



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

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

Listahan ng Mga Sinasaklaw na Gamot Formulary (Pormularyo) **2025**

MANGYARING BASAHIN: NAGLALAMAN ANG DOKUMENTONG ITO
NG IMPORMASYON TUNGKOL SA MGA GAMOT NA SINASAKLAW
NAMIN SA PLANONG ITO

Na-update ang formulary na ito noong Setyembre 1, 2025.

Para sa higit pang kamakailang impormasyon o iba pang tanong,
makipag-ugnayan sa amin sa **1-833-522-3767** (TTY: **711**), 24 na
oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga
holiday, o pumunta sa **medicare.lacare.org**.



L.A. Care Medicare Plus (HMO D-SNP) | 2025 *Listahan ng Mga Saklaw na Gamot* (Formulary)

Panimula

Tinatawag ang dokumentong ito na *Listahan ng Mga Saklaw na Gamot* (na kilala rin bilang *Listahan ng Gamot*). Makikita rito ang mga inireresetang gamot at over-the-counter (OTC) na gamot at produkto at item na hindi gamot na sinasaklaw ng L.A. Care Medicare Plus. Nakasaad din sa *Listahan ng Gamot* kung may anumang espesyal na panuntunan o paghihigpit sa anumang gamot na sinasaklaw ng L.A. Care Medicare Plus. Makikita ang mahahalagang termino at ang kahulugan ng mga ito sa huling kabanata ng *Handbook ng Miyembro*.

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Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.

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A. Mga Disclaimer

Isa itong listahan ng mga gamot na makukuha ng mga miyembro sa L.A. Care Medicare Plus.

- ❖ Puwede niyong tingnan ang pinakabagong *Listahan ng Mga Saklaw na Gamot* ng L.A. Care Medicare Plus online anumang oras sa [medicare.lacare.org](https://www.lacare.org) o sa pamamagitan ng pagtawag sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag na ito.
- ❖ Makukuha ninyo ang dokumentong ito nang libre sa iba pang format, gaya ng malalaking titik, braille, o audio. Tumawag sa 1-833-522-3767 (TTY: 711) o sa mga numerong nakalista sa ibaba ng pahinang ito o sa mga numero sa footer ng dokumentong ito. Libre ang tawag.
- ❖ **ATTENTION: If you need help in your language, call 1-833-522-3767 (TTY: 711).** Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-833-522-3767 (TTY: 711)**. These services are free.

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

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

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

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

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

❖ ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក ស្នូម ទូរសព្ទទៅលេខ **1-833-522-3767** (TTY: **711**)។ ជំនួយ នឹង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជា អក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជា អក្សរពុម្ព ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ **1-833-522-3767** (TTY: **711**)។ សេវាកម្មទាំងនេះមិន គិតថ្លៃឡើយ។

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

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

❖ **โปรดทราบ:** หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

❖ **УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-833-522-3767 (TTY: 711).** Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-833-522-3767** (TTY: **711**). Ці послуги безкоштовні.

❖ **CHÚ Ý:** Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-833-522-3767** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-833-522-3767** (TTY: **711**). Các dịch vụ này đều miễn phí.

- ❖ Available ang dokumentong ito nang libre sa Arabic, Armenian, Chinese, Punjabi, Hindi, Hmong, Japanese, Farsi, Korean, Laotian, Russian, Spanish, Tagalog, Mien, Cambodian, Thai, Ukrainian at Vietnamese.
- ❖ Maaari ninyong hilingin na palagi kaming magpadala sa inyo ng impormasyon sa wika o format na kailangan ninyo. Tinatawag itong pangmatagalang kahilingan. Susubaybayan namin ang inyong pangmatagalang kahilingan upang hindi ninyo kailangang gumawa ng mga hiwalay na kahilingan sa tuwing magpapadala kami sa inyo ng impormasyon. Upang makuha ang dokumentong ito sa isang wika maliban sa English at/o sa isang alternatibong format, mangyaring makipag-ugnayan sa Mga Serbisyo sa Miyembro sa (833) 522-3767, TTY: 711, 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Matutulungan ka ng isang kinatawan na gumawa o magbago ng pangmatagalang kahilingan.

B. Mga Madalas Itanong (FAQ)

Makikita rito ang mga sagot sa mga tanong na posibleng mayroon kayo tungkol sa *Listahan ng Mga Saklaw na Gamot* na ito. Maaari ninyong basahin ang lahat ng FAQ para matuto pa o puwede kayong maghanap ng tanong at sagot.

B1. Anong mga inireresetang gamot ang nasa *Listahan ng Mga Saklaw na Gamot*? (Tinatawag namin ang *Listahan ng Mga Saklaw na Gamot* na “*Listahan ng Gamot*” sa maikling salita.)

Ang mga gamot sa *Listahan ng Mga Saklaw na Gamot* na nagsisimula sa seksyon D ay ang mga gamot na sinasaklaw ng L.A. Care Medicare Plus. Makukuha ang mga gamot sa mga parmasyang nasa aming network. Nasa aming network ang isang parmasya kung mayroon kaming kasunduan sa kanila na makipagtulungan sa amin at magbigay sa inyo ng mga serbisyo. Tinatawag namin ang mga parmasyang ito bilang “mga parmasyang nasa network.”

Posibleng saklawin ng Medi-Cal Rx ang ibang gamot, gaya ng mga over-the-counter (OTC) na gamot at ilang partikular na bitamina. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Puwede rin kayong tumawag sa Customer Service Center ng Medi-Cal Rx sa 800-977-2273. Dalhin ang inyong Card ng Pagkakakilanlan ng Benepisyaryo (Beneficiary Identification Card, BIC) ng Medi-Cal kapag kumuha kayo ng mga reseta sa pamamagitan ng Medi-Cal Rx.

- Sasaklawin ng L.A. Care Medicare Plus ang lahat ng medikal na kinakailangang gamot na nasa *Listahan ng Gamot* kung:
 - sasabihin ng inyong doktor o iba pang tagapagreseta na kailangan ninyo ang mga ito para gumaling kayo o manatili kayong malusog,
 - sasang-ayon ang L.A. Care Medicare Plus na medikal na kinakailangan para sa inyo ang nasabing gamot, **at**
 - kukunin ninyo ang reseta sa isang parmasyang nasa network ng L.A. Care Medicare Plus.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.

Huling Update: 09/01/2025



- Sa ilang sitwasyon, mayroon kayong kailangang gawin bago ninyo makuha ang isang gamot. Sumangguni sa tanong B4 para sa higit pang impormasyon.

Makakakuha rin kayo ng updated na listahan ng mga gamot na sinasaklaw namin sa aming website sa [medicare.lacare.org](https://www.medicare.lacare.org) o sa pamamagitan ng pagtawag sa aming Mga Serbisyo sa Miyembro sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday.

B2. Nagbabago ba ang *Listahan ng Gamot*?

Oo, at dapat sundin ng L.A. Care Medicare Plus ang mga panuntunan ng Medicare at Medi-Cal sa paggawa ng mga pagbabago. Maaari kaming magdagdag o mag-alis ng mga gamot sa *Listahan ng Gamot* sa kabuuan ng taon.

Puwede rin naming baguhin ang aming mga panuntunan tungkol sa mga gamot. Halimbawa, magagawa naming:

- Magpasyang humingi o hindi humingi ng paunang pahintulot para sa isang gamot. (Ang paunang pahintulot ay isang awtorisasyon mula sa L.A. Care Medicare Plus bago kayo makakuha ng isang gamot.)
- Dagdagan o baguhin ang dami ng gamot na puwede ninyong kunin (tinatawag na mga limitasyon sa dami).
- Dagdagan o baguhin ang mga paghihigpit na step therapy sa isang gamot. (Kapag sinabing step therapy, ibig sabihin, kailangan muna ninyong subukan ang isang gamot bago kami sumaklaw ng ibang gamot.)

Para sa higit pang impormasyon tungkol sa mga panuntunang ito sa gamot, sumangguni sa tanong B4.

Kung umiinom kayo ng gamot na sinasaklaw sa **simula** ng taon, sa pangkalahatan, hindi namin aalisin o babaguhin ang saklaw sa gamot na iyon **sa natitirang bahagi ng taon** maliban na lang kung:

- magkakaroon ng bagong mas murang gamot sa pamilihan na kasimbisa ng gamot na nasa *Listahan ng Gamot* ngayon, o
- mapag-aalaman naming hindi ligtas inumin ang isang gamot, o
- aalisin ang isang gamot sa pamilihan.

May higit pang impormasyon ang mga tanong B3 at B6 sa ibaba tungkol sa kung ano ang mangyayari kapag nagbabago ang *Listahan ng Gamot*.

- Maaari ninyong tingnan ang pinakabagong *Listahan ng Gamot* ng L.A. Care Medicare Plus online anumang oras sa [medicare.lacare.org](https://www.medicare.lacare.org). Naka-post sa website ang mga update sa *Listahan ng Gamot* buwan-buwan.
- Puwede rin kayong tumawag sa Mga Serbisyo sa Miyembro sa 1-833-522-3767 (TTY: 711) 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday, para tingnan ang kasalukuyang *Listahan ng Gamot*.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang [medicare.lacare.org](https://www.medicare.lacare.org).



B3. Ano ang mangyayari kapag may nagbago sa *Listahan ng Gamot*?

May ilang pagbabago sa *Listahan ng Gamot* na **agarang** mangyayari. Halimbawa:

- **Mga pagpapalit ng ilang partikular na mga bagong bersyon ng mga gamot.** Maaari naming agad na alisin ang mga gamot mula sa *Listahan ng Gamot* kung papalitan namin ang mga ito ng ilang partikular na bagong bersyon ng gamot na iyon, ngunit ang inyong gastos para sa bagong gamot ay mananatiling \$0. Kapag nagdaragdag kami ng bagong bersyon ng isang gamot, maaari rin kaming magpasyang panatilihin sa listahan ang branded na gamot o orihinal na biyolohikal na produkto pero baguhin ang mga panuntunan o limitasyon nito sa saklaw.
 - Posibleng hindi namin kayo masabihan bago namin gawin ang pagbabagong ito, pero papadalhan namin kayo ng impormasyon tungkol sa partikular na pagbabagong ginawa namin kapag nagawa na ito.
 - Maaari lang naming gawin ang mga pagbabagong ito kung ang gamot na idinaragdag namin:
 - ay isang bagong generic na bersyon ng isang branded na gamot, o
 - ay isang partikular na bagong biosimilar na bersyon ng mga orihinal na biyolohikal na produkto sa *Listahan ng Gamot* (halimbawa, pagdaragdag ng mapapalitang biosimilar na maaaring palitan ng orihinal na biyolohikal na produkto nang walang bagong reseta).
 - maaaring bago sa inyo ang ilan sa mga uri ng gamot na ito. Para sa higit pang impormasyon, sumangguni sa Seksyon B14.
 - Puwedeng humiling kayo o ang inyong provider ng pagbubukod sa mga pagbabagong ito. Papadalhan namin kayo ng abiso na nagsasaad sa mga hakbang na puwede ninyong gawin para makahiling ng pagbubukod. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon sa mga pagbubukod.
- **Inalis ang isang gamot sa pamilihan.** Kung sasabihin ng Food and Drug Administration (FDA) na hindi ligtas ang isang gamot na iniinom ninyo o kung aalisin ng manufacturer ng gamot ang isang gamot sa pamilihan, maaaring alisin namin kaagad ito sa *Listahan ng Gamot*. Kung iniinom ninyo ang gamot, papadalhan namin kayo ng abiso pagkatapos naming gawin ang pagbabago. Kung matatanggap ninyo ang isa sa mga liham na ito, makipag-usap sa inyong doktor para makahanap ng ibang gamot na ligtas para sa inyo.

Maaari kaming gumawa ng iba pang pagbabagong makakaapekto sa mga gamot na iniinom ninyo. Ipapaalam namin sa inyo nang mas maaga ang tungkol sa iba pang pagbabagong ito sa *Listahan ng Gamot*. Puwedeng mangyari ang mga pagbabagong ito kung:

- Magbibigay ang FDA ng bagong gabay o may mga bagong klinikal na alituntunin tungkol sa isang gamot.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon,** bisitahin ang medicare.lacare.org.
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- Tinatanggal namin ang isang branded na gamot mula sa *Listahan ng Gamot* kapag nagdaragdag ng isang generic na gamot na hindi bago sa pamilihan, o
- tinatanggal namin ang isang orihinal na biyolohikal na produkto kapag nagdaragdag ng isang biosimilar, o
- binabago namin ang mga panuntunan o limitasyon sa saklaw para sa branded na gamot.

Kapag nangyari ang mga pagbabagong ito, gagawin namin ang mga sumusunod:

- sasabihin namin sa inyo nang hindi bababa sa 30 araw bago namin gawin ang pagbabago sa *Listahan ng Gamot* o
- ipapaalam namin sa inyo at bibigyan kayo ng 30 araw na supply ng gamot pagkatapos ninyong humiling ng refill.

Magbibigay ito sa inyo ng panahong kausapin ang inyong doktor o iba pang tagapagreseta. Makakatulong sila sa inyong magpasya:

- kung may katulad na gamot sa *Listahan ng Gamot* na maaari ninyong inumin sa halip o
- kung hihiling man ng pagbubukod mula sa mga pagbabagong ito. Para matuto pa tungkol sa mga pagbubukod, sumangguni sa tanong B10-B12.

B4. Mayroon bang anumang paghihigpit o limitasyon sa saklaw sa gamot o anumang kinakailangang pagkilos para makuha ang ilang partikular na gamot?

Oo, may ilang gamot na may mga panuntunan sa saklaw o limitasyon sa dami ng puwede ninyong kunin. Sa ilang sitwasyon, kayo o ang inyong doktor o iba pang tagapagreseta ay may dapat gawin bago ninyo makuha ang gamot. Halimbawa:

- **Paunang pahintulot:** Para sa ilang gamot, kayo o ang inyong doktor o iba pang tagapagreseta ay dapat humingi ng pag-apruba mula sa L.A. Care Medicare Plus bago ninyo kunin ang inyong reseta. Iba ang paunang pahintulot sa referral. Posibleng hindi saklawin ng L.A. Care Medicare Plus ang gamot kung hindi kayo hihingi ng paunang pahintulot.
- **Mga limitasyon sa dami:** Kung minsan, nililimitahan ng L.A. Care Medicare Plus ang dami ng gamot na puwede ninyong kunin.
- **Step therapy:** Sa ilang pagkakataon, aatasan kayo ng L.A. Care Medicare Plus na magsagawa ng step therapy. Ibig sabihin, kakailanganin ninyong sumubok ng mga gamot sa isang partikular na pagkakasunud-sunod para sa inyong medikal na kundisyon. Posibleng kailanganin muna ninyong subukan ang isang gamot bago kami sumaklaw ng ibang gamot. Kung sa palagay ng inyong tagareseta ay hindi naging mabisa sa inyo ang unang gamot, sasaklawin namin ang pangalawang gamot.
- **Saklaw batay sa indikasyon:** Kung sinasaklaw ng L.A. Care Medicare Plus ang isang gamot para lang sa ilang medikal na kundisyon, malinaw namin itong tinutukoy sa *Listahan ng Gamot*, kasama ng mga sinasaklaw na partikular na medikal na kundisyon.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.

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Malalaman ninyo kung ang inyong gamot ay may karagdagang mga iniaatas o limitasyon sa pamamagitan ng pagtingin sa mga talahanayan sa seksyong C. Makakakuha rin kayo ng higit pang impormasyon sa pamamagitan ng pagbisita sa aming website sa medicare.lacare.org. Nag-post kami ng mga online na dokumento na nagpapaliwanag sa aming mga paghihigpit sa paunang pahintulot at step therapy. Puwede rin kayong humingi ng kopya sa amin.

Puwede kayong humiling ng pagbubukod sa mga limitasyong ito. Magbibigay ito sa inyo ng panahong kausapin ang inyong doktor o iba pang tagapagreseta. Matutulungan nila kayong magpasya kung may maiinom kayong katulad na gamot sa *Listahan ng Gamot* o kung hihiling ba ng pagbubukod. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon tungkol sa mga pagbubukod.

B5. Paano ko malalaman kung may mga limitasyon ang gusto kong gamot o kung may mga kinakailangang pagkilos para makuha ang gamot?

Ang talahanayan sa *Listahan ng Mga Gamot* ayon sa medikal na kundisyon/uri ng gamot ay may column na may label na “Mga kinakailangang pagkilos, paghihigpit, o limitasyon sa paggamit.”

B6. Ano ang mangyayari kung binabago ng L.A. Care Medicare Plus ang kanilang mga panuntunan tungkol sa pagsaklaw ng ilang gamot (halimbawa, mga paghihigpit sa paunang pahintulot, mga limitasyon sa dami, at/o step therapy)?

Sa ilang sitwasyon, ipapaalam namin sa inyo nang mas maaga kung may idaragdag o babaguhin kaming paghihigpit na paunang pahintulot, mga limitasyon sa dami, at/o step therapy sa isang gamot. Sumangguni sa tanong B3 para sa higit pang impormasyon tungkol sa paunang abisong ito at sa mga sitwasyon kung kailan maaaring hindi namin masabi sa inyo nang maaga kapag may magbabago sa aming mga panuntunan tungkol sa mga gamot sa *Listahan ng Gamot*.

B7. Paano ko mahahanap ang isang gamot sa *Listahan ng Gamot*?

May dalawang paraan ng paghahanap ng gamot:

- maaari kayong maghanap ayon sa alpabeto, **a**
- maaari kayong maghanap ayon sa medikal na kundisyon o uri ng gamot.

Para maghanap **ayon sa alpabeto**, hanapin ang inyong gamot sa seksyong Index ng Mga Saklaw na Gamot. Makikita ninyo ito sa dulo ng listahan ng gamot. Tinatawag itong Index. Nakalista ang mga gamot ayon sa alpabeto.

Para maghanap **ayon sa medikal na kundisyon**, hanapin ang seksyon na may label na “Listahan ng Mga Gamot ayon sa Medikal na Kundisyon” sa pahina xxi. Ang mga gamot sa seksyong ito ay nakagrupa sa mga kategorya depende sa uri ng mga medikal na kundisyong ginagamot ng mga ito. Halimbawa, kung mayroon kayong kundisyon sa puso, dapat kayong maghanap sa kategoryang mga cardiovascular agent – Iba pa. Doon ninyo mahahanap ang mga gamot na nakakagamot ng mga kundisyon sa puso.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.

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B8. Paano kung wala sa *Listahan ng Gamot* ang gamot na gusto kong inumin?

Kung hindi ninyo makita ang inyong gamot sa *Listahan ng Gamot*, tumawag sa Mga Serbisyo sa Miyembro sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday at magtanong tungkol dito. Kung mapag-aalaman ninyong hindi sasaklawin ng L.A. Care Medicare Plus ang gamot, puwede ninyong gawin ang isa sa mga bagay na ito:

- Humiling sa *Mga Serbisyo sa Miyembro* ng listahan ng mga gamot na katulad ng gusto ninyong inumin. Pagkatapos ay ipakita ang listahan sa inyong doktor o iba pang tagapagreseta. Maaari silang magreseta ng gamot sa *Listahan ng Gamot* na katulad ng gusto ninyong inumin. **O**
- Puwede ninyong hilingin sa L.A. Care Medicare Plus na gumawa ng pagbubukod para saklawin ang inyong gamot. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon tungkol sa mga pagbubukod.

B9. Paano kung bagong miyembro ako ng L.A. Care Medicare Plus at hindi ko mahanap ang aking gamot sa *Listahan ng Gamot* o nagkakaproblema ako sa pagkuha ng aking gamot?

Makakatulong kami. Maaari naming saklawin ang pansamantalang 30 araw na supply ng inyong gamot sa unang 90 araw ng pagiging miyembro ninyo sa L.A. Care Medicare Plus. Magbibigay ito sa inyo ng panahong kausapin ang inyong doktor o iba pang tagapagreseta. Matutulungan nila kayong magpasya kung may maiinom kayong katulad na gamot sa *Listahan ng Gamot* o kung hihiling ba ng pagbubukod.

Kung para sa mas kaunting araw ang inyong reseta, papayagan namin ang maraming refill para makapagbigay ng hanggang 30 araw na gamot.

Sasaklawin namin ang 30 araw na supply ng inyong gamot kung:

- umiinom kayo ng gamot na wala sa aming *Listahan ng Gamot*, **O**
- hindi kayo pinapahintulutan ng aming mga panuntunan ng plano na makuha ang daming iniatas ng inyong tagareseta, **O**
- kinakailangan para sa gamot ang paunang pahintulot ng L.A. Care Medicare Plus, **O**
- umiinom kayo ng gamot na bahagi ng paghihigpit na step therapy.

Kung umiinom kayo ng gamot na hindi itinuturing na Part D na gamot ng L.A. Care Medicare Plus, at wala sa *Listahan ng Gamot* ang gamot, at nagkakaproblema kayo sa pagkuha ng gamot, maaaring saklawin ito sa pamamagitan ng Medi-Cal Rx. Kung nangangailangan ng pagbubukod ang isang hindi kasamang gamot sa Part D, at mayroon kayong emergency, papayagan ng Medi-Cal Rx ang hindi bababa sa 72 oras na supply ng gamot. Mangyaring puntahan ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Puwede rin kayong tumawag sa Customer Service Center ng Medi-Cal Rx sa 800-977-2273. Mangyaring dalhin ang inyong Medi-Cal BIC kapag kumukuha kayo ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.



Kung kayo ay nasa isang nursing home o iba pang pasilidad ng pangmatagalang pangangalaga at kailangan ninyo ng gamot na wala sa *Listahan ng Gamot* o kung hindi kayo madaling makakakuha ng gamot na kailangan ninyo, makakatulong kami. Kung mahigit 90 araw na kayo sa plano, nakatira kayo sa isang pasilidad ng pangmatagalang pangangalaga, at kailangan ninyo kaagad ng supply:

- Sasaklawin namin ang isang 31 araw na supply ng gamot na kailangan ninyo (maliban na lang kung para sa mas kaunting araw ang inyong reseta), bagong miyembro man kayo ng L.A. Care Medicare Plus o hindi.
- Bukod pa ito sa pansamantalang supply sa unang 90 araw ng pagiging miyembro ninyo ng L.A. Care Medicare Plus.

Mga Pagbabago sa Antas ng Pangangalaga

Magbibigay kami ng pang-transition na supply ng inyong mga gamot kapag may nagbago sa antas ng inyong pangangalaga.

Ang mga halimbawa ng mga pagbabago sa antas ng pangangalaga ay posibleng kabilangan ng mga sumusunod:

1. Mga miyembrong papasok sa mga pasilidad ng pangmatagalang pangangalaga mula sa mga ospital
2. Mga miyembrong madi-discharge na mula sa ospital at papauwiin na sa bahay
3. Mga miyembrong matatapos na sa kanilang Medicare Part A na pananatili sa pasilidad ng sanay na pag-aalaga at kailangang bumalik sa kanilang pormularyo ng plano sa Part D
4. Mga miyembrong aalis na sa hospice at babalik sa mga karaniwang benepisyo sa Medicare Part A at B
5. Mga miyembrong matatapos na sa pananatili sa pasilidad ng pangmatagalang pangangalaga at babalik sa komunidad
6. Mga miyembrong madi-discharge na mula sa isang psychiatric na ospital na may mga rehimen sa gamot na lubos na naka-personalize

Puwedeng makipag-ugnayan ang mga parmasya sa Pharmacy Help Desk sa 1-844-268-9785 para iproseso ang mga pag-override sa point-of-sale para matiyak na naa-access ng mga miyembro ang kanilang mga gamot nang walang anumang pagkaantala.

B10. Puwede ba akong humiling ng pagbubukod para saklawin ang aking gamot?

Oo. Maaari ninyong hilingin sa L.A. Care Medicare Plus na gumawa ng pagbubukod para saklawin ang isang gamot na wala sa *Listahan ng Gamot*.

Puwede rin ninyong hilingin sa aming baguhin ang mga panuntunan sa inyong gamot.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.



- Halimbawa, posibleng limitahan ng L.A. Care Medicare Plus ang dami ng gamot na sasaklawin namin. Kung may limitasyon ang inyong gamot, puwede ninyong hilingin sa aming baguhin ang limitasyon at dagdagan pa ang aming saklaw.
- Iba pang halimbawa: Puwede ninyong hilingin sa aming alisin ang paghihigpit na step therapy o ang mga kinakailangan sa paunang pahintulot.

B11. Paano ako hihiling ng pagbubukod?

Para humiling ng pagbubukod, tumawag sa Mga Serbisyo sa Miyembro. Makikipagtulungan sa inyo at sa inyong tagareseta ang isang kinatawan ng Mga Serbisyo sa Miyembro upang tulungan kayong humiling ng pagbubukod. Maaari rin ninyong basahin ang **Kabanata 9** seksyon G ng *Handbook ng Miyembro* upang matuto pa tungkol sa mga pagbubukod.

B12. Gaano katagal bago makakuha ng pagbubukod?

Kapag nakatanggap na kami ng pahayag mula sa inyong tagapagreseta na sumusuporta sa inyong kahilingan para sa isang pagbubukod, bibigyan namin kayo ng pasya sa loob ng 72 oras. Puwedeng i-fax o ipadala, sa pamamagitan ng koreo, ng inyong doktor o iba pang tagapagreseta ang nasabing pahayag sa amin. O kaya, puwede itong sabihin sa amin ng inyong doktor o iba pang tagapagreseta, at pagkatapos ay puwedeng ipadala na lang ang pahayag sa pamamagitan ng fax o koreo. Maaari kayong tumawag sa amin sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday, para sa higit pang impormasyon.

Kung sa palagay ninyo o ng inyong tagapagreseta ay posibleng makasama sa inyong kalusugan kung kakailanganin ninyong maghintay ng 72 oras para sa isang pasya, puwede kayong humiling ng pinabilis na pagbubukod. Mas mabilis ang pasyang ito. Kung susuportahan ng inyong tagapagreseta ang inyong kahilingan, bibigyan namin kayo ng pasya sa loob ng 24 oras pagkatapos naming makuha ang sumusuportang pahayag ng inyong tagapagreseta.

B13. Ano ang mga generic na gamot?

Ang mga generic na gamot ay binubuo ng mga aktibong sangkap na pareho sa mga branded na gamot. Kadalasan ay mas mura ang mga ito kaysa sa branded na gamot at karaniwang gumagana nang kasinghusay. Karaniwang walang kilalang pangalan ang mga ito. Ang mga generic na gamot ay inaprubahan ng Food and Drug Administration (FDA). May mga generic na gamot na available para sa maraming branded na gamot. Karaniwang maaaring palitan ang mga generic na gamot ng mga branded na gamot sa parmasya nang walang bagong reseta—depende sa mga batas ng estado.

Sumasaklaw ang L.A. Care Medicare Plus ng mga branded at generic na gamot.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.



B14. Ano ang mga orihinal na biyolohikal na produkto at paano nauugnay ang mga ito sa mga biosimilar?

Kapag tumutukoy kami ng mga gamot, maaaring mangahulugan ito na isang gamot o isang biyolohikal na produkto. Ang mga biyolohikal na produkto ay mga gamot na mas kumplikado kaysa sa mga karaniwang gamot. Dahil ang mga biyolohikal na produkto ay mas kumplikado kaysa sa mga karaniwang gamot, sa halip na magkaroon ng generic na form, mayroon silang mga form na tinatawag na mga biosimilar. Sa pangkalahatan, gumagana ang mga biosimilar nang kasinghusay ng orihinal na biyolohikal na produkto at maaaring mas mura. Mayroong mga biosimilar na alternatibo para sa ilang orihinal na biyolohikal na produkto. Ang ilang biosimilar ay mga mapapalitang biosimilar at, depende sa mga batas ng estado, ay maaaring palitan ng orihinal na biyolohikal na produkto sa parmasya nang hindi nangangailangan ng bagong reseta, na katulad ng mga generic na gamot na maaaring palitan ng mga branded na gamot.

Para sa higit pang impormasyon tungkol sa mga uri ng gamot, sumangguni sa **Kabanata 5** ng *Handbook ng Miyembro*.

B15. Ano ang mga OTC na gamot?

Ang ibig sabihin ng OTC ay “over-the-counter.” Sinasaklaw ng L.A. Care Medicare Plus ang ilang OTC na gamot kapag nireseta ang mga ito ng inyong provider.

Maaari ninyong basahin ang *Listahan ng Gamot* ng L.A. Care Medicare Plus para malaman kung ano ang mga sinasaklaw na OTC na gamot.

B16. Sinasaklaw ba ng L.A. Care Medicare Plus ang mga OTC na produktong hindi gamot?

Sasaklawin ng L.A. Care Medicare Plus ang ilang OTC na produktong hindi gamot kapag isinulat ng tagapagreseta ninyo ang mga ito bilang mga reseta.

Kasama sa mga halimbawa ng mga OTC na produktong hindi gamot ang mga alcohol swab.

Maaari ninyong basahin ang *Listahan ng Gamot* ng L.A. Care Medicare Plus para malaman kung ano ang mga sinasaklaw na OTC na produktong hindi gamot.

B17. Sinasaklaw ba ng L.A. Care Medicare Plus ang mga pangmatagalang supply ng mga reseta?

- **Mga Programang Mail-Order.** Nag-aalok kami ng programang mail-order na magbibigay-daan sa inyong makakuha ng hanggang 100 araw na supply ng inyong mga inireresetang gamot, na direktang ipapadala sa inyong bahay. Pareho ang copay ng 100 araw na supply sa copay ng isang buwang supply.
- **Mga Programa ng Retail na Parmasya para sa 100 Araw.** Maaari ring mag-alok ang ilang retail na parmasya ng hanggang 100 araw na supply ng mga sinasaklaw na inireresetang gamot. Pareho ang copay ng 100 araw na supply sa copay ng isang buwang supply.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon,** bisitahin ang medicare.lacare.org.



B18. Maaari ba akong magpahatid sa aking bahay ng mga reseta mula sa aking lokal na parmasya?

Posibleng maihatid ng inyong lokal na parmasya ang inyong reseta sa bahay ninyo. Puwede kayong tumawag sa inyong parmasya para malaman kung naghahatid sila sa bahay.

B19. Ano ang aking copay?

May \$0 na copay ang mga miyembro ng L.A. Care Medicare Plus para sa mga inirereseta at OTC na gamot at produktong hindi gamot kung susundin ng miyembro ang mga panuntunan ng plano. Sumangguni sa tanong B15 at B16 para sa higit pang impormasyon tungkol sa mga OTC na gamot at produktong hindi gamot.

Ang mga tier ay mga grupo ng mga gamot sa aming *Listahan ng Gamot*.

- Lahat ng Saklaw na Part D na mga Gamot (1 Tier): Ang inyong copay para sa isang buwan (30 araw) na supply ay \$0 kada reseta.

Kung mayroon kayong mga tanong, tumawag sa Mga Serbisyo sa Miyembro sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday.

C. Pangkalahatang-ideya ng *Listahan ng Mga Saklaw na Gamot*

Makakakuha kayo sa *Listahan ng Mga Saklaw na Gamot* ng impormasyon tungkol sa mga gamot na sinasaklaw ng L.A. Care Medicare Plus. Kung hindi ninyo mahanap ang inyong gamot sa listahan, pumunta sa Index ng Mga Saklaw na Gamot na nagsisimula sa seksyon D. Nakalista sa index, na nakaayos ayon sa alpabeto, ang lahat ng gamot na sinasaklaw ng L.A. Care Medicare Plus.



MGA PAGPAPAIKLI SA MGA TALA NG SAKLAW

Mga Paghihigpit sa Pamamahala ng Mga Utility

PAGPAPAIKLI	PAGLALARAWAN	PAGPAPALIWANAG
PA	Paghihigpit na Paunang Pahintulot	Kinakailangan ninyo (o ng inyong doktor) na humingi ng paunang pahintulot sa L.A. Care Medicare Plus bago ninyo kunin ang reseta para sa gamot na ito. Kapag walang paunang pag-apruba, posibleng hindi saklawin ng L.A. Care Medicare Plus ang gamot na ito.
PA BvD	Paghihigpit na Paunang Pahintulot para sa Pagpapasya sa Part B vs Part D	Posibleng kwalipikadong bayaran ang gamot na ito sa ilalim ng Medicare Part B o Part D. Kailangan ninyo (o ng inyong doktor) na humingi ng paunang pahintulot sa L.A. Care Medicare Plus para matukoy kung sinasaklaw sa ilalim ng Medicare Part D ang gamot na ito bago ninyo kunin ang inyong reseta para sa gamot na ito. Kapag walang paunang pag-apruba, posibleng hindi saklawin ng L.A. Care Medicare Plus ang gamot na ito.
PA NSO	Paghihigpit na Paunang Pahintulot para sa Mga Kasisimula Pa Lang	Kung isa itong bagong reseta para sa inyo, ibig sabihin, ito ang unang beses na inireseta ang gamot na ito para sa inyo, kailangan ninyo (o ng inyong doktor) na humingi ng paunang pahintulot sa L.A. Care Medicare Plus bago ninyo kunin ang inyong reseta para sa gamot na ito. Kapag walang paunang pag-apruba, posibleng hindi saklawin ng L.A. Care Medicare Plus ang gamot na ito.
QL	Paghihigpit na Limitasyon sa Dami	Nililimitahan ng L.A. Care Medicare Plus ang dami ng sinasaklaw para sa isang partikular na tagal ng panahon para sa gamot na ito.
ST	Paghihigpit na Step Therapy	Bago saklawin ng L.A. Care Medicare Plus ang gamot na ito, dapat muna kayong sumubok ng ibang gamot sa pormularyo para magamot ang inyong medikal na kundisyon. Puwede lang saklawin ang gamot na ito kung hindi eepekto sa inyo ang ibang gamot.
ST NSO	Step Therapy para sa Mga Kasisimula Pa Lang	Kung isa itong bagong reseta para sa inyo, ibig sabihin, ito ang unang beses na inireseta ang gamot na ito para sa inyo, bago saklawin ng L.A. Care Medicare Plus ang gamot na ito, kailangan muna ninyong sumubok ng ibang gamot sa pormularyo para magamot ang inyong medikal na kundisyon. Puwede lang saklawin ang gamot na ito kung hindi eepekto sa inyo ang ibang gamot.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang medicare.lacare.org.



Iba Pang Espesyal na Kinakailangan para sa Saklaw

LD	Gamot na Limitadong Ipinapamahagi	Posibleng sa ilang partikular na parmasya lang available ang resetang ito. Para sa higit pang impormasyon, sumangguni sa inyong <i>Direktoryo ng Provider/ Parmasya</i> o tumawag sa Mga Serbisyo sa Miyembro sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday.
NDS	Supply para sa Hindi Pinalawig na Araw	Ang mga gamot na may nakasulat na "NDS" ay limitado sa 1 buwang supply para sa Retail at Mail Order.
INS	Mga Insulin	Mga insulin na produkto sa maximum na \$35 kada buwan.
VAC	Bakuna	Mga Bakuna sa Medicare Part D na sinasaklaw sa \$0.

Kung mayroon kang mga katanungan, mangyaring tumawag sa L.A. Care Medicare Plus sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag. **Para sa karagdagang impormasyon**, bisitahin ang [medicare.lacare.org](https://www.medicare.lacare.org).

Huling Update: 09/01/2025

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Posibleng saklawin ng Medi-Cal Rx ang ibang gamot, gaya ng mga over-the-counter (OTC) na gamot at ilang partikular na bitamina. Mangyaring puntahan ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Puwede rin kayong tumawag sa Customer Service Center ng Medi-Cal Rx sa 800-977-2273. Dalhin ang inyong Card ng Pagkakakilanlan ng Benepisyaryo (Beneficiary Identification Card, BIC) ng Medi-Cal kapag kumuha kayo ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Mga Apela sa Ilalim ng Part D

- Ang pag-apela ay isang pormal na paraan ng paghiling sa amin na suriin ang isang pasyang ginawa namin tungkol sa inyong saklaw at baguhin ito kung sa palagay ninyo ay nagkamali kami.
- Halimbawa, puwede kaming magpasyang hindi sinasaklaw o hindi na sinasaklaw ng Medicare o Medi-Cal ang isang gamot na gusto ninyo.
- Kung kayo o ang inyong tagareseta ay hindi sumasang-ayon sa aming pasya, maaari kayong umapela. Kung sakaling may gusto kayong itanong, tumawag sa Mga Serbisyo sa Miyembro sa 1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga holiday o sa mga numerong nakalista sa ibabang bahagi ng pahinang ito o sa mga numero sa footer ng dokumentong ito.
- Maaari rin ninyong basahin ang **Kabanata 9** ng *Handbook ng Miyembro* upang alamin kung paano iapela ang isang pasya.
- Ang mga gamot na hindi Part D na gamot ay may iba't ibang tuntunin para sa mga apela.

C1. Listahan ng Mga Gamot ayon sa Medikal na Kundisyon

Ang mga gamot sa seksyong ito ay nakagrupa sa mga kategorya depende sa uri ng mga medikal na kundisyong ginagamot ng mga ito. Halimbawa, kung mayroon kayong kundisyon sa puso, dapat kayong maghanap sa kategoryang mga cardiovascular agent – Iba pa. Doon ninyo mahahanap ang mga gamot na nakakagamot ng mga kundisyon sa puso.

D. Index ng Mga Saklaw na Gamot

Sa seksyong ito, mahahanap ninyo ang isang gamot sa pamamagitan ng paghahanap sa pangalan nito ayon sa alpabeto. Makikita ninyo rito ang page number kung saan kayo makakakuha ng karagdagang impormasyon ng saklaw para sa inyong gamot.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate 20mg tab</i>	1	
<i>methylphenidate 27mg er osmotic tab</i>	1	
<i>methylphenidate 27mg er tab</i>	1	
<i>methylphenidate 2mg/ml oral soln</i>	1	
<i>methylphenidate 36mg er osmotic tab</i>	1	
<i>methylphenidate 36mg er tab</i>	1	
<i>methylphenidate 54mg er osmotic tab</i>	1	
<i>methylphenidate 54mg er tab</i>	1	
<i>methylphenidate 5mg tab</i>	1	
<i>modafinil 100mg tab</i>	1	PA QL=60 EA/30 Days
<i>modafinil 200mg tab</i>	1	PA QL=60 EA/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin 250mg/ml inj</i>	1	
ARIKAYCE 590MG/8.4ML INH SUSP	1	NDS PA QL=252 ML/30 Days
GENTAMICIN 0.8MG/ML INJ	1	
<i>gentamicin 1.2mg/ml inj</i>	1	
GENTAMICIN 1.6MG/ML INJ	1	
GENTAMICIN 1MG/ML INJ	1	
<i>gentamicin 40mg/ml inj</i>	1	
<i>neomycin sulfate 500mg tab</i>	1	
STREPTOMYCIN 1GM INJ	1	
TOBRAMYCIN 10MG/ML INJ	1	
<i>tobramycin 300mg/5ml inh soln</i>	1	PA QL=300 ML/30 Days
<i>tobramycin 80mg/2ml inj</i>	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide 10mg tab</i>	1	
<i>leflunomide 20mg tab</i>	1	
OLUMIANT 1MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 2MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 4MG TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 15MG ER TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 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		
ADALIMUMAB-AATY 100MG/ML (0.2ML) SYRINGE	1	NDS PA QL=1 EA/28 Days
ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE	1	NDS PA QL=3 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
ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.4ML)	1	NDS PA QL=3 EA/28 Days
ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.8ML)	1	NDS PA QL=2 EA/28 Days
ADALIMUMAB-AATY 80MG/0.8ML AUTO-INJECTOR PACK (3)	1	PA QL=3 EA/180 Days
CIMZIA 200MG INJ	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	1	NDS PA QL=2 EA/28 Days
ENBREL 25MG/0.5ML INJ	1	NDS PA QL=8 ML/28 Days
ENBREL 25MG/0.5ML SYRINGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML CARTRIDGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
HADLIMA 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.4ML SYRINGE	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=4.80 ML/28 Days
HADLIMA 40MG/0.8ML SYRINGE	1	NDS PA QL=4.80 ML/28 Days
SIMLANDI 20MG/0.2ML SYRINGE	1	NDS PA QL=2 EA/28 Days
SIMLANDI 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=6 EA/28 Days
SIMLANDI 40MG/0.4ML SYRINGE	1	NDS PA QL=6 EA/28 Days
SIMLANDI 80MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=2 EA/28 Days
SIMLANDI 80MG/0.8ML SYRINGE	1	NDS PA QL=2 EA/28 Days
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
ACTEMRA 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 ML/28 Days
KEVZARA 150MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 150MG/1.14ML SYRINGE	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML SYRINGE	1	NDS PA QL=2.28 ML/28 Days
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 1.5% topical soln</i>	1	QL=300 ML/30 Days
<i>diclofenac sodium 100mg er tab</i>	1	
<i>diclofenac sodium 25mg dr tab</i>	1	
<i>diclofenac sodium 50mg dr tab</i>	1	
<i>diclofenac sodium 75mg dr tab</i>	1	
<i>diflunisal 500mg tab</i>	1	
<i>etodolac 200mg cap</i>	1	
<i>etodolac 300mg cap</i>	1	

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>etodolac 400mg tab</i>	1	
<i>etodolac 500mg tab</i>	1	
<i>ibu 600mg tab</i>	1	
<i>ibu 800mg tab</i>	1	
<i>ibuprofen 400mg tab</i>	1	
<i>ibuprofen 600mg tab</i>	1	
<i>ibuprofen 800mg tab</i>	1	
<i>ketorolac tromethamine 10mg tab</i>	1	QL=20 EA/5 Days
<i>meloxicam 15mg tab</i>	1	
<i>meloxicam 7.5mg tab</i>	1	
<i>nabumetone 500mg tab</i>	1	
<i>nabumetone 750mg tab</i>	1	
<i>naproxen 250mg tab</i>	1	
<i>naproxen 375mg dr tab</i>	1	
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>naproxen sodium 275mg tab</i>	1	
<i>naproxen sodium 550mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	
<i>piroxicam 20mg cap</i>	1	
<i>sulindac 150mg tab</i>	1	
<i>sulindac 200mg tab</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
ORENCIA 125MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
ORENCIA 50MG/0.4ML SYRINGE	1	NDS PA QL=1.60 ML/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	1	NDS PA QL=2.80 ML/28 Days
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl 100mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 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
METHADONE 1MG/ML ORAL SOLN	1	QL=3600 ML/30 Days
METHADONE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>methadone 5mg tab</i>	1	QL=360 EA/30 Days
<i>morphine sulfate 100mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg tab</i>	1	QL=180 EA/30 Days
<i>morphine sulfate 200mg er tab</i>	1	QL=120 EA/30 Days

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 20mg/ml oral soln</i>	1	QL=180 ML/30 Days
MORPHINE SULFATE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>morphine sulfate 30mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 30mg tab</i>	1	QL=180 EA/30 Days
MORPHINE SULFATE 4MG/ML ORAL SOLN	1	QL=900 ML/30 Days
<i>morphine sulfate 60mg er tab</i>	1	QL=120 EA/30 Days
<i>oxycodone 10mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 15mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 1mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>oxycodone 20mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol 100mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 200mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 300mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 50mg tab</i>	1	QL=240 EA/30 Days
OPIOID COMBINATIONS		
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	1	QL=390 EA/30 Days
CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN	1	QL=4980 ML/30 Days
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	1	QL=390 EA/30 Days
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	1	QL=390 EA/30 Days
<i>endocet 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 2.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 2.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol/acetaminophen 37.5-325mg tab</i>	1	QL=360 EA/30 Days
OPIOID PARTIAL AGONISTS		
<i>buprenorphine 2mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine 8mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 12-3mg sl film</i>	1	QL=60 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 4-1mg sl film</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl film</i>	1	QL=90 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl tab</i>	1	QL=90 EA/30 Days

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
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol 100mg cap</i>	1	
<i>danazol 200mg cap</i>	1	
<i>danazol 50mg cap</i>	1	
<i>depo-testosterone 100mg/ml inj</i>	1	
<i>depo-testosterone 200mg/ml inj</i>	1	
<i>testosterone 1% (12.5mg/act) gel pump</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (25mg) gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (50mg) gel packet</i>	1	PA QL=300 GM/30 Days
TESTOSTERONE 1.62% (1.25GM) GEL PACKET	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	QL=60 GM/30 Days
<i>procto-med 2.5% cream</i>	1	QL=60 GM/30 Days
<i>proctosol 2.5% cream</i>	1	QL=60 GM/30 Days
<i>proctozone hc 2.5% cream</i>	1	QL=60 GM/30 Days
VASODILATING AGENTS		
<i>nitroglycerin 0.4% rectal ointment</i>	1	QL=30 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200mg tab</i>	1	
<i>ivermectin 3mg tab</i>	1	PA QL=15 EA/90 Days
<i>praziquantel 600mg tab</i>	1	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 10mg tab</i>	1	
<i>isosorbide dinitrate 20mg tab</i>	1	
<i>isosorbide dinitrate 30mg tab</i>	1	
<i>isosorbide dinitrate 5mg tab</i>	1	
ISOSORBIDE MONONITRATE 10MG TAB	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
ISOSORBIDE MONONITRATE 20MG TAB	1	
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	

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
NITRO-BID 2% OINTMENT	1	
<i>nitroglycerin 0.1mg/hr patch</i>	1	
<i>nitroglycerin 0.2mg/hr patch</i>	1	
<i>nitroglycerin 0.3mg sl tab</i>	1	
<i>nitroglycerin 0.4mg sl tab</i>	1	
<i>nitroglycerin 0.4mg/hr patch</i>	1	
<i>nitroglycerin 0.6mg sl tab</i>	1	
<i>nitroglycerin 0.6mg/hr patch</i>	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone 10mg tab</i>	1	
<i>buspirone 15mg tab</i>	1	
<i>buspirone 30mg tab</i>	1	
<i>buspirone 5mg tab</i>	1	
<i>buspirone 7.5mg tab</i>	1	
<i>hydroxyzine 10mg tab</i>	1	
<i>hydroxyzine 25mg tab</i>	1	
<i>hydroxyzine 50mg tab</i>	1	
HYDROXYZINE P	1	
<i>hydroxyzine pamoate 25mg cap</i>	1	
<i>hydroxyzine pamoate 50mg cap</i>	1	
BENZODIAZEPINES		
<i>alprazolam 0.25mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 0.5mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 1mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 2mg tab</i>	1	QL=150 EA/30 Days
<i>chlordiazepoxide 10mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 25mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 5mg cap</i>	1	QL=120 EA/30 Days
<i>clorazepate dipotassium 15mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 3.75mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 7.5mg tab</i>	1	QL=180 EA/30 Days
<i>diazepam 10mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 1mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>diazepam 2mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>lorazepam 0.5mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 1mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg/ml oral soln</i>	1	QL=150 ML/30 Days
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide 100mg cap</i>	1	PA
<i>disopyramide 150mg cap</i>	1	PA

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
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 100mg tab</i>	1	
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
<i>dofetilide 0.125mg cap</i>	1	
<i>dofetilide 0.25mg cap</i>	1	
<i>dofetilide 0.5mg cap</i>	1	
MULTAQ 400MG TAB	1	
<i>pacerone 100mg tab</i>	1	
<i>pacerone 200mg tab</i>	1	
<i>pacerone 400mg tab</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 200MG/1.14ML SYRINGE	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
DUPIXENT 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
FASENRA 10MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
FASENRA 30MG/ML AUTO-INJECTOR	1	PA QL=1 ML/28 Days
FASENRA 30MG/ML SYRINGE	1	PA QL=1 ML/28 Days
NUCALA 100MG INJ	1	NDS PA QL=3 EA/28 Days
NUCALA 100MG/ML AUTO-INJECTOR	1	NDS PA QL=3 ML/28 Days
NUCALA 100MG/ML SYRINGE	1	NDS PA QL=3 ML/28 Days
NUCALA 40MG/0.4ML SYRINGE	1	NDS PA QL=.40 ML/28 Days
XOLAIR 150MG INJ	1	NDS PA QL=2 EA/28 Days
XOLAIR 150MG/ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
XOLAIR 150MG/ML SYRINGE	1	NDS PA QL=2 ML/28 Days
XOLAIR 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
XOLAIR 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA QL=1 ML/28 Days
XOLAIR 75MG/0.5ML SYRINGE	1	NDS PA QL=1 ML/28 Days
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG HFA INHALER	1	QL=25.80 GM/30 Days
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	1	QL=30 EA/30 Days
<i>ipratropium bromide 0.02% inh soln</i>	1	PA_BvD
LEUKOTRIENE MODULATORS		
<i>montelukast 10mg tab</i>	1	QL=30 EA/30 Days
<i>montelukast 4mg chew tab</i>	1	QL=30 EA/30 Days
<i>montelukast 5mg chew tab</i>	1	QL=30 EA/30 Days
<i>zafirlukast 10mg tab</i>	1	QL=60 EA/30 Days
<i>zafirlukast 20mg tab</i>	1	QL=60 EA/30 Days
STEROID INHALANTS		
ALVESCO 160MCG INHALER	1	QL=12.20 GM/30 Days
ALVESCO 80MCG INHALER	1	QL=12.20 GM/30 Days
ARNUITY 100MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 200MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 50MCG POWDER INHALER	1	QL=30 EA/30 Days
ASMANEX 100MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 110MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 200MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 220MCG (120ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (60ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 50MCG HFA INHALER	1	QL=13 GM/30 Days
<i>budesonide 0.25mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
<i>budesonide 0.5mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
<i>budesonide 1mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
FLUTICASONE PROPIONATE 110MCG INHALER	1	QL=24 GM/30 Days
FLUTICASONE PROPIONATE 220MCG INHALER	1	QL=24 GM/30 Days
FLUTICASONE PROPIONATE 44MCG INHALER	1	QL=21.20 GM/30 Days
QVAR 40MCG REDIHALER	1	QL=21.20 GM/30 Days
QVAR 80MCG REDIHALER	1	QL=21.20 GM/30 Days
SYMPATHOMIMETICS		
ADVAIR 115-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 230-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	1	PA_BvD
<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	1	
<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	1	PA_BvD
<i>albuterol 1.25mg/3ml neb soln</i>	1	PA_BvD
<i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i>	1	QL=13.40 GM/30 Days
<i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>	1	QL=17 GM/30 Days
<i>albuterol 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>albuterol 4mg tab</i>	1	
<i>albuterol 5mg/ml (0.05%) inh soln</i>	1	PA_BvD
ANORO ELLIPTA 62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 100-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 200-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 50-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>breyana 160-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days
<i>breyana 80-4.5mcg/act inhaler</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 INHALER	1	QL=8 GM/30 Days
DULERA 100-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 200-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 50-5MCG INHALER	1	QL=13 GM/30 Days
<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>fluticasone propionate/salmeterol 100-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	1	PA_BvD
<i>levalbuterol 0.31mg/3ml neb soln</i>	1	PA_BvD
<i>levalbuterol 0.63mg/3ml inh soln</i>	1	PA_BvD
<i>levalbuterol 1.25mg/3ml neb soln</i>	1	PA_BvD
LEVALBUTEROL 45MCG/ACT INHALER	1	ST QL=30 GM/30 Days
STIOLTO 2.5-2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
STRIVERDI 2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
<i>terbutaline sulfate 2.5mg tab</i>	1	
<i>terbutaline sulfate 5mg tab</i>	1	
TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>wixela 100-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 250-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 500-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
XOPENEX 45MCG INHALER	1	ST QL=30 GM/30 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
ELIQUIS 2.5MG TAB	1	QL=60 EA/30 Days
ELIQUIS 5MG 30-DAY STARTER PACK (74)	1	QL=74 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS 5MG TAB	1	QL=74 EA/30 Days
<i>rivaroxaban 2.5mg tab</i>	1	QL=60 EA/30 Days
XARELTO 10MG TAB	1	QL=30 EA/30 Days
XARELTO 15MG TAB	1	QL=60 EA/30 Days
XARELTO 1MG/ML ORAL SUSP	1	QL=620 ML/30 Days
XARELTO 2.5MG TAB	1	QL=60 EA/30 Days
XARELTO 20MG TAB	1	QL=30 EA/30 Days
XARELTO TAB STARTER PACK (51)	1	QL=51 EA/30 Days
COUMARIN ANTICOAGULANTS		
<i>jantoven 10mg tab</i>	1	
<i>jantoven 1mg tab</i>	1	
<i>jantoven 2.5mg tab</i>	1	
<i>jantoven 2mg tab</i>	1	
<i>jantoven 3mg tab</i>	1	
<i>jantoven 4mg tab</i>	1	
<i>jantoven 5mg tab</i>	1	
<i>jantoven 6mg tab</i>	1	
<i>jantoven 7.5mg tab</i>	1	
<i>warfarin sodium 10mg tab</i>	1	
<i>warfarin sodium 1mg tab</i>	1	
<i>warfarin sodium 2.5mg tab</i>	1	
<i>warfarin sodium 2mg tab</i>	1	
<i>warfarin sodium 3mg tab</i>	1	
<i>warfarin sodium 4mg tab</i>	1	
<i>warfarin sodium 5mg tab</i>	1	
<i>warfarin sodium 6mg tab</i>	1	
<i>warfarin sodium 7.5mg tab</i>	1	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium 100mg/1ml syringe</i>	1	
<i>enoxaparin sodium 120mg/0.8ml syringe</i>	1	
<i>enoxaparin sodium 150mg/1ml syringe</i>	1	
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	1	
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	1	
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	1	
<i>enoxaparin sodium 80mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	1	
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	1	
<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	1	
<i>heparin sodium porcine 10000unit/ml inj</i>	1	
<i>heparin sodium porcine 1000unit/ml inj</i>	1	
<i>heparin sodium porcine 20000unit/ml inj</i>	1	
<i>heparin sodium porcine 5000unit/ml inj</i>	1	
ANTICONSULSANTS		
ANTICONSULSANTS - BENZODIAZEPINES		

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>clobazam 10mg tab</i>	1	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml oral susp</i>	1	QL=480 ML/30 Days
<i>clobazam 20mg tab</i>	1	QL=60 EA/30 Days
<i>clonazepam 0.125mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.25mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg tab</i>	1	QL=90 EA/30 Days
<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
NAYZILAM 5MG/0.1ML NASAL SPRAY	1	QL=10 EA/30 Days
SYMPAZAN 10MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
SYMPAZAN 20MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
SYMPAZAN 5MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
ANTICONVULSANTS - MISC.		
BRIVIACT 100MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 10MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 10MG/ML ORAL SOLN	1	PA_NSO QL=600 ML/30 Days
BRIVIACT 25MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 50MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 75MG TAB	1	PA_NSO QL=60 EA/30 Days
<i>carbamazepine 100mg chew tab</i>	1	
<i>carbamazepine 100mg er cap</i>	1	
<i>carbamazepine 100mg er tab</i>	1	
<i>carbamazepine 200mg er cap</i>	1	
<i>carbamazepine 200mg er tab</i>	1	
<i>carbamazepine 200mg tab</i>	1	
<i>carbamazepine 20mg/ml oral susp</i>	1	
<i>carbamazepine 300mg er cap</i>	1	
<i>carbamazepine 400mg er tab</i>	1	
DIACOMIT 250MG CAP	1	NDS PA_NSO QL=360 EA/30 Days
DIACOMIT 250MG POWDER FOR ORAL SUSP	1	NDS PA_NSO QL=360 EA/30 Days
DIACOMIT 500MG CAP	1	NDS PA_NSO QL=180 EA/30 Days

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital 15mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 16.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 30mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 32.4mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 4mg/ml oral soln</i>	1	QL=1500 ML/30 Days
<i>phenobarbital 60mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 64.8mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 97.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenytoin 25mg/ml oral susp</i>	1	
<i>phenytoin 50mg chew tab</i>	1	
<i>phenytoin sodium 100mg er cap</i>	1	
<i>pregabalin 100mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 150mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 200mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 20mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>pregabalin 225mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 25mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 300mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 50mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 75mg cap</i>	1	QL=90 EA/30 Days
<i>primidone 250mg tab</i>	1	
<i>primidone 50mg tab</i>	1	
<i>roweepra 500mg tab</i>	1	
<i>rufinamide 200mg tab</i>	1	PA_NSO QL=480 EA/30 Days
<i>rufinamide 400mg tab</i>	1	PA_NSO QL=240 EA/30 Days
<i>rufinamide 40mg/ml oral susp</i>	1	PA_NSO QL=2760 ML/30 Days
SPRITAM 250MG TAB FOR ORAL SUSP	1	PA_NSO QL=360 EA/30 Days
SPRITAM 500MG TAB FOR ORAL SUSP	1	PA_NSO QL=180 EA/30 Days
<i>subvenite 100mg tab</i>	1	
<i>subvenite 150mg tab</i>	1	
<i>subvenite 200mg tab</i>	1	
<i>subvenite 25mg tab</i>	1	
<i>topiramate 100mg tab</i>	1	
<i>topiramate 15mg cap</i>	1	
<i>topiramate 200mg tab</i>	1	
<i>topiramate 25mg cap</i>	1	
<i>topiramate 25mg tab</i>	1	
<i>topiramate 50mg tab</i>	1	
ZONISADE 100MG/5ML ORAL SUSP	1	PA_NSO QL=900 ML/30 Days
<i>zonisamide 100mg cap</i>	1	
<i>zonisamide 25mg cap</i>	1	
<i>zonisamide 50mg cap</i>	1	
ZTALMY 50MG/ML ORAL SUSP	1	NDS PA_NSO QL=1100 ML/30 Days
CARBAMATES		
<i>felbamate 120mg/ml oral susp</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>felbamate 400mg tab</i>	1	
<i>felbamate 600mg tab</i>	1	
XCOPRI 100MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI 150MG TAB	1	PA_NSO QL=60 EA/30 Days
XCOPRI 200MG TAB	1	PA_NSO QL=60 EA/30 Days
XCOPRI 25MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI 50MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI TAB 100/150MG MAINTENANCE PACK (56)	1	PA_NSO QL=56 EA/28 Days
XCOPRI TAB 12.5/25MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
XCOPRI TAB 150/200MG PACK (56)	1	PA_NSO QL=56 EA/28 Days
XCOPRI TAB 150/200MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
XCOPRI TAB 50/100MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
GABA MODULATORS		
<i>tiagabine 12mg tab</i>	1	
<i>tiagabine 16mg tab</i>	1	
<i>tiagabine 2mg tab</i>	1	
<i>tiagabine 4mg tab</i>	1	
<i>vigabatrin 500mg powder for oral soln</i>	1	PA_NSO QL=180 EA/30 Days
<i>vigabatrin 500mg tab</i>	1	PA_NSO QL=180 EA/30 Days
<i>vigadrone 500mg powder for oral soln</i>	1	PA_NSO QL=180 EA/30 Days
<i>vigadrone 500mg tab</i>	1	PA_NSO QL=180 EA/30 Days
VIGAFYDE 100MG/ML ORAL SOLN	1	PA_NSO QL=720 ML/30 Days
<i>vigpoder 500mg powder for oral soln</i>	1	PA_NSO QL=180 EA/30 Days
SUCCINIMIDES		
<i>ethosuximide 250mg cap</i>	1	
<i>ethosuximide 50mg/ml oral soln</i>	1	
<i>methsuximide 300mg cap</i>	1	
VALPROIC ACID		
<i>divalproex sodium 125mg dr cap</i>	1	
<i>divalproex sodium 125mg dr tab</i>	1	
<i>divalproex sodium 250mg dr tab</i>	1	
<i>divalproex sodium 250mg er tab</i>	1	
<i>divalproex sodium 500mg dr tab</i>	1	
<i>divalproex sodium 500mg er tab</i>	1	
<i>valproic acid 250mg cap</i>	1	
<i>valproic acid 50mg/ml oral soln</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY 105-45MG ER TAB	1	PA_NSO QL=60 EA/30 Days
<i>bupropion 100mg sr (12hr) tab</i>	1	
<i>bupropion 100mg tab</i>	1	
<i>bupropion 150mg sr (12 hr) tab</i>	1	
<i>bupropion 200mg sr (12hr) tab</i>	1	
<i>bupropion 75mg tab</i>	1	
<i>bupropion xl 150mg (24 hr) tab</i>	1	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sertraline 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	
RALDESY 10MG/ML ORAL SOLN	1	PA_NSO QL=1200 ML/30 Days
<i>trazodone 100mg tab</i>	1	
<i>trazodone 150mg tab</i>	1	
<i>trazodone 50mg tab</i>	1	
TRINTELLIX 10MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 20MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 5MG TAB	1	ST_NSO QL=30 EA/30 Days
<i>vilazodone 10mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>vilazodone 20mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>vilazodone 40mg tab</i>	1	PA_NSO QL=30 EA/30 Days
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate 100mg er tab</i>	1	
<i>desvenlafaxine succinate 25mg er tab</i>	1	
<i>desvenlafaxine succinate 50mg er tab</i>	1	
DRIZALMA 20MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 30MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 40MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 60MG DR SPRINKLE 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	PA_NSO QL=30 EA/30 Days
FETZIMA 20MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 40MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 80MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA ER CAP TITRATION PACK (28)	1	PA_NSO QL=30 EA/30 Days
<i>venlafaxine 100mg tab</i>	1	
<i>venlafaxine 150mg er cap</i>	1	
<i>venlafaxine 25mg tab</i>	1	
<i>venlafaxine 37.5mg er cap</i>	1	
<i>venlafaxine 37.5mg tab</i>	1	
<i>venlafaxine 50mg tab</i>	1	
<i>venlafaxine 75mg er cap</i>	1	
<i>venlafaxine 75mg tab</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline 100mg tab</i>	1	PA_NSO
<i>amitriptyline 10mg tab</i>	1	PA_NSO

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>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
<i>imipramine 25mg tab</i>	1	PA_NSO
<i>imipramine 50mg tab</i>	1	PA_NSO
<i>nortriptyline 10mg cap</i>	1	
<i>nortriptyline 25mg cap</i>	1	
<i>nortriptyline 2mg/ml oral soln</i>	1	
<i>nortriptyline 50mg cap</i>	1	
<i>nortriptyline 75mg cap</i>	1	
<i>protriptyline 10mg tab</i>	1	PA_NSO
<i>protriptyline 5mg tab</i>	1	PA_NSO
<i>trimipramine 100mg cap</i>	1	PA_NSO
<i>trimipramine 25mg cap</i>	1	PA_NSO
<i>trimipramine 50mg cap</i>	1	PA_NSO
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>glipizide/metformin 2.5-250mg tab</i>	1	
<i>glipizide/metformin 2.5-500mg tab</i>	1	
<i>glipizide/metformin 5-500mg tab</i>	1	
GLYXAMBI 10-5MG TAB	1	QL=30 EA/30 Days
GLYXAMBI 25-5MG TAB	1	QL=30 EA/30 Days
JANUMET 50-1000MG TAB	1	QL=60 EA/30 Days

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

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>pioglitazone 45mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	
<i>repaglinide 1mg tab</i>	1	
<i>repaglinide 2mg tab</i>	1	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA 100MG TAB	1	QL=30 EA/30 Days
JANUVIA 25MG TAB	1	QL=30 EA/30 Days
JANUVIA 50MG TAB	1	QL=30 EA/30 Days
TRADJENTA 5MG TAB	1	QL=30 EA/30 Days
INCRETIN MIMETIC AGENTS		
<i>liraglutide 18mg/3ml pen inj</i>	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
TRULICITY 3MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 4.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
INSULIN		
HUMALOG 100UNIT/ML CARTRIDGE	1	INS
HUMALOG 100UNIT/ML KWIKPEN	1	INS
HUMALOG 200UNIT/ML KWIKPEN	1	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ	1	INS
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN	1	INS
HUMULIN (70/30) 100UNIT/ML INJ	1	INS
HUMULIN (70/30) 100UNIT/ML PEN INJ	1	INS
HUMULIN N 100UNIT/ML INJ	1	INS
HUMULIN N 100UNIT/ML PEN INJ	1	INS
HUMULIN R 100UNIT/ML INJ	1	INS
HUMULIN R 500UNIT/ML INJ	1	INS PA_BvD
HUMULIN R 500UNIT/ML PEN INJ	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO 100UNIT/ML INJ	1	INS PA_BvD

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
LANTUS 100UNIT/ML INJ	1	INS
LANTUS 100UNIT/ML PEN INJ	1	INS
TOUJEO 300UNIT/ML PEN INJ (1.5ML)	1	INS
TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA 100UNIT/ML INJ	1	INS
TRESIBA 100UNIT/ML PEN INJ	1	INS
TRESIBA 200UNIT/ML PEN INJ	1	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA 10MG TAB	1	QL=30 EA/30 Days
FARXIGA 5MG TAB	1	QL=30 EA/30 Days
JARDIANCE 10MG TAB	1	QL=30 EA/30 Days
JARDIANCE 25MG TAB	1	QL=30 EA/30 Days
SULFONYLUREAS		
<i>glimepiride 1mg tab</i>	1	
<i>glimepiride 2mg tab</i>	1	
<i>glimepiride 4mg tab</i>	1	
<i>glipizide 10mg er tab</i>	1	
<i>glipizide 10mg tab</i>	1	
<i>glipizide 2.5mg er tab</i>	1	
<i>glipizide 5mg er tab</i>	1	
<i>glipizide 5mg tab</i>	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<i>alosetron 0.5mg tab</i>	1	QL=60 EA/30 Days
<i>alosetron 1mg tab</i>	1	QL=60 EA/30 Days
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	1	
<i>loperamide 2mg cap</i>	1	
XERMELO 250MG TAB	1	NDS PA QL=84 EA/28 Days
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
KLOXXADO 8MG/0.1ML NASAL SPRAY	1	
NALOXONE 0.4MG/ML CARTRIDGE	1	
<i>naloxone 0.4mg/ml inj</i>	1	
<i>naloxone 0.4mg/ml syringe</i>	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	QL=10 EA/30 Days
ANTIEMETICS - MISCELLANEOUS		
<i>aprepitant 125mg cap</i>	1	PA_BvD QL=3 EA/2 Days
<i>aprepitant 125mg/80mg cap therapy pack (3)</i>	1	PA_BvD QL=6 EA/4 Days
<i>aprepitant 40mg cap</i>	1	PA_BvD QL=3 EA/2 Days
<i>aprepitant 80mg cap</i>	1	PA_BvD QL=6 EA/4 Days
<i>dronabinol 10mg cap</i>	1	PA QL=60 EA/30 Days
<i>dronabinol 2.5mg cap</i>	1	PA QL=60 EA/30 Days
<i>dronabinol 5mg cap</i>	1	PA QL=60 EA/30 Days
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate 50mg inj</i>	1	PA
<i>caspofungin acetate 70mg inj</i>	1	PA
<i>micafungin sodium 100mg inj</i>	1	
<i>micafungin sodium 50mg inj</i>	1	
ANTIFUNGALS		
<i>ABELCET 5MG/ML INJ</i>	1	PA_BvD
<i>AMPHOTERICIN B 50MG INJ</i>	1	PA_BvD
<i>flucytosine 250mg cap</i>	1	
<i>flucytosine 500mg cap</i>	1	
<i>griseofulvin 125mg tab</i>	1	
<i>griseofulvin 250mg tab</i>	1	
<i>griseofulvin 25mg/ml oral susp</i>	1	
<i>griseofulvin 500mg tab</i>	1	
<i>nystatin 500000unit tab</i>	1	
<i>terbinafine 250mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole 100mg tab</i>	1	
<i>fluconazole 10mg/ml oral susp</i>	1	
<i>fluconazole 150mg tab</i>	1	
<i>fluconazole 200mg tab</i>	1	
<i>fluconazole 200mg/100ml inj</i>	1	
<i>fluconazole 400mg/200ml inj</i>	1	
<i>fluconazole 40mg/ml oral susp</i>	1	
<i>fluconazole 50mg tab</i>	1	
<i>itraconazole 100mg cap</i>	1	QL=120 EA/30 Days
<i>ketoconazole 200mg tab</i>	1	
<i>posaconazole 100mg dr tab</i>	1	PA QL=96 EA/30 Days
<i>posaconazole 40mg/ml oral susp</i>	1	PA QL=630 ML/30 Days
<i>voriconazole 200mg inj</i>	1	PA
<i>voriconazole 200mg tab</i>	1	PA QL=120 EA/30 Days

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>voriconazole 40mg/ml oral susp</i>	1	PA QL=400 ML/30 Days
<i>voriconazole 50mg tab</i>	1	PA QL=480 EA/30 Days
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-10mg tab</i>	1	
<i>ezetimibe/simvastatin 10-20mg tab</i>	1	
<i>ezetimibe/simvastatin 10-40mg tab</i>	1	
<i>ezetimibe/simvastatin 10-80mg tab</i>	1	
<i>icosapent ethyl 1000mg cap</i>	1	QL=120 EA/30 Days
<i>icosapent ethyl 500mg cap</i>	1	QL=120 EA/30 Days
NEXLETOL 180MG TAB	1	PA QL=30 EA/30 Days
NEXLIZET 180-10MG TAB	1	PA QL=30 EA/30 Days
<i>niacin 1000mg er tab</i>	1	
<i>niacin 500mg er tab</i>	1	
<i>niacin 750mg er tab</i>	1	
<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	1	QL=120 EA/30 Days
REPATHA 140MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
REPATHA 140MG/ML SYRINGE	1	PA QL=2 ML/28 Days
REPATHA 420MG/3.5ML CARTRIDGE	1	PA QL=3.50 ML/28 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i>	1	
<i>cholestyramine resin 4gm powder for oral susp</i>	1	
<i>colesevelam 625mg tab</i>	1	
<i>colestipol 1gm tab</i>	1	
<i>colestipol 5000mg granules for oral susp</i>	1	
<i>prevalite 4gm powder for oral susp</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 134mg cap</i>	1	
<i>fenofibrate 145mg tab</i>	1	
<i>fenofibrate 160mg tab</i>	1	
<i>fenofibrate 200mg cap</i>	1	
<i>fenofibrate 48mg tab</i>	1	
<i>fenofibrate 54mg tab</i>	1	
<i>fenofibrate 67mg cap</i>	1	
<i>fenofibric acid 135mg dr cap</i>	1	
<i>fenofibric acid 45mg dr cap</i>	1	
<i>gemfibrozil 600mg tab</i>	1	QL=60 EA/30 Days
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin 10mg tab</i>	1	
<i>atorvastatin 20mg tab</i>	1	
<i>atorvastatin 40mg tab</i>	1	
<i>atorvastatin 80mg tab</i>	1	
<i>fluvastatin 20mg cap</i>	1	

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>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	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril 10mg tab</i>	1	
<i>benazepril 20mg tab</i>	1	
<i>benazepril 40mg tab</i>	1	
<i>benazepril 5mg tab</i>	1	
<i>captopril 100mg tab</i>	1	
<i>captopril 12.5mg tab</i>	1	
<i>captopril 25mg tab</i>	1	
<i>captopril 50mg tab</i>	1	
<i>enalapril maleate 10mg tab</i>	1	
<i>enalapril maleate 2.5mg tab</i>	1	
<i>enalapril maleate 20mg tab</i>	1	
<i>enalapril maleate 5mg tab</i>	1	
<i>fosinopril sodium 10mg tab</i>	1	
<i>fosinopril sodium 20mg tab</i>	1	
<i>fosinopril sodium 40mg tab</i>	1	
<i>lisinopril 10mg tab</i>	1	
<i>lisinopril 2.5mg tab</i>	1	
<i>lisinopril 20mg tab</i>	1	
<i>lisinopril 30mg tab</i>	1	
<i>lisinopril 40mg tab</i>	1	
<i>lisinopril 5mg tab</i>	1	
<i>moexipril 15mg tab</i>	1	
<i>moexipril 7.5mg tab</i>	1	
PERINDOPRIL ERBUMINE 2MG TAB	1	
<i>perindopril erbumine 4mg tab</i>	1	
PERINDOPRIL ERBUMINE 8MG TAB	1	

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

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>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	
<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	

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>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	
<i>hydrochlorothiazide/metoprolol tartrate 25-100mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 50-100mg tab</i>	1	
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab</i>	1	
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i>	1	
<i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>	1	
<i>hydrochlorothiazide/telmisartan 12.5-40mg tab</i>	1	
<i>hydrochlorothiazide/telmisartan 12.5-80mg tab</i>	1	
<i>hydrochlorothiazide/telmisartan 25-80mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 12.5-320mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 12.5-80mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 25-160mg tab</i>	1	
<i>hydrochlorothiazide/valsartan 25-320mg tab</i>	1	
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren 150mg tab</i>	1	
<i>aliskiren 300mg tab</i>	1	
<i>eplerenone 25mg tab</i>	1	
<i>eplerenone 50mg tab</i>	1	
<i>metyrosine 250mg cap</i>	1	NDS PA
VASODILATORS		
<i>hydralazine 100mg tab</i>	1	

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
hydralazine 10mg tab	1	
hydralazine 25mg tab	1	
hydralazine 50mg tab	1	
minoxidil 10mg tab	1	
minoxidil 2.5mg tab	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
azithromycin 20mg/ml oral susp	1	
azithromycin 250mg pack (6)	1	
azithromycin 250mg tab	1	
azithromycin 40mg/ml oral susp	1	
azithromycin 500mg inj	1	
azithromycin 500mg tab	1	
azithromycin 500mg tab pack (3)	1	
azithromycin 600mg tab	1	
aztreonam 1gm inj	1	
aztreonam 2gm inj	1	
cefepime 1000mg inj	1	
cefepime 2000mg inj	1	
clarithromycin 250mg tab	1	
CLARITHROMYCIN 25MG/ML ORAL SUSP	1	
clarithromycin 500mg tab	1	
CLARITHROMYCIN 50MG/ML ORAL SUSP	1	
clindamycin 150mg cap	1	
clindamycin 300mg cap	1	
clindamycin 300mg/2ml inj	1	
clindamycin 300mg/50ml inj	1	
clindamycin 600mg/4ml inj	1	
clindamycin 600mg/50ml inj	1	
clindamycin 75mg cap	1	
clindamycin 75mg/5ml oral soln	1	
clindamycin 900mg/50ml inj	1	
clindamycin 900mg/6ml inj	1	
colistin 75mg/ml inj	1	
daptomycin 500mg inj	1	
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
DIFICID 40MG/ML ORAL SUSP	1	PA QL=136 ML/10 Days
erythromycin 250mg dr tab	1	
erythromycin 250mg tab	1	
erythromycin 333mg dr tab	1	
erythromycin 500mg dr tab	1	
erythromycin 500mg tab	1	
erythromycin ethylsuccinate 40mg/ml oral susp	1	
erythromycin ethylsuccinate 80mg/ml oral susp	1	
linezolid 100mg/5ml oral susp	1	PA QL=1800 ML/30 Days

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>linezolid 600mg tab</i>	1	QL=60 EA/30 Days
<i>linezolid 600mg/300ml inj</i>	1	PA
<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 300mg/6ml inh soln</i>	1	PA_BvD QL=1 EA/28 Days
TEFLARO 400MG INJ	1	NDS
TEFLARO 600MG INJ	1	NDS
<i>tigecycline 50mg inj</i>	1	NDS
<i>tinidazole 250mg tab</i>	1	
<i>tinidazole 500mg tab</i>	1	
<i>trimethoprim 100mg tab</i>	1	
<i>vancomycin 100mg/ml inj</i>	1	
<i>vancomycin 125mg cap</i>	1	ST QL=120 EA/30 Days
<i>vancomycin 1gm inj</i>	1	
<i>vancomycin 250mg cap</i>	1	ST QL=120 EA/30 Days
<i>vancomycin 500mg inj</i>	1	
<i>vancomycin 750mg inj</i>	1	
XIFAXAN 550MG TAB	1	PA QL=60 EA/30 Days
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750mg/5ml oral susp</i>	1	
<i>nitazoxanide 500mg tab</i>	1	PA QL=6 EA/3 Days
CARBAPENEMS		
CILASTATIN/IMIPENEM 250-250MG INJ	1	
<i>cilastatin/imipenem 500-500mg inj</i>	1	
<i>ertapenem 1gm inj</i>	1	
<i>meropenem 1gm inj</i>	1	
<i>meropenem 500mg inj</i>	1	
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1gm tab</i>	1	
<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 50mg cap</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone/proguanil 250-100mg tab</i>	1	
<i>atovaquone/proguanil 62.5-25mg tab</i>	1	
COARTEM 20-120MG TAB	1	
ANTIMALARIALS		
CHLOROQUINE PHOSPHATE 250MG TAB	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	

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>hydroxychloroquine sulfate 400mg tab</i>	1	
<i>mefloquine 250mg tab</i>	1	
PRIMAQUINE PHOSPHATE 26.3MG TAB	1	
<i>pyrimethamine 25mg tab</i>	1	PA QL=90 EA/30 Days
<i>quinine sulfate 324mg cap</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10MG TAB	1	NDS PA
<i>pyridostigmine bromide 60mg tab</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone 100mg tab</i>	1	
<i>dapsone 25mg tab</i>	1	
<i>ethambutol 100mg tab</i>	1	
<i>ethambutol 400mg tab</i>	1	
<i>isoniazid 100mg tab</i>	1	
<i>isoniazid 10mg/ml oral soln</i>	1	
<i>isoniazid 300mg tab</i>	1	
PRIFTIN 150MG TAB	1	
<i>pyrazinamide 500mg tab</i>	1	
<i>rifabutin 150mg cap</i>	1	
<i>rifampin 150mg cap</i>	1	
<i>rifampin 300mg cap</i>	1	
<i>rifampin 600mg inj</i>	1	
SIRTURO 100MG TAB	1	NDS PA
SIRTURO 20MG TAB	1	NDS PA
TRECTOR 250MG TAB	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25MG TAB	1	PA_BvD
CYCLOPHOSPHAMIDE 50MG TAB	1	PA_BvD
GLEOSTINE 100MG CAP	1	
GLEOSTINE 10MG CAP	1	
GLEOSTINE 40MG CAP	1	
LEUKERAN 2MG TAB	1	NDS
ANTIMETABOLITES		
JYLAMVO 2MG/ML ORAL SOLN	1	PA_NSO
<i>mercaptopurine 20mg/ml susp</i>	1	PA_NSO QL=300 ML/30 Days
<i>mercaptopurine 50mg tab</i>	1	
<i>methotrexate 2.5mg tab</i>	1	
METHOTREXATE 25MG/ML INJ	1	
<i>methotrexate 50mg/2ml inj</i>	1	
ONUREG 200MG TAB	1	NDS PA_NSO QL=14 EA/28 Days
ONUREG 300MG TAB	1	NDS PA_NSO QL=14 EA/28 Days
PURIXAN 2000MG/100ML ORAL SUSP	1	PA_NSO QL=300 ML/30 Days

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
TABLOID 40MG TAB	1	NDS
XATMEP 2.5MG/ML ORAL SOLN	1	PA_NSO
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1MG CAP	1	NDS PA_NSO QL=84 EA/28 Days
FRUZAQLA 5MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
INLYTA 1MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
INLYTA 5MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LENVIMA 10MG DAILY DOSE PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
LENVIMA 12MG DAILY DOSE PACK (90)	1	NDS PA_NSO QL=90 EA/30 Days
LENVIMA 14MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
LENVIMA 18MG DAILY DOSE PACK (90)	1	NDS PA_NSO QL=90 EA/30 Days
LENVIMA 20MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
LENVIMA 24MG DAILY DOSE PACK (90)	1	NDS PA_NSO QL=90 EA/30 Days
LENVIMA 4MG DAILY DOSE PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
LENVIMA 8MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib 100mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>erlotinib 150mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>erlotinib 25mg tab</i>	1	PA_NSO QL=90 EA/30 Days
<i>gefitinib 250mg tab</i>	1	PA_NSO QL=60 EA/30 Days
GILOTRIF 20MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
GILOTRIF 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
GILOTRIF 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LAZCLUZE 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
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 QL=28 EA/28 Days
ODOMZO 200MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250mg tab</i>	1	QL=120 EA/30 Days
<i>abirtega 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

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
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
EULEXIN 125MG CAP	1	NDS QL=180 EA/30 Days
<i>exemestane 25mg tab</i>	1	QL=60 EA/30 Days
FIRMAGON 120MG INJ	1	PA_NSO QL=4 EA/365 Days
FIRMAGON 80MG INJ	1	PA_NSO QL=1 EA/28 Days
<i>letrozole 2.5mg tab</i>	1	
LUPRON 11.25MG SYRINGE (3 MONTH)	1	QL=1 EA/84 Days
LUPRON 3.75MG SYRINGE (1 MONTH)	1	NDS QL=1 EA/28 Days
LYSODREN 500MG TAB	1	
<i>megestrol acetate 20mg tab</i>	1	PA_NSO
<i>megestrol acetate 40mg tab</i>	1	PA_NSO
<i>megestrol acetate 40mg/ml oral susp</i>	1	PA
<i>nilutamide 150mg tab</i>	1	
NUBEQA 300MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
ORGOVYX 120MG TAB	1	NDS PA_NSO QL=30 EA/28 Days
ORSERDU 345MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ORSERDU 86MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
SOLTAMOX 10MG/5ML ORAL SOLN	1	PA_NSO QL=600 ML/30 Days
<i>tamoxifen 10mg tab</i>	1	
<i>tamoxifen 20mg tab</i>	1	
<i>toremifene 60mg tab</i>	1	QL=30 EA/30 Days
TRELSTAR 11.25MG INJ	1	QL=1 EA/84 Days
TRELSTAR 22.5MG INJ	1	QL=1 EA/168 Days
TRELSTAR 3.75MG INJ	1	QL=1 EA/28 Days
XTANDI 40MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XTANDI 40MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
XTANDI 80MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI/FAKZYNJA CO-PACK (66)	1	NDS PA_NSO QL=66 EA/28 Days
INQOVI 35-100MG TAB PACK (5)	1	NDS PA_NSO QL=5 EA/28 Days
KISQALI/FEMARA 400 CO-PACK (70)	1	NDS PA_NSO QL=70 EA/28 Days
KISQALI/FEMARA 600 CO-PACK (91)	1	NDS PA_NSO QL=91 EA/28 Days
LONSURF 6.14-15MG TAB	1	NDS PA_NSO QL=100 EA/28 Days
LONSURF 8.19-20MG TAB	1	NDS PA_NSO QL=80 EA/28 Days
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
ALUNBRIG 180MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ALUNBRIG 30MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
ALUNBRIG 90MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ALUNBRIG TAB INITIATION PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
AUGTYRO 160MG CAP	1	NDS PA_NSO QL=60 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=180 EA/30 Days
BOSULIF 100MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
BOSULIF 400MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BOSULIF 500MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BOSULIF 50MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
BRAFTOVI 75MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
BRUKINSA 80MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
CABOMETYX 20MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CABOMETYX 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CABOMETYX 60MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CALQUENCE 100MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
CALQUENCE 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
CAPRELSA 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
CAPRELSA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
COMETRIQ CAP 100MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
COMETRIQ CAP 140MG DAILY DOSE PACK (112)	1	NDS PA_NSO QL=112 EA/28 Days
COMETRIQ CAP 60MG DAILY DOSE PACK (84)	1	NDS PA_NSO QL=84 EA/28 Days
COPIKTRA 15MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
COPIKTRA 25MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
COTELLIC 20MG TAB	1	NDS PA_NSO QL=63 EA/28 Days
<i>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
GOMEKLI 1MG CAP	1	NDS PA_NSO QL=42 EA/28 Days
GOMEKLI 1MG TAB FOR ORAL SUSP	1	NDS PA_NSO QL=126 EA/28 Days
GOMEKLI 2MG CAP	1	NDS PA_NSO QL=84 EA/28 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

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
IBRANCE 75MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 75MG TAB	1	NDS PA_NSO QL=21 EA/28 Days
ICLUSIG 10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 15MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 45MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
<i>imatinib 100mg tab</i>	1	QL=90 EA/30 Days
<i>imatinib 400mg tab</i>	1	QL=60 EA/30 Days
IMBRUVICA 140MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
IMBRUVICA 420MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IMBRUVICA 70MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
IMBRUVICA 70MG/ML ORAL SUSP	1	NDS PA_NSO QL=216 ML/27 Days
IMKELDI 80MG/ML ORAL SOLN	1	NDS PA_NSO QL=280 ML/28 Days
INREBIC 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
ITOVEBI 3MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
ITOVEBI 9MG TAB	1	NDS PA_NSO QL=28 EA/28 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 TAB 200MG DAILY DOSE PACK (21)	1	NDS PA_NSO QL=21 EA/28 Days
KISQALI TAB 400MG DAILY DOSE PACK (42)	1	NDS PA_NSO QL=42 EA/28 Days
KISQALI TAB 600MG DAILY DOSE PACK (63)	1	NDS PA_NSO QL=63 EA/28 Days
KOSELUGO 10MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
KOSELUGO 25MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
KRAZATI 200MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
<i>lapatinib 250mg tab</i>	1	PA_NSO QL=180 EA/30 Days
LORBRENA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LORBRENA 25MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
LUMAKRAS 120MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
LUMAKRAS 240MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LUMAKRAS 320MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
LYNPARZA 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LYNPARZA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LYTGOBI TAB 12MG DAILEY DOSE PACK (21)	1	NDS PA_NSO QL=84 EA/28 Days
LYTGOBI TAB 16MG DAILEY DOSE PACK (28)	1	NDS PA_NSO QL=112 EA/28 Days
LYTGOBI TAB 20MG DAILEY DOSE PACK (35)	1	NDS PA_NSO QL=140 EA/28 Days
MEKINIST 0.05MG/ML ORAL SOLN	1	NDS PA_NSO QL=1260 ML/30 Days
MEKINIST 0.5MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
MEKINIST 2MG TAB	1	NDS PA_NSO QL=30 EA/30 Days

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
MEKTOVI 15MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
NERLYNX 40MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
<i>nilotinib 150mg cap</i>	1	NDS PA_NSO QL=112 EA/28 Days
<i>nilotinib 200mg cap</i>	1	NDS PA_NSO QL=112 EA/28 Days
<i>nilotinib 50mg cap</i>	1	NDS PA_NSO QL=120 EA/30 Days
NINLARO 2.3MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
NINLARO 3MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
NINLARO 4MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
OGSIVEO 100MG TAB 7-DAY PACK (14)	1	NDS PA_NSO QL=56 EA/28 Days
OGSIVEO 150MG TAB 7-DAY PACK (14)	1	NDS PA_NSO QL=56 EA/28 Days
OGSIVEO 50MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
OJEMDA 100MG TAB	1	NDS PA_NSO QL=24 EA/28 Days
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	1	NDS PA_NSO QL=16 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 TAB 200MG DAILY DOSE PACK (28)	1	NDS PA_NSO QL=28 EA/28 Days
PIQRAY TAB 250MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
PIQRAY TAB 300MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
QINLOCK 50MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
RETEVMO 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 TAB	1	NDS PA_NSO QL=90 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
ROMVIMZA 14MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROMVIMZA 20MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROMVIMZA 30MG CAP	1	NDS PA_NSO QL=8 EA/28 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

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
SCEMBLIX 40MG TAB	1	NDS PA_NSO QL=300 EA/30 Days
<i>sorafenib 200mg tab</i>	1	PA_NSO QL=120 EA/30 Days
STIVARGA 40MG TAB	1	NDS PA_NSO QL=84 EA/28 Days
<i>sunitinib 12.5mg cap</i>	1	PA_NSO QL=28 EA/28 Days
<i>sunitinib 25mg cap</i>	1	PA_NSO QL=28 EA/28 Days
<i>sunitinib 37.5mg cap</i>	1	PA_NSO QL=28 EA/28 Days
<i>sunitinib 50mg cap</i>	1	PA_NSO QL=28 EA/28 Days
TABRECTA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TABRECTA 200MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TAFINLAR 10MG TAB FOR ORAL SUSP	1	NDS PA_NSO QL=840 EA/28 Days
TAFINLAR 50MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
TAFINLAR 75MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
TALZENNA 0.1MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.25MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.35MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.5MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.75MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 1MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
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

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
XOSPATA 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ZEJULA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZELBORAF 240MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
ZOLINZA 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
ZYDELIG 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYDELIG 150MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYKADIA 150MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	1	NDS PA_NSO
AYVAKIT 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 25MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BESREMI 500MCG/ML SYRINGE	1	NDS PA_NSO QL=2 ML/28 Days
<i>bexarotene 75mg cap</i>	1	PA_NSO QL=300 EA/30 Days
<i>hydroxyurea 500mg cap</i>	1	
MATULANE 50MG CAP	1	NDS
POMALYST 1MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 2MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 3MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 4MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
REVUFORJ 110MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
REVUFORJ 160MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
REVUFORJ 25MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>tretinoin 10mg cap</i>	1	
TUKYSA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TUKYSA 50MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
VENCLEXTA 100MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
VENCLEXTA 10MG TAB	1	PA_NSO QL=60 EA/30 Days
VENCLEXTA 50MG TAB	1	PA_NSO QL=30 EA/30 Days
VENCLEXTA TAB STARTER PACK (42)	1	NDS PA_NSO QL=42 EA/28 Days
WELIREG 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
XPOVIO TAB 100MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (16)	1	NDS PA_NSO QL=16 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 40MG TWICE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)	1	NDS PA_NSO QL=24 EA/28 Days
XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)	1	NDS PA_NSO QL=32 EA/28 Days
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192MG TAB	1	NDS PA_NSO QL=240 EA/30 Days

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>leucovorin 10mg tab</i>	1	
<i>leucovorin 15mg tab</i>	1	
<i>leucovorin 25mg tab</i>	1	
<i>leucovorin 5mg tab</i>	1	
<i>mesna 400mg tab</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25mg tab</i>	1	
<i>entacapone 200mg tab</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg tab</i>	1	
<i>benztropine mesylate 2mg tab</i>	1	
<i>trihexyphenidyl 2mg tab</i>	1	
<i>trihexyphenidyl 5mg tab</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine 100mg cap</i>	1	
<i>amantadine 10mg/ml oral soln</i>	1	
<i>bromocriptine 2.5mg tab</i>	1	
<i>bromocriptine 5mg cap</i>	1	
<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	1	
CARBIDOPA/LEVODOPA 10-100MG ODT	1	
<i>carbidopa/levodopa 10-100mg tab</i>	1	
<i>carbidopa/levodopa 25-100mg er tab</i>	1	
CARBIDOPA/LEVODOPA 25-100MG ODT	1	
<i>carbidopa/levodopa 25-100mg tab</i>	1	
CARBIDOPA/LEVODOPA 25-250MG ODT	1	
<i>carbidopa/levodopa 25-250mg tab</i>	1	
<i>carbidopa/levodopa 50-200mg er tab</i>	1	
<i>pramipexole 0.125mg tab</i>	1	
<i>pramipexole 0.25mg tab</i>	1	
<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	

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>ropinirole 3mg tab</i>	1	
<i>ropinirole 4mg tab</i>	1	
<i>ropinirole 5mg tab</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>rasagiline 1mg tab</i>	1	QL=30 EA/30 Days
<i>selegiline 5mg cap</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate 150mg cap</i>	1	
<i>lithium carbonate 300mg cap</i>	1	
<i>lithium carbonate 300mg er tab</i>	1	
<i>lithium carbonate 300mg tab</i>	1	
<i>lithium carbonate 450mg er tab</i>	1	
LITHIUM CARBONATE 600MG CAP	1	
<i>lithium citrate 60mg/ml oral soln</i>	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5MG CAP	1	PA_NSO QL=30 EA/30 Days
CAPLYTA 21MG CAP	1	PA_NSO QL=30 EA/30 Days
CAPLYTA 42MG CAP	1	PA_NSO QL=30 EA/30 Days
COBENFY 20-100MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 20-50MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 30-125MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY CAP 28-DAY STARTER KIT PACK (56)	1	PA_NSO QL=56 EA/28 Days
<i>haloperidol 0.5mg tab</i>	1	
<i>haloperidol 10mg tab</i>	1	
<i>haloperidol 1mg tab</i>	1	
<i>haloperidol 20mg tab</i>	1	
<i>haloperidol 2mg tab</i>	1	
<i>haloperidol 2mg/ml oral soln</i>	1	
<i>haloperidol 5mg tab</i>	1	
<i>haloperidol 5mg/ml inj</i>	1	
<i>haloperidol decanoate 100mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 100mg/ml (5ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (5ml) inj</i>	1	
<i>lurasidone 120mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 20mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 40mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 60mg tab</i>	1	ST_NSO QL=30 EA/30 Days
<i>lurasidone 80mg tab</i>	1	ST_NSO QL=60 EA/30 Days
MOLINDONE 10MG TAB	1	
MOLINDONE 25MG TAB	1	
MOLINDONE 5MG TAB	1	
NUPLAZID 10MG TAB	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
NUPLAZID 34MG CAP	1	PA_NSO QL=30 EA/30 Days
<i>thiothixene 10mg cap</i>	1	
<i>thiothixene 1mg cap</i>	1	
<i>thiothixene 2mg cap</i>	1	
<i>thiothixene 5mg cap</i>	1	
VRAYLAR 1.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 3MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 4.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 6MG CAP	1	PA_NSO QL=30 EA/30 Days
<i>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 20mg inj</i>	1	PA_NSO QL=60 EA/30 Days
<i>ziprasidone 40mg cap</i>	1	
<i>ziprasidone 60mg cap</i>	1	
<i>ziprasidone 80mg cap</i>	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 12MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 1MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 2MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 4MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 6MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 8MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT TAB TITRATION PACK (8)	1	PA_NSO QL=60 EA/30 Days
INVEGA HAFYERA 1092MG/3.5ML SYRINGE	1	PA_NSO QL=3.50 ML/180 Days
INVEGA HAFYERA 1560MG/5ML SYRINGE	1	PA_NSO QL=5 ML/180 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	1	PA_NSO QL=.75 ML/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	1	PA_NSO QL=1 ML/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	1	PA_NSO QL=1.50 ML/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	1	PA_NSO QL=.25 ML/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	1	PA_NSO QL=.50 ML/28 Days
INVEGA TRINZA 273MG/0.875ML SYRINGE	1	PA_NSO QL=.88 ML/84 Days
INVEGA TRINZA 410MG/1.315ML SYRINGE	1	PA_NSO QL=1.32 ML/84 Days
INVEGA TRINZA 546MG/1.75ML SYRINGE	1	PA_NSO QL=1.75 ML/84 Days
INVEGA TRINZA 819MG/2.625ML SYRINGE	1	PA_NSO QL=2.63 ML/84 Days
<i>paliperidone 1.5mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 3mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 6mg er tab</i>	1	QL=60 EA/30 Days
<i>paliperidone 9mg er tab</i>	1	QL=30 EA/30 Days
PERSERIS 120MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
PERSERIS 90MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
RISPERIDONE 0.25MG ODT	1	QL=60 EA/30 Days
<i>risperidone 0.25mg tab</i>	1	
<i>risperidone 0.5mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 0.5mg tab</i>	1	
<i>risperidone 1mg odt</i>	1	QL=60 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone 1mg tab</i>	1	
<i>risperidone 1mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>risperidone 2mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 2mg tab</i>	1	
<i>risperidone 37.5mg inj</i>	1	PA_NSO QL=2 EA/28 Days
<i>risperidone 3mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 3mg tab</i>	1	
<i>risperidone 4mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 4mg tab</i>	1	
<i>risperidone 50mg inj</i>	1	PA_NSO QL=2 EA/28 Days
<i>risperidone microspheres 12.5mg inj</i>	1	PA_NSO QL=2 EA/28 Days
<i>risperidone microspheres 25mg inj</i>	1	PA_NSO QL=2 EA/28 Days
UZEDY 100MG/0.28ML SYRINGE	1	QL=.28 ML/30 Days
UZEDY 125MG/0.35ML SYRINGE	1	NDS QL=.35 ML/30 Days
UZEDY 150MG/0.42ML SYRINGE	1	QL=.42 ML/60 Days
UZEDY 200MG/0.56ML SYRINGE	1	QL=.56 ML/60 Days
UZEDY 250MG/0.7ML SYRINGE	1	QL=.70 ML/60 Days
UZEDY 50MG/0.14ML SYRINGE	1	NDS QL=.14 ML/30 Days
UZEDY 75MG/0.21ML SYRINGE	1	NDS QL=.21 ML/30 Days
DIBENZAPINES		
<i>asenapine 10mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 2.5mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 5mg sl tab</i>	1	QL=60 EA/30 Days
<i>clozapine 100mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 100mg tab</i>	1	
CLOZAPINE 12.5MG ODT	1	QL=90 EA/30 Days
<i>clozapine 150mg odt</i>	1	QL=180 EA/30 Days
<i>clozapine 200mg odt</i>	1	QL=120 EA/30 Days
<i>clozapine 200mg tab</i>	1	
<i>clozapine 25mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 25mg tab</i>	1	
<i>clozapine 50mg tab</i>	1	
<i>loxapine 10mg cap</i>	1	
<i>loxapine 25mg cap</i>	1	
<i>loxapine 50mg cap</i>	1	
<i>loxapine 5mg cap</i>	1	
<i>olanzapine 10mg inj</i>	1	QL=90 EA/30 Days
<i>olanzapine 10mg odt</i>	1	QL=60 EA/30 Days
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 15mg tab</i>	1	
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 20mg tab</i>	1	
<i>olanzapine 5mg odt</i>	1	QL=30 EA/30 Days

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trifluoperazine 10mg tab</i>	1	
<i>trifluoperazine 1mg tab</i>	1	
<i>trifluoperazine 2mg tab</i>	1	
<i>trifluoperazine 5mg tab</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720MG/2.4ML SYRINGE	1	QL=2.40 ML/56 Days
ABILIFY ASIMTUFII 960MG/3.2ML SYRINGE	1	QL=3.20 ML/56 Days
ABILIFY MAINTENA 300MG INJ	1	NDS PA_NSO QL=1 EA/28 Days
ABILIFY MAINTENA 300MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
ABILIFY MAINTENA 400MG INJ	1	NDS PA_NSO QL=1 EA/28 Days
ABILIFY MAINTENA 400MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
<i>aripiprazole 10mg odt</i>	1	PA_NSO QL=60 EA/30 Days
<i>aripiprazole 10mg tab</i>	1	
<i>aripiprazole 15mg odt</i>	1	PA_NSO QL=60 EA/30 Days
<i>aripiprazole 15mg tab</i>	1	
<i>aripiprazole 1mg/ml oral soln</i>	1	PA_NSO QL=900 ML/30 Days
<i>aripiprazole 20mg tab</i>	1	
<i>aripiprazole 2mg tab</i>	1	
<i>aripiprazole 30mg tab</i>	1	
<i>aripiprazole 5mg tab</i>	1	
ARISTADA 1064MG/3.9ML SYRINGE	1	PA_NSO QL=3.90 ML/56 Days
ARISTADA 441MG/1.6ML SYRINGE	1	NDS PA_NSO QL=1.60 ML/28 Days
ARISTADA 662MG/2.4ML SYRINGE	1	NDS PA_NSO QL=2.40 ML/28 Days
ARISTADA 675MG/2.4ML SYRINGE	1	PA_NSO QL=2.40 ML/42 Days
ARISTADA 882MG/3.2ML SYRINGE	1	PA_NSO QL=3.20 ML/28 Days
OPIPZA 10MG ORAL FILM	1	PA_NSO QL=90 EA/30 Days
OPIPZA 2MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
OPIPZA 5MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.25MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.5MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 1MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 2MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 3MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 4MG TAB	1	PA_NSO QL=30 EA/30 Days
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir 20mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>abacavir 300mg tab</i>	1	QL=60 EA/30 Days
<i>abacavir/lamivudine 600-300mg tab</i>	1	QL=30 EA/30 Days
APTIVUS 250MG CAP	1	QL=120 EA/30 Days
<i>atazanavir 150mg cap</i>	1	QL=30 EA/30 Days
<i>atazanavir 200mg cap</i>	1	QL=60 EA/30 Days
<i>atazanavir 300mg cap</i>	1	QL=30 EA/30 Days
BIKTARVY 30-120-15MG TAB	1	QL=30 EA/30 Days
BIKTARVY 50-200-25MG 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
CIMDUO 300-300MG TAB	1	QL=30 EA/30 Days
<i>darunavir 600mg tab</i>	1	QL=60 EA/30 Days
<i>darunavir 800mg tab</i>	1	QL=30 EA/30 Days
DELSTRIGO 100-300-300MG TAB	1	QL=30 EA/30 Days
DESCOVY 120-15MG TAB	1	QL=30 EA/30 Days
DESCOVY 200-25MG TAB	1	QL=30 EA/30 Days
DOVATO 50-300MG TAB	1	QL=30 EA/30 Days
EDURANT 25MG TAB	1	QL=30 EA/30 Days
<i>efavirenz 600mg tab</i>	1	QL=30 EA/30 Days
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	1	QL=30 EA/30 Days
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300MG TAB	1	QL=30 EA/30 Days
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine 200mg cap</i>	1	QL=30 EA/30 Days
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	1	QL=30 EA/30 Days
EMTRIVA 10MG/ML ORAL SOLN	1	QL=850 ML/30 Days
<i>etravirine 100mg tab</i>	1	QL=60 EA/30 Days
<i>etravirine 200mg tab</i>	1	QL=60 EA/30 Days
EVOTAZ 300-150MG TAB	1	QL=30 EA/30 Days
<i>fosamprenavir 700mg tab</i>	1	QL=120 EA/30 Days
GENVOYA 150-150-200-10MG TAB	1	QL=30 EA/30 Days
INTELENCE 25MG TAB	1	QL=120 EA/30 Days
ISENTRESS 100MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 100MG GRANULES FOR ORAL SUSP	1	QL=60 EA/30 Days
ISENTRESS 25MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 400MG TAB	1	QL=60 EA/30 Days
ISENTRESS 600MG TAB	1	QL=60 EA/30 Days
JULUCA 50-25MG TAB	1	QL=30 EA/30 Days
KALETRA 80-20MG/ML ORAL SOLN	1	
<i>lamivudine 10mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>lamivudine 150mg tab</i>	1	QL=60 EA/30 Days
<i>lamivudine 300mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine/zidovudine 150-300mg tab</i>	1	QL=60 EA/30 Days
<i>lopinavir/ritonavir 100-25mg tab</i>	1	QL=300 EA/30 Days

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>adefovir dipivoxil 10mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 1mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine 100mg tab</i>	1	QL=90 EA/30 Days
MAVYRET 100-40MG TAB	1	NDS PA QL=90 EA/30 Days
MAVYRET 50-20MG ORAL PELLET	1	NDS PA QL=150 EA/30 Days
PEGASYS 180MCG/0.5ML SYRINGE	1	NDS QL=2 ML/28 Days
PEGASYS 180MCG/ML INJ	1	NDS QL=4 ML/28 Days
RIBAVIRIN 200MG CAP	1	QL=210 EA/30 Days
RIBAVIRIN 200MG TAB	1	QL=210 EA/30 Days
SOFOSBUVIR/VELPATASVIR 400-100MG TAB	1	NDS PA QL=30 EA/30 Days
VEMLIDY 25MG TAB	1	NDS QL=30 EA/30 Days
VOSEVI 400-100-100MG TAB	1	NDS PA QL=30 EA/30 Days
HERPES AGENTS		
<i>acyclovir 200mg cap</i>	1	
<i>acyclovir 400mg tab</i>	1	
<i>acyclovir 40mg/ml oral susp</i>	1	
<i>acyclovir 50mg/ml inj</i>	1	PA_BvD
<i>acyclovir 800mg tab</i>	1	
<i>famciclovir 125mg tab</i>	1	
<i>famciclovir 250mg tab</i>	1	
<i>famciclovir 500mg tab</i>	1	
<i>valacyclovir 1000mg tab</i>	1	
<i>valacyclovir 500mg tab</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir 30mg cap</i>	1	QL=84 EA/180 Days
<i>oseltamivir 45mg cap</i>	1	QL=42 EA/180 Days
<i>oseltamivir 6mg/ml oral susp</i>	1	QL=540 ML/180 Days
<i>oseltamivir 75mg cap</i>	1	QL=42 EA/180 Days
RELENZA 5MG/BLISTER POWDER INHALER	1	QL=120 EA/30 Days
RIMANTADINE 100MG TAB	1	
XOFLUZA 40MG TAB	1	QL=2 EA/30 Days
XOFLUZA 80MG TAB	1	QL=1 EA/30 Days
MISC. ANTIVIRALS		
PAXLOVID 150MG/100MG TAB PACK (20)	1	QL=20 EA/5 Days
PAXLOVID 150MG/100MG TAB PACK (30)	1	QL=30 EA/5 Days
PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)	1	QL=11 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	

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>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	
PROPRANOLOL 4MG/ML ORAL SOLN	1	
<i>propranolol 60mg er cap</i>	1	
<i>propranolol 60mg tab</i>	1	
<i>propranolol 80mg er cap</i>	1	
<i>propranolol 80mg tab</i>	1	
PROPRANOLOL 8MG/ML ORAL SOLN	1	
<i>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	

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

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>verapamil 120mg er cap</i>	1	
<i>verapamil 120mg er tab</i>	1	
<i>verapamil 120mg tab</i>	1	
<i>verapamil 180mg er cap</i>	1	
<i>verapamil 180mg er tab</i>	1	
<i>verapamil 240mg er cap</i>	1	
<i>verapamil 240mg er tab</i>	1	
<i>verapamil 40mg tab</i>	1	
<i>verapamil 80mg tab</i>	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>droxidopa 100mg cap</i>	1	PA QL=90 EA/30 Days
<i>droxidopa 200mg cap</i>	1	PA QL=180 EA/30 Days
<i>droxidopa 300mg cap</i>	1	PA QL=180 EA/30 Days
<i>midodrine 10mg tab</i>	1	
<i>midodrine 2.5mg tab</i>	1	
<i>midodrine 5mg tab</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
CAMZYOS 10MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 15MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 2.5MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 5MG CAP	1	NDS PA QL=30 EA/30 Days
<i>digoxin 0.125mg tab</i>	1	
<i>digoxin 0.25mg tab</i>	1	
ENTRESTO 24-26MG TAB	1	QL=60 EA/30 Days
ENTRESTO 49-51MG TAB	1	QL=60 EA/30 Days
ENTRESTO 97-103MG TAB	1	QL=60 EA/30 Days
<i>ivabradine 5mg tab</i>	1	PA QL=60 EA/30 Days
<i>ivabradine 7.5mg tab</i>	1	PA QL=60 EA/30 Days
<i>pentoxifylline 400mg er tab</i>	1	
<i>ranolazine 1000mg er tab</i>	1	
<i>ranolazine 500mg er tab</i>	1	
VERQUVO 10MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 2.5MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 5MG TAB	1	PA QL=30 EA/30 Days
VYNDAMAX 61MG CAP	1	NDS PA QL=30 EA/30 Days
VYNDAQEL 20MG CAP	1	NDS PA QL=120 EA/30 Days
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil 100mg/ml oral susp</i>	1	
<i>cefadroxil 500mg cap</i>	1	
<i>cefadroxil 50mg/ml oral susp</i>	1	
<i>cefazolin 1000mg inj</i>	1	
<i>cefazolin 200mg/ml inj</i>	1	
<i>cefazolin 500mg inj</i>	1	

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>cephalexin 250mg cap</i>	1	
<i>cephalexin 25mg/ml oral susp</i>	1	
<i>cephalexin 500mg cap</i>	1	
<i>cephalexin 50mg/ml oral susp</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
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 oral susp</i>	1	
<i>cefprozil 500mg tab</i>	1	
<i>cefprozil 50mg/ml oral susp</i>	1	
<i>cefuroxime 1500mg inj</i>	1	
<i>cefuroxime 250mg tab</i>	1	
<i>cefuroxime 500mg tab</i>	1	
<i>cefuroxime 750mg inj</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 25mg/ml oral susp</i>	1	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml oral susp</i>	1	
<i>cefixime 20mg/ml oral susp</i>	1	
<i>cefixime 400mg cap</i>	1	
<i>cefixime 40mg/ml oral susp</i>	1	
<i>cefpodoxime 100mg tab</i>	1	
CEFPODOXIME 10MG/ML ORAL SUSP	1	
<i>cefpodoxime 200mg tab</i>	1	
CEFPODOXIME 20MG/ML ORAL SUSP	1	
<i>ceftazidime 1gm inj</i>	1	
CEFTAZIDIME 200MG/ML INJ	1	
<i>ceftazidime 2gm inj</i>	1	
<i>ceftriaxone 10gm inj</i>	1	
<i>ceftriaxone 1gm inj</i>	1	
<i>ceftriaxone 250mg inj</i>	1	
<i>ceftriaxone 2gm inj</i>	1	
<i>ceftriaxone 500mg inj</i>	1	
<i>tazicef 1gm inj</i>	1	
<i>tazicef 2gm inj</i>	1	
TAZICEF 6GM INJ	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3mg dr cap</i>	1	QL=90 EA/30 Days
<i>budesonide 9mg er tab</i>	1	PA QL=30 EA/30 Days
DEXAMETHASONE 0.1MG/ML ORAL SOLN	1	

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 0.5mg tab</i>	1	
<i>dexamethasone 0.75mg tab</i>	1	
<i>dexamethasone 1.5mg tab</i>	1	
<i>dexamethasone 1mg tab</i>	1	
<i>dexamethasone 2mg tab</i>	1	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>hydrocortisone 10mg tab</i>	1	
<i>hydrocortisone 20mg tab</i>	1	
<i>hydrocortisone 5mg tab</i>	1	
<i>methylprednisolone 16mg tab</i>	1	PA_BvD
<i>methylprednisolone 32mg tab</i>	1	PA_BvD
<i>methylprednisolone 4mg tab</i>	1	PA_BvD
<i>methylprednisolone 4mg tab pack (21)</i>	1	
<i>methylprednisolone 8mg tab</i>	1	PA_BvD
<i>prednisolone 1mg/ml oral soln</i>	1	PA_BvD
<i>prednisolone 3mg/ml oral soln</i>	1	PA_BvD
<i>prednisolone 5mg/ml oral soln</i>	1	PA_BvD
<i>prednisone 10mg tab</i>	1	PA_BvD
<i>prednisone 1mg tab</i>	1	PA_BvD
<i>PREDNISON 1MG/ML ORAL SOLN</i>	1	PA_BvD
<i>prednisone 2.5mg tab</i>	1	PA_BvD
<i>prednisone 20mg tab</i>	1	PA_BvD
<i>prednisone 50mg tab</i>	1	PA_BvD
<i>prednisone 5mg tab</i>	1	PA_BvD
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1mg tab</i>	1	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
<i>acetylcysteine 100mg/ml inh soln</i>	1	PA_BvD
<i>acetylcysteine 200mg/ml inh soln</i>	1	PA_BvD
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline 30mg cap</i>	1	
<i>chlorhexidine gluconate 0.12% mouthwash</i>	1	
<i>clotrimazole 10mg lozenge</i>	1	
<i>kourzeq 0.1% oral paste</i>	1	
<i>lidocaine viscous 2% mucous membrane topical soln</i>	1	
<i>nystatin 100000unit/ml oral susp</i>	1	
<i>periogard 0.12% mouthwash</i>	1	
<i>pilocarpine 5mg tab</i>	1	
<i>pilocarpine 7.5mg tab</i>	1	
<i>triamcinolone acetanide 0.1% oral paste</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		

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

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>nyamyc 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000 unit/gm ointment</i>	1	QL=30 GM/30 Days
<i>nystatin 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000unit/ml cream</i>	1	QL=30 GM/30 Days
<i>% ointment</i>	1	QL=60 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>	1	QL=60 GM/30 Days
<i>nystop 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1% gel</i>	1	PA_NSO QL=60 GM/30 Days
<i>diclofenac sodium 3% gel</i>	1	PA QL=100 GM/30 Days
FLUOROURACIL 2% TOPICAL SOLN	1	QL=10 ML/30 Days
<i>fluorouracil 5% cream</i>	1	QL=40 GM/30 Days
<i>fluorouracil 5% topical soln</i>	1	QL=10 ML/30 Days
PANRETIN 0.1% GEL	1	NDS PA_NSO QL=60 GM/30 Days
VALCHLOR 0.016% GEL	1	NDS PA_NSO QL=240 GM/30 Days
ANTIPSORIATICS		
<i>acitretin 10mg cap</i>	1	
<i>acitretin 17.5mg cap</i>	1	
<i>acitretin 25mg cap</i>	1	
<i>calcipotriene 0.005% cream</i>	1	PA QL=120 GM/30 Days
<i>calcipotriene 0.005% ointment</i>	1	PA QL=120 GM/30 Days
CALCIPOTRIENE 0.005% TOPICAL SOLN	1	PA QL=120 ML/30 Days
COSENTYX 150MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
COSENTYX 150MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
COSENTYX 75MG/0.5ML SYRINGE	1	NDS PA QL=2 ML/28 Days
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
METHOXSALEN 10MG CAP	1	
OTEZLA 20MG TAB	1	NDS PA QL=60 EA/30 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
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
STEQEYMA 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
<i>tazarotene 0.1% cream</i>	1	PA QL=60 GM/30 Days
TREMFYA 100MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TREMFYA 100MG/ML SYRINGE	1	PA QL=2 ML/28 Days
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
YESINTEK 90MG/ML SYRINGE	1	PA QL=1 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
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort 1% cream</i>	1	QL=240 GM/30 Days
ALCLOMETASONE 0.05% OINT	1	QL=120 GM/30 Days
<i>alclometasone dipropionate 0.05% cream</i>	1	QL=120 GM/30 Days
<i>betamethasone 0.05% aug cream</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% aug lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% aug ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% cream</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.05% lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.1% cream</i>	1	QL=180 GM/30 Days
<i>betamethasone 0.1% ointment</i>	1	QL=180 GM/30 Days
BETAMETHASONE 0.1% TOPICAL LOTION	1	QL=120 ML/30 Days
<i>clobetasol propionate 0.05% cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% e cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% foam</i>	1	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% gel</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% lotion</i>	1	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>clobetasol propionate 0.05% topical spray</i>	1	QL=125 ML/30 Days
<i>clodan 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>desonide 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% cream</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% ointment</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical oil</i>	1	QL=120 ML/30 Days
<i>fluocinolone acetonide 0.01% topical soln</i>	1	QL=90 ML/30 Days
<i>fluocinolone acetonide 0.025% cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.025% ointment</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% cream</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% e cream</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% gel</i>	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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125mg tab</i>	1	
<i>acetazolamide 250mg tab</i>	1	
<i>acetazolamide 500mg er cap</i>	1	
<i>methazolamide 25mg tab</i>	1	
<i>methazolamide 50mg tab</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	1	
<i>hydrochlorothiazide/spironolactone 25-25mg tab</i>	1	
<i>hydrochlorothiazide/triamterene 25-37.5mg cap</i>	1	
<i>hydrochlorothiazide/triamterene 25-37.5mg tab</i>	1	
<i>hydrochlorothiazide/triamterene 50-75mg tab</i>	1	
LOOP DIURETICS		
<i>bumetanide 0.25mg/ml inj</i>	1	
<i>bumetanide 0.5mg tab</i>	1	
<i>bumetanide 1mg tab</i>	1	
<i>bumetanide 2mg tab</i>	1	
FUROSCIX 80MG/10ML CARTRIDGE	1	NDS QL=8 EA/7 Days
<i>furosemide 10mg/ml inj</i>	1	
<i>furosemide 10mg/ml oral soln</i>	1	
<i>furosemide 20mg tab</i>	1	
<i>furosemide 40mg tab</i>	1	
<i>furosemide 80mg tab</i>	1	
FUROSEMIDE 8MG/ML ORAL SOLN	1	
<i>torsemide 100mg tab</i>	1	
<i>torsemide 10mg tab</i>	1	
<i>torsemide 20mg tab</i>	1	
<i>torsemide 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>ibandronate 150mg tab</i>	1	QL=1 EA/30 Days
JUBBONTI 60MG/ML SYRINGE	1	ST QL=1 ML/168 Days
<i>raloxifene 60mg tab</i>	1	QL=30 EA/30 Days
<i>risedronate sodium 150mg tab</i>	1	
<i>risedronate sodium 30mg tab</i>	1	
<i>risedronate sodium 35mg tab</i>	1	
<i>risedronate sodium 35mg tab pack (12)</i>	1	
<i>risedronate sodium 35mg tab pack (4)</i>	1	
<i>risedronate sodium 5mg tab</i>	1	
<i>salmon calcitonin 200unit/act nasal spray</i>	1	QL=3.70 ML/28 Days
TERIPARATIDE 0.02MG/ACT PEN INJ	1	NDS QL=2.48 ML/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	1	NDS PA QL=1.56 ML/30 Days
WYOST 120MG/1.7ML INJ	1	NDS PA QL=1.70 ML/28 Days
GROWTH HORMONES		
NORDITROPIN 10MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 15MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 30MG/3ML PEN INJ	1	NDS PA
NORDITROPIN 5MG/1.5ML PEN INJ	1	NDS PA
OMNITROPE 10MG/1.5ML CARTRIDGE	1	NDS PA
OMNITROPE 5.8MG INJ	1	NDS PA
OMNITROPE 5MG/1.5ML CARTRIDGE	1	NDS PA
SOGROYA 10MG/1.5ML PEN INJ	1	NDS PA
SOGROYA 15MG/1.5ML PEN INJ	1	NDS PA
SOGROYA 5MG/1.5ML PEN INJ	1	NDS PA
METABOLIC MODIFIERS		
<i>betaine 1gm powder for oral soln</i>	1	
<i>calcitriol 0.25mcg cap</i>	1	PA_BvD
<i>calcitriol 0.5mcg cap</i>	1	PA_BvD
<i>calcitriol 1mcg/ml oral soln</i>	1	PA_BvD
<i>carglumic acid 200mg tab for oral susp</i>	1	PA
<i>cinacalcet 30mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>cinacalcet 60mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>cinacalcet 90mg tab</i>	1	PA_BvD QL=120 EA/30 Days
CYSTADANE 1GM POWDER FOR ORAL SOLN	1	NDS

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azurette 28 day pack</i>	1	
<i>balziva tab 28-day pack</i>	1	
<i>blisovi 21 fe tab 1.5/30 28-day pack</i>	1	
<i>blisovi 24 fe tab 1/20 28-day pack</i>	1	
<i>briellyn tab 28-day pack</i>	1	
<i>camreselo tab 91-day pack</i>	1	
<i>cryselle tab 28-day pack</i>	1	
<i>cyred tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	1	
<i>eluryng 0.120-0.015mg/24hr vaginal system</i>	1	
<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	1	
<i>enpresse tab 28-day pack</i>	1	
<i>enskyce tab 28-day pack</i>	1	
<i>estarylla tab 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 0.5-0.1mg 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	1	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	1	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	1	
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	1	
<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	1	

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mibelas 24 fe chewable tab 28-day pack</i>	1	
<i>microgestin 1.5/30 tab 21-day pack</i>	1	
<i>microgestin 1/20 tab 21-day pack</i>	1	
<i>microgestin fe tab 1.5/30 28-day pack</i>	1	
<i>microgestin fe tab 1/20 28-day pack</i>	1	
<i>mili tab 28-day pack</i>	1	
<i>mimvey 28-day pack</i>	1	
<i>necon 0.5/35 tab 28-day pack</i>	1	
<i>nikki tab 28-day pack</i>	1	
<i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i>	1	
<i>nortrel 0.5/35 tab 28-day pack</i>	1	
<i>nortrel 1/35 tab 21-day pack</i>	1	
<i>nortrel 1/35 tab 28-day pack</i>	1	
<i>nortrel 7/7/7 tab 28-day pack</i>	1	
<i>nylia 1/35 tab 28-day pack</i>	1	
<i>nylia 7/7/7 tab 28-day pack</i>	1	
<i>ocella tab 28-day pack</i>	1	
<i>pimtrea tab 28-day pack</i>	1	
<i>portia tab 28-day pack</i>	1	
PREMPHASE 28-DAY PACK	1	
PREMPRO 0.3/1.5MG 28-DAY PACK	1	
PREMPRO 0.45/1.5MG 28-DAY PACK	1	
PREMPRO 0.625/2.5MG 28-DAY PACK	1	
PREMPRO 0.625/5MG 28-DAY PACK	1	
<i>reclipsen tab 28-day pack</i>	1	
<i>setlakin tab 91-day pack</i>	1	
<i>sprintec tab 28-day pack</i>	1	
<i>sronyx tab 28-day pack</i>	1	
<i>syeda tab 28-day pack</i>	1	
<i>tarina 24 fe tab 1/20 28-day pack</i>	1	
<i>tarina fe tab 1/20 28-day pack</i>	1	
<i>tri-estarylla tab 28-day pack</i>	1	
<i>tri-lo- estarylla tab 28-day pack</i>	1	
<i>tri-lo-sprintec tab 28-day pack</i>	1	
<i>tri-mili tab 28-day pack</i>	1	
<i>tri-sprintec tab 28-day pack</i>	1	
<i>tri-vylibra lo tab 28-day pack</i>	1	
<i>tri-vylibra tab 28-day pack</i>	1	
<i>turqoz tab 28-day pack</i>	1	
<i>valtya tab 1/50 28-day pack</i>	1	
VELIVET TAB 28-DAY PACK	1	
<i>vestura tab 3-0.02mg 28-day pack</i>	1	
<i>vienva tab 28-day pack</i>	1	
<i>vyfemla tab 28-day pack</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levofloxacin 500mg tab</i>	1	
<i>levofloxacin 500mg/100ml inj</i>	1	
<i>levofloxacin 750mg tab</i>	1	
<i>levofloxacin 750mg/150ml inj</i>	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
<i>moxifloxacin 400mg tab</i>	1	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 20mg/ml oral soln</i>	1	
<i>enulose 10gm/15ml oral soln</i>	1	
GATTEX 5MG INJ	1	NDS PA
<i>generlac 10gm/15ml oral soln</i>	1	
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 1mg/ml oral soln</i>	1	
<i>metoclopramide 5mg tab</i>	1	
REZDIFFRA 100MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 60MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 80MG TAB	1	NDS PA QL=30 EA/30 Days
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 300mg cap</i>	1	
<i>ursodiol 500mg tab</i>	1	
VOWST 30000000UNIT CAP	1	NDS PA QL=12 EA/30 Days
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium 750mg cap</i>	1	
<i>mesalamine 1gm rectal supp</i>	1	QL=30 EA/30 Days
<i>mesalamine 375mg er cap</i>	1	QL=120 EA/30 Days
<i>mesalamine 66.7mg/ml enema</i>	1	QL=1800 ML/30 Days
SKYRIZI 180MG/1.2ML CARTRIDGE	1	PA QL=1.20 ML/56 Days
SKYRIZI 360MG/2.4ML CARTRIDGE	1	PA QL=2.40 ML/56 Days
<i>sulfasalazine 500mg dr tab</i>	1	
<i>sulfasalazine 500mg tab</i>	1	
TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	1	NDS PA QL=4 ML/28 Days
GENITOURINARY AGENTS		
GENITOURINARY AGENTS, OTHER		
CYSTAGON 150MG CAP	1	
CYSTAGON 50MG CAP	1	
ELMIRON 100MG CAP	1	QL=90 EA/30 Days
<i>potassium citrate 10meq er tab</i>	1	
<i>potassium citrate 15meq er tab</i>	1	
<i>potassium citrate 5meq er tab</i>	1	
<i>sodium chloride 0.9% irrigation soln</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
PROSTATIC HYPERTROPHY AGENTS		

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>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	
<i>finasteride 5mg tab</i>	1	
<i>tadalafil 2.5mg tab</i>	1	PA QL=30 EA/30 Days
<i>tadalafil 5mg tab</i>	1	PA QL=30 EA/30 Days
<i>tamsulosin 0.4mg cap</i>	1	
GOUT AGENTS		
GOUT AGENTS		
<i>allopurinol 100mg tab</i>	1	
<i>allopurinol 300mg tab</i>	1	
<i>colchicine 0.6mg tab</i>	1	
<i>colchicine/probenecid 0.5-500mg tab</i>	1	
<i>febuxostat 40mg tab</i>	1	ST
<i>febuxostat 80mg tab</i>	1	ST
<i>probenecid 500mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide 0.5mg cap</i>	1	
<i>anagrelide 1mg cap</i>	1	
<i>aspirin/dipyridamole 25-200mg er cap</i>	1	QL=60 EA/30 Days
<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	
<i>ticagrelor 60mg tab</i>	1	QL=60 EA/30 Days
<i>ticagrelor 90mg tab</i>	1	QL=60 EA/30 Days
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL DISEASE		
<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 (10)	1	NDS PA QL=10 EA/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK (15)	1	NDS PA QL=15 EA/5 Days
<i>eltrombopag 12.5mg powder for oral susp</i>	1	NDS PA QL=90 EA/30 Days
<i>eltrombopag 12.5mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag 25mg powder for oral susp</i>	1	NDS PA QL=180 EA/30 Days
<i>eltrombopag 25mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag 50mg tab</i>	1	NDS PA QL=60 EA/30 Days
<i>eltrombopag 75mg tab</i>	1	NDS PA QL=60 EA/30 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

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

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

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

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

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>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	
POTASSIUM CHLORIDE 15MEQ ER TAB	1	
<i>potassium chloride 15meq micro er tab</i>	1	
<i>potassium chloride 2.67meq/ml oral soln</i>	1	
<i>potassium chloride 20meq er tab</i>	1	
<i>potassium chloride 20meq micro er tab</i>	1	
<i>potassium chloride 20meq powder for oral soln</i>	1	
POTASSIUM CHLORIDE 20MEQ/100ML INJ	1	
<i>potassium chloride 2meq/ml (20ml) inj</i>	1	
<i>potassium chloride 2meq/ml inj</i>	1	
POTASSIUM CHLORIDE 40MEQ/100ML INJ	1	
<i>potassium chloride 8meq er cap</i>	1	
<i>potassium chloride 8meq er tab</i>	1	
SODIUM		
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride 0.9% inj</i>	1	
<i>sodium chloride 3% inj</i>	1	
<i>sodium chloride 50mg/ml inj</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>deferasirox 180mg tab</i>	1	PA
<i>deferasirox 360mg tab</i>	1	PA
<i>deferasirox 90mg tab</i>	1	PA
<i>penicillamine 250mg tab</i>	1	
<i>trientine 250mg cap</i>	1	PA QL=240 EA/30 Days
IMMUNOMODULATORS		
<i>lenalidomide 10mg cap</i>	1	PA_NSO QL=30 EA/30 Days
<i>lenalidomide 15mg cap</i>	1	PA_NSO QL=30 EA/30 Days
<i>lenalidomide 2.5mg cap</i>	1	PA_NSO QL=30 EA/30 Days
<i>lenalidomide 20mg cap</i>	1	PA_NSO QL=30 EA/30 Days
<i>lenalidomide 25mg cap</i>	1	PA_NSO QL=30 EA/30 Days
<i>lenalidomide 5mg cap</i>	1	PA_NSO QL=30 EA/30 Days

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

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>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	1	
<i>sps 15gm/60ml susp</i>	1	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
VELTASSA 1GM POWDER FOR ORAL SUSP	1	PA QL=120 EA/30 Days
VELTASSA 25.2GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
VELTASSA 8.4GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	PA QL=90 EA/30 Days
<i>chlorzoxazone 500mg tab</i>	1	PA
<i>cyclobenzaprine 10mg tab</i>	1	PA QL=90 EA/30 Days
<i>cyclobenzaprine 5mg tab</i>	1	PA QL=90 EA/30 Days
<i>metaxalone 800mg tab</i>	1	PA
<i>methocarbamol 500mg tab</i>	1	PA
<i>methocarbamol 750mg tab</i>	1	PA
<i>orphenadrine citrate 100mg er tab</i>	1	PA
<i>tizanidine 2mg tab</i>	1	
<i>tizanidine 4mg tab</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 100mg cap</i>	1	
<i>dantrolene sodium 25mg cap</i>	1	
<i>dantrolene sodium 50mg cap</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	1	QL=60 ML/30 Days
<i>flunisolide 25% (25mcg/act) nasal inhaler</i>	1	QL=50 ML/30 Days
<i>fluticasone propionate 50mcg/act nasal inhaler</i>	1	QL=32 GM/30 Days
<i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i>	1	QL=30 ML/30 Days
<i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i>	1	QL=45 ML/30 Days
<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	1	QL=30.50 GM/30 Days
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA 105MG/5ML ORAL SUSP	1	NDS PA QL=70 ML/28 Days
<i>riluzole 50mg tab</i>	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75MG/ML ORAL SOLN	1	NDS PA QL=240 ML/30 Days
EVRYSDI 5MG TAB	1	NDS PA QL=30 EA/30 Days
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE 10% INJ	1	PA _BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glucose 50mg/ml inj</i>	1	
PROTEINS		
CLINIMIX 4.25/10 INJ	1	PA_BvD
CLINIMIX 4.25/5 INJ	1	PA_BvD
CLINIMIX 5/15 INJ	1	PA_BvD
CLINIMIX 5/20 INJ	1	PA_BvD
<i>clinisol 15% inj</i>	1	PA_BvD
<i>plenamine 15% inj</i>	1	PA_BvD
PROSOL 20% INJ	1	PA_BvD
TRAVASOL 10% INJ	1	PA_BvD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate/timolol 0.2-0.5% ophth soln</i>	1	
CARTEOLOL 1% OPHTH SOLN	1	
<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	1	
<i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i>	1	
LEVOBUNOLOL 0.5% OPHTH SOLN	1	
<i>timolol 0.25% ophth gel</i>	1	
<i>timolol 0.25% ophth soln</i>	1	
<i>timolol 0.5% ophth gel</i>	1	
<i>timolol 0.5% ophth soln</i>	1	
<i>timolol hemihydrate 0.5% ophth soln</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate 0.1% ophth soln</i>	1	
<i>brimonidine tartrate 0.15% ophth soln</i>	1	
<i>brimonidine tartrate 0.2% ophth soln</i>	1	
SIMBRINZA 0.2-1% OPHTH SUSP	1	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500UNIT/GM OPHTH OINTMENT	1	
<i>bacitracin/polymyxin b 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days
<i>ciprofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
<i>erythromycin 0.5% ophth ointment</i>	1	QL=7 GM/7 Days
<i>gentamicin 0.3% ophth soln</i>	1	QL=10 ML/7 Days
<i>moxifloxacin 0.5% ophth soln</i>	1	QL=6 ML/7 Days
NATACYN 5% OPHTH SUSP	1	QL=15 ML/7 Days
<i>neo-polycin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
<i>neomycin/bacitracin/polymyxin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	1	QL=10 ML/7 Days
<i>ofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
<i>polycin 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days

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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% OPTH SOLN	1	QL=15 ML/7 Days
XDEMVY 0.25% OPTH SOLN	1	PA QL=10 ML/42 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.02-0.005% OPTH SOLN	1	QL=5 ML/30 Days
OPHTHALMIC STEROIDS		
DEXAMETHASONE PHOSPHATE 0.1% OPTH 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% OPTH SOLN	1	
<i>prednisolone acetate 1% ophth susp</i>	1	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPTH SOLN	1	
OPHTHALMICS - MISC.		
<i>atropine sulfate 1% ophth soln</i>	1	
<i>azelastine 0.05% ophth soln</i>	1	
<i>bromfenac 0.07% ophth soln</i>	1	QL=12 ML/365 Days
CROMOLYN SODIUM 4% OPTH SOLN	1	
<i>cyclosporine 0.05% ophth susp</i>	1	QL=60 EA/30 Days
CYSTADROPS 0.37% OPTH SOLN	1	NDS PA QL=20 ML/28 Days
CYSTARAN 0.44% OPTH SOLN	1	NDS PA QL=60 ML/28 Days
<i>diclofenac sodium 0.1% ophth soln</i>	1	QL=20 ML/365 Days
<i>dorzolamide 2% ophth soln</i>	1	
FLURBIPROFEN SODIUM 0.03% OPTH SOLN	1	
<i>ketorolac tromethamine 0.4% ophth soln</i>	1	QL=20 ML/365 Days
<i>ketorolac tromethamine 0.5% ophth soln</i>	1	
<i>pilocarpine 1% ophth soln</i>	1	
<i>pilocarpine 2% ophth soln</i>	1	
<i>pilocarpine 4% ophth soln</i>	1	
XIIDRA 5% OPTH SOLN	1	QL=60 EA/30 Days
PROSTAGLANDINS - OPHTHALMIC		

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXPLANON 68MG IMPLANT	1	
<i>nora-be 0.35mg tab 28-day pack</i>	1	
<i>norethindrone 0.35mg 28-day pack</i>	1	
<i>norethindrone acetate 5mg tab</i>	1	
<i>progesterone 100mg cap</i>	1	
<i>progesterone 200mg cap</i>	1	
<i>sharobel 0.35mg tab 28-day pack</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium 333mg dr tab</i>	1	
<i>disulfiram 250mg tab</i>	1	
<i>disulfiram 500mg tab</i>	1	
ANTIDEMENTIA AGENTS		
<i>donepezil 10mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 10mg tab</i>	1	QL=60 EA/30 Days
<i>donepezil 23mg tab</i>	1	ST QL=30 EA/30 Days
<i>donepezil 5mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 12mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 4mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 8mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine hydrobromide 16mg er cap</i>	1	QL=30 EA/30 Days
<i>galantamine hydrobromide 24mg er cap</i>	1	QL=30 EA/30 Days
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	1	QL=200 ML/30 Days
<i>galantamine hydrobromide 8mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 10mg tab</i>	1	QL=60 EA/30 Days
<i>memantine 14mg er cap</i>	1	ST QL=30 EA/30 Days
<i>memantine 21mg er cap</i>	1	ST QL=30 EA/30 Days
<i>memantine 28mg er cap</i>	1	ST QL=30 EA/30 Days
<i>memantine 2mg/ml oral soln</i>	1	QL=300 ML/30 Days
<i>memantine 5mg tab</i>	1	QL=60 EA/30 Days
<i>memantine 7mg er cap</i>	1	ST QL=30 EA/30 Days
<i>rivastigmine 1.5mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 13.3mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 3mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 4.5mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 4.6mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 6mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 9.5mg/24hr patch</i>	1	QL=30 EA/30 Days
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 6MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 9MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO XR 12MG TAB	1	NDS PA QL=60 EA/30 Days

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SMOKING DETERRENTS		
<i>bupropion 150mg sr (12hr) tab</i>	1	
NICOTROL 10MG/ML NASAL INHALER	1	
<i>varenicline 0.5mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline 0.5mg/1mg first month pack (53)</i>	1	QL=53 EA/28 Days
<i>varenicline 1mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline 1mg tab pack (56)</i>	1	QL=56 EA/28 Days
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN 1000MG INJ	1	NDS PA
ZEMAIRA 1000MG INJ	1	NDS PA
CYSTIC FIBROSIS AGENTS		
ALYFTREK 10-50-125MG TAB	1	NDS PA QL=56 EA/28 Days
ALYFTREK 4-20-50MG TAB	1	NDS PA QL=84 EA/28 Days
CAYSTON 75MG/ML INH SOLN	1	NDS PA QL=84 ML/28 Days
KALYDECO 13.4MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 150MG TAB	1	NDS PA QL=60 EA/30 Days
KALYDECO 25MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 5.8MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 50MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 75MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG TAB	1	NDS PA QL=120 EA/30 Days
ORKAMBI 125-200MG TAB	1	NDS PA QL=120 EA/30 Days
ORKAMBI 188-150MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 94-75MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
PULMOZYME 1MG/ML INH SOLN	1	NDS PA_BvD QL=150 ML/30 Days
SYMDEKO TAB 4-WEEK PACK (56)	1	NDS PA QL=60 EA/30 Days
SYMDEKO TAB 50-75MG/75MG PACK (56)	1	NDS PA QL=60 EA/30 Days
TRIKAFTA 100-50-75MG/150MG TAB PACK (84)	1	NDS PA QL=90 EA/30 Days
TRIKAFTA 100-50-75MG/75MG GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
TRIKAFTA 50-37.5-25MG/75MG TAB PACK (84)	1	NDS PA QL=84 EA/28 Days
TRIKAFTA 80-40-60MG/59.5MG GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
PULMONARY FIBROSIS AGENTS		
OFEV 100MG CAP	1	NDS PA QL=60 EA/30 Days
OFEV 150MG CAP	1	NDS PA QL=60 EA/30 Days
<i>pirfenidone 267mg cap</i>	1	PA QL=270 EA/30 Days
<i>pirfenidone 267mg tab</i>	1	PA QL=270 EA/30 Days
<i>pirfenidone 801mg tab</i>	1	PA QL=90 EA/30 Days
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
<i>desloratadine 5mg tab</i>	1	
<i>levocetirizine 5mg tab</i>	1	

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>promethazine 1.25mg/ml oral soln</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg tab</i>	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2MG TAB	1	NDS PA QL=90 EA/30 Days
<i>alyq 20mg tab</i>	1	PA QL=60 EA/30 Days
<i>ambrisentan 10mg tab</i>	1	PA QL=30 EA/30 Days
<i>ambrisentan 5mg tab</i>	1	PA QL=30 EA/30 Days
<i>bosentan 125mg tab</i>	1	PA QL=60 EA/30 Days
<i>bosentan 62.5mg tab</i>	1	PA QL=60 EA/30 Days
OPSUMIT 10MG TAB	1	NDS PA QL=30 EA/30 Days
<i>sildenafil 20mg tab</i>	1	PA QL=360 EA/30 Days
<i>tadalafil 20mg tab</i>	1	PA QL=60 EA/30 Days
WINREVAIR 45MG INJ	1	NDS PA QL=1 EA/21 Days
WINREVAIR 45MG INJ (2 VIAL PACK)	1	NDS PA QL=1 EA/21 Days
WINREVAIR 60MG INJ	1	NDS PA QL=1 EA/21 Days
WINREVAIR 60MG INJ (2 VIAL PACK)	1	NDS PA QL=1 EA/21 Days
RESPIRATORY TRACT/PULMONARY AGENTS		
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>roflumilast 250mcg tab</i>	1	QL=28 EA/365 Days
THEOPHYLLINE 100MG ER TAB	1	
THEOPHYLLINE 200MG ER TAB	1	
<i>theophylline 300mg er tab</i>	1	
<i>theophylline 400mg er tab</i>	1	
<i>theophylline 450mg er tab</i>	1	
<i>theophylline 600mg er tab</i>	1	
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
LUMRYZ 28-DAY STARTER PACK (28)	1	NDS PA QL=28 EA/28 Days
LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 6GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 9GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
SODIUM OXYBATE 500MG/ML ORAL SOLN	1	NDS PA QL=540 ML/30 Days
SUNOSI 150MG TAB	1	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	1	PA QL=30 EA/30 Days
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine 500mg 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>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	1	
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>doxy 100mg inj</i>	1	
<i>doxycycline hyclate 100mg cap</i>	1	
<i>doxycycline hyclate 100mg inj</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 oral susp</i>	1	
<i>minocycline 100mg cap</i>	1	
<i>minocycline 50mg cap</i>	1	
<i>minocycline 75mg cap</i>	1	
<i>tetracycline 250mg cap</i>	1	
<i>tetracycline 500mg cap</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	
<i>propylthiouracil 50mg tab</i>	1	
THYROID HORMONES		
<i>levothyroxine sodium 100mcg tab</i>	1	
<i>levothyroxine sodium 112mcg tab</i>	1	
<i>levothyroxine sodium 125mcg tab</i>	1	
<i>levothyroxine sodium 137mcg tab</i>	1	
<i>levothyroxine sodium 150mcg tab</i>	1	
<i>levothyroxine sodium 175mcg tab</i>	1	
<i>levothyroxine sodium 200mcg tab</i>	1	
<i>levothyroxine sodium 25mcg tab</i>	1	
<i>levothyroxine sodium 300mcg tab</i>	1	
<i>levothyroxine sodium 50mcg tab</i>	1	
<i>levothyroxine sodium 75mcg tab</i>	1	
<i>levothyroxine sodium 88mcg tab</i>	1	
<i>levoxyl 100mcg tab</i>	1	
<i>levoxyl 112mcg tab</i>	1	
<i>levoxyl 125mcg tab</i>	1	
<i>levoxyl 137mcg tab</i>	1	
<i>levoxyl 150mcg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levoxyl 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	
INFANRIX SYRINGE	1	
KINRIX SYRINGE	1	
PEDIARIX SYRINGE	1	
PENTACEL 96-30-68UNIT/ML INJ	1	
QUADRACEL INJ	1	
QUADRACEL SYRINGE	1	
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	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTHIB INJ	1	
BCG LIVE TICE STRAIN 50MG INJ	1	VAC
BEXSERO SYRINGE	1	VAC
HIBERIX 10MCG INJ	1	
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
VIVOTIF DR CAP	1	VAC
VIRAL VACCINES		
ABRYSVO 120MCG/0.5ML INJ	1	VAC
AREXVY 120MCG/0.5ML INJ	1	VAC
ENGRIX-B 10MCG/0.5ML SYRINGE	1	PA_BvD VAC
ENGRIX-B 20MCG/ML INJ	1	PA_BvD VAC
ENGRIX-B 20MCG/ML SYRINGE	1	PA_BvD VAC
GARDASIL 9 INJ	1	VAC
GARDASIL 9 SYRINGE	1	VAC
HAVRIX 1440ELU/ML SYRINGE	1	VAC
HAVRIX 720ELU/0.5ML SYRINGE	1	
HEPLISAV-B 20MCG/0.5ML SYRINGE	1	PA_BvD VAC
IMOVAX 2.5UNIT/ML INJ	1	PA_BvD VAC
IPOL INJ	1	VAC
IXCHIQ INJ	1	VAC
IXIARO 0.012MG/ML SYRINGE	1	VAC
JYNNEOS 0.5ML INJ	1	VAC
M-M-R II INJ	1	VAC
MRESVIA 50MCG/0.5ML SYRINGE	1	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 667000UNIT/ML ORAL SUSP	1	
ROTATEQ ORAL SUSP	1	
SHINGRIX 50MCG/0.5ML INJ	1	QL=2 EA/365 DaysVAC
TICOVAC 1.2MCG/0.25ML SYRINGE	1	
TICOVAC 2.4MCG/0.5ML SYRINGE	1	VAC
TWINRIX SYRINGE	1	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
VIMKUNYA 40MCG/0.8ML SYRINGE	1	VAC
YF-VAX INJ	1	VAC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin 2% vaginal cream</i>	1	
<i>metronidazole 0.75% vaginal gel</i>	1	
<i>terconazole 0.4% vaginal cream</i>	1	
<i>terconazole 0.8% vaginal cream</i>	1	
<i>terconazole 80mg vaginal insert</i>	1	
VAGINAL ESTROGENS		
<i>estradiol 0.01% vaginal cream</i>	1	
PREMARIN 0.625MG/GM VAGINAL CREAM	1	

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

ALPHABETICAL LISTING OF DRUGS

A		<i>acetylcysteine 200mg/ml inh soln</i>	51	ADEMPAS 1MG TAB	78
<i>abacavir 20mg/ml oral soln</i>	43	<i>acitretin 10mg cap</i>	53	ADEMPAS 2.5MG TAB	78
<i>abacavir 300mg tab</i>	43	<i>acitretin 17.5mg cap</i>	53	ADEMPAS 2MG TAB	78
<i>abacavir/lamivudine 600-300mg tab</i>	43	<i>acitretin 25mg cap</i>	53	ADVAIR 115-21MCG HFA	9
ABELCET 5MG/ML INJ	22	ACTEMRA	3	INHALER	
<i>abigale lo tab 0.5/0.1mg 28-day pack</i>	58	162MG/0.9ML		ADVAIR 230-21MCG HFA INHALER	9
ABILIFY ASIMTUFII 720MG/2.4ML SYRINGE	43	AUTO-INJECTOR		ADVAIR 45-21MCG/ACT HFA INHALER	9
ABILIFY ASIMTUFII 960MG/3.2ML SYRINGE	43	ACTEMRA	3	AKEEGA 500-100MG TAB	31
ABILIFY MAINTENA 300MG INJ	43	162MG/0.9ML SYRINGE		TAB	
ABILIFY MAINTENA 300MG SYRINGE	43	ACTHIB INJ	82	AKEEGA 500-50MG TAB	31
ABILIFY MAINTENA 400MG INJ	43	ACTIMMUNE	37	<i>ala-cort 1% cream</i>	54
ABILIFY MAINTENA 400MG SYRINGE	43	2000000UNIT/0.5ML INJ		<i>albendazole 200mg tab</i>	6
<i>abiraterone acetate 250mg tab</i>	31	<i>acyclovir 200mg cap</i>	46	<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	9
<i>abirtega 250mg tab</i>	31	<i>acyclovir 400mg tab</i>	46	<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	9
ABRYSVO	82	<i>acyclovir 40mg/ml oral susp</i>	46	<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	9
120MCG/0.5ML INJ		<i>acyclovir 5% ointment</i>	55	<i>albuterol 1.25mg/3ml neb soln</i>	9
<i>acamprosate calcium 333mg dr tab</i>	75	<i>acyclovir 50mg/ml inj</i>	46	<i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i>	9
<i>acarbose 100mg tab</i>	19	<i>acyclovir 800mg tab</i>	46	<i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>	9
<i>acarbose 25mg tab</i>	19	ADACEL INJ	80	<i>albuterol 2mg tab</i>	9
<i>acarbose 50mg tab</i>	19	ADACEL SYRINGE	80	<i>albuterol 4mg tab</i>	10
<i>accutane 10mg cap</i>	52	ADALIMUMAB-AATY 100MG/ML (0.2ML) SYRINGE	2	<i>albuterol 5mg/ml (0.05%) inh soln</i>	10
<i>accutane 20mg cap</i>	52	ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE	2	ALCLOMETASONE 0.05% OINT	54
<i>accutane 40mg cap</i>	52	ADALIMUMAB-AATY 100MG/ML	3	<i>alclometasone dipropionate 0.05% cream</i>	54
<i>acebutolol 200mg cap</i>	47	AUTO-INJECTOR (0.4ML)		ALCOHOL SWAB 1X1 (DIABETIC)	66
<i>acebutolol 400mg cap</i>	47	ADALIMUMAB-AATY 100MG/ML	3	ALECENSA 150MG CAP	32
<i>acetazolamide 125mg tab</i>	56	AUTO-INJECTOR (0.8ML)		<i>alendronate sodium 10mg tab</i>	57
<i>acetazolamide 250mg tab</i>	56	ADALIMUMAB-AATY 80MG/0.8ML		<i>alendronate sodium 35mg tab</i>	57
<i>acetazolamide 500mg er cap</i>	56	AUTO-INJECTOR PACK (3)			
<i>acetic acid 2% otic soln</i>	73	<i>adefovir dipivoxil 10mg tab</i>	46		
<i>acetylcysteine 100mg/ml inh soln</i>	51	ADEMPAS 0.5MG TAB	78		
		ADEMPAS 1.5MG TAB	78		

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>alendronate sodium 70mg tab</i>	57	<i>amitriptyline 10mg tab</i>	17	<i>amlodipine/hydrochlorothiazide/valsartan 10-25-160mg tab</i>	26
<i>alfuzosin 10mg er tab</i>	64	<i>amitriptyline 150mg tab</i>	18	<i>amlodipine/hydrochlorothiazide/valsartan 10-25-320mg tab</i>	26
<i>aliskiren 150mg tab</i>	27	<i>amitriptyline 25mg tab</i>	18	<i>amlodipine/hydrochlorothiazide/valsartan 5-12.5-160mg tab</i>	26
<i>aliskiren 300mg tab</i>	27	<i>amitriptyline 50mg tab</i>	18	<i>amlodipine/hydrochlorothiazide/valsartan 5-25-160mg tab</i>	26
<i>allopurinol 100mg tab</i>	64	<i>amitriptyline 75mg tab</i>	18	<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	26
<i>allopurinol 300mg tab</i>	64	<i>amlodipine 10mg tab</i>	48	<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	26
<i>alosetron 0.5mg tab</i>	21	<i>amlodipine 2.5mg tab</i>	48	<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	26
<i>alosetron 1mg tab</i>	21	<i>amlodipine 5mg tab</i>	48	<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	26
<i>alprazolam 0.25mg tab</i>	7	<i>amlodipine/benazepril 10-20mg cap</i>	26	<i>amlodipine/valsartan 10-160mg tab</i>	26
<i>alprazolam 0.5mg tab</i>	7	<i>amlodipine/benazepril 10-40mg cap</i>	26	<i>amlodipine/valsartan 10-320mg tab</i>	26
<i>alprazolam 1mg tab</i>	7	<i>amlodipine/benazepril 2.5-10mg cap</i>	26	<i>amlodipine/valsartan 5-160mg tab</i>	26
<i>alprazolam 2mg tab</i>	7	<i>amlodipine/benazepril 5-10mg cap</i>	26	<i>amlodipine/valsartan 5-320mg tab</i>	26
<i>altavera tab 28-day pack</i>	58	<i>amlodipine/benazepril 5-20mg cap</i>	26	<i>ammonium lactate 12% cream</i>	55
ALUNBRIG 180MG TAB	32	<i>amlodipine/benazepril 5-40mg cap</i>	26	<i>ammonium lactate 12% lotion</i>	55
ALUNBRIG 30MG TAB	32	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-12.5-40mg tab</i>	26	<i>amnesteem 10mg cap</i>	52
ALUNBRIG 90MG TAB	32	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-25-40mg tab</i>	26	<i>amnesteem 20mg cap</i>	52
ALUNBRIG TAB	32	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-20mg tab</i>	26	<i>amnesteem 30mg cap</i>	52
INITIATION PACK (30)		<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-25-40mg tab</i>	26	<i>amnesteem 40mg cap</i>	52
ALVESCO 160MCG INHALER	9	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26	<i>amoxapine 100mg tab</i>	18
ALVESCO 80MCG INHALER	9	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26	<i>amoxapine 150mg tab</i>	18
<i>alyacen 1/35 tab 28-day pack</i>	58	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26	<i>amoxapine 25mg tab</i>	18
ALYFTREK 10-50-125MG TAB	77	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26	<i>amoxapine 50mg tab</i>	18
ALYFTREK 4-20-50MG TAB	77	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26	AMOXICILLIN 125MG CHEW TAB	73
<i>alyq 20mg tab</i>	78	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26	<i>amoxicillin 250mg cap</i>	73
<i>amantadine 100mg cap</i>	38	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>amantadine 10mg/ml oral soln</i>	38	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>ambrisentan 10mg tab</i>	78	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>ambrisentan 5mg tab</i>	78	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>amikacin 250mg/ml inj</i>	2	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>amiloride 5mg tab</i>	56	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	56	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>amiodarone 100mg tab</i>	8	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>amiodarone 200mg tab</i>	8	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>amiodarone 400mg tab</i>	8	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	26		
<i>amitriptyline 100mg tab</i>	17	<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg 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

AMOXICILLIN 250MG CHEW TAB	73	<i>amphetamine/dextroamph etamine 7.5mg tab</i>	1	ARISTADA 1064MG/3.9ML	43
<i>amoxicillin 25mg/ml oral susp</i>	73	AMPHOTERICIN B 50MG INJ	22	SYRINGE	
<i>amoxicillin 40mg/ml oral susp</i>	73	<i>ampicillin 1000mg inj</i>	73	ARISTADA	43
<i>amoxicillin 500mg cap</i>	73	<i>ampicillin 100mg/ml inj</i>	73	441MG/1.6ML SYRINGE	
<i>amoxicillin 500mg tab</i>	73	<i>ampicillin 500mg cap</i>	73	ARISTADA	43
<i>amoxicillin 50mg/ml oral susp</i>	73	<i>ampicillin/sulbactam 1000-500mg inj</i>	74	662MG/2.4ML SYRINGE	
<i>amoxicillin 80mg/ml oral susp</i>	73	<i>ampicillin/sulbactam 100-50mg/ml inj</i>	74	ARISTADA	43
<i>amoxicillin 875mg tab</i>	73	<i>ampicillin/sulbactam 2000-1000mg inj</i>	74	882MG/3.2ML SYRINGE	
<i>amoxicillin/clavulanate 250-125mg tab</i>	74	<i>anagrelide 0.5mg cap</i>	64	<i>armodafinil 150mg tab</i>	1
<i>amoxicillin/clavulanate 500-125mg tab</i>	74	<i>anagrelide 1mg cap</i>	64	<i>armodafinil 200mg tab</i>	1
<i>amoxicillin/clavulanate 875-125mg tab</i>	74	<i>anastrozole 1mg tab</i>	31	<i>armodafinil 250mg tab</i>	1
<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	74	ANORO ELLIPTA 62.5-25MCG POWDER INHALER	10	<i>armodafinil 50mg tab</i>	1
<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	74	APRACLONIDINE 0.5% OPHTH SOLN	71	ARNUITY 100MCG POWDER INHALER	9
<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	74	<i>aprepitant 125mg cap</i>	22	ARNUITY 200MCG POWDER INHALER	9
<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	74	<i>aprepitant 125mg/80mg cap therapy pack (3)</i>	22	ARNUITY 50MCG POWDER INHALER	9
<i>amphetamine/dextroamph etamine 10mg tab</i>	1	<i>aprepitant 40mg cap</i>	22	<i>asenapine 10mg sl tab</i>	41
<i>amphetamine/dextroamph etamine 12.5mg tab</i>	1	<i>aprepitant 80mg cap</i>	22	<i>asenapine 2.5mg sl tab</i>	41
<i>amphetamine/dextroamph etamine 15mg tab</i>	1	<i>apri tab 28-day pack</i>	58	<i>asenapine 5mg sl tab</i>	41
<i>amphetamine/dextroamph etamine 20mg tab</i>	1	APTIVUS 250MG CAP	43	<i>ashlyna tab 91-day pack</i>	58
<i>amphetamine/dextroamph etamine 25mg er cap</i>	1	<i>aranelle tab 28-day pack</i>	58	ASMANEX 100MCG HFA INHALER	9
<i>amphetamine/dextroamph etamine 30mg tab</i>	1	ARCALYST 220MG INJ	69	ASMANEX 110MCG (30ACT) TWISTHALER	9
<i>amphetamine/dextroamph etamine 5mg tab</i>	1	AREXVY 120MCG/0.5ML INJ	82	ASMANEX 200MCG HFA INHALER	9
		ARIKAYCE 590MG/8.4ML INH SUSP	2	ASMANEX 220MCG (120ACT) TWISTHALER	9
		<i>aripiprazole 10mg odt</i>	43	ASMANEX 220MCG (30ACT) TWISTHALER	9
		<i>aripiprazole 10mg tab</i>	43	ASMANEX 220MCG (60ACT) TWISTHALER	9
		<i>aripiprazole 15mg odt</i>	43	ASMANEX 50MCG HFA INHALER	9
		<i>aripiprazole 15mg tab</i>	43	<i>aspirin/dipyridamole 25-200mg er cap</i>	64
		<i>aripiprazole 1mg/ml oral soln</i>	43	<i>atazanavir 150mg cap</i>	43
		<i>aripiprazole 20mg tab</i>	43	<i>atazanavir 200mg cap</i>	43
		<i>aripiprazole 2mg tab</i>	43	<i>atazanavir 300mg cap</i>	43
		<i>aripiprazole 30mg tab</i>	43		
		<i>aripiprazole 5mg tab</i>	43		

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

ALPHABETICAL LISTING OF DRUGS

<i>atenolol 100mg tab</i>	47	AUSTEDO XR 6MG TAB	76	<i>bacitracin/polymyxin b</i>	71
<i>atenolol 25mg tab</i>	47	AUSTEDO XR TAB ONCI	76	<i>0.5-10unit/mg ophth</i>	
<i>atenolol 50mg tab</i>	47	DAILY 4 WEEK		<i>ointment</i>	
<i>atenolol/chlorthalidone</i>	26	TITRATION PACK		<i>baclofen 10mg tab</i>	70
<i>100-25mg tab</i>		AUVELITY 105-45MG ER	15	<i>baclofen 20mg tab</i>	70
<i>atenolol/chlorthalidone</i>	26	TAB		<i>balsalazide disodium</i>	63
<i>50-25mg tab</i>		<i>aviane tab 28-day pack</i>	58	<i>750mg cap</i>	
<i>atomoxetine 100mg cap</i>	1	AVMAPKI/FAKZYNJA	32	BALVERSA 3MG TAB	32
<i>atomoxetine 10mg cap</i>	1	CO-PACK (66)		BALVERSA 4MG TAB	33
<i>atomoxetine 18mg cap</i>	1	AVONEX 30MCG/0.5ML	76	BALVERSA 5MG TAB	33
<i>atomoxetine 25mg cap</i>	1	AUTO-INJECTOR		<i>balziva tab 28-day pack</i>	59
<i>atomoxetine 40mg cap</i>	1	AVONEX 30MCG/0.5ML	76	BAQSIMI 3MG/DOSE	19
<i>atomoxetine 60mg cap</i>	1	SYRINGE		NASAL POWDER	
<i>atomoxetine 80mg cap</i>	1	AYVAKIT 100MG TAB	37	BCG LIVE TICE STRAIN	82
<i>atorvastatin 10mg tab</i>	23	AYVAKIT 200MG TAB	37	<i>50MG INJ</i>	
<i>atorvastatin 20mg tab</i>	23	AYVAKIT 25MG TAB	37	<i>benazepril 10mg tab</i>	24
<i>atorvastatin 40mg tab</i>	23	AYVAKIT 300MG TAB	37	<i>benazepril 20mg tab</i>	24
<i>atorvastatin 80mg tab</i>	23	AYVAKIT 50MG TAB	37	<i>benazepril 40mg tab</i>	24
<i>atovaquone 750mg/5ml</i>	29	<i>azathioprine 50mg tab</i>	69	<i>benazepril 5mg tab</i>	24
<i>oral susp</i>		<i>azelaic acid 15% gel</i>	55	<i>benazepril/hydrochloroth</i>	26
<i>atovaquone/proguanil</i>	29	<i>azelastine 0.05% ophth</i>	72	<i>iazide 10-12.5mg tab</i>	
<i>250-100mg tab</i>		<i>soln</i>		<i>benazepril/hydrochloroth</i>	26
<i>atovaquone/proguanil</i>	29	<i>azelastine 0.1%</i>	70	<i>iazide 20-12.5mg tab</i>	
<i>62.5-25mg tab</i>		<i>(137mcg/act) nasal</i>		<i>benazepril/hydrochloroth</i>	26
<i>atropine sulfate 1% ophth</i>	72	<i>inhaler</i>		<i>iazide 20-25mg tab</i>	
<i>soln</i>		<i>azithromycin 20mg/ml</i>	28	<i>benazepril/hydrochloroth</i>	27
<i>atropine</i>	21	<i>oral susp</i>		<i>iazide 5-6.25mg tab</i>	
<i>sulfate/diphenoxylate</i>		<i>azithromycin 250mg pack</i>	28	BENLYSTA 200MG/ML	69
<i>0.025-2.5mg tab</i>		<i>(6)</i>		AUTO-INJECTOR	
ATROVENT 17MCG HFA	9	<i>azithromycin 250mg tab</i>	28	BENLYSTA 200MG/ML	69
INHALER		<i>azithromycin 40mg/ml</i>	28	SYRINGE	
<i>aubra tab 28-day pack</i>	58	<i>oral susp</i>		<i>benztropine mesylate</i>	38
AUGTYRO 160MG CAP	32	<i>azithromycin 500mg inj</i>	28	<i>0.5mg tab</i>	
AUGTYRO 40MG CAP	32	<i>azithromycin 500mg tab</i>	28	<i>benztropine mesylate 1mg</i>	38
AUSTEDO 12MG TAB	75	<i>azithromycin 500mg tab</i>	28	<i>tab</i>	
AUSTEDO 6MG TAB	75	<i>pack (3)</i>		<i>benztropine mesylate 2mg</i>	38
AUSTEDO 9MG TAB	75	<i>azithromycin 600mg tab</i>	28	<i>tab</i>	
AUSTEDO XR 12MG TAE	75	<i>aztreonam 1gm inj</i>	28	BERINERT 500UNIT INJ	65
AUSTEDO XR 18MG TAE	76	<i>aztreonam 2gm inj</i>	28	BESREMI 500MCG/ML	37
AUSTEDO XR 24MG TAE	76	<i>azurette 28 day pack</i>	59	SYRINGE	
AUSTEDO XR 30MG TAE	76			<i>betaine 1gm powder for</i>	57
AUSTEDO XR 36MG TAE	76	B		<i>oral soln</i>	
AUSTEDO XR 42MG TAE	76	BACITRACIN	71	<i>betamethasone 0.05%</i>	54
AUSTEDO XR 48MG TAE	76	500UNIT/GM OPHTH		<i>aug cream</i>	
		OINTMENT			

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>betamethasone 0.05% aug lotion</i>	54	BIKTARVY 50-200-25MG TAB	43	BREZTRI AEROSPHERE 160-9-4.8MCG/ACT	10
<i>betamethasone 0.05% aug ointment</i>	54	<i>bimatoprost 0.03% ophth soln</i>	73	INHALER	
<i>betamethasone 0.05% cream</i>	54	<i>bisoprolol fumarate 10mg tab</i>	47	<i>briellyn tab 28-day pack</i>	59
<i>betamethasone 0.05% lotion</i>	54	<i>bisoprolol fumarate 5mg tab</i>	47	<i>brimonidine tartrate 0.1% ophth soln</i>	71
<i>betamethasone 0.05% ointment</i>	54	<i>bisoprolol</i>	27	<i>brimonidine tartrate 0.15% ophth soln</i>	71
<i>betamethasone 0.1% cream</i>	54	<i>zide 10-6.25mg tab</i>		<i>brimonidine tartrate 0.2% ophth soln</i>	71
<i>betamethasone 0.1% ointment</i>	54	<i>bisoprolol</i>	27	<i>brimonidine</i>	71
BETAMETHASONE 0.1% TOPICAL LOTION	54	<i>fumarate/hydrochlorothia zide 2.5-6.25mg tab</i>		<i>tartrate/timolol 0.2-0.5% ophth soln</i>	
BETASERON 0.3MG INJ	76	<i>bisoprolol</i>	27	BRIVIACT 100MG TAB	12
BETAXOLOL 0.5% OPHTH SOLN	71	<i>fumarate/hydrochlorothia zide 5-6.25mg tab</i>		BRIVIACT 10MG TAB	12
<i>betaxolol 10mg tab</i>	47	<i>blisovi 21 fe tab 1.5/30 28-day pack</i>	59	BRIVIACT 10MG/ML	12
<i>betaxolol 20mg tab</i>	47	<i>blisovi 24 fe tab 1/20 28-day pack</i>	59	ORAL SOLN	
<i>bethanechol chloride 10mg tab</i>	81	BOOSTRIX INJ	80	BRIVIACT 25MG TAB	12
<i>bethanechol chloride 25mg tab</i>	81	BOOSTRIX SYRINGE	80	BRIVIACT 50MG TAB	12
<i>bethanechol chloride 50mg tab</i>	81	<i>bosentan 125mg tab</i>	78	BRIVIACT 75MG TAB	12
<i>bethanechol chloride 5mg tab</i>	81	<i>bosentan 62.5mg tab</i>	78	<i>bromfenac 0.07% ophth soln</i>	72
<i>bexarotene 1% gel</i>	53	BOSULIF 100MG CAP	33	<i>bromocriptine 2.5mg tab</i>	38
<i>bexarotene 75mg cap</i>	37	BOSULIF 100MG TAB	33	<i>bromocriptine 5mg cap</i>	38
BEXSERO SYRINGE	82	BOSULIF 400MG TAB	33	BRUKINSA 80MG CAP	33
<i>bicalutamide 50mg tab</i>	31	BOSULIF 500MG TAB	33	<i>budesonide 0.25mg/2ml inh susp</i>	9
BICILLIN L-A 1200000UNIT/2ML SYRINGE	73	BOSULIF 50MG CAP	33	<i>budesonide 0.5mg/2ml inh susp</i>	9
BICILLIN L-A 2400000UNIT/4ML SYRINGE	73	BRAFTOVI 75MG CAP	33	<i>budesonide 1mg/2ml inh susp</i>	9
BICILLIN L-A 600000UNIT/ML SYRINGE	73	BREO ELLIPTA 100-25MCG POWDER	10	<i>budesonide 2mg/act rectal foam</i>	6
BIKTARVY 30-120-15MG TAB	43	INHALER		<i>budesonide 3mg dr cap</i>	50
		BREO ELLIPTA 200-25MCG POWDER	10	<i>budesonide 9mg er tab</i>	50
		INHALER		<i>budesonide/formoterol fumarate 160-45mcg inhaler</i>	10
		<i>breyna 160-4.5mcg/act inhaler</i>	10	<i>budesonide/formoterol fumarate 80-45mcg inhaler</i>	10
		<i>breyna 80-4.5mcg/act inhaler</i>	10	<i>bumetanide 0.25mg/ml inj</i>	56
				<i>bumetanide 0.5mg tab</i>	56
				<i>bumetanide 1mg tab</i>	56

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>bumetanide 2mg tab</i>	56	CALCIPOTRIENE 0.005%	53	<i>carbamazepine 200mg er tab</i>	12
<i>buprenorphine 2mg sl tab</i>	5	TOPICAL SOLN		<i>carbamazepine 200mg tab</i>	12
<i>buprenorphine 8mg sl tab</i>	5	<i>calcitriol 0.25mcg cap</i>	57	<i>carbamazepine 20mg/ml oral susp</i>	12
<i>buprenorphine/naloxone 12-3mg sl film</i>	5	<i>calcitriol 0.5mcg cap</i>	57	<i>carbamazepine 300mg er cap</i>	12
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	5	<i>calcitriol 1mcg/ml oral soln</i>	57	<i>carbamazepine 400mg er tab</i>	12
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	5	CALQUENCE 100MG CAP	33	<i>carbidopa 25mg tab</i>	38
<i>buprenorphine/naloxone 4-1mg sl film</i>	5	CALQUENCE 100MG TAB	33	<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	38
<i>buprenorphine/naloxone 8-2mg sl film</i>	5	<i>camila 0.35mg tab 28-day pack</i>	74	<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	38
<i>buprenorphine/naloxone 8-2mg sl tab</i>	5	<i>camreselo tab 91-day pack</i>	59	<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	38
<i>bupropion 100mg sr (12hr) tab</i>	15	CAMZYOS 10MG CAP	49	<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	38
<i>bupropion 100mg tab</i>	15	CAMZYOS 15MG CAP	49	<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	38
<i>bupropion 150mg sr (12hr) tab</i>	15	CAMZYOS 2.5MG CAP	49	<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	38
<i>bupropion 150mg sr (12hr) tab</i>	77	CAMZYOS 5MG CAP	49	<i>CARBIDOPA/LEVODOPA 10-100MG ODT</i>	38
<i>bupropion 200mg sr (12hr) tab</i>	15	<i>candesartan cilexetil 16mg tab</i>	25	<i>carbidopa/levodopa 25-100mg er tab</i>	38
<i>bupropion 75mg tab</i>	15	<i>candesartan cilexetil 32mg tab</i>	25	<i>CARBIDOPA/LEVODOPA 25-100MG ODT</i>	38
<i>bupropion xl 150mg (24hr) tab</i>	15	<i>candesartan cilexetil 4mg tab</i>	25	<i>carbidopa/levodopa 25-250MG ODT</i>	38
<i>bupropion xl 300mg (24hr) tab</i>	16	<i>candesartan cilexetil 8mg tab</i>	25	<i>carbidopa/levodopa 25-250mg tab</i>	38
<i>buspirone 10mg tab</i>	7	CAPLYTA 10.5MG CAP	39		
<i>buspirone 15mg tab</i>	7	CAPLYTA 21MG CAP	39		
<i>buspirone 30mg tab</i>	7	CAPLYTA 42MG CAP	39		
<i>buspirone 5mg tab</i>	7	CAPRELSA 100MG TAB	33		
<i>buspirone 7.5mg tab</i>	7	CAPRELSA 300MG TAB	33		
C		<i>captopril 100mg tab</i>	24		
<i>cabergoline 0.5mg tab</i>	58	<i>captopril 12.5mg tab</i>	24		
CABOMETYX 20MG TAE	33	<i>captopril 25mg tab</i>	24		
CABOMETYX 40MG TAE	33	<i>captopril 50mg tab</i>	24		
CABOMETYX 60MG TAE	33	<i>carbamazepine 100mg chew tab</i>	12		
<i>calcipotriene 0.005% cream</i>	53	<i>carbamazepine 100mg er cap</i>	12		
<i>calcipotriene 0.005% ointment</i>	53	<i>carbamazepine 100mg er tab</i>	12		
		<i>carbamazepine 200mg er cap</i>	12		

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/levodopa</i>	38	<i>cefixime 400mg cap</i>	50	<i>chlordiazepoxide 25mg</i>	7
<i>50-200mg er tab</i>		<i>cefixime 40mg/ml oral</i>	50	<i>cap</i>	
<i>carglumic acid 200mg tab</i>	57	<i>susp</i>		<i>chlordiazepoxide 5mg cap</i>	7
<i>for oral susp</i>		<i>cefoxitin 1gm inj</i>	50	<i>chlorhexidine gluconate</i>	51
<i>carisoprodol 350mg tab</i>	70	<i>cefoxitin 200mg/ml inj</i>	50	<i>0.12% mouthwash</i>	
CARTEOLOL 1% OPTH	71	<i>cefoxitin 2gm inj</i>	50	CHLOROQUINE	29
SOLN		<i>cefpodoxime 100mg tab</i>	50	PHOSPHATE 250MG TAB	
<i>cartia 120mg er (24hr)</i>	48	CEFPODOXIME	50	<i>chloroquine phosphate</i>	29
<i>cap</i>		<i>10MG/ML ORAL SUSP</i>		<i>500mg tab</i>	
<i>cartia 180mg er (24hr)</i>	48	<i>cefpodoxime 200mg tab</i>	50	<i>chlorpromazine 100mg</i>	42
<i>cap</i>		CEFPODOXIME	50	<i>tab</i>	
<i>cartia 240mg er (24hr)</i>	48	<i>20MG/ML ORAL SUSP</i>		CHLORPROMAZINE	42
<i>cap</i>		<i>cefprozil 250mg tab</i>	50	<i>100MG/ML ORAL SOLN</i>	
<i>cartia 300mg er (24hr)</i>	48	<i>cefprozil 25mg/ml oral</i>	50	<i>chlorpromazine 10mg tab</i>	42
<i>cap</i>		<i>susp</i>		<i>chlorpromazine 200mg</i>	42
<i>carvedilol 12.5mg tab</i>	46	<i>cefprozil 500mg tab</i>	50	<i>tab</i>	
<i>carvedilol 25mg tab</i>	46	<i>cefprozil 50mg/ml oral</i>	50	<i>chlorpromazine 25mg tab</i>	42
<i>carvedilol 3.125mg tab</i>	46	<i>susp</i>		CHLORPROMAZINE	42
<i>carvedilol 6.25mg tab</i>	46	<i>ceftazidime 1gm inj</i>	50	<i>30MG/ML ORAL SOLN</i>	
<i>caspofungin acetate 50mg</i>	22	CEFTAZIDIME	50	<i>chlorpromazine 50mg tab</i>	42
<i>inj</i>		<i>200MG/ML INJ</i>		<i>chlorthalidone 25mg tab</i>	56
<i>caspofungin acetate 70mg</i>	22	<i>ceftazidime 2gm inj</i>	50	<i>chlorthalidone 50mg tab</i>	56
<i>inj</i>		<i>ceftriaxone 10gm inj</i>	50	<i>chlorzoxazone 500mg tab</i>	70
CAYSTON 75MG/ML INH	77	<i>ceftriaxone 1gm inj</i>	50	<i>cholestyramine resin</i>	23
SOLN		<i>ceftriaxone 250mg inj</i>	50	<i>(sugar-free) 4gm powder</i>	
CEFACLOR 250MG CAP	50	<i>ceftriaxone 2gm inj</i>	50	<i>for oral susp</i>	
CEFACLOR 500MG CAP	50	<i>ceftriaxone 500mg inj</i>	50	<i>cholestyramine resin 4gm</i>	23
<i>cefadroxil 100mg/ml oral</i>	49	<i>cefuroxime 1500mg inj</i>	50	<i>powder for oral susp</i>	
<i>susp</i>		<i>cefuroxime 250mg tab</i>	50	<i>ciclopirox 0.77% cream</i>	52
<i>cefadroxil 500mg cap</i>	49	<i>cefuroxime 500mg tab</i>	50	<i>ciclopirox 0.77% gel</i>	52
<i>cefadroxil 50mg/ml oral</i>	49	<i>cefuroxime 750mg inj</i>	50	<i>ciclopirox 1% shampoo</i>	52
<i>susp</i>		<i>celecoxib 100mg cap</i>	3	<i>ciclopirox 8% topical soln</i>	52
<i>cefazolin 1000mg inj</i>	49	<i>celecoxib 200mg cap</i>	3	CILASTATIN/IMIPENEM	29
<i>cefazolin 200mg/ml inj</i>	49	<i>celecoxib 400mg cap</i>	3	<i>250-250MG INJ</i>	
<i>cefazolin 500mg inj</i>	49	<i>celecoxib 50mg cap</i>	3	<i>cilastatin/imipenem</i>	29
<i>cefdinir 25mg/ml oral</i>	50	<i>cephalexin 250mg cap</i>	50	<i>500-500mg inj</i>	
<i>susp</i>		<i>cephalexin 25mg/ml oral</i>	50	<i>cilostazol 100mg tab</i>	64
<i>cefdinir 300mg cap</i>	50	<i>susp</i>		<i>cilostazol 50mg tab</i>	64
<i>cefdinir 50mg/ml oral</i>	50	<i>cephalexin 500mg cap</i>	50	CIMDUO 300-300MG	44
<i>susp</i>		<i>cephalexin 50mg/ml oral</i>	50	TAB	
<i>cefepime 1000mg inj</i>	28	<i>susp</i>		<i>cimetidine 200mg tab</i>	80
<i>cefepime 2000mg inj</i>	28	<i>cevimeline 30mg cap</i>	51	<i>cimetidine 300mg tab</i>	81
<i>cefixime 20mg/ml oral</i>	50	<i>chlordiazepoxide 10mg</i>	7	<i>cimetidine 400mg tab</i>	81
<i>susp</i>		<i>cap</i>		<i>cimetidine 800mg tab</i>	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

CIMZIA 200MG INJ	3	<i>clindamycin 600mg/4ml</i>	28	<i>clonazepam 0.5mg odt</i>	12
CIMZIA 200MG/ML	3	<i>inj</i>		<i>clonazepam 0.5mg tab</i>	12
SYRINGE		<i>clindamycin 600mg/50ml</i>	28	<i>clonazepam 1mg odt</i>	12
<i>cinacalcet 30mg tab</i>	57	<i>inj</i>		<i>clonazepam 1mg tab</i>	12
<i>cinacalcet 60mg tab</i>	57	<i>clindamycin 75mg cap</i>	28	<i>clonazepam 2mg odt</i>	12
<i>cinacalcet 90mg tab</i>	57	<i>clindamycin 75mg/5ml</i>	28	<i>clonazepam 2mg tab</i>	12
<i>ciprofloxacin 0.3% ophth</i>	71	<i>oral soln</i>		<i>clonidine 0.1mg er tab</i>	1
<i>soln</i>		<i>clindamycin 900mg/50ml</i>	28	<i>clonidine 0.1mg tab</i>	25
<i>ciprofloxacin 250mg tab</i>	62	<i>inj</i>		<i>clonidine 0.1mg/24hr</i>	25
CIPROFLOXACIN	62	<i>clindamycin 900mg/6ml</i>	28	<i>weekly patch</i>	
2MG/ML INJ		<i>inj</i>		<i>clonidine 0.2mg tab</i>	25
<i>ciprofloxacin 500mg tab</i>	62	CLINIMIX 4.25/10 INJ	71	<i>clonidine 0.2mg/24hr</i>	25
<i>ciprofloxacin 750mg tab</i>	62	CLINIMIX 4.25/5 INJ	71	<i>weekly patch</i>	
<i>ciprofloxacin/dexamethas</i>	73	CLINIMIX 5/15 INJ	71	<i>clonidine 0.3mg tab</i>	25
<i>one 0.3-0.1% otic susp</i>		CLINIMIX 5/20 INJ	71	<i>clonidine 0.3mg/24hr</i>	25
<i>citalopram 10mg tab</i>	16	<i>clinisol 15% inj</i>	71	<i>weekly patch</i>	
<i>citalopram 20mg tab</i>	16	<i>clobazam 10mg tab</i>	12	<i>clopidogrel 75mg tab</i>	64
<i>citalopram 2mg/ml oral</i>	16	<i>clobazam 2.5mg/ml oral</i>	12	<i>clorazepate dipotassium</i>	7
<i>soln</i>		<i>susp</i>		<i>15mg tab</i>	
<i>citalopram 40mg tab</i>	16	<i>clobazam 20mg tab</i>	12	<i>clorazepate dipotassium</i>	7
<i>claravis 10mg cap</i>	52	<i>clobetasol propionate</i>	54	<i>3.75mg tab</i>	
<i>claravis 20mg cap</i>	52	<i>0.05% cream</i>		<i>clorazepate dipotassium</i>	7
<i>claravis 30mg cap</i>	52	<i>clobetasol propionate</i>	54	<i>7.5mg tab</i>	
<i>claravis 40mg cap</i>	52	<i>0.05% e cream</i>		<i>clotrimazole 1% cream</i>	52
<i>clarithromycin 250mg tab</i>	28	<i>clobetasol propionate</i>	54	<i>clotrimazole 10mg</i>	51
CLARITHROMYCIN	28	<i>0.05% foam</i>		<i>lozenge</i>	
25MG/ML ORAL SUSP		<i>clobetasol propionate</i>	54	<i>clotrimazole/betamethaso</i>	52
<i>clarithromycin 500mg tab</i>	28	<i>0.05% gel</i>		<i>ne 1-0.05% cream</i>	
CLARITHROMYCIN	28	<i>clobetasol propionate</i>	54	<i>clozapine 100mg odt</i>	41
50MG/ML ORAL SUSP		<i>0.05% lotion</i>		<i>clozapine 100mg tab</i>	41
<i>clindamycin 1% gel</i>	52	<i>clobetasol propionate</i>	54	CLOZAPINE 12.5MG	41
<i>clindamycin 1% gel</i>	52	<i>0.05% ointment</i>		ODT	
<i>(twice-daily)</i>		<i>clobetasol propionate</i>	54	<i>clozapine 150mg odt</i>	41
<i>clindamycin 1% lotion</i>	52	<i>0.05% shampoo</i>		<i>clozapine 200mg odt</i>	41
<i>clindamycin 1% topical</i>	52	<i>clobetasol propionate</i>	54	<i>clozapine 200mg tab</i>	41
<i>soln</i>		<i>0.05% topical soln</i>		<i>clozapine 25mg odt</i>	41
<i>clindamycin 150mg cap</i>	28	<i>clobetasol propionate</i>	54	<i>clozapine 25mg tab</i>	41
<i>clindamycin 2% vaginal</i>	83	<i>0.05% topical spray</i>		<i>clozapine 50mg tab</i>	41
<i>cream</i>		<i>clodan 0.05% shampoo</i>	54	COARTEM 20-120MG	29
<i>clindamycin 300mg cap</i>	28	<i>clomipramine 25mg cap</i>	18	TAB	
<i>clindamycin 300mg/2ml</i>	28	<i>clomipramine 50mg cap</i>	18	COBENFY 20-100MG	39
<i>inj</i>		<i>clomipramine 75mg cap</i>	18	CAP	
<i>clindamycin 300mg/50ml</i>	28	<i>clonazepam 0.125mg odt</i>	12	COBENFY 20-50MG CAP	39
<i>inj</i>		<i>clonazepam 0.25mg odt</i>	12		

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

COBENFY 30-125MG CAP	39	COSENTYX 75MG/0.5ML SYRINGE	53	<i>cyclosporine modified 50mg cap</i>	69
COBENFY CAP 28-DAY STARTER KIT PACK (56)	39	COSENTYX UNOREADY 300MG/2ML	53	<i>cyred tab 28-day pack</i>	59
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	5	AUTO-INJECTOR		CYSTADANE 1GM POWDER FOR ORAL SOLN	57
CODEINE	5	COTELLIC 20MG TAB	33	CYSTADROPS 0.37% OPHTH SOLN	72
PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML		CREON 120000-24000-76000UNI	55	CYSTAGON 150MG CAP	63
ORAL SOLN		CREON 15000-3000-9500UNIT	55	CYSTAGON 50MG CAP	63
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	5	DR CAP		CYSTARAN 0.44% OPHTH SOLN	72
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	5	CREON 180000-36000-114000U	56	D	
<i>colchicine 0.6mg tab</i>	64	NIT DR CAP		<i>dalfampridine 10mg er tab</i>	76
<i>colchicine/probenecid 0.5-500mg tab</i>	64	CREON 30000-6000-19000UNIT	56	<i>danazol 100mg cap</i>	6
<i>colesevelam 625mg tab</i>	23	DR CAP		<i>danazol 200mg cap</i>	6
<i>colestipol 1gm tab</i>	23	CREON 60000-12000-38000UNIT	56	<i>danazol 50mg cap</i>	6
<i>colestipol 5000mg granules for oral susp</i>	23	DR CAP		<i>dantrolene sodium 100mg cap</i>	70
<i>colistin 75mg/ml inj</i>	28	<i>cromolyn sodium 20mg/ml oral soln</i>	63	<i>dantrolene sodium 25mg cap</i>	70
COMBIVENT 20-100MCG/ACT INHALER	10	CROMOLYN SODIUM 4% OPHTH SOLN	72	<i>dantrolene sodium 50mg cap</i>	70
COMETRIQ CAP 100MG DAILY DOSE PACK (56)	33	<i>cryselle tab 28-day pack</i>	59	<i>dapsone 100mg tab</i>	30
COMETRIQ CAP 140MG DAILY DOSE PACK (112)	33	<i>cyclobenzaprine 10mg tab</i>	70	<i>dapsone 25mg tab</i>	30
COMETRIQ CAP 60MG DAILY DOSE PACK (84)	33	<i>cyclobenzaprine 5mg tab</i>	70	DAPTACEL INJ	80
<i>compro 25mg rectal supp</i>	42	CYCLOPHOSPHAMIDE 25MG TAB	30	<i>daptomycin 500mg inj</i>	28
<i>constulose 10gm/15ml oral soln</i>	66	CYCLOPHOSPHAMIDE 50MG TAB	30	<i>darunavir 600mg tab</i>	44
COPIKTRA 15MG CAP	33	<i>cyclosporine 0.05% ophthalmic susp</i>	72	<i>darunavir 800mg tab</i>	44
COPIKTRA 25MG CAP	33	<i>cyclosporine 100mg cap</i>	69	<i>dasatinib 100mg tab</i>	33
COSENTYX 150MG/ML AUTO-INJECTOR	53	<i>cyclosporine 25mg cap</i>	69	<i>dasatinib 140mg tab</i>	33
COSENTYX 150MG/ML SYRINGE	53	<i>cyclosporine modified 100mg cap</i>	69	<i>dasatinib 20mg tab</i>	33
		<i>cyclosporine modified 100mg/ml oral soln</i>	69	<i>dasatinib 50mg tab</i>	33
		<i>cyclosporine modified 25mg cap</i>	69	<i>dasatinib 70mg tab</i>	33
				<i>dasatinib 80mg tab</i>	33
				DAURISMO 100MG TAB	31
				DAURISMO 25MG TAB	31
				<i>deblitane 0.35mg tab 28-day pack</i>	74
				<i>deferasirox 180mg tab</i>	68
				<i>deferasirox 360mg tab</i>	68
				<i>deferasirox 90mg tab</i>	68

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

ALPHABETICAL LISTING OF DRUGS

DELSTRIGO	44	dexamethasone 1mg tab	51	diazepam 5mg/ml oral	7
100-300-300MG TAB		dexamethasone 2mg tab	51	soln	
DEPO-SUBQ PROVERA	74	dexamethasone 4mg tab	51	diazoxide 50mg/ml oral	19
104MG/0.65ML		dexamethasone 6mg tab	51	susp	
SYRINGE		DEXAMETHASONE	72	diclofenac potassium	3
depo-testosterone	6	PHOSPHATE 0.1%		50mg tab	
100mg/ml inj		OPHTH SOLN		diclofenac sodium 0.1%	72
depo-testosterone	6	dexamethasone/neomycin	72	ophth soln	
200mg/ml inj		/polymyxin b 0.1% ophth		diclofenac sodium 1.5%	3
DESCOVY 120-15MG	44	ointment		topical soln	
TAB		dexamethasone/tobramyc	72	diclofenac sodium 100mg	3
DESCOVY 200-25MG	44	in 0.3-0.1% ophth susp		er tab	
TAB		dexmethylphenidate	1	diclofenac sodium 25mg	3
desipramine 100mg tab	18	10mg tab		dr tab	
desipramine 10mg tab	18	dexmethylphenidate	1	diclofenac sodium 3% gel	53
desipramine 150mg tab	18	2.5mg tab		diclofenac sodium 50mg	3
desipramine 25mg tab	18	dexmethylphenidate 5mg	1	dr tab	
desipramine 50mg tab	18	tab		diclofenac sodium 75mg	3
desipramine 75mg tab	18	dextroamphetamine	1	dr tab	
desloratadine 5mg tab	77	sulfate 10mg tab		dicloxacillin 250mg cap	74
desmopressin acetate	58	dextroamphetamine	1	dicloxacillin 500mg cap	74
0.01% (0.01mg/act) nasal		sulfate 5mg tab		dicyclomine 10mg cap	80
spray		DEXTROSE 10% INJ	70	dicyclomine 20mg tab	80
desmopressin acetate	58	DIACOMIT 250MG CAP	12	dicyclomine 2mg/ml oral	80
0.1mg tab		DIACOMIT 250MG	12	soln	
desmopressin acetate	58	POWDER FOR ORAL		DIFICID 200MG TAB	28
0.2mg tab		SUSP		DIFICID 40MG/ML ORAL	28
desonide 0.05% ointment	54	DIACOMIT 500MG CAP	12	SUSP	
desoximetasone 0.25%	54	DIACOMIT 500MG	13	diflunisal 500mg tab	3
cream		POWDER FOR ORAL		difluprednate 0.05%	72
desoximetasone 0.25%	54	SUSP		ophth susp	
ointment		diazepam 10mg tab	7	digoxin 0.125mg tab	49
desvenlafaxine succinate	17	diazepam 10mg/2ml	12	digoxin 0.25mg tab	49
100mg er tab		rectal gel		dihydroergotamine	66
desvenlafaxine succinate	17	diazepam 1mg/ml oral	7	mesylate 0.5mg/act nasal	
25mg er tab		soln		inhaler	
desvenlafaxine succinate	17	DIAZEPAM	12	dilt 120mg er (24hr) cap	48
50mg er tab		2.5MG/0.5ML RECTAL		dilt 180mg er (24hr) cap	48
DEXAMETHASONE	50	GEL		dilt 240mg er (24hr) cap	48
0.1MG/ML ORAL SOLN		diazepam 20mg/4ml	12	diltiazem 120mg er (12hr)	48
dexamethasone 0.5mg tab	51	rectal gel		cap	
dexamethasone 0.75mg	51	diazepam 2mg tab	7	diltiazem 120mg er (24hr)	48
tab		diazepam 5mg tab	7	cap	
dexamethasone 1.5mg tab	51			diltiazem 120mg tab	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>diltiazem 180mg er (24hr) cap</i>	48	<i>donepezil 10mg tab</i>	75	<i>doxycycline hyclate 100mg tab</i>	79
<i>diltiazem 240mg er (24hr) cap</i>	48	<i>donepezil 23mg tab</i>	75	<i>doxycycline hyclate 20mg tab</i>	79
<i>diltiazem 300mg er (24hr) cap</i>	48	<i>donepezil 5mg odt</i>	75	<i>doxycycline hyclate 50mg cap</i>	79
<i>diltiazem 30mg tab</i>	48	<i>donepezil 5mg tab</i>	75	<i>doxycycline monohydrate 100mg cap</i>	79
<i>diltiazem 360mg er (24hr) cap</i>	48	DOPTELET 20MG TAB	64	<i>doxycycline monohydrate 100mg tab</i>	79
<i>diltiazem 420mg er (24hr) cap</i>	48	DOPTELET TAB 40MG	64	<i>doxycycline monohydrate 50mg cap</i>	79
<i>diltiazem 60mg er (12hr) cap</i>	48	DAILY DOSE PACK (10)		<i>doxycycline monohydrate 50mg tab</i>	79
<i>diltiazem 60mg tab</i>	48	DOPTELET TAB 60MG	64	<i>doxycycline monohydrate 5mg/ml oral susp</i>	79
<i>diltiazem 90mg er (12hr) cap</i>	48	DAILY DOSE PACK (15)		DRIZALMA 20MG DR	17
<i>diltiazem 90mg tab</i>	48	<i>dorzolamide 2% ophth soln</i>	72	SPRINKLE CAP	
<i>dimethyl fumarate 120mg dr cap</i>	76	<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	71	DRIZALMA 30MG DR	17
<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	76	<i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i>	71	SPRINKLE CAP	
<i>dimethyl fumarate 240mg dr cap</i>	76	<i>dotti 0.025mg/24hr twice weekly patch</i>	62	DRIZALMA 40MG DR	17
<i>disopyramide 100mg cap</i>	7	<i>dotti 0.0375mg/24hr twice weekly patch</i>	62	SPRINKLE CAP	
<i>disopyramide 150mg cap</i>	7	<i>dotti 0.05mg/24hr twice weekly patch</i>	62	DRIZALMA 60MG DR	17
<i>disulfiram 250mg tab</i>	75	<i>dotti 0.075mg/24hr twice weekly patch</i>	62	SPRINKLE CAP	
<i>disulfiram 500mg tab</i>	75	<i>dotti 0.1mg/24hr twice weekly patch</i>	62	<i>dronabinol 10mg cap</i>	22
<i>divalproex sodium 125mg dr cap</i>	15	DOVATO 50-300MG TAB	44	<i>dronabinol 2.5mg cap</i>	22
<i>divalproex sodium 125mg dr tab</i>	15	<i>doxazosin 1mg tab</i>	25	<i>dronabinol 5mg cap</i>	22
<i>divalproex sodium 250mg dr tab</i>	15	<i>doxazosin 2mg tab</i>	25	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	59
<i>divalproex sodium 250mg er tab</i>	15	<i>doxazosin 4mg tab</i>	25	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	59
<i>divalproex sodium 250mg er tab</i>	15	<i>doxazosin 8mg tab</i>	25	<i>droxidopa 100mg cap</i>	49
<i>divalproex sodium 500mg dr tab</i>	15	<i>doxepin 100mg cap</i>	18	<i>droxidopa 200mg cap</i>	49
<i>divalproex sodium 500mg er tab</i>	15	<i>doxepin 10mg cap</i>	18	<i>droxidopa 300mg cap</i>	49
<i>dofetilide 0.125mg cap</i>	8	<i>doxepin 10mg/ml oral soln</i>	18	DULERA 100-5MCG	10
<i>dofetilide 0.25mg cap</i>	8	<i>doxepin 150mg cap</i>	18	INHALER	
<i>dofetilide 0.5mg cap</i>	8	<i>doxepin 25mg cap</i>	18	DULERA 200-5MCG	10
<i>donepezil 10mg odt</i>	75	<i>doxepin 50mg cap</i>	18	INHALER	
		<i>doxepin 75mg cap</i>	18	DULERA 50-5MCG	10
		<i>doxy 100mg inj</i>	79	INHALER	
		<i>doxycycline hyclate 100mg cap</i>	79		
		<i>doxycycline hyclate 100mg inj</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>duloxetine 20mg dr cap</i>	17	ELIQUIS 5MG TAB	11	<i>enalapril maleate 10mg</i>	24
<i>duloxetine 30mg dr cap</i>	17	ELMIRON 100MG CAP	63	<i>tab</i>	
<i>duloxetine 60mg dr cap</i>	17	<i>eltrombopag 12.5mg</i>	64	<i>enalapril maleate 2.5mg</i>	24
DUPIXENT	8	<i>powder for oral susp</i>		<i>tab</i>	
200MG/1.14ML		<i>eltrombopag 12.5mg tab</i>	64	<i>enalapril maleate 20mg</i>	24
AUTO-INJECTOR		<i>eltrombopag 25mg</i>	64	<i>tab</i>	
DUPIXENT	8	<i>powder for oral susp</i>		<i>enalapril maleate 5mg</i>	24
200MG/1.14ML		<i>eltrombopag 25mg tab</i>	64	<i>tab</i>	
SYRINGE		<i>eltrombopag 50mg tab</i>	64	<i>enalapril</i>	27
DUPIXENT 300MG/2ML	8	<i>eltrombopag 75mg tab</i>	64	<i>maleate/hydrochlorothiaz</i>	
AUTO-INJECTOR		<i>eluryng</i>	59	<i>ide 10-25mg tab</i>	
DUPIXENT 300MG/2ML	8	<i>0.120-0.015mg/24hr</i>		<i>enalapril</i>	27
SYRINGE		<i>vaginal system</i>		<i>maleate/hydrochlorothiaz</i>	
<i>dutasteride 0.5mg cap</i>	64	EMGALITY 100MG/ML	66	<i>ide 5-12.5mg tab</i>	
E		SYRINGE		ENBREL 25MG/0.5ML	3
<i>econazole nitrate 1%</i>	52	EMGALITY 120MG/ML	66	INJ	
<i>cream</i>		AUTO-INJECTOR		ENBREL 25MG/0.5ML	3
EDURANT 25MG TAB	44	EMGALITY 120MG/ML	66	SYRINGE	
<i>efavirenz 600mg tab</i>	44	SYRINGE		ENBREL 50MG/ML	3
<i>efavirenz/emtricitabine/te</i>	44	EMSAM 12MG/24HR	16	AUTO-INJECTOR	
<i>nofovir disoproxil</i>		PATCH		ENBREL 50MG/ML	3
<i>fumarate 600-200-300mg</i>		EMSAM 6MG/24HR	16	CARTRIDGE	
<i>tab</i>		PATCH		ENBREL 50MG/ML	3
EFAVIRENZ/LAMIVUDIN	44	EMSAM 9MG/24HR	16	SYRINGE	
E/TENOFOVIR		PATCH		<i>endocet 10-325mg tab</i>	5
DISOPROXIL		<i>emtricitabine 200mg cap</i>	44	<i>endocet 2.5-325mg tab</i>	5
FUMARATE		<i>emtricitabine/rilpivirine/t</i>	44	<i>endocet 5-325mg tab</i>	5
400-300-300MG TAB		<i>enofovir disoproxil</i>		<i>endocet 7.5-325mg tab</i>	5
<i>efavirenz/lamivudine/teno</i>	44	<i>fumarate 200-25-300mg</i>		ENGERIX-B	82
<i>fovir disoproxil fumarate</i>		<i>tab</i>		10MCG/0.5ML SYRINGE	
<i>600-300-300mg tab</i>		<i>emtricitabine/tenofovir</i>	44	ENGERIX-B 20MCG/ML	82
ELECTROLYTE-148	67	<i>disoproxil fumarate</i>		INJ	
SOLUTION		<i>100-150mg tab</i>		ENGERIX-B 20MCG/ML	82
ELIGARD 22.5MG	31	<i>emtricitabine/tenofovir</i>	44	SYRINGE	
SYRINGE		<i>disoproxil fumarate</i>		<i>enilloring</i>	59
ELIGARD 30MG	31	<i>133-200mg tab</i>		<i>0.120-0.015mg/24hr</i>	
SYRINGE		<i>emtricitabine/tenofovir</i>	44	<i>vaginal system</i>	
ELIGARD 45MG	31	<i>disoproxil fumarate</i>		<i>enoxaparin sodium</i>	11
SYRINGE		<i>167-250mg tab</i>		<i>100mg/1ml syringe</i>	
ELIGARD 7.5MG	32	<i>emtricitabine/tenofovir</i>	44	<i>enoxaparin sodium</i>	11
SYRINGE		<i>disoproxil fumarate</i>		<i>120mg/0.8ml syringe</i>	
ELIQUIS 2.5MG TAB	10	<i>200-300mg tab</i>		<i>enoxaparin sodium</i>	11
ELIQUIS 5MG 30-DAY	10	EMTRIVA 10MG/ML	44	<i>150mg/1ml syringe</i>	
STARTER PACK (74)		ORAL SOLN			

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

ALPHABETICAL LISTING OF DRUGS

<i>enoxaparin sodium</i>	11	<i>errin 0.35mg tab 28-day</i>	74	<i>estradiol 0.01mg/24hr</i>	62
<i>30mg/0.3ml syringe</i>		<i>pack</i>		<i>twice weekly patch</i>	
<i>enoxaparin sodium</i>	11	<i>ertapenem 1gm inj</i>	29	<i>estradiol 0.01mg/24hr</i>	62
<i>40mg/0.4ml syringe</i>		<i>erythromycin 0.5% ophth</i>	71	<i>weekly patch</i>	
<i>enoxaparin sodium</i>	11	<i>ointment</i>		<i>estradiol 0.025mg/24hr</i>	62
<i>60mg/0.6ml syringe</i>		<i>erythromycin 2% gel</i>	52	<i>twice weekly patch</i>	
<i>enoxaparin sodium</i>	11	<i>erythromycin 2% topical</i>	52	<i>estradiol 0.025mg/24hr</i>	62
<i>80mg/0.8ml syringe</i>		<i>soln</i>		<i>weekly patch</i>	
<i>enpresse tab 28-day pack</i>	59	<i>erythromycin 250mg dr</i>	28	<i>estradiol 0.0375mg/24hr</i>	62
<i>enskyce tab 28-day pack</i>	59	<i>tab</i>		<i>twice weekly patch</i>	
<i>entacapone 200mg tab</i>	38	<i>erythromycin 250mg tab</i>	28	<i>estradiol 0.0375mg/24hr</i>	62
<i>entecavir 0.5mg tab</i>	46	<i>erythromycin 333mg dr</i>	28	<i>weekly patch</i>	
<i>entecavir 1mg tab</i>	46	<i>tab</i>		<i>estradiol 0.05mg/24hr</i>	62
ENTRESTO 24-26MG	49	<i>erythromycin 500mg dr</i>	28	<i>twice weekly patch</i>	
TAB		<i>tab</i>		<i>estradiol 0.05mg/24hr</i>	62
ENTRESTO 49-51MG	49	<i>erythromycin 500mg tab</i>	28	<i>weekly patch</i>	
TAB		<i>erythromycin</i>	28	<i>estradiol 0.075mg/24hr</i>	62
ENTRESTO 97-103MG	49	<i>ethylsuccinate 40mg/ml</i>		<i>twice weekly patch</i>	
TAB		<i>oral susp</i>		<i>estradiol 0.075mg/24hr</i>	62
<i>enulose 10gm/15ml oral</i>	63	<i>erythromycin</i>	28	<i>weekly patch</i>	
<i>soln</i>		<i>ethylsuccinate 80mg/ml</i>		<i>estradiol 0.5mg tab</i>	62
ENVARUSUS XR 0.75MG	69	<i>oral susp</i>		<i>estradiol 1mg tab</i>	62
TAB		<i>escitalopram 10mg tab</i>	16	<i>estradiol 2mg tab</i>	62
ENVARUSUS XR 1MG TAB	69	<i>escitalopram 1mg/ml oral</i>	16	<i>estradiol valerate</i>	62
ENVARUSUS XR 4MG TAB	69	<i>soln</i>		<i>10mg/ml inj</i>	
EPIDIOLEX 100MG/ML	13	<i>escitalopram 20mg tab</i>	16	<i>estradiol valerate</i>	62
ORAL SOLN		<i>escitalopram 5mg tab</i>	16	<i>20mg/ml inj</i>	
<i>epinephrine</i>	10	<i>eslicarbazepine acetate</i>	13	<i>estradiol valerate</i>	62
<i>0.15mg/0.3ml</i>		<i>200mg tab</i>		<i>40mg/ml inj</i>	
<i>auto-injector (2pack)</i>		<i>eslicarbazepine acetate</i>	13	<i>estradiol/norethindrone</i>	59
<i>epinephrine 0.3mg/0.3ml</i>	10	<i>400mg tab</i>		<i>acetate 0.5-0.1mg 28-day</i>	
<i>auto-injector (2pack)</i>		<i>eslicarbazepine acetate</i>	13	<i>pack</i>	
<i>epitol 200mg tab</i>	13	<i>600mg tab</i>		<i>estradiol/norethindrone</i>	59
<i>eplerenone 25mg tab</i>	27	<i>eslicarbazepine acetate</i>	13	<i>acetate 1-0.5mg 28-day</i>	
<i>eplerenone 50mg tab</i>	27	<i>800mg tab</i>		<i>pack</i>	
EPRONTIA 25MG/ML	13	<i>esomeprazole 20mg dr</i>	81	<i>eszopiclone 1mg tab</i>	65
ORAL SOLN		<i>cap</i>		<i>eszopiclone 2mg tab</i>	65
ERIVEDGE 150MG CAP	31	<i>esomeprazole 40mg dr</i>	81	<i>eszopiclone 3mg tab</i>	65
ERLEADA 240MG TAB	32	<i>cap</i>		<i>ethambutol 100mg tab</i>	30
ERLEADA 60MG TAB	32	<i>estarylla tab 28-day pack</i>	59	<i>ethambutol 400mg tab</i>	30
<i>erlotinib 100mg tab</i>	31	<i>estradiol 0.0025mg/hr</i>	62	<i>ethinyl estradiol/ethinyl</i>	59
<i>erlotinib 150mg tab</i>	31	<i>weekly patch</i>		<i>estradiol/levonorgestrel</i>	
<i>erlotinib 25mg tab</i>	31	<i>estradiol 0.01% vaginal</i>	83	<i>0.01-0.02-0.1mg tab</i>	
		<i>cream</i>		<i>91-day pack</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack</i>	59	<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	59	<i>EVRYSDI 5MG TAB</i>	70
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg tab 28-day pack</i>	59	<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	60	<i>exemestane 25mg tab</i>	32
<i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg tab 28-day pack</i>	59	<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25 mg-mcg tab 28-day pack</i>	60	<i>ezetimibe 10mg tab</i>	23
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	59	<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35 mg-mcg tab 28-day pack</i>	60	<i>ezetimibe/simvastatin 10-10mg tab</i>	23
<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg tab 28-day pack</i>	59	<i>ethosuximide 250mg cap</i>	15	<i>ezetimibe/simvastatin 10-20mg tab</i>	23
<i>ethinyl estradiol/inert ingredients/levonorgestrel 1 0.02-1-0.1mg tab 28-day pack</i>	59	<i>ethosuximide 50mg/ml oral soln</i>	15	<i>ezetimibe/simvastatin 10-40mg tab</i>	23
<i>ethinyl estradiol/inert ingredients/levonorgestrel 1 0.03-1-0.15mg tab 28-day pack</i>	59	<i>etodolac 200mg cap</i>	3	<i>ezetimibe/simvastatin 10-80mg tab</i>	23
<i>ethinyl estradiol/inert ingredients/levonorgestrel 1 0.03-1-0.15mg tab 91-day pack</i>	59	<i>etodolac 300mg cap</i>	3		
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	59	<i>etodolac 400mg tab</i>	4	F	
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	59	<i>etodolac 500mg tab</i>	4	<i>falmina tab 28-day pack</i>	60
		<i>etravirine 100mg tab</i>	44	<i>famciclovir 125mg tab</i>	46
		<i>etravirine 200mg tab</i>	44	<i>famciclovir 250mg tab</i>	46
		<i>EULEXIN 125MG CAP</i>	32	<i>famciclovir 500mg tab</i>	46
		<i>everolimus 0.25mg tab</i>	69	<i>famotidine 20mg tab</i>	81
		<i>everolimus 0.5mg tab</i>	69	<i>famotidine 40mg tab</i>	81
		<i>everolimus 0.75mg tab</i>	69	<i>FANAPT 10MG TAB</i>	40
		<i>everolimus 10mg tab</i>	33	<i>FANAPT 12MG TAB</i>	40
		<i>everolimus 1mg tab</i>	69	<i>FANAPT 1MG TAB</i>	40
		<i>everolimus 2.5mg tab</i>	33	<i>FANAPT 2MG TAB</i>	40
		<i>everolimus 2mg tab for oral susp</i>	33	<i>FANAPT 4MG TAB</i>	40
		<i>everolimus 3mg tab for oral susp</i>	33	<i>FANAPT 6MG TAB</i>	40
		<i>everolimus 5mg tab</i>	33	<i>FANAPT 8MG TAB</i>	40
		<i>everolimus 5mg tab for oral susp</i>	33	<i>FANAPT TAB TITRATION PACK (8)</i>	40
		<i>everolimus 7.5mg tab</i>	33	<i>FARXIGA 10MG TAB</i>	21
		<i>EVOTAZ 300-150MG TAB</i>	44	<i>FARXIGA 5MG TAB</i>	21
		<i>EVRYSDI 0.75MG/ML ORAL SOLN</i>	70	<i>FASENRA 10MG/0.5ML SYRINGE</i>	8
				<i>FASENRA 30MG/ML AUTO-INJECTOR</i>	8
				<i>FASENRA 30MG/ML SYRINGE</i>	8
				<i>febuxostat 40mg tab</i>	64
				<i>febuxostat 80mg tab</i>	64
				<i>feirza 1.5/30 28-day pack</i>	60
				<i>feirza 1/20 28-day pack</i>	60
				<i>felbamate 120mg/ml oral susp</i>	14
				<i>felbamate 400mg tab</i>	15
				<i>felbamate 600mg tab</i>	15
				<i>felodipine 10mg er tab</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>felodipine 2.5mg er tab</i>	48	<i>flecainide acetate 50mg</i>	8	FLUOROURACIL 2%	53
<i>felodipine 5mg er tab</i>	48	<i>tab</i>		TOPICAL SOLN	
<i>fenofibrate 134mg cap</i>	23	<i>fluconazole 100mg tab</i>	22	<i>fluorouracil 5% cream</i>	53
<i>fenofibrate 145mg tab</i>	23	<i>fluconazole 10mg/ml oral</i>	22	<i>fluorouracil 5% topical</i>	53
<i>fenofibrate 160mg tab</i>	23	<i>susp</i>		<i>soln</i>	
<i>fenofibrate 200mg cap</i>	23	<i>fluconazole 150mg tab</i>	22	<i>fluoxetine 10mg cap</i>	16
<i>fenofibrate 48mg tab</i>	23	<i>fluconazole 200mg tab</i>	22	<i>fluoxetine 20mg cap</i>	16
<i>fenofibrate 54mg tab</i>	23	<i>fluconazole 200mg/100ml</i>	22	<i>fluoxetine 40mg cap</i>	16
<i>fenofibrate 67mg cap</i>	23	<i>inj</i>		<i>fluoxetine 4mg/ml oral</i>	16
<i>fenofibric acid 135mg dr</i>	23	<i>fluconazole 400mg/200ml</i>	22	<i>soln</i>	
<i>cap</i>		<i>inj</i>		<i>fluoxetine 60mg tab</i>	16
<i>fenofibric acid 45mg dr</i>	23	<i>fluconazole 40mg/ml oral</i>	22	FLUPHENAZINE	42
<i>cap</i>		<i>susp</i>		0.5MG/ML ORAL SOLN	
<i>fentanyl 100mcg/hr patch</i>	4	<i>fluconazole 50mg tab</i>	22	<i>fluphenazine 10mg tab</i>	42
<i>fentanyl 12mcg/hr patch</i>	4	<i>flucytosine 250mg cap</i>	22	<i>fluphenazine 1mg tab</i>	42
<i>fentanyl 25mcg/hr patch</i>	4	<i>flucytosine 500mg cap</i>	22	<i>fluphenazine 2.5mg tab</i>	42
<i>fentanyl 50mcg/hr patch</i>	4	<i>fludrocortisone acetate</i>	51	FLUPHENAZINE	42
<i>fentanyl 75mcg/hr patch</i>	4	<i>0.1mg tab</i>		2.5MG/ML INJ	
<i>fesoterodine fumarate</i>	81	<i>flunisolide 25%</i>	70	<i>fluphenazine 5mg tab</i>	42
<i>4mg er tab</i>		<i>(25mcg/act) nasal inhaler</i>		FLUPHENAZINE	42
<i>fesoterodine fumarate</i>	81	<i>fluocinolone acetonide</i>	54	5MG/ML ORAL SOLN	
<i>8mg er tab</i>		<i>0.01% cream</i>		<i>fluphenazine decanoate</i>	42
FETZIMA 120MG ER	17	<i>fluocinolone acetonide</i>	73	<i>25mg/ml inj</i>	
CAP		<i>0.01% otic soln</i>		FLURBIPROFEN	72
FETZIMA 20MG ER CAP	17	<i>fluocinolone acetonide</i>	54	SODIUM 0.03% OPHTH	
FETZIMA 40MG ER CAP	17	<i>0.01% topical oil</i>		SOLN	
FETZIMA 80MG ER CAP	17	<i>fluocinolone acetonide</i>	54	<i>fluticasone propionate</i>	54
FETZIMA ER CAP	17	<i>0.01% topical soln</i>		<i>0.005% ointment</i>	
TITRATION PACK (28)		<i>fluocinolone acetonide</i>	54	<i>fluticasone propionate</i>	54
<i>finasteride 5mg tab</i>	64	<i>0.025% cream</i>		<i>0.05% cream</i>	
<i>finolimid 0.5mg cap</i>	76	<i>fluocinolone acetonide</i>	54	FLUTICASONE	9
FINTEPLA 2.2MG/ML	13	<i>0.025% ointment</i>		PROPIONATE 110MCG	
ORAL SOLN		<i>fluocinonide 0.05% cream</i>	54	INHALER	
<i>finzala 24 fe chewable tab</i>	60	<i>fluocinonide 0.05% e</i>	54	FLUTICASONE	9
<i>28-day pack</i>		<i>cream</i>		PROPIONATE 220MCG	
FIRDAPSE 10MG TAB	30	<i>fluocinonide 0.05% gel</i>	54	INHALER	
FIRMAGON 120MG INJ	32	<i>fluocinonide 0.05%</i>	54	FLUTICASONE	9
FIRMAGON 80MG INJ	32	<i>ointment</i>		PROPIONATE 44MCG	
<i>flac 0.01% otic soln</i>	73	<i>fluocinonide 0.05%</i>	54	INHALER	
<i>flavoxate 100mg tab</i>	81	<i>topical soln</i>		<i>fluticasone propionate</i>	70
<i>flecainide acetate 100mg</i>	8	<i>fluocinonide 0.1% cream</i>	54	<i>50mcg/act nasal inhaler</i>	
<i>tab</i>		<i>fluorometholone 0.1%</i>	72		
<i>flecainide acetate 150mg</i>	8	<i>ophth susp</i>			
<i>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>fluticasone</i>	10	FRUZAQLA 5MG CAP	31	GAUZE PAD (2 X 2)	66
<i>propionate/salmeterol</i>		FUROSCIX 80MG/10ML	56	GAVILYTE-C POWDER	65
<i>100-50mcg/act powder</i>		CARTRIDGE		FOR ORAL SOLN	
<i>inhaler</i>		<i>furosemide 10mg/ml inj</i>	56	<i>gavilyte-g powder for</i>	65
<i>fluticasone</i>	10	<i>furosemide 10mg/ml oral</i>	56	<i>oral soln</i>	
<i>propionate/salmeterol</i>		<i>furosemide 20mg tab</i>	56	<i>gavilyte-n powder for</i>	65
<i>250-50mcg/act powder</i>		<i>furosemide 40mg tab</i>	56	<i>oral soln</i>	
<i>inhaler</i>		<i>furosemide 80mg tab</i>	56	GAVRETO 100MG CAP	33
<i>fluticasone</i>	10	FUROSEMIDE 8MG/ML	56	<i>gefitinib 250mg tab</i>	31
<i>propionate/salmeterol</i>		ORAL SOLN		<i>gemfibrozil 600mg tab</i>	23
<i>500-50mcg/act powder</i>		<i>fyavolv 0.0025-0.5mg tab</i>	60	<i>generlac 10gm/15ml oral</i>	63
<i>inhaler</i>		<i>fyavolv 0.005-1mg tab</i>	60	<i>soln</i>	
<i>fluvastatin 20mg cap</i>	23	FYCOMPA 0.5MG/ML	13	<i>gengraf 100mg cap</i>	69
<i>fluvastatin 40mg cap</i>	24	ORAL SUSP		<i>gengraf 25mg cap</i>	69
<i>fluvoxamine maleate</i>	16			<i>gentamicin 0.1% cream</i>	52
<i>100mg tab</i>		G		<i>gentamicin 0.1% ointment</i>	52
<i>fluvoxamine maleate</i>	16	<i>gabapentin 100mg cap</i>	13	<i>gentamicin 0.3% ophth</i>	71
<i>25mg tab</i>		<i>gabapentin 300mg cap</i>	13	<i>soln</i>	
<i>fluvoxamine maleate</i>	16	<i>gabapentin 400mg cap</i>	13	GENTAMICIN 0.8MG/ML	2
<i>50mg tab</i>		<i>gabapentin 50mg/ml oral</i>	13	INJ	
<i>fondaparinux sodium</i>	11	<i>soln</i>		<i>gentamicin 1.2mg/ml inj</i>	2
<i>10mg/0.8ml syringe</i>		<i>gabapentin 600mg tab</i>	13	GENTAMICIN 1.6MG/ML	2
<i>fondaparinux sodium</i>	11	<i>(Neurontin equiv)</i>		INJ	
<i>2.5mg/0.5ml syringe</i>		<i>gabapentin 800mg tab</i>	13	GENTAMICIN 1MG/ML	2
<i>fondaparinux sodium</i>	11	<i>galantamine 12mg tab</i>	75	INJ	
<i>5mg/0.4ml syringe</i>		<i>galantamine 4mg tab</i>	75	<i>gentamicin 40mg/ml inj</i>	2
<i>fondaparinux sodium</i>	11	<i>galantamine 8mg tab</i>	75	GENVOYA	44
<i>7.5mg/0.6ml syringe</i>		<i>galantamine</i>	75	150-150-200-10MG TAB	
<i>fosamprenavir 700mg tab</i>	44	<i>hydrobromide 16mg er</i>		GILOTRIF 20MG TAB	31
<i>fosinopril sodium 10mg</i>	24	<i>cap</i>		GILOTRIF 30MG TAB	31
<i>tab</i>		<i>galantamine</i>	75	GILOTRIF 40MG TAB	31
<i>fosinopril sodium 20mg</i>	24	<i>hydrobromide 24mg er</i>		<i>glatiramer acetate</i>	76
<i>tab</i>		<i>cap</i>		<i>20mg/ml syringe</i>	
<i>fosinopril sodium 40mg</i>	24	GALANTAMINE	75	<i>glatiramer acetate</i>	76
<i>tab</i>		HYDROBROMIDE		<i>40mg/ml syringe</i>	
<i>fosinopril</i>	27	4MG/ML ORAL SOLN		<i>glatopa 20mg/ml syringe</i>	76
<i>sodium/hydrochlorothiazide</i>		<i>galantamine</i>	75	<i>glatopa 40mg/ml syringe</i>	76
<i>de 10-12.5mg tab</i>		<i>hydrobromide 8mg er cap</i>		GLEOSTINE 100MG CAP	30
<i>fosinopril</i>	27	<i>gallifrey 5mg tab</i>	74	GLEOSTINE 10MG CAP	30
<i>sodium/hydrochlorothiazide</i>		GAMUNEX 1GM/10ML	73	GLEOSTINE 40MG CAP	30
<i>de 20-12.5mg tab</i>		INJ		<i>glimepiride 1mg tab</i>	21
FOTIVDA 0.89MG CAP	33	GARDASIL 9 INJ	82	<i>glimepiride 2mg tab</i>	21
FOTIVDA 1.34MG CAP	33	GARDASIL 9 SYRINGE	82	<i>glimepiride 4mg tab</i>	21
FRUZAQLA 1MG CAP	31	GATTEX 5MG INJ	63	<i>glipizide 10mg er tab</i>	21

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 10mg tab</i>	21	<i>glucose</i>	67	<i>guanfacine 1mg er tab</i>	1
<i>glipizide 2.5mg er tab</i>	21	<i>50mg/ml/potassium</i>		<i>guanfacine 2mg er tab</i>	1
<i>glipizide 5mg er tab</i>	21	<i>chloride</i>		<i>guanfacine 3mg er tab</i>	1
<i>glipizide 5mg tab</i>	21	<i>0.03meq/ml/sodium</i>		<i>guanfacine 4mg er tab</i>	1
<i>glipizide/metformin</i>	18	<i>chloride 4.5mg/ml inj</i>		GVOKE 0.5MG/0.1ML	19
<i>2.5-250mg tab</i>		<i>glucose</i>	67	AUTO-INJECTOR	
<i>glipizide/metformin</i>	18	<i>50mg/ml/potassium</i>		GVOKE 1MG/0.2ML	19
<i>2.5-500mg tab</i>		<i>chloride</i>		AUTO-INJECTOR	
<i>glipizide/metformin</i>	18	<i>0.04meq/ml/sodium</i>		GVOKE 1MG/0.2ML INJ	19
<i>5-500mg tab</i>		<i>chloride 4.5mg/ml inj</i>		GVOKE 1MG/0.2ML	19
GLUCOSE	67	<i>glucose</i>	67	SYRINGE	
100MG/ML/SODIUM		<i>50mg/ml/potassium</i>			
CHLORIDE 2MG/ML INJ		<i>chloride</i>		H	
GLUCOSE	67	<i>0.04meq/ml/sodium</i>		HADLIMA 40MG/0.4ML	3
100MG/ML/SODIUM		<i>chloride 9mg/ml inj</i>		AUTO-INJECTOR	
CHLORIDE 4.5MG/ML		GLUCOSE	67	HADLIMA 40MG/0.4ML	3
INJ		50MG/ML/SODIUM		SYRINGE	
<i>glucose 50mg/ml inj</i>	71	CHLORIDE 2MG/ML INJ		HADLIMA 40MG/0.8ML	3
<i>glucose</i>	67	GLUCOSE	67	AUTO-INJECTOR	
<i>50mg/ml/potassium</i>		50MG/ML/SODIUM		HADLIMA 40MG/0.8ML	3
<i>chloride</i>		CHLORIDE 4.5MG/ML		SYRINGE	
<i>0.01meq/ml/sodium</i>		INJ		HAEGARDA 2000UNIT	65
<i>chloride 4.5mg/ml inj</i>		<i>glucose 50mg/ml/sodium</i>	67	INJ	
<i>glucose</i>	67	<i>chloride 9mg/ml inj</i>		HAEGARDA 3000UNIT	65
<i>50mg/ml/potassium</i>		GLUCOSE/SODIUM	67	INJ	
<i>chloride 0.02meq/ml inj</i>		CHLORIDE		<i>hailey 24 fe tab 28-day</i>	60
<i>glucose</i>	67	25MG/ML-4.5MG/ML		<i>pack</i>	
<i>50mg/ml/potassium</i>		INJ		<i>halobetasol propionate</i>	54
<i>chloride</i>		<i>glutamine 5000mg</i>	64	<i>0.05% cream</i>	
<i>0.02meq/ml/sodium</i>		<i>powder for oral soln</i>		<i>halobetasol propionate</i>	54
<i>chloride 2.25mg/ml inj</i>		<i>glycopyrrolate 1mg tab</i>	80	<i>0.05% ointment</i>	
<i>glucose</i>	67	<i>glycopyrrolate 2mg tab</i>	80	<i>haloette</i>	60
<i>50mg/ml/potassium</i>		GLYXAMBI 10-5MG TAB	18	<i>0.120-0.015mg/24hr</i>	
<i>chloride</i>		GLYXAMBI 25-5MG TAB	18	<i>vaginal system</i>	
<i>0.02meq/ml/sodium</i>		GOMEKLI 1MG CAP	33	<i>haloperidol 0.5mg tab</i>	39
<i>chloride 4.5mg/ml inj</i>		GOMEKLI 1MG TAB	33	<i>haloperidol 10mg tab</i>	39
<i>glucose</i>	67	FOR ORAL SUSP		<i>haloperidol 1mg tab</i>	39
<i>50mg/ml/potassium</i>		GOMEKLI 2MG CAP	33	<i>haloperidol 20mg tab</i>	39
<i>chloride</i>		<i>granisetron 1mg tab</i>	21	<i>haloperidol 2mg tab</i>	39
<i>0.02meq/ml/sodium</i>		<i>griseofulvin 125mg tab</i>	22	<i>haloperidol 2mg/ml oral</i>	39
<i>chloride 9mg/ml inj</i>		<i>griseofulvin 250mg tab</i>	22	<i>soln</i>	
		<i>griseofulvin 25mg/ml oral</i>	22	<i>haloperidol 5mg tab</i>	39
		<i>susp</i>		<i>haloperidol 5mg/ml inj</i>	39
		<i>griseofulvin 500mg tab</i>	22	<i>haloperidol decanoate</i>	39
				<i>100mg/ml (1ml) inj</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>haloperidol decanoate</i>	39	HUMULIN N	20	<i>hydrochlorothiazide/meto</i>	27
<i>100mg/ml (5ml) inj</i>		100UNIT/ML PEN INJ		<i>prolol tartrate 25-50mg</i>	
<i>haloperidol decanoate</i>	39	HUMULIN R	20	<i>tab</i>	
<i>50mg/ml (1ml) inj</i>		100UNIT/ML INJ		<i>hydrochlorothiazide/meto</i>	27
<i>haloperidol decanoate</i>	39	HUMULIN R	20	<i>prolol tartrate 50-100mg</i>	
<i>50mg/ml (5ml) inj</i>		500UNIT/ML INJ		<i>tab</i>	
HAVRIX 1440ELU/ML	82	HUMULIN R	20	<i>hydrochlorothiazide/olme</i>	27
SYRINGE		500UNIT/ML PEN INJ		<i>sartan medoxomil</i>	
HAVRIX 720ELU/0.5ML	82	<i>hydralazine 100mg tab</i>	27	<i>12.5-20mg tab</i>	
SYRINGE		<i>hydralazine 10mg tab</i>	28	<i>hydrochlorothiazide/olme</i>	27
<i>heather 0.35mg 28-day</i>	74	<i>hydralazine 25mg tab</i>	28	<i>sartan medoxomil</i>	
<i>pack</i>		<i>hydralazine 50mg tab</i>	28	<i>12.5-40mg tab</i>	
<i>heparin sodium porcine</i>	11	<i>hydrochlorothiazide</i>	56	<i>hydrochlorothiazide/olme</i>	27
<i>10000unit/ml inj</i>		<i>12.5mg cap</i>		<i>sartan medoxomil</i>	
<i>heparin sodium porcine</i>	11	<i>hydrochlorothiazide</i>	56	<i>25-40mg tab</i>	
<i>1000unit/ml inj</i>		<i>12.5mg tab</i>		<i>hydrochlorothiazide/spiro</i>	56
<i>heparin sodium porcine</i>	11	<i>hydrochlorothiazide</i>	56	<i>nolactone 25-25mg tab</i>	
<i>20000unit/ml inj</i>		<i>25mg tab</i>		<i>hydrochlorothiazide/telmi</i>	27
<i>heparin sodium porcine</i>	11	<i>hydrochlorothiazide</i>	57	<i>sartan 12.5-40mg tab</i>	
<i>5000unit/ml inj</i>		<i>50mg tab</i>		<i>hydrochlorothiazide/telmi</i>	27
HEPLISAV-B	82	<i>hydrochlorothiazide/irbes</i>	27	<i>sartan 12.5-80mg tab</i>	
20MCG/0.5ML SYRINGE		<i>artan 12.5-150mg tab</i>		<i>hydrochlorothiazide/telmi</i>	27
HIBERIX 10MCG INJ	82	<i>hydrochlorothiazide/irbes</i>	27	<i>sartan 25-80mg tab</i>	
HUMALOG 100UNIT/ML	20	<i>artan 12.5-300mg tab</i>		<i>hydrochlorothiazide/tria</i>	56
CARTRIDGE		<i>hydrochlorothiazide/lisin</i>	27	<i>meterene 25-37.5mg cap</i>	
HUMALOG 100UNIT/ML	20	<i>opril 12.5-10mg tab</i>		<i>hydrochlorothiazide/tria</i>	56
KWIKPEN		<i>hydrochlorothiazide/lisin</i>	27	<i>meterene 25-37.5mg tab</i>	
HUMALOG 200UNIT/ML	20	<i>opril 12.5-20mg tab</i>		<i>hydrochlorothiazide/tria</i>	56
KWIKPEN		<i>hydrochlorothiazide/lisin</i>	27	<i>meterene 50-75mg tab</i>	
HUMALOG JUNIOR	20	<i>opril 25-20mg tab</i>		<i>hydrochlorothiazide/vals</i>	27
100UNIT/ML PEN INJ		<i>hydrochlorothiazide/losar</i>	27	<i>artan 12.5-160mg tab</i>	
HUMALOG MIX (50/50)	20	<i>tan potassium</i>		<i>hydrochlorothiazide/vals</i>	27
100UNIT/ML PEN INJ		<i>12.5-100mg tab</i>		<i>artan 12.5-320mg tab</i>	
HUMALOG MIX (75/25)	20	<i>hydrochlorothiazide/losar</i>	27	<i>hydrochlorothiazide/vals</i>	27
100UNIT/ML INJ		<i>tan potassium 12.5-50mg</i>		<i>artan 12.5-80mg tab</i>	
HUMALOG MIX (75/25)	20	<i>tab</i>		<i>hydrochlorothiazide/vals</i>	27
100UNIT/ML KWIKPEN		<i>hydrochlorothiazide/losar</i>	27	<i>artan 25-160mg tab</i>	
HUMULIN (70/30)	20	<i>tan potassium 25-100mg</i>		<i>hydrochlorothiazide/vals</i>	27
100UNIT/ML INJ		<i>tab</i>		<i>artan 25-320mg tab</i>	
HUMULIN (70/30)	20	<i>hydrochlorothiazide/meto</i>	27	<i>hydrocodone</i>	5
100UNIT/ML PEN INJ		<i>prolol tartrate 25-100mg</i>		<i>bitartrate/acetaminophen</i>	
HUMULIN N	20	<i>tab</i>		<i>0.5-21.7mg/ml oral soln</i>	
100UNIT/ML INJ					

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ALPHABETICAL LISTING OF DRUGS

<i>hydrocodone</i>	5	IBRANCE 100MG CAP	33	<i>indapamide 1.25mg tab</i>	57
<i>bitartrate/acetaminophen</i>		IBRANCE 100MG TAB	33	<i>indapamide 2.5mg tab</i>	57
<i>10-325mg tab</i>		IBRANCE 125MG CAP	33	INFANRIX SYRINGE	80
<i>hydrocodone</i>	5	IBRANCE 125MG TAB	33	INGREZZA 40MG CAP	76
<i>bitartrate/acetaminophen</i>		IBRANCE 75MG CAP	34	INGREZZA 40MG	76
<i>5-325mg tab</i>		IBRANCE 75MG TAB	34	SPRINKLE CAP	
<i>hydrocodone</i>	5	<i>ibu 600mg tab</i>	4	INGREZZA 60MG CAP	76
<i>bitartrate/acetaminophen</i>		<i>ibu 800mg tab</i>	4	INGREZZA 60MG	76
<i>7.5-325mg tab</i>		<i>ibuprofen 400mg tab</i>	4	SPRINKLE CAP	
<i>hydrocortisone 1% cream</i>	54	<i>ibuprofen 600mg tab</i>	4	INGREZZA 80MG CAP	76
<i>hydrocortisone 1.67mg/ml</i>	6	<i>ibuprofen 800mg tab</i>	4	INGREZZA 80MG	76
<i>enema</i>		<i>icatibant 10mg/ml syringe</i>	65	SPRINKLE CAP	
<i>hydrocortisone 10mg tab</i>	51	<i>iclevia tab 91-day pack</i>	60	INGREZZA CAP	76
<i>hydrocortisone 2.5%</i>	6	ICLUSIG 10MG TAB	34	THERAPY PACK (28)	
<i>cream</i>		ICLUSIG 15MG TAB	34	INLYTA 1MG TAB	31
<i>hydrocortisone 2.5%</i>	54	ICLUSIG 30MG TAB	34	INLYTA 5MG TAB	31
<i>ointment</i>		ICLUSIG 45MG TAB	34	INQOVI 35-100MG TAB	32
<i>hydrocortisone 20mg tab</i>	51	<i>icosapent ethyl 1000mg</i>	23	PACK (5)	
<i>hydrocortisone 5mg tab</i>	51	<i>cap</i>		INREBIC 100MG CAP	34
HYDROCORTISONE	54	<i>icosapent ethyl 500mg</i>	23	INSULIN GLARGINE	20
LOTION 2.5%		<i>cap</i>		300UNIT/ML PEN INJ	
<i>hydromorphone 2mg tab</i>	4	IDHIFA 100MG TAB	34	(1.5ML)	
<i>hydromorphone 4mg tab</i>	4	IDHIFA 50MG TAB	34	INSULIN GLARGINE	20
<i>hydromorphone 8mg tab</i>	4	<i>imatinib 100mg tab</i>	34	300UNIT/ML PEN INJ	
<i>hydroxychloroquine</i>	29	<i>imatinib 400mg tab</i>	34	(3ML)	
<i>sulfate 100mg tab</i>		IMBRUVICA 140MG CAP	34	INSULIN LISPRO	20
<i>hydroxychloroquine</i>	29	IMBRUVICA 420MG TAB	34	100UNIT/ML INJ	
<i>sulfate 200mg tab</i>		IMBRUVICA 70MG CAP	34	INSULIN PEN NEEDLE	66
<i>hydroxychloroquine</i>	29	IMBRUVICA 70MG/ML	34	INSULIN SYRINGE	66
<i>sulfate 300mg tab</i>		ORAL SUSP		INSULIN SYRINGE	66
<i>hydroxychloroquine</i>	30	<i>imipramine 10mg tab</i>	18	(DISP) U-100 0.3ML	
<i>sulfate 400mg tab</i>		<i>imipramine 25mg tab</i>	18	INSULIN SYRINGE	66
<i>hydroxyurea 500mg cap</i>	37	<i>imipramine 50mg tab</i>	18	(DISP) U-100 1/2ML	
<i>hydroxyzine 10mg tab</i>	7	<i>imiquimod 5% cream</i>	55	INSULIN SYRINGE	66
<i>hydroxyzine 25mg tab</i>	7	IMKELDI 80MG/ML	34	(DISP) U-100 1ML	
<i>hydroxyzine 50mg tab</i>	7	ORAL SOLN		INTELENCE 25MG TAB	44
HYDROXYZINE	7	IMOVAX 2.5UNIT/ML INJ	82	<i>introvale tab 91-day pack</i>	60
PAMOATE 100MG CAP		<i>incassia 0.35mg tab</i>	74	INVEGA HAFYERA	40
<i>hydroxyzine pamoate</i>	7	<i>28-day pack</i>		1092MG/3.5ML	
<i>25mg cap</i>		INCRELEX 40MG/4ML	58	SYRINGE	
<i>hydroxyzine pamoate</i>	7	INJ		INVEGA HAFYERA	40
<i>50mg cap</i>		INCRUSE ELLIPTA	9	1560MG/5ML SYRINGE	
I		62.5MCG/INH POWDER			
<i>ibandronate 150mg tab</i>	57	INHALER			

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ALPHABETICAL LISTING OF DRUGS

INVEGA SUSTENNA	40	ISENTRESS 400MG TAB	44	<i>jaimiess tab 91-day pack</i>	60
117MG/0.75ML		ISENTRESS 600MG TAB	44	JAKAFI 10MG TAB	34
SYRINGE		<i>isibloom tab 28-day pack</i>	60	JAKAFI 15MG TAB	34
INVEGA SUSTENNA	40	<i>isoniazid 100mg tab</i>	30	JAKAFI 20MG TAB	34
156MG/ML SYRINGE		<i>isoniazid 10mg/ml oral</i>	30	JAKAFI 25MG TAB	34
INVEGA SUSTENNA	40	<i>soln</i>		JAKAFI 5MG TAB	34
234MG/1.5ML SYRINGE		<i>isoniazid 300mg tab</i>	30	<i>jantoven 10mg tab</i>	11
INVEGA SUSTENNA	40	<i>isosorbide dinitrate 10mg</i>	6	<i>jantoven 1mg tab</i>	11
39MG/0.25ML SYRINGE		<i>tab</i>		<i>jantoven 2.5mg tab</i>	11
INVEGA SUSTENNA	40	<i>isosorbide dinitrate 20mg</i>	6	<i>jantoven 2mg tab</i>	11
78MG/0.5ML SYRINGE		<i>tab</i>		<i>jantoven 3mg tab</i>	11
INVEGA TRINZA	40	<i>isosorbide dinitrate 30mg</i>	6	<i>jantoven 4mg tab</i>	11
273MG/0.875ML		<i>tab</i>		<i>jantoven 5mg tab</i>	11
SYRINGE		<i>isosorbide dinitrate 5mg</i>	6	<i>jantoven 6mg tab</i>	11
INVEGA TRINZA	40	<i>tab</i>		<i>jantoven 7.5mg tab</i>	11
410MG/1.315ML		ISOSORBIDE	6	JANUMET 50-1000MG	18
SYRINGE		MONONITRATE 10MG		TAB	
INVEGA TRINZA	40	TAB		JANUMET 50-500MG	19
546MG/1.75ML		<i>isosorbide mononitrate</i>	6	TAB	
SYRINGE		<i>120mg er tab</i>		JANUMET XR	19
INVEGA TRINZA	40	ISOSORBIDE	6	100-1000MG TAB	
819MG/2.625ML		MONONITRATE 20MG		JANUMET XR	19
SYRINGE		TAB		50-1000MG TAB	
IPOL INJ	82	<i>isosorbide mononitrate</i>	6	JANUMET XR 50-500MG	19
<i>ipratropium bromide</i>	9	<i>30mg er tab</i>		TAB	
<i>0.02% inh soln</i>		<i>isosorbide mononitrate</i>	6	JANUVIA 100MG TAB	20
<i>ipratropium bromide</i>	70	<i>60mg er tab</i>		JANUVIA 25MG TAB	20
<i>0.03% (0.021mg/act)</i>		<i>isotretinoin 10mg cap</i>	52	JANUVIA 50MG TAB	20
<i>nasal inhaler</i>		<i>isotretinoin 20mg cap</i>	52	JARDIANCE 10MG TAB	21
<i>ipratropium bromide</i>	70	<i>isotretinoin 30mg cap</i>	52	JARDIANCE 25MG TAB	21
<i>0.06% (0.042mg/act)</i>		<i>isotretinoin 40mg cap</i>	52	<i>jasmiel tab 28-day pack</i>	60
<i>nasal inhaler</i>		<i>isradipine 2.5mg cap</i>	48	<i>javygtor 100mg powder</i>	58
<i>ipratropium/albuterol</i>	10	<i>isradipine 5mg cap</i>	48	<i>for oral soln</i>	
<i>0.5-2.5mg/3ml inh soln</i>		ITOVEBI 3MG TAB	34	<i>javygtor 100mg tab</i>	58
<i>irbesartan 150mg tab</i>	25	ITOVEBI 9MG TAB	34	<i>javygtor 500mg powder</i>	58
<i>irbesartan 300mg tab</i>	25	<i>itraconazole 100mg cap</i>	22	<i>for oral soln</i>	
<i>irbesartan 75mg tab</i>	25	<i>ivabradine 5mg tab</i>	49	JAYPIRCA 100MG TAB	34
ISENTRESS 100MG	44	<i>ivabradine 7.5mg tab</i>	49	JAYPIRCA 50MG TAB	34
CHEW TAB		<i>ivermectin 3mg tab</i>	6	JENTADUETO	19
ISENTRESS 100MG	44	IWILFIN 192MG TAB	37	2.5-1000MG TAB	
GRANULES FOR ORAL		IXCHIQ INJ	82	JENTADUETO	19
SUSP		IXIARO 0.012MG/ML	82	2.5-500MG TAB	
ISENTRESS 25MG	44	SYRINGE		JENTADUETO XR	19
CHEW TAB				2.5-1000MG TAB	

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ALPHABETICAL LISTING OF DRUGS

JENTADUETO XR	19	KERENDIA 20MG TAB	58	<i>klor-con 20meq powder</i>	68
5-1000MG TAB		KESIMPTA 20MG/0.4ML	76	<i>for oral soln</i>	
<i>jinteli 0.005-1mg tab</i>	60	PEN INJ		<i>klor-con 8meq er tab</i>	68
JUBBONTI 60MG/ML	57	<i>ketoconazole 2% cream</i>	52	KLOXXADO 8MG/0.1ML	21
SYRINGE		<i>ketoconazole 2%</i>	52	NASAL SPRAY	
<i>juleber tab 28-day pack</i>	60	<i>shampoo</i>		KOSELUGO 10MG CAP	34
JULUCA 50-25MG TAB	44	<i>ketoconazole 200mg tab</i>	22	KOSELUGO 25MG CAP	34
<i>junel 1.5/30 tab 21-day</i>	60	<i>ketorolac tromethamine</i>	72	<i>kourzeq 0.1% oral paste</i>	51
<i>pack</i>		<i>0.4% ophth soln</i>		KRAZATI 200MG TAB	34
<i>junel 1/20 tab 21-day</i>	60	<i>ketorolac tromethamine</i>	72	<i>kurvelo tab 28-day pack</i>	60
<i>pack</i>		<i>0.5% ophth soln</i>			
<i>junel fe 24 1/20 28-day</i>	60	<i>ketorolac tromethamine</i>	4	L	
<i>pack</i>		<i>10mg tab</i>		<i>labetalol 100mg tab</i>	46
<i>junel fe tab 1.5/30 28-day</i>	60	KEVZARA	3	<i>labetalol 200mg tab</i>	47
<i>pack</i>		150MG/1.14ML		<i>labetalol 300mg tab</i>	47
<i>junel fe tab 1/20 28-day</i>	60	AUTO-INJECTOR		<i>lacosamide 100mg tab</i>	13
<i>pack</i>		KEVZARA	3	<i>lacosamide 10mg/ml oral</i>	13
JYLAMVO 2MG/ML	30	150MG/1.14ML		<i>soln</i>	
ORAL SOLN		SYRINGE		<i>lacosamide 150mg tab</i>	13
JYNNEOS 0.5ML INJ	82	KEVZARA	3	<i>lacosamide 200mg tab</i>	13
		200MG/1.14ML		<i>lacosamide 50mg tab</i>	13
K		AUTO-INJECTOR		<i>lactulose 667mg/ml oral</i>	66
KALETRA 80-20MG/ML	44	KEVZARA	3	<i>soln</i>	
ORAL SOLN		200MG/1.14ML		<i>lamivudine 100mg tab</i>	46
KALYDECO 13.4MG	77	SYRINGE		<i>lamivudine 10mg/ml oral</i>	44
ORAL GRANULES		KINRIX SYRINGE	80	<i>soln</i>	
KALYDECO 150MG TAB	77	<i>kionex 15gm/60ml susp</i>	69	<i>lamivudine 150mg tab</i>	44
KALYDECO 25MG ORAL	77	KISQALI TAB 200MG	34	<i>lamivudine 300mg tab</i>	44
GRANULES		DAILY DOSE PACK (21)		<i>lamivudine/zidovudine</i>	44
KALYDECO 5.8MG	77	KISQALI TAB 400MG	34	<i>150-300mg tab</i>	
ORAL GRANULES		DAILY DOSE PACK (42)		<i>lamotrigine 100mg tab</i>	13
KALYDECO 50MG ORAL	77	KISQALI TAB 600MG	34	<i>lamotrigine 150mg tab</i>	13
GRANULES		DAILY DOSE PACK (63)		<i>lamotrigine 200mg tab</i>	13
KALYDECO 75MG ORAL	77	KISQALI/FEMARA 400	32	<i>lamotrigine 25mg chew</i>	13
GRANULES		CO-PACK (70)		<i>tab</i>	
<i>kariva tab 28-day pack</i>	60	KISQALI/FEMARA 600	32	<i>lamotrigine 25mg tab</i>	13
KCL/D5W/LR INJ 0.15%	67	CO-PACK (91)		<i>lamotrigine 5mg chew tab</i>	13
<i>kcl/nacl 20meq-0.45% inj</i>	67	<i>klor-con 10meq er tab</i>	68	<i>lansoprazole 15mg dr cap</i>	81
<i>kcl/nacl 20meq-0.9% inj</i>	67	<i>klor-con 10meq micro er</i>	68	<i>lansoprazole 30mg dr cap</i>	81
<i>kcl/nacl 40meq-9% inj</i>	67	<i>tab</i>		LANTUS 100UNIT/ML	21
<i>kelnor 1mg-35mcg tab</i>	60	<i>klor-con 15meq micro er</i>	68	INJ	
<i>28-day pack</i>		<i>tab</i>		LANTUS 100UNIT/ML	21
<i>kelnor tab 1/50 28-day</i>	60	<i>klor-con 20meq micro er</i>	68	PEN INJ	
<i>pack</i>		<i>tab</i>		<i>lapatinib 250mg tab</i>	34
KERENDIA 10MG TAB	58				

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

ALPHABETICAL LISTING OF DRUGS

<i>larin 1.5/30 tab 21-day pack</i>	60	<i>levalbuterol 0.31mg/3ml neb soln</i>	10	<i>levothyroxine sodium 125mcg tab</i>	79
<i>larin 1/20 tab 21-day pack</i>	60	<i>levalbuterol 0.63mg/3ml inh soln</i>	10	<i>levothyroxine sodium 137mcg tab</i>	79
<i>larin fe tab 1.5/30 28-day pack</i>	60	<i>levalbuterol 1.25mg/3ml neb soln</i>	10	<i>levothyroxine sodium 150mcg tab</i>	79
<i>larin fe tab 1/20 28-day pack</i>	60	LEVALBUTEROL 45MCG/ACT INHALER	10	<i>levothyroxine sodium 175mcg tab</i>	79
<i>latanoprost 0.005% ophth soln</i>	73	<i>levetiracetam 1000mg tab</i>	13	<i>levothyroxine sodium 200mcg tab</i>	79
LAZCLUZE 240MG TAB	31	<i>levetiracetam 100mg/ml oral soln</i>	13	<i>levothyroxine sodium 25mcg tab</i>	79
LAZCLUZE 80MG TAB	31	<i>levetiracetam 250mg tab</i>	13	<i>levothyroxine sodium 300mcg tab</i>	79
<i>leflunomide 10mg tab</i>	2	<i>levetiracetam 500mg er tab</i>	13	<i>levothyroxine sodium 50mcg tab</i>	79
<i>leflunomide 20mg tab</i>	2	<i>levetiracetam 500mg tab</i>	13	<i>levothyroxine sodium 75mcg tab</i>	79
<i>lenalidomide 10mg cap</i>	68	<i>levetiracetam 750mg er tab</i>	13	<i>levothyroxine sodium 88mcg tab</i>	79
<i>lenalidomide 15mg cap</i>	68	<i>levetiracetam 750mg tab</i>	13	<i>levoxyl 100mcg tab</i>	79
<i>lenalidomide 2.5mg cap</i>	68	LEVOBUNOLOL 0.5% OPTH SOLN	71	<i>levoxyl 112mcg tab</i>	79
<i>lenalidomide 20mg cap</i>	68	<i>levocarnitine 100mg/ml oral soln</i>	58	<i>levoxyl 125mcg tab</i>	79
<i>lenalidomide 25mg cap</i>	68	<i>levocarnitine 330mg tab</i>	58	<i>levoxyl 137mcg tab</i>	79
<i>lenalidomide 5mg cap</i>	68	<i>levocetirizine 5mg tab</i>	77	<i>levoxyl 150mcg tab</i>	79
LENVIMA 10MG DAILY DOSE PACK (30)	31	<i>levofloxacin 250mg tab</i>	62	<i>levoxyl 175mcg tab</i>	80
LENVIMA 12MG DAILY DOSE PACK (90)	31	<i>levofloxacin 25mg/ml oral soln</i>	62	<i>levoxyl 200mcg tab</i>	80
LENVIMA 14MG DAILY DOSE PACK (60)	31	<i>levofloxacin 500mg tab</i>	63	<i>levoxyl 25mcg tab</i>	80
LENVIMA 18MG DAILY DOSE PACK (90)	31	<i>levofloxacin 500mg/100ml inj</i>	63	<i>levoxyl 50mcg tab</i>	80
LENVIMA 20MG DAILY DOSE PACK (60)	31	<i>levofloxacin 750mg tab</i>	63	<i>levoxyl 75mcg tab</i>	80
LENVIMA 24MG DAILY DOSE PACK (90)	31	<i>levofloxacin 750mg/150ml inj</i>	63	<i>levoxyl 88mcg tab</i>	80
LENVIMA 4MG DAILY DOSE PACK (30)	31	<i>levonest tab 28-day pack</i>	60	<i>lidocaine 4% mucous membrane topical soln</i>	55
LENVIMA 8MG DAILY DOSE PACK (60)	31	<i>levonorgestrel/ethinyl estradiol</i>	60	<i>lidocaine 5% ointment</i>	55
<i>lessina tab 28-day pack</i>	60	<i>0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	60	<i>lidocaine 5% patch</i>	55
<i>letrozole 2.5mg tab</i>	32	<i>levora 0.15/30 tab 28-day pack</i>	60	<i>lidocaine viscous 2%</i>	51
<i>leucovorin 10mg tab</i>	38	<i>levothyroxine sodium 100mcg tab</i>	79	<i>mucous membrane topical soln</i>	
<i>leucovorin 15mg tab</i>	38	<i>levothyroxine sodium 112mcg tab</i>	79	<i>lidocaine/prilocaine 2.5-2.5% cream</i>	55
<i>leucovorin 25mg tab</i>	38			<i>lidocan 5% patch</i>	55
<i>leucovorin 5mg tab</i>	38			LILETTA 20.1MCG/DAY	74
LEUKERAN 2MG TAB	30			INTRAUTERINE SYSTEM	

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>linezolid 100mg/5ml oral susp</i>	28	<i>lithium carbonate 300mg tab</i>	39	<i>loteprednol etabonate 0.5% ophth susp</i>	72
<i>linezolid 600mg tab</i>	29	<i>lithium carbonate 450mg er tab</i>	39	<i>lovastatin 10mg tab</i>	24
<i>linezolid 600mg/300ml inj</i>	29	LITHIUM CARBONATE 600MG CAP	39	<i>lovastatin 20mg tab</i>	24
LINZESS 145MCG CAP	66	<i>lithium citrate 60mg/ml oral soln</i>	39	<i>lovastatin 40mg tab</i>	24
LINZESS 290MCG CAP	66	LIVTENCITY 200MG TAB	45	<i>low-ogestrel tab 28-day pack</i>	60
LINZESS 72MCG CAP	66	<i>lo jaimiess tab 91-day pack</i>	60	<i>loxapine 10mg cap</i>	41
<i>liothyronine sodium 25mcg tab</i>	80	<i>loestrin fe tab 1/20 28-day pack</i>	60	<i>loxapine 25mg cap</i>	41
<i>liothyronine sodium 50mcg tab</i>	80	LOKELMA 10GM POWDER FOR ORAL SUSP	69	<i>loxapine 50mg cap</i>	41
<i>liothyronine sodium 5mcg tab</i>	80	LOKELMA 5GM POWDER FOR ORAL SUSP	69	<i>loxapine 5mg cap</i>	41
<i>liraglutide 18mg/3ml pen inj</i>	20	LONSURF 6.14-15MG TAB	32	<i>lubiprostone 24mcg cap</i>	66
<i>lisdexamfetamine dimesylate 10mg cap</i>	1	LONSURF 8.19-20MG TAB	32	<i>lubiprostone 8mcg cap</i>	66
<i>lisdexamfetamine dimesylate 20mg cap</i>	1	<i>loperamide 2mg cap</i>	21	LUMAKRAS 120MG TAB	34
<i>lisdexamfetamine dimesylate 30mg cap</i>	1	<i>lopinavir/ritonavir 100-25mg tab</i>	44	LUMAKRAS 240MG TAB	34
<i>lisdexamfetamine dimesylate 40mg cap</i>	1	<i>lopinavir/ritonavir 200-50mg tab</i>	45	LUMAKRAS 320MG TAB	34
<i>lisdexamfetamine dimesylate 50mg cap</i>	1	<i>lorazepam 0.5mg tab</i>	7	LUMIGAN 0.01% OPHTH SOLN	73
<i>lisdexamfetamine dimesylate 60mg cap</i>	1	<i>lorazepam 1mg tab</i>	7	LUMRYZ 28-DAY STARTER PACK (28)	78
<i>lisdexamfetamine dimesylate 70mg cap</i>	1	<i>lorazepam 2mg tab</i>	7	LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	78
<i>lisinopril 10mg tab</i>	24	<i>lorazepam 2mg/ml oral soln</i>	7	LUMRYZ 6GM GRANULES FOR ORAL SUSP	78
<i>lisinopril 2.5mg tab</i>	24	LORBRENA 100MG TAB	34	LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	78
<i>lisinopril 20mg tab</i>	24	LORBRENA 25MG TAB	34	LUMRYZ 9GM GRANULES FOR ORAL SUSP	78
<i>lisinopril 30mg tab</i>	24	<i>loryna tab 28-day pack</i>	60	LUPKYNIS 7.9MG CAP	69
<i>lisinopril 40mg tab</i>	24	<i>losartan potassium 100mg tab</i>	25	LUPRON 11.25MG SYRINGE (3 MONTH)	32
<i>lisinopril 5mg tab</i>	24	<i>losartan potassium 25mg tab</i>	25	LUPRON 3.75MG SYRINGE (1 MONTH)	32
LITFULO 50MG CAP	69	<i>losartan potassium 50mg tab</i>	25	<i>lurasidone 120mg tab</i>	39
<i>lithium carbonate 150mg cap</i>	39	<i>loteprednol etabonate 0.5% ophth gel</i>	72	<i>lurasidone 20mg tab</i>	39
<i>lithium carbonate 300mg cap</i>	39			<i>lurasidone 40mg tab</i>	39
<i>lithium carbonate 300mg er tab</i>	39			<i>lurasidone 60mg tab</i>	39
				<i>lurasidone 80mg tab</i>	39
				<i>lutra tab 28-day pack</i>	60

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>lyleq 0.35mg tab 28-day pack</i>	74	MAYZENT TAB STARTEI	76	<i>mercaptopurine 50mg tab</i>	30
<i>lyllana 0.025mg/24hr twice weekly patch</i>	62	PACK (7)		<i>meropenem 1gm inj</i>	29
<i>lyllana 0.0375mg/24hr twice weekly patch</i>	62	<i>meclizine 12.5mg tab</i>	22	<i>meropenem 500mg inj</i>	29
<i>lyllana 0.05mg/24hr twice weekly patch</i>	62	<i>meclizine 25mg tab</i>	22	<i>mesalamine 1gm rectal supp</i>	63
<i>lyllana 0.075mg/24hr twice weekly patch</i>	62	<i>medroxyprogesterone acetate 10mg tab</i>	74	<i>mesalamine 375mg er cap</i>	63
<i>lyllana 0.1mg/24hr twice weekly patch</i>	62	<i>medroxyprogesterone acetate 150mg/ml inj</i>	74	<i>mesalamine 66.7mg/ml enema</i>	63
LYNPARZA 100MG TAB	34	<i>medroxyprogesterone acetate 150mg/ml syringe</i>	74	<i>mesna 400mg tab</i>	38
LYNPARZA 150MG TAB	34	<i>medroxyprogesterone acetate 2.5mg tab</i>	74	<i>metaxalone 800mg tab</i>	70
LYSODREN 500MG TAB	32	<i>medroxyprogesterone acetate 5mg tab</i>	74	<i>metformin 1000mg tab</i>	19
LYTGOBI TAB 12MG	34	<i>mefloquine 250mg tab</i>	30	<i>metformin 500mg er tab</i>	19
DAILEY DOSE PACK (21)		MEGESTROL ACETATE	74	<i>metformin 500mg tab</i>	19
LYTGOBI TAB 16MG	34	125MG/ML SUSP		<i>metformin 750mg er tab</i>	19
DAILEY DOSE PACK (28)		<i>megestrol acetate 20mg tab</i>	32	<i>metformin 850mg tab</i>	19
LYTGOBI TAB 20MG	34	<i>megestrol acetate 40mg tab</i>	32	<i>methadone 10mg tab</i>	4
DAILEY DOSE PACK (35)		<i>megestrol acetate 40mg/ml oral susp</i>	32	METHADONE 1MG/ML	4
<i>lyza 0.35mg tab 28-day pack</i>	74	MEKINIST 0.05MG/ML	34	ORAL SOLN	
M		ORAL SOLN		METHADONE 2MG/ML	4
<i>magnesium sulfate 500mg/ml inj</i>	68	MEKINIST 0.5MG TAB	34	<i>methadone 5mg tab</i>	4
<i>magnesium sulfate 500mg/ml syringe</i>	68	MEKINIST 2MG TAB	34	<i>methazolamide 25mg tab</i>	56
<i>malathion 0.5% lotion</i>	55	MEKTOVI 15MG TAB	35	<i>methazolamide 50mg tab</i>	56
<i>maraviroc 150mg tab</i>	45	<i>meleya 0.35mg tab 28-day pack</i>	74	<i>methenamine hippurate 1gm tab</i>	29
<i>maraviroc 300mg tab</i>	45	<i>meloxicam 15mg tab</i>	4	<i>methimazole 10mg tab</i>	79
<i>marlissa tab 28-day pack</i>	60	<i>meloxicam 7.5mg tab</i>	4	<i>methimazole 5mg tab</i>	79
MARPLAN 10MG TAB	16	<i>memantine 10mg tab</i>	75	<i>methocarbamol 500mg tab</i>	70
MATULANE 50MG CAP	37	<i>memantine 14mg er cap</i>	75	<i>methocarbamol 750mg tab</i>	70
MAVYRET 100-40MG TAB	46	<i>memantine 21mg er cap</i>	75	<i>methotrexate 2.5mg tab</i>	30
MAVYRET 50-20MG ORAL PELLET	46	<i>memantine 28mg er cap</i>	75	METHOTREXATE	30
MAYZENT 0.25MG TAB	76	<i>memantine 2mg/ml oral soln</i>	75	25MG/ML INJ	
MAYZENT 1MG TAB	76	<i>memantine 5mg tab</i>	75	<i>methotrexate 50mg/2ml inj</i>	30
MAYZENT 2MG TAB	76	<i>memantine 7mg er cap</i>	75	METHOXSALEN 10MG CAP	53
MAYZENT TAB STARTEI	76	MENQUADFI INJ	82	<i>methsuximide 300mg cap</i>	15
PACK (12)		MENVEO INJ	82	<i>methylphenidate 10mg er tab</i>	1
		<i>mercaptopurine 20mg/ml susp</i>	30	<i>methylphenidate 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.

ALPHABETICAL LISTING OF DRUGS

<i>methylphenidate 18mg er osmotic tab</i>	1	<i>metoprolol succinate 25mg er tab</i>	47	<i>mifepristone 300mg tab</i>	19
<i>methylphenidate 1mg/ml oral soln</i>	1	<i>metoprolol succinate 50mg er tab</i>	47	<i>mili tab 28-day pack</i>	61
<i>methylphenidate 20mg er tab</i>	1	<i>metoprolol tartrate 100mg tab</i>	47	<i>mimvey 28-day pack</i>	61
<i>methylphenidate 20mg tab</i>	2	<i>metoprolol tartrate 25mg tab</i>	47	<i>minocycline 100mg cap</i>	79
<i>methylphenidate 27mg er osmotic tab</i>	2	<i>metoprolol tartrate 37.5mg tab</i>	47	<i>minocycline 50mg cap</i>	79
<i>methylphenidate 27mg er tab</i>	2	<i>metoprolol tartrate 50mg tab</i>	47	<i>minocycline 75mg cap</i>	79
<i>methylphenidate 2mg/ml oral soln</i>	2	<i>metoprolol tartrate 75mg tab</i>	47	<i>minoxidil 10mg tab</i>	28
<i>methylphenidate 36mg er osmotic tab</i>	2	<i>metronidazole 0.75% cream</i>	55	<i>minoxidil 2.5mg tab</i>	28
<i>methylphenidate 36mg er tab</i>	2	<i>metronidazole 0.75% gel</i>	55	<i>mirabegron 25mg er tab</i>	81
<i>methylphenidate 54mg er osmotic tab</i>	2	<i>metronidazole 0.75% vaginal gel</i>	83	<i>mirabegron 50mg er tab</i>	81
<i>methylphenidate 54mg er tab</i>	2	<i>metronidazole 1% gel</i>	55	<i>mirtazapine 15mg odt</i>	16
<i>methylphenidate 5mg tab</i>	2	<i>metronidazole 250mg tab</i>	29	<i>mirtazapine 15mg tab</i>	16
<i>methylprednisolone 16mg tab</i>	51	<i>metronidazole 500mg tab</i>	29	<i>mirtazapine 30mg odt</i>	16
<i>methylprednisolone 32mg tab</i>	51	<i>metronidazole 5mg/ml inj</i>	29	<i>mirtazapine 30mg tab</i>	16
<i>methylprednisolone 4mg tab</i>	51	<i>metyrosine 250mg cap</i>	27	<i>mirtazapine 45mg odt</i>	16
<i>methylprednisolone 4mg tab pack (21)</i>	51	<i>mexiletine 150mg cap</i>	8	<i>mirtazapine 45mg tab</i>	16
<i>methylprednisolone 8mg tab</i>	51	<i>mexiletine 200mg cap</i>	8	<i>mirtazapine 7.5mg tab</i>	16
<i>metoclopramide 10mg tab</i>	63	<i>mexiletine 250mg cap</i>	8	<i>misoprostol 100mcg tab</i>	81
<i>metoclopramide 1mg/ml oral soln</i>	63	<i>mibelas 24 fe chewable tab 28-day pack</i>	61	<i>misoprostol 200mcg tab</i>	81
<i>metoclopramide 5mg tab</i>	63	<i>micafungin sodium 100mg inj</i>	22	<i>M-M-R II INJ</i>	82
<i>metolazone 10mg tab</i>	57	<i>micafungin sodium 50mg inj</i>	22	<i>modafinil 100mg tab</i>	2
<i>metolazone 2.5mg tab</i>	57	<i>microgestin 1.5/30 tab 21-day pack</i>	61	<i>modafinil 200mg tab</i>	2
<i>metolazone 5mg tab</i>	57	<i>microgestin 1/20 tab 21-day pack</i>	61	<i>moexipril 15mg tab</i>	24
<i>metoprolol succinate 100mg er tab</i>	47	<i>microgestin fe tab 1.5/30 28-day pack</i>	61	<i>moexipril 7.5mg tab</i>	24
<i>metoprolol succinate 200mg er tab</i>	47	<i>microgestin fe tab 1/20 28-day pack</i>	61	<i>MOLINDONE 10MG TAB</i>	39
		<i>midodrine 10mg tab</i>	49	<i>MOLINDONE 25MG TAB</i>	39
		<i>midodrine 2.5mg tab</i>	49	<i>MOLINDONE 5MG TAB</i>	39
		<i>midodrine 5mg tab</i>	49	<i>mometasone furoate 0.1% cream</i>	54
				<i>mometasone furoate 0.1% lotion</i>	55
				<i>mometasone furoate 0.1% ointment</i>	55
				<i>montelukast 10mg tab</i>	9
				<i>montelukast 4mg chew tab</i>	9
				<i>montelukast 5mg chew tab</i>	9
				<i>morphine sulfate 100mg er tab</i>	4
				<i>morphine sulfate 15mg er tab</i>	4
				<i>morphine sulfate 15mg tab</i>	4

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>morphine sulfate 200mg er tab</i>	4	<i>mycophenolate mofetil 250mg cap</i>	69	NEFAZODONE 150MG TAB	17	
<i>morphine sulfate 20mg/ml oral soln</i>	5	<i>mycophenolate mofetil 500mg tab</i>	69	NEFAZODONE 200MG TAB	17	
MORPHINE SULFATE 2MG/ML ORAL SOLN	5	<i>mycophenolic acid 180mg dr tab</i>	69	NEFAZODONE 250MG TAB	17	
<i>morphine sulfate 30mg er tab</i>	5	<i>mycophenolic acid 360mg dr tab</i>	69	NEFAZODONE 50MG TAB	17	
<i>morphine sulfate 30mg tab</i>	5				NEMLUVIO 30MG AUTO-INJECTOR	69
MORPHINE SULFATE 4MG/ML ORAL SOLN	5	<i>nabumetone 500mg tab</i>	4	<i>neomycin sulfate 500mg tab</i>	2	
<i>morphine sulfate 60mg er tab</i>	5	<i>nabumetone 750mg tab</i>	4	<i>neomycin/bacitracin/poly myxin</i>	71	
MOUNJARO 10MG/0.5ML AUTO-INJECTOR	20	<i>nadolol 20mg tab</i>	47	<i>5mg-400unit-10000unit ophth ointment</i>		
MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR	20	<i>nadolol 40mg tab</i>	47	NEOMYCIN/POLYMYXI N B/GRAMICIDIN	71	
MOUNJARO 15MG/0.5ML AUTO-INJECTOR	20	<i>nadolol 80mg tab</i>	47	1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN		
MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR	20	<i>nafacillin 100mg/ml inj</i>	74	<i>neomycin/polymyxin/bacit racin/hydrocortisone ophth 1% ointment</i>	72	
MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR	20	<i>nafacillin 1gm inj</i>	74	<i>neomycin/polymyxin/dexa methasone 0.1% ophth susp</i>	72	
MOVANTIK 12.5MG TAB	66	<i>nafacillin 2gm inj</i>	74	<i>neomycin/polymyxin/hydr ocortisone</i>	73	
MOVANTIK 25MG TAB	66	NALOXONE 0.4MG/ML CARTRIDGE	21	<i>3.5-10000unit-1% otic soln</i>		
<i>moxifloxacin 0.5% ophth soln</i>	71	<i>naloxone 0.4mg/ml inj</i>	21	<i>neomycin/polymyxin/hydr ocortisone</i>	73	
MOXIFLOXACIN 1.6MG/ML INJ	63	<i>naloxone 0.4mg/ml syringe</i>	21	<i>3.5-10000unit-1% otic susp</i>		
<i>moxifloxacin 400mg tab</i>	63	<i>naloxone 1mg/ml syringe</i>	21	<i>neo-polycin</i>	71	
MRESVIA 50MCG/0.5ML SYRINGE	82	<i>naltrexone 50mg tab</i>	21	<i>5mg-400unit-10000unit ophth ointment</i>		
MULTAQ 400MG TAB	8	<i>naproxen 250mg tab</i>	4	<i>neo-polycin hc ophth ointment</i>	72	
<i>mupirocin 2% ointment</i>	52	<i>naproxen 375mg dr tab</i>	4	NERLYNX 40MG TAB	35	
<i>mycophenolate mofetil 200mg/ml oral susp</i>	69	<i>naproxen 375mg tab</i>	4	NEVIRAPINE 10MG/ML ORAL SUSP	45	
		<i>naproxen 500mg tab</i>	4	<i>nevirapine 200mg tab</i>	45	
		<i>naproxen sodium 275mg tab</i>	4	<i>nevirapine 400mg er tab</i>	45	
		<i>naproxen sodium 550mg tab</i>	4			
		<i>naratriptan 1mg tab</i>	66			
		<i>naratriptan 2.5mg tab</i>	66			
		NATACYN 5% OPHTH SUSP	71			
		<i>nateglinide 120mg tab</i>	19			
		<i>nateglinide 60mg tab</i>	19			
		NAYZILAM 5MG/0.1ML NASAL SPRAY	12			
		<i>necon 0.5/35 tab 28-day pack</i>	61			
		NEFAZODONE 100MG TAB	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

NEXLETOL 180MG TAB	23	<i>nitroglycerin 0.4% rectal</i>	6	<i>nortriptyline 25mg cap</i>	18
NEXLIZET 180-10MG TAB	23	<i>ointment</i>		<i>nortriptyline 2mg/ml oral soln</i>	18
NEXPLANON 68MG IMPLANT	75	<i>nitroglycerin 0.4mg sl tab</i>	7	<i>nortriptyline 50mg cap</i>	18
<i>niacin 1000mg er tab</i>	23	<i>nitroglycerin 0.4mg/hr patch</i>	7	<i>nortriptyline 75mg cap</i>	18
<i>niacin 500mg er tab</i>	23	<i>nitroglycerin 0.6mg sl tab</i>	7	NORVIR 100MG ORAL POWDER	45
<i>niacin 750mg er tab</i>	23	<i>nitroglycerin 0.6mg/hr patch</i>	7	NUBEQA 300MG TAB	32
NICOTROL 10MG/ML NASAL INHALER	77	NIVESTYM 300MCG/0.5ML SYRINGE	64	NUCALA 100MG INJ	8
<i>nifedipine 30mg er tab</i>	48	NIVESTYM 300MCG/ML INJ	64	NUCALA 100MG/ML AUTO-INJECTOR	8
<i>nifedipine 30mg osmotic er tab</i>	48	NIVESTYM 480MCG/0.8ML SYRINGE	64	NUCALA 100MG/ML SYRINGE	8
<i>nifedipine 60mg er tab</i>	48	NIVESTYM 480MCG/1.6ML INJ	64	NUCALA 40MG/0.4ML SYRINGE	8
<i>nifedipine 60mg osmotic er tab</i>	48	<i>nora-be 0.35mg tab</i>	75	NUDEXTA 20-10MG CAP	76
<i>nifedipine 90mg er tab</i>	48	<i>28-day pack</i>		NUPLAZID 10MG TAB	39
<i>nifedipine 90mg osmotic er tab</i>	48	NORDITROPIN 10MG/1.5ML PEN INJ	57	NUPLAZID 34MG CAP	40
<i>nikki tab 28-day pack</i>	61	NORDITROPIN 15MG/1.5ML PEN INJ	57	<i>nyamyc 100000unit/gm topical powder</i>	53
<i>nilotinib 150mg cap</i>	35	NORDITROPIN 30MG/3ML PEN INJ	57	<i>nylia 1/35 tab 28-day pack</i>	61
<i>nilotinib 200mg cap</i>	35	NORDITROPIN 5MG/1.5ML PEN INJ	57	<i>nylia 7/7/7 tab 28-day pack</i>	61
<i>nilotinib 50mg cap</i>	35	<i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i>	61	<i>nystatin 100000 unit/gm ointment</i>	53
<i>nilutamide 150mg tab</i>	32	<i>norethindrone 0.35mg 28-day pack</i>	75	<i>nystatin 100000unit/gm topical powder</i>	53
<i>nimodipine 30mg cap</i>	48	<i>norethindrone acetate 5mg tab</i>	75	<i>nystatin 100000unit/ml cream</i>	53
NINLARO 2.3MG CAP	35	<i>nortrel 0.5/35 tab 28-day pack</i>	61	<i>nystatin 100000unit/ml oral susp</i>	51
NINLARO 3MG CAP	35	<i>nortrel 1/35 tab 21-day pack</i>	61	<i>nystatin 500000unit tab</i>	22
NINLARO 4MG CAP	35	<i>nortrel 1/35 tab 28-day pack</i>	61	<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment</i>	53
<i>nitazoxanide 500mg tab</i>	29	<i>nortrel 7/7/7 tab 28-day pack</i>	61	<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>	53
NITRO-BID 2% OINTMENT	7	<i>nortriptyline 10mg cap</i>	18		
<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	29				
<i>nitrofurantoin macrocrystals 100mg cap</i>	29				
<i>nitrofurantoin macrocrystals 50mg cap</i>	29				
<i>nitroglycerin 0.1mg/hr patch</i>	7				
<i>nitroglycerin 0.2mg/hr patch</i>	7				
<i>nitroglycerin 0.3mg sl tab</i>	7				

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

ALPHABETICAL LISTING OF DRUGS

NYVEPRIA 6MG/0.6ML SYRINGE	64	<i>olanzapine 20mg odt</i>	41	OPVEE 2.7MG/0.1ML	21
O		<i>olanzapine 20mg tab</i>	41	NASAL SPRAY	
<i>ocella tab 28-day pack</i>	61	<i>olanzapine 5mg odt</i>	41	ORENCIA 125MG/ML	4
OCTAGAM 1GM/20ML INJ	73	<i>olanzapine 5mg tab</i>	42	AUTO-INJECTOR	
OCTAGAM 2GM/20ML INJ	73	<i>olanzapine 7.5mg tab</i>	42	ORENCIA 125MG/ML	4
<i>octreotide 0.05mg/ml inj</i>	58	<i>olmesartan medoxomil</i>	25	SYRINGE	
<i>octreotide 0.1mg/ml inj</i>	58	<i>20mg tab</i>		ORENCIA 50MG/0.4ML	4
<i>octreotide 0.2mg/ml inj</i>	58	<i>olmesartan medoxomil</i>	25	SYRINGE	
<i>octreotide 0.5mg/ml inj</i>	58	<i>40mg tab</i>		ORENCIA 87.5MG/0.7ML	4
<i>octreotide 1mg/ml inj</i>	58	<i>olmesartan medoxomil</i>	25	SYRINGE	
ODEFSEY 200-25-25MG TAB	45	<i>5mg tab</i>		ORGOVYX 120MG TAB	32
ODOMZO 200MG CAP	31	<i>olopatadine 0.6%</i>	70	ORKAMBI 125-100MG	77
OFEV 100MG CAP	77	<i>(0.665mg/act) nasal</i>		ORAL GRANULES	
OFEV 150MG CAP	77	<i>inhaler</i>		ORKAMBI 125-100MG	77
<i>ofloxacin 0.3% ophth soln</i>	71	OLUMIANT 1MG TAB	2	TAB	
<i>ofloxacin 0.3% otic soln</i>	73	OLUMIANT 2MG TAB	2	ORKAMBI 125-200MG	77
OGSIVEO 100MG TAB	35	OLUMIANT 4MG TAB	2	TAB	
7-DAY PACK (14)		<i>omega-3 acid ethyl esters</i>	23	ORKAMBI 188-150MG	77
OGSIVEO 150MG TAB	35	<i>(usp) 1gm cap</i>		ORAL GRANULES	
7-DAY PACK (14)		<i>omeprazole 10mg dr cap</i>	81	ORKAMBI 94-75MG	77
OGSIVEO 50MG TAB	35	<i>omeprazole 20mg dr cap</i>	81	ORAL GRANULES	
OJEMDA 100MG TAB	35	<i>omeprazole 40mg dr cap</i>	81	<i>orphenadrine citrate</i>	70
OJEMDA 100MG TAB	35	OMNITROPE	57	<i>100mg er tab</i>	
PACK (400MG ONCE WEEKLY) (16)		10MG/1.5ML		ORSERDU 345MG TAB	32
OJEMDA 100MG TAB	35	CARTRIDGE		ORSERDU 86MG TAB	32
PACK (600MG ONCE WEEKLY) (24)		OMNITROPE 5.8MG INJ	57	<i>oseltamivir 30mg cap</i>	46
OJEMDA 25MG/ML	35	OMNITROPE	57	<i>oseltamivir 45mg cap</i>	46
POWDER FOR ORAL SUSP		5MG/1.5ML CARTRIDGE		<i>oseltamivir 6mg/ml oral</i>	46
OJJAARA 100MG TAB	35	<i>ondansetron 0.8mg/ml</i>	21	<i>susp</i>	
OJJAARA 150MG TAB	35	<i>oral soln</i>		<i>oseltamivir 75mg cap</i>	46
OJJAARA 200MG TAB	35	<i>ondansetron 4mg odt</i>	21	OTEZLA 20MG TAB	53
<i>olanzapine 10mg inj</i>	41	<i>ondansetron 4mg tab</i>	21	OTEZLA 30MG TAB	53
<i>olanzapine 10mg odt</i>	41	<i>ondansetron 8mg odt</i>	21	OTEZLA TAB 28-DAY	53
<i>olanzapine 10mg tab</i>	41	<i>ondansetron 8mg tab</i>	22	STARTER PACK (55)	
<i>olanzapine 15mg odt</i>	41	ONUREG 200MG TAB	30	<i>oxacillin 100mg/ml inj</i>	74
<i>olanzapine 15mg tab</i>	41	ONUREG 300MG TAB	30	<i>oxacillin 1gm inj</i>	74
<i>olanzapine 2.5mg tab</i>	41	OPIPZA 10MG ORAL	43	<i>oxacillin 2gm inj</i>	74
		FILM		<i>oxcarbazepine 150mg tab</i>	13
		OPIPZA 2MG ORAL	43	<i>oxcarbazepine 300mg tab</i>	13
		FILM		<i>oxcarbazepine 600mg tab</i>	13
		OPIPZA 5MG ORAL	43	<i>oxcarbazepine 60mg/ml</i>	13
		FILM		<i>oral susp</i>	
		OPSUMIT 10MG TAB	78	<i>oxybutynin chloride 10mg</i>	81
				<i>er tab</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>oxybutynin chloride 15mg er tab</i>	81	PAROXETINE 10MG/ML SUSP	16	PENICILLIN G SODIUM 100000UNIT/ML INJ	73
<i>oxybutynin chloride 1mg/ml oral soln</i>	81	<i>paroxetine 12.5mg er tab</i>	16	<i>penicillin v potassium 250mg tab</i>	73
<i>oxybutynin chloride 5mg er tab</i>	81	<i>paroxetine 20mg tab</i>	16	PENICILLIN V	73
<i>oxybutynin chloride 5mg tab</i>	81	<i>paroxetine 25mg er tab</i>	16	POTASSIUM 25MG/ML ORAL SOLN	
<i>oxycodone 10mg tab</i>	5	<i>paroxetine 30mg tab</i>	16	<i>penicillin v potassium 500mg tab</i>	74
<i>oxycodone 15mg tab</i>	5	<i>paroxetine 37.5mg er tab</i>	16	PENICILLIN V	74
<i>oxycodone 1mg/ml oral soln</i>	5	<i>paroxetine 40mg tab</i>	16	POTASSIUM 50MG/ML ORAL SOLN	
<i>oxycodone 20mg tab</i>	5	PAXLOVID	46	PENTACEL	80
<i>oxycodone 30mg tab</i>	5	150MG/100MG TAB		96-30-68UNIT/ML INJ	
<i>oxycodone 5mg tab</i>	5	PACK (20)		<i>pentamidine isethionate 300mg inj</i>	29
<i>oxycodone/acetaminophen 10-325mg tab</i>	5	PAXLOVID	46	<i>pentamidine isethionate 300mg/6ml inh soln</i>	29
<i>oxycodone/acetaminophen 2.5-325mg tab</i>	5	150MG/100MG TAB		<i>pentoxifylline 400mg er tab</i>	49
<i>oxycodone/acetaminophen 5-325mg tab</i>	5	PACK (30)		<i>perampanel 10mg tab</i>	13
<i>oxycodone/acetaminophen 7.5-325mg tab</i>	5	PAXLOVID	46	<i>perampanel 12mg tab</i>	13
OZEMPIC 2.68MG/ML PEN INJ	20	300MG/100MG AND 150MG/100MG TAB		<i>perampanel 2mg tab</i>	13
OZEMPIC 2MG/3ML PEN INJ	20	DOSE PACK (11)		<i>perampanel 4mg tab</i>	13
OZEMPIC 4MG/3ML PEN INJ	20	<i>pazopanib 200mg tab</i>	35	<i>perampanel 6mg tab</i>	13
		PEDIARIX SYRINGE	80	<i>perampanel 8mg tab</i>	13
		PEDVAXHIB	82	PERINDOPRIL	24
		7.5MCG/0.5ML INJ		ERBUMINE 2MG TAB	
		<i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	65	<i>perindopril erbumine 4mg tab</i>	24
		<i>peg 3350/electrolyte powder for oral soln</i>	65	PERINDOPRIL	24
		<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	66	ERBUMINE 8MG TAB	
P				<i>periogard 0.12% mouthwash</i>	51
<i>pacerone 100mg tab</i>	8	PEGASYS	46	<i>permethrin 5% cream</i>	55
<i>pacerone 200mg tab</i>	8	180MCG/0.5ML SYRINGE		<i>perphenazine 16mg tab</i>	42
<i>pacerone 400mg tab</i>	8	PEGASYS 180MCG/ML INJ	46	<i>perphenazine 2mg tab</i>	42
<i>paliperidone 1.5mg er tab</i>	40	PEMAZYRE 13.5MG TAB	35	<i>perphenazine 4mg tab</i>	42
<i>paliperidone 3mg er tab</i>	40	PEMAZYRE 4.5MG TAB	35	<i>perphenazine 8mg tab</i>	42
<i>paliperidone 6mg er tab</i>	40	PEMAZYRE 9MG TAB	35	PERSERIS 120MG SYRINGE	40
<i>paliperidone 9mg er tab</i>	40	PENBRAYA INJ	82	PERSERIS 90MG SYRINGE	40
PANRETIN 0.1% GEL	53	<i>penicillamine 250mg tab</i>	68	PHENELZINE 15MG TAB	16
<i>pantoprazole 20mg dr tab</i>	81	<i>penicillin g potassium 1000000unit/ml inj</i>	73		
<i>pantoprazole 40mg dr tab</i>	81				
<i>paricalcitol 1mcg cap</i>	58				
<i>paricalcitol 2mcg cap</i>	58				
<i>paricalcitol 4mcg cap</i>	58				
<i>paroxetine 10mg tab</i>	16				

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

ALPHABETICAL LISTING OF DRUGS

<i>phenobarbital 100mg tab</i>	13	PIQRAY TAB 250MG	35	POTASSIUM CHLORIDE	68
<i>phenobarbital 15mg tab</i>	14	DAILY DOSE PACK (56)		15MEQ ER TAB	
<i>phenobarbital 16.2mg tab</i>	14	PIQRAY TAB 300MG	35	<i>potassium chloride</i>	68
<i>phenobarbital 30mg tab</i>	14	DAILY DOSE PACK (56)		<i>15meq micro er tab</i>	
<i>phenobarbital 32.4mg tab</i>	14	<i>pirfenidone 267mg cap</i>	77	<i>potassium chloride</i>	68
<i>phenobarbital 4mg/ml</i>	14	<i>pirfenidone 267mg tab</i>	77	<i>2.67meq/ml oral soln</i>	
<i>oral soln</i>		<i>pirfenidone 801mg tab</i>	77	<i>potassium chloride</i>	68
<i>phenobarbital 60mg tab</i>	14	<i>piroxicam 10mg cap</i>	4	<i>20meq er tab</i>	
<i>phenobarbital 64.8mg tab</i>	14	<i>piroxicam 20mg cap</i>	4	<i>potassium chloride</i>	68
<i>phenobarbital 97.2mg tab</i>	14	PLASMA-LYTE A INJ	67	<i>20meq micro er tab</i>	
<i>phenytoin 25mg/ml oral</i>	14	PLEGRIDY	76	<i>potassium chloride</i>	68
<i>susp</i>		125MCG/0.5ML		<i>20meq powder for oral</i>	
<i>phenytoin 50mg chew tab</i>	14	AUTO-INJECTOR		<i>soln</i>	
<i>phenytoin sodium 100mg</i>	14	PLEGRIDY	76	POTASSIUM CHLORIDE	68
<i>er cap</i>		125MCG/0.5ML		20MEQ/100ML INJ	
PIFELTRO 100MG TAB	45	SYRINGE		<i>potassium chloride</i>	68
<i>pilocarpine 1% ophth</i>	72	<i>plenamine 15% inj</i>	71	<i>2meq/ml (20ml) inj</i>	
<i>soln</i>		PODOFILOX 0.5%	55	<i>potassium chloride</i>	68
<i>pilocarpine 2% ophth</i>	72	TOPICAL SOLN		<i>2meq/ml inj</i>	
<i>soln</i>		<i>polycin 0.5-10unit/mg</i>	71	POTASSIUM CHLORIDE	68
<i>pilocarpine 4% ophth</i>	72	<i>ophth ointment</i>		40MEQ/100ML INJ	
<i>soln</i>		<i>polymyxin b/trimethoprim</i>	72	<i>potassium chloride 8meq</i>	68
<i>pilocarpine 5mg tab</i>	51	<i>10000 unit/ml-0.1%</i>		<i>er cap</i>	
<i>pilocarpine 7.5mg tab</i>	51	<i>ophth soln</i>		<i>potassium chloride 8meq</i>	68
<i>pimecrolimus 1% cream</i>	55	POMALYST 1MG CAP	37	<i>er tab</i>	
PIMOZIDE 1MG TAB	76	POMALYST 2MG CAP	37	<i>potassium citrate 10meq</i>	63
PIMOZIDE 2MG TAB	76	POMALYST 3MG CAP	37	<i>er tab</i>	
<i>pimtrea tab 28-day pack</i>	61	POMALYST 4MG CAP	37	<i>potassium citrate 15meq</i>	63
<i>pindolol 10mg tab</i>	47	<i>portia tab 28-day pack</i>	61	<i>er tab</i>	
<i>pindolol 5mg tab</i>	47	<i>posaconazole 100mg dr</i>	22	<i>potassium citrate 5meq er</i>	63
<i>pioglitazone 15mg tab</i>	19	<i>tab</i>		<i>tab</i>	
<i>pioglitazone 30mg tab</i>	19	<i>posaconazole 40mg/ml</i>	22	<i>pramipexole 0.125mg tab</i>	38
<i>pioglitazone 45mg tab</i>	20	<i>oral susp</i>		<i>pramipexole 0.25mg tab</i>	38
<i>piperacillin/tazobactam</i>	74	<i>potassium chloride</i>	68	<i>pramipexole 0.5mg tab</i>	38
<i>2000-250mg inj</i>		<i>1.33meq/ml oral soln</i>		<i>pramipexole 0.75mg tab</i>	38
<i>piperacillin/tazobactam</i>	74	<i>potassium chloride</i>	68	<i>pramipexole 1.5mg tab</i>	38
<i>3000-375mg inj</i>		<i>10meq er cap</i>		<i>pramipexole 1mg tab</i>	38
<i>piperacillin/tazobactam</i>	74	<i>potassium chloride</i>	68	<i>prasugrel 10mg tab</i>	64
<i>36-4.5gm inj</i>		<i>10meq er tab</i>		<i>prasugrel 5mg tab</i>	64
<i>piperacillin/tazobactam</i>	74	<i>potassium chloride</i>	68	<i>pravastatin sodium 10mg</i>	24
<i>4000-500mg inj</i>		<i>10meq micro er tab</i>		<i>tab</i>	
PIQRAY TAB 200MG	35	POTASSIUM CHLORIDE	68	<i>pravastatin sodium 20mg</i>	24
DAILY DOSE PACK (28)		10MEQ/100ML INJ		<i>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>pravastatin sodium 40mg tab</i>	24	PREMARIN 1.25MG TAB	62	PROGRAF 0.2MG GRANULES FOR ORAL SUSP	69
<i>pravastatin sodium 80mg tab</i>	24	PREMPHASE 28-DAY PACK	61	PROGRAF 1MG GRANULES FOR ORAL SUSP	69
<i>praziquantel 600mg tab</i>	6	PREMPRO 0.3/1.5MG 28-DAY PACK	61	PROLASTIN 1000MG INJ	77
<i>prazosin 1mg cap</i>	25	PREMPRO 0.45/1.5MG 28-DAY PACK	61	<i>promethazine 1.25mg/ml oral soln</i>	78
<i>prazosin 2mg cap</i>	25	PREMPRO 0.625/2.5MG 28-DAY PACK	61	<i>promethazine 12.5mg tab</i>	78
<i>prazosin 5mg cap</i>	26	PREMPRO 0.625/5MG 28-DAY PACK	61	<i>promethazine 25mg tab</i>	78
PREDNISOLONE 1% OPTH SOLN	72	<i>prevalite 4gm powder for oral susp</i>	23	<i>promethazine 50mg tab</i>	78
<i>prednisolone 1mg/ml oral soln</i>	51	PREVYMIS 120MG ORAL PELLET	45	<i>propafenone 150mg tab</i>	8
<i>prednisolone 3mg/ml oral soln</i>	51	PREVYMIS 240MG TAB	45	<i>propafenone 225mg er cap</i>	8
<i>prednisolone 5mg/ml oral soln</i>	51	PREVYMIS 480MG TAB	45	<i>propafenone 225mg tab</i>	8
<i>prednisolone acetate 1% ophth susp</i>	72	PREZCOBIX 150-800MG TAB	45	<i>propafenone 300mg tab</i>	8
<i>prednisone 10mg tab</i>	51	TAB		<i>propafenone 325mg er cap</i>	8
<i>prednisone 1mg tab</i>	51	PREZISTA 100MG/ML ORAL SUSP	45	<i>propafenone 425mg er cap</i>	8
PREDNISON 1MG/ML ORAL SOLN	51	PREZISTA 150MG TAB	45	<i>propranolol 10mg tab</i>	47
<i>prednisone 2.5mg tab</i>	51	PREZISTA 75MG TAB	45	<i>propranolol 120mg er cap</i>	47
<i>prednisone 20mg tab</i>	51	PRIFTIN 150MG TAB	30	<i>propranolol 160mg er cap</i>	47
<i>prednisone 50mg tab</i>	51	PRIMAQUINE	30	<i>propranolol 20mg tab</i>	47
<i>prednisone 5mg tab</i>	51	PHOSPHATE 26.3MG TAB		<i>propranolol 40mg tab</i>	47
<i>pregabalin 100mg cap</i>	14	<i>primidone 250mg tab</i>	14	PROPRANOLOL 4MG/ML ORAL SOLN	47
<i>pregabalin 150mg cap</i>	14	<i>primidone 50mg tab</i>	14	<i>propranolol 60mg er cap</i>	47
<i>pregabalin 200mg cap</i>	14	PRIORIX INJ	82	<i>propranolol 60mg tab</i>	47
<i>pregabalin 20mg/ml oral soln</i>	14	PRIVIGEN 20GM/200ML INJ	73	<i>propranolol 80mg er cap</i>	47
<i>pregabalin 225mg cap</i>	14	<i>probenecid 500mg tab</i>	64	<i>propranolol 80mg tab</i>	47
<i>pregabalin 25mg cap</i>	14	<i>prochlorperazine 10mg tab</i>	42	PROPRANOLOL 8MG/ML ORAL SOLN	47
<i>pregabalin 300mg cap</i>	14	<i>prochlorperazine 25mg rectal supp</i>	42	<i>propylthiouracil 50mg tab</i>	79
<i>pregabalin 50mg cap</i>	14	<i>procto-med 2.5% cream</i>	6	PROQUAD INJ	82
<i>pregabalin 75mg cap</i>	14	<i>proctosol 2.5% cream</i>	6	PROSOL 20% INJ	71
PREMARIN 0.3MG TAB	62	<i>proctozone hc 2.5% cream</i>	6	<i>protriptyline 10mg tab</i>	18
PREMARIN 0.45MG TAB	62	<i>progesterone 100mg cap</i>	75	<i>protriptyline 5mg tab</i>	18
PREMARIN 0.625MG TAB	62	<i>progesterone 200mg cap</i>	75	PULMOZYME 1MG/ML INH SOLN	77
PREMARIN 0.625MG/GM VAGINAL CREAM	83				
PREMARIN 0.9MG TAB	62				

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ALPHABETICAL LISTING OF DRUGS

PURIXAN	30	<i>raloxifene 60mg tab</i>	57	RETACRIT	65
2000MG/100ML ORAL		<i>ramelteon 8mg tab</i>	65	40000UNIT/ML INJ	
SUSP		<i>ramipril 1.25mg cap</i>	25	RETACRIT 4000UNIT/ML	65
<i>pyrazinamide 500mg tab</i>	30	<i>ramipril 10mg cap</i>	25	INJ	
<i>pyridostigmine bromide</i>	30	<i>ramipril 2.5mg cap</i>	25	RETEVMO 120MG TAB	35
<i>60mg tab</i>		<i>ramipril 5mg cap</i>	25	RETEVMO 160MG TAB	35
<i>pyrimethamine 25mg tab</i>	30	<i>ranolazine 1000mg er tab</i>	49	RETEVMO 40MG TAB	35
Q		<i>ranolazine 500mg er tab</i>	49	RETEVMO 80MG TAB	35
QINLOCK 50MG TAB	35	<i>rasagiline 0.5mg tab</i>	39	REVUFORJ 110MG TAB	37
QUADRACEL INJ	80	<i>rasagiline 1mg tab</i>	39	REVUFORJ 160MG TAB	37
QUADRACEL SYRINGE	80	<i>reclipsen tab 28-day pack</i>	61	REVUFORJ 25MG TAB	37
<i>quetiapine 100mg tab</i>	42	RECOMBIVAX	82	REXULTI 0.25MG TAB	43
<i>quetiapine 150mg er tab</i>	42	10MCG/ML INJ		REXULTI 0.5MG TAB	43
<i>quetiapine 200mg er tab</i>	42	RECOMBIVAX	82	REXULTI 1MG TAB	43
<i>quetiapine 200mg tab</i>	42	10MCG/ML SYRINGE		REXULTI 2MG TAB	43
<i>quetiapine 25mg tab</i>	42	RECOMBIVAX	82	REXULTI 3MG TAB	43
<i>quetiapine 300mg er tab</i>	42	40MCG/ML INJ		REXULTI 4MG TAB	43
<i>quetiapine 300mg tab</i>	42	RECOMBIVAX	82	REYATAZ 50MG ORAL	45
<i>quetiapine 400mg er tab</i>	42	5MCG/0.5ML INJ		POWDER	
<i>quetiapine 400mg tab</i>	42	RECOMBIVAX	82	REZDIFFRA 100MG TAB	63
<i>quetiapine 50mg er tab</i>	42	5MCG/0.5ML SYRINGE		REZDIFFRA 60MG TAB	63
<i>quetiapine 50mg tab</i>	42	REGRANEX 0.01% GEL	55	REZDIFFRA 80MG TAB	63
<i>quinapril 10mg tab</i>	25	RELENZA 5MG/BLISTER	46	REZLIDHIA 150MG CAP	35
<i>quinapril 20mg tab</i>	25	POWDER INHALER		REZUROCK 200MG TAB	69
<i>quinapril 40mg tab</i>	25	<i>repaglinide 0.5mg tab</i>	20	RHOPRESSA 0.02%	72
<i>quinapril 5mg tab</i>	25	<i>repaglinide 1mg tab</i>	20	OPHTH SOLN	
QUINIDINE SULFATE	8	<i>repaglinide 2mg tab</i>	20	RIBAVIRIN 200MG CAP	46
200MG TAB		REPATHA 140MG/ML	23	RIBAVIRIN 200MG TAB	46
QUINIDINE SULFATE	8	AUTO-INJECTOR		<i>rifabutin 150mg cap</i>	30
300MG TAB		REPATHA 140MG/ML	23	<i>rifampin 150mg cap</i>	30
<i>quinine sulfate 324mg</i>	30	SYRINGE		<i>rifampin 300mg cap</i>	30
<i>cap</i>		REPATHA 420MG/3.5ML	23	<i>rifampin 600mg inj</i>	30
QVAR 40MCG	9	CARTRIDGE		<i>riluzole 50mg tab</i>	70
REDIHALER		RETACRIT	65	RIMANTADINE 100MG	46
QVAR 80MCG	9	10000UNIT/ML INJ		TAB	
REDIHALER		RETACRIT	65	RINVOQ 15MG ER TAB	2
R		20000UNIT/2ML INJ		RINVOQ 1MG/ML ORAL	2
RABAVERT 2.5UNIT/ML	82	RETACRIT	65	SOLN	
INJ		20000UNIT/ML INJ		RINVOQ 30MG ER TAB	2
RADICAVA 105MG/5ML	70	RETACRIT 2000UNIT/ML	65	RINVOQ 45MG ER TAB	2
ORAL SUSP		INJ		<i>risedronate sodium</i>	57
RALDESY 10MG/ML	17	RETACRIT 3000UNIT/ML	65	<i>150mg tab</i>	
ORAL SOLN		INJ		<i>risedronate sodium 30mg</i>	57
				<i>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>risedronate sodium 35mg tab</i>	57	<i>rizatriptan 5mg tab</i>	66	RYBELSUS 14MG TAB	20
<i>risedronate sodium 35mg tab pack (12)</i>	57	ROCKLATAN	72	RYBELSUS 3MG TAB	20
<i>risedronate sodium 35mg tab pack (4)</i>	57	0.02-0.005% OPTH SOLN		RYBELSUS 7MG TAB	20
<i>risedronate sodium 5mg tab</i>	57	<i>roflumilast 0.5mg tab</i>	78	RYDAPT 25MG CAP	35
RISPERIDONE 0.25MG ODT	40	<i>roflumilast 250mcg tab</i>	78	S	
<i>risperidone 0.25mg tab</i>	40	ROMVIMZA 14MG CAP	35	<i>sajazir 30mg/3ml syringe</i>	65
<i>risperidone 0.5mg odt</i>	40	ROMVIMZA 20MG CAP	35	<i>salmon calcitonin</i>	57
<i>risperidone 0.5mg tab</i>	40	ROMVIMZA 30MG CAP	35	<i>200unit/act nasal spray</i>	
<i>risperidone 1mg odt</i>	40	<i>ropinirole 0.25mg tab</i>	38	SANTYL 250UNIT/GM OINTMENT	55
<i>risperidone 1mg tab</i>	41	<i>ropinirole 0.5mg tab</i>	38	<i>sapropterin 100mg powder for oral soln</i>	58
<i>risperidone 1mg/ml oral soln</i>	41	<i>ropinirole 1mg tab</i>	38	<i>sapropterin 100mg tab</i>	58
<i>risperidone 2mg odt</i>	41	<i>ropinirole 2mg tab</i>	38	<i>sapropterin 500mg powder for oral soln</i>	58
<i>risperidone 2mg tab</i>	41	<i>ropinirole 3mg tab</i>	39	SCSEMBLIX 100MG TAB	35
<i>risperidone 37.5mg inj</i>	41	<i>ropinirole 4mg tab</i>	39	SCSEMBLIX 20MG TAB	35
<i>risperidone 3mg odt</i>	41	<i>ropinirole 5mg tab</i>	39	SCSEMBLIX 40MG TAB	36
<i>risperidone 3mg tab</i>	41	<i>rosuvastatin calcium 10mg tab</i>	24	<i>scopolamine 1mg/72hr patch</i>	22
<i>risperidone 4mg odt</i>	41	<i>rosuvastatin calcium 20mg tab</i>	24	SECUADO 3.8MG/24HR PATCH	42
<i>risperidone 4mg tab</i>	41	<i>rosuvastatin calcium 40mg tab</i>	24	SECUADO 5.7MG/24HR PATCH	42
<i>risperidone 50mg inj</i>	41	<i>rosuvastatin calcium 5mg tab</i>	24	SECUADO 7.6MG/24HR PATCH	42
<i>risperidone microspheres 12.5mg inj</i>	41	ROTARIX	82	<i>selegiline 5mg cap</i>	39
<i>risperidone microspheres 25mg inj</i>	41	667000UNIT/ML ORAL SUSP		<i>selenium sulfide 2.5% shampoo</i>	55
<i>ritonavir 100mg tab</i>	45	ROTATEQ ORAL SUSP	82	SELZENTRY 20MG/ML ORAL SOLN	45
<i>rivaroxaban 2.5mg tab</i>	11	<i>roweepra 500mg tab</i>	14	<i>sertraline 100mg tab</i>	16
<i>rivastigmine 1.5mg cap</i>	75	ROZLYTREK 100MG CAP	35	<i>sertraline 20mg/ml oral soln</i>	16
<i>rivastigmine 13.3mg/24hr patch</i>	75	ROZLYTREK 200MG CAP	35	<i>sertraline 25mg tab</i>	17
<i>rivastigmine 3mg cap</i>	75	ROZLYTREK 50MG ORAL PELLET	35	<i>sertraline 50mg tab</i>	17
<i>rivastigmine 4.5mg cap</i>	75	RUBRACA 200MG TAB	35	<i>setlakin tab 91-day pack</i>	61
<i>rivastigmine 4.6mg/24hr patch</i>	75	RUBRACA 250MG TAB	35	<i>sharobel 0.35mg tab</i>	75
<i>rivastigmine 6mg cap</i>	75	RUBRACA 300MG TAB	35	<i>28-day pack</i>	
<i>rivastigmine 9.5mg/24hr patch</i>	75	<i>rufinamide 200mg tab</i>	14	SHINGRIX	82
<i>rizatriptan 10mg odt</i>	66	<i>rufinamide 400mg tab</i>	14	50MCG/0.5ML INJ	
<i>rizatriptan 10mg tab</i>	66	<i>rufinamide 40mg/ml oral susp</i>	14	SIGNIFOR 0.3MG/ML INJ	58
<i>rizatriptan 5mg odt</i>	66	RUKOBIA 600MG ER TAB	45	SIGNIFOR 0.6MG/ML INJ	58
				SIGNIFOR 0.9MG/ML INJ	58

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

ALPHABETICAL LISTING OF DRUGS

<i>sildenafil 20mg tab</i>	78	SODIUM OXYBATE	78	SPRITAM 500MG TAB	14
<i>silver sulfadiazine 1% cream</i>	55	500MG/ML ORAL SOLN		FOR ORAL SUSP	
SIMBRINZA 0.2-1% OPTH SUSP	71	<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	58	<i>sps 15gm/60ml susp</i>	70
SIMLANDI 20MG/0.2ML SYRINGE	3	<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	70	<i>sronyx tab 28-day pack</i>	61
SIMLANDI 40MG/0.4ML AUTO-INJECTOR	3	<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit</i>	66	<i>ssd 1% cream</i>	55
SIMLANDI 40MG/0.4ML SYRINGE	3	<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i>	66	STELARA 45MG/0.5ML INJ	53
SIMLANDI 80MG/0.8ML AUTO-INJECTOR	3	SOFOBUVIR/VELPATAS VIR 400-100MG TAB	46	STELARA 45MG/0.5ML SYRINGE	53
SIMLANDI 80MG/0.8ML SYRINGE	3	SOGROYA 10MG/1.5ML PEN INJ	57	STELARA 90MG/ML SYRINGE	53
<i>simvastatin 10mg tab</i>	24	SOGROYA 15MG/1.5ML PEN INJ	57	STEQEYMA 90MG/ML SYRINGE	53
<i>simvastatin 20mg tab</i>	24	SOGROYA 5MG/1.5ML PEN INJ	57	STIMUFEND 6MG/0.6ML SYRINGE	65
<i>simvastatin 40mg tab</i>	24	SOLTAMOX 10MG/5ML ORAL SOLN	32	STIOLTO 2.5-2.5MCG/ACT INHALER	10
<i>simvastatin 5mg tab</i>	24	SOMAVERT 10MG INJ	58	STIVARGA 40MG TAB	36
<i>simvastatin 80mg tab</i>	24	SOMAVERT 15MG INJ	58	STREPTOMYCIN 1GM INJ	2
<i>sirolimus 0.5mg tab</i>	69	SOMAVERT 20MG INJ	58	STRIBILD 150-150-200-300MG TAB	45
<i>sirolimus 1mg tab</i>	69	SOMAVERT 25MG INJ	58	STRIVERDI 2.5MCG/ACT INHALER	10
<i>sirolimus 1mg/ml oral soln</i>	69	SOMAVERT 30MG INJ	58	<i>subvenite 100mg tab</i>	14
<i>sirolimus 2mg tab</i>	69	<i>sorafenib 200mg tab</i>	36	<i>subvenite 150mg tab</i>	14
SIRTURO 100MG TAB	30	<i>sotalol 120mg tab</i>	47	<i>subvenite 200mg tab</i>	14
SIRTURO 20MG TAB	30	<i>sotalol 160mg tab</i>	47	<i>subvenite 25mg tab</i>	14
SKYRIZI 150MG/ML AUTO-INJECTOR	53	<i>sotalol 240mg tab</i>	47	SUCRAID 8500UNIT/ML ORAL SOLN	56
SKYRIZI 150MG/ML SYRINGE	53	<i>sotalol 80mg tab</i>	47	<i>sucrafate 1000mg tab</i>	81
SKYRIZI 180MG/1.2ML CARTRIDGE	63	<i>sotalol af 120mg tab</i>	47	<i>sucrafate 100mg/ml oral susp</i>	81
SKYRIZI 360MG/2.4ML CARTRIDGE	63	<i>sotalol af 160mg tab</i>	47	SUFLAVE SOLN PACK	66
<i>sodium chloride 0.45% inj</i>	68	<i>sotalol af 80mg tab</i>	47	<i>sulfacetamide sodium 10% lotion</i>	52
<i>sodium chloride 0.9% inj</i>	68	<i>spironolactone 100mg tab</i>	56	<i>sulfacetamide sodium 10% ophth soln</i>	72
<i>sodium chloride 0.9% irrigation soln</i>	63	<i>spironolactone 25mg tab</i>	56	SULFACETAMIDE/PRED	72
<i>sodium chloride 3% inj</i>	68	<i>spironolactone 50mg tab</i>	56	NISOLONE 10-0.25% OPTH SOLN	
<i>sodium chloride 50mg/ml inj</i>	68	<i>sprintec tab 28-day pack</i>	61	<i>sulfadiazine 500mg tab</i>	78
		SPRITAM 250MG TAB FOR ORAL SUSP	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

<i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	79	SYMPAZAN 5MG ORAL FILM	12	TALZENNA 0.25MG CAP	36
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	79	SYMTUZA	45	TALZENNA 0.35MG CAP	36
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	79	150-800-200-10MG TAB		TALZENNA 0.5MG CAP	36
<i>sulfasalazine 500mg dr tab</i>	63	SYNJARDY	19	TALZENNA 0.75MG CAP	36
<i>sulfasalazine 500mg tab</i>	63	12.5-1000MG TAB		TALZENNA 1MG CAP	36
<i>sulindac 150mg tab</i>	4	SYNJARDY 12.5-500MG	19	<i>tamoxifen 10mg tab</i>	32
<i>sulindac 200mg tab</i>	4	TAB		<i>tamoxifen 20mg tab</i>	32
<i>sumatriptan 100mg tab</i>	67	SYNJARDY 5-1000MG	19	<i>tamsulosin 0.4mg cap</i>	64
<i>sumatriptan 25mg tab</i>	67	TAB		<i>tarina 24 fe tab 1/20 28-day pack</i>	61
<i>sumatriptan 4mg/0.5ml cartridge</i>	67	SYNJARDY 5-500MG	19	<i>tarina fe tab 1/20 28-day pack</i>	61
<i>sumatriptan 50mg tab</i>	67	TAB		<i>tazarotene 0.1% cream</i>	53
<i>sumatriptan 6mg/0.5ml auto-injector</i>	67	SYNJARDY XR	19	<i>tazicef 1gm inj</i>	50
<i>sumatriptan 6mg/0.5ml cartridge</i>	67	10-1000MG TAB		<i>tazicef 2gm inj</i>	50
<i>sumatriptan 6mg/0.5ml inj</i>	67	SYNJARDY XR	19	TAZICEF 6GM INJ	50
<i>sunitinib 12.5mg cap</i>	36	12.5-1000MG TAB		TAZVERIK 200MG TAB	36
<i>sunitinib 25mg cap</i>	36	SYNJARDY XR	19	TEFLARO 400MG INJ	29
<i>sunitinib 37.5mg cap</i>	36	25-1000MG TAB		TEFLARO 600MG INJ	29
<i>sunitinib 50mg cap</i>	36	SYNJARDY XR	19	<i>telmisartan 20mg tab</i>	25
SUNLENCA 300MG TAB	45	5-1000MG TAB		<i>telmisartan 40mg tab</i>	25
SUNLENCA 300MG TAB	45	T		<i>telmisartan 80mg tab</i>	25
THERAPY PACK (4)		TABLOID 40MG TAB	31	<i>temazepam 15mg cap</i>	65
SUNLENCA 300MG TAB	45	TABRECTA 150MG TAB	36	<i>temazepam 30mg cap</i>	65
THERAPY PACK (5)		TABRECTA 200MG TAB	36	TENIVAC 4-10UNIT/ML INJ	80
SUNOSI 150MG TAB	78	<i>tacrolimus 0.03% ointment</i>	55	TENIVAC 4-10UNIT/ML	80
SUNOSI 75MG TAB	78	<i>tacrolimus 0.1% ointment</i>	55	SYRINGE	
<i>syeda tab 28-day pack</i>	61	<i>tacrolimus 0.5mg cap</i>	69	<i>tenofovir disoproxil fumarate 300mg tab</i>	45
SYMDEKO TAB 4-WEEK	77	<i>tacrolimus 1mg cap</i>	69	TEPMETKO 225MG TAB	36
PACK (56)		<i>tacrolimus 5mg cap</i>	69	<i>terazosin 10mg cap</i>	26
SYMDEKO TAB	77	<i>tadalafil 2.5mg tab</i>	64	<i>terazosin 1mg cap</i>	26
50-75MG/75MG PACK		<i>tadalafil 20mg tab</i>	78	<i>terazosin 2mg cap</i>	26
(56)		<i>tadalafil 5mg tab</i>	64	<i>terazosin 5mg cap</i>	26
SYMPAZAN 10MG ORAL	12	TAFINLAR 10MG TAB	36	<i>terbinafine 250mg tab</i>	22
FILM		FOR ORAL SUSP		<i>terbutaline sulfate 2.5mg tab</i>	10
SYMPAZAN 20MG ORAL	12	TAFINLAR 50MG CAP	36	<i>terbutaline sulfate 5mg tab</i>	10
FILM		TAFINLAR 75MG CAP	36	<i>terconazole 0.4% vaginal cream</i>	83
		TAGRISSO 40MG TAB	31	<i>terconazole 0.8% vaginal cream</i>	83
		TAGRISSO 80MG TAB	31		
		TAKHZYRO 300MG/2ML INJ	65		
		TAKHZYRO 300MG/2ML SYRINGE	65		
		TALZENNA 0.1MG CAP	36		

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

ALPHABETICAL LISTING OF DRUGS

<i>terconazole 80mg vaginal insert</i>	83	<i>theophylline 450mg er tab</i>	78	<i>timolol hemihydrate 0.5% ophth soln</i>	71
<i>teriflunomide 14mg tab</i>	76	<i>theophylline 600mg er tab</i>	78	<i>tinidazole 250mg tab</i>	29
<i>teriflunomide 7mg tab</i>	76	<i>thioridazine 100mg tab</i>	42	<i>tinidazole 500mg tab</i>	29
TERIPARATIDE	57	<i>thioridazine 10mg tab</i>	42	TIVICAY 50MG TAB	45
0.02MG/ACT PEN INJ		<i>thioridazine 25mg tab</i>	42	TIVICAY 5MG TAB FOR ORAL SUSP	45
<i>testosterone 1% (12.5mg/act) gel pump</i>	6	<i>thioridazine 50mg tab</i>	42	<i>tizanidine 2mg tab</i>	70
<i>testosterone 1% (25mg) gel packet</i>	6	<i>thiothixene 10mg cap</i>	40	<i>tizanidine 4mg tab</i>	70
<i>testosterone 1% (50mg) gel packet</i>	6	<i>thiothixene 1mg cap</i>	40	<i>tobramycin 0.3% ophth soln</i>	72
TESTOSTERONE 1.62% (1.25GM) GEL PACKET	6	<i>thiothixene 2mg cap</i>	40	TOBRAMYCIN 10MG/ML INJ	2
<i>testosterone 1.62% (2.5gm) gel packet</i>	6	<i>thiothixene 5mg cap</i>	40	<i>tobramycin 300mg/5ml inh soln</i>	2
<i>testosterone 1.62% (20.25mg/act) gel pump</i>	6	<i>tiadylt 120mg er (24hr) cap</i>	48	<i>tobramycin 80mg/2ml inj tab</i>	2
<i>testosterone 30mg/act topical soln</i>	6	<i>tiadylt 180mg er (24hr) cap</i>	48	<i>tolterodine tartrate 1mg er cap</i>	81
<i>testosterone cypionate 100mg/ml inj</i>	6	<i>tiadylt 240mg er (24hr) cap</i>	48	<i>tolterodine tartrate 2mg er cap</i>	81
<i>testosterone cypionate 200mg/ml (1ml) inj</i>	6	<i>tiadylt 300mg er (24hr) cap</i>	48	<i>tolterodine tartrate 2mg tab</i>	81
<i>testosterone cypionate 200mg/ml inj</i>	6	<i>tiadylt 360mg er (24hr) cap</i>	48	<i>tolterodine tartrate 4mg er cap</i>	81
TESTOSTERONE ENANTHATE 200MG/ML INJ	6	<i>tiadylt 420mg er (24hr) cap</i>	48	<i>topiramate 100mg tab</i>	14
<i>tetrabenazine 12.5mg tab</i>	76	<i>tiagabine 12mg tab</i>	15	<i>topiramate 15mg cap</i>	14
<i>tetrabenazine 25mg tab</i>	76	<i>tiagabine 16mg tab</i>	15	<i>topiramate 200mg tab</i>	14
<i>tetracycline 250mg cap</i>	79	<i>tiagabine 2mg tab</i>	15	<i>topiramate 25mg cap</i>	14
<i>tetracycline 500mg cap</i>	79	<i>tiagabine 4mg tab</i>	15	<i>topiramate 25mg tab</i>	14
THALOMID 100MG CAP	69	TIBSOVO 250MG TAB	36	<i>topiramate 50mg tab</i>	14
THALOMID 50MG CAP	69	<i>ticagrelor 60mg tab</i>	64	<i>toremifene 60mg tab</i>	32
THEOPHYLLINE 100MG ER TAB	78	<i>ticagrelor 90mg tab</i>	64	<i>torpenz 10mg tab</i>	36
THEOPHYLLINE 200MG ER TAB	78	TICOVAC 1.2MCG/0.25ML SYRINGE	82	<i>torpenz 2.5mg tab</i>	36
<i>theophylline 300mg er tab</i>	78	TICOVAC 2.4MCG/0.5ML SYRINGE	82	<i>torpenz 5mg tab</i>	36
<i>theophylline 400mg er tab</i>	78	<i>tigecycline 50mg inj</i>	29	<i>torpenz 7.5mg tab</i>	36
		<i>timolol 0.25% ophth gel</i>	71	<i>torse mide 100mg tab</i>	56
		<i>timolol 0.25% ophth soln</i>	71	<i>torse mide 10mg tab</i>	56
		<i>timolol 0.5% ophth gel</i>	71	<i>torse mide 20mg tab</i>	56
		<i>timolol 0.5% ophth soln</i>	71	<i>torse mide 5mg tab</i>	56
		<i>timolol 10mg tab</i>	48	TOUJEO 300UNIT/ML PEN INJ (1.5ML)	21
		<i>timolol 5mg tab</i>	48	TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	21

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

TPN ELECTROLYTES INJ	67	TRESIBA 100UNIT/ML	21	<i>trihexyphenidyl 5mg tab</i>	38
TRADJENTA 5MG TAB	20	INJ		TRIJARDY XR	19
<i>tramadol 100mg er tab</i>	5	TRESIBA 100UNIT/ML	21	10-5-1000MG TAB	
<i>tramadol 200mg er tab</i>	5	PEN INJ		TRIJARDY XR	19
<i>tramadol 300mg er tab</i>	5	TRESIBA 200UNIT/ML	21	12.5-2.5-1000MG TAB	
<i>tramadol 50mg tab</i>	5	PEN INJ		TRIJARDY XR	19
<i>tramadol/acetaminophen</i>	5	<i>tretinoin 0.01% gel</i>	52	25-5-1000MG TAB	
<i>37.5-325mg tab</i>		<i>tretinoin 0.025% cream</i>	52	TRIJARDY XR	19
<i>trandolapril 1mg tab</i>	25	<i>tretinoin 0.025% gel</i>	52	5-2.5-1000MG TAB	
<i>trandolapril 2mg tab</i>	25	<i>tretinoin 0.05% cream</i>	52	TRIKAFTA	77
<i>trandolapril 4mg tab</i>	25	<i>tretinoin 0.1% cream</i>	52	100-50-75MG/150MG	
<i>tranexamic acid 650mg</i>	65	<i>tretinoin 10mg cap</i>	37	TAB PACK (84)	
<i>tab</i>		<i>triamcinolone acetonide</i>	55	TRIKAFTA	77
<i>tranylcypromine 10mg</i>	16	<i>0.025% cream</i>		100-50-75MG/75MG	
<i>tab</i>		<i>triamcinolone acetonide</i>	55	GRANULES PACK (56)	
TRAVASOL 10% INJ	71	<i>0.025% lotion</i>		TRIKAFTA	77
<i>travoprost 0.004% ophth</i>	73	<i>triamcinolone acetonide</i>	55	50-37.5-25MG/75MG	
<i>soln</i>		<i>0.025% ointment</i>		TAB PACK (84)	
<i>trazodone 100mg tab</i>	17	<i>triamcinolone acetonide</i>	55	TRIKAFTA	77
<i>trazodone 150mg tab</i>	17	<i>0.1% cream</i>		80-40-60MG/59.5MG	
<i>trazodone 50mg tab</i>	17	<i>triamcinolone acetonide</i>	55	GRANULES PACK (56)	
TRECATOR 250MG TAB	30	<i>0.1% lotion</i>		<i>tri-lo- estarylla tab</i>	61
TRELEGY ELLIPTA	10	<i>triamcinolone acetonide</i>	55	<i>28-day pack</i>	
100-62.5-25MCG		<i>0.1% ointment</i>		<i>tri-lo-sprintec tab 28-day</i>	61
POWDER INHALER		<i>triamcinolone acetonide</i>	51	<i>pack</i>	
TRELEGY ELLIPTA	10	<i>0.1% oral paste</i>		<i>trimethoprim 100mg tab</i>	29
200-62.5-25MCG		<i>triamcinolone acetonide</i>	55	<i>tri-mili tab 28-day pack</i>	61
POWDER INHALER		<i>0.5% cream</i>		<i>trimipramine 100mg cap</i>	18
TRELSTAR 11.25MG INJ	32	<i>triamcinolone acetonide</i>	55	<i>trimipramine 25mg cap</i>	18
TRELSTAR 22.5MG INJ	32	<i>0.5% ointment</i>		<i>trimipramine 50mg cap</i>	18
TRELSTAR 3.75MG INJ	32	<i>triazolam 0.125mg tab</i>	65	TRINTELLIX 10MG TAB	17
TREMFYA 100MG/ML	53	<i>triazolam 0.25mg tab</i>	65	TRINTELLIX 20MG TAB	17
AUTO-INJECTOR		<i>tridacaine 5% patch</i>	55	TRINTELLIX 5MG TAB	17
TREMFYA 100MG/ML	53	<i>triderm 0.5% cream</i>	55	<i>tri-sprintec tab 28-day</i>	61
SYRINGE		<i>trientine 250mg cap</i>	68	<i>pack</i>	
TREMFYA 200MG/2ML	53	<i>tri-estarylla tab 28-day</i>	61	TRIUMEQ	45
AUTO-INJECTOR		<i>pack</i>		600-50-300MG TAB	
TREMFYA 200MG/2ML	63	<i>trifluoperazine 10mg tab</i>	43	TRIUMEQ 60-5-30MG	45
AUTO-INJECTOR		<i>trifluoperazine 1mg tab</i>	43	TAB FOR ORAL SUSP	
INDUCTION PACK FOR		<i>trifluoperazine 2mg tab</i>	43	<i>tri-vylibra lo tab 28-day</i>	61
CROHNS (2)		<i>trifluoperazine 5mg tab</i>	43	<i>pack</i>	
TREMFYA 200MG/2ML	53	TRIFLURIDINE 1%	72	<i>tri-vylibra tab 28-day</i>	61
SYRINGE		OPHTH SOLN		<i>pack</i>	
		<i>trihexyphenidyl 2mg tab</i>	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

<i>trosipium chloride 20mg tab</i>	81	<i>unithroid 175mcg tab</i>	80	VALTOCO 20MG	12
<i>trosipium chloride 60mg er cap</i>	81	<i>unithroid 200mcg tab</i>	80	(10MG/0.1ML) NASAL	
TRULANCE 3MG TAB	66	<i>unithroid 25mcg tab</i>	80	SPRAY DOSE PACK	
TRULICITY	20	<i>unithroid 300mcg tab</i>	80	VALTOCO 5MG	12
0.75MG/0.5ML		<i>unithroid 50mcg tab</i>	80	(5MG/0.1ML) NASAL	
AUTO-INJECTOR		<i>unithroid 75mcg tab</i>	80	SPRAY DOSE PACK	
TRULICITY	20	<i>unithroid 88mcg tab</i>	80	<i>valtya tab 1/50 28-day pack</i>	61
1.5MG/0.5ML		<i>ursodiol 250mg tab</i>	63	<i>vancomycin 100mg/ml inj</i>	29
AUTO-INJECTOR		<i>ursodiol 300mg cap</i>	63	<i>vancomycin 125mg cap</i>	29
TRULICITY 3MG/0.5ML	20	<i>ursodiol 500mg tab</i>	63	<i>vancomycin 1gm inj</i>	29
AUTO-INJECTOR		UZEDY 100MG/0.28ML	41	<i>vancomycin 250mg cap</i>	29
TRULICITY	20	SYRINGE		<i>vancomycin 500mg inj</i>	29
4.5MG/0.5ML		UZEDY 125MG/0.35ML	41	<i>vancomycin 750mg inj</i>	29
AUTO-INJECTOR		SYRINGE		VANFLYTA 17.7MG TAB	36
TRUMENBA SYRINGE	82	UZEDY 150MG/0.42ML	41	VANFLYTA 26.5MG TAB	36
TRUQAP 160MG TAB	36	SYRINGE		VAQTA 25UNIT/0.5ML	83
TRUQAP 200MG TAB	36	UZEDY 200MG/0.56ML	41	INJ	
TUKYSA 150MG TAB	37	SYRINGE		VAQTA 25UNIT/0.5ML	83
TUKYSA 50MG TAB	37	UZEDY 250MG/0.7ML	41	SYRINGE	
TURALIO 125MG CAP	36	SYRINGE		VAQTA 50UNIT/ML INJ	83
<i>turqoz tab 28-day pack</i>	61	UZEDY 50MG/0.14ML	41	VAQTA 50UNIT/ML	83
TWINRIX SYRINGE	82	SYRINGE		SYRINGE	
TYBOST 150MG TAB	45	UZEDY 75MG/0.21ML	41	<i>varenicline 0.5mg tab</i>	77
TYENNE 162MG/0.9ML	3	SYRINGE		<i>varenicline 0.5mg/1mg first month pack (53)</i>	77
AUTO-INJECTOR		V		<i>varenicline 1mg tab</i>	77
TYENNE 162MG/0.9ML	3	<i>valacyclovir 1000mg tab</i>	46	<i>varenicline 1mg tab pack (56)</i>	77
SYRINGE		<i>valacyclovir 500mg tab</i>	46	VARIVAX	83
TYMLOS	57	VALCHLOR 0.016% GEL	53	1350PFU/0.5ML INJ	
3120MCG/1.56ML PEN		<i>valganciclovir 450mg tab</i>	45	VAXCHORA SUSP	82
INJ		<i>valganciclovir 50mg/ml oral soln</i>	45	VELIVET TAB 28-DAY	61
TYPHIM VI	82	<i>valproic acid 250mg cap</i>	15	PACK	
25MCG/0.5ML INJ		<i>valproic acid 50mg/ml oral soln</i>	15	VELTASSA 16.8GM	70
TYPHIM VI	82	<i>valsartan 160mg tab</i>	25	POWDER FOR ORAL	
25MCG/0.5ML SYRINGE		<i>valsartan 320mg tab</i>	25	SUSP	
U		<i>valsartan 40mg tab</i>	25	VELTASSA 1GM	70
UBRELVY 100MG TAB	66	<i>valsartan 80mg tab</i>	25	POWDER FOR ORAL	
UBRELVY 50MG TAB	66	VALTOCO 10MG	12	SUSP	
<i>unithroid 100mcg tab</i>	80	(10MG/0.1ML) NASAL		VELTASSA 25.2GM	70
<i>unithroid 112mcg tab</i>	80	SPRAY DOSE PACK		POWDER FOR ORAL	
<i>unithroid 125mcg tab</i>	80	VALTOCO 15MG	12	SUSP	
<i>unithroid 137mcg tab</i>	80	(7.5MG/0.1ML) NASAL			
<i>unithroid 150mcg tab</i>	80	SPRAY DOSE PACK			

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

VELTASSA 8.4GM POWDER FOR ORAL SUSP	70	<i>vigadrone 500mg powder for oral soln</i>	15	<i>vylibra tab 28-day pack</i>	62
VEMLIDY 25MG TAB	46	<i>vigadrone 500mg tab</i>	15	VYNDAMAX 61MG CAP	49
VENCLEXTA 100MG TAB	37	VIGAFYDE 100MG/ML	15	VYNDAQEL 20MG CAP	49
VENCLEXTA 10MG TAB	37	ORAL SOLN		W	
VENCLEXTA 50MG TAB	37	<i>vigpoder 500mg powder for oral soln</i>	15	<i>warfarin sodium 10mg tab</i>	11
VENCLEXTA TAB	37	<i>vilazodone 10mg tab</i>	17	<i>warfarin sodium 1mg tab</i>	11
STARTER PACK (42)		<i>vilazodone 20mg tab</i>	17	<i>warfarin sodium 2.5mg tab</i>	11
<i>venlafaxine 100mg tab</i>	17	<i>vilazodone 40mg tab</i>	17	<i>warfarin sodium 2mg tab</i>	11
<i>venlafaxine 150mg er cap</i>	17	VIMKUNYA	83	<i>warfarin sodium 3mg tab</i>	11
<i>venlafaxine 25mg tab</i>	17	40MCG/0.8ML SYRINGE		<i>warfarin sodium 4mg tab</i>	11
<i>venlafaxine 37.5mg er cap</i>	17	VIRACEPT 250MG TAB	45	<i>warfarin sodium 5mg tab</i>	11
<i>venlafaxine 37.5mg tab</i>	17	VIRACEPT 625MG TAB	45	<i>warfarin sodium 6mg tab</i>	11
<i>venlafaxine 50mg tab</i>	17	VIREAD 150MG TAB	45	<i>warfarin sodium 7.5mg tab</i>	11
<i>venlafaxine 75mg er cap</i>	17	VIREAD 200MG TAB	45	WELIREG 40MG TAB	37
<i>venlafaxine 75mg tab</i>	17	VIREAD 250MG TAB	45	WINREVAIR 45MG INJ	78
<i>verapamil 120mg er cap</i>	49	VIREAD 40MG/GM	45	WINREVAIR 45MG INJ	78
<i>verapamil 120mg er tab</i>	49	ORAL POWDER		(2 VIAL PACK)	
<i>verapamil 120mg tab</i>	49	VITRAKVI 100MG CAP	36	WINREVAIR 60MG INJ	78
<i>verapamil 180mg er cap</i>	49	VITRAKVI 20MG/ML	36	WINREVAIR 60MG INJ	78
<i>verapamil 180mg er tab</i>	49	ORAL SOLN		(2 VIAL PACK)	
<i>verapamil 240mg er cap</i>	49	VITRAKVI 25MG CAP	36	<i>wixela 100-50mcg powder inhaler</i>	10
<i>verapamil 240mg er tab</i>	49	VIVOTIF DR CAP	82	<i>wixela 250-50mcg powder inhaler</i>	10
<i>verapamil 40mg tab</i>	49	VIZIMPRO 15MG TAB	31	<i>wixela 500-50mcg powder inhaler</i>	10
<i>verapamil 80mg tab</i>	49	VIZIMPRO 30MG TAB	31	WYOST 120MG/1.7ML INJ	57
VERQUVO 10MG TAB	49	VIZIMPRO 45MG TAB	31	X	
VERQUVO 2.5MG TAB	49	VONJO 100MG CAP	36	XALKORI 150MG ORAL PELLET	36
VERQUVO 5MG TAB	49	VORANIGO 10MG TAB	36	XALKORI 200MG CAP	36
VERSACLOZ 50MG/ML ORAL SUSP	42	VORANIGO 40MG TAB	36	XALKORI 20MG ORAL PELLET	36
VERZENIO 100MG TAB	36	<i>voriconazole 200mg inj</i>	22	XALKORI 250MG CAP	36
VERZENIO 150MG TAB	36	<i>voriconazole 200mg tab</i>	22	XALKORI 50MG ORAL PELLET	36
VERZENIO 200MG TAB	36	<i>voriconazole 40mg/ml oral susp</i>	23	XARELTO 10MG TAB	11
VERZENIO 50MG TAB	36	<i>voriconazole 50mg tab</i>	23	XARELTO 15MG TAB	11
<i>vestura tab 3-0.02mg 28-day pack</i>	61	VOSEVI 400-100-100MG TAB	46		
<i>vienva tab 28-day pack</i>	61	VOWST 30000000UNIT CAP	63		
<i>vigabatrin 500mg powder for oral soln</i>	15	VRAYLAR 1.5MG CAP	40		
<i>vigabatrin 500mg tab</i>	15	VRAYLAR 3MG CAP	40		
		VRAYLAR 4.5MG CAP	40		
		VRAYLAR 6MG CAP	40		
		<i>vyfemla tab 28-day pack</i>	61		

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

ALPHABETICAL LISTING OF DRUGS

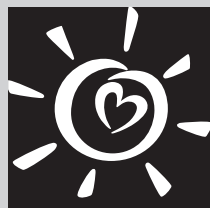
XARELTO 1MG/ML ORAL SUSP	11	XIIDRA 5% OPTH SOLN	72	XTANDI 40MG CAP	32
XARELTO 2.5MG TAB	11	XOFLUZA 40MG TAB	46	XTANDI 40MG TAB	32
XARELTO 20MG TAB	11	XOFLUZA 80MG TAB	46	XTANDI 80MG TAB	32
XARELTO TAB STARTER PACK (51)	11	XOLAIR 150MG INJ	8	<i>xulane 150-35mcg/24hr patch</i>	62
XATMEP 2.5MG/ML ORAL SOLN	31	XOLAIR 150MG/ML AUTO-INJECTOR	8	Y	
XCOPRI 100MG TAB	15	XOLAIR 150MG/ML SYRINGE	8	YESINTEK 90MG/ML SYRINGE	53
XCOPRI 150MG TAB	15	XOLAIR 300MG/2ML AUTO-INJECTOR	8	YF-VAX INJ	83
XCOPRI 200MG TAB	15	XOLAIR 300MG/2ML SYRINGE	8	Z	
XCOPRI 25MG TAB	15	XOLAIR 75MG/0.5ML AUTO-INJECTOR	9	<i>zafemy 150-35mcg/24hr patch</i>	62
XCOPRI 50MG TAB	15	XOLAIR 75MG/0.5ML SYRINGE	9	<i>zafirlukast 10mg tab</i>	9
XCOPRI TAB 100/150MG MAINTENANCE PACK (56)	15	XOPENEX 45MCG INHALER	10	<i>zafirlukast 20mg tab</i>	9
XCOPRI TAB 12.5/25MG TITRATION PACK (28)	15	XOSPATA 40MG TAB	37	<i>zaleplon 10mg cap</i>	65
XCOPRI TAB 150/200MG PACK (56)	15	XPOVIO TAB 100MG ONCE WEEKLY CARTON (8)	37	<i>zaleplon 5mg cap</i>	65
XCOPRI TAB 150/200MG TITRATION PACK (28)	15	XPOVIO TAB 40MG ONCE WEEKLY CARTON (16)	37	ZAVZPRET 10MG/ACT NASAL SPRAY	66
XCOPRI TAB 50/100MG TITRATION PACK (28)	15	XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)	37	ZEJULA 100MG TAB	37
XDEMVIY 0.25% OPTH SOLN	72	XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)	37	ZEJULA 200MG TAB	37
XELJANZ 10MG TAB	2	XPOVIO TAB 60MG ONCE WEEKLY CARTON (8)	37	ZEJULA 300MG TAB	37
XELJANZ 1MG/ML ORAL SOLN	2	XPOVIO TAB 60MG ONCE WEEKLY CARTON (8)	37	ZELBORAF 240MG TAB	37
XELJANZ 5MG TAB	2	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	ZEMAIRA 1000MG INJ	77
XELJANZ XR 11MG TAB	2	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zenatane 10mg cap</i>	52
XELJANZ XR 22MG TAB	2	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zenatane 20mg cap</i>	52
XERMELO 250MG TAB	21	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zenatane 30mg cap</i>	52
XIFAXAN 550MG TAB	29	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zenatane 40mg cap</i>	52
XIGDUO XR 10-1000MG TAB	19	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zidovudine 100mg cap</i>	45
XIGDUO XR 10-500MG TAB	19	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zidovudine 10mg/ml oral soln</i>	45
XIGDUO XR	19	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zidovudine 300mg tab</i>	45
2.5-1000MG TAB	19	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	ZIMHI 5MG/0.5ML SYRINGE	21
XIGDUO XR 5-1000MG TAB	19	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>ziprasidone 20mg cap</i>	40
XIGDUO XR 5-500MG TAB	19	XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>ziprasidone 20mg inj</i>	40
		XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>ziprasidone 40mg cap</i>	40
		XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>ziprasidone 60mg cap</i>	40
		XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>ziprasidone 80mg cap</i>	40
		XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	ZOLINZA 100MG CAP	37
		XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zolmitriptan 2.5mg tab</i>	67
		XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zolmitriptan 5mg tab</i>	67
		XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	<i>zolidem tartrate 10mg 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>zolpidem tartrate 12.5mg er tab</i>	65
<i>zolpidem tartrate 5mg tab</i>	65
<i>zolpidem tartrate 6.25mg er tab</i>	65
ZONISADE 100MG/5ML ORAL SUSP	14
<i>zonisamide 100mg cap</i>	14
<i>zonisamide 25mg cap</i>	14
<i>zonisamide 50mg cap</i>	14
<i>zovia 1mg-35mcg tab 28-day pack</i>	62
ZTALMY 50MG/ML ORAL SUSP	14
ZURZUVAE 20MG CAP	16
ZURZUVAE 25MG CAP	16
ZURZUVAE 30MG CAP	16
ZYDELIG 100MG TAB	37
ZYDELIG 150MG TAB	37
ZYKADIA 150MG TAB	37

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.

Na-update ang formulary na ito noong 9/1/2025. Mahalagang Mensahe Tungkol sa Kung Ano ang Binabayaran Ninyo para sa mga Bakuna – Itinuturing na medikal na mga benepisyo ang ilang bakuna. Itinuturing ang ilang mga bakuna na mga gamot ng Bahagi D. Sinasaklaw ng aming plano ang karamihan sa mga bakuna ng Part D nang libre para sa inyo.

Para sa mas bagong impormasyon o iba pang tanong, makipag-ugnayan sa amin sa **1.833.522.3767** (TTY: **711**), 24 na oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga holiday, o pumunta sa **medicare.lacare.org**.