</i>	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 12MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 1MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 2MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 4MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 6MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 8MG TAB	1	PA NSO QL=60 EA/30 Days
FANAPT 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone 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
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg odt</i>	1	
<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	
<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	

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>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	
<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	

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
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	
<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	
<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	

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
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	
<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	
TYBOST 150MG TAB	1	
VIRACEPT 250MG TAB	1	
VIRACEPT 625MG TAB	1	
VIREAD 150MG 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
VIREAD 200MG TAB	1	
VIREAD 250MG TAB	1	
VIREAD 40MG/GM ORAL POWDER	1	
<i>zidovudine 100mg cap</i>	1	
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol 60mg tab</i>	1	
<i>propranolol 80mg er cap</i>	1	
<i>propranolol 80mg tab</i>	1	
PROPRANOLOL 8MG/ML ORAL SOLN	1	
<i>sorine 120mg tab</i>	1	
<i>sorine 160mg tab</i>	1	
<i>sotalol 120mg tab</i>	1	
<i>sotalol 160mg tab</i>	1	
<i>sotalol 240mg tab</i>	1	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENITRAM 5MG ER TAB	1	NDS PA
ORENITRAM ER TAB MONTH 1 TITRATION KIT PACK	1	NDS PA
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		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CEFADROXIL 1000MG TAB	1	
<i>cefadroxil 100mg/ml susp</i>	1	
<i>cefadroxil 500mg cap</i>	1	
<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	

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>tazicef 2gm inj</i>	1	
TAZICEF 6GM INJ	1	
CEPHALOSPORINS - 4TH GENERATION		
<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>azurette 28 day 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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	

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>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	
<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>lutra 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	

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-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	
<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	

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 1.5mg tab</i>	1	
<i>dexamethasone 1mg tab</i>	1	
<i>dexamethasone 2mg tab</i>	1	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>hydrocortisone 10mg tab</i>	1	
<i>hydrocortisone 20mg tab</i>	1	
<i>hydrocortisone 5mg tab</i>	1	
<i>methylprednisolone 16mg tab</i>	1	PA BvD
<i>methylprednisolone 32mg tab</i>	1	PA BvD
<i>methylprednisolone 4mg 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>accutane 10mg cap</i>	1	
<i>accutane 20mg cap</i>	1	
<i>accutane 40mg cap</i>	1	
<i>adapalene 0.3% gel</i>	1	PA QL=45 GM/30 Days
<i>amnesteem 10mg cap</i>	1	
<i>amnesteem 20mg cap</i>	1	
<i>amnesteem 40mg cap</i>	1	
<i>claravis 10mg cap</i>	1	
<i>claravis 20mg cap</i>	1	
<i>claravis 30mg cap</i>	1	
<i>claravis 40mg cap</i>	1	
<i>clindamycin 1% gel</i>	1	QL=75 GM/30 Days
<i>clindamycin 1% gel (twice-daily)</i>	1	QL=75 GM/30 Days
<i>clindamycin 1% lotion</i>	1	QL=60 ML/30 Days
<i>clindamycin 1% topical soln</i>	1	QL=60 ML/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
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 20MG/0.25ML SYRINGE	1	NDS PA QL=.25 ML/28 Days
TALTZ 40MG/0.5ML SYRINGE	1	NDS PA QL=.50 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
TREMFYA 200MG/2ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
TREMFYA 200MG/2ML SYRINGE	1	NDS 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone 0.05% aug ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% cream</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.05% lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.1% cream</i>	1	QL=180 GM/30 Days
<i>betamethasone 0.1% lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.1% ointment</i>	1	QL=180 GM/30 Days
<i>clobetasol propionate 0.05% cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% e cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% foam</i>	1	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% gel</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% lotion</i>	1	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>clobetasol propionate 0.05% topical spray</i>	1	QL=125 ML/30 Days
<i>clodan 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>desonide 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% cream</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% ointment</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
ADBRY 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=6 ML/28 Days
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		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>malathion 0.5% lotion</i>	1	
<i>permethrin 5% cream</i>	1	
WOUND CARE PRODUCTS		
REGRANEX 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	
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	

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>torseamide 100mg tab</i>	1	
<i>torseamide 10mg tab</i>	1	
<i>torseamide 20mg tab</i>	1	
<i>torseamide 5mg tab</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride 5mg tab</i>	1	
<i>spironolactone 100mg tab</i>	1	
<i>spironolactone 25mg tab</i>	1	
<i>spironolactone 50mg tab</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone 25mg tab</i>	1	
<i>chlorthalidone 50mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg cap</i>	1	
<i>hydrochlorothiazide 12.5mg tab</i>	1	
<i>hydrochlorothiazide 25mg tab</i>	1	
<i>hydrochlorothiazide 50mg tab</i>	1	
<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

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
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
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

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
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
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levofloxacin 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		
OCALIVA 10MG TAB	1	NDS PA QL=30 EA/30 Days
OCALIVA 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

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
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
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		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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

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
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
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
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	

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 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	
<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		
<i>GAVILYTE-C POWDER FOR ORAL SOLN</i>	1	
<i>gavilyte-g powder for oral soln</i>	1	
<i>gavilyte-n 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	
<i>SUFLAVE SOLN PACK</i>	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	

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>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		
<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		

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>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
<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	

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
KCL/D5W/LR INJ 0.15%	1	
<i>kcl/nacl 20meq-0.45% inj</i>	1	
<i>kcl/nacl 20meq-0.9% inj</i>	1	
<i>kcl/nacl 40meq-9% inj</i>	1	
PLASMA-LYTE 148 INJ	1	
PLASMA-LYTE A INJ	1	
TPN ELECTROLYTES INJ	1	PA BvD
MAGNESIUM		
<i>magnesium 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

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>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
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
<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

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>sirolimus 2mg tab</i>	1	PA BvD
<i>tacrolimus 0.5mg cap</i>	1	PA BvD
<i>tacrolimus 1mg cap</i>	1	PA BvD
<i>tacrolimus 5mg cap</i>	1	PA BvD
POTASSIUM REMOVING AGENTS		
<i>kionex 15gm/60ml susp</i>	1	
LOKELMA 10GM POWDER FOR ORAL SUSP	1	PA
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 acetone 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tizanidine 2mg tab</i>	1	
<i>tizanidine 4mg tab</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 100mg cap</i>	1	
<i>dantrolene sodium 25mg cap</i>	1	
<i>dantrolene sodium 50mg cap</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	1	
<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		
<i>RADICAVA 105MG/5ML SUSP</i>	1	NDS PA QL=70 ML/28 Days
<i>riluzole 50mg tab</i>	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
<i>EVRYSDI 0.75MG/ML ORAL SOLN</i>	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		
<i>DOJOLVI 100% ORAL SOLN</i>	1	NDS PA
<i>INTRALIPID 20GM/100ML INJ</i>	1	PA BvD
<i>NUTRILIPID 20GM/100ML INJ</i>	1	PA BvD
PROTEINS		
<i>CLINIMIX 4.25/10 INJ</i>	1	PA BvD
<i>CLINIMIX 4.25/5 INJ</i>	1	PA BvD
<i>CLINIMIX 5/15 INJ</i>	1	PA BvD
<i>CLINIMIX 5/20 INJ</i>	1	PA BvD
<i>CLINIMIX E 2.75/5 INJ</i>	1	PA BvD
<i>CLINIMIX E 4.25/10 INJ</i>	1	PA BvD
<i>CLINIMIX E 4.25/5 INJ</i>	1	PA BvD
<i>CLINIMIX E 5/15 INJ</i>	1	PA BvD
<i>CLINIMIX E 5/20 INJ</i>	1	PA BvD
<i>clinisol 15 inj</i>	1	PA BvD
<i>plenamine 15% inj</i>	1	PA BvD
<i>PREMASOL 10% INJ</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
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	
<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

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>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
XDEMVY 0.25% OPHTH SOLN	1	PA QL=10 ML/42 Days
OPHTHALMIC IMMUNOMODULATORS		
<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	
<i>prednisolone acetate 1% ophth susp</i>	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	

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
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
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

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
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	
<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	

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>piperacillin/tazobactam 36-4.5gm inj</i>	1	
<i>piperacillin/tazobactam 4000-500mg inj</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250mg cap</i>	1	
<i>dicloxacillin 500mg cap</i>	1	
<i>nafcillin 100mg/ml inj</i>	1	
<i>nafcillin 1gm inj</i>	1	
<i>nafcillin 2gm inj</i>	1	
<i>oxacillin 100mg/ml inj</i>	1	
<i>oxacillin 1gm inj</i>	1	
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	

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
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
<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 18MG TAB	1	NDS PA QL=30 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
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATIO PACK	1	NDS PA QL=28 EA/28 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

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
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	
<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		
NUEDEXTA 20-10MG CAP	1	PA QL=60 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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		

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>sulfadiazine 500mg tab</i>	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	
<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	

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>levothyroxine sodium 150mcg tab</i>	1	
<i>levothyroxine sodium 175mcg tab</i>	1	
<i>levothyroxine sodium 200mcg tab</i>	1	
<i>levothyroxine sodium 25mcg tab</i>	1	
<i>levothyroxine sodium 300mcg tab</i>	1	
<i>levothyroxine sodium 50mcg tab</i>	1	
<i>levothyroxine sodium 75mcg tab</i>	1	
<i>levothyroxine sodium 88mcg tab</i>	1	
<i>levoxyl 100mcg tab</i>	1	
<i>levoxyl 112mcg tab</i>	1	
<i>levoxyl 125mcg tab</i>	1	
<i>levoxyl 137mcg tab</i>	1	
<i>levoxyl 150mcg tab</i>	1	
<i>levoxyl 175mcg tab</i>	1	
<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	

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
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	
<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	

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>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	
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
VAXCHORA SUSP	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

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
IXCHIQ INJ	1	VAC
IXIARO 0.012MG/ML SYRINGE	1	VAC
JYNNEOS 0.5ML INJ	1	VAC
M-M-R II INJ	1	VAC
MRESVIA 50MCG/0.5ML SYRINGE	1	VAC
PREHEVBRIO 10MCG/ML INJ	1	PA BvD VAC
PRIORIX INJ	1	VAC
PROQUAD INJ	1	
RABAVERT 2.5UNIT/ML INJ	1	PA BvD VAC
RECOMBIVAX 10MCG/ML INJ	1	PA BvD VAC
RECOMBIVAX 10MCG/ML SYRINGE	1	PA BvD VAC
RECOMBIVAX 40MCG/ML INJ	1	PA BvD VAC
RECOMBIVAX 5MCG/0.5ML INJ	1	PA BvD VAC
RECOMBIVAX 5MCG/0.5ML SYRINGE	1	PA BvD VAC
ROTARIX 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

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>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>	46	<i>acetylcysteine 100mg/ml inh soln</i>	58	AIMOVIG 70MG/ML	73
<i>abacavir 300mg tab</i>	46	<i>acetylcysteine 200mg/ml inh soln</i>	58	AUTO-INJECTOR	
<i>abacavir/lamivudine 600-300mg tab</i>	46	<i>acitretin 10mg cap</i>	60	AKEEGA 500-100MG TAB	34
ABELCET 5MG/ML INJ	24	<i>acitretin 17.5mg cap</i>	60	AKEEGA 500-50MG TAB	34
ABILIFY 300MG INJ	45	<i>acitretin 25mg cap</i>	60	<i>ala-cort 1% cream</i>	60
ABILIFY 300MG SYRINGE	45	ACTEMRA	4	<i>ala-cort 2.5% cream</i>	60
ABILIFY 400MG INJ	45	162MG/0.9ML		<i>albendazole 200mg tab</i>	7
ABILIFY 400MG SYRINGE	45	AUTO-INJECTOR		<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	10
ABILIFY 720MG/2.4ML SYRINGE	45	ACTEMRA	4	<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	10
ABILIFY 960MG/3.2ML SYRINGE	45	162MG/0.9ML SYRINGE		<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	10
<i>abiraterone acetate 250mg tab</i>	34	ACTHIB INJ	90	<i>albuterol 1.25mg/3ml neb soln</i>	10
ABRYSVO	90	ACTIMMUNE	40	<i>albuterol 108mcg HFA inhaler (6.7gm)</i>	10
120MCG/0.5ML INJ		2000000UNIT/0.5ML INJ		<i>albuterol 108mcg HFA inhaler (8.5gm)</i>	11
<i>acamprosate calcium 333mg dr tab</i>	83	<i>acyclovir 200mg cap</i>	48	<i>albuterol 2mg tab</i>	11
<i>acarbose 100mg tab</i>	20	<i>acyclovir 400mg tab</i>	48	<i>albuterol 4mg tab</i>	11
<i>acarbose 25mg tab</i>	20	<i>acyclovir 40mg/ml susp</i>	48	<i>albuterol 5mg/ml inh soln</i>	11
<i>acarbose 50mg tab</i>	20	<i>acyclovir 5% ointment</i>	60	<i>alclometasone dipropionate 0.05% cream</i>	60
<i>accutane 10mg cap</i>	58	<i>acyclovir 50mg/ml inj</i>	48	<i>alclometasone dipropionate 0.05% ointment</i>	60
<i>accutane 20mg cap</i>	58	<i>acyclovir 800mg tab</i>	48	ALCOHOL SWAB 1X1 (DIABETIC)	73
<i>accutane 40mg cap</i>	58	ADACEL INJ	88	ALECENSA 150MG CAP	35
<i>acebutolol 200mg cap</i>	49	ADACEL SYRINGE	88	<i>alendronate sodium 10mg tab</i>	64
<i>acebutolol 400mg cap</i>	49	<i>adapalene 0.3% gel</i>	58	<i>alendronate sodium 35mg tab</i>	64
<i>acetaminophen/codeine phosphate 24mg-2.4mg/ml oral soln</i>	6	ADBRY 150MG/ML SYRINGE	62	<i>alendronate sodium 70mg tab</i>	64
<i>acetaminophen/hydrocodone bitartrate 21.7mg-0.5mg/ml oral soln</i>	6	ADBRY 300MG/2ML AUTO-INJECTOR	62	<i>alendronate sodium 70mg/75ml oral soln</i>	64
<i>acetazolamide 125mg tab</i>	63	<i>adefovir dipivoxil 10mg tab</i>	48	<i>alfuzosin 10mg er tab</i>	69
<i>acetazolamide 250mg tab</i>	63	ADEMPAS 0.5MG TAB	52	<i>aliskiren 150mg tab</i>	30
<i>acetazolamide 500mg er cap</i>	63	ADEMPAS 1.5MG TAB	52	<i>aliskiren 300mg tab</i>	30
<i>acetic acid 2% otic soln</i>	81	ADEMPAS 1MG TAB	52	<i>allopurinol 100mg tab</i>	70
		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			

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>allopurinol 300mg tab</i>	70	<i>amantadine 10mg/ml oral soln</i>	40	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-20mg tab</i>	28
ALOGLIPTIN 12.5MG TAB	21	<i>ambrisentan 10mg tab</i>	52	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	28
ALOGLIPTIN 12.5MG/METFORMIN 1000MG TAB	20	<i>ambrisentan 5mg tab</i>	52	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	29
ALOGLIPTIN 12.5MG/METFORMIN 500MG TAB	20	<i>amethia 91 day pack</i>	54	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-25-40mg tab</i>	29
ALOGLIPTIN 12.5MG/PIOGLITAZONE 30MG TAB	20	<i>amikacin 250mg/ml inj</i>	2	<i>amlodipine/hydrochlorothiazide/valsartan 10-12.5-160mg tab</i>	29
ALOGLIPTIN 25MG TAB	21	<i>amiloride 5mg tab</i>	64	<i>amlodipine/hydrochlorothiazide/valsartan 10-25-160mg tab</i>	29
ALOGLIPTIN 25MG/PIOGLITAZONE 15MG TAB	20	AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	63	<i>amlodipine/hydrochlorothiazide/valsartan 10-25-320mg tab</i>	29
ALOGLIPTIN 25MG/PIOGLITAZONE 30MG TAB	20	<i>amiodarone 200mg tab</i>	9	<i>amlodipine/hydrochlorothiazide/valsartan 5-12.5-160mg tab</i>	29
ALOGLIPTIN 25MG/PIOGLITAZONE 45MG TAB	20	<i>amiodarone 400mg tab</i>	9	<i>amlodipine/hydrochlorothiazide/valsartan 5-25-160mg tab</i>	29
ALOGLIPTIN 6.25MG TAB	21	<i>amitriptyline 100mg tab</i>	19	<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	29
<i>alose tron 0.5mg tab</i>	68	<i>amitriptyline 10mg tab</i>	19	<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	29
<i>alose tron 1mg tab</i>	68	<i>amitriptyline 150mg tab</i>	19	<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	29
<i>alprazolam 0.25mg tab</i>	8	<i>amitriptyline 25mg tab</i>	19	<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	29
<i>alprazolam 0.5mg tab</i>	8	<i>amitriptyline 50mg tab</i>	19	<i>amlodipine/valsartan 10-160mg tab</i>	29
<i>alprazolam 1mg tab</i>	8	<i>amitriptyline 75mg tab</i>	19	<i>amlodipine/valsartan 10-320mg tab</i>	29
<i>alprazolam 2mg tab</i>	8	<i>amlodipine 10mg tab</i>	50	<i>amlodipine/valsartan 5-160mg tab</i>	29
<i>altavera 28 day pack</i>	54	<i>amlodipine 2.5mg tab</i>	50	<i>amlodipine/valsartan 5-320mg tab</i>	29
ALUNBRIG 180MG TAB	35	<i>amlodipine 5mg tab</i>	50		
ALUNBRIG 30MG TAB	35	<i>amlodipine/benazepril 10-20mg cap</i>	28		
ALUNBRIG 90MG TAB	35	<i>amlodipine/benazepril 10-40mg cap</i>	28		
ALUNBRIG INITIATION PACK	35	<i>amlodipine/benazepril 2.5-10mg cap</i>	28		
ALVESCO 160MCG INHALER	10	<i>amlodipine/benazepril 5-10mg cap</i>	28		
ALVESCO 80MCG INHALER	10	<i>amlodipine/benazepril 5-20mg cap</i>	28		
<i>alyacen 1/35 pack</i>	54	<i>amlodipine/benazepril 5-40mg cap</i>	28		
<i>alyq 20mg tab</i>	52	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-12.5-40mg tab</i>	28		
<i>amantadine 100mg cap</i>	40	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-25-40mg tab</i>	28		

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>ammonium lactate 12% cream</i>	62	<i>amphetamine/dextroamphetamine 12.5mg tab</i>	1	APTIOM 400MG TAB	14
<i>ammonium lactate 12% lotion</i>	62	<i>amphetamine/dextroamphetamine 15mg tab</i>	1	APTIOM 600MG TAB	14
<i>amnesteem 10mg cap</i>	58	<i>amphetamine/dextroamphetamine 20mg tab</i>	1	APTIOM 800MG TAB	14
<i>amnesteem 20mg cap</i>	58	<i>amphetamine/dextroamphetamine 25mg er cap</i>	1	APTIVUS 250MG CAP	46
<i>amnesteem 40mg cap</i>	58	<i>amphetamine/dextroamphetamine 30mg tab</i>	1	ARALAST 1000MG INJ	86
<i>amoxapine 100mg tab</i>	19	<i>amphetamine/dextroamphetamine 5mg tab</i>	1	<i>aranelle 28 pack</i>	54
<i>amoxapine 150mg tab</i>	19	<i>amphetamine/dextroamphetamine 7.5mg tab</i>	1	ARCALYST 220MG INJ	4
<i>amoxapine 25mg tab</i>	19	AMPHOTERICIN B 50MG INJ	24	AREXVY 120MCG/0.5ML INJ	90
<i>amoxapine 50mg tab</i>	19	<i>ampicillin 1000mg inj</i>	82	ARIKAYCE	2
AMOXICILLIN 125MG CHEW TAB	82	<i>ampicillin 100mg/ml inj</i>	82	590MG/8.4ML INH SUSP	
<i>amoxicillin 250mg cap</i>	82	AMPICILLIN 125MG INJ	82	<i>aripiprazole 10mg odt</i>	45
AMOXICILLIN 250MG CHEW TAB	82	<i>ampicillin 500mg cap</i>	82	<i>aripiprazole 10mg tab</i>	45
<i>amoxicillin 250mg/clavulanate 125mg tab</i>	82	<i>ampicillin/sulbactam 1000-500mg inj</i>	82	<i>aripiprazole 15mg odt</i>	45
<i>amoxicillin 25mg/ml susp</i>	82	<i>ampicillin/sulbactam 100-50mg/ml inj</i>	82	<i>aripiprazole 15mg tab</i>	45
<i>amoxicillin 40mg/ml susp</i>	82	<i>ampicillin/sulbactam 2000-1000mg inj</i>	82	<i>aripiprazole 1mg/ml oral soln</i>	45
<i>amoxicillin 500mg cap</i>	82	<i>anagrelide 0.5mg cap</i>	70	<i>aripiprazole 20mg tab</i>	45
<i>amoxicillin 500mg tab</i>	82	<i>anagrelide 1mg cap</i>	70	<i>aripiprazole 2mg tab</i>	45
<i>amoxicillin 50mg/ml susp</i>	82	<i>anastrozole 1mg tab</i>	34	<i>aripiprazole 30mg tab</i>	45
<i>amoxicillin 80mg/ml susp</i>	82	ANNOVERA 0.15-0.013MG/24HR VAGINAL SYSTEM	57	<i>aripiprazole 5mg tab</i>	45
<i>amoxicillin 875mg tab</i>	82	ANORO ELLIPTA 62.5-25MCG INHALER	11	ARISTADA 1064MG/3.9ML SYRINGE	
AMOXICILLIN/CLAVULANATE 500-125mg tab	82	APRACLONIDINE 0.5% OPTH SOLN	79	ARISTADA 441MG/1.6ML SYRINGE	45
<i>amoxicillin/clavulanate 875-125mg tab</i>	82	<i>aprepitant 125mg cap</i>	24	ARISTADA 662MG/2.4ML SYRINGE	45
<i>amoxicillin/k clavulanate 200-28.5mg/5ml susp</i>	82	<i>aprepitant 125mg/aprepitant 80mg cap therapy pack</i>	24	ARISTADA 675MG/2.4ML SYRINGE	45
<i>amoxicillin/k clavulanate 250-62.5mg/5ml susp</i>	82	<i>aprepitant 40mg cap</i>	24	ARISTADA 882MG/3.2ML SYRINGE	45
<i>amoxicillin/k clavulanate 400-57mg/5ml susp</i>	82	<i>aprepitant 80mg cap</i>	24	<i>armodafinil 150mg tab</i>	1
<i>amoxicillin/k clavulanate 600-42.9mg/5ml susp</i>	82	<i>apri 28 day pack</i>	54	<i>armodafinil 200mg tab</i>	1
<i>amphetamine/dextroamphetamine 10mg tab</i>	1	APTIOM 200MG TAB	14	<i>armodafinil 250mg tab</i>	1
				<i>armodafinil 50mg tab</i>	2
				ARNUITY 100MCG INHALER	10
				ARNUITY 200MCG INHALER	10
				ARNUITY 50MCG INHALER	10
				<i>asenapine 10mg sl tab</i>	43
				<i>asenapine 2.5mg sl 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

<i>asenapine 5mg sl tab</i>	43	<i>atovaquone/proguanil</i>	32	<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	78
<i>ashlyna 91 day pack</i>	54	<i>62.5-25mg tab</i>		<i>azithromycin 20mg/ml susp</i>	72
ASMANEX 100MCG HFA INHALER	10	<i>atropine sulfate 1% ophthalmic soln</i>	79	<i>azithromycin 250mg pack</i>	72
ASMANEX 110MCG (30ACT) TWISTHALER	10	<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	23	<i>azithromycin 250mg tab</i>	73
ASMANEX 200MCG HFA INHALER	10	ATROVENT 17MCG INHALER	10	<i>azithromycin 40mg/ml susp</i>	73
ASMANEX 220MCG (120ACT) TWISTHALER	10	<i>aubra 28 day pack</i>	54	<i>azithromycin 500mg inj</i>	73
ASMANEX 220MCG (30ACT) TWISTHALER	10	AUGTYRO 40MG CAP	35	<i>azithromycin 500mg tab</i>	73
ASMANEX 220MCG (60ACT) TWISTHALER	10	AUSTEDO 12MG TAB	84	<i>azithromycin 500mg tab pack</i>	73
ASMANEX 50MCG HFA INHALER	10	AUSTEDO 6-12-24MG XR TAB TITRATION PACK	84	<i>azithromycin 600mg tab</i>	73
<i>aspirin/dipyridamole 25-200mg er cap</i>	70	AUSTEDO 6MG TAB	84	<i>aztreonam 1000mg inj</i>	31
<i>atazanavir 150mg cap</i>	46	AUSTEDO 9MG TAB	84	<i>aztreonam 2000mg inj</i>	31
<i>atazanavir 200mg cap</i>	46	AUSTEDO XR 12MG TAE	84	<i>azurette 28 day pack</i>	54
<i>atazanavir 300mg cap</i>	46	AUSTEDO XR 18MG TAE	84	B	
<i>atenolol 100mg tab</i>	49	AUSTEDO XR 24MG TAE	84	BACITRACIN 500UNIT/GM OPHTH OINTMENT	79
<i>atenolol 25mg tab</i>	49	AUSTEDO XR 30MG TAE	84	<i>bacitracin/polymyxin B 0.5-10unit/mg ophthalmic ointment</i>	79
<i>atenolol 50mg tab</i>	49	AUSTEDO XR 36MG TAE	84	<i>baclofen 10mg tab</i>	77
<i>atenolol/chlorthalidone 100-25mg tab</i>	29	AUSTEDO XR 42MG TAE	84	<i>baclofen 20mg tab</i>	77
<i>atenolol/chlorthalidone 50-25mg tab</i>	29	AUSTEDO XR 48MG TAE	84	<i>balsalazide disodium 750mg cap</i>	68
<i>atomoxetine 100mg cap</i>	1	AUSTEDO XR 6MG TAB	84	BALVERSA 3MG TAB	35
<i>atomoxetine 10mg cap</i>	1	AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK	84	BALVERSA 4MG TAB	36
<i>atomoxetine 18mg cap</i>	1	AUVELITY 105-45MG ER TAB	17	BALVERSA 5MG TAB	36
<i>atomoxetine 25mg cap</i>	1	<i>aviane 28 pack</i>	54	<i>balziva 28 day pack</i>	54
<i>atomoxetine 40mg cap</i>	1	AVONEX 30MCG/0.5ML AUTO-INJECTOR	85	BAQSIMI 3MG/DOSE NASAL POWDER	21
<i>atomoxetine 60mg cap</i>	1	AVONEX 30MCG/0.5ML SYRINGE	85	BAXDELA 450MG TAB	67
<i>atomoxetine 80mg cap</i>	1	AYVAKIT 100MG TAB	35	BCG LIVE TICE STRAIN 50MG INJ	90
<i>atorvastatin 10mg tab</i>	26	AYVAKIT 200MG TAB	35	<i>benazepril 10mg tab</i>	26
<i>atorvastatin 20mg tab</i>	26	AYVAKIT 25MG TAB	35	<i>benazepril 20mg tab</i>	26
<i>atorvastatin 40mg tab</i>	26	AYVAKIT 300MG TAB	35	<i>benazepril 40mg tab</i>	26
<i>atorvastatin 80mg tab</i>	26	AYVAKIT 50MG TAB	35	<i>benazepril 5mg tab</i>	26
<i>atovaquone 150mg/ml susp</i>	31	<i>azathioprine 50mg tab</i>	76	<i>benazepril/hydrochlorothiazide 10-12.5mg tab</i>	29
<i>atovaquone/proguanil 250-100mg tab</i>	32	<i>azelaic acid 15% gel</i>	62		
		<i>azelastine 0.05% ophthalmic soln</i>	80		

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>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	29	<i>betaxolol 10mg tab</i>	49	<i>blisovi 21 fe 1.5/30 28 day pack</i>	54
<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	29	<i>betaxolol 20mg tab</i>	49	<i>blisovi 24 fe 1/20 28 day pack</i>	54
<i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>	29	<i>bethanechol chloride 10mg tab</i>	90	BOOSTRIX INJ	88
BENLYSTA 200MG/ML AUTO-INJECTOR	77	<i>bethanechol chloride 25mg tab</i>	90	BOOSTRIX SYRINGE	88
BENLYSTA 200MG/ML SYRINGE	77	<i>bethanechol chloride 50mg tab</i>	90	<i>bosentan 125mg tab</i>	52
BENZNIDAZOLE 100MG TAB	7	<i>bethanechol chloride 5mg tab</i>	90	<i>bosentan 62.5mg tab</i>	52
BENZNIDAZOLE 12.5MG TAB	7	<i>bexarotene 1% gel</i>	59	BOSULIF 100MG CAP	36
<i>benztropine mesylate 0.5mg tab</i>	40	<i>bexarotene 75mg cap</i>	40	BOSULIF 100MG TAB	36
<i>benztropine mesylate 1mg tab</i>	40	BEXSERO SYRINGE	90	BOSULIF 400MG TAB	36
<i>benztropine mesylate 2mg tab</i>	40	<i>bicalutamide 50mg tab</i>	34	BOSULIF 500MG TAB	36
BERINERT 500UNIT INJ	70	BICILLIN L-A 1200000UNIT/2ML SYRINGE	82	BOSULIF 50MG CAP	36
BESREMI 500MCG/ML SYRINGE	40	BICILLIN L-A 2400000UNIT/4ML SYRINGE	82	BRAFTOVI 75MG CAP	36
<i>betamethasone 0.05% aug cream</i>	60	BICILLIN L-A 600000UNIT/ML SYRINGE	82	BREO ELLIPTA 100-25MCG INHALER	11
<i>betamethasone 0.05% aug lotion</i>	60	BIKTARVY 30-120-15MG TAB	46	BREO ELLIPTA 200-25MCG INHALER	11
<i>betamethasone 0.05% aug ointment</i>	61	BIKTARVY 50-200-25MG TAB	46	BREO ELLIPTA 50-25MCG INH	11
<i>betamethasone 0.05% cream</i>	61	<i>bimatoprost 0.03% ophthalmic soln</i>	81	<i>breynga 160-4.5mcg/act inh</i>	11
<i>betamethasone 0.05% lotion</i>	61	<i>bisoprolol fumarate 10mg tab</i>	49	<i>breynga 80-4.5mcg/act inh</i>	11
<i>betamethasone 0.05% ointment</i>	61	<i>bisoprolol fumarate 5mg tab</i>	49	BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	11
<i>betamethasone 0.1% cream</i>	61	<i>bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab</i>	29	<i>briellyn 28 day pack</i>	54
<i>betamethasone 0.1% lotion</i>	61	<i>bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab</i>	29	BRILINTA 60MG TAB	70
<i>betamethasone 0.1% ointment</i>	61	<i>bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab</i>	29	BRILINTA 90MG TAB	70
BETASERON 0.3MG INJ	85	BIVIGAM 5GM/50ML INJ	81	<i>brimonidine tartrate 0.1% ophthalmic soln</i>	79
BETAXOLOL 0.5% OPHTH SOLN	79			<i>brimonidine tartrate 0.15% ophthalmic soln</i>	79
				<i>brimonidine tartrate 0.2% ophthalmic soln</i>	79
				<i>brimonidine tartrate/timolol 0.2-0.5% ophthalmic soln</i>	79
				<i>brinzolamide 1% ophthalmic susp</i>	80
				BRIVIACT 100MG TAB	14
				BRIVIACT 10MG TAB	14
				BRIVIACT 10MG/ML ORAL SOLN	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

BRIVIACT 25MG TAB	14	<i>bupropion 100mg tab</i>	17	CAMZYOS 15MG CAP	51
BRIVIACT 50MG TAB	14	<i>bupropion 150mg sr (12 hr) tab</i>	17	CAMZYOS 2.5MG CAP	51
BRIVIACT 75MG TAB	14	<i>bupropion 150mg sr tab</i>	86	CAMZYOS 5MG CAP	51
<i>bromfenac 0.07% ophth soln</i>	80	<i>bupropion 150mg xl (24 hr) tab</i>	17	<i>candesartan cilexetil 16mg tab</i>	27
<i>bromocriptine 2.5mg tab</i>	40	<i>bupropion 200mg er tab</i>	17	<i>candesartan cilexetil 32mg tab</i>	27
<i>bromocriptine 5mg cap</i>	40	<i>bupropion 300mg er tab</i>	17	<i>candesartan cilexetil 4mg tab</i>	27
BRONCHITOL 40MG	86	<i>bupropion 75mg tab</i>	17	<i>candesartan cilexetil 8mg tab</i>	27
INH POWDER		<i>bupirone 10mg tab</i>	8	CAPLYTA 10.5MG CAP	41
BRUKINSA 80MG CAP	36	<i>bupirone 15mg tab</i>	8	CAPLYTA 21MG CAP	41
<i>budesonide 0.125mg/ml inh susp</i>	10	<i>bupirone 30mg tab</i>	8	CAPLYTA 42MG CAP	41
<i>budesonide 0.25mg/ml inh susp</i>	10	<i>bupirone 5mg tab</i>	8	CAPRELSA 100MG TAB	36
<i>budesonide 0.5mg/ml inh susp</i>	10	<i>bupirone 7.5mg tab</i>	8	CAPRELSA 300MG TAB	36
<i>budesonide 2mg/act rectal foam</i>	7	<i>butorphanol tartrate 1mg/act nasal inhaler</i>	7	<i>captopril 100mg tab</i>	27
<i>budesonide 3mg dr cap</i>	57	BYDUREON	21	<i>captopril 12.5mg tab</i>	27
<i>budesonide 9mg er tab</i>	57	2MG/0.85ML		<i>captopril 25mg tab</i>	27
<i>budesonide/formoterol fumarate 160-45mcg inhaler</i>	11	AUTO-INJECTOR		<i>captopril 50mg tab</i>	27
<i>budesonide/formoterol fumarate 80-45mcg inhaler</i>	11	C		<i>carbamazepine 100mg chew tab</i>	14
<i>bumetanide 0.5mg tab</i>	63	<i>cabergoline 0.5mg tab</i>	66	<i>carbamazepine 100mg er cap</i>	14
<i>bumetanide 1mg tab</i>	63	CABLIVI 11MG INJ	70	<i>carbamazepine 100mg er tab</i>	14
<i>bumetanide 2mg tab</i>	63	CABOMETYX 20MG TAE	36	<i>carbamazepine 200mg er cap</i>	14
<i>buprenorphine 2mg sl tab</i>	6	CABOMETYX 40MG TAE	36	<i>carbamazepine 200mg er tab</i>	14
<i>buprenorphine 8mg sl tab</i>	6	CABOMETYX 60MG TAE	36	<i>carbamazepine 200mg er cap</i>	14
<i>buprenorphine/naloxone 12-3mg sl film</i>	6	<i>calcipotriene 0.005% cream</i>	60	<i>carbamazepine 200mg er cap</i>	14
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	6	<i>calcipotriene 0.005% ointment</i>	60	<i>carbamazepine 20mg/ml susp</i>	14
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	6	CALCIPOTRIENE 0.005% TOPICAL SOLN	60	<i>carbamazepine 300mg er cap</i>	14
<i>buprenorphine/naloxone 4-1mg sl film</i>	6	<i>calcitriol 0.25mcg cap</i>	65	<i>carbamazepine 400mg er tab</i>	14
<i>buprenorphine/naloxone 8-2mg sl film</i>	6	<i>calcitriol 0.5mcg cap</i>	65	<i>carbidopa 25mg tab</i>	40
<i>buprenorphine/naloxone 8-2mg sl tab</i>	7	<i>calcitriol 1mcg/ml oral soln</i>	65	<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	40
<i>bupropion 100mg er tab</i>	17	<i>calcium acetate 667mg cap</i>	69		
		CALQUENCE 100MG CAP	36		
		CALQUENCE 100MG TAB	36		
		<i>camila 28 day 0.35mg pack</i>	57		
		CAMZYOS 10MG CAP	51		

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 18.75-200-75mg tab</i>	40	<i>casprofungin acetate 50mg inj</i>	24	<i>ceftriaxone 500mg inj</i>	53
<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	40	<i>casprofungin acetate 70mg inj</i>	24	<i>cefuroxime 1500mg inj</i>	53
<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	40	CAYSTON 75MG INH SOLN	31	<i>cefuroxime 250mg tab</i>	53
<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	40	CEFACTOR 250MG CAP	53	<i>cefuroxime 500mg tab</i>	53
<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	40	CEFACTOR 500MG CAP	53	<i>cefuroxime 750mg inj</i>	53
CARBIDOPA/LEVODOPA 10-100MG ODT	40	CEFADROXIL 1000MG TAB	53	<i>celecoxib 100mg cap</i>	4
<i>carbidopa/levodopa 10-100mg tab</i>	40	<i>cefadroxil 100mg/ml susp</i>	53	<i>celecoxib 200mg cap</i>	4
<i>carbidopa/levodopa 25-100mg er tab</i>	40	<i>cefadroxil 500mg cap</i>	53	<i>celecoxib 400mg cap</i>	4
CARBIDOPA/LEVODOPA 25-100MG ODT	40	<i>cefadroxil 50mg/ml susp</i>	53	<i>celecoxib 50mg cap</i>	4
<i>carbidopa/levodopa 25-100mg tab</i>	41	<i>cefazolin 1000mg inj</i>	53	<i>cephalexin 250mg cap</i>	53
CARBIDOPA/LEVODOPA 25-250MG ODT	41	<i>cefazolin 200mg/ml inj</i>	53	<i>cephalexin 25mg/ml susp</i>	53
<i>carbidopa/levodopa 25-250mg tab</i>	41	<i>cefazolin 500mg inj</i>	53	<i>cephalexin 500mg cap</i>	53
<i>carglumic acid 200mg tab for oral susp</i>	65	<i>cefdinir 25mg/ml susp</i>	53	<i>cephalexin 50mg/ml susp</i>	53
<i>carisoprodol 350mg tab</i>	77	<i>cefdinir 300mg cap</i>	53	CERDELGA 84MG CAP	71
CARTEOLOL 1% OPHTH SOLN	79	<i>cefdinir 50mg/ml susp</i>	53	<i>cevimeline 30mg cap</i>	77
<i>cartia 120mg er cap</i>	50	<i>cefepime 1000mg inj</i>	54	<i>chlordiazepoxide 10mg cap</i>	8
<i>cartia 180mg er cap</i>	50	<i>cefepime 2000mg inj</i>	54	<i>chlordiazepoxide 25mg cap</i>	8
<i>cartia 240mg er cap</i>	50	<i>cefepime 2000mg inj</i>	54	<i>chlordiazepoxide 5mg cap</i>	8
<i>cartia 300mg er cap</i>	50	<i>cefexime 20mg/ml susp</i>	53	<i>chlorhexidine gluconate 0.12% mouthwash</i>	77
<i>carvedilol 12.5mg tab</i>	49	<i>cefexime 400mg cap</i>	53	<i>chloroquine phosphate 250mg tab</i>	32
<i>carvedilol 25mg tab</i>	49	<i>cefexime 40mg/ml susp</i>	53	<i>chloroquine phosphate 500mg tab</i>	32
<i>carvedilol 3.125mg tab</i>	49	<i>cefoxitin 1gm inj</i>	53	<i>chlorpromazine 100mg tab</i>	44
<i>carvedilol 6.25mg tab</i>	49	<i>cefoxitin 200mg/ml inj</i>	53	CHLORPROMAZINE 100MG/ML ORAL SOLN	44
		<i>cefpodoxime 100mg tab</i>	53	<i>chlorpromazine 10mg tab</i>	44
		<i>cefpodoxime 10mg/ml susp</i>	53	<i>chlorpromazine 200mg tab</i>	44
		<i>cefpodoxime 200mg tab</i>	53	<i>chlorpromazine 25mg tab</i>	44
		<i>cefpodoxime 20mg/ml susp</i>	53	CHLORPROMAZINE 30MG/ML ORAL SOLN	44
		<i>cefprozil 250mg tab</i>	53	<i>chlorpromazine 50mg tab</i>	44
		<i>cefprozil 25mg/ml susp</i>	53	<i>chlorthalidone 25mg tab</i>	64
		<i>cefprozil 500mg tab</i>	53	<i>chlorthalidone 50mg tab</i>	64
		<i>cefprozil 50mg/ml susp</i>	53	<i>chlorzoxazone 500mg tab</i>	77
		<i>ceftazidime 1gm inj</i>	53	<i>cholestyramine resin (sugar-free) 4000mg powder for oral susp</i>	25
		<i>ceftazidime 200mg/ml inj</i>	53		
		<i>ceftazidime 2gm inj</i>	53		
		<i>ceftriaxone 10gm inj</i>	53		
		<i>ceftriaxone 1gm inj</i>	53		
		<i>ceftriaxone 250mg inj</i>	53		
		<i>ceftriaxone 2gm inj</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>cholestyramine resin</i>	25	<i>claravis 10mg cap</i>	58	<i>clobazam 20mg tab</i>	13
<i>4000mg powder for oral susp</i>		<i>claravis 20mg cap</i>	58	<i>clobetasol propionate 0.05% cream</i>	61
CIBINQO 100MG TAB	62	<i>claravis 30mg cap</i>	58	<i>clobetasol propionate 0.05% e cream</i>	61
CIBINQO 200MG TAB	62	<i>claravis 40mg cap</i>	58	<i>clobetasol propionate 0.05% foam</i>	61
CIBINQO 50MG TAB	62	<i>clarithromycin 250mg tab</i>	73	<i>clobetasol propionate 0.05% gel</i>	61
<i>ciclopirox 0.77% cream</i>	59	CLARITHROMYCIN	73	<i>clobetasol propionate 0.05% lotion</i>	61
<i>ciclopirox 0.77% gel</i>	59	25MG/ML SUSP		<i>clobetasol propionate 0.05% ointment</i>	61
<i>ciclopirox 1% shampoo</i>	59	<i>clarithromycin 500mg er tab</i>	73	<i>clobetasol propionate 0.05% shampoo</i>	61
<i>ciclopirox 8% topical soln</i>	59	<i>clarithromycin 500mg tab</i>	73	<i>clobetasol propionate 0.05% topical soln</i>	61
CILASTATIN/IMIPENEM 250-250MG INJ	31	CLARITHROMYCIN	73	<i>clobetasol propionate 0.05% topical spray</i>	61
<i>cilastatin/imipenem 500-500mg inj</i>	31	50MG/ML SUSP		<i>clodan 0.05% shampoo</i>	61
<i>cilostazol 100mg tab</i>	70	<i>clindamycin 1% gel</i>	58	<i>clomipramine 25mg cap</i>	19
<i>cilostazol 50mg tab</i>	70	<i>clindamycin 1% gel (twice-daily)</i>	58	<i>clomipramine 50mg cap</i>	19
CIMDUO 300-300MG TAB	46	<i>clindamycin 1% lotion</i>	58	<i>clomipramine 75mg cap</i>	19
<i>cimetidine 200mg tab</i>	89	<i>clindamycin 1% topical soln</i>	58	<i>clonazepam 0.125mg odt</i>	13
<i>cimetidine 300mg tab</i>	89	<i>clindamycin 12mg/ml inj</i>	31	<i>clonazepam 0.25mg odt</i>	13
<i>cimetidine 400mg tab</i>	89	<i>clindamycin 150mg cap</i>	31	<i>clonazepam 0.5mg odt</i>	13
<i>cimetidine 800mg tab</i>	89	<i>clindamycin 150mg/ml (6ml) inj</i>	31	<i>clonazepam 0.5mg tab</i>	13
CIMZIA 200MG INJ	68	<i>clindamycin 15mg/ml oral soln</i>	31	<i>clonazepam 1mg odt</i>	13
CIMZIA 200MG/ML SYRINGE	68	<i>clindamycin 18mg/ml inj</i>	31	<i>clonazepam 1mg tab</i>	13
<i>cinacalcet 30mg tab</i>	65	<i>clindamycin 2% vaginal cream</i>	91	<i>clonazepam 2mg odt</i>	13
<i>cinacalcet 60mg tab</i>	65	<i>clindamycin 300mg cap</i>	31	<i>clonazepam 2mg tab</i>	13
<i>cinacalcet 90mg tab</i>	65	<i>clindamycin 6mg/ml inj</i>	31	<i>clonidine 0.1mg er tab</i>	1
CINRYZE 500UNIT INJ	70	<i>clindamycin 75mg cap</i>	31	<i>clonidine 0.1mg tab</i>	28
CIPROFLOXACIN 0.2% OTIC SOLN	81	<i>clindamycin/benzoyl peroxide 1-5% gel</i>	59	<i>clonidine 0.1mg/24hr weekly patch</i>	28
<i>ciprofloxacin 0.3% ophthalmic soln</i>	79	CLINIMIX 4.25/10 INJ	78	<i>clonidine 0.2mg tab</i>	28
<i>ciprofloxacin 250mg tab</i>	67	CLINIMIX 4.25/5 INJ	78	<i>clonidine 0.2mg/24hr weekly patch</i>	28
<i>ciprofloxacin 2mg/ml inj</i>	67	CLINIMIX 5/15 INJ	78	<i>clonidine 0.3mg tab</i>	28
<i>ciprofloxacin 500mg tab</i>	67	CLINIMIX 5/20 INJ	78	<i>clonidine 0.3mg/24hr weekly patch</i>	28
<i>ciprofloxacin 750mg tab</i>	67	CLINIMIX E 2.75/5 INJ	78	<i>clonidine 0.3mg/24hr weekly patch</i>	28
<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	81	CLINIMIX E 4.25/10 INJ	78	<i>clopidogrel 75mg tab</i>	70
<i>citalopram 10mg tab</i>	17	CLINIMIX E 4.25/5 INJ	78	<i>clorazepate dipotassium 15mg tab</i>	8
<i>citalopram 20mg tab</i>	17	CLINIMIX E 5/15 INJ	78		
<i>citalopram 2mg/ml oral soln</i>	17	CLINIMIX E 5/20 INJ	78		
<i>citalopram 40mg tab</i>	17	<i>clinisol 15 inj</i>	78		
		<i>clobazam 10mg tab</i>	13		
		<i>clobazam 2.5mg/ml susp</i>	13		

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

ALPHABETICAL LISTING OF DRUGS

<i>clotrimazole 1% cream</i>	59	COMBIVENT	11	CYCLOPHOSPHAMIDE	32
<i>clotrimazole 10mg</i>	77	20-100MCG/ACT INH		25MG TAB	
<i>lozenge</i>		COMETRIQ CAP 100MG	36	CYCLOPHOSPHAMIDE	32
<i>clotrimazole/betamethasone 1-0.05% cream</i>	59	DAILY DOSE PACK		50MG TAB	
CLOTTRIMAZOLE/BETA	59	COMETRIQ CAP 140MG	36	<i>cyclosporine 0.05% ophth</i>	80
METHASONE 1-0.05%		DAILY DOSE PACK		<i>susp</i>	
LOTION		COMETRIQ CAP 60MG	36	<i>cyclosporine 100mg cap</i>	76
<i>clozapine 100mg odt</i>	43	DAILY DOSE PACK		<i>cyclosporine 25mg cap</i>	76
<i>clozapine 100mg tab</i>	43	COMPLERA	46	<i>cyclosporine modified</i>	76
CLOZAPINE 12.5MG	43	200-25-300MG TAB		<i>100mg cap</i>	
ODT		<i>compro 25mg rectal supp</i>	44	<i>cyclosporine modified</i>	76
<i>clozapine 150mg odt</i>	43	<i>constulose 10gm/15ml</i>	72	<i>100mg/ml oral soln</i>	
<i>clozapine 200mg odt</i>	43	<i>oral soln</i>		<i>cyclosporine modified</i>	76
<i>clozapine 200mg tab</i>	43	COPIKTRA 15MG CAP	36	<i>25mg cap</i>	
<i>clozapine 25mg odt</i>	43	COPIKTRA 25MG CAP	36	<i>cyclosporine modified</i>	76
<i>clozapine 25mg tab</i>	43	CORLANOR 5MG TAB	52	<i>50mg cap</i>	
<i>clozapine 50mg tab</i>	43	CORLANOR 5MG/5ML	52	<i>cyred 28 day pack</i>	54
COARTEM 20-120MG	32	ORAL SOLN		CYSTADROPS 0.37%	80
TAB		CORLANOR 7.5MG TAB	52	OPHTH SOLN	
<i>codeine</i>	6	COTELLIC 20MG TAB	36	CYSTAGON 150MG CAP	69
<i>phosphate/acetaminophen 15-300mg tab</i>		CREON	63	CYSTAGON 50MG CAP	69
<i>codeine</i>	6	120000-24000-76000UNIT		CYSTARAN 0.44%	80
<i>phosphate/acetaminophen 30-300mg tab</i>		T DR CAP		OPHTH SOLN	
<i>codeine</i>	6	CREON	63	<hr/>	
<i>phosphate/acetaminophen 60-300mg tab</i>		15000-3000-9500UNIT		D	
CODEINE SULFATE	5	DR CAP		<i>dalfampridine 10mg er</i>	85
15MG TAB		CREON	63	<i>tab</i>	
CODEINE SULFATE	5	180000-36000-114000U		DALVANCE 500MG INJ	31
30MG TAB		NIT DR CAP		<i>danazol 100mg cap</i>	7
CODEINE SULFATE	5	CREON	63	<i>danazol 200mg cap</i>	7
60MG TAB		30000-6000-19000UNIT		<i>danazol 50mg cap</i>	7
<i>colchicine 0.6mg tab</i>	70	DR CAP		<i>dantrolene sodium 100mg</i>	78
<i>colchicine/probenecid 0.5-500mg tab</i>	70	CREON	63	<i>cap</i>	
<i>colesevelam 625mg tab</i>	25	60000-12000-38000UNIT		<i>dantrolene sodium 25mg</i>	78
<i>colestipol 1000mg tab</i>	25	DR CAP		<i>cap</i>	
<i>colestipol 5000mg</i>	25	CREON	63	<i>dantrolene sodium 50mg</i>	78
<i>granules for oral susp</i>		<i>cromolyn sodium 20mg/ml</i>	68	<i>cap</i>	
<i>colistin 75mg/ml inj</i>	31	<i>oral soln</i>		<i>dapsone 100mg tab</i>	31
		CROMOLYN SODIUM	80	<i>dapsone 25mg tab</i>	31
		4% OPHTH SOLN		DAPTACEL INJ	88
		<i>cryselles 28 pack</i>	54	<i>daptomycin 500mg inj</i>	31
		<i>cyclobenzaprine 10mg</i>	77	<i>darunavir 600mg tab</i>	46
		<i>tab</i>		<i>darunavir 800mg tab</i>	46
		<i>cyclobenzaprine 5mg tab</i>	77	<i>dasatinib 100mg tab</i>	36
				<i>dasatinib 140mg tab</i>	36

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

ALPHABETICAL LISTING OF DRUGS

<i>dasatinib 20mg tab</i>	36	<i>desipramine 50mg tab</i>	19	<i>dexamethasone/neomycin</i>	80
<i>dasatinib 50mg tab</i>	36	<i>desipramine 75mg tab</i>	19	<i>/polymyxin b 0.1% ophth</i>	
<i>dasatinib 70mg tab</i>	36	<i>desloratadine 5mg tab</i>	25	<i>ointment</i>	
<i>dasatinib 80mg tab</i>	36	<i>desmopressin acetate</i>	66	<i>dexamethasone/tobramyc</i>	80
DAURISMO 100MG TAB	34	<i>0.01% (0.01mg/act) nasal</i>		<i>in 0.3-0.1% ophth susp</i>	
DAURISMO 25MG TAB	34	<i>spray</i>		<i>dexmethylphenidate</i>	2
<i>deblitane 0.35mg tab 28</i>	57	<i>desmopressin acetate</i>	66	<i>10mg er cap</i>	
<i>day pack</i>		<i>0.1mg tab</i>		<i>dexmethylphenidate</i>	2
<i>deferasirox 125mg tab for</i>	23	<i>desmopressin acetate</i>	66	<i>10mg tab</i>	
<i>oral susp</i>		<i>0.2mg tab</i>		<i>dexmethylphenidate</i>	2
<i>deferasirox 180mg</i>	23	<i>desogestrel/ethinyl</i>	54	<i>15mg er cap</i>	
<i>granules</i>		<i>estradiol/ethinyl</i>		<i>dexmethylphenidate</i>	2
<i>deferasirox 180mg tab</i>	23	<i>estradiol</i>		<i>2.5mg tab</i>	
<i>deferasirox 250mg tab for</i>	23	<i>0.15-0.01-0.02mg 28 day</i>		<i>dexmethylphenidate</i>	2
<i>oral susp</i>		<i>pack</i>		<i>20mg er cap</i>	
<i>deferasirox 360mg</i>	23	<i>desogestrel/ethinyl</i>	54	<i>dexmethylphenidate</i>	2
<i>granules</i>		<i>estradiol/inert</i>		<i>25mg er cap</i>	
<i>deferasirox 360mg tab</i>	23	<i>ingredients</i>		<i>dexmethylphenidate</i>	2
<i>deferasirox 500mg tab for</i>	23	<i>0.15-0.03-1mg pack</i>		<i>30mg er cap</i>	
<i>oral susp</i>		<i>desonide 0.05% ointment</i>	61	<i>dexmethylphenidate</i>	2
<i>deferasirox 90mg</i>	23	<i>desoximetasone 0.25%</i>	61	<i>35mg er cap</i>	
<i>granules</i>		<i>cream</i>		<i>dexmethylphenidate</i>	2
<i>deferasirox 90mg tab</i>	23	<i>desoximetasone 0.25%</i>	61	<i>40mg er cap</i>	
<i>deferiprone 1000mg tab</i>	23	<i>ointment</i>		<i>dexmethylphenidate 5mg</i>	2
<i>deferiprone 500mg tab</i>	23	<i>desvenlafaxine succinate</i>	18	<i>er cap</i>	
DELSTRIGO	46	<i>100mg er tab</i>		<i>dexmethylphenidate 5mg</i>	2
100-300-300MG TAB		<i>desvenlafaxine succinate</i>	18	<i>tab</i>	
<i>demeclocycline 150mg</i>	87	<i>25mg er tab</i>		<i>dextroamphetamine</i>	1
<i>tab</i>		<i>desvenlafaxine succinate</i>	18	<i>sulfate 10mg er cap</i>	
<i>demeclocycline 300mg</i>	87	<i>50mg er tab</i>		<i>dextroamphetamine</i>	1
<i>tab</i>		DEXAMETHASONE	57	<i>sulfate 10mg tab</i>	
DEPO-SUBQ PROVERA	57	<i>0.1MG/ML ORAL SOLN</i>		<i>dextroamphetamine</i>	1
104MG/0.65ML		<i>dexamethasone 0.5mg tab</i>	57	<i>sulfate 15mg er cap</i>	
SYRINGE		<i>dexamethasone 0.75mg</i>	57	<i>dextroamphetamine</i>	1
<i>depo-testosterone</i>	7	<i>tab</i>		<i>sulfate 5mg er cap</i>	
<i>200mg/ml inj</i>		<i>dexamethasone 1.5mg tab</i>	58	<i>dextroamphetamine</i>	1
DESCOVY 120-15MG	46	<i>dexamethasone 1mg tab</i>	58	<i>sulfate 5mg tab</i>	
TAB		<i>dexamethasone 2mg tab</i>	58	DIACOMIT 250MG CAP	14
DESCOVY 200-25MG	46	<i>dexamethasone 4mg tab</i>	58	DIACOMIT 250MG	14
TAB		<i>dexamethasone 6mg tab</i>	58	POWDER FOR ORAL	
<i>desipramine 100mg tab</i>	19	DEXAMETHASONE	80	SUSP	
<i>desipramine 10mg tab</i>	19	PHOSPHATE 0.1%		DIACOMIT 500MG CAP	14
<i>desipramine 150mg tab</i>	19	OPHTH SOLN			
<i>desipramine 25mg tab</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

DIACOMIT 500MG POWDER FOR ORAL SUSP	14	DIFICID 40MG/ML SUSP	73	<i>dimethyl</i>	85
<i>diazepam 10mg tab</i>	8	<i>diflunisal 500mg tab</i>	5	<i>fumarate/dimethyl</i>	
<i>diazepam 10mg/2ml rectal gel</i>	13	<i>difluprednate 0.05%</i>	80	<i>fumarate 120-240mg pack</i>	
<i>diazepam 1mg/ml oral soln</i>	8	DIGOXIN 0.05MG/ML ORAL SOLN	51	DIPHThERIA/TETANUS TOXOID INJ	88
DIAZEPAM 2.5MG/0.5ML RECTAL GEL	13	<i>digoxin 0.125mg tab</i>	51	<i>disopyramide 100mg cap</i>	9
<i>diazepam 20mg/4ml rectal gel</i>	13	<i>digoxin 0.25mg tab</i>	51	<i>disopyramide 150mg cap</i>	9
<i>diazepam 2mg tab</i>	8	<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	73	<i>disulfiram 250mg tab</i>	83
<i>diazepam 5mg tab</i>	8	DILANTIN 30MG ER CAP	16	<i>disulfiram 500mg tab</i>	83
<i>diazepam 5mg/ml oral soln</i>	8	<i>dilt 120mg er cap</i>	50	<i>divalproex sodium 125mg dr cap</i>	17
<i>diazoxide 50mg/ml susp</i>	21	<i>dilt 180mg er cap</i>	50	<i>divalproex sodium 125mg dr tab</i>	17
<i>diclofenac potassium 50mg tab</i>	4	<i>dilt 240mg er cap</i>	50	<i>divalproex sodium 250mg dr tab</i>	17
<i>diclofenac sodium 0.1% ophth soln</i>	80	<i>diltiazem 120mg er (12hr) cap</i>	50	<i>divalproex sodium 250mg er tab</i>	17
<i>diclofenac sodium 100mg er tab</i>	4	<i>diltiazem 120mg er (24hr) cap</i>	50	<i>divalproex sodium 500mg dr tab</i>	17
<i>diclofenac sodium 25mg dr tab</i>	4	<i>diltiazem 120mg tab</i>	50	<i>divalproex sodium 500mg er tab</i>	17
<i>diclofenac sodium 3% gel</i>	60	<i>diltiazem 180mg er (24hr) cap</i>	50	<i>dofetilide 0.125mg cap</i>	9
<i>diclofenac sodium 50mg dr tab</i>	4	<i>diltiazem 240mg er (24hr) cap</i>	50	<i>dofetilide 0.25mg cap</i>	9
<i>diclofenac sodium 75mg dr tab</i>	4	<i>diltiazem 300mg er (24hr) cap</i>	50	<i>dofetilide 0.5mg cap</i>	9
<i>diclofenac</i>	4	<i>diltiazem 30mg tab</i>	50	DOJOLVI 100% ORAL SOLN	78
<i>sodium/misoprostol 50-0.2mg dr tab</i>	4	<i>diltiazem 360mg er (24hr) cap</i>	50	<i>donepezil 10mg odt</i>	83
<i>diclofenac</i>	4	<i>diltiazem 420mg er (24hr) cap</i>	50	<i>donepezil 10mg tab</i>	83
<i>sodium/misoprostol 75-0.2mg dr tab</i>	4	<i>diltiazem 60mg er (12hr) cap</i>	50	<i>donepezil 23mg tab</i>	83
<i>dicloxacillin 250mg cap</i>	83	<i>diltiazem 60mg tab</i>	50	<i>donepezil 5mg odt</i>	83
<i>dicloxacillin 500mg cap</i>	83	<i>diltiazem 90mg er (12hr) cap</i>	50	<i>donepezil 5mg tab</i>	83
<i>dicyclomine 10mg cap</i>	89	<i>diltiazem 90mg tab</i>	50	DOPTLET 20MG TAB	71
<i>dicyclomine 20mg tab</i>	89	<i>dimethyl fumarate 120mg dr cap</i>	85	DOPTLET TAB 40MG	71
<i>dicyclomine 2mg/ml oral soln</i>	89	<i>dimethyl fumarate 240mg dr cap</i>	85	DAILY DOSE PACK	
DIFICID 200MG TAB	73			DOPTLET TAB 60MG	71
				DAILY DOSE PACK	
				<i>dorzolamide 2% ophth soln</i>	80
				<i>dorzolamide/timolol</i>	79
				<i>22.3-6.8mg/ml ophth soln</i>	
				<i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i>	79

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>dotti 0.025mg/24hr patch</i>	67	DRIZALMA 30MG DR	18	DUPIXENT 300MG/2ML	62
<i>dotti 0.0375mg/24hr patch</i>	67	CAP		SYRINGE	
		DRIZALMA 40MG DR	18	<i>dutasteride 0.5mg cap</i>	69
<i>dotti 0.05mg/24hr patch</i>	67	CAP		E	
<i>dotti 0.075mg/24hr patch</i>	67	DRIZALMA 60MG DR	19	<i>econazole nitrate 1% cream</i>	59
<i>dotti 0.1mg/24hr patch</i>	67	CAP		EDURANT 25MG TAB	46
DOVATO 50-300MG TAB	46	<i>dronabinol 10mg cap</i>	24	<i>efavirenz 600mg tab</i>	46
<i>doxazosin 1mg tab</i>	28	<i>dronabinol 2.5mg cap</i>	24	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	46
<i>doxazosin 2mg tab</i>	28	<i>dronabinol 5mg cap</i>	24	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 400-300-300mg tab</i>	46
<i>doxazosin 4mg tab</i>	28	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg pack</i>	54	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	46
<i>doxazosin 8mg tab</i>	28	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg pack</i>	54	ELECTROLYTE-148 SOLUTION	74
<i>doxepin 100mg cap</i>	19	DROXIA 200MG CAP	71	ELIGARD 22.5MG SYRINGE	34
<i>doxepin 10mg cap</i>	19	DROXIA 300MG CAP	71	ELIGARD 30MG SYRINGE	34
<i>doxepin 10mg/ml oral soln</i>	19	DROXIA 400MG CAP	71	ELIGARD 45MG SYRINGE	34
<i>doxepin 150mg cap</i>	19	<i>droxidopa 100mg cap</i>	91	ELIGARD 7.5MG SYRINGE	34
<i>doxepin 25mg cap</i>	19	<i>droxidopa 200mg cap</i>	92	ELIQUIS 2.5MG TAB	12
<i>doxepin 50mg cap</i>	19	<i>droxidopa 300mg cap</i>	92	ELIQUIS 5MG 30-DAY STARTER PACK	12
<i>doxepin 75mg cap</i>	19	DULERA 100-5MCG INHALER	11	ELIQUIS 5MG TAB	12
<i>doxy 100mg inj</i>	87	DULERA 200-5MCG INHALER	11	ELMIRON 100MG CAP	69
<i>doxycycline hyclate 100mg cap</i>	87	DULERA 50-5MCG INHALER	11	<i>eluryng 0.120-0.015mg/24hr vaginal system</i>	57
<i>doxycycline hyclate 100mg tab</i>	87	<i>duloxetine 20mg dr cap</i>	19	EMGALITY 100MG/ML SYRINGE	73
<i>doxycycline hyclate 20mg tab</i>	87	<i>duloxetine 30mg dr cap</i>	19	EMGALITY 120MG/ML AUTO-INJECTOR	73
<i>doxycycline hyclate 50mg cap</i>	87	<i>duloxetine 60mg dr cap</i>	19	EMGALITY 120MG/ML SYRINGE	73
<i>doxycycline monohydrate 100mg cap</i>	87	DUPIXENT 100MG/0.67ML SYRINGE	62	EMSAM 12MG/24HR PATCH	17
<i>doxycycline monohydrate 100mg tab</i>	87	DUPIXENT 200MG/1.14ML AUTO-INJECTOR	62		
<i>doxycycline monohydrate 50mg cap</i>	87	DUPIXENT 200MG/1.14ML SYRINGE	62		
<i>doxycycline monohydrate 50mg tab</i>	87	DUPIXENT 300MG/2ML AUTO-INJECTOR	62		
<i>doxycycline monohydrate 5mg/ml susp</i>	87				
<i>doxylamine succinate/pyridoxine 10-10mg dr tab</i>	24				
DRIZALMA 20MG DR CAP	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

EMSAM 6MG/24HR PATCH	17	<i>endocet 325-10mg tab</i>	6	ENVARUSUS XR 4MG TAB	76
EMSAM 9MG/24HR PATCH	17	<i>endocet 325-5mg tab</i>	6	EPIDIOLEX 100MG/ML	14
<i>emtricitabine 200mg cap</i>	46	<i>endocet 325-7.5mg tab</i>	6	ORAL SOLN	
<i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>	46	ENGERIX-B	90	<i>epinastine 0.05% ophth soln</i>	80
<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	46	10MCG/0.5ML SYRINGE		<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	91
<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	46	ENGERIX-B 20MCG/ML INJ	90	<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	91
<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	46	ENGERIX-B 20MCG/ML SYRINGE	90	<i>epitol 200mg tab</i>	14
EMTRIVA 10MG/ML ORAL SOLN	46	<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	57	<i>eplerenone 25mg tab</i>	30
<i>enalapril maleate 10mg tab</i>	27	<i>enoxaparin sodium 100mg/1ml syringe</i>	12	<i>eplerenone 50mg tab</i>	30
<i>enalapril maleate 2.5mg tab</i>	27	<i>enoxaparin sodium 120mg/0.8ml syringe</i>	12	EPRONTIA 25MG/ML ORAL SOLN	14
<i>enalapril maleate 20mg tab</i>	27	<i>enoxaparin sodium 150mg/1ml syringe</i>	12	ERGOLOID MESYLATES USP 1MG TAB	86
<i>enalapril maleate 5mg tab</i>	27	<i>enoxaparin sodium 30mg/0.3ml syringe</i>	12	ERIVEDGE 150MG CAP	34
<i>enalapril maleate/hydrochlorothiaz ide 10-25mg tab</i>	29	<i>enoxaparin sodium 40mg/0.4ml syringe</i>	12	ERLEADA 240MG TAB	34
<i>enalapril maleate/hydrochlorothiaz ide 5-12.5mg tab</i>	29	<i>enoxaparin sodium 60mg/0.6ml syringe</i>	12	ERLEADA 60MG TAB	34
ENBREL 25MG/0.5ML INJ	5	<i>enoxaparin sodium 80mg/0.8ml syringe</i>	12	<i>erlotinib 100mg tab</i>	33
ENBREL 25MG/0.5ML SYRINGE	5	<i>enpresse 28 day pack</i>	54	<i>erlotinib 150mg tab</i>	33
ENBREL 50MG/ML AUTO-INJECTOR	5	<i>enskyce 28 day pack</i>	54	<i>erlotinib 25mg tab</i>	33
ENBREL 50MG/ML CARTRIDGE	5	ENSPRYNG 120MG/ML SYRINGE	76	<i>errin 28 day 0.35mg pack</i>	57
ENBREL 50MG/ML SYRINGE	5	<i>entacapone 200mg tab</i>	40	<i>ertapenem 1gm inj</i>	31
<i>endocet 2.5-325mg tab</i>	6	<i>entecavir 0.5mg tab</i>	48	<i>erythromycin 0.5% ophth ointment</i>	79
		<i>entecavir 1mg tab</i>	48	<i>erythromycin 2% gel</i>	59
		ENTRESTO 24-26MG TAB	51	<i>erythromycin 2% topical soln</i>	59
		ENTRESTO 49-51MG TAB	51	ERYTHROMYCIN 250MG DR CAP	73
		<i>enulose 10gm/15ml oral soln</i>	68	<i>erythromycin 250mg tab</i>	73
		ENVARUSUS XR 0.75MG TAB	76	<i>erythromycin 500mg tab</i>	73
		ENVARUSUS XR 1MG TAE	76	<i>erythromycin</i>	73
				<i>ethylsuccinate 40mg/ml susp</i>	
				<i>erythromycin</i>	73
				<i>ethylsuccinate 80mg/ml susp</i>	
				<i>erythromycin/benzoyl peroxide 5-3% gel</i>	59
				<i>escitalopram 10mg tab</i>	17

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

ALPHABETICAL LISTING OF DRUGS

<i>escitalopram 1mg/ml oral soln</i>	18	ESTRING 2MG (7.5 MCG/24HR) VAGINAL SYSTEM	91	<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate</i>	55
<i>escitalopram 20mg tab</i>	18	<i>eszopiclone 1mg tab</i>	72	<i>1-20/1-30/1-35mg-mcg pack</i>	
<i>escitalopram 5mg tab</i>	18	<i>eszopiclone 2mg tab</i>	72	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg 28 day pack</i>	55
<i>estarylla 28 day pack</i>	54	<i>eszopiclone 3mg tab</i>	72	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 28 daypack</i>	55
<i>estradiol 0.00104mg/hr twice weekly patch</i>	67	<i>ethambutol 100mg tab</i>	32	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 91 day pack</i>	55
<i>estradiol 0.00104mg/hr weekly patch</i>	67	<i>ethambutol 400mg tab</i>	32	<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg pack</i>	55
<i>estradiol 0.00156mg/hr twice weekly patch</i>	67	<i>ethinyl estradiol/ethinyl diacetate/inert ingredients 0.035-1-1mg pack</i>	54	<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg pack</i>	55
<i>estradiol 0.00156mg/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 0.025-1-0.18-0.215-0.25mg</i>	55
<i>estradiol 0.00208mg/hr twice weekly patch</i>	67	<i>ethinyl estradiol/ferrous fumarate/norethindrone 0.025-75-0.8mg pack</i>	57	<i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate 0.035-1-0.18-0.215-0.25mg</i>	55
<i>estradiol 0.00208mg/hr weekly patch</i>	67	<i>ethinyl estradiol/ferrous acetate 0.02-75-1mg 21 day pack</i>	54	<i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate 0.0025-0.5mg pack</i>	55
<i>estradiol 0.0025mg/hr weekly patch</i>	67	<i>ethinyl estradiol/ferrous acetate 0.02-75-1mg 28 day pack</i>	54	<i>ethinyl estradiol/norethindrone acetate 0.005-1mg pack</i>	55
<i>estradiol 0.00312mg/hr weekly patch</i>	67				
<i>estradiol 0.00313mg/hr twice weekly patch</i>	67				
<i>estradiol 0.00417mg/hr twice weekly patch</i>	67				
<i>estradiol 0.00417mg/hr weekly patch</i>	67				
<i>estradiol 0.01% vaginal cream</i>	91				
<i>estradiol 0.5mg tab</i>	67				
<i>estradiol 1mg tab</i>	67				
<i>estradiol 2mg tab</i>	67				
<i>estradiol valerate 10mg/ml inj</i>	67				
<i>estradiol valerate 20mg/ml inj</i>	67				
<i>estradiol valerate 40mg/ml inj</i>	67				
<i>estradiol/norethindrone acetate 0.5-0.1mg pack</i>	66				
<i>estradiol/norethindrone acetate 1-0.5mg pack</i>	66				

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

ALPHABETICAL LISTING OF DRUGS

<i>ethinyl</i>	55	<i>ezetimibe</i>	25	<i>felodipine 5mg er tab</i>	50
<i>estradiol/norethindrone acetate 0.02-1mg pack</i>		<i>10mg/simvastatin 10mg tab</i>		<i>fenofibrate 134mg cap</i>	25
<i>ethosuximide 250mg cap</i>	16	<i>ezetimibe</i>	25	<i>fenofibrate 145mg tab</i>	25
<i>ethosuximide 50mg/ml oral soln</i>	16	<i>10mg/simvastatin 20mg tab</i>		<i>fenofibrate 160mg tab</i>	25
<i>etodolac 200mg cap</i>	4	<i>ezetimibe</i>	25	<i>fenofibrate 200mg cap</i>	25
<i>etodolac 300mg cap</i>	4	<i>10mg/simvastatin 40mg tab</i>		<i>fenofibrate 48mg tab</i>	25
<i>etodolac 400mg tab</i>	4	<i>ezetimibe</i>	25	<i>fenofibrate 54mg tab</i>	25
<i>etodolac 500mg tab</i>	4	<i>10mg/simvastatin 80mg tab</i>		<i>fenofibrate 67mg cap</i>	26
<i>etravirine 100mg tab</i>	46	F		<i>fenofibric acid 135mg dr cap</i>	26
<i>etravirine 200mg tab</i>	46	<i>falmina 28 day pack</i>	55	<i>fenofibric acid 45mg dr cap</i>	26
<i>euthyrox 100mcg tab</i>	87	<i>famciclovir 125mg tab</i>	48	<i>fentanyl 100mcg/hr patch</i>	5
<i>euthyrox 112mcg tab</i>	87	<i>famciclovir 250mg tab</i>	48	<i>fentanyl 12mcg/hr patch</i>	5
<i>euthyrox 125mcg tab</i>	87	<i>famciclovir 500mg tab</i>	48	<i>fentanyl 25mcg/hr patch</i>	5
<i>euthyrox 137mcg tab</i>	87	<i>famotidine 20mg tab</i>	89	<i>fentanyl 50mcg/hr patch</i>	5
<i>euthyrox 150mcg tab</i>	87	<i>famotidine 40mg tab</i>	89	<i>fentanyl 75mcg/hr patch</i>	5
<i>euthyrox 175mcg tab</i>	87	<i>famotidine 8mg/ml susp</i>	89	<i>fesoterodine fumarate 4mg er tab</i>	89
<i>euthyrox 200mcg tab</i>	87	FANAPT 10MG TAB	42	<i>fesoterodine fumarate 8mg er tab</i>	89
<i>euthyrox 25mcg tab</i>	87	FANAPT 12MG TAB	42	FETZIMA 120MG ER CAP	19
<i>euthyrox 50mcg tab</i>	87	FANAPT 1MG TAB	42	FETZIMA 20MG ER CAP	19
<i>euthyrox 75mcg tab</i>	87	FANAPT 2MG TAB	42	FETZIMA 40MG ER CAP	19
<i>euthyrox 88mcg tab</i>	87	FANAPT 4MG TAB	42	FETZIMA 80MG ER CAP	19
<i>everolimus 0.25mg tab</i>	76	FANAPT 6MG TAB	42	FETZIMA PACK	19
<i>everolimus 0.5mg tab</i>	76	FANAPT 8MG TAB	42	FILSPARI 200MG TAB	69
<i>everolimus 0.75mg tab</i>	76	FANAPT TITRATION PACK	42	FILSPARI 400MG TAB	69
<i>everolimus 10mg tab</i>	36	FARXIGA 10MG TAB	22	<i>finasteride 5mg tab</i>	69
<i>everolimus 1mg tab</i>	76	FARXIGA 5MG TAB	23	<i>fingolimod 0.5mg cap</i>	85
<i>everolimus 2.5mg tab</i>	36	FASENRA 10MG/0.5ML SYRINGE	9	FINTEPLA 2.2MG/ML ORAL SOLN	14
<i>everolimus 2mg tab for oral susp</i>	36	FASENRA 30MG/ML AUTO-INJECTOR	9	<i>finzala 24 fe chewable 28 day pack</i>	55
<i>everolimus 3mg tab for oral susp</i>	36	FASENRA 30MG/ML SYRINGE	9	FIRDAPSE 10MG TAB	32
<i>everolimus 5mg tab</i>	36	<i>febuxostat 40mg tab</i>	70	FIRMAGON 120MG/VIAL INJ	34
<i>everolimus 5mg tab for oral susp</i>	36	<i>febuxostat 80mg tab</i>	70	FIRMAGON 80MG INJ	34
<i>everolimus 7.5mg tab</i>	36	<i>felbamate 120mg/ml susp</i>	16	<i>flac 0.01% otic soln</i>	81
EVOTAZ 300-150MG TAB	46	<i>felbamate 400mg tab</i>	16	<i>flavoxate 100mg tab</i>	90
EVRYSDI 0.75MG/ML ORAL SOLN	78	<i>felbamate 600mg tab</i>	16	<i>flecainide acetate 100mg tab</i>	9
<i>exemestane 25mg tab</i>	34	<i>felodipine 10mg er tab</i>	50		
<i>ezetimibe 10mg tab</i>	26	<i>felodipine 2.5mg er tab</i>	50		

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

FOSRENOL 750MG ORAL POWDER	69	<i>galantamine hydrobromide 24mg er cap</i>	83	<i>gengraf 100mg/ml oral soln</i>	76
FOTIVDA 0.89MG CAP	36	GALANTAMINE	84	<i>gengraf 25mg cap</i>	76
FOTIVDA 1.34MG CAP	36	HYDROBROMIDE		<i>gentamicin 0.1% cream</i>	59
FRUZAQLA 1MG CAP	33	4MG/ML ORAL SOLN		<i>gentamicin 0.1% ointment</i>	59
FRUZAQLA 5MG CAP	33	<i>galantamine</i>	84	<i>gentamicin 0.3% ophth soln</i>	79
FUROSCIX 80MG/10ML CARTRIDGE	63	<i>hydrobromide 8mg er cap</i>		GENTAMICIN 0.8MG/ML INJ	2
<i>furosemide 10mg/ml inj</i>	63	GAMMAGARD 10GM INJ	81	<i>gentamicin 1.2mg/ml inj</i>	2
<i>furosemide 10mg/ml oral soln</i>	63	GAMMAGARD 2.5GM/25ML INJ	81	GENTAMICIN 1.6MG/ML INJ	2
<i>furosemide 20mg tab</i>	63	GAMMAGARD 5GM INJ	81	GENTAMICIN 1MG/ML INJ	3
<i>furosemide 40mg tab</i>	63	GAMMAKED 1GM/10ML INJ	81	<i>gentamicin 40mg/ml inj</i>	3
<i>furosemide 80mg tab</i>	63	GAMMAPLEX 10GM/100ML INJ	81	GENVOYA 150-150-200-10MG TAB	46
FUROSEMIDE 8MG/ML ORAL SOLN	63	GAMMAPLEX 10GM/200ML INJ	81	GILOTRIF 20MG TAB	33
FUZEON 90MG INJ	46	GAMMAPLEX 20GM/200ML INJ	81	GILOTRIF 30MG TAB	33
<i>fyavolv 0.0025-0.5mg tab</i>	66	GAMMAPLEX 5GM/50ML INJ	81	GILOTRIF 40MG TAB	33
<i>fyavolv 0.005-1mg tab</i>	66	GAMUNEX 1GM/10ML INJ	81	GLASSIA 1000MG/50ML INJ	86
FYCOMPA 0.5MG/ML SUSP	13	GARDASIL 9 INJ	90	<i>glatiramer acetate 20mg/ml syringe</i>	85
FYCOMPA 10MG TAB	13	GARDASIL 9 SYRINGE	90	<i>glatiramer acetate 40mg/ml syringe</i>	85
FYCOMPA 12MG TAB	13	GATTEX 5MG INJ	69	<i>glatopa 20mg/ml syringe</i>	85
FYCOMPA 2MG TAB	13	GAUZE PADS & DRESSINGS - PADS 2 X 2	73	GLEOSTINE 100MG CAP	33
FYCOMPA 4MG TAB	13	GAVILYTE-C POWDER FOR ORAL SOLN	72	GLEOSTINE 10MG CAP	33
FYCOMPA 6MG TAB	13	<i>gavilyte-g powder for oral soln</i>	72	GLEOSTINE 40MG CAP	33
FYCOMPA 8MG TAB	13	<i>gavilyte-n powder for oral soln</i>	72	<i>glimepiride 1mg tab</i>	23
G		GAVRETO 100MG CAP	36	<i>glimepiride 2mg tab</i>	23
<i>gabapentin 100mg cap</i>	14	<i>gemfibrozil 600mg tab</i>	26	<i>glimepiride 4mg tab</i>	23
<i>gabapentin 300mg cap</i>	14	GEMTESA 75MG TAB	90	<i>glipizide 10mg er tab</i>	23
<i>gabapentin 400mg cap</i>	14	<i>generlac 10gm/15ml oral soln</i>	68	<i>glipizide 10mg tab</i>	23
<i>gabapentin 50mg/ml oral soln</i>	14	<i>gengraf 100mg cap</i>	76	<i>glipizide 10mg tab</i>	23
<i>gabapentin 600mg tab (Neurontin equiv)</i>	14			<i>glipizide 2.5mg er tab</i>	23
<i>gabapentin 800mg tab</i>	14			<i>glipizide 5mg er tab</i>	23
GALAFOLD 123MG 28 DAY PACK	65			<i>glipizide 5mg tab</i>	23
<i>galantamine 12mg tab</i>	83			<i>glipizide/metformin 2.5-250mg tab</i>	20
<i>galantamine 4mg tab</i>	83			<i>glipizide/metformin 2.5-500mg tab</i>	20
<i>galantamine 8mg tab</i>	83				
<i>galantamine hydrobromide 16mg er cap</i>	83				

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>glipizide/metformin</i>	20	<i>glucose</i>	74	HADLIMA 40MG/0.4ML	3
<i>5-500mg tab</i>		<i>50mg/ml/potassium</i>		AUTO-INJECTOR	
GLUCAGON (RDNA)	21	<i>chloride</i>		HADLIMA 40MG/0.4ML	3
1MG INJ		<i>0.03meq/ml/sodium</i>		SYRINGE	
<i>glucose 100mg/ml inj</i>	78	<i>chloride 4.5mg/ml inj</i>		HADLIMA 40MG/0.8ML	3
GLUCOSE	74	<i>glucose</i>	74	AUTO-INJECTOR	
100MG/ML/SODIUM		<i>50mg/ml/potassium</i>		HADLIMA 40MG/0.8ML	3
CHLORIDE 2MG/ML INJ		<i>chloride</i>		SYRINGE	
GLUCOSE	74	<i>0.04meq/ml/sodium</i>		HAEGARDA 2000UNIT	70
100MG/ML/SODIUM		<i>chloride 4.5mg/ml inj</i>		INJ	
CHLORIDE 4.5MG/ML		GLUCOSE	74	HAEGARDA 3000UNIT	70
INJ		50MG/ML/POTASSIUM		INJ	
GLUCOSE	74	CHLORIDE		<i>hailey 24 fe 28 day pack</i>	55
25MG/ML/SODIUM		0.04MEQ/ML/SODIUM		<i>halobetasol propionate</i>	61
CHLORIDE 4.5MG/ML		CHLORIDE 9MG/ML INJ		<i>0.05% cream</i>	
INJ		<i>glucose 50mg/ml/sodium</i>	74	<i>halobetasol propionate</i>	61
<i>glucose 50mg/ml inj</i>	78	<i>chloride 2mg/ml inj</i>		<i>0.05% ointment</i>	
<i>glucose</i>	74	<i>glucose 50mg/ml/sodium</i>	74	<i>haloette</i>	57
<i>50mg/ml/potassium</i>		<i>chloride 4.5mg/ml inj</i>		<i>0.120-0.015mg/24hr</i>	
<i>chloride</i>		<i>glucose 50mg/ml/sodium</i>	74	<i>vaginal system</i>	
<i>0.01meq/ml/sodium</i>		<i>chloride 9mg/ml inj</i>		<i>haloperidol 0.5mg tab</i>	43
<i>chloride 4.5mg/ml inj</i>		<i>glutamine 5000mg</i>	71	<i>haloperidol 10mg tab</i>	43
<i>glucose</i>	74	<i>powder for oral soln</i>		<i>haloperidol 1mg tab</i>	43
<i>50mg/ml/potassium</i>		<i>glycopyrrolate 1mg tab</i>	89	<i>haloperidol 20mg tab</i>	43
<i>chloride 0.02meq/ml inj</i>		<i>glycopyrrolate 2mg tab</i>	89	<i>haloperidol 2mg tab</i>	43
<i>glucose</i>	74	<i>granisetron 1mg tab</i>	23	<i>haloperidol 2mg/ml oral</i>	43
<i>50mg/ml/potassium</i>		<i>griseofulvin 125mg tab</i>	24	<i>soln</i>	
<i>chloride</i>		<i>griseofulvin 250mg tab</i>	24	<i>haloperidol 5mg tab</i>	43
<i>0.02meq/ml/sodium</i>		<i>griseofulvin 25mg/ml</i>	24	<i>haloperidol 5mg/ml inj</i>	43
<i>chloride 2.25mg/ml inj</i>		<i>susp</i>		<i>haloperidol decanoate</i>	43
<i>glucose</i>	74	<i>griseofulvin 500mg tab</i>	24	<i>100mg/ml (1ml) inj</i>	
<i>50mg/ml/potassium</i>		<i>guanfacine 1mg er tab</i>	1	<i>haloperidol decanoate</i>	43
<i>chloride</i>		<i>guanfacine 2mg er tab</i>	1	<i>100mg/ml inj</i>	
<i>0.02meq/ml/sodium</i>		<i>guanfacine 3mg er tab</i>	1	<i>haloperidol decanoate</i>	43
<i>chloride 4.5mg/ml inj</i>		<i>guanfacine 4mg er tab</i>	1	<i>50mg/ml (1ml) inj</i>	
<i>glucose</i>	74	GVOKE 0.5MG/0.1ML	21	<i>haloperidol decanoate</i>	43
<i>50mg/ml/potassium</i>		AUTO-INJECTOR		<i>50mg/ml inj</i>	
<i>chloride</i>		GVOKE 1MG/0.2ML	21	HAVRIX 1440ELU/ML	90
<i>0.02meq/ml/sodium</i>		AUTO-INJECTOR		SYRINGE	
<i>chloride 9mg/ml inj</i>		GVOKE 1MG/0.2ML INJ	21	HAVRIX 720ELU/0.5ML	90
		GVOKE 1MG/0.2ML	21	SYRINGE	
		SYRINGE		<i>heather 0.35mg 28-day</i>	57
				<i>pack</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>heparin sodium porcine</i>	12	HUMIRA PEN -	3	<i>hydrochlorothiazide/irbes</i>	29
<i>10000unit/ml inj</i>		PEDIATRIC UC STARTER		<i>artan 12.5-300mg tab</i>	
<i>heparin sodium porcine</i>	13	PACK 80MG/0.8ML INJ		<i>hydrochlorothiazide/lisin</i>	29
<i>1000unit/ml inj</i>		(ABBVIE)		<i>opril 12.5-10mg tab</i>	
<i>heparin sodium porcine</i>	13	HUMIRA PEN	3	<i>hydrochlorothiazide/lisin</i>	29
<i>20000unit/ml inj</i>		80MG/0.8ML AND		<i>opril 12.5-20mg tab</i>	
<i>heparin sodium porcine</i>	13	40MG/0.4ML -		<i>hydrochlorothiazide/lisin</i>	29
<i>5000unit/ml inj</i>		PSORIASIS/UVEITIS		<i>opril 25-20mg tab</i>	
HEPLISAV-B	90	STARTER PACK		<i>hydrochlorothiazide/losar</i>	29
20MCG/0.5ML SYRINGE		HUMIRA PEN	3	<i>tan potassium</i>	
HIBERIX 10MCG INJ	90	80MG/0.8ML		<i>12.5-100mg tab</i>	
HUMALOG 100UNIT/ML	22	CROHNS/UC/HIDRADEN		<i>hydrochlorothiazide/losar</i>	29
CARTRIDGE		ITIS STARTER PACK		<i>tan potassium 12.5-50mg</i>	
HUMALOG 100UNIT/ML	22	(ABBVIE)		<i>tab</i>	
KWIKPEN		HUMULIN	22	<i>hydrochlorothiazide/losar</i>	29
HUMALOG 200UNIT/ML	22	70-30UNIT/ML INJ		<i>tan potassium 25-100mg</i>	
PEN INJ		HUMULIN	22	<i>tab</i>	
HUMALOG JUNIOR	22	70-30UNIT/ML PEN INJ		<i>hydrochlorothiazide/meto</i>	30
100UNIT/ML PEN INJ		HUMULIN N	22	<i>prolol tartrate 25-100mg</i>	
HUMALOG MIX	22	100UNIT/ML INJ		<i>tab</i>	
25-75UNIT/ML INJ		HUMULIN N	22	<i>hydrochlorothiazide/meto</i>	30
HUMALOG MIX	22	100UNIT/ML PEN INJ		<i>prolol tartrate 25-50mg</i>	
25-75UNIT/ML PEN INJ		HUMULIN R	22	<i>tab</i>	
HUMALOG MIX	22	100UNIT/ML INJ		<i>hydrochlorothiazide/meto</i>	30
50-50UNIT/ML PEN INJ		HUMULIN R	22	<i>prolol tartrate 50-100mg</i>	
HUMIRA 10MG/0.1ML	3	500UNIT/ML INJ		<i>tab</i>	
SYRINGE (ABBVIE)		HUMULIN R	22	<i>hydrochlorothiazide/olme</i>	30
HUMIRA 20MG/0.2ML	3	500UNIT/ML PEN INJ		<i>sartan medoxomil</i>	
SYRINGE (ABBVIE)		<i>hydralazine 100mg tab</i>	30	<i>12.5-20mg tab</i>	
HUMIRA 40MG/0.4ML	3	<i>hydralazine 10mg tab</i>	30	<i>hydrochlorothiazide/olme</i>	30
AUTO-INJECTOR		<i>hydralazine 25mg tab</i>	30	<i>sartan medoxomil</i>	
(ABBVIE)		<i>hydralazine 50mg tab</i>	30	<i>12.5-40mg tab</i>	
HUMIRA 40MG/0.4ML	3	<i>hydralazine/isosorbide</i>	51	<i>hydrochlorothiazide/olme</i>	30
SYRINGE (ABBVIE)		<i>dinitrate 37.5-20mg tab</i>		<i>sartan medoxomil</i>	
HUMIRA 40MG/0.8ML	3	<i>hydrochlorothiazide</i>	64	<i>25-40mg tab</i>	
AUTO-INJECTOR		<i>12.5mg cap</i>		<i>hydrochlorothiazide/spiro</i>	63
HUMIRA 40MG/0.8ML	3	<i>hydrochlorothiazide</i>	64	<i>nolactone 25-25mg tab</i>	
SYRINGE		<i>12.5mg tab</i>		<i>hydrochlorothiazide/telmi</i>	30
HUMIRA 80MG/0.8ML	3	<i>hydrochlorothiazide</i>	64	<i>sartan 12.5-40mg tab</i>	
AUTO-INJECTOR		<i>25mg tab</i>		<i>hydrochlorothiazide/telmi</i>	30
(ABBVIE)		<i>hydrochlorothiazide</i>	64	<i>sartan 12.5-80mg tab</i>	
		<i>50mg tab</i>		<i>hydrochlorothiazide/telmi</i>	30
		<i>hydrochlorothiazide/irbes</i>	29	<i>sartan 25-80mg tab</i>	
		<i>artan 12.5-150mg tab</i>			

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

ALPHABETICAL LISTING OF DRUGS

<i>hydrochlorothiazide/triamterene 25-37.5mg cap</i>	63	<i>hydroxychloroquine sulfate 200mg tab</i>	32	<i>imatinib 100mg tab</i>	37
<i>hydrochlorothiazide/triamterene 25-37.5mg tab</i>	63	<i>hydroxychloroquine sulfate 300mg tab</i>	32	<i>imatinib 400mg tab</i>	37
<i>hydrochlorothiazide/triamterene 50-75mg tab</i>	63	<i>hydroxychloroquine sulfate 400mg tab</i>	32	IMBRUVICA 140MG CAP	37
<i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>	30	<i>hydroxyurea 500mg cap</i>	40	IMBRUVICA 420MG TAB	37
<i>hydrochlorothiazide/valsartan 12.5-320mg tab</i>	30	<i>hydroxyzine 10mg tab</i>	8	IMBRUVICA 70MG CAP	37
<i>hydrochlorothiazide/valsartan 12.5-80mg tab</i>	30	<i>hydroxyzine 25mg tab</i>	8	IMBRUVICA 70MG/ML SUSP	37
<i>hydrochlorothiazide/valsartan 25-160mg tab</i>	30	<i>hydroxyzine 50mg tab</i>	8	<i>imipramine 10mg tab</i>	19
<i>hydrochlorothiazide/valsartan 25-320mg tab</i>	30	HYDROXYZINE PAMOATE 100MG CAP	8	<i>imipramine 25mg tab</i>	20
<i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>	6	<i>hydroxyzine pamoate 25mg cap</i>	8	<i>imipramine 50mg tab</i>	20
<i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>	6	<i>hydroxyzine pamoate 50mg cap</i>	8	<i>imiquimod 5% cream</i>	62
<i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i>	6	I		IMOVAX 2.5UNIT/ML INJ	90
<i>hydrocortisone 1% cream</i>	61	<i>ibandronate 150mg tab</i>	64	<i>incassia 0.35mg 28 day pack</i>	57
<i>hydrocortisone 1.67mg/ml enema</i>	7	IBRANCE 100MG CAP	36	INCRELEX 40MG/4ML INJ	65
<i>hydrocortisone 10mg tab</i>	58	IBRANCE 100MG TAB	36	INCRUSE ELLIPTA 62.5MCG/INH INHALER	10
<i>hydrocortisone 2.5% cream</i>	7	IBRANCE 125MG CAP	36	<i>indapamide 1.25mg tab</i>	64
<i>hydrocortisone 2.5% ointment</i>	61	IBRANCE 125MG TAB	36	<i>indapamide 2.5mg tab</i>	64
<i>hydrocortisone 20mg tab</i>	58	IBRANCE 75MG CAP	36	INFANRIX SYRINGE	88
<i>hydrocortisone 5mg tab</i>	58	IBRANCE 75MG TAB	36	INGREZZA 40MG CAP	84
HYDROCORTISONE LOTION 2.5%	61	<i>ibu 600mg tab</i>	4	INGREZZA 40MG SPRINKLE CAP	84
<i>hydrocortisone/acetic acid 1-2% otic soln</i>	81	<i>ibu 800mg tab</i>	4	INGREZZA 60MG CAP	84
<i>hydromorphone 2mg tab</i>	5	<i>ibuprofen 20mg/ml susp</i>	4	INGREZZA 60MG SPRINKLE CAP	84
<i>hydromorphone 4mg tab</i>	5	<i>ibuprofen 400mg tab</i>	4	INGREZZA 80MG CAP	84
<i>hydromorphone 8mg tab</i>	5	<i>ibuprofen 600mg tab</i>	4	INGREZZA 80MG SPRINKLE CAP	84
<i>hydroxychloroquine sulfate 100mg tab</i>	32	<i>ibuprofen 800mg tab</i>	4	INGREZZA CAP PACK	85
		<i>icatibant 10mg/ml syringe</i>	70	INLYTA 1MG TAB	33
		<i>iclevia 91 day pack</i>	55	INLYTA 5MG TAB	33
		ICLUSIG 10MG TAB	36	INQOVI 5 TABLET PACK	35
		ICLUSIG 15MG TAB	37	INREBIC 100MG CAP	37
		ICLUSIG 30MG TAB	37	INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	22
		ICLUSIG 45MG TAB	37	INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	22
		<i>icosapent ethyl 1000mg cap</i>	25	INSULIN LISPRO 100UNIT/ML INJ	22
		<i>icosapent ethyl 500mg cap</i>	25	INSULIN PEN NEEDLE	73
		IDHIFA 100MG TAB	37		
		IDHIFA 50MG TAB	37		
		ILEVRO 0.3% OPHTH SUSP	81		

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

INSULIN SYRINGE (DISP) U-100 0.3ML	73	<i>ipratropium bromide</i> 0.06% (0.042mg/act)	78	<i>isradipine 2.5mg cap</i>	50
INSULIN SYRINGE (DISP) U-100 1/2ML	73	<i>nasal inhaler</i>		<i>isradipine 5mg cap</i>	50
INSULIN SYRINGE (DISP) U-100 1ML	73	<i>ipratropium/albuterol</i> 0.5-2.5mg/3ml inh soln	11	<i>itraconazole 100mg cap</i>	24
INTELENCE 25MG TAB	46	<i>irbesartan 150mg tab</i>	27	<i>ivabradine 5mg tab</i>	52
INTRALIPID 20GM/100ML INJ	78	<i>irbesartan 300mg tab</i>	27	<i>ivabradine 7.5mg tab</i>	52
<i>introvale 91 day pack</i>	55	<i>irbesartan 75mg tab</i>	27	<i>ivermectin 3mg tab</i>	7
INVEGA HAFYERA 1092MG/3.5ML SYRINGE	42	ISENTRESS 100MG CHEW TAB	46	IWILFIN 192MG TAB	40
INVEGA HAFYERA 1560MG/5ML SYRINGE	42	ISENTRESS 100MG GRANULES FOR ORAL SUSP	47	IXCHIQ INJ	91
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	42	ISENTRESS 25MG CHEW TAB	47	IXIARO 0.012MG/ML SYRINGE	91
INVEGA SUSTENNA 156MG/ML SYRINGE	42	ISENTRESS 400MG TAB	47	J	
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	42	ISENTRESS 600MG TAB	47	JAKAFI 10MG TAB	37
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	42	<i>isibloom 28 day pack</i>	55	JAKAFI 15MG TAB	37
INVEGA TRINZA 273MG/0.875ML SYRINGE	42	ISONIAZID 100MG TAB	32	JAKAFI 20MG TAB	37
INVEGA TRINZA 410MG/1.315ML SYRINGE	42	<i>isoniazid 10mg/ml oral</i> <i>soln</i>	32	JAKAFI 25MG TAB	37
INVEGA TRINZA 546MG/1.75ML SYRINGE	42	<i>isoniazid 300mg tab</i>	32	JAKAFI 5MG TAB	37
INVEGA TRINZA 819MG/2.625ML SYRINGE	42	<i>isosorbide dinitrate 10mg</i> <i>tab</i>	7	<i>jantoven 10mg tab</i>	12
IPOL INJ	90	<i>isosorbide dinitrate 20mg</i> <i>tab</i>	7	<i>jantoven 1mg tab</i>	12
<i>ipratropium bromide</i> 0.02% inh soln	10	<i>isosorbide dinitrate 30mg</i> <i>tab</i>	7	<i>jantoven 2.5mg tab</i>	12
<i>ipratropium bromide</i> 0.03% (0.021mg/act) <i>nasal inhaler</i>	78	<i>isosorbide dinitrate 5mg</i> <i>tab</i>	7	<i>jantoven 3mg tab</i>	12
		<i>isosorbide dinitrate 10mg</i> <i>tab</i>	8	<i>jantoven 4mg tab</i>	12
		<i>isosorbide dinitrate 20mg</i> <i>tab</i>	8	<i>jantoven 5mg tab</i>	12
		<i>isosorbide dinitrate 30mg</i> <i>er tab</i>	8	<i>jantoven 6mg tab</i>	12
		<i>isosorbide mononitrate</i> <i>10mg tab</i>	8	<i>jantoven 7.5mg tab</i>	12
		<i>isosorbide mononitrate</i> <i>120mg er tab</i>	8	JANUMET 1000-50MG TAB	20
		<i>isosorbide mononitrate</i> <i>20mg tab</i>	8	JANUMET 500-50MG TAB	20
		<i>isosorbide mononitrate</i> <i>30mg er tab</i>	8	JANUMET XR 1000-100MG TAB	20
		<i>isosorbide mononitrate</i> <i>60mg er tab</i>	8	JANUMET XR 1000-50MG TAB	20
		<i>isotretinoin 10mg cap</i>	59	JANUMET XR 500-50MG TAB	20
		<i>isotretinoin 20mg cap</i>	59	JANUVIA 100MG TAB	21
		<i>isotretinoin 30mg cap</i>	59	JANUVIA 25MG TAB	21
		<i>isotretinoin 40mg cap</i>	59	JANUVIA 50MG TAB	21
				JARDIANCE 10MG TAB	23
				JARDIANCE 25MG TAB	23
				<i>jasmiel 28 day pack</i>	55
				<i>javygtor 100mg powder</i> <i>for oral soln</i>	65
				<i>javygtor 100mg tab</i>	65

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>javygtor 500mg powder for oral soln</i>	65	<i>ketoconazole 200mg tab</i>	24	KLOXXADO 8MG/0.1ML	23
JAYPIRCA 100MG TAB	37	<i>ketorolac tromethamine 0.4% ophth soln</i>	81	NASAL SPRAY	
JAYPIRCA 50MG TAB	37	<i>ketorolac tromethamine 0.5% ophth soln</i>	81	KORLYM 300MG TAB	21
<i>jinteli 0.005-1mg tab</i>	66	<i>ketorolac tromethamine 10mg tab</i>	4	KOSELUGO 10MG CAP	37
<i>juleber 28 day pack</i>	55	KEVZARA	4	KOSELUGO 25MG CAP	37
JULUCA 50-25MG TAB	47	150MG/1.14ML		<i>kourzeq 0.1% oral paste</i>	77
<i>junel 1.5/30 21 day pack</i>	55	AUTO-INJECTOR		KRAZATI 200MG TAB	37
<i>junel 1/20 21 day pack</i>	55	KEVZARA	4	<i>kurvelo pack</i>	55
<i>junel fe 1.5/30 28 day pack</i>	55	150MG/1.14ML		<hr/>	
<i>junel fe 1/20 28 day pack</i>	55	SYRINGE		L	
<i>junel fe 24 1/20 28 day pack</i>	55	KEVZARA	4	<i>labetalol 100mg tab</i>	49
JYLAMVO 2MG/ML	33	200MG/1.14ML		<i>labetalol 200mg tab</i>	49
ORAL SOLN		AUTO-INJECTOR		<i>labetalol 300mg tab</i>	49
JYNNEOS 0.5ML INJ	91	KEVZARA	4	<i>lacosamide 100mg tab</i>	14
<hr/>		200MG/1.14ML		<i>lacosamide 10mg/ml oral soln</i>	14
K		SYRINGE		<i>lacosamide 150mg tab</i>	14
<i>kaitlib fe 28 day pack</i>	55	KINRIX SYRINGE	88	<i>lacosamide 200mg tab</i>	14
KALYDECO 13.4MG GRANULES	86	<i>kionex 15gm/60ml susp</i>	77	<i>lacosamide 50mg tab</i>	14
KALYDECO 150MG TAB	86	KISQALI 200MG DAILY DOSE PACK (21)	37	<i>lactulose 667mg/ml oral soln</i>	72
KALYDECO 25MG GRANULES	86	KISQALI 400MG DAILY DOSE PACK (42)	37	LAGEVRIO 200MG CAP	49
KALYDECO 5.8MG GRANULES	86	KISQALI 600MG DAILY DOSE PACK (63)	37	<i>lamivudine 100mg tab</i>	48
KALYDECO 50MG GRANULES	86	KISQALI/FEMARA 200 CO-PACK	35	<i>lamivudine 10mg/ml oral soln</i>	47
KALYDECO 75MG GRANULES	86	KISQALI/FEMARA 400 CO-PACK	35	<i>lamivudine 150mg tab</i>	47
<i>kariva 28 day pack</i>	55	KISQALI/FEMARA 600 CO-PACK	35	<i>lamivudine 300mg tab</i>	47
KCL/D5W/LR INJ 0.15%	75	<i>klor-con 10meq er tab</i>	75	<i>lamivudine/zidovudine 150-300mg tab</i>	47
<i>kcl/nacl 20meq-0.45% inj</i>	75	<i>klor-con 10meq micro er tab</i>	75	<i>lamotrigine 100mg er tab</i>	14
<i>kcl/nacl 20meq-0.9% inj</i>	75	<i>klor-con 15meq micro er tab</i>	75	<i>lamotrigine 100mg odt</i>	14
<i>kcl/nacl 40meq-9% inj</i>	75	<i>klor-con 20meq micro er tab</i>	75	<i>lamotrigine 100mg tab</i>	14
<i>kelnor 1/35 28 day pack</i>	55	<i>klor-con 20meq powder for oral soln</i>	75	<i>lamotrigine 150mg tab</i>	14
<i>kelnor 1/50 28 day pack</i>	55	<i>klor-con 8meq er tab</i>	75	<i>lamotrigine 200mg er tab</i>	14
KERENDIA 10MG TAB	66			<i>lamotrigine 200mg odt</i>	14
KERENDIA 20MG TAB	66			<i>lamotrigine 200mg tab</i>	14
KESIMPTA 20MG/0.4ML PEN INJ	85			<i>lamotrigine 250mg er tab</i>	15
<i>ketoconazole 2% cream</i>	59			<i>lamotrigine 25mg chew tab</i>	15
<i>ketoconazole 2% shampoo</i>	59			<i>lamotrigine 25mg er tab</i>	15
				<i>lamotrigine 25mg odt</i>	15
				<i>lamotrigine 25mg tab</i>	15
				<i>lamotrigine 300mg er tab</i>	15
				<i>lamotrigine 50mg er tab</i>	15
				<i>lamotrigine 50mg odt</i>	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

<i>lamotrigine 5mg chew tab</i>	15	LENVIMA 4MG DAILY	33	<i>levocetirizine 5mg tab</i>	25
<i>lansoprazole 15mg dr cap</i>	89	DOSE PACK		<i>levofloxacin 250mg tab</i>	67
<i>lansoprazole 30mg dr cap</i>	89	LENVIMA 8MG DAILY	33	<i>levofloxacin 500mg tab</i>	67
<i>lanthanum carbonate</i>	69	DOSE PACK		<i>levofloxacin</i>	67
<i>1000mg chew tab</i>		<i>lessina 28 day pack</i>	56	<i>500mg/100ml inj</i>	
<i>lanthanum carbonate</i>	69	<i>letrozole 2.5mg tab</i>	34	<i>levofloxacin 750mg tab</i>	67
<i>500mg chew tab</i>		<i>leucovorin 10mg tab</i>	40	<i>levofloxacin</i>	68
<i>lanthanum carbonate</i>	69	<i>leucovorin 15mg tab</i>	40	<i>750mg/150ml inj</i>	
<i>750mg chew tab</i>		<i>leucovorin 25mg tab</i>	40	<i>levofloxacin oral soln</i>	68
LANTUS 100UNIT/ML	22	<i>leucovorin 5mg tab</i>	40	<i>25mg/ml</i>	
INJ		LEUKERAN 2MG TAB	33	<i>levonest 28 day pack</i>	56
LANTUS 100UNIT/ML	22	LEUPROLIDE ACETATE	34	<i>levonorgestrel-ethinyl</i>	56
PEN INJ		22.5MG INJ		<i>estradiol</i>	
<i>lapatinib 250mg tab</i>	37	<i>leuprolide acetate 5mg/ml</i>	34	<i>0.05-30/0.075-40/0.125-3</i>	
<i>larin 1.5/30 pack</i>	55	<i>inj</i>		<i>0mg-mcg pack</i>	
<i>larin 1/20 pack</i>	55	<i>levalbuterol 0.31mg/3ml</i>	11	<i>levora 0.15/30 28 day</i>	56
<i>larin fe 1.5/30 pack</i>	55	<i>neb soln</i>		<i>pack</i>	
<i>larin fe 1/20 pack</i>	56	<i>levalbuterol 0.63mg/3ml</i>	11	<i>levothyroxine sodium</i>	87
<i>latanoprost 0.005% ophth</i>	81	<i>inh soln</i>		<i>100mcg tab</i>	
<i>soln</i>		<i>levalbuterol</i>	11	<i>levothyroxine sodium</i>	87
<i>layolis fe 28 pack</i>	56	<i>1.25mg/0.5ml neb soln</i>		<i>112mcg tab</i>	
LAZCLUZE 240MG TAB	33	<i>levalbuterol 1.25mg/3ml</i>	11	<i>levothyroxine sodium</i>	87
LAZCLUZE 80MG TAB	34	<i>neb soln</i>		<i>125mcg tab</i>	
<i>leena 28 day pack</i>	56	LEVALBUTEROL	11	<i>levothyroxine sodium</i>	87
<i>leflunomide 10mg tab</i>	5	45MCG/ACT INHALER		<i>137mcg tab</i>	
<i>leflunomide 20mg tab</i>	5	LEVEMIR 100UNIT/ML	22	<i>levothyroxine sodium</i>	88
<i>lenalidomide 10mg cap</i>	75	INJ		<i>150mcg tab</i>	
<i>lenalidomide 15mg cap</i>	75	LEVEMIR 100UNIT/ML	22	<i>levothyroxine sodium</i>	88
<i>lenalidomide 2.5mg cap</i>	76	PEN INJ		<i>175mcg tab</i>	
<i>lenalidomide 20mg cap</i>	76	<i>levetiracetam 1000mg tab</i>	15	<i>levothyroxine sodium</i>	88
<i>lenalidomide 25mg cap</i>	76	<i>levetiracetam 100mg/ml</i>	15	<i>200mcg tab</i>	
<i>lenalidomide 5mg cap</i>	76	<i>oral soln</i>		<i>levothyroxine sodium</i>	88
LENVIMA 10MG DAILY	33	<i>levetiracetam 250mg tab</i>	15	<i>25mcg tab</i>	
DOSE PACK		<i>levetiracetam 500mg er</i>	15	<i>levothyroxine sodium</i>	88
LENVIMA 12MG DAILY	33	<i>tab</i>		<i>300mcg tab</i>	
DOSE PACK		<i>levetiracetam 500mg tab</i>	15	<i>levothyroxine sodium</i>	88
LENVIMA 14MG DAILY	33	<i>levetiracetam 750mg er</i>	15	<i>50mcg tab</i>	
DOSE PACK		<i>tab</i>		<i>levothyroxine sodium</i>	88
LENVIMA 18MG DAILY	33	<i>levetiracetam 750mg tab</i>	15	<i>75mcg tab</i>	
DOSE PACK		LEVOBUNOLOL 0.5%	79	<i>levothyroxine sodium</i>	88
LENVIMA 20MG DAILY	33	OPHTH SOLN		<i>88mcg tab</i>	
DOSE PACK		<i>levocarnitine 100mg/ml</i>	65	<i>levoxyl 100mcg tab</i>	88
LENVIMA 24MG DAILY	33	<i>oral soln</i>		<i>levoxyl 112mcg tab</i>	88
DOSE PACK		<i>levocarnitine 330mg tab</i>	65	<i>levoxyl 125mcg tab</i>	88

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>levoxyl 137mcg tab</i>	88	<i>lisdexamfetamine</i>	1	LONSURF 8.19-20MG	35
<i>levoxyl 150mcg tab</i>	88	<i>dimesylate 30mg cap</i>		TAB	
<i>levoxyl 175mcg tab</i>	88	<i>lisdexamfetamine</i>	1	<i>loperamide 2mg cap</i>	23
<i>levoxyl 200mcg tab</i>	88	<i>dimesylate 40mg cap</i>		<i>lopinavir/ritonavir</i>	47
<i>levoxyl 25mcg tab</i>	88	<i>lisdexamfetamine</i>	1	<i>100-25mg tab</i>	
<i>levoxyl 50mcg tab</i>	88	<i>dimesylate 50mg cap</i>		<i>lopinavir/ritonavir</i>	47
<i>levoxyl 75mcg tab</i>	88	<i>lisdexamfetamine</i>	1	<i>200-50mg tab</i>	
<i>levoxyl 88mcg tab</i>	88	<i>dimesylate 60mg cap</i>		<i>lopinavir/ritonavir</i>	47
LIBERVANT 10MG	13	<i>lisdexamfetamine</i>	1	<i>80-20mg/ml oral soln</i>	
BUCCAL FILM		<i>dimesylate 70mg cap</i>		<i>lorazepam 0.5mg tab</i>	8
LIBERVANT 12.5MG	13	<i>lisinopril 10mg tab</i>	27	<i>lorazepam 1mg tab</i>	8
BUCCAL FILM		<i>lisinopril 2.5mg tab</i>	27	<i>lorazepam 2mg tab</i>	8
LIBERVANT 15MG	13	<i>lisinopril 20mg tab</i>	27	<i>lorazepam 2mg/ml oral</i>	8
BUCCAL FILM		<i>lisinopril 30mg tab</i>	27	<i>soln</i>	
LIBERVANT 5MG	13	<i>lisinopril 40mg tab</i>	27	LORBRENA 100MG TAB	37
BUCCAL FILM		<i>lisinopril 5mg tab</i>	27	LORBRENA 25MG TAB	37
LIBERVANT 7.5MG	13	LITFULO 50MG CAP	62	<i>loryna 28 day pack</i>	56
BUCCAL FILM		<i>lithium carbonate 150mg</i>	41	<i>losartan potassium</i>	27
<i>lidocaine 4% topical soln</i>	62	<i>cap</i>		<i>100mg tab</i>	
<i>lidocaine 5% ointment</i>	62	<i>lithium carbonate 300mg</i>	41	<i>losartan potassium 25mg</i>	28
<i>lidocaine 5% patch</i>	62	<i>cap</i>		<i>tab</i>	
<i>lidocaine viscous 2%</i>	77	<i>lithium carbonate 300mg</i>	41	<i>losartan potassium 50mg</i>	28
<i>topical soln</i>		<i>er tab</i>		<i>tab</i>	
<i>lidocaine/prilocaine</i>	62	<i>lithium carbonate 300mg</i>	41	<i>loteprednol etabonate</i>	80
<i>2.5-2.5% cream</i>		<i>tab</i>		<i>0.5% ophth gel</i>	
<i>lidocan 5% patch</i>	62	<i>lithium carbonate 450mg</i>	41	<i>loteprednol etabonate</i>	80
<i>linezolid 20mg/ml susp</i>	31	<i>er tab</i>		<i>0.5% ophth susp</i>	
<i>linezolid 2mg/ml inj</i>	31	LITHIUM CARBONATE	41	<i>lovastatin 10mg tab</i>	26
<i>linezolid 600mg tab</i>	31	600MG CAP		<i>lovastatin 20mg tab</i>	26
LINZESS 145MCG CAP	68	<i>lithium citrate 60mg/ml</i>	41	<i>lovastatin 40mg tab</i>	26
LINZESS 290MCG CAP	68	<i>oral soln</i>		<i>low-ogestrel 28 day pack</i>	56
LINZESS 72MCG CAP	69	LITHOSTAT 250MG TAB	70	<i>loxapine 10mg cap</i>	43
<i>liothyronine sodium</i>	88	LIVTENCITY 200MG TAF	48	<i>loxapine 25mg cap</i>	43
<i>25mcg tab</i>		<i>loestrin fe 1/20 28 day</i>	56	<i>loxapine 50mg cap</i>	43
<i>liothyronine sodium</i>	88	<i>pack</i>		<i>loxapine 5mg cap</i>	43
<i>50mcg tab</i>		LOKELMA 10GM	77	<i>lubiprostone 24mcg cap</i>	68
<i>liothyronine sodium 5mcg</i>	88	POWDER FOR ORAL		<i>lubiprostone 8mcg cap</i>	68
<i>tab</i>		SUSP		LUMAKRAS 120MG TAB	37
LIRAGLUTIDE 6MG/ML	21	LOKELMA 5GM	77	LUMAKRAS 320MG TAB	37
PEN INJ		POWDER FOR ORAL		LUMIGAN 0.01% OPHTH	81
<i>lisdexamfetamine</i>	1	SUSP		SOLN	
<i>dimesylate 10mg cap</i>		LONSURF 6.14-15MG	35	LUMRYZ 4.5GM	83
<i>lisdexamfetamine</i>	1	TAB		GRANULES FOR ORAL	
<i>dimesylate 20mg cap</i>				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

LUMRYZ 6GM GRANULES FOR ORAL SUSP	83	LYTGOBI 4MG TAB PACK (12MG DAILY DOSE)	37	MAVYRET 50-20MG ORAL PELLETT	48
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	83	LYTGOBI 4MG TAB PACK (16MG DAILY DOSE)	37	MAYZENT 0.25MG STARTER PACK	85
LUMRYZ 9GM GRANULES FOR ORAL SUSP	83	LYTGOBI 4MG TAB PACK (20MG DAILY DOSE)	37	MAYZENT 0.25MG TAB	85
LUPKYNIS 7.9MG CAP	76	LYUMJEV 100UNIT/ML INJ	22	MAYZENT 1MG TAB	85
LUPRON 11.25MG SYRINGE (NON-PEDIATRIC)	34	LYUMJEV 100UNIT/ML PEN INJ	22	MAYZENT 2MG TAB	85
LUPRON 22.5MG SYRINGE	34	LYUMJEV 200UNIT/ML PEN INJ	22	MAYZENT STARTER PACK (7)	85
LUPRON 3.75MG SYRINGE	34	<i>lyza 0.35mg pack</i>	57	<i>meclizine 12.5mg tab</i>	24
LUPRON 30MG SYRINGE	34	M		<i>meclizine 25mg tab</i>	24
LUPRON 45MG SYRINGE (NON-PEDIATRIC)	34	<i>magnesium sulfate 500mg/ml inj</i>	75	<i>medroxyprogesterone acetate 10mg tab</i>	83
LUPRON 7.5MG SYRINGE (NON-PEDIATRIC)	34	<i>magnesium sulfate 500mg/ml syringe</i>	75	<i>medroxyprogesterone acetate 150mg/ml inj</i>	57
<i>lurasidone 120mg tab</i>	41	<i>malathion 0.5% lotion</i>	63	<i>medroxyprogesterone acetate 150mg/ml syringe</i>	57
<i>lurasidone 20mg tab</i>	41	<i>maraviroc 150mg tab</i>	47	<i>medroxyprogesterone acetate 2.5mg tab</i>	83
<i>lurasidone 40mg tab</i>	41	<i>maraviroc 300mg tab</i>	47	<i>medroxyprogesterone acetate 5mg tab</i>	83
<i>lurasidone 60mg tab</i>	41	<i>marlissa 28 day pack</i>	56	<i>mefloquine 250mg tab</i>	32
<i>lurasidone 80mg tab</i>	41	MARPLAN 10MG TAB	17	MEGESTROL ACETATE 125MG/ML SUSP	83
<i>lutera 28 day pack</i>	56	MATULANE 50MG CAP	40	<i>megestrol acetate 20mg tab</i>	34
<i>lyleq 28 day 0.35mg pack</i>	57	MAVENCLAD 10 TABLET PACK 10MG	85	<i>megestrol acetate 40mg tab</i>	34
<i>lyllana 0.025mg/24hr patch</i>	67	MAVENCLAD 4 TABLET PACK 10MG	85	<i>megestrol acetate 40mg/ml susp</i>	34
<i>lyllana 0.0375mg/24hr patch</i>	67	MAVENCLAD 5 TABLET PACK 10MG	85	MEKINIST 0.05MG/ML ORAL SOLN	37
<i>lyllana 0.05mg/24hr patch</i>	67	MAVENCLAD 6 TABLET PACK 10MG	85	MEKINIST 0.5MG TAB	37
<i>lyllana 0.075mg/24hr patch</i>	67	MAVENCLAD 7 TABLET PACK 10MG	85	MEKINIST 2MG TAB	37
<i>lyllana 0.1mg/24hr patch</i>	67	MAVENCLAD 8 TABLET PACK 10MG	85	MEKTOVI 15MG TAB	37
LYNPARZA 100MG TAB	37	MAVENCLAD 9 TABLET PACK 10MG	85	<i>meloxicam 15mg tab</i>	4
LYNPARZA 150MG TAB	37	MAVENCLAD 9 TABLET PACK 10MG	85	<i>meloxicam 7.5mg tab</i>	4
LYSODREN 500MG TAB	34	MAVYRET 100-40MG TAB	48	<i>memantine 10mg tab</i>	84
				<i>memantine 14mg er cap</i>	84
				<i>memantine 21mg er cap</i>	84
				<i>memantine 28mg er cap</i>	84
				<i>memantine 2mg/ml oral soln</i>	84

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>memantine 5/10mg titration pack</i>	84	<i>methylphenidate 10mg er tab</i>	2	<i>methylphenidate 60mg cr cap</i>	2
<i>memantine 5mg tab</i>	84	<i>methylphenidate 10mg la cap</i>	2	<i>methylprednisolone 16mg tab</i>	58
<i>memantine 7mg er cap</i>	84	<i>methylphenidate 10mg tab</i>	2	<i>methylprednisolone 32mg tab</i>	58
MENACTRA INJ	90	<i>methylphenidate 18mg ER osmotic tab</i>	2	<i>methylprednisolone 4mg pack</i>	58
MENQUADFI INJ	90	<i>methylphenidate 1mg/ml oral soln</i>	2	<i>methylprednisolone 4mg tab</i>	58
MENVEO INJ	90	<i>methylphenidate 20mg cr cap</i>	2	<i>methylprednisolone 8mg tab</i>	58
<i>mercaptopurine 50mg tab</i>	33	<i>methylphenidate 20mg er tab</i>	2	<i>metoclopramide 10mg tab</i>	68
<i>meropenem 1000mg inj</i>	31	<i>methylphenidate 20mg la cap</i>	2	<i>metoclopramide 1mg/ml oral soln</i>	68
<i>meropenem 500mg inj</i>	31	<i>methylphenidate 20mg tab</i>	2	<i>metoclopramide 5mg tab</i>	68
<i>mesalamine 1000mg rectal supp</i>	68	<i>methylphenidate 20mg</i>	2	<i>metolazone 10mg tab</i>	64
<i>mesalamine 375mg er cap</i>	68	<i>methylphenidate 27mg er tab</i>	2	<i>metolazone 2.5mg tab</i>	64
<i>mesalamine 66.7mg/ml enema</i>	68	<i>methylphenidate 27mg sr tab</i>	2	<i>metolazone 5mg tab</i>	64
MESNEX 400MG TAB	40	<i>methylphenidate 2mg/ml oral soln</i>	2	<i>metoprolol succinate 100mg er tab</i>	49
<i>metaxalone 800mg tab</i>	77	<i>methylphenidate 30mg cr cap</i>	2	<i>metoprolol succinate 200mg er tab</i>	49
<i>metformin 1000mg tab</i>	21	<i>methylphenidate 30mg la cap</i>	2	<i>metoprolol succinate 25mg er tab</i>	49
<i>metformin 500mg er tab</i>	21	<i>methylphenidate 30mg</i>	2	<i>metoprolol succinate 50mg er tab</i>	49
<i>metformin 500mg tab</i>	21	<i>methylphenidate 36mg er tab</i>	2	<i>metoprolol tartrate 100mg tab</i>	49
<i>metformin 750mg er tab</i>	21	<i>methylphenidate 36mg sr tab</i>	2	<i>metoprolol tartrate 25mg tab</i>	49
<i>metformin 850mg tab</i>	21	<i>methylphenidate 40mg cr cap</i>	2	<i>metoprolol tartrate 37.5mg tab</i>	49
<i>methadone 10mg tab</i>	5	<i>methylphenidate 40mg la cap</i>	2	<i>metoprolol tartrate 50mg tab</i>	49
<i>methadone 5mg tab</i>	5	<i>methylphenidate 50mg cr cap</i>	2	<i>metoprolol tartrate 75mg tab</i>	49
<i>methazolamide 25mg tab</i>	63	<i>methylphenidate 54mg er tab</i>	2	<i>metronidazole 0.75% cream</i>	62
<i>methazolamide 50mg tab</i>	63	<i>methylphenidate 54mg sr tab</i>	2	<i>metronidazole 0.75% gel</i>	62
<i>methenamine hippurate 1000mg tab</i>	32	<i>methylphenidate 5mg tab</i>	2	<i>metronidazole 0.75% vaginal gel</i>	91
<i>methimazole 10mg tab</i>	87			<i>metronidazole 1% gel</i>	62
<i>methimazole 5mg tab</i>	87			<i>metronidazole 250mg tab</i>	30
<i>methocarbamol 500mg tab</i>	77				
<i>methocarbamol 750mg tab</i>	77				
<i>methotrexate 2.5mg tab</i>	33				
<i>methotrexate 25mg/ml inj</i>	33				
<i>methotrexate 50mg/2ml inj</i>	33				
METHOXSALLEN 10MG CAP	60				
<i>methsuximide 300mg cap</i>	16				
<i>methylphenidate 10mg cr cap</i>	2				

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>metronidazole 500mg tab</i>	30	<i>misoprostol 100mcg tab</i>	89	MOUNJARO	21
<i>metronidazole 5mg/ml inj</i>	30	<i>misoprostol 200mcg tab</i>	89	10MG/0.5ML	
<i>metirosine 250mg cap</i>	27	M-M-R II INJ	91	AUTO-INJECTOR	
<i>mexiletine 150mg cap</i>	9	<i>modafinil 100mg tab</i>	2	MOUNJARO	21
<i>mexiletine 200mg cap</i>	9	<i>modafinil 200mg tab</i>	2	12.5MG/0.5ML	
<i>mexiletine 250mg cap</i>	9	<i>moexipril 15mg tab</i>	27	AUTO-INJECTOR	
<i>mibelas 24 fe chewable</i>	56	<i>moexipril 7.5mg tab</i>	27	MOUNJARO	21
<i>28 day pack</i>		MOLINDONE 10MG TAB	44	15MG/0.5ML	
<i>micafungin sodium</i>	24	MOLINDONE 25MG TAB	44	AUTO-INJECTOR	
<i>100mg inj</i>		MOLINDONE 5MG TAB	44	MOUNJARO	21
<i>micafungin sodium 50mg</i>	24	<i>mometasone furoate 0.1%</i>	61	2.5MG/0.5ML	
<i>inj</i>		<i>cream</i>		AUTO-INJECTOR	
<i>microgestin 1.5/30 21 day</i>	56	<i>mometasone furoate 0.1%</i>	61	MOUNJARO 5MG/0.5ML	21
<i>pack</i>		<i>lotion</i>		AUTO-INJECTOR	
<i>microgestin 1/20 21 day</i>	56	<i>mometasone furoate 0.1%</i>	61	MOUNJARO	21
<i>pack</i>		<i>ointment</i>		7.5MG/0.5ML	
<i>microgestin 24 fe 28 day</i>	56	<i>montelukast 10mg tab</i>	10	AUTO-INJECTOR	
<i>pack</i>		<i>montelukast 4mg chew</i>	10	MOVANTIK 12.5MG TAB	69
<i>microgestin fe 1.5/30 28</i>	56	<i>tab</i>		MOVANTIK 25MG TAB	69
<i>day pack</i>		<i>montelukast 4mg</i>	10	MOXIFLOXACIN	68
<i>microgestin fe 1/20 28</i>	56	<i>granules</i>		1.6MG/ML INJ	
<i>day pack</i>		<i>montelukast 5mg chew</i>	10	<i>moxifloxacin 400mg tab</i>	68
<i>midodrine 10mg tab</i>	92	<i>tab</i>		MRESVIA 50MCG/0.5ML	91
<i>midodrine 2.5mg tab</i>	92	<i>morphine sulfate 100mg</i>	5	SYRINGE	
<i>midodrine 5mg tab</i>	92	<i>er tab</i>		MULTAQ 400MG TAB	9
<i>mifepristone 300mg tab</i>	21	<i>morphine sulfate 15mg er</i>	5	<i>mupirocin 2% ointment</i>	59
MIGLITOL 100MG TAB	20	<i>tab</i>		<i>mycophenolate mofetil</i>	76
<i>miglitol 25mg tab</i>	20	MORPHINE SULFATE	5	<i>200mg/ml susp</i>	
MIGLITOL 50MG TAB	20	15MG TAB		<i>mycophenolate mofetil</i>	76
<i>mighustat 100mg cap</i>	71	<i>morphine sulfate 200mg</i>	5	<i>250mg cap</i>	
<i>mili 28 day pack</i>	56	<i>er tab</i>		<i>mycophenolate mofetil</i>	76
<i>mimvey pack</i>	66	<i>morphine sulfate 20mg/ml</i>	5	<i>500mg tab</i>	
<i>minocycline 100mg cap</i>	87	<i>oral soln</i>		<i>mycophenolic acid 180mg</i>	76
<i>minocycline 50mg cap</i>	87	<i>morphine sulfate 2mg/ml</i>	6	<i>dr tab</i>	
<i>minocycline 75mg cap</i>	87	<i>oral soln</i>		<i>mycophenolic acid 360mg</i>	76
<i>minoxidil 10mg tab</i>	30	<i>morphine sulfate 30mg er</i>	6	<i>dr tab</i>	
<i>minoxidil 2.5mg tab</i>	30	<i>tab</i>		MYRBETRIQ 25MG ER	90
<i>mirtazapine 15mg odt</i>	17	MORPHINE SULFATE	6	TAB	
<i>mirtazapine 15mg tab</i>	17	30MG TAB		MYRBETRIQ 50MG ER	90
<i>mirtazapine 30mg odt</i>	17	MORPHINE SULFATE	6	TAB	
<i>mirtazapine 30mg tab</i>	17	4MG/ML ORAL SOLN			
<i>mirtazapine 45mg odt</i>	17	<i>morphine sulfate 60mg er</i>	6	N	
<i>mirtazapine 45mg tab</i>	17	<i>tab</i>		<i>nabumetone 500mg tab</i>	4
<i>mirtazapine 7.5mg tab</i>	17			<i>nabumetone 750mg tab</i>	4
				<i>nadolol 20mg tab</i>	49

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

ALPHABETICAL LISTING OF DRUGS

<i>nadolol 40mg tab</i>	49	<i>neomycin/bacitracin/poly</i>	79	<i>nifedipine 30mg osmotic</i>	51
<i>nadolol 80mg tab</i>	49	<i>myxin ophth ointment</i>		<i>er tab</i>	
<i>nafcillin 100mg/ml inj</i>	83	<i>5mg-400unit-10000unit</i>		<i>nifedipine 60mg er tab</i>	51
<i>nafcillin 1gm inj</i>	83	NEOMYCIN/POLYMYXI	79	<i>nifedipine 60mg osmotic</i>	51
<i>nafcillin 2gm inj</i>	83	N B/GRAMICIDIN		<i>er tab</i>	
NALOXONE 0.4MG/ML	23	1.75-10000-0.025MG-UN		<i>nifedipine 90mg er tab</i>	51
CARTRIDGE		T-MG/ML OPTH SOLN		<i>nifedipine 90mg osmotic</i>	51
<i>naloxone 0.4mg/ml inj</i>	23	<i>neomycin/polymyxin/bacit</i>	80	<i>er tab</i>	
NALOXONE 0.4MG/ML	23	<i>racin/hydrocortisone</i>		<i>nikki 28 day pack</i>	56
SYRINGE		<i>ophth 1% ointment</i>		<i>nilutamide 150mg tab</i>	34
<i>naloxone 1mg/ml syringe</i>	23	<i>neomycin/polymyxin/dexa</i>	80	<i>nimodipine 30mg cap</i>	51
<i>naltrexone 50mg tab</i>	23	<i>methasone 0.1% ophth</i>		NINLARO 2.3MG CAP	37
<i>naproxen 250mg tab</i>	4	<i>susp</i>		NINLARO 3MG CAP	37
<i>naproxen 375mg dr tab</i>	4	<i>neomycin/polymyxin/hydr</i>	81	NINLARO 4MG CAP	37
<i>naproxen 375mg tab</i>	4	<i>ocortisone</i>		NITAZOXANIDE 500MG	31
<i>naproxen 500mg tab</i>	4	<i>3.5-10000unit-1% otic</i>		TAB	
<i>naproxen sodium 275mg</i>	4	<i>soln</i>		<i>nitisinone 10mg cap</i>	65
<i>tab</i>		<i>neomycin/polymyxin/hydr</i>	81	<i>nitisinone 20mg cap</i>	65
<i>naproxen sodium 550mg</i>	4	<i>ocortisone</i>		<i>nitisinone 2mg cap</i>	65
<i>tab</i>		<i>3.5-10000unit-1% otic</i>		<i>nitisinone 5mg cap</i>	65
<i>naratriptan 1mg tab</i>	74	<i>susp</i>		NITRO-BID 2%	8
<i>naratriptan 2.5mg tab</i>	74	<i>neo-polycin hc ophth</i>	80	OINTMENT	
NATACYN 5% OPTH	79	<i>ointment</i>		<i>nitrofurantoin</i>	32
SUSP		<i>neo-polycin ophth</i>	79	<i>macro/nitrofurantoin</i>	
<i>nateglinide 120mg tab</i>	22	<i>ointment</i>		<i>mono 100mg cap</i>	
<i>nateglinide 60mg tab</i>	22	NERLYNX 40MG TAB	37	<i>nitrofurantoin</i>	32
NAYZILAM 5MG/0.1ML	13	NEVIRAPINE 10MG/ML	47	<i>macrocrystals 100mg cap</i>	
NASAL SPRAY		SUSP		<i>nitrofurantoin</i>	32
<i>necon 0.5/35 28 day pack</i>	56	<i>nevirapine 200mg tab</i>	47	<i>macrocrystals 50mg cap</i>	
NEEDLES INSULIN	73	<i>nevirapine 400mg er tab</i>	47	<i>nitroglycerin 0.1mg/hr</i>	8
DISP. SAFETY		NEXLETOL 180MG TAB	25	<i>patch</i>	
NEFAZODONE 100MG	18	NEXLIZET 180-10MG	25	<i>nitroglycerin 0.2mg/hr</i>	8
TAB		TAB		<i>patch</i>	
NEFAZODONE 150MG	18	<i>niacin 1000mg er tab</i>	26	<i>nitroglycerin 0.3mg sl tab</i>	8
TAB		<i>niacin 500mg er tab</i>	26	<i>nitroglycerin 0.4% rectal</i>	7
NEFAZODONE 200MG	18	<i>niacin 750mg er tab</i>	26	<i>ointment</i>	
TAB		<i>nicardipine 20mg cap</i>	51	<i>nitroglycerin 0.4mg sl tab</i>	8
NEFAZODONE 250MG	18	<i>nicardipine 30mg cap</i>	51	<i>nitroglycerin 0.4mg/act</i>	8
TAB		NICOTROL 10MG INH	86	<i>spray</i>	
NEFAZODONE 50MG	18	SOLN		<i>nitroglycerin 0.4mg/hr</i>	8
TAB		NICOTROL 10MG/ML	86	<i>patch</i>	
<i>neomycin sulfate 500mg</i>	3	NASAL INHALER		<i>nitroglycerin 0.6mg sl tab</i>	8
<i>tab</i>		<i>nifedipine 30mg er tab</i>	51	<i>nitroglycerin 0.6mg/hr</i>	8
				<i>patch</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

NIVESTYM	71	NUCALA 100MG/ML	9	<i>octreotide 0.05mg/ml inj</i>	66
300MCG/0.5ML		SYRINGE		<i>octreotide 0.1mg/ml inj</i>	66
SYRINGE		NUCALA 40MG/0.4ML	9	<i>octreotide 0.2mg/ml inj</i>	66
NIVESTYM 300MCG/ML	71	SYRINGE		<i>octreotide 0.5mg/ml inj</i>	66
INJ		NUEDEXTA 20-10MG	85	<i>octreotide 1mg/ml inj</i>	66
NIVESTYM	71	CAP		ODEFSEY 200-25-25MG	47
480MCG/0.8ML		NUPLAZID 10MG TAB	41	TAB	
SYRINGE		NUPLAZID 34MG CAP	41	ODOMZO 200MG CAP	34
NIVESTYM	71	NUTRILIPID	78	OFEV 100MG CAP	86
480MCG/1.6ML INJ		20GM/100ML INJ		OFEV 150MG CAP	86
<i>nora-be 28 day 0.35mg</i>	57	NUZYRA 150MG TAB	87	<i>ofloxacin 0.3% ophth soln</i>	79
<i>pack</i>		<i>nyamyc 100000unit/gm</i>	59	<i>ofloxacin 0.3% otic soln</i>	81
NORDITROPIN	65	<i>topical powder</i>		<i>ofloxacin 400mg tab</i>	68
10MG/1.5ML PEN INJ		<i>nylia 1/35 28 day pack</i>	56	OGSIVEO 100MG TAB	37
NORDITROPIN	65	<i>nylia 7/7/7 28 day pack</i>	56	7-DAY PACK (14)	
15MG/1.5ML PEN INJ		<i>nymyo 28 day pack</i>	56	OGSIVEO 150MG TAB	37
NORDITROPIN	65	<i>nystatin 100000 unit/gm</i>	59	7-DAY PACK (14)	
30MG/3ML PEN INJ		<i>ointment</i>		OGSIVEO 50MG TAB	38
NORDITROPIN	65	<i>nystatin 100000unit/gm</i>	59	OJEMDA 100MG TAB	38
5MG/1.5ML PEN INJ		<i>topical powder</i>		OJEMDA 100MG TAB	38
<i>norethindrone 0.35mg</i>	57	<i>nystatin 100000unit/ml</i>	59	PACK (400MG ONCE	
<i>pack</i>		<i>cream</i>		WEEKLY) (16)	
<i>norethindrone acetate</i>	83	<i>nystatin 100000unit/ml</i>	77	OJEMDA 100MG TAB	38
<i>5mg tab</i>		<i>susp</i>		PACK (600MG ONCE	
<i>nortrel 0.5/35 28 day</i>	56	<i>nystatin 500000unit tab</i>	24	WEEKLY) (24)	
<i>pack</i>		<i>nystatin/triamcinolone</i>	59	OJEMDA 25MG/ML	38
<i>nortrel 1/35 21 day pack</i>	56	<i>acetamide 100000-0.1</i>		POWDER FOR ORAL	
<i>nortrel 1/35 28 day pack</i>	56	<i>unit/gm-% ointment</i>		SUSP	
<i>nortrel 7/7/7 28 day pack</i>	56	<i>nystatin/triamcinolone</i>	59	OJJAARA 100MG TAB	38
<i>nortriptyline 10mg cap</i>	20	<i>acetamide</i>		OJJAARA 150MG TAB	38
<i>nortriptyline 25mg cap</i>	20	<i>100000-0.1unit/gm-%</i>		OJJAARA 200MG TAB	38
<i>nortriptyline 2mg/ml oral</i>	20	<i>cream</i>		<i>olanzapine 10mg inj</i>	43
<i>soln</i>		<i>nystop 100000unit/gm</i>	59	<i>olanzapine 10mg odt</i>	43
<i>nortriptyline 50mg cap</i>	20	<i>topical powder</i>		<i>olanzapine 10mg tab</i>	43
<i>nortriptyline 75mg cap</i>	20	NYVEPRIA 6MG/0.6ML	71	<i>olanzapine 15mg odt</i>	43
NORVIR 100MG ORAL	47	SYRINGE		<i>olanzapine 15mg tab</i>	43
POWDER				<i>olanzapine 2.5mg tab</i>	44
NOURIANZ 20MG TAB	40	O		<i>olanzapine 20mg odt</i>	44
NOURIANZ 40MG TAB	40	OCALIVA 10MG TAB	68	<i>olanzapine 20mg tab</i>	44
NUBEQA 300MG TAB	34	OCALIVA 5MG TAB	68	<i>olanzapine 5mg odt</i>	44
NUCALA 100MG INJ	9	<i>ocella 28 day pack</i>	56	<i>olanzapine 5mg tab</i>	44
NUCALA 100MG/ML	9	OCTAGAM 1GM/20ML	81	<i>olanzapine 7.5mg tab</i>	44
AUTO-INJECTOR		INJ		<i>olmesartan medoxomil</i>	28
		OCTAGAM 2GM/20ML	81	<i>20mg tab</i>	
		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

<i>olmesartan medoxomil</i> 40mg tab	28	ORENITRAM 1MG ER TAB	51	<i>oxacillin 100mg/ml inj</i>	83
<i>olmesartan medoxomil</i> 5mg tab	28	ORENITRAM 2.5MG ER TAB	51	<i>oxacillin 1gm inj</i>	83
<i>olopatadine 0.6%</i> (0.665mg/act) nasal inhaler	78	ORENITRAM 5MG ER TAB	52	OXACILLIN 20MG/ML INJ	83
OLUMIANT 1MG TAB	3	ORENITRAM ER TAB	52	<i>oxacillin 2gm inj</i>	83
OLUMIANT 2MG TAB	3	MONTH 1 TITRATION KIT PACK		OXACILLIN 40MG/ML INJ	83
OLUMIANT 4MG TAB	3	ORENITRAM ER TAB	52	<i>oxcarbazepine 150mg tab</i>	15
<i>omega-3 acid ethyl esters</i> (usp) 1000mg cap	25	MONTH 2 TITRATION KIT PACK		<i>oxcarbazepine 300mg tab</i>	15
<i>omeprazole 10mg dr cap</i>	89	ORENITRAM ER TAB	52	<i>oxcarbazepine 600mg tab</i>	15
<i>omeprazole 20mg dr cap</i>	89	MONTH 3 TITRATION KIT PACK		<i>oxcarbazepine 60mg/ml</i> susp	15
<i>omeprazole 40mg dr cap</i>	89	ORFADIN 4MG/ML SUSP	66	OXERVATE 0.002%	80
OMNITROPE 10MG/1.5ML CARTRIDGE	65	ORGOVYX 120MG TAB	34	OPHTH SOLN	
OMNITROPE 5.8MG INJ	65	ORKAMBI 125-100MG GRANULES	86	<i>oxybutynin chloride 10mg</i> er tab	89
OMNITROPE 5MG/1.5ML CARTRIDGE	65	ORKAMBI 125-100MG TAB	86	<i>oxybutynin chloride 15mg</i> er tab	89
<i>ondansetron 0.8mg/ml</i> oral soln	23	ORKAMBI 125-200MG TAB	86	<i>oxybutynin chloride</i> 1mg/ml oral soln	89
<i>ondansetron 4mg odt</i>	23	ORKAMBI 188-150MG GRANULES	86	<i>oxybutynin chloride 5mg</i> er tab	89
<i>ondansetron 4mg tab</i>	23	ORKAMBI 94-75MG GRANULES	86	<i>oxybutynin chloride 5mg</i> tab	89
<i>ondansetron 8mg odt</i>	23	ORLADEYO 110MG CAP	70	<i>oxycodone 10mg tab</i>	6
<i>ondansetron 8mg tab</i>	24	ORLADEYO 150MG CAP	70	<i>oxycodone 15mg tab</i>	6
ONUREG 200MG TAB	33	<i>orphenadrine citrate</i> 100mg er tab	77	<i>oxycodone 1mg/ml oral</i> soln	6
ONUREG 300MG TAB	33	ORSERDU 345MG TAB	34	<i>oxycodone 20mg tab</i>	6
OPSUMIT 10MG TAB	52	ORSERDU 86MG TAB	34	<i>oxycodone 20mg/ml oral</i> soln	6
OPVEE 2.7MG/0.1ML NASAL SPRAY	23	<i>oseltamivir 30mg cap</i>	48	<i>oxycodone 30mg tab</i>	6
ORENCIA 125MG/ML AUTO-INJECTOR	5	<i>oseltamivir 45mg cap</i>	48	<i>oxycodone 5mg tab</i>	6
ORENCIA 125MG/ML SYRINGE	5	<i>oseltamivir 6mg/ml susp</i>	48	<i>oxycodone/acetaminophe</i> n 10-325mg tab	6
ORENCIA 50MG/0.4ML SYRINGE	5	<i>oseltamivir 75mg cap</i>	48	<i>oxycodone/acetaminophe</i> n 2.5-325mg tab	6
ORENCIA 87.5MG/0.7ML SYRINGE	5	OSPHENA 60MG TAB	65	<i>oxycodone/acetaminophe</i> n 5-325mg tab	6
ORENITRAM 0.125MG ER TAB	51	OTEZLA 20MG TAB	5	OXYCODONE/ACETAMI NOPHEN 5-325MG/5ML	6
ORENITRAM 0.25MG ER TAB	51	OTEZLA 28-DAY STARTER PACK	5	<i>oxycodone/acetaminophe</i> n 7.5-325mg tab	6
		OTEZLA 30MG TAB	5		
		OTEZLA TAB 28-DAY STARTER PACK (55)	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

OZEMPIC 2.68MG/ML	21	<i>paroxetine 40mg tab</i>	18	PENICILLIN V	82
PEN INJ		PAXLOVID	48	POTASSIUM 25MG/ML	
OZEMPIC 2MG/3ML	21	150MG/100MG TAB		ORAL SOLN	
PEN INJ		PACK (20)		<i>penicillin v potassium</i>	82
OZEMPIC 4MG/3ML	21	PAXLOVID	48	<i>500mg tab</i>	
PEN INJ		150MG/100MG TAB		PENICILLIN V	82
P		PACK (30)		POTASSIUM 50MG/ML	
<i>pacerone 200mg tab</i>	9	<i>pazopanib 200mg tab</i>	38	ORAL SOLN	
<i>pacerone 400mg tab</i>	9	PEDIARIX SYRINGE	88	PENTACEL	89
<i>paliperidone 1.5mg er tab</i>	42	PEDVAXHIB	90	96-30-68UNIT/ML INJ	
<i>paliperidone 3mg er tab</i>	42	7.5MCG/0.5ML INJ		<i>pentamidine isethionate</i>	30
<i>paliperidone 6mg er tab</i>	42	<i>peg 3350 powder for oral</i>	72	<i>300mg inj</i>	
<i>paliperidone 9mg er tab</i>	42	<i>soln (100gm Moviprep</i>		<i>pentamidine isethionate</i>	30
PALYNZIQ 10MG/0.5ML	66	<i>equiv)</i>		<i>50mg/ml inh soln</i>	
SYRINGE		<i>peg 3350/electrolyte oral</i>	72	<i>pentoxifylline 400mg er</i>	70
PALYNZIQ 2.5MG/0.5ML	66	<i>soln</i>		<i>tab</i>	
SYRINGE		<i>peg 3350/kcl/sodium</i>	72	PERINDOPRIL	27
PALYNZIQ 20MG/ML	66	<i>bicarbonate/sodium</i>		ERBUMINE 2MG TAB	
SYRINGE		<i>chloride powder for oral</i>		<i>perindopril erbumine</i>	27
PANRETIN 0.1% GEL	60	<i>soln</i>		<i>4mg tab</i>	
<i>pantoprazole 20mg dr tab</i>	89	PEGASYS	48	PERINDOPRIL	27
<i>pantoprazole 40mg dr tab</i>	89	180MCG/0.5ML		ERBUMINE 8MG TAB	
PANZYGA 10GM/100ML	81	SYRINGE		<i>periogard 0.12%</i>	77
INJ		PEGASYS 180MCG/ML	48	<i>mouthwash</i>	
PANZYGA 1GM/10ML	81	INJ		<i>permethrin 5% cream</i>	63
INJ		PEMAZYRE 13.5MG TAB	38	<i>perphenazine 16mg tab</i>	44
PANZYGA 2.5GM/25ML	81	PEMAZYRE 4.5MG TAB	38	<i>perphenazine 2mg tab</i>	44
INJ		PEMAZYRE 9MG TAB	38	<i>perphenazine 4mg tab</i>	45
PANZYGA 20GM/200ML	81	PENBRAYA INJ	90	<i>perphenazine 8mg tab</i>	45
INJ		<i>penciclovir 1% cream</i>	60	PERSERIS 120MG	42
PANZYGA 30GM/300ML	81	<i>penicillamine 250mg tab</i>	75	SYRINGE	
INJ		<i>penicillin g potassium</i>	82	PERSERIS 90MG	42
PANZYGA 5GM/50ML	82	<i>1000000unit/ml inj</i>		SYRINGE	
INJ		PENICILLIN G	82	PHEBURANE	66
<i>paricalcitol 1mcg cap</i>	66	POTASSIUM		483MG/GM ORAL	
<i>paricalcitol 2mcg cap</i>	66	40000UNIT/ML INJ		PELLET	
<i>paricalcitol 4mcg cap</i>	66	PENICILLIN G	82	PHENELZINE 15MG TAB	17
<i>paroxetine 10mg tab</i>	18	POTASSIUM		<i>phenobarbital 100mg tab</i>	71
<i>paroxetine 12.5mg er tab</i>	18	60000UNIT/ML INJ		<i>phenobarbital 15mg tab</i>	72
<i>paroxetine 20mg tab</i>	18	PENICILLIN G SODIUM	82	<i>phenobarbital 16.2mg tab</i>	72
<i>paroxetine 25mg er tab</i>	18	100000UNIT/ML INJ		<i>phenobarbital 30mg tab</i>	72
<i>paroxetine 2mg/ml susp</i>	18	<i>penicillin v potassium</i>	82	<i>phenobarbital 32.4mg tab</i>	72
<i>paroxetine 30mg tab</i>	18	<i>250mg tab</i>		<i>phenobarbital 4mg/ml</i>	72
<i>paroxetine 37.5mg er tab</i>	18			<i>oral soln</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>phenobarbital 60mg tab</i>	72	PIQRAY 250MG DAILY	38	POTASSIUM CHLORIDE	75
<i>phenobarbital 64.8mg tab</i>	72	DOSE PACK		10MEQ/100ML INJ	
<i>phenobarbital 97.2mg tab</i>	72	PIQRAY 300MG DAILY	38	<i>potassium chloride</i>	75
<i>phenoxybenzamine 10mg cap</i>	27	DOSE PACK		<i>15meq micro er tab</i>	
<i>phenytoin 25mg/ml susp</i>	16	<i>pirfenidone 267mg cap</i>	86	<i>potassium chloride</i>	75
<i>phenytoin 50mg chew tab</i>	16	<i>pirfenidone 267mg tab</i>	86	<i>2.67meq/ml oral soln</i>	
<i>phenytoin sodium 100mg er cap</i>	16	<i>pirfenidone 801mg tab</i>	86	<i>potassium chloride</i>	75
<i>phenytoin sodium 200mg er cap</i>	16	<i>piroxicam 10mg cap</i>	4	<i>20meq er tab</i>	
<i>phenytoin sodium 300mg er cap</i>	16	<i>piroxicam 20mg cap</i>	5	<i>potassium chloride</i>	75
PHOSPHOLINE IODIDE	79	PLASMA-LYTE 148 INJ	75	<i>20meq micro er tab</i>	
0.125% OPHTH SOLN		PLASMA-LYTE A INJ	75	<i>potassium chloride</i>	75
PIFELTRO 100MG TAB	47	PLEGRIDY	85	<i>20meq powder for oral soln</i>	
<i>pilocarpine 1% ophth soln</i>	79	125MCG/0.5ML		POTASSIUM CHLORIDE	75
<i>pilocarpine 2% ophth soln</i>	79	AUTO-INJECTOR		20MEQ/100ML INJ	
<i>pilocarpine 4% ophth soln</i>	79	PLEGRIDY	85	<i>potassium chloride</i>	75
<i>pilocarpine 5mg tab</i>	77	125MCG/0.5ML		<i>2meq/ml (20ml) inj</i>	
<i>pilocarpine 7.5mg tab</i>	77	SYRINGE		<i>potassium chloride</i>	75
<i>pimecrolimus 1% cream</i>	62	<i>plenamine 15% inj</i>	78	<i>2meq/ml inj</i>	
PIMOZIDE 1MG TAB	86	PODOFILOX 0.5%	62	POTASSIUM CHLORIDE	75
PIMOZIDE 2MG TAB	86	TOPICAL SOLN		40MEQ/100ML INJ	
<i>pimtrea tab pack</i>	56	<i>polycin 0.5-10unit/mg ophth ointment</i>	79	<i>potassium chloride 8meq er cap</i>	75
<i>pindolol 10mg tab</i>	49	<i>polymyxin b 250000unit/ml inj</i>	31	<i>potassium chloride 8meq er tab</i>	75
<i>pindolol 5mg tab</i>	49	<i>polymyxin b/trimethoprim 10000 Unit/ML-0.1% ophth soln</i>	80	<i>potassium citrate 10meq er tab</i>	69
<i>pioglitazone 15mg tab</i>	22	POMALYST 1MG CAP	35	<i>potassium citrate 15meq er tab</i>	69
<i>pioglitazone 30mg tab</i>	22	POMALYST 2MG CAP	35	<i>potassium citrate 5meq er tab</i>	69
<i>pioglitazone 45mg tab</i>	22	POMALYST 3MG CAP	35	PRALUENT 150MG/ML	26
<i>piperacillin/tazobactam 2000-250mg inj</i>	82	POMALYST 4MG CAP	35	AUTO-INJECTOR	
<i>piperacillin/tazobactam 3000-375mg inj</i>	82	<i>portia 28 day pack</i>	56	PRALUENT 75MG/ML	26
<i>piperacillin/tazobactam 36-4.5gm inj</i>	83	<i>posaconazole 100mg dr tab</i>	24	AUTO-INJECTOR	
<i>piperacillin/tazobactam 4000-500mg inj</i>	83	<i>posaconazole 40mg/ml susp</i>	25	<i>pramipexole 0.125mg tab</i>	41
PIQRAY 200MG DAILY	38	<i>potassium chloride 1.33meq/ml oral soln</i>	75	<i>pramipexole 0.25mg tab</i>	41
DOSE PACK		<i>potassium chloride 10meq er cap</i>	75	<i>pramipexole 0.5mg tab</i>	41
		<i>potassium chloride 10meq er tab</i>	75	<i>pramipexole 0.75mg tab</i>	41
		<i>potassium chloride 10meq micro er tab</i>	75	<i>pramipexole 1.5mg tab</i>	41
				<i>pramipexole 1mg tab</i>	41
				<i>prasugrel 10mg tab</i>	70
				<i>prasugrel 5mg tab</i>	70

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

ALPHABETICAL LISTING OF DRUGS

<i>pravastatin sodium 10mg tab</i>	26	PREMARIN	91	<i>progesterone 100mg cap</i>	83
<i>pravastatin sodium 20mg tab</i>	26	0.625MG/GM VAGINAL CREAM		<i>progesterone 200mg cap</i>	83
<i>pravastatin sodium 40mg tab</i>	26	PREMARIN 0.9MG TAB	67	PROGRAF 0.2MG	76
<i>pravastatin sodium 80mg tab</i>	26	PREMARIN 1.25MG TAB	67	GRANULES FOR ORAL SUSP	
<i>prazosin 1mg cap</i>	28	PREMASOL 10% INJ	78	PROGRAF 1MG	76
<i>prazosin 2mg cap</i>	28	PREMPHASE 28 DAY PACK	66	GRANULES FOR ORAL SUSP	
<i>prazosin 5mg cap</i>	28	PREMPRO 0.3/1.5MG 28 DAY PACK	66	PROLASTIN 1000MG INJ	86
PREDNISOLONE 1% OPTH SOLN	80	PREMPRO 0.45/1.5MG 28 DAY PACK	66	PROLENSA 0.07%	81
<i>prednisolone 1mg/ml oral soln</i>	58	PREMPRO 0.625/2.5MG 28 DAY PACK	66	OPHTH SOLN	
<i>prednisolone 3mg/ml oral soln</i>	58	PREMPRO 0.625/5MG 28 DAY PACK	67	PROLIA 60MG/ML SYRINGE	64
<i>prednisolone acetate 1% ophth susp</i>	80	<i>prevalite 4gm powder for oral susp</i>	25	PROMACTA 12.5MG	71
<i>prednisone 10mg tab</i>	58	PREVYMIS 240MG TAB	48	POWDER FOR ORAL SUSP	
<i>prednisone 1mg tab</i>	58	PREVYMIS 480MG TAB	48	PROMACTA 12.5MG TAB	71
PREDNISONE 1MG/ML ORAL SOLN	58	PREZCOBIX 150-800MG TAB	47	PROMACTA 25MG	71
<i>prednisone 2.5mg tab</i>	58	PREZISTA 100MG/ML SUSP	47	POWDER FOR ORAL SUSP	
<i>prednisone 20mg tab</i>	58	PREZISTA 150MG TAB	47	PROMACTA 25MG TAB	71
<i>prednisone 50mg tab</i>	58	PREZISTA 75MG TAB	47	PROMACTA 50MG TAB	71
<i>prednisone 5mg tab</i>	58	PRIFTIN 150MG TAB	32	PROMACTA 75MG TAB	71
<i>pregabalin 100mg cap</i>	15	PRIMAQUINE	32	<i>promethazine 1.25mg/ml oral soln</i>	25
<i>pregabalin 150mg cap</i>	15	PHOSPHATE 26.3MG TAB		<i>promethazine 12.5mg rectal supp</i>	25
<i>pregabalin 200mg cap</i>	15	<i>primidone 250mg tab</i>	15	<i>promethazine 12.5mg tab</i>	25
<i>pregabalin 20mg/ml oral soln</i>	15	<i>primidone 50mg tab</i>	15	<i>promethazine 25mg rectal supp</i>	25
<i>pregabalin 225mg cap</i>	15	PRIORIX INJ	91	<i>promethazine 25mg tab</i>	25
<i>pregabalin 25mg cap</i>	15	PRIVIGEN 20GM/200ML INJ	82	<i>promethazine 50mg tab</i>	25
<i>pregabalin 300mg cap</i>	15	<i>probenecid 500mg tab</i>	70	<i>promethagan 25mg rectal supp</i>	25
<i>pregabalin 50mg cap</i>	15	<i>prochlorperazine 10mg tab</i>	45	<i>propafenone 150mg tab</i>	9
<i>pregabalin 75mg cap</i>	15	<i>prochlorperazine 25mg rectal supp</i>	45	<i>propafenone 225mg er cap</i>	9
PREHEVBRIO	91	<i>prochlorperazine 5mg tab</i>	45	<i>propafenone 225mg tab</i>	9
10MCG/ML INJ		<i>procto-med 2.5% cream</i>	7	<i>propafenone 300mg tab</i>	9
PREMARIN 0.3MG TAB	67	<i>proctosol 2.5% cream</i>	7	<i>propafenone 325mg er cap</i>	9
PREMARIN 0.45MG TAB	67	<i>proctozone hc 2.5% cream</i>	7	<i>propafenone 425mg er cap</i>	9
PREMARIN 0.625MG TAB	67			<i>propranolol 10mg tab</i>	49

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

ALPHABETICAL LISTING OF DRUGS

<i>propranolol 120mg er cap</i>	49	QUADRACEL INJ	89	REBIF 22MCG/0.5ML	85
<i>propranolol 160mg er cap</i>	49	QUADRACEL INJ	89	AUTO-INJECTOR	
<i>propranolol 20mg tab</i>	49	QUADRACEL SYRINGE	89	REBIF 22MCG/0.5ML	85
<i>propranolol 40mg tab</i>	49	<i>quetiapine 100mg tab</i>	44	SYRINGE	
<i>propranolol 4mg/ml oral soln</i>	49	<i>quetiapine 150mg er tab</i>	44	REBIF 44MCG/0.5ML	85
<i>propranolol 60mg er cap</i>	49	<i>quetiapine 200mg er tab</i>	44	AUTO-INJECTOR	
<i>propranolol 60mg tab</i>	50	<i>quetiapine 200mg tab</i>	44	REBIF 44MCG/0.5ML	85
<i>propranolol 80mg er cap</i>	50	<i>quetiapine 25mg tab</i>	44	SYRINGE	
<i>propranolol 80mg tab</i>	50	<i>quetiapine 300mg er tab</i>	44	REBIF REBIDOSE PACK	85
PROPRANOLOL	50	<i>quetiapine 300mg tab</i>	44	REBIF TITRATION PACK	85
8MG/ML ORAL SOLN	50	<i>quetiapine 400mg er tab</i>	44	<i>reclipsen 28 day pack</i>	56
<i>propylthiouracil 50mg tab</i>	87	<i>quetiapine 400mg tab</i>	44	RECOMBIVAX	91
PROQUAD INJ	91	<i>quetiapine 50mg er tab</i>	44	10MCG/ML INJ	
PROSOL 20% INJ	79	<i>quetiapine 50mg tab</i>	44	RECOMBIVAX	91
<i>protriptyline 10mg tab</i>	20	<i>quinapril 10mg tab</i>	27	10MCG/ML SYRINGE	
<i>protriptyline 5mg tab</i>	20	<i>quinapril 20mg tab</i>	27	RECOMBIVAX	91
PULMOZYME 1MG/ML INH SOLN	86	<i>quinapril 40mg tab</i>	27	40MCG/ML INJ	
PURIXAN	33	<i>quinapril 5mg tab</i>	27	RECOMBIVAX	91
2000MG/100ML SUSP	33	QUINIDINE SULFATE	9	5MCG/0.5ML INJ	
<i>pyrazinamide 500mg tab</i>	32	200MG TAB		RECOMBIVAX	91
<i>pyridostigmine bromide 180mg er tab</i>	32	QUINIDINE SULFATE	9	5MCG/0.5ML SYRINGE	
<i>pyridostigmine bromide 60mg tab</i>	32	300MG TAB		REGRANEX 0.01% GEL	63
PYRUKYND 20MG TAB (4-WEEK PACK)	70	<i>quinine sulfate 324mg cap</i>	32	RELENZA 5MG/BLISTER	49
PYRUKYND 20MG/50MG TAB TAPER PACK	70	QVAR 40MCG	10	INHALER	
PYRUKYND 50MG TAB (4-WEEK PACK)	71	REDIHALER		RELISTOR 12MG/0.6ML	69
PYRUKYND 5MG TAB (4-WEEK PACK)	71	QVAR 80MCG	10	INJ	
PYRUKYND 5MG TAB TAPER PACK	71	REDIHALER		RELISTOR 12MG/0.6ML	69
PYRUKYND 5MG/20MG TAB TAPER PACK	71	R		SYRINGE	
Q		RABAVERT 2.5UNIT/ML	91	RELISTOR 8MG/0.4ML	69
QINLOCK 50MG TAB	38	INJ		SYRINGE	
		RADICAVA 105MG/5ML	78	RELTONE 200MG CAP	68
		SUSP		RELTONE 400MG CAP	68
		<i>raloxifene 60mg tab</i>	65	<i>repaglinide 0.5mg tab</i>	22
		<i>ramelteon 8mg tab</i>	72	<i>repaglinide 1mg tab</i>	22
		<i>ramipril 1.25mg cap</i>	27	<i>repaglinide 2mg tab</i>	22
		<i>ramipril 10mg cap</i>	27	REPATHA 140MG/ML	26
		<i>ramipril 2.5mg cap</i>	27	AUTO-INJECTOR	
		<i>ramipril 5mg cap</i>	27	REPATHA 140MG/ML	26
		<i>ranolazine 1000mg er tab</i>	7	SYRINGE	
		<i>ranolazine 500mg er tab</i>	7	REPATHA 420MG/3.5ML	26
		<i>rasagiline 0.5mg tab</i>	41	CARTRIDGE	
		<i>rasagiline 1mg tab</i>	41	RETACRIT	71
				10000UNIT/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

RETACRIT 20000UNIT/2ML INJ	71	<i>rifampin 600mg inj</i>	32	<i>rivastigmine 3mg cap</i>	84
RETACRIT 20000UNIT/ML INJ	71	<i>riluzole 50mg tab</i>	78	<i>rivastigmine 4.5mg cap</i>	84
RETACRIT 2000UNIT/ML INJ	71	RIMANTADINE 100MG TAB	49	<i>rivastigmine 4.6mg/24hr patch</i>	84
RETACRIT 3000UNIT/ML INJ	71	RINVOQ 15MG ER TAB	3	<i>rivastigmine 6mg cap</i>	84
RETACRIT 40000UNIT/ML INJ	71	RINVOQ 1MG/ML ORAL SOLN	3	<i>rivastigmine 9.5mg/24hr patch</i>	84
RETACRIT 4000UNIT/ML INJ	71	RINVOQ 30MG ER TAB	3	<i>rivelsa 91 day pack</i>	56
RETEVMO 120MG TAB	38	RINVOQ 45MG ER TAB	3	<i>rizatriptan 10mg odt</i>	74
RETEVMO 160MG TAB	38	<i>risedronate sodium</i>	64	<i>rizatriptan 10mg tab</i>	74
RETEVMO 40MG CAP	38	<i>150mg tab</i>		<i>rizatriptan 5mg odt</i>	74
RETEVMO 40MG TAB	38	<i>risedronate sodium 30mg tab</i>	64	<i>rizatriptan 5mg tab</i>	74
RETEVMO 80MG CAP	38	<i>risedronate sodium 35mg tab</i>	64	ROCKLATAN	80
RETEVMO 80MG TAB	38	<i>risedronate sodium 35mg tab (12) pack</i>	64	0.05-0.2MG/ML OPHTH SOLN	
REVLIMID 10MG CAP	76	<i>risedronate sodium 35mg tab (4) pack</i>	64	<i>roflumilast 0.5mg tab</i>	10
REVLIMID 15MG CAP	76	<i>risedronate sodium 5mg tab</i>	64	<i>roflumilast 250mcg tab</i>	10
REVLIMID 2.5MG CAP	76	RISPERIDONE 0.25MG ODT	42	<i>ropinirole 0.25mg tab</i>	41
REVLIMID 20MG CAP	76	<i>risperidone 0.25mg tab</i>	42	<i>ropinirole 0.5mg tab</i>	41
REVLIMID 25MG CAP	76	<i>risperidone 0.5mg odt</i>	42	<i>ropinirole 1mg tab</i>	41
REVLIMID 5MG CAP	76	<i>risperidone 0.5mg tab</i>	42	<i>ropinirole 2mg tab</i>	41
REXULTI 0.25MG TAB	45	<i>risperidone 12.5mg inj</i>	42	<i>ropinirole 3mg tab</i>	41
REXULTI 0.5MG TAB	45	<i>risperidone 1mg odt</i>	42	<i>ropinirole 4mg tab</i>	41
REXULTI 1MG TAB	45	<i>risperidone 1mg tab</i>	42	<i>ropinirole 5mg tab</i>	41
REXULTI 2MG TAB	45	<i>risperidone 1mg/ml oral soln</i>	42	<i>rosuvastatin calcium</i>	26
REXULTI 3MG TAB	45	<i>risperidone 25mg inj</i>	42	<i>10mg tab</i>	
REXULTI 4MG TAB	45	<i>risperidone 2mg odt</i>	42	<i>rosuvastatin calcium</i>	26
REYATAZ 50MG ORAL POWDER	47	<i>risperidone 2mg tab</i>	42	<i>20mg tab</i>	
REYVOW 100MG TAB	74	<i>risperidone 37.5mg inj</i>	42	<i>rosuvastatin calcium</i>	26
REYVOW 50MG TAB	74	<i>risperidone 3mg odt</i>	42	<i>5mg tab</i>	
REZLIDHIA 150MG CAP	38	<i>risperidone 3mg tab</i>	42	ROTARIX SUSP	91
REZUROCK 200MG TAB	76	<i>risperidone 4mg odt</i>	43	ROTARIX SUSP	91
RHOPRESSA 0.02% OPHTH SOLN	80	<i>risperidone 4mg tab</i>	43	ROTATEQ SUSP	91
RIBAVIRIN 200MG CAP	48	<i>risperidone 50mg inj</i>	43	<i>roweepra 500mg tab</i>	15
RIBAVIRIN 200MG TAB	48	<i>ritonavir 100mg tab</i>	47	ROZLYTREK 100MG CAP	38
RIDAURA 3MG CAP	3	<i>rivastigmine 1.5mg cap</i>	84	ROZLYTREK 200MG CAP	38
<i>rifabutin 150mg cap</i>	32	<i>rivastigmine 13.3mg/24hr patch</i>	84	ROZLYTREK 50MG ORAL PELLETT	38
<i>rifampin 150mg cap</i>	32			RUBRACA 200MG TAB	38
<i>rifampin 300mg cap</i>	32			RUBRACA 250MG TAB	38

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

RUBRACA 300MG TAB	38	SELZENTRY 20MG/ML	47	<i>simvastatin 80mg tab</i>	26
RUCONEST 2100UNIT	70	ORAL SOLN		<i>sirolimus 0.5mg tab</i>	76
INJ		SELZENTRY 25MG TAB	47	<i>sirolimus 1mg tab</i>	76
<i>rufinamide 200mg tab</i>	15	SELZENTRY 75MG TAB	47	<i>sirolimus 1mg/ml oral</i>	76
<i>rufinamide 400mg tab</i>	15	SEREVENT	11	<i>soln</i>	
<i>rufinamide 40mg/ml susp</i>	15	50MCG/DOSE INHALER		<i>sirolimus 2mg tab</i>	77
RUKOBIA 600MG ER	47	<i>sertraline 100mg tab</i>	18	SIRTURO 100MG TAB	32
TAB		<i>sertraline 20mg/ml oral</i>	18	SIRTURO 20MG TAB	32
RYBELSUS 14MG TAB	21	<i>soln</i>		SIVEXTRO 200MG INJ	31
RYBELSUS 3MG TAB	21	<i>sertraline 25mg tab</i>	18	SIVEXTRO 200MG TAB	31
RYBELSUS 7MG TAB	21	<i>sertraline 50mg tab</i>	18	SKYRIZI 150MG/ML	60
RYDAPT 25MG CAP	38	<i>setlakin 91 day pack</i>	56	AUTO-INJECTOR	
S		<i>sevelamer carbonate</i>	69	SKYRIZI 150MG/ML	60
<i>sajazir 30mg/3ml syringe</i>	70	<i>2400mg powder for oral</i>		SYRINGE	
<i>salmon calcitonin</i>	64	<i>susp</i>		SKYRIZI 180MG/1.2ML	68
<i>200unit/act nasal spray</i>		<i>sevelamer carbonate</i>	69	CARTRIDGE	
SANTYL 250UNIT/GM	62	<i>800mg powder for oral</i>		SKYRIZI 360MG/2.4ML	68
OINTMENT		<i>susp</i>		CARTRIDGE	
<i>sapropterin 100mg</i>	66	<i>sevelamer carbonate</i>	69	SKYTROFA 11MG	65
<i>powder for oral soln</i>		<i>800mg tab</i>		CARTRIDGE	
<i>sapropterin 100mg tab</i>	66	<i>sharobel 0.35mg 28 day</i>	57	SKYTROFA 13.3MG	65
<i>sapropterin 500mg</i>	66	<i>pack</i>		CARTRIDGE	
<i>powder for oral soln</i>		SHINGRIX	91	SKYTROFA 3.6MG	65
SAVELLA 100MG TAB	84	50MCG/0.5ML INJ		CARTRIDGE	
SAVELLA 12.5MG TAB	84	SIGNIFOR 0.3MG/ML INJ	66	SKYTROFA 3MG	65
SAVELLA 25MG TAB	84	SIGNIFOR 0.6MG/ML INJ	66	CARTRIDGE	
SAVELLA 50MG TAB	84	SIGNIFOR 0.9MG/ML INJ	66	SKYTROFA 4.3MG	65
SAVELLA TAB 4-WEEK	84	<i>sildenafil 20mg tab</i>	52	CARTRIDGE	
TITRATION PACK (55)		<i>silver sulfadiazine 1%</i>	60	SKYTROFA 5.2MG	65
SCSEMBLIX 100MG TAB	38	<i>cream</i>		CARTRIDGE	
SCSEMBLIX 20MG TAB	38	SIMBRINZA 0.2-1%	79	SKYTROFA 6.3MG	65
SCSEMBLIX 40MG TAB	38	OPHTH SUSP		CARTRIDGE	
<i>scopolamine 1mg/72hr</i>	24	SIMPONI 100MG/ML	3	SKYTROFA 7.6MG	65
<i>patch</i>		AUTO-INJECTOR		CARTRIDGE	
SECUADO 3.8MG/24HR	44	SIMPONI 100MG/ML	3	SKYTROFA 9.1MG	65
PATCH		SYRINGE		CARTRIDGE	
SECUADO 5.7MG/24HR	44	SIMPONI 50MG/0.5ML	3	SLYND 4MG TAB PACK	57
PATCH		AUTO-INJECTOR		<i>sodium chloride 0.45%</i>	75
SECUADO 7.6MG/24HR	44	SIMPONI 50MG/0.5ML	3	<i>inj</i>	
PATCH		SYRINGE		<i>sodium chloride 0.9% inj</i>	75
<i>selegiline 5mg cap</i>	41	<i>simvastatin 10mg tab</i>	26	<i>sodium chloride 0.9%</i>	69
<i>selenium sulfide 2.5%</i>	60	<i>simvastatin 20mg tab</i>	26	<i>irrigation soln</i>	
<i>shampoo</i>		<i>simvastatin 40mg tab</i>	26	<i>sodium chloride 3% inj</i>	75
		<i>simvastatin 5mg tab</i>	26		

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>sodium chloride 50mg/ml inj</i>	75	SPRITAM 250MG TAB FOR ORAL SUSP	15	SULFAMYLON 85MG/GM CREAM	60
SODIUM OXYBATE 500MG/ML ORAL SOLN	83	SPRITAM 500MG TAB FOR ORAL SUSP	15	<i>sulfasalazine 500mg dr tab</i>	68
<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	77	SPRITAM 750MG TAB FOR ORAL SUSP	15	<i>sulfasalazine 500mg tab</i>	68
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6gm/177ml prep kit</i>	72	<i>sps 15gm/60ml susp</i>	77	<i>sulindac 150mg tab</i>	5
SOFOSBUVIR/VELPATAS VIR 400-100MG TAB	48	<i>sronyx 28 day pack</i>	56	<i>sulindac 200mg tab</i>	5
SOGROYA 10MG/1.5ML PEN INJ	65	<i>ssd 1% cream</i>	60	<i>sumatriptan 100mg tab</i>	74
SOGROYA 15MG/1.5ML PEN INJ	65	STELARA 45MG/0.5ML INJ	60	<i>sumatriptan 25mg tab</i>	74
SOGROYA 5MG/1.5ML PEN INJ	65	STELARA 45MG/0.5ML SYRINGE	60	<i>sumatriptan 4mg/0.5ml cartridge</i>	74
SOLTAMOX 10MG/5ML ORAL SOLN	34	STELARA 90MG/ML SYRINGE	60	<i>sumatriptan 50mg tab</i>	74
SOMAVERT 10MG INJ	64	STIOLTO 2.5-2.5MCG/ACT INH	11	<i>sumatriptan 6mg/0.5ml auto-injector</i>	74
SOMAVERT 15MG INJ	64	STIVARGA 40MG TAB	38	<i>sumatriptan 6mg/0.5ml cartridge</i>	74
SOMAVERT 20MG INJ	64	STRIBILD 150-150-200-300MG TAB	47	<i>sumatriptan 6mg/0.5ml inj</i>	74
SOMAVERT 25MG INJ	64	<i>subvenite 100mg tab</i>	15	<i>sunitinib 12.5mg cap</i>	38
SOMAVERT 30MG INJ	64	<i>subvenite 150mg tab</i>	15	<i>sunitinib 25mg cap</i>	38
<i>sorafenib 200mg tab</i>	38	<i>subvenite 200mg tab</i>	15	<i>sunitinib 37.5mg cap</i>	38
<i>sorine 120mg tab</i>	50	<i>subvenite 25mg tab</i>	15	<i>sunitinib 50mg cap</i>	38
<i>sorine 160mg tab</i>	50	SUCRAID 8500UNIT/ML ORAL SOLN	63	SUNLENCA 300MG TAB 4-TABLET PACK	47
<i>sotalol 120mg tab</i>	50	<i>sucralfate 1000mg tab</i>	89	SUNLENCA 300MG TAB 5-TABLET PACK	47
<i>sotalol 160mg tab</i>	50	<i>sucralfate 100mg/ml susp</i>	89	SUNOSI 150MG TAB	1
<i>sotalol 240mg tab</i>	50	SUFLAVE SOLN PACK	72	SUNOSI 75MG TAB	1
<i>sotalol 80mg tab</i>	50	<i>sulfacetamide sodium 10% lotion</i>	59	<i>syeda 28 day pack</i>	56
<i>sotalol af 120mg tab</i>	50	<i>sulfacetamide sodium 10% ophth soln</i>	80	SYMDEKO	86
<i>sotalol af 160mg tab</i>	50	SULFACETAMIDE/PRED	80	50-75MG/75MG PACK	
<i>sotalol af 80mg tab</i>	50	NISOLONE 10-0.25% OPTH SOLN		SYMDEKO TAB 4-WEEK PACK	86
SPIRIVA RESPIMAT 1.25MCG/ACT INH	10	<i>sulfadiazine 500mg tab</i>	87	SYMPAZAN 10MG ORAL FILM	13
<i>spironolactone 100mg tab</i>	64	<i>sulfamethoxazole/trimeth oprim 200-40mg/5ml susp</i>	30	SYMPAZAN 20MG ORAL FILM	13
<i>spironolactone 25mg tab</i>	64	<i>sulfamethoxazole/trimeth oprim 400-80mg tab</i>	30	SYMPROIC 0.2MG TAB	69
<i>spironolactone 50mg tab</i>	64	<i>sulfamethoxazole/trimeth oprim 800-160mg tab</i>	31	SYMTUZA	47
<i>sprintec 28 day pack</i>	56			150-800-200-10MG TAB	
SPRITAM 1000MG TAB FOR ORAL SUSP	15			SYNAREL 2MG/ML NASAL INHALER	65

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

ALPHABETICAL LISTING OF DRUGS

SYNJARDY 10-1000MG ER TAB	20	TALTZ 80MG/ML AUTO-INJECTOR	60	terazosin 5mg cap	28
SYNJARDY 12.5-1000MG ER TAB	20	TALTZ 80MG/ML SYRINGE	60	terbinafine 250mg tab	24
SYNJARDY 12.5-1000MG TAB	20	TALZENNA 0.1MG CAP	39	terbutaline sulfate 2.5mg tab	11
SYNJARDY 12.5-500MG TAB	20	TALZENNA 0.25MG CAP	39	terbutaline sulfate 5mg tab	11
SYNJARDY 25-1000MG ER TAB	20	TALZENNA 0.35MG CAP	39	terconazole 0.4% vaginal cream	91
SYNJARDY 5-1000MG ER TAB	20	TALZENNA 0.5MG CAP	39	terconazole 0.8% vaginal cream	91
SYNJARDY 5-1000MG TAB	20	TALZENNA 0.75MG CAP	39	terconazole 80mg vaginal insert	91
SYNJARDY 5-500MG TAB	20	TALZENNA 1MG CAP	39	teriflunomide 14mg tab	85
T		tamoxifen 10mg tab	35	teriflunomide 7mg tab	85
TABLOID 40MG TAB	33	tamoxifen 20mg tab	35	TERIPARATIDE	64
TABRECTA 150MG TAB	38	tamsulosin 0.4mg cap	69	0.02MG/ACT PEN INJ	
TABRECTA 200MG TAB	38	tarina 24 fe 1/20 28 day pack	56	testosterone 1% (12.5mg/act) gel pump	7
tacrolimus 0.03% ointment	62	tarina fe 1/20 28 day pack	56	testosterone 1% (25mg) gel packet	7
tacrolimus 0.1% ointment	62	TASIGNA 150MG CAP	39	testosterone 1% (50mg) gel packet	7
tacrolimus 0.5mg cap	77	TASIGNA 200MG CAP	39	testosterone 1.62% (1.25gm) gel packet	7
tacrolimus 1mg cap	77	TASIGNA 50MG CAP	39	testosterone 1.62% (2.5gm) gel packet	7
tacrolimus 5mg cap	77	tasimelteon 20mg cap	72	testosterone 1.62% (20.25mg/act) gel pump	7
tadalafil 20mg tab	52	tazarotene 0.1% cream	60	testosterone 30mg/act topical soln	7
TAFINLAR 10MG TAB FOR ORAL SUSP	38	tazicef 1gm inj	53	testosterone cypionate 100mg/ml inj	7
TAFINLAR 50MG CAP	38	tazicef 2gm inj	54	testosterone cypionate 200mg/ml (1ml) inj	7
TAFINLAR 75MG CAP	39	TAZICEF 6GM INJ	54	testosterone cypionate 200mg/ml inj	7
tafluprost 0.0015% ophth soln	81	TAZVERIK 200MG TAB	39	TESTOSTERONE ENANTHATE 200MG/ML INJ	
TAGRISSO 40MG TAB	34	TDVAX 4-4UNIT/ML INJ	89	tetrabenazine 12.5mg tab	85
TAGRISSO 80MG TAB	34	TEFLARO 400MG INJ	54	tetrabenazine 25mg tab	85
TAKHZYRO 300MG/2ML INJ	70	TEFLARO 600MG INJ	54	tetracycline 250mg cap	87
TAKHZYRO 300MG/2ML SYRINGE	70	telmisartan 20mg tab	28	tetracycline 500mg cap	87
TALTZ 20MG/0.25ML SYRINGE	60	telmisartan 40mg tab	28	THALOMID 100MG CAP	76
TALTZ 40MG/0.5ML SYRINGE	60	telmisartan 80mg tab	28		
		temazepam 15mg cap	72		
		temazepam 30mg cap	72		
		TENIVAC 4-10UNIT/ML INJ	89		
		TENIVAC 4-10UNIT/ML SYRINGE	89		
		tenofovir disoproxil fumarate 300mg tab	47		
		TEPMETKO 225MG TAB	39		
		terazosin 10mg cap	28		
		terazosin 1mg cap	28		
		terazosin 2mg cap	28		

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

THALOMID 150MG CAP	76	<i>timolol 0.5% ophth soln</i>	79	<i>torsemid 100mg tab</i>	64
THALOMID 200MG CAP	76	<i>timolol 0.5% ophth soln</i>	79	<i>torsemid 10mg tab</i>	64
THALOMID 50MG CAP	76	<i>(preservative-free)</i>		<i>torsemid 20mg tab</i>	64
THEOPHYLLINE 100MG ER TAB	11	<i>timolol 10mg tab</i>	50	<i>torsemid 5mg tab</i>	64
THEOPHYLLINE 200MG ER TAB	11	<i>timolol 5mg tab</i>	50	TOUJEO 300UNIT/ML	22
<i>theophylline 300mg er tab</i>	11	<i>tinidazole 250mg tab</i>	30	PEN INJ	
<i>theophylline 400mg er tab</i>	11	<i>tinidazole 500mg tab</i>	30	TOUJEO MAX	22
<i>theophylline 450mg er tab</i>	12	<i>tiopronin 100mg tab</i>	70	300UNIT/ML PEN INJ	
<i>theophylline 600mg er tab</i>	12	TIVICAY 10MG TAB	47	(3ML)	
<i>thioridazine 100mg tab</i>	45	TIVICAY 25MG TAB	47	TPN ELECTROLYTES INJ	75
<i>thioridazine 10mg tab</i>	45	TIVICAY 50MG TAB	47	TRACLEER 32MG TAB	52
<i>thioridazine 25mg tab</i>	45	TIVICAY 5MG TAB FOR	47	FOR ORAL SUSP	
<i>thioridazine 50mg tab</i>	45	ORAL SUSP		<i>tramadol 100mg er tab</i>	6
<i>thiothixene 10mg cap</i>	45	<i>tizanidine 2mg tab</i>	78	<i>tramadol 200mg er tab</i>	6
<i>thiothixene 1mg cap</i>	45	<i>tizanidine 4mg tab</i>	78	<i>tramadol 300mg er tab</i>	6
<i>thiothixene 2mg cap</i>	45	TOBRADEX 0.1-0.3%	80	<i>tramadol 50mg tab</i>	6
<i>thiothixene 5mg cap</i>	45	OPHTH OINTMENT		<i>tramadol/acetaminophen</i>	6
tiadylt 120mg er cap	51	<i>tobramycin 0.3% ophth soln</i>	80	<i>37.5-325mg tab</i>	
tiadylt 180mg er cap	51	TOBRAMYCIN	3	<i>trandolapril 1mg tab</i>	27
tiadylt 240mg er cap	51	10MG/ML INJ		<i>trandolapril 2mg tab</i>	27
tiadylt 300mg er cap	51	<i>tobramycin 40mg/ml inj</i>	3	<i>trandolapril 4mg tab</i>	27
tiadylt 360mg er cap	51	<i>tobramycin 60mg/ml inh soln</i>	3	<i>tranexamic acid 650mg tab</i>	71
tiadylt 420mg er cap	51	<i>tolcapone 100mg tab</i>	40	<i>tranylcypromine 10mg tab</i>	17
tiagabine 12mg tab	16	<i>tolterodine tartrate 1mg tab</i>	90	TRAVASOL 10% INJ	79
tiagabine 16mg tab	16	<i>tolterodine tartrate 2mg er cap</i>	90	<i>travoprost 0.004% ophth soln</i>	81
tiagabine 2mg tab	16	<i>tolterodine tartrate 4mg er cap</i>	90	<i>trazodone 100mg tab</i>	18
tiagabine 4mg tab	16	<i>topiramate 100mg tab</i>	15	<i>trazodone 150mg tab</i>	18
TIBSOVO 250MG TAB	39	<i>topiramate 15mg cap</i>	15	<i>trazodone 50mg tab</i>	18
TICOVAC	91	<i>topiramate 200mg tab</i>	16	TRECTOR 250MG TAB	32
1.2MCG/0.25ML SYRINGE		<i>topiramate 25mg cap</i>	16	TRELEGY ELLIPTA	11
TICOVAC 2.4MCG/0.5ML SYRINGE	91	<i>topiramate 25mg tab</i>	16	100-62.5-25MCG INHALER	
<i>tigecycline 50mg inj</i>	87	<i>topiramate 50mg tab</i>	16	TRELEGY ELLIPTA	11
<i>tilia fe pack</i>	56	<i>toremifene 60mg tab</i>	35	200-62.5-25MCG INHALER	
<i>timolol 0.25% ophth gel</i>	79	<i>torpenz 10mg tab</i>	39	TRELSTAR 11.25MG INJ	35
<i>timolol 0.25% ophth soln</i>	79	<i>torpenz 2.5mg tab</i>	39	TRELSTAR 22.5MG INJ	35
<i>timolol 0.5% ophth gel</i>	79	<i>torpenz 5mg tab</i>	39	TRELSTAR 3.75MG INJ	35
		<i>torpenz 7.5mg tab</i>	39	TREMFYA 100MG/ML	60
				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

TREMFYA 100MG/ML SYRINGE	60	<i>trifluoperazine 1mg tab</i>	45	<i>trospium chloride 60mg er cap</i>	90
TREMFYA 200MG/2ML AUTO-INJECTOR	60	<i>trifluoperazine 2mg tab</i>	45	TRULANCE 3MG TAB	68
TREMFYA 200MG/2ML SYRINGE	60	<i>trifluoperazine 5mg tab</i>	45	TRULICITY	21
TRESIBA 100UNIT/ML INJ	22	TRIFLURIDINE 1% OPTH SOLN	80	0.75MG/0.5ML AUTO-INJECTOR	
TRESIBA 100UNIT/ML PEN INJ	22	<i>trihexyphenidyl 2mg tab</i>	40	TRULICITY	21
TRESIBA 200UNIT/ML PEN INJ	22	<i>trihexyphenidyl 5mg tab</i>	40	1.5MG/0.5ML AUTO-INJECTOR	
<i>tretinoin 0.01% gel</i>	59	TRIKAFTA	86	TRULICITY 3MG/0.5ML AUTO-INJECTOR	22
<i>tretinoin 0.025% cream</i>	59	100-50-75MG/150MG PACK		TRULICITY	22
<i>tretinoin 0.025% gel</i>	59	TRIKAFTA	86	4.5MG/0.5ML AUTO-INJECTOR	
<i>tretinoin 0.05% cream</i>	59	50-37.5-25MG/75MG TAB PACK		TRUMENBA SYRINGE	90
<i>tretinoin 0.1% cream</i>	59	TRIKAFTA	86	TRUQAP 160MG TAB	39
<i>tretinoin 10mg cap</i>	40	80-40-60MG/59.5MG GRANULES PACK		TRUQAP 200MG TAB	39
<i>triamcinolone acetonide 0.025% cream</i>	61	<i>tri-legest 28 day pack</i>	56	TUKYSA 150MG TAB	33
<i>triamcinolone acetonide 0.025% lotion</i>	61	<i>tri-lo- estarylla 28 day pack</i>	56	TUKYSA 50MG TAB	33
<i>triamcinolone acetonide 0.025% ointment</i>	61	<i>tri-lo-sprintec 28 day pack</i>	56	TURALIO 125MG CAP	39
<i>triamcinolone acetonide 0.1% cream</i>	61	<i>trimethoprim 100mg tab</i>	30	<i>turqoz 28 day pack</i>	57
<i>triamcinolone acetonide 0.1% lotion</i>	62	<i>tri-mili 28 day pack</i>	57	TWINRIX SYRINGE	91
<i>triamcinolone acetonide 0.1% ointment</i>	62	<i>trimipramine 100mg cap</i>	20	TYBLUME 28 DAY PACK	57
<i>triamcinolone acetonide 0.1% oral paste</i>	77	<i>trimipramine 25mg cap</i>	20	TYBOST 150MG TAB	47
<i>triamcinolone acetonide 0.5% cream</i>	62	<i>trimipramine 50mg cap</i>	20	TYENNE 162MG/0.9ML AUTO-INJECTOR	4
<i>triamcinolone acetonide 0.5% ointment</i>	62	TRINTELLIX 10MG TAB	18	TYENNE 162MG/0.9ML SYRINGE	4
<i>triazolam 0.125mg tab</i>	72	TRINTELLIX 20MG TAB	18	TYMLOS	64
<i>triazolam 0.25mg tab</i>	72	TRINTELLIX 5MG TAB	18	3120MCG/1.56ML PEN INJ	
<i>tridacaine 5% patch</i>	62	<i>tri-nymyo 28 day pack</i>	57	TYPHIM VI	90
<i>triderm 0.1% cream</i>	62	<i>tri-sprintec 28 day pack</i>	57	25MCG/0.5ML INJ	
<i>triderm 0.5% cream</i>	62	TRIUMEQ	47	TYPHIM VI	90
<i>trientine 250mg cap</i>	75	600-50-300MG TAB		25MCG/0.5ML SYRINGE	
<i>tri-estarylla 28 day pack</i>	56	TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	47	TYVASO 16-32-48MCG TITRATION PACK	52
<i>trifluoperazine 10mg tab</i>	45	<i>trivora 28 day pack</i>	57	TYVASO 16MCG INH POWDER	52
		<i>tri-vylibra 28 day pack</i>	57	TYVASO 32-48MCG MAINTENANCE PACK	
		<i>tri-vylibra lo 28 day pack</i>	57	TYVASO 32MCG INH POWDER	52
		TROPHAMINE 10% INJ	79		
		<i>trospium chloride 20mg tab</i>	90		

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

TYVASO 48MCG INH POWDER	52	<i>valproic acid 250mg cap</i>	17	VELIVET 28 DAY PACK	57
TYVASO 64MCG INH POWDER	52	<i>valproic acid 50mg/ml oral soln</i>	17	VELTASSA 16.8GM POWDER FOR ORAL SUSP	77
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U		<i>valsartan 160mg tab</i>	28	VELTASSA 25.2GM POWDER FOR ORAL SUSP	77
UBRELVY 100MG TAB	73	<i>valsartan 320mg tab</i>	28	VELTASSA 8.4GM POWDER FOR ORAL SUSP	77
UBRELVY 50MG TAB	73	<i>valsartan 40mg tab</i>	28	VEMLIDY 25MG TAB	48
<i>unithroid 100mcg tab</i>	88	<i>valsartan 80mg tab</i>	28	VENCLEXTA 100MG TAB	33
<i>unithroid 112mcg tab</i>	88	VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	13	VENCLEXTA 10MG TAB	33
<i>unithroid 125mcg tab</i>	88	VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	13	VENCLEXTA 50MG TAB	33
<i>unithroid 137mcg tab</i>	88	VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	13	VENCLEXTA TAB STARTER PACK	
<i>unithroid 150mcg tab</i>	88	VALTOCO 5MG (5MG/0.1ML) NASAL SPARY DOSE PACK	13	<i>venlafaxine 100mg tab</i>	19
<i>unithroid 175mcg tab</i>	88	<i>vancomycin 100mg/ml inj</i>	31	<i>venlafaxine 150mg er cap</i>	19
<i>unithroid 200mcg tab</i>	88	<i>vancomycin 125mg cap</i>	31	<i>venlafaxine 25mg tab</i>	19
<i>unithroid 25mcg tab</i>	88	<i>vancomycin 1gm inj</i>	31	<i>venlafaxine 37.5mg er cap</i>	19
<i>unithroid 300mcg tab</i>	88	<i>vancomycin 250mg cap</i>	31	<i>venlafaxine 37.5mg tab</i>	19
<i>unithroid 50mcg tab</i>	88	<i>vancomycin 500mg inj</i>	31	<i>venlafaxine 50mg tab</i>	19
<i>unithroid 75mcg tab</i>	88	<i>vancomycin 750mg inj</i>	31	<i>venlafaxine 75mg er cap</i>	19
<i>unithroid 88mcg tab</i>	88	VANFLYTA 17.7MG TAB	39	<i>venlafaxine 75mg tab</i>	19
<i>ursodiol 250mg tab</i>	68	VANFLYTA 26.5MG TAB	39	<i>verapamil 120mg er cap</i>	51
<i>ursodiol 300mg cap</i>	68	VAQTA 25UNIT/0.5ML INJ	91	<i>verapamil 120mg er tab</i>	51
<i>ursodiol 500mg tab</i>	68	VAQTA 25UNIT/0.5ML SYRINGE	91	<i>verapamil 120mg tab</i>	51
UZEDY 100MG/0.28ML SYRINGE	43	VAQTA 50UNIT/ML INJ	91	<i>verapamil 180mg er cap</i>	51
UZEDY 125MG/0.35ML SYRINGE	43	VAQTA 50UNIT/ML SYRINGE	91	<i>verapamil 180mg er tab</i>	51
UZEDY 150MG/0.42ML SYRINGE	43	<i>varenicline 0.5mg tab</i>	86	<i>verapamil 240mg er cap</i>	51
UZEDY 200MG/0.56ML SYRINGE	43	<i>varenicline 0.5mg/1mg first month pack</i>	86	<i>verapamil 240mg er tab</i>	51
UZEDY 250MG/0.7ML SYRINGE	43	<i>varenicline 1mg tab</i>	86	<i>verapamil 40mg tab</i>	51
UZEDY 50MG/0.14ML SYRINGE	43	<i>varenicline 1mg tab pack (56)</i>	86	<i>verapamil 80mg tab</i>	51
UZEDY 75MG/0.21ML SYRINGE	43	VARIVAX 1350PFU/0.5ML INJ	91	VERQUVO 10MG TAB	52
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V		VARUBI 90MG TAB	24	VERQUVO 2.5MG TAB	52
<i>valacyclovir 1000mg tab</i>	48	VAXCHORA SUSP	90	VERZENIO 100MG TAB	39
<i>valacyclovir 500mg tab</i>	48			VERZENIO 150MG TAB	39
VALCHLOR 0.016% GEL	60			VERZENIO 200MG TAB	39
<i>valganciclovir 450mg tab</i>	48			VERZENIO 50MG TAB	39
<i>valganciclovir 50mg/ml oral soln</i>	48				

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>vestura 3-0.02mg pack</i>	57	VRAYLAR 1.5MG CAP	41	XARELTO TAB STARTER	12
VICTOZA 18MG/3ML	22	VRAYLAR 3MG CAP	41	PACK	
PEN INJ		VRAYLAR 4.5MG CAP	41	XATMEP 2.5MG/ML	33
<i>vienva 28 day pack</i>	57	VRAYLAR 6MG CAP	41	ORAL SOLN	
<i>vigabatrin 500mg powder for oral soln</i>	16	<i>vyfemla 28 day pack</i>	57	XCOPRI 100MG TAB	16
<i>vigabatrin 500mg tab</i>	16	<i>vylibra 28 day pack</i>	57	XCOPRI 12.5/25MG	16
<i>vigadrone 500mg powder for oral soln</i>	16	VYNDAMAX 61MG CAP	52	TITRATION PACK	
<i>vigadrone 500mg tab</i>	16	VYNDAQEL 20MG CAP	52	XCOPRI 150/200MG	16
VIGAFYDE 100MG/ML	16			PACK TAB	
ORAL SOLN		W		XCOPRI 150/200MG	16
<i>vigpoder 500mg powder for oral soln</i>	16	WAKIX 17.8MG TAB	1	TITRATION PACK	
<i>vilazodone 10mg tab</i>	18	WAKIX 4.45MG TAB	1	XCOPRI 150MG TAB	16
<i>vilazodone 20mg tab</i>	18	<i>warfarin sodium 10mg tab</i>	12	XCOPRI 200MG TAB	16
<i>vilazodone 40mg tab</i>	18	<i>warfarin sodium 1mg tab</i>	12	XCOPRI 25MG TAB	16
VIRACEPT 250MG TAB	47	<i>warfarin sodium 2.5mg tab</i>	12	XCOPRI 50/100MG	16
VIRACEPT 625MG TAB	47	<i>warfarin sodium 2mg tab</i>	12	TITRATION PACK	
VIREAD 150MG TAB	47	<i>warfarin sodium 3mg tab</i>	12	XCOPRI 50MG TAB	16
VIREAD 200MG TAB	48	<i>warfarin sodium 4mg tab</i>	12	XCOPRI TAB 100/150MG	16
VIREAD 250MG TAB	48	<i>warfarin sodium 5mg tab</i>	12	MAINTENANCE PACK	
VIREAD 40MG/GM	48	<i>warfarin sodium 6mg tab</i>	12	XDEMVY 0.25% OPHTH	80
ORAL POWDER		<i>warfarin sodium 7.5mg tab</i>	12	SOLN	
VITRAKVI 100MG CAP	39	WELIREG 40MG TAB	35	XELJANZ 10MG TAB	3
VITRAKVI 20MG/ML	39	<i>wixela 100-50mcg inhaler</i>	11	XELJANZ 1MG/ML	3
ORAL SOLN		<i>wixela 250-50mcg inhaler</i>	11	ORAL SOLN	
VITRAKVI 25MG CAP	39	<i>wixela 500-50mcg inhaler</i>	11	XELJANZ 5MG TAB	3
VIZIMPRO 15MG TAB	34	<i>wymzya fe 28 day pack</i>	57	XELJANZ XR 11MG TAB	3
VIZIMPRO 30MG TAB	34			XELJANZ XR 22MG TAB	3
VIZIMPRO 45MG TAB	34	X		XERMELO 250MG	69
VONJO 100MG CAP	39	XALKORI 150MG ORAL	39	XGEVA 120MG/1.7ML	64
VORANIGO 10MG TAB	39	PELLET		INJ	
VORANIGO 40MG TAB	39	XALKORI 200MG CAP	39	XIFAXAN 200MG TAB	30
VORICONAZOLE 200MG	25	XALKORI 20MG ORAL	39	XIFAXAN 550MG TAB	30
INJ		PELLET		XIGDUO XR 10-1000MG	20
<i>voriconazole 200mg tab</i>	25	XALKORI 250MG CAP	39	TAB	
<i>voriconazole 40mg/ml susp</i>	25	XALKORI 50MG ORAL	39	XIGDUO XR 10-500MG	20
<i>voriconazole 50mg tab</i>	25	PELLET		TAB	
VOSEVI 400-100-100MG	48	XARELTO 10MG TAB	12	XIGDUO XR	21
TAB		XARELTO 15MG TAB	12	2.5-1000MG TAB	
VOWST 30000000UNIT	69	XARELTO 1MG/ML	12	XIGDUO XR 5-1000MG	21
CAP		SUSP		TAB	
		XARELTO 2.5MG TAB	12	XIGDUO XR 5-500MG	21
		XARELTO 20MG TAB	12	TAB	
				XIIDRA 5% OPHTH	80
				SOLN	

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

ALPHABETICAL LISTING OF DRUGS

XOLAIR 150MG INJ	9	YF-VAX INJ	91	ZENPEP	63
XOLAIR 150MG/ML AUTO-INJECTOR	9	YF-VAX INJ	91	42000-10000-32000UNIT DR CAP	
XOLAIR 150MG/ML SYRINGE	9	Z		ZENPEP	63
XOLAIR 300MG/2ML AUTO-INJECTOR	9	<i>zafirlukast 10mg tab</i>	10	63000-15000-47000UNIT DR CAP	
XOLAIR 300MG/2ML SYRINGE	9	<i>zafirlukast 20mg tab</i>	10	ZENPEP	63
XOLAIR 75MG/0.5ML AUTO-INJECTOR	9	<i>zaleplon 10mg cap</i>	72	84000-20000-63000UNIT DR CAP	
XOLAIR 75MG/0.5ML SYRINGE	9	<i>zaleplon 5mg cap</i>	72	ZEPOSIA 0.92MG CAP	85
XOPENEX 45MCG INHALER	11	ZARXIO 300MCG/0.5ML SYRINGE	71	ZEPOSIA 28-DAY STARTER KIT	85
XOSPATA 40MG TAB	39	ZARXIO 480MCG/0.8ML SYRINGE	71	ZEPOSIA CAP 7-DAY STARTER PACK	85
XPOVIO 100MG ONCE WEEKLY CARTON	35	ZAVZPRET 10MG/ACT NASAL SPRAY	73	<i>zidovudine 100mg cap</i>	48
XPOVIO 40MG ONCE WEEKLY CARTON	35	ZEGALOGUE 0.6MG/0.6ML AUTO-INJECTOR	21	<i>zidovudine 10mg/ml oral soln</i>	48
XPOVIO 40MG TWICE WEEKLY CARTON	35	ZEGALOGUE 0.6MG/0.6ML SYRINGE	21	<i>zidovudine 300mg tab</i>	48
XPOVIO 60MG ONCE WEEKLY CARTON	35	ZEJULA 100MG TAB	39	ZIEXTENZO 6MG/0.6ML SYRINGE	71
XPOVIO 60MG TWICE WEEKLY CARTON (24 PACK)	35	ZEJULA 200MG TAB	39	ZIMHI 5MG/0.5ML SYRINGE	23
XPOVIO 80MG ONCE WEEKLY CARTON	35	ZEJULA 300MG TAB	39	<i>ziprasidone 20mg cap</i>	42
XPOVIO 80MG TWICE WEEKLY CARTON (32 PACK)	35	ZELBORAF 240MG TAB	39	<i>ziprasidone 20mg inj</i>	42
XTANDI 40MG CAP	35	ZEMAIRA 1000MG INJ	86	<i>ziprasidone 40mg cap</i>	42
XTANDI 40MG TAB	35	<i>zenatane 10mg cap</i>	59	<i>ziprasidone 60mg cap</i>	42
XTANDI 80MG TAB	35	<i>zenatane 20mg cap</i>	59	<i>ziprasidone 80mg cap</i>	42
XYWAV 0.5GM/ML ORAL SOLN	83	<i>zenatane 30mg cap</i>	59	ZOLINZA 100MG CAP	39
		<i>zenatane 40mg cap</i>	59	<i>zolmitriptan 2.5mg tab</i>	74
		ZENPEP	63	<i>zolmitriptan 5mg tab</i>	74
		105000-25000-79000UNI T DR CAP		<i>zolmitriptan 5mg/act nasal spray</i>	74
		ZENPEP	63	<i>zolpidem tartrate 10mg tab</i>	72
		14000-3000-10000UNIT DR CAP		<i>zolpidem tartrate 12.5mg er tab</i>	72
		ZENPEP	63	<i>zolpidem tartrate 5mg tab</i>	72
		24000-5000-17000UNIT DR CAP		<i>zolpidem tartrate 6.25mg er tab</i>	72
		ZENPEP	63	ZONISADE 100MG/5ML SUSP	16
		252600-60000-189600U NIT DR CAP		<i>zonisamide 100mg cap</i>	16
		ZENPEP	63	<i>zonisamide 25mg cap</i>	16
		40000-126000-168000U NIT DR CAP		<i>zonisamide 50mg cap</i>	16
Y					
<i>yargesa 100mg cap</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

ZORYVE 0.3% CREAM	60
<i>zovia 1/35e 28 day pack</i>	57
ZTALMY 50MG/ML SUSP	16
ZURZUVAE 20MG CAP	17
ZURZUVAE 25MG CAP	17
ZURZUVAE 30MG CAP	17
ZYDELIG 100MG TAB	39
ZYDELIG 150MG TAB	39
ZYKADIA 150MG TAB	40
ZYPREXA 210MG INJ	44

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



L.A. Care
HEALTH PLAN®

For All of L.A.

Este Formulario se actualizó el 12/01/2024. 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.

Para obtener información más reciente u 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)**.