



American Health Advantage of Oklahoma (HMO I-SNP)
American Health Advantage of Utah (HMO I-SNP)
American Health Advantage of Idaho (HMO I-SNP)
American Health Advantage of Missouri (HMO I-SNP)
American Health Advantage of Missouri Choice (HMO I-SNP)
American Health Advantage of Florida (HMO I-SNP)
Iowa Health Advantage (HMO I-SNP)
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Georgia Health Advantage (HMO I-SNP)
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American Health Advantage of Louisiana (HMO I-SNP)
American Health Advantage of Indiana (HMO I-SNP)
American Health Advantage of Mississippi (HMO I-SNP)
American Health Advantage of Pennsylvania (HMO I-SNP)

2026 Formulary

(List of Covered Drugs or "Drug List")

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**
Formulary File Submission ID 26171, Version Number 7

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Our Plan Member Services, at number provided or, for TTY/ TDD: 1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00 P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or Website provided.

Plan Name	Member Services	Website
American Health Advantage of Oklahoma (HMO I-SNP)	866-583-4649	OK.AmHealthPlans.com
American Health Advantage of Utah (HMO I-SNP)	855-521-0627	UT.AmHealthPlans.com
American Health Advantage of Idaho (HMO I-SNP)	855-521-0627	ID.AmHealthPlans.com
American Health Advantage of Missouri (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Missouri Choice (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Florida (HMO I-SNP)	855-521-0626	FL.AmHealthPlans.com
Iowa Health Advantage (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com
Iowa Health Advantage Choice (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com
American Health Advantage of Texas (HMO I-SNP)	855-521-0628	TX.AmHealthPlans.com
American Health Advantage of Tennessee (HMO I-SNP)	844-321-1763	TN.AmHealthPlans.com
Georgia Health Advantage (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
Georgia Health Advantage Choice (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com
American Health Advantage of Indiana (HMO I-SNP)	844-657-0447	IN.AmHealthPlans.com
American Health Advantage of Mississippi (HMO I-SNP)	844-917-0642	MS.AmHealthPlans.com
American Health Advantage of Pennsylvania (HMO I-SNP)	855-239-1022	PA.AmhealthPlans.com

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Oklahoma Superior Select, Inc., American Health Plan of UT, Inc., American Health Plan of Missouri, Inc., American Health Plan of FL, Inc., American Health Plan of Iowa, Inc., American Health Plan of TX, Inc., American Health Plan, Inc., Georgia Assurance, Inc., Dignity Care Corporation, American Health Plan of Indiana, Inc., American Health Plan of Mississippi, Inc, American Health Plan of Pennsylvania, Inc.. When it refers to “plan” or “our plan,” it means American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP)

This document includes Drug List (formulary) for our plan which is current as of 01/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Updates to the formulary are posted monthly to our website here:

Plan Name	Member Services	Website
American Health Advantage of Oklahoma (HMO I-SNP)	866-583-4649	OK.AmHealthPlans.com
American Health Advantage of Utah (HMO I-SNP)	855-521-0627	UT.AmHealthPlans.com
American Health Advantage of Idaho (HMO I-SNP)	855-521-0627	ID.AmHealthPlans.com
American Health Advantage of Missouri (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Missouri Choice (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Florida (HMO I-SNP)	855-521-0626	FL.AmHealthPlans.com
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American Health Advantage of Texas (HMO I-SNP)	855-521-0628	TX.AmHealthPlans.com
American Health Advantage of Tennessee (HMO I-SNP)	844-321-1763	TN.AmHealthPlans.com
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American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com
American Health Advantage of Indiana (HMO I-SNP)	844-657-0447	IN.AmHealthPlans.com
American Health Advantage of Mississippi (HMO I-SNP)	844-917-0642	MS.AmHealthPlans.com
American Health Advantage of Pennsylvania (HMO I-SNP)	855-239-1022	PA.AmhealthPlans.com

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP) Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand

name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP)?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2026. To get updated information about the drugs covered by Our Plan please contact us. Our contact information appears on the front and back cover pages.

Our Plan will send you a notice in the event of a mid-year-non-maintenance formulary change. The notice will generally be sent 60 days prior to the change.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars.

Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5 “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Our Plan before you fill your prescriptions. If you don’t get approval, Our Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Our Plan limits the amount of the drug that Our Plan will cover. For example, Our Plan 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Our Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Our Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Our Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions.

You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Our Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Our Plan’s formulary?” on page VII for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Our Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Our Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Our Plan.
- You can ask Our Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP) Formulary?

You can ask Our Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Our Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Our Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should

talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home):

We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term setting for formulary medications and an emergency transition fill for the non-formulary medication (including those medications that are on the formulary but require prior authorization, step therapy or are subject to quantity limit restrictions).

For more information

For more detailed information about your Our Plan Prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Our Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Our Plans' Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Our Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column tells you if Our Plan has any special requirements for coverage of your drug.

- Standard Benefits
Drug Tier 1:25%

Guide to Abbreviations

Non-Extended Day Supply (NDS): You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs noted with “NDS” are limited to a 1-month supply for both Retail, Mail Order and Specialty.

Prior Authorization (PA): The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from The Plan before you fill your prescriptions. If you don’t get approval, The Plan may not cover the drug.

Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD): This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from The Plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, The Plan may not cover this drug.

Step Therapy (ST): In some cases, The Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, The Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, The Plan will then cover Drug B.

Quantity Limits (QL): For certain drugs, The Plan limits the amount of the drug that The Plan will cover. This could include a: per fill, daily, monthly, or yearly limitation.

Vaccine (VAC): Medicare Part D Vaccines covered at \$0.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine/dextroamphetamine 10mg er cap</i>	1	
<i>amphetamine/dextroamphetamine 10mg tab</i>	1	
<i>amphetamine/dextroamphetamine 12.5mg tab</i>	1	
<i>amphetamine/dextroamphetamine 15mg er cap</i>	1	
<i>amphetamine/dextroamphetamine 15mg tab</i>	1	
<i>amphetamine/dextroamphetamine 20mg er cap</i>	1	
<i>amphetamine/dextroamphetamine 20mg tab</i>	1	
<i>amphetamine/dextroamphetamine 25mg er cap</i>	1	
<i>amphetamine/dextroamphetamine 30mg er cap</i>	1	
<i>amphetamine/dextroamphetamine 30mg tab</i>	1	
<i>amphetamine/dextroamphetamine 5mg er cap</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=30 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=30 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	

You can find information 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 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	QL=1800 ML/30 Days
<i>methylphenidate 20mg er tab</i>	1	
<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	QL=900 ML/30 Days
<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=235.20 ML/28 Days
GENTAMICIN 0.8MG/ML INJ	1	
GENTAMICIN 1.2MG/ML INJ	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=280 ML/28 Days
<i>tobramycin 80mg/2ml inj</i>	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide 10mg tab</i>	1	QL=30 EA/30 Days
<i>leflunomide 20mg tab</i>	1	QL=30 EA/30 Days
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XELJANZ XR 22MG TAB	1	NDS PA QL=30 EA/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
CIMZIA 200MG INJ	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	1	NDS PA QL=2 EA/28 Days
ENBREL 25MG/0.5ML INJ	1	NDS PA QL=8 ML/28 Days
ENBREL 25MG/0.5ML SYRINGE	1	NDS PA QL=8 ML/28 Days
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=3 EA/28 Days
SIMLANDI 80MG/0.8ML SYRINGE	1	NDS PA QL=3 EA/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	QL=60 EA/30 Days
<i>diclofenac sodium 25mg dr tab</i>	1	QL=240 EA/30 Days
<i>diclofenac sodium 50mg dr tab</i>	1	QL=120 EA/30 Days
<i>diclofenac sodium 75mg dr tab</i>	1	QL=60 EA/30 Days
<i>diflunisal 500mg tab</i>	1	QL=90 EA/30 Days
<i>etodolac 200mg cap</i>	1	QL=150 EA/30 Days
<i>etodolac 300mg cap</i>	1	QL=90 EA/30 Days
<i>etodolac 400mg tab</i>	1	QL=60 EA/30 Days
<i>etodolac 500mg tab</i>	1	QL=60 EA/30 Days
FLURBIPROFEN 100MG TAB	1	QL=90 EA/30 Days
<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>indomethacin 25mg cap</i>	1	
<i>indomethacin 50mg cap</i>	1	
<i>indomethacin 75mg er cap</i>	1	
<i>ketorolac tromethamine 10mg tab</i>	1	QL=20 EA/5 Days
<i>meloxicam 15mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam 7.5mg tab</i>	1	
<i>nabumetone 500mg tab</i>	1	QL=120 EA/30 Days
<i>nabumetone 750mg tab</i>	1	QL=60 EA/30 Days
<i>naproxen 250mg tab</i>	1	
<i>naproxen 375mg dr tab</i>	1	QL=120 EA/30 Days
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	QL=60 EA/30 Days
<i>piroxicam 20mg cap</i>	1	QL=30 EA/30 Days
<i>sulindac 150mg tab</i>	1	QL=60 EA/30 Days
<i>sulindac 200mg tab</i>	1	QL=60 EA/30 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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>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>hydrocodone bitartrate/ibuprofen 7.5-200mg tab</i>	1	QL=480 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 10mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 15mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 20mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 2mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine 5mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 7.5mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 8mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 12-3mg sl film</i>	1	
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 4-1mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl tab</i>	1	QL=120 EA/30 Days
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol 100mg cap</i>	1	
<i>danazol 200mg cap</i>	1	
<i>danazol 50mg cap</i>	1	
<i>testosterone 1% (12.5mg/act) topical gel pump</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (25mg) topical gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (50mg) topical gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1.62% (20.25mg/act) topical 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	QL=5 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
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
<i>hydrocortisone 1.67mg/ml enema</i>	1	
<i>hydrocortisone 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>nitroglycerin 0.4% rectal ointment</i>	1	QL=30 GM/30 Days
<i>procto-med 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctosol 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctozone hc 2.5% topical cream</i>	1	QL=60 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200mg tab</i>	1	QL=672 EA/365 Days
<i>ivermectin 3mg tab</i>	1	PA QL=30 EA/90 Days
<i>praziquantel 600mg tab</i>	1	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 10mg tab</i>	1	
<i>isosorbide dinitrate 20mg tab</i>	1	
<i>isosorbide dinitrate 30mg tab</i>	1	
<i>isosorbide dinitrate 5mg tab</i>	1	
ISOSORBIDE MONONITRATE 10MG TAB	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
ISOSORBIDE MONONITRATE 20MG TAB	1	
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	
NITRO-BID 2% TOPICAL 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 2mg/ml oral soln</i>	1	
<i>hydroxyzine 50mg tab</i>	1	
<i>hydroxyzine pamoate 25mg cap</i>	1	
<i>hydroxyzine pamoate 50mg cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
<i>alprazolam 0.25mg tab</i>	1	
<i>alprazolam 0.5mg tab</i>	1	
<i>alprazolam 1mg tab</i>	1	
<i>alprazolam 2mg tab</i>	1	
<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=90 EA/30 Days
<i>clorazepate dipotassium 7.5mg tab</i>	1	QL=180 EA/30 Days
<i>diazepam 10mg tab</i>	1	
<i>diazepam 1mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>diazepam 2mg tab</i>	1	
<i>diazepam 5mg tab</i>	1	
<i>diazepam 5mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>lorazepam 0.5mg tab</i>	1	
<i>lorazepam 1mg tab</i>	1	
<i>lorazepam 2mg tab</i>	1	
<i>lorazepam 2mg/ml oral soln</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=8 EA/28 Days
XOLAIR 150MG/ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
XOLAIR 150MG/ML SYRINGE	1	NDS PA QL=2 ML/28 Days
XOLAIR 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
XOLAIR 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA QL=1 ML/28 Days
XOLAIR 75MG/0.5ML SYRINGE	1	NDS PA QL=1 ML/28 Days
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 10mg/ml inh soln</i>	1	PA_BvD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG HFA INHALER	1	QL=25.80 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	1	QL=30 EA/30 Days
<i>ipratropium bromide 0.02% inh soln</i>	1	PA_BvD
SPIRIVA RESPIMAT 1.25MCG/ACT INHALER	1	QL=4 GM/30 Days
LEUKOTRIENE MODULATORS		
<i>montelukast 10mg tab</i>	1	
<i>montelukast 4mg chew tab</i>	1	
<i>montelukast 5mg chew tab</i>	1	
<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
QVAR 40MCG REDIHALER	1	QL=10.60 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 5mg/ml (0.5%) inh soln</i>	1	PA_BvD
ANORO ELLIPTA 62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>arformoterol tartrate 15mcg/2ml neb soln</i>	1	PA_BvD QL=120 ML/30 Days
BREO ELLIPTA 100-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 200-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 50-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>breyna 160-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days

You can find information 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>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
STIOLTO 2.5-2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
STRIVERDI 2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
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
VENTOLIN 108MCG HFA INHALER	1	QL=36 GM/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
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
<i>dabigatran etexilate 110mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate 150mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate 75mg cap</i>	1	QL=60 EA/30 Days
ELIQUIS 2.5MG TAB	1	
ELIQUIS 5MG 30-DAY STARTER PACK (74)	1	QL=74 EA/30 Days
ELIQUIS 5MG TAB	1	
<i>enoxaparin sodium 100mg/1ml syringe</i>	1	
<i>enoxaparin sodium 120mg/0.8ml syringe</i>	1	
<i>enoxaparin sodium 150mg/1ml syringe</i>	1	
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	1	
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	1	
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	1	
<i>enoxaparin sodium 80mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	1	
<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	1	
<i>heparin sodium porcine 10000unit/ml inj</i>	1	
<i>heparin sodium porcine 1000unit/ml inj</i>	1	
<i>heparin sodium porcine 20000unit/ml inj</i>	1	
<i>heparin sodium porcine 5000unit/ml inj</i>	1	
<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>rivaroxaban 1mg/ml oral susp</i>	1	QL=620 ML/30 Days
<i>rivaroxaban 2.5mg tab</i>	1	QL=60 EA/30 Days
<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	
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
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10mg tab</i>	1	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml oral susp</i>	1	QL=480 ML/30 Days
<i>clobazam 20mg tab</i>	1	QL=60 EA/30 Days
<i>clonazepam 0.125mg odt</i>	1	
<i>clonazepam 0.25mg odt</i>	1	
<i>clonazepam 0.5mg odt</i>	1	
<i>clonazepam 0.5mg tab</i>	1	
<i>clonazepam 1mg odt</i>	1	
<i>clonazepam 1mg tab</i>	1	
<i>clonazepam 2mg odt</i>	1	
<i>clonazepam 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>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
DIACOMIT 500MG POWDER FOR ORAL SUSP	1	NDS PA_NSO QL=180 EA/30 Days
DILANTIN 30MG ER CAP	1	
EPIDIOLEX 100MG/ML ORAL SOLN	1	NDS PA_NSO QL=600 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=360 EA/30 Days
<i>gabapentin 300mg cap</i>	1	QL=360 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>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 er tab</i>	1	
<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 50mg er 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	QL=180 EA/30 Days
<i>levetiracetam 500mg tab</i>	1	
<i>levetiracetam 750mg er tab</i>	1	QL=120 EA/30 Days
<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
<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>phenytek 200mg er cap</i>	1	
<i>phenytek 300mg er cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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=120 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=120 EA/30 Days
<i>pregabalin 300mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 50mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 75mg cap</i>	1	QL=120 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>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 25mg/ml oral soln</i>	1	PA_NSO QL=480 ML/30 Days
<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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	NDS PA_NSO QL=180 EA/30 Days
<i>vigabatrin 500mg tab</i>	1	NDS PA_NSO QL=180 EA/30 Days
VIGAFYDE 100MG/ML ORAL SOLN	1	NDS PA_NSO QL=720 ML/30 Days
<i>vigpoder 500mg powder for oral soln</i>	1	NDS 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 500mg dr tab</i>	1	
<i>valproic acid 250mg cap</i>	1	
<i>valproic acid 50mg/ml oral soln</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY 105-45MG ER TAB	1	PA_NSO QL=60 EA/30 Days
<i>bupropion 100mg sr (12hr) tab</i>	1	
<i>bupropion 100mg tab</i>	1	
<i>bupropion 150mg sr (12 hr) tab</i>	1	
<i>bupropion 200mg sr (12hr) tab</i>	1	
<i>bupropion 75mg tab</i>	1	
<i>bupropion xl 150mg (24 hr) tab</i>	1	
<i>bupropion xl 300mg (24hr) tab</i>	1	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MARPLAN 10MG TAB	1	QL=180 EA/30 Days
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	
PAROXETINE 10MG/5ML ORAL SUSP	1	QL=900 ML/30 Days
<i>paroxetine 12.5mg er tab</i>	1	QL=30 EA/30 Days
<i>paroxetine 20mg tab</i>	1	
<i>paroxetine 25mg er tab</i>	1	QL=60 EA/30 Days
<i>paroxetine 30mg tab</i>	1	
<i>paroxetine 37.5mg er tab</i>	1	QL=60 EA/30 Days
<i>paroxetine 40mg tab</i>	1	
<i>sertraline 100mg tab</i>	1	
<i>sertraline 20mg/ml oral soln</i>	1	QL=300 ML/30 Days
<i>sertraline 25mg tab</i>	1	
<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

You can find information 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>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	QL=30 EA/30 Days
<i>desvenlafaxine succinate 25mg er tab</i>	1	QL=30 EA/30 Days
<i>desvenlafaxine succinate 50mg er tab</i>	1	QL=30 EA/30 Days
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	QL=60 EA/30 Days
<i>duloxetine 30mg dr cap</i>	1	QL=60 EA/30 Days
<i>duloxetine 60mg dr cap</i>	1	QL=60 EA/30 Days
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	
<i>amitriptyline 10mg tab</i>	1	
<i>amitriptyline 150mg tab</i>	1	
<i>amitriptyline 25mg tab</i>	1	
<i>amitriptyline 50mg tab</i>	1	
<i>amitriptyline 75mg tab</i>	1	
<i>amoxapine 100mg tab</i>	1	
<i>amoxapine 150mg tab</i>	1	
<i>amoxapine 25mg tab</i>	1	
<i>amoxapine 50mg tab</i>	1	
<i>clomipramine 25mg cap</i>	1	
<i>clomipramine 50mg cap</i>	1	
<i>clomipramine 75mg cap</i>	1	
<i>desipramine 100mg tab</i>	1	
<i>desipramine 10mg tab</i>	1	
<i>desipramine 150mg tab</i>	1	
<i>desipramine 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>desipramine 50mg tab</i>	1	
<i>desipramine 75mg tab</i>	1	
<i>doxepin 100mg cap</i>	1	
<i>doxepin 10mg cap</i>	1	
<i>doxepin 10mg/ml oral soln</i>	1	
<i>doxepin 150mg cap</i>	1	
<i>doxepin 25mg cap</i>	1	
<i>doxepin 50mg cap</i>	1	
<i>doxepin 75mg cap</i>	1	
<i>imipramine 10mg tab</i>	1	
<i>imipramine 25mg tab</i>	1	
<i>imipramine 50mg tab</i>	1	
<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	
<i>protriptyline 5mg tab</i>	1	
<i>trimipramine 100mg cap</i>	1	QL=60 EA/30 Days
<i>trimipramine 25mg cap</i>	1	QL=120 EA/30 Days
<i>trimipramine 50mg cap</i>	1	QL=120 EA/30 Days
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>glipizide/metformin 2.5-250mg tab</i>	1	QL=240 EA/30 Days
<i>glipizide/metformin 2.5-500mg tab</i>	1	QL=120 EA/30 Days
<i>glipizide/metformin 5-500mg tab</i>	1	QL=120 EA/30 Days
<i>glyburide/metformin 1.25-250mg tab</i>	1	
<i>glyburide/metformin 2.5-500mg tab</i>	1	
<i>glyburide/metformin 5-500mg tab</i>	1	
GLYXAMBI 10-5MG TAB	1	QL=30 EA/30 Days
GLYXAMBI 25-5MG TAB	1	QL=30 EA/30 Days
JANUMET 50-1000MG TAB	1	QL=60 EA/30 Days
JANUMET 50-500MG TAB	1	QL=60 EA/30 Days
JANUMET XR 100-1000MG TAB	1	QL=30 EA/30 Days
JANUMET XR 50-1000MG TAB	1	QL=60 EA/30 Days
JANUMET XR 50-500MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-500MG TAB	1	QL=60 EA/30 Days
JENTADUETO XR 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO XR 5-1000MG TAB	1	QL=30 EA/30 Days
<i>metformin/pioglitazone 150-15mg tab</i>	1	QL=90 EA/30 Days
<i>metformin/pioglitazone 850-15mg tab</i>	1	QL=90 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	QL=90 EA/30 Days
<i>acarbose 25mg tab</i>	1	QL=90 EA/30 Days
<i>acarbose 50mg tab</i>	1	QL=90 EA/30 Days
BAQSIMI 3MG/DOSE NASAL POWDER	1	QL=2 EA/7 Days
<i>diazoxide 50mg/ml oral susp</i>	1	
<i>glucagon (rdna) 1mg inj</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	NDS PA QL=120 EA/30 Days
<i>nateglinide 120mg tab</i>	1	QL=90 EA/30 Days
<i>nateglinide 60mg tab</i>	1	QL=90 EA/30 Days
<i>pioglitazone 15mg tab</i>	1	
<i>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	QL=120 EA/30 Days
<i>repaglinide 1mg tab</i>	1	QL=120 EA/30 Days
<i>repaglinide 2mg tab</i>	1	QL=240 EA/30 Days
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 2MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 4MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 8MG/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		
FIASP 100UNIT/ML CARTRIDGE	1	INS
FIASP 100UNIT/ML INJ	1	INS PA_BvD
FIASP 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG 100UNIT/ML CARTRIDGE	1	INS
HUMALOG 100UNIT/ML KWIKPEN (3ML)	1	INS
HUMALOG 200UNIT/ML KWIKPEN (3ML)	1	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG MIX (75/25) 100UNIT/ML INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN (3ML)	1	INS
HUMULIN (70/30) 100UNIT/ML INJ	1	INS
HUMULIN (70/30) 100UNIT/ML PEN INJ (3ML)	1	INS
HUMULIN N 100UNIT/ML INJ	1	INS
HUMULIN N 100UNIT/ML PEN INJ (3ML)	1	INS
HUMULIN R 100UNIT/ML INJ	1	INS
HUMULIN R 500UNIT/ML INJ	1	INS PA_BvD
HUMULIN R 500UNIT/ML PEN INJ (3ML)	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	1	INS
INSULIN GLARGINE-YFGN 100UNIT/ML INJ	1	INS
INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO 100UNIT/ML INJ	1	INS PA_BvD
INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	1	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN LISPRO JUNIOR 100UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO PROTAMINE HUMAN (75/25) 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLIN MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	1	INS
NOVOLIN MIX (70/30) 100UNIT/ML INJ	1	INS
NOVOLIN N 100UNIT/ML INJ	1	INS
NOVOLIN N 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLIN R 100UNIT/ML INJ	1	INS
NOVOLIN R 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLOG 100UNIT/ML CARTRIDGE	1	INS
NOVOLOG 100UNIT/ML INJ	1	INS PA BvD
NOVOLOG 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLOG MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	1	INS
NOVOLOG MIX (70/30) 100UNIT/ML 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 (3ML)	1	INS
TRESIBA 200UNIT/ML PEN INJ (3ML)	1	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
DAPAGLIFLOZIN 10MG TAB	1	QL=30 EA/30 Days
DAPAGLIFLOZIN 5MG TAB	1	QL=30 EA/30 Days
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	
<i>glyburide 1.25mg tab</i>	1	
<i>glyburide 2.5mg tab</i>	1	
<i>glyburide 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 2mg/2ml syringe</i>	1	
<i>naltrexone 50mg tab</i>	1	
OPVEE 2.7MG/0.1ML NASAL SPRAY	1	
VIVITROL 380MG INJ	1	NDS
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 QL=900 ML/30 Days
<i>ondansetron 4mg odt</i>	1	
<i>ondansetron 4mg tab</i>	1	
<i>ondansetron 8mg odt</i>	1	
<i>ondansetron 8mg tab</i>	1	
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		
ANTIFUNGALS		
AMPHOTERICIN B 50MG INJ	1	PA_BvD
<i>amphotericin b liposomal 50mg inj</i>	1	PA_BvD
<i>caspofungin acetate 50mg inj</i>	1	
<i>caspofungin acetate 70mg inj</i>	1	
CRESEMBA 186MG CAP	1	NDS PA
CRESEMBA 74.5MG CAP	1	NDS PA
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>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>itraconazole 100mg cap</i>	1	QL=120 EA/30 Days
<i>ketoconazole 200mg tab</i>	1	
<i>miconazole sodium 100mg inj</i>	1	
<i>miconazole sodium 50mg inj</i>	1	
<i>nystatin 500000unit 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>terbinafine 250mg tab</i>	1	QL=30 EA/30 Days
<i>voriconazole 200mg inj</i>	1	PA
<i>voriconazole 200mg tab</i>	1	PA QL=120 EA/30 Days
<i>voriconazole 40mg/ml oral susp</i>	1	PA QL=400 ML/30 Days
<i>voriconazole 50mg tab</i>	1	PA QL=480 EA/30 Days
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-20mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-40mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-80mg tab</i>	1	QL=30 EA/30 Days
<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	QL=60 EA/30 Days
<i>niacin 500mg er tab</i>	1	QL=60 EA/30 Days
<i>niacin 750mg er tab</i>	1	QL=60 EA/30 Days
<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
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	

You can find information 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>colestipol 5000mg granules 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 43mg 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	
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>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	QL=120 EA/30 Days
<i>captopril 12.5mg tab</i>	1	QL=90 EA/30 Days
<i>captopril 25mg tab</i>	1	QL=90 EA/30 Days
<i>captopril 50mg tab</i>	1	QL=90 EA/30 Days
<i>enalapril maleate 10mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enalapril maleate 2.5mg tab</i>	1	
<i>enalapril maleate 20mg tab</i>	1	
<i>enalapril maleate 5mg tab</i>	1	
<i>fosinopril sodium 10mg tab</i>	1	
<i>fosinopril sodium 20mg tab</i>	1	
<i>fosinopril sodium 40mg tab</i>	1	
<i>lisinopril 10mg tab</i>	1	
<i>lisinopril 2.5mg tab</i>	1	
<i>lisinopril 20mg tab</i>	1	
<i>lisinopril 30mg tab</i>	1	
<i>lisinopril 40mg tab</i>	1	
<i>lisinopril 5mg tab</i>	1	
<i>moexipril 15mg tab</i>	1	
<i>moexipril 7.5mg tab</i>	1	
PERINDOPRIL ERBUMINE 2MG TAB	1	
<i>perindopril erbumine 4mg tab</i>	1	
PERINDOPRIL ERBUMINE 8MG TAB	1	
<i>quinapril 10mg tab</i>	1	
<i>quinapril 20mg tab</i>	1	
<i>quinapril 40mg tab</i>	1	
<i>quinapril 5mg tab</i>	1	
<i>ramipril 1.25mg cap</i>	1	
<i>ramipril 10mg cap</i>	1	
<i>ramipril 2.5mg cap</i>	1	
<i>ramipril 5mg cap</i>	1	
<i>trandolapril 1mg tab</i>	1	
<i>trandolapril 2mg tab</i>	1	
<i>trandolapril 4mg tab</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16mg tab</i>	1	QL=60 EA/30 Days
<i>candesartan cilexetil 32mg tab</i>	1	QL=30 EA/30 Days
<i>candesartan cilexetil 4mg tab</i>	1	QL=60 EA/30 Days
<i>candesartan cilexetil 8mg tab</i>	1	QL=60 EA/30 Days
<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	QL=30 EA/30 Days
<i>telmisartan 40mg tab</i>	1	QL=30 EA/30 Days
<i>telmisartan 80mg tab</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>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>guanfacine 1mg tab</i>	1	
<i>guanfacine 2mg tab</i>	1	
<i>prazosin 1mg cap</i>	1	
<i>prazosin 2mg cap</i>	1	
<i>prazosin 5mg cap</i>	1	
<i>terazosin 10mg cap</i>	1	
<i>terazosin 1mg cap</i>	1	
<i>terazosin 2mg cap</i>	1	
<i>terazosin 5mg cap</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine/benazepril 10-20mg cap</i>	1	
<i>amlodipine/benazepril 10-40mg cap</i>	1	
<i>amlodipine/benazepril 2.5-10mg cap</i>	1	
<i>amlodipine/benazepril 5-10mg cap</i>	1	
<i>amlodipine/benazepril 5-20mg cap</i>	1	
<i>amlodipine/benazepril 5-40mg cap</i>	1	
<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 10-160mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 10-320mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 5-160mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 5-320mg tab</i>	1	QL=30 EA/30 Days
<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	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	1	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	1	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 5-6.25mg tab</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>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	QL=60 EA/30 Days
<i>enalapril maleate/hydrochlorothiazide 5-12.5mg tab</i>	1	QL=120 EA/30 Days
<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	QL=60 EA/30 Days
<i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i>	1	QL=30 EA/30 Days
<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	QL=30 EA/30 Days
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-320mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-80mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 25-160mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 25-320mg tab</i>	1	QL=30 EA/30 Days
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren 150mg tab</i>	1	QL=30 EA/30 Days
<i>aliskiren 300mg tab</i>	1	QL=30 EA/30 Days
<i>eplerenone 25mg tab</i>	1	
<i>eplerenone 50mg tab</i>	1	
<i>metyrosine 250mg cap</i>	1	NDS PA
VASODILATORS		
<i>hydralazine 100mg tab</i>	1	
<i>hydralazine 10mg tab</i>	1	
<i>hydralazine 25mg tab</i>	1	
<i>hydralazine 50mg tab</i>	1	
<i>minoxidil 10mg tab</i>	1	

You can find information 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>minoxidil 2.5mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>atovaquone 750mg/5ml oral susp</i>	1	QL=300 ML/30 Days
<i>azithromycin 20mg/ml oral susp</i>	1	
<i>azithromycin 250mg pack (6)</i>	1	
<i>azithromycin 250mg tab</i>	1	
<i>azithromycin 40mg/ml oral susp</i>	1	
<i>azithromycin 500mg inj</i>	1	
<i>azithromycin 500mg tab</i>	1	
<i>azithromycin 500mg tab pack (3)</i>	1	
<i>azithromycin 600mg tab</i>	1	
<i>aztreonam 1gm inj</i>	1	
<i>aztreonam 2gm inj</i>	1	
<i>cefepime 1000mg inj</i>	1	
<i>cefepime 2000mg inj</i>	1	
CILASTATIN/IMIPENEM 250-250MG INJ	1	
<i>cilastatin/imipenem 500-500mg inj</i>	1	
<i>clarithromycin 250mg tab</i>	1	
CLARITHROMYCIN 25MG/ML ORAL SUSP	1	
<i>clarithromycin 500mg tab</i>	1	
CLARITHROMYCIN 50MG/ML ORAL SUSP	1	
<i>clindamycin 150mg cap</i>	1	
<i>clindamycin 300mg cap</i>	1	
<i>clindamycin 300mg/2ml inj</i>	1	
<i>clindamycin 300mg/50ml inj</i>	1	
<i>clindamycin 600mg/4ml inj</i>	1	
<i>clindamycin 600mg/50ml inj</i>	1	
<i>clindamycin 75mg cap</i>	1	
<i>clindamycin 75mg/5ml oral soln</i>	1	
<i>clindamycin 900mg/50ml inj</i>	1	
<i>clindamycin 900mg/6ml inj</i>	1	
<i>colistin 75mg/ml inj</i>	1	
<i>daptomycin 350mg inj</i>	1	
<i>daptomycin 500mg inj</i>	1	
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
DIFICID 40MG/ML ORAL SUSP	1	PA QL=136 ML/10 Days
<i>ertapenem 1gm inj</i>	1	
<i>erythromycin 250mg dr tab</i>	1	
<i>erythromycin 250mg tab</i>	1	
<i>erythromycin 333mg dr tab</i>	1	
<i>erythromycin 500mg dr tab</i>	1	
<i>erythromycin 500mg tab</i>	1	
<i>fosfomycin 3gm powder for oral soln</i>	1	
IMPAVIDO 50MG CAP	1	NDS PA QL=84 EA/28 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>linezolid 100mg/5ml oral susp</i>	1	QL=1800 ML/30 Days
<i>linezolid 600mg tab</i>	1	QL=60 EA/30 Days
<i>linezolid 600mg/300ml inj</i>	1	
<i>meropenem 1gm inj</i>	1	
<i>meropenem 500mg inj</i>	1	
<i>methenamine hippurate 1gm tab</i>	1	
<i>metronidazole 250mg tab</i>	1	
<i>metronidazole 500mg tab</i>	1	
<i>metronidazole 5mg/ml inj</i>	1	
<i>nitazoxanide 500mg tab</i>	1	NDS PA QL=6 EA/3 Days
<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 50mg cap</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	
<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	QL=120 EA/30 Days
<i>vancomycin 1gm inj</i>	1	
<i>vancomycin 250mg cap</i>	1	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
ZERBAXA 1000-500MG INJ	1	
ANTIMALARIALS		
ANTIMALARIALS		
<i>atovaquone/proguanil 250-100mg tab</i>	1	
<i>atovaquone/proguanil 62.5-25mg tab</i>	1	
CHLOROQUINE PHOSPHATE 250MG TAB	1	
<i>chloroquine phosphate 500mg tab</i>	1	
COARTEM 20-120MG TAB	1	QL=24 EA/3 Days
<i>hydroxychloroquine sulfate 200mg tab</i>	1	QL=90 EA/30 Days
<i>mefloquine 250mg tab</i>	1	
PRIMAQUINE PHOSPHATE 26.3MG TAB	1	
<i>pyrimethamine 25mg tab</i>	1	NDS PA QL=90 EA/30 Days
<i>quinine sulfate 324mg cap</i>	1	PA QL=42 EA/7 Days
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone 100mg tab</i>	1	
<i>dapsone 25mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide 25mg cap</i>	1	PA_BvD
CYCLOPHOSPHAMIDE 25MG TAB	1	PA_BvD
<i>cyclophosphamide 50mg cap</i>	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		
<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
TABLOID 40MG TAB	1	NDS
XATMEP 2.5MG/ML ORAL SOLN	1	PA_BvD
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	NDS 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	QL=30 EA/30 Days
<i>bicalutamide 50mg tab</i>	1	QL=30 EA/30 Days
ELIGARD 22.5MG SYRINGE	1	QL=1 EA/84 Days
ELIGARD 30MG SYRINGE	1	QL=1 EA/112 Days
ELIGARD 45MG SYRINGE	1	QL=1 EA/168 Days
ELIGARD 7.5MG SYRINGE	1	QL=1 EA/28 Days
ERLEADA 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ERLEADA 60MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
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	QL=30 EA/30 Days
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	NDS
<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

You can find information 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>nilutamide 150mg tab</i>	1	NDS QL=60 EA/30 Days
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=56 EA/28 Days
BALVERSA 4MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
BALVERSA 5MG TAB	1	NDS PA_NSO QL=28 EA/28 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 TAB	1	NDS PA_NSO QL=60 EA/30 Days
CAPRELSA 100MG 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
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=56 EA/28 Days
COPIKTRA 25MG CAP	1	NDS PA_NSO QL=56 EA/28 Days
COTELLIC 20MG TAB	1	NDS PA_NSO QL=63 EA/28 Days
<i>dasatinib 100mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 140mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 20mg tab</i>	1	NDS PA_NSO QL=90 EA/30 Days
<i>dasatinib 50mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 70mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 80mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 10mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 2.5mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 2mg tab for oral susp</i>	1	NDS PA_NSO QL=150 EA/30 Days
<i>everolimus 3mg tab for oral susp</i>	1	NDS PA_NSO QL=90 EA/30 Days
<i>everolimus 5mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 5mg tab for oral susp</i>	1	NDS PA_NSO QL=60 EA/30 Days
<i>everolimus 7.5mg tab</i>	1	NDS 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=168 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
IBRANCE 75MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 75MG TAB	1	NDS PA_NSO QL=21 EA/28 Days
IBTROZI 200MG CAP	1	NDS PA_NSO QL=90 EA/30 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 140MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
IMBRUVICA 280MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
IMBRUVICA 420MG 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
IMBRUVICA 70MG CAP	1	NDS PA_NSO QL=28 EA/28 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	NDS 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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	1	NDS PA_NSO QL=16 EA/28 Days
OJEMDA 100MG TAB PACK (500MG ONCE WEEKLY) (20)	1	NDS PA_NSO QL=20 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	NDS PA_NSO QL=120 EA/30 Days
PEMAZYRE 13.5MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
PEMAZYRE 4.5MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
PEMAZYRE 9MG TAB	1	NDS PA_NSO QL=28 EA/28 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 PELLET	1	NDS PA_NSO QL=336 EA/28 Days
RUBRACA 200MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 250MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 300MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RYDAPT 25MG CAP	1	NDS PA_NSO QL=224 EA/28 Days
SCEMBLIX 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
SCEMBLIX 20MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
SCEMBLIX 40MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>sorafenib 200mg tab</i>	1	NDS 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	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 25mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 37.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 50mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
TABRECTA 150MG TAB	1	NDS PA_NSO QL=112 EA/28 Days
TABRECTA 200MG TAB	1	NDS PA_NSO QL=112 EA/28 Days
TAFINLAR 10MG TAB FOR ORAL SUSP	1	NDS PA_NSO QL=840 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
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
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 PELLE	1	NDS PA_NSO QL=180 EA/30 Days
XALKORI 200MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
XALKORI 20MG ORAL PELLE	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 250MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 50MG ORAL PELLE	1	NDS PA_NSO QL=120 EA/30 Days
XOSPATA 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ZEJULA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZELBORAF 240MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
ZOLINZA 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
ZYDELIG 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYDELIG 150MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYKADIA 150MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	1	NDS PA_NSO
AYVAKIT 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 25MG TAB	1	NDS PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	NDS PA_NSO QL=300 EA/30 Days
HERNEXEOS 60MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
<i>hydroxyurea 500mg cap</i>	1	
MATULANE 50MG CAP	1	NDS
MODEYSO 125MG CAP	1	NDS PA_NSO QL=20 EA/28 Days
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
<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	QL=300 EA/30 Days
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg 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>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	
<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	
<i>selegiline 5mg tab</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>divalproex sodium 250mg er tab</i>	1	
<i>divalproex sodium 500mg 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>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	QL=30 EA/30 Days
<i>lurasidone 20mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 40mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 60mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 80mg tab</i>	1	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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 20mg inj</i>	1	QL=6 EA/3 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	QL=3.50 ML/166 Days
INVEGA HAFYERA 1560MG/5ML SYRINGE	1	QL=5 ML/166 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	1	NDS QL=.75 ML/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	1	NDS QL=1 ML/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	1	NDS QL=1.50 ML/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	1	QL=.25 ML/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	1	NDS QL=.50 ML/28 Days
INVEGA TRINZA 273MG/0.88ML SYRINGE	1	QL=.88 ML/70 Days
INVEGA TRINZA 410MG/1.32ML SYRINGE	1	QL=1.32 ML/70 Days
INVEGA TRINZA 546MG/1.75ML SYRINGE	1	QL=1.75 ML/70 Days
INVEGA TRINZA 819MG/2.63ML SYRINGE	1	QL=2.63 ML/70 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
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
<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 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 microspheres 12.5mg inj</i>	1	QL=2 EA/28 Days
<i>risperidone microspheres 25mg inj</i>	1	QL=2 EA/28 Days
<i>risperidone microspheres 37.5mg inj</i>	1	QL=2 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone microspheres 50mg inj</i>	1	QL=2 EA/28 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=3 EA/1 Days
<i>olanzapine 10mg odt</i>	1	
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg odt</i>	1	
<i>olanzapine 15mg tab</i>	1	
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg odt</i>	1	
<i>olanzapine 20mg tab</i>	1	
<i>olanzapine 5mg odt</i>	1	
<i>olanzapine 5mg tab</i>	1	
<i>olanzapine 7.5mg tab</i>	1	
<i>quetiapine 100mg tab</i>	1	
<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		

You can find information 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>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	
<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 MAINTENA 300MG INJ	1	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	1	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 400MG INJ	1	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 400MG/2ML SYRINGE	1	NDS 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	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA 1064MG/3.9ML SYRINGE	1	QL=3.90 ML/56 Days
ARISTADA 441MG/1.6ML SYRINGE	1	NDS QL=1.60 ML/28 Days
ARISTADA 662MG/2.4ML SYRINGE	1	NDS QL=2.40 ML/28 Days
ARISTADA 675MG/2.4ML SYRINGE	1	QL=2.40 ML/42 Days
ARISTADA 882MG/3.2ML SYRINGE	1	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
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>baclofen 5mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	
<i>chlorzoxazone 500mg tab</i>	1	QL=180 EA/30 Days
<i>cyclobenzaprine 10mg tab</i>	1	
<i>cyclobenzaprine 5mg tab</i>	1	
<i>dantrolene sodium 100mg cap</i>	1	
<i>dantrolene sodium 25mg cap</i>	1	
<i>dantrolene sodium 50mg cap</i>	1	
<i>metaxalone 800mg tab</i>	1	
<i>methocarbamol 500mg tab</i>	1	
<i>methocarbamol 750mg tab</i>	1	
<i>orphenadrine citrate 100mg er tab</i>	1	
<i>pyridostigmine bromide 60mg tab</i>	1	
<i>tizanidine 2mg tab</i>	1	
<i>tizanidine 4mg tab</i>	1	
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
CIMDUO 300-300MG 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
<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 2.5MG TAB FOR ORAL SUSP	1	QL=180 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	QL=480 ML/30 Days
<i>lamivudine 10mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>lamivudine 150mg tab</i>	1	QL=60 EA/30 Days
<i>lamivudine 300mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine/zidovudine 150-300mg tab</i>	1	QL=60 EA/30 Days
<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
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 1mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine 100mg tab</i>	1	QL=90 EA/30 Days
MAVYRET 100-40MG TAB	1	NDS PA QL=84 EA/28 Days
MAVYRET 50-20MG ORAL PELLET	1	NDS PA QL=140 EA/28 Days
PEGASYS 180MCG/0.5ML SYRINGE	1	NDS QL=2 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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=28 EA/28 Days
VOSEVI 400-100-100MG TAB	1	NDS PA QL=28 EA/28 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	QL=60 EA/30 Days
<i>famciclovir 250mg tab</i>	1	QL=60 EA/30 Days
<i>famciclovir 500mg tab</i>	1	QL=90 EA/30 Days
<i>valacyclovir 1000mg tab</i>	1	QL=120 EA/30 Days
<i>valacyclovir 500mg tab</i>	1	QL=60 EA/30 Days
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/365 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		
LIVTENCITY 200MG TAB	1	NDS PA QL=120 EA/30 Days
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
PREVYMIS 120MG ORAL PELLETT	1	NDS PA QL=120 EA/30 Days
PREVYMIS 240MG TAB	1	NDS PA QL=28 EA/28 Days
PREVYMIS 480MG TAB	1	NDS PA QL=30 EA/30 Days
<i>valganciclovir 450mg tab</i>	1	QL=120 EA/30 Days
<i>valganciclovir 50mg/ml oral soln</i>	1	QL=1056 ML/30 Days
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol 12.5mg tab</i>	1	
<i>carvedilol 25mg tab</i>	1	
<i>carvedilol 3.125mg tab</i>	1	
<i>carvedilol 6.25mg tab</i>	1	
<i>labetalol 100mg tab</i>	1	
<i>labetalol 200mg tab</i>	1	
<i>labetalol 300mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>nebivolol 10mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 2.5mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 20mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 5mg tab</i>	1	QL=60 EA/30 Days
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sotalol af 160mg tab</i>	1	
<i>sotalol af 80mg tab</i>	1	
<i>timolol 10mg tab</i>	1	
<i>timolol 5mg tab</i>	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine 10mg tab</i>	1	
<i>amlodipine 2.5mg tab</i>	1	
<i>amlodipine 5mg tab</i>	1	
<i>cartia 120mg er (24hr) cap</i>	1	
<i>cartia 180mg er (24hr) cap</i>	1	
<i>cartia 240mg er (24hr) cap</i>	1	
<i>cartia 300mg er (24hr) cap</i>	1	
<i>dilt 120mg er (24hr) cap</i>	1	
<i>dilt 180mg er (24hr) cap</i>	1	
<i>dilt 240mg er (24hr) cap</i>	1	
<i>diltiazem 120mg er (12hr) cap</i>	1	
<i>diltiazem 120mg er (24hr) cap</i>	1	
<i>diltiazem 120mg tab</i>	1	
<i>diltiazem 180mg er (24hr) cap</i>	1	
<i>diltiazem 240mg er (24hr) cap</i>	1	
<i>diltiazem 300mg er (24hr) cap</i>	1	
<i>diltiazem 30mg tab</i>	1	
<i>diltiazem 360mg er (24hr) cap</i>	1	
<i>diltiazem 420mg er (24hr) cap</i>	1	
<i>diltiazem 60mg er (12hr) cap</i>	1	
<i>diltiazem 60mg tab</i>	1	
<i>diltiazem 90mg er (12hr) cap</i>	1	
<i>diltiazem 90mg tab</i>	1	
<i>felodipine 10mg er tab</i>	1	
<i>felodipine 2.5mg er tab</i>	1	
<i>felodipine 5mg er tab</i>	1	
<i>nifedipine 10mg cap</i>	1	
<i>nifedipine 20mg 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tiadylt 360mg er (24hr) cap</i>	1	
<i>tiadylt 420mg er (24hr) cap</i>	1	
<i>verapamil 120mg er cap</i>	1	
<i>verapamil 120mg er tab</i>	1	
<i>verapamil 120mg tab</i>	1	
<i>verapamil 180mg er cap</i>	1	
<i>verapamil 180mg er tab</i>	1	
<i>verapamil 240mg er cap</i>	1	
<i>verapamil 240mg er tab</i>	1	
VERAPAMIL 360MG ER CAP	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	
ANTIARRHYTHMICS		
<i>amiodarone 100mg tab</i>	1	
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
<i>disopyramide 100mg cap</i>	1	
<i>disopyramide 150mg cap</i>	1	
<i>dofetilide 0.125mg cap</i>	1	
<i>dofetilide 0.25mg cap</i>	1	
<i>dofetilide 0.5mg cap</i>	1	
<i>flecainide acetate 100mg tab</i>	1	
<i>flecainide acetate 150mg tab</i>	1	
<i>flecainide acetate 50mg tab</i>	1	
<i>mexiletine 150mg cap</i>	1	
<i>mexiletine 200mg cap</i>	1	
<i>mexiletine 250mg cap</i>	1	
MULTAQ 400MG TAB	1	QL=60 EA/30 Days
<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	
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG TAB	1	
CARDIOVASCULAR AGENTS, OTHER		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ATTRUBY 356MG TAB	1	NDS PA QL=112 EA/28 Days
<i>digoxin 0.125mg tab</i>	1	
<i>digoxin 0.25mg tab</i>	1	
ENTRESTO 15-16MG ORAL PELLET	1	QL=240 EA/30 Days
ENTRESTO 6-6MG ORAL PELLET	1	QL=240 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	QL=60 EA/30 Days
<i>ranolazine 500mg er tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 24-26mg tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 49-51mg tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 97-103mg tab</i>	1	QL=60 EA/30 Days
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
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
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
RADICAVA 105MG/5ML ORAL SUSP	1	NDS PA QL=70 ML/28 Days
<i>riluzole 50mg tab</i>	1	QL=60 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	
<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	

You can find information 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>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 400mg cap</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	
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 acetonide 0.1% oral paste</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane 10mg cap</i>	1	
<i>accutane 20mg cap</i>	1	
<i>accutane 40mg cap</i>	1	
<i>amnesteem 10mg cap</i>	1	
<i>amnesteem 20mg cap</i>	1	
<i>amnesteem 30mg cap</i>	1	
<i>amnesteem 40mg cap</i>	1	
<i>claravis 10mg cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>claravis 20mg cap</i>	1	
<i>claravis 30mg cap</i>	1	
<i>claravis 40mg cap</i>	1	
<i>clindamycin 1% pad</i>	1	QL=60 EA/30 Days
<i>clindamycin 1% topical gel (once-daily)</i>	1	QL=75 ML/30 Days
<i>clindamycin 1% topical gel (twice-daily)</i>	1	QL=75 GM/30 Days
<i>clindamycin 1% topical lotion</i>	1	QL=60 ML/30 Days
<i>clindamycin 1% topical soln</i>	1	QL=60 ML/30 Days
<i>ERY 2% PAD</i>	1	QL=60 EA/30 Days
<i>erythromycin 2% topical 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% topical lotion</i>	1	QL=118 ML/30 Days
<i>tretinoin 0.01% topical gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.05% topical cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.1% topical 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% topical cream</i>	1	QL=30 GM/30 Days
<i>gentamicin 0.1% topical ointment</i>	1	QL=30 GM/30 Days
<i>mupirocin 2% topical ointment</i>	1	QL=220 GM/30 Days
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77% topical cream</i>	1	QL=90 GM/30 Days
<i>ciclopirox 0.77% topical gel</i>	1	QL=100 GM/30 Days
<i>ciclopirox 0.77% topical lotion</i>	1	QL=60 ML/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% topical cream</i>	1	QL=45 GM/30 Days
<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	1	QL=90 GM/30 Days
<i>econazole nitrate 1% topical cream</i>	1	QL=85 GM/30 Days
<i>ketoconazole 2% shampoo</i>	1	QL=240 ML/30 Days
<i>ketoconazole 2% topical cream</i>	1	QL=120 GM/30 Days
<i>nyamyc 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000 unit/gm topical 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 topical cream</i>	1	QL=30 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% topical ointment</i>	1	QL=60 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% topical 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% topical gel</i>	1	NDS PA _NSO QL=60 GM/30 Days
<i>diclofenac sodium 3% topical gel</i>	1	PA QL=100 GM/30 Days
FLUOROURACIL 2% TOPICAL SOLN	1	QL=10 ML/30 Days
<i>fluorouracil 5% topical cream</i>	1	QL=40 GM/30 Days
<i>fluorouracil 5% topical soln</i>	1	QL=10 ML/30 Days
PANRETIN 0.1% TOPICAL GEL	1	NDS PA _NSO QL=60 GM/30 Days
VALCHLOR 0.016% TOPICAL GEL	1	NDS PA _NSO QL=60 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% topical cream</i>	1	PA QL=120 GM/30 Days
<i>calcipotriene 0.005% topical 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 10/20/30MG TAB 28-DAY STARTER PACK (55)	1	NDS PA QL=55 EA/28 Days
OTEZLA 10/20MG TAB 28-DAY STARTER PACK (55)	1	NDS PA QL=55 EA/28 Days
OTEZLA 20MG TAB	1	NDS PA QL=60 EA/30 Days
OTEZLA 30MG TAB	1	NDS PA QL=60 EA/30 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% topical 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
USTEKINUMAB 45MG/0.5ML INJ	1	PA QL=.50 ML/28 Days
USTEKINUMAB 45MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
USTEKINUMAB 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
YESINTEK 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
CORTICOSTEROIDS - TOPICAL		

You can find information 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>alclometasone dipropionate 0.05% topical cream</i>	1	QL=120 GM/30 Days
ALCLOMETASONE DIPROPIONATE 0.05% TOPICAL OINTMENT	1	QL=120 GM/30 Days
<i>betamethasone 0.05% aug topical cream</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% aug topical lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% aug topical ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% topical cream</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.05% topical lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% topical ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.1% topical cream</i>	1	QL=135 GM/30 Days
BETAMETHASONE 0.1% TOPICAL LOTION	1	QL=120 ML/30 Days
<i>betamethasone 0.1% topical ointment</i>	1	QL=135 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% topical cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical e cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical foam</i>	1	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% topical gel</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical lotion</i>	1	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% topical ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>desonide 0.05% topical cream</i>	1	QL=60 GM/30 Days
<i>desonide 0.05% topical ointment</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% topical cream</i>	1	QL=100 GM/30 Days
<i>desoximetasone 0.25% topical ointment</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical 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% topical cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.025% topical ointment</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical cream</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical e cream</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical 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% topical cream</i>	1	QL=60 GM/30 Days
<i>fluticasone propionate 0.005% topical ointment</i>	1	QL=240 GM/30 Days
<i>fluticasone propionate 0.05% topical cream</i>	1	QL=240 GM/30 Days
<i>halobetasol propionate 0.05% topical cream</i>	1	QL=50 GM/30 Days
<i>halobetasol propionate 0.05% topical ointment</i>	1	QL=50 GM/30 Days
<i>hydrocortisone 1% topical cream</i>	1	QL=240 GM/30 Days
HYDROCORTISONE 2.5% TOPICAL LOTION	1	QL=118 ML/30 Days
<i>hydrocortisone 2.5% topical ointment</i>	1	QL=240 GM/30 Days
<i>mometasone furoate 0.1% topical cream</i>	1	QL=180 GM/30 Days
<i>mometasone furoate 0.1% topical lotion</i>	1	QL=180 ML/30 Days
<i>mometasone furoate 0.1% topical ointment</i>	1	QL=180 GM/30 Days
<i>triamcinolone acetonide 0.025% topical cream</i>	1	QL=454 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide 0.025% topical lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.025% topical ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% topical lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.1% topical ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical ointment</i>	1	QL=120 GM/30 Days
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 4% mucous membrane topical soln</i>	1	QL=50 ML/30 Days
<i>lidocaine 5% patch</i>	1	PA QL=90 EA/30 Days
<i>lidocaine 5% topical ointment</i>	1	PA QL=107 GM/30 Days
<i>lidocaine/prilocaine 2.5-2.5% topical cream</i>	1	QL=30 GM/30 Days
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5% topical ointment</i>	1	QL=30 GM/30 Days
<i>ammonium lactate 12% topical cream</i>	1	
<i>ammonium lactate 12% topical lotion</i>	1	
EUCRISA 2% TOPICAL OINTMENT	1	PA QL=100 GM/30 Days
<i>imiquimod 5% topical cream</i>	1	QL=24 EA/30 Days
LITFULO 50MG CAP	1	NDS PA QL=28 EA/28 Days
<i>malathion 0.5% topical lotion</i>	1	
NEMLUVIO 30MG AUTO-INJECTOR	1	NDS PA QL=2 EA/28 Days
<i>permethrin 5% topical cream</i>	1	
<i>pimecrolimus 1% topical cream</i>	1	QL=100 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
<i>tacrolimus 0.03% topical ointment</i>	1	QL=100 GM/30 Days
<i>tacrolimus 0.1% topical ointment</i>	1	QL=100 GM/30 Days
ROSACEA AGENTS		
<i>azelaic acid 15% topical gel</i>	1	QL=50 GM/30 Days
<i>metronidazole 0.75% topical cream</i>	1	QL=45 GM/30 Days
<i>metronidazole 0.75% topical gel</i>	1	QL=45 GM/30 Days
<i>metronidazole 1% topical gel</i>	1	QL=60 GM/30 Days
WOUND CARE PRODUCTS		
SANTYL 250UNIT/GM TOPICAL OINTMENT	1	PA QL=90 GM/30 Days
<i>silver sulfadiazine 1% topical cream</i>	1	
<i>ssd 1% topical cream</i>	1	
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		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	QL=30 EA/30 Days
<i>alendronate sodium 35mg tab</i>	1	QL=4 EA/28 Days
<i>alendronate sodium 70mg tab</i>	1	QL=4 EA/28 Days
BOMYNTRA 120MG/1.7ML INJ	1	NDS PA QL=1.70 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
BOMYNTRA 120MG/1.7ML SYRINGE	1	NDS PA QL=1.70 ML/28 Days
CONEXXENCE 60MG/ML SYRINGE	1	ST QL=1 ML/168 Days
<i>ibandronate 150mg tab</i>	1	QL=1 EA/28 Days
JUBBONTI 60MG/ML SYRINGE	1	ST QL=1 ML/168 Days
<i>raloxifene 60mg tab</i>	1	
<i>risedronate sodium 150mg tab</i>	1	QL=1 EA/28 Days
<i>risedronate sodium 30mg tab</i>	1	QL=30 EA/30 Days
<i>risedronate sodium 35mg tab</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (12)</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (4)</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 5mg tab</i>	1	QL=30 EA/30 Days
<i>salmon calcitonin 200unit/act nasal spray</i>	1	QL=3.70 ML/28 Days
TERIPARATIDE 620MCG/2.48ML PEN INJ	1	NDS QL=2.48 ML/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	1	NDS QL=1.56 ML/30 Days
WYOST 120MG/1.7ML INJ	1	NDS PA QL=1.70 ML/28 Days
METABOLIC MODIFIERS		
<i>calcitriol 0.25mcg cap</i>	1	
<i>calcitriol 0.5mcg cap</i>	1	
<i>calcitriol 1mcg/ml oral soln</i>	1	
<i>carglumic acid 200mg tab for oral susp</i>	1	NDS PA
<i>cinacalcet 30mg tab</i>	1	QL=60 EA/30 Days
<i>cinacalcet 60mg tab</i>	1	QL=60 EA/30 Days
<i>cinacalcet 90mg tab</i>	1	QL=120 EA/30 Days
CYSTADANE 1GM POWDER FOR ORAL SOLN	1	NDS
<i>glutamine 5000mg powder for oral soln</i>	1	NDS PA QL=180 EA/30 Days
<i>levocarnitine 100mg/ml oral soln</i>	1	
<i>levocarnitine 330mg tab</i>	1	
<i>paricalcitol 1mcg cap</i>	1	
<i>paricalcitol 2mcg cap</i>	1	
<i>paricalcitol 4mcg cap</i>	1	
REVCovi 2.4MG/1.5ML INJ	1	NDS PA
<i>sapropterin 100mg powder for oral soln</i>	1	NDS PA
<i>sapropterin 100mg tab</i>	1	NDS PA
<i>sapropterin 500mg powder for oral soln</i>	1	NDS 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
VASOPRESSIN RECEPTOR ANTAGONISTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolvaptan 15mg tab</i>	1	NDS PA QL=120 EA/30 Days
<i>tolvaptan 15mg tab therapy pack (56)</i>	1	NDS PA QL=56 EA/28 Days
<i>tolvaptan 15mg/30mg tab pack (56)</i>	1	NDS PA QL=56 EA/28 Days
<i>tolvaptan 15mg/45mg tab pack (56)</i>	1	NDS PA QL=56 EA/28 Days
<i>tolvaptan 30mg tab</i>	1	NDS PA QL=120 EA/30 Days
<i>tolvaptan 30mg/60mg tab pack (56)</i>	1	NDS PA QL=56 EA/28 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
KERENDIA 40MG TAB	1	PA QL=30 EA/30 Days
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
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 1/0.5mg tab 28-day pack</i>	1	
<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	QL=91 EA/91 Days
<i>aubra tab 28-day pack</i>	1	
<i>aviane tab 28-day pack</i>	1	
<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>briellyn tab 28-day pack</i>	1	
<i>camreselo tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>cryselle 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>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	QL=1 EA/28 Days
<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<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	QL=91 EA/91 Days
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<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	QL=91 EA/91 Days
<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	
<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>fyavolv 0.0025-0.5mg tab</i>	1	
<i>fyavolv 0.005-1mg tab</i>	1	
<i>haloette 0.120-0.015mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<i>iclevia tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>introvale tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>isibloom tab 28-day pack</i>	1	
<i>jaimiess tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>jasmiel 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>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 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>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	QL=91 EA/91 Days
<i>loryna tab 28-day pack</i>	1	
<i>low-ogestrel tab 28-day pack</i>	1	
<i>lutera tab 28-day pack</i>	1	
<i>marlissa tab 28-day pack</i>	1	
<i>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	QL=3 EA/28 Days
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	QL=91 EA/91 Days
<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 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	
<i>vylibra tab 28-day pack</i>	1	
<i>xulane 150-35mcg/24hr patch</i>	1	QL=3 EA/28 Days
<i>zafemy 150-35mcg/24hr patch</i>	1	QL=3 EA/28 Days
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol valerate 10mg/ml inj</i>	1	
<i>estradiol valerate 20mg/ml inj</i>	1	
<i>estradiol valerate 40mg/ml inj</i>	1	
PREMARIN 0.3MG TAB	1	
PREMARIN 0.45MG TAB	1	
PREMARIN 0.625MG TAB	1	
PREMARIN 0.9MG TAB	1	
PREMARIN 1.25MG TAB	1	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<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	
<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		
CREON 120000-24000-76000UNIT DR CAP	1	
CREON 15000-3000-9500UNIT DR CAP	1	
CREON 180000-36000-114000UNIT DR CAP	1	
CREON 30000-6000-19000UNIT DR CAP	1	
CREON 60000-12000-38000UNIT DR CAP	1	
<i>cromolyn sodium 20mg/ml oral soln</i>	1	
<i>enulose 10gm/15ml oral soln</i>	1	
<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	PA QL=12 EA/90 Days
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium 750mg 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>mesalamine 1200mg dr tab</i>	1	QL=120 EA/30 Days
<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 400mg dr cap</i>	1	QL=180 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	1	NDS PA QL=2 ML/28 Days
TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	1	NDS PA QL=4 ML/28 Days
TREMFYA 200MG/2ML SYRINGE	1	NDS PA QL=2 ML/28 Days
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<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>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
GEMTESA 75MG TAB	1	QL=30 EA/30 Days
MYRBETRIQ 25MG ER TAB	1	QL=30 EA/30 Days
MYRBETRIQ 50MG ER TAB	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	QL=600 ML/30 Days
<i>oxybutynin chloride 5mg er tab</i>	1	
<i>oxybutynin chloride 5mg tab</i>	1	
<i>solifenacin succinate 10mg tab</i>	1	
<i>solifenacin succinate 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
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	QL=30 EA/30 Days
<i>finasteride 5mg tab</i>	1	
<i>silodosin 4mg cap</i>	1	QL=30 EA/30 Days
<i>silodosin 8mg cap</i>	1	QL=30 EA/30 Days
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS, OTHER		
CYSTAGON 150MG CAP	1	
CYSTAGON 50MG CAP	1	
<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	
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 QL=30 EA/30 Days
<i>febuxostat 80mg tab</i>	1	ST QL=30 EA/30 Days
<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>dipyridamole 25mg tab</i>	1	
<i>dipyridamole 50mg tab</i>	1	
<i>dipyridamole 75mg tab</i>	1	
<i>prasugrel 10mg tab</i>	1	QL=30 EA/30 Days
<i>prasugrel 5mg tab</i>	1	QL=30 EA/30 Days
<i>ticagrelor 60mg tab</i>	1	QL=60 EA/30 Days
<i>ticagrelor 90mg tab</i>	1	QL=60 EA/30 Days
HEMATOPOIETIC AGENTS		
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
FULPHILA 6MG/0.6ML SYRINGE	1	NDS
NIVESTYM 300MCG/0.5ML SYRINGE	1	NDS
NIVESTYM 300MCG/ML INJ	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
NIVESTYM 480MCG/0.8ML SYRINGE	1	NDS
NIVESTYM 480MCG/1.6ML INJ	1	NDS
NYVEPRIA 6MG/0.6ML SYRINGE	1	NDS
PROCRT 10000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRT 20000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRT 2000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRT 3000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRT 40000UNIT/ML INJ	1	PA QL=4 ML/28 Days
PROCRT 4000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRT 10000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRT 20000UNIT/2ML INJ	1	PA QL=12 ML/28 Days
RETACRT 20000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRT 2000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRT 3000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRT 40000UNIT/ML INJ	1	PA QL=4 ML/28 Days
RETACRT 4000UNIT/ML INJ	1	PA QL=12 ML/28 Days
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650mg tab</i>	1	QL=30 EA/5 Days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>budesonide 3mg dr cap</i>	1	QL=90 EA/30 Days
<i>budesonide 9mg er tab</i>	1	PA QL=30 EA/30 Days
DEXAMETHASONE 0.1MG/ML ORAL SOLN	1	
<i>dexamethasone 0.5mg tab</i>	1	
<i>dexamethasone 0.75mg tab</i>	1	
<i>dexamethasone 1.5mg tab</i>	1	
<i>dexamethasone 1mg tab</i>	1	
<i>dexamethasone 2mg tab</i>	1	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>fludrocortisone acetate 0.1mg 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 10mg tab (21)</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>prednisone 10mg tab pack (48)</i>	1	
<i>prednisone 1mg tab</i>	1	PA_BvD
PREDNISON 1MG/ML ORAL SOLN	1	PA_BvD
<i>prednisone 2.5mg tab</i>	1	PA_BvD
<i>prednisone 20mg tab</i>	1	PA_BvD
<i>prednisone 50mg tab</i>	1	PA_BvD
<i>prednisone 5mg tab</i>	1	PA_BvD
<i>prednisone 5mg tab pack (21)</i>	1	
<i>prednisone 5mg tab pack (48)</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone 1mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 2mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 3mg tab</i>	1	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>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	QL=30 EA/30 Days
<i>zolpidem tartrate 12.5mg er tab</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 5mg tab</i>	1	QL=60 EA/30 Days
<i>zolpidem tartrate 6.25mg er tab</i>	1	QL=30 EA/30 Days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
HAEGARDA 2000UNIT INJ	1	NDS PA QL=30 EA/30 Days
HAEGARDA 3000UNIT INJ	1	NDS PA QL=20 EA/30 Days
<i>icatibant 30mg/3ml syringe</i>	1	NDS PA QL=27 ML/30 Days
IMMUNIZING AGENTS, PASSIVE		
GAMMAGARD 10GM INJ	1	NDS PA
GAMMAGARD 2.5GM/25ML INJ	1	NDS PA
GAMMAGARD 5GM INJ	1	NDS PA
GAMUNEX 1GM/10ML INJ	1	NDS PA
PRIVIGEN 20GM/200ML INJ	1	NDS PA
VACCINES		
ABRYSVO 120MCG/0.5ML INJ	1	QL=1 EA/365 DaysVAC
ACTHIB INJ	1	
ADACEL INJ	1	VAC
ADACEL SYRINGE	1	VAC
AREXVY 120MCG/0.5ML INJ	1	QL=1 EA/999 DaysVAC
BCG LIVE TICE STRAIN 50MG INJ	1	VAC
BEXSERO SYRINGE	1	VAC
BOOSTRIX INJ	1	VAC
BOOSTRIX SYRINGE	1	VAC
DAPTACEL INJ	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENGERIX-B 10MCG/0.5ML SYRINGE	1	PA_BvD VAC
ENGERIX-B 20MCG/ML INJ	1	PA_BvD VAC
ENGERIX-B 20MCG/ML SYRINGE	1	PA_BvD VAC
GARDASIL 9 INJ	1	VAC
GARDASIL 9 SYRINGE	1	VAC
HAVRIX 1440ELU/ML SYRINGE	1	VAC
HAVRIX 720ELU/0.5ML SYRINGE	1	
HEPLISAV-B 20MCG/0.5ML SYRINGE	1	PA_BvD VAC
HIBERIX 10MCG INJ	1	
IMOVAX 2.5UNIT/ML INJ	1	PA_BvD VAC
INFANRIX SYRINGE	1	
IPOL INJ	1	VAC
IXIARO 0.006MG/0.5ML SYRINGE	1	VAC
JYNNEOS 0.5ML INJ	1	PA_BvD VAC
KINRIX SYRINGE	1	
M-M-R II INJ	1	VAC
MENQUADFI INJ	1	VAC
MENVEO INJ	1	VAC
MRESVIA 50MCG/0.5ML SYRINGE	1	QL=.50 ML/999 DaysVAC
PEDIARIX SYRINGE	1	
PEDVAXHIB 7.5MCG/0.5ML INJ	1	
PENBRAYA INJ	1	VAC
PENMENVY INJ	1	VAC
PENTACEL 96-30-68UNIT/ML INJ	1	
PRIORIX INJ	1	VAC
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL SYRINGE	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/999 DaysVAC
TENIVAC 4-10UNIT/ML INJ	1	PA_BvD VAC
TENIVAC 4-10UNIT/ML SYRINGE	1	PA_BvD VAC
TICOVAC 1.2MCG/0.25ML SYRINGE	1	
TICOVAC 2.4MCG/0.5ML SYRINGE	1	VAC
TRUMENBA SYRINGE	1	VAC
TWINRIX SYRINGE	1	VAC
TYPHIM VI 25MCG/0.5ML INJ	1	VAC
TYPHIM VI 25MCG/0.5ML SYRINGE	1	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
VAXCHORA ORAL SUSP	1	VAC
VIMKUNYA 40MCG/0.8ML SYRINGE	1	VAC
VIVOTIF DR CAP	1	VAC
YF-VAX INJ	1	VAC
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	
<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 ORAL SOLN PACK	1	
SUTAB 225-188-1479MG TAB	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	QL=30 EA/30 Days
MOVANTIK 25MG TAB	1	QL=30 EA/30 Days
TRULANCE 3MG TAB	1	QL=30 EA/30 Days
MEDICAL DEVICES AND SUPPLIES		
PARENTERAL THERAPY SUPPLIES		
ALCOHOL SWAB 1X1 (DIABETIC)	1	
GAUZE PAD (2 X 2)	1	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
AIMOVIG 140MG/ML AUTO-INJECTOR	1	PA QL=1 ML/30 Days
AIMOVIG 70MG/ML AUTO-INJECTOR	1	PA QL=1 ML/30 Days
<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
<i>sumatriptan 100mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 20mg/act nasal spray</i>	1	QL=12 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 5mg/act nasal spray</i>	1	QL=12 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
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	NDS
<i>trientine 250mg cap</i>	1	PA QL=240 EA/30 Days
IMMUNOMODULATORS		
<i>lenalidomide 10mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 15mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 2.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 20mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 25mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
REZUROCK 200MG TAB	1	NDS PA QL=30 EA/30 Days
THALOMID 100MG CAP	1	NDS 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
THALOMID 50MG CAP	1	NDS QL=240 EA/30 Days
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST 220MG INJ	1	NDS PA
<i>azathioprine 50mg tab</i>	1	PA_BvD
BENLYSTA 200MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
BENLYSTA 200MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
<i>cyclosporine 100mg cap</i>	1	PA_BvD
<i>cyclosporine 25mg cap</i>	1	PA_BvD
<i>cyclosporine modified 100mg cap</i>	1	PA_BvD
<i>cyclosporine modified 100mg/ml oral soln</i>	1	PA_BvD
<i>cyclosporine modified 25mg cap</i>	1	PA_BvD
<i>cyclosporine modified 50mg cap</i>	1	PA_BvD
ENVARUSUS XR 0.75MG TAB	1	PA_BvD
ENVARUSUS XR 1MG TAB	1	PA_BvD
ENVARUSUS XR 4MG TAB	1	PA_BvD
<i>everolimus 0.25mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>everolimus 0.5mg tab</i>	1	PA_BvD QL=120 EA/30 Days
<i>everolimus 0.75mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>everolimus 1mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>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
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
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
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
POTASSIUM REMOVING AGENTS		
<i>kionex 15gm/60ml oral susp</i>	1	
LOKELMA 10GM POWDER FOR ORAL SUSP	1	QL=90 EA/30 Days
LOKELMA 5GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
<i>sodium polystyrene sulfonate 15000mg powder for 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>sps 15gm/60ml oral susp</i>	1	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
VELTASSA 1GM POWDER FOR ORAL SUSP	1	QL=120 EA/30 Days
VELTASSA 25.2GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
VELTASSA 8.4GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
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
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
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
DEXTROSE 10% INJ	1	PA_BvD
<i>electrolyte-148 inj</i>	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 inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.01meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.03meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 9mg/ml inj</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	
KLOR-CON 8MEQ ER TAB	1	
<i>magnesium sulfate 500mg/ml inj</i>	1	
<i>magnesium sulfate 500mg/ml syringe</i>	1	
<i>plenamine 15% inj</i>	1	PA_BvD
<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	
PROSOL 20% INJ	1	PA_BvD
<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	
TPN ELECTROLYTES INJ	1	PA_BvD
TRAVASOL 10% INJ	1	PA_BvD
OPHTHALMIC 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
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	
LEVOBUNOLOL 0.5% OPHTH SOLN	1	
<i>timolol 0.25% ophth gel</i>	1	
<i>timolol 0.25% ophth soln</i>	1	
<i>timolol 0.5% ophth gel</i>	1	
<i>timolol 0.5% ophth soln</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate 0.1% ophth soln</i>	1	
<i>brimonidine tartrate 0.15% ophth soln</i>	1	
<i>brimonidine tartrate 0.2% ophth soln</i>	1	
SIMBRINZA 0.2-1% OPHTH SUSP	1	QL=16 ML/30 Days
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=30 ML/30 Days
<i>erythromycin 0.5% ophth ointment</i>	1	QL=7 GM/7 Days
<i>gentamicin 0.3% ophth soln</i>	1	QL=10 ML/7 Days
<i>moxifloxacin 0.5% ophth soln</i>	1	QL=6 ML/7 Days
NATACYN 5% OPHTH SUSP	1	QL=15 ML/7 Days
<i>neo-polycin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
<i>neomycin/bacitracin/polymyxin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	1	QL=10 ML/7 Days
<i>ofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
<i>polycin 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days
<i>polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln</i>	1	QL=10 ML/7 Days
SULFACETAMIDE SODIUM 10% OPHTH SOLN	1	QL=15 ML/7 Days
<i>tobramycin 0.3% ophth soln</i>	1	QL=30 ML/30 Days
TRIFLURIDINE 1% OPHTH SOLN	1	QL=15 ML/7 Days
XDEMVIY 0.25% OPHTH SOLN	1	PA QL=10 ML/42 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.02-0.005% OPHTH SOLN	1	QL=5 ML/30 Days
OPHTHALMIC STEROIDS		
DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN	1	
<i>dexamethasone/neomycin/polymyxin b 0.1% ophth ointment</i>	1	

You can find information 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/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 1% ophth 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	
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
<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	
MIEBO 1.338GM/ML OPTH SOLN	1	QL=3 ML/30 Days
<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		
<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>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	1	QL=7.50 ML/7 Days
<i>fluocinolone acetonide 0.01% otic soln</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	
<i>ofloxacin 0.3% otic soln</i>	1	
PENICILLINS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	
BICILLIN C-R 900000-300000UNIT/2ML SYRINGE	1	
<i>piperacillin/tazobactam 2000-250mg inj</i>	1	
<i>piperacillin/tazobactam 3000-375mg inj</i>	1	
<i>piperacillin/tazobactam 36-4.5gm inj</i>	1	
<i>piperacillin/tazobactam 4000-500mg inj</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250mg cap</i>	1	
<i>dicloxacillin 500mg cap</i>	1	
<i>nafcillin 100mg/ml inj</i>	1	
<i>nafcillin 1gm inj</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nafcillin 2gm inj</i>	1	
<i>oxacillin 100mg/ml inj</i>	1	
<i>oxacillin 1gm inj</i>	1	
<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	QL=.65 ML/84 Days
<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	QL=1 ML/90 Days
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	1	QL=1 ML/90 Days
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
MEGESTROL ACETATE 125MG/ML ORAL SUSP	1	PA
<i>meleya 0.35mg tab 28-day pack</i>	1	
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>orquidea 0.35mg tab 28-day pack</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	
ANTIDEMENTIA AGENTS		
<i>donepezil 10mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 10mg tab</i>	1	
<i>donepezil 23mg tab</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg tab</i>	1	
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>memantine 14mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 21mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 28mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 2mg/ml oral soln</i>	1	QL=300 ML/30 Days
<i>memantine 5mg tab</i>	1	
<i>memantine 7mg er cap</i>	1	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 30MG ER TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO 36MG ER TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO 42MG ER TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO 48MG ER TAB	1	NDS PA QL=30 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=30 EA/30 Days
AUSTEDO XR 18MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 24MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 6MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK (28)	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
<i>tetrabenazine 12.5mg tab</i>	1	QL=90 EA/30 Days
<i>tetrabenazine 25mg tab</i>	1	QL=120 EA/30 Days
MULTIPLE SCLEROSIS AGENTS		
AVONEX 30MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 EA/28 Days
AVONEX 30MCG/0.5ML SYRINGE	1	NDS QL=1 EA/28 Days
BETASERON 0.3MG INJ	1	NDS QL=14 EA/28 Days

You can find information 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>dalfampridine 10mg er tab</i>	1	QL=60 EA/30 Days
<i>dimethyl fumarate 120mg dr cap</i>	1	QL=14 EA/7 Days
<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	1	QL=60 EA/180 Days
<i>dimethyl fumarate 240mg dr cap</i>	1	QL=60 EA/30 Days
<i>fingolimod 0.5mg cap</i>	1	QL=30 EA/30 Days
<i>glatiramer acetate 20mg/ml syringe</i>	1	QL=30 ML/30 Days
<i>glatiramer acetate 40mg/ml syringe</i>	1	QL=12 ML/28 Days
<i>glatopa 20mg/ml syringe</i>	1	QL=30 ML/30 Days
<i>glatopa 40mg/ml syringe</i>	1	QL=12 ML/28 Days
KESIMPTA 20MG/0.4ML PEN INJ	1	NDS QL=1.20 ML/28 Days
MAYZENT 0.25MG TAB	1	NDS QL=112 EA/28 Days
MAYZENT 1MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT 2MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT TAB STARTER PACK (12)	1	NDS QL=12 EA/28 Days
MAYZENT TAB STARTER PACK (7)	1	QL=7 EA/28 Days
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 ML/28 Days
PLEGRIDY 125MCG/0.5ML SYRINGE	1	NDS QL=1 ML/28 Days
<i>teriflunomide 14mg tab</i>	1	QL=30 EA/30 Days
<i>teriflunomide 7mg tab</i>	1	QL=30 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
NUEDEXTA 20-10MG CAP	1	PA QL=60 EA/30 Days
PIMOZIDE 1MG TAB	1	
PIMOZIDE 2MG TAB	1	
SMOKING DETERRENTS		
<i>bupropion 150mg sr (12hr) tab</i>	1	
NICOTROL 10MG/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 TRACT AGENTS		
ANTIHIISTAMINES		
<i>cyproheptadine 0.4mg/ml oral soln</i>	1	
<i>cyproheptadine 4mg tab</i>	1	
<i>desloratadine 5mg tab</i>	1	
<i>levocetirizine 5mg tab</i>	1	
<i>promethazine 1.25mg/ml oral soln</i>	1	
<i>promethazine 12.5mg rectal supp</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg rectal supp</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg tab</i>	1	
<i>promethegan 25mg rectal supp</i>	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5MG TAB	1	NDS PA QL=90 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADEMPAS 1.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2MG TAB	1	NDS PA QL=90 EA/30 Days
<i>alyq 20mg tab</i>	1	PA QL=60 EA/30 Days
<i>ambrisentan 10mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>ambrisentan 5mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>bosentan 125mg tab</i>	1	NDS PA QL=60 EA/30 Days
<i>bosentan 62.5mg tab</i>	1	NDS 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 AGENTS, OTHER		
<i>acetylcysteine 100mg/ml inh soln</i>	1	PA_BvD
<i>acetylcysteine 200mg/ml inh soln</i>	1	PA_BvD
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	PA QL=84 ML/56 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=56 EA/28 Days
KALYDECO 5.8MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 50MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 75MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
OFEV 100MG CAP	1	NDS PA QL=60 EA/30 Days
OFEV 150MG CAP	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
ORKAMBI 125-100MG TAB	1	NDS PA QL=112 EA/28 Days
ORKAMBI 125-200MG TAB	1	NDS PA QL=112 EA/28 Days
ORKAMBI 188-150MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
ORKAMBI 94-75MG ORAL GRANULES	1	NDS PA QL=56 EA/28 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
PROLASTIN 1000MG INJ	1	NDS PA
PULMOZYME 1MG/ML INH SOLN	1	NDS PA_BvD QL=150 ML/30 Days
<i>roflumilast 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>roflumilast 250mcg tab</i>	1	QL=28 EA/365 Days
SYMDEKO TAB 4-WEEK PACK (56)	1	NDS PA QL=56 EA/28 Days
SYMDEKO TAB 50-75MG/75MG PACK (56)	1	NDS PA QL=56 EA/28 Days
THEOPHYLLINE 100MG ER TAB	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THEOPHYLLINE 200MG ER TAB	1	
<i>theophylline 300mg er tab</i>	1	
<i>theophylline 400mg er tab</i>	1	
<i>theophylline 450mg er tab</i>	1	
<i>theophylline 600mg er tab</i>	1	
TRIKAFTA 100-50-75MG/150MG TAB PACK (84)	1	NDS PA QL=84 EA/28 Days
TRIKAFTA 100-50-75MG/75MG ORAL 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 ORAL GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 6GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 9GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28)	1	NDS PA QL=28 EA/28 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	
<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>demeclocycline 150mg tab</i>	1	
<i>demeclocycline 300mg tab</i>	1	
<i>doxy 100mg inj</i>	1	
<i>doxycycline hyclate 100mg cap</i>	1	
<i>doxycycline hyclate 100mg 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>doxycycline monohydrate 75mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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	
<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	
SYNTHROID 100MCG TAB	1	
SYNTHROID 112MCG TAB	1	
SYNTHROID 125MCG TAB	1	
SYNTHROID 137MCG TAB	1	
SYNTHROID 150MCG TAB	1	
SYNTHROID 175MCG TAB	1	
SYNTHROID 200MCG TAB	1	
SYNTHROID 25MCG 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
SYNTHROID 300MCG TAB	1	
SYNTHROID 50MCG TAB	1	
SYNTHROID 75MCG TAB	1	
SYNTHROID 88MCG TAB	1	
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 1mg/5ml oral soln</i>	1	
<i>glycopyrrolate 2mg tab</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine 200mg tab</i>	1	
<i>cimetidine 300mg tab</i>	1	
<i>cimetidine 400mg tab</i>	1	
<i>cimetidine 800mg tab</i>	1	
<i>famotidine 20mg tab</i>	1	
<i>famotidine 40mg tab</i>	1	
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 10mg granules for oral susp</i>	1	QL=30 EA/30 Days
<i>esomeprazole 20mg dr cap</i>	1	
<i>esomeprazole 20mg granules for oral susp</i>	1	QL=30 EA/30 Days
<i>esomeprazole 40mg dr cap</i>	1	
<i>esomeprazole 40mg granules for oral susp</i>	1	QL=60 EA/30 Days
<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	
<i>rabeprazole sodium 20mg dr tab</i>	1	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAGINAL ESTROGENS		
<i>estradiol 0.01% vaginal cream</i>	1	
<i>estradiol 0.01mg vaginal insert</i>	1	
PREMARIN 0.625MG/GM VAGINAL CREAM	1	
<i>yuvaferm 10mcg vaginal insert</i>	1	

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

ALPHABETICAL LISTING OF DRUGS

A		<i>acitretin 17.5mg cap</i>	52	<i>albuterol 108mcg HFA</i>	8
<i>abacavir 20mg/ml oral soln</i>	42	<i>acitretin 25mg cap</i>	52	<i>inhaler (6.7gm, Proventil equiv)</i>	
<i>abacavir 300mg tab</i>	42	ACTHIB INJ	65	<i>albuterol 108mcg HFA</i>	8
<i>abacavir/lamivudine 600-300mg tab</i>	42	ACTIMMUNE	35	<i>inhaler (8.5gm, Proair equiv)</i>	
<i>abigale 1/0.5mg tab 28-day pack</i>	57	2000000UNIT/0.5ML INJ		<i>albuterol 5mg/ml (0.5%) inh soln</i>	8
<i>abigale lo tab 0.5/0.1mg 28-day pack</i>	57	<i>acyclovir 200mg cap</i>	45		
ABILIFY MAINTENA 300MG INJ	41	<i>acyclovir 400mg tab</i>	45	<i>alclometasone dipropionate 0.05% topical cream</i>	53
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	41	<i>acyclovir 40mg/ml oral susp</i>	45		
ABILIFY MAINTENA 400MG INJ	41	<i>acyclovir 5% topical ointment</i>	54	ALCLOMETASONE	53
ABILIFY MAINTENA 400MG/2ML SYRINGE	41	<i>acyclovir 50mg/ml inj</i>	45	DIPROPIONATE 0.05% TOPICAL OINTMENT	
<i>abiraterone acetate 250mg tab</i>	30	<i>acyclovir 800mg tab</i>	45	ALCOHOL SWAB 1X1 (DIABETIC)	67
<i>abirtega 250mg tab</i>	30	ADACEL INJ	65	ALECENSA 150MG CAP	31
ABRYSVO 120MCG/0.5ML INJ	65	ADACEL SYRINGE	65	<i>alendronate sodium 10mg tab</i>	55
<i>acamprosate calcium 333mg dr tab</i>	75	<i>adefovir dipivoxil 10mg tab</i>	44	<i>alendronate sodium 35mg tab</i>	55
<i>acarbose 100mg tab</i>	18	ADEMPAS 0.5MG TAB	77	<i>alendronate sodium 70mg tab</i>	55
<i>acarbose 25mg tab</i>	18	ADEMPAS 1.5MG TAB	78	<i>alfuzosin 10mg er tab</i>	62
<i>acarbose 50mg tab</i>	18	ADEMPAS 1MG TAB	78	<i>aliskiren 150mg tab</i>	26
<i>accutane 10mg cap</i>	50	ADEMPAS 2.5MG TAB	78	<i>aliskiren 300mg tab</i>	26
<i>accutane 20mg cap</i>	50	ADEMPAS 2MG TAB	78	<i>allopurinol 100mg tab</i>	63
<i>accutane 40mg cap</i>	50	ADVAIR 115-21MCG HFA INHALER	8	<i>allopurinol 300mg tab</i>	63
<i>acebutolol 200mg cap</i>	46	ADVAIR 230-21MCG HFA INHALER	8	<i>alosetron 0.5mg tab</i>	20
<i>acebutolol 400mg cap</i>	46	ADVAIR 45-21MCG/ACT HFA INHALER	8	<i>alosetron 1mg tab</i>	20
<i>acetazolamide 125mg tab</i>	54	AIMOVIG 140MG/ML AUTO-INJECTOR	68	<i>alprazolam 0.25mg tab</i>	7
<i>acetazolamide 250mg tab</i>	54	AIMOVIG 70MG/ML AUTO-INJECTOR	68	<i>alprazolam 0.5mg tab</i>	7
<i>acetazolamide 500mg er cap</i>	54	AKEEGA 500-100MG TAB	30	<i>alprazolam 1mg tab</i>	7
<i>acetic acid 2% otic soln</i>	73	AKEEGA 500-50MG TAB	30	<i>alprazolam 2mg tab</i>	7
<i>acetylcysteine 100mg/ml inh soln</i>	78	<i>albendazole 200mg tab</i>	6	<i>altavera tab 28-day pack</i>	57
<i>acetylcysteine 200mg/ml inh soln</i>	78	<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	8	ALUNBRIG 180MG TAB	31
<i>acitretin 10mg cap</i>	52	<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	8	ALUNBRIG 30MG TAB	31
		<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	8	ALUNBRIG 90MG TAB	31
		<i>albuterol 1.25mg/3ml neb soln</i>	8	ALUNBRIG TAB	31
				INITIATION PACK (30)	
				ALVESCO 160MCG INHALER	8
				ALVESCO 80MCG INHALER	8

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>alyacen 1/35 tab 28-day pack</i>	57	<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	25	<i>amoxicillin/clavulanate 500-125mg tab</i>	74
ALYFTREK 10-50-125MG TAB	78	<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	25	<i>amoxicillin/clavulanate 875-125mg tab</i>	74
ALYFTREK 4-20-50MG TAB	78	<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	25	<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	74
<i>alyq 20mg tab</i>	78	<i>amlodipine/valsartan 10-160mg tab</i>	25	<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	74
<i>amantadine 100mg cap</i>	37	<i>amlodipine/valsartan 10-320mg tab</i>	25	<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	74
<i>amantadine 10mg/ml oral soln</i>	37	<i>amlodipine/valsartan 5-160mg tab</i>	25	<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	74
<i>ambrisentan 10mg tab</i>	78	<i>amlodipine/valsartan 5-320mg tab</i>	25	<i>amphetamine/dextroamph etamine 10mg er cap</i>	1
<i>ambrisentan 5mg tab</i>	78	<i>ammonium lactate 12% topical cream</i>	54	<i>amphetamine/dextroamph etamine 10mg tab</i>	1
<i>amikacin 250mg/ml inj</i>	2	<i>ammonium lactate 12% topical lotion</i>	54	<i>amphetamine/dextroamph etamine 10mg tab</i>	1
<i>amiloride 5mg tab</i>	55	<i>amnestem 10mg cap</i>	50	<i>amphetamine/dextroamph etamine 12.5mg tab</i>	1
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	55	<i>amnestem 20mg cap</i>	50	<i>amphetamine/dextroamph etamine 15mg er cap</i>	1
<i>amiodarone 100mg tab</i>	48	<i>amnestem 30mg cap</i>	50	<i>amphetamine/dextroamph etamine 15mg tab</i>	1
<i>amiodarone 200mg tab</i>	48	<i>amnestem 40mg cap</i>	50	<i>amphetamine/dextroamph etamine 20mg er cap</i>	1
<i>amiodarone 400mg tab</i>	48	<i>amoxapine 100mg tab</i>	16	<i>amphetamine/dextroamph etamine 20mg tab</i>	1
<i>amitriptyline 100mg tab</i>	16	<i>amoxapine 150mg tab</i>	16	<i>amphetamine/dextroamph etamine 25mg er cap</i>	1
<i>amitriptyline 10mg tab</i>	16	<i>amoxapine 25mg tab</i>	16	<i>amphetamine/dextroamph etamine 30mg er cap</i>	1
<i>amitriptyline 150mg tab</i>	16	<i>amoxapine 50mg tab</i>	16	<i>amphetamine/dextroamph etamine 30mg tab</i>	1
<i>amitriptyline 25mg tab</i>	16	AMOXICILLIN 125MG CHEW TAB	74	<i>amphetamine/dextroamph etamine 5mg er cap</i>	1
<i>amitriptyline 50mg tab</i>	16	<i>amoxicillin 250mg cap</i>	74	<i>amphetamine/dextroamph etamine 5mg tab</i>	1
<i>amitriptyline 75mg tab</i>	16	AMOXICILLIN 250MG CHEW TAB	74	<i>amphetamine/dextroamph etamine 7.5mg tab</i>	1
<i>amlodipine 10mg tab</i>	47	<i>amoxicillin 25mg/ml oral susp</i>	74	AMPHOTERICIN B 50MG INJ	21
<i>amlodipine 2.5mg tab</i>	47	<i>amoxicillin 40mg/ml oral susp</i>	74		
<i>amlodipine 5mg tab</i>	47	<i>amoxicillin 500mg cap</i>	74		
<i>amlodipine/benazepril 10-20mg cap</i>	25	<i>amoxicillin 500mg tab</i>	74		
<i>amlodipine/benazepril 10-40mg cap</i>	25	<i>amoxicillin 50mg/ml oral susp</i>	74		
<i>amlodipine/benazepril 2.5-10mg cap</i>	25	<i>amoxicillin 80mg/ml oral susp</i>	74		
<i>amlodipine/benazepril 5-10mg cap</i>	25	<i>amoxicillin 875mg tab</i>	74		
<i>amlodipine/benazepril 5-20mg cap</i>	25	<i>amoxicillin/clavulanate 250-125mg tab</i>	74		
<i>amlodipine/benazepril 5-40mg cap</i>	25				
<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	25				

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

ALPHABETICAL LISTING OF DRUGS

<i>amphotericin b liposomal</i>	21	ARISTADA	42	<i>atenolol 100mg tab</i>	46
<i>50mg inj</i>		1064MG/3.9ML		<i>atenolol 25mg tab</i>	46
<i>ampicillin 1000mg inj</i>	74	SYRINGE		<i>atenolol 50mg tab</i>	46
<i>ampicillin 100mg/ml inj</i>	74	ARISTADA	42	<i>atenolol/chlorthalidone</i>	25
<i>ampicillin 500mg cap</i>	74	441MG/1.6ML SYRINGE		<i>100-25mg tab</i>	
<i>ampicillin/sulbactam</i>	74	ARISTADA	42	<i>atenolol/chlorthalidone</i>	25
<i>1000-500mg inj</i>		662MG/2.4ML SYRINGE		<i>50-25mg tab</i>	
<i>ampicillin/sulbactam</i>	74	ARISTADA	42	<i>atomoxetine 100mg cap</i>	1
<i>100-50mg/ml inj</i>		675MG/2.4ML SYRINGE		<i>atomoxetine 10mg cap</i>	1
<i>ampicillin/sulbactam</i>	74	ARISTADA	42	<i>atomoxetine 18mg cap</i>	1
<i>2000-1000mg inj</i>		882MG/3.2ML SYRINGE		<i>atomoxetine 25mg cap</i>	1
<i>anagrelide 0.5mg cap</i>	63	<i>armodafinil 150mg tab</i>	1	<i>atomoxetine 40mg cap</i>	1
<i>anagrelide 1mg cap</i>	63	<i>armodafinil 200mg tab</i>	1	<i>atomoxetine 60mg cap</i>	1
<i>anastrozole 1mg tab</i>	30	<i>armodafinil 250mg tab</i>	1	<i>atomoxetine 80mg cap</i>	1
ANORO ELLIPTA	8	<i>armodafinil 50mg tab</i>	1	<i>atorvastatin 10mg tab</i>	23
62.5-25MCG POWDER		ARNUITY 100MCG	8	<i>atorvastatin 20mg tab</i>	23
INHALER		POWDER INHALER		<i>atorvastatin 40mg tab</i>	23
APRACLONIDINE 0.5%	72	ARNUITY 200MCG	8	<i>atorvastatin 80mg tab</i>	23
OPHTH SOLN		POWDER INHALER		<i>atovaquone 750mg/5ml</i>	27
<i>aprepitant 125mg cap</i>	21	ARNUITY 50MCG	8	<i>oral susp</i>	
<i>aprepitant 125mg/80mg</i>	21	POWDER INHALER		<i>atovaquone/proguanil</i>	28
<i>cap therapy pack (3)</i>		<i>asenapine 10mg sl tab</i>	40	<i>250-100mg tab</i>	
<i>aprepitant 40mg cap</i>	21	<i>asenapine 2.5mg sl tab</i>	40	<i>atovaquone/proguanil</i>	28
<i>aprepitant 80mg cap</i>	21	<i>asenapine 5mg sl tab</i>	40	<i>62.5-25mg tab</i>	
<i>apri tab 28-day pack</i>	57	<i>ashlyna tab 91-day pack</i>	57	<i>atropine sulfate 1% ophth</i>	73
APTIVUS 250MG CAP	42	ASMANEX 100MCG HFA	8	<i>soln</i>	
<i>aranelle tab 28-day pack</i>	57	INHALER		<i>atropine</i>	21
ARCALYST 220MG INJ	69	ASMANEX 110MCG	8	<i>sulfate/diphenoxylate</i>	
AREXVY 120MCG/0.5ML	65	(30ACT) TWISTHALER		<i>0.025-2.5mg tab</i>	
INJ		ASMANEX 200MCG HFA	8	ATROVENT 17MCG HFA	7
<i>arformoterol tartrate</i>	8	INHALER		INHALER	
<i>15mcg/2ml neb soln</i>		ASMANEX 220MCG	8	ATTRUBY 356MG TAB	49
ARIKAYCE	2	(120ACT) TWISTHALER		<i>aubra tab 28-day pack</i>	57
590MG/8.4ML INH SUSP		ASMANEX 220MCG	8	AUGTYRO 160MG CAP	31
<i>aripiprazole 10mg odt</i>	41	(30ACT) TWISTHALER		AUGTYRO 40MG CAP	31
<i>aripiprazole 10mg tab</i>	41	ASMANEX 220MCG	8	AUSTEDO 12MG TAB	76
<i>aripiprazole 15mg odt</i>	41	(60ACT) TWISTHALER		AUSTEDO 30MG ER TAB	76
<i>aripiprazole 15mg tab</i>	41	ASMANEX 50MCG HFA	8	AUSTEDO 36MG ER TAB	76
<i>aripiprazole 1mg/ml oral</i>	41	INHALER		AUSTEDO 42MG ER TAB	76
<i>soln</i>		<i>aspirin/dipyridamole</i>	63	AUSTEDO 48MG ER TAB	76
<i>aripiprazole 20mg tab</i>	41	<i>25-200mg er cap</i>		AUSTEDO 6MG TAB	76
<i>aripiprazole 2mg tab</i>	41	<i>atazanavir 150mg cap</i>	42	AUSTEDO 9MG TAB	76
<i>aripiprazole 30mg tab</i>	41	<i>atazanavir 200mg cap</i>	42	AUSTEDO XR 12MG TAE	76
<i>aripiprazole 5mg tab</i>	41	<i>atazanavir 300mg cap</i>	42	AUSTEDO XR 18MG TAE	76

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

AUSTEDO XR 24MG TAB	76	BACITRACIN	72	betamethasone 0.05%	53
AUSTEDO XR 6MG TAB	76	500UNIT/GM OPHTH		aug topical cream	
AUSTEDO XR TAB ONCE	76	OINTMENT		betamethasone 0.05%	53
DAILY 4 WEEK		bacitracin/polymyxin b	72	aug topical lotion	
TITRATION PACK (28)		0.5-10unit/mg ophth		betamethasone 0.05%	53
AUVELITY 105-45MG ER	14	ointment		aug topical ointment	
TAB		baclofen 10mg tab	42	betamethasone 0.05%	53
aviane tab 28-day pack	57	baclofen 20mg tab	42	topical cream	
AVMAPKI/FAKZYNJA	31	baclofen 5mg tab	42	betamethasone 0.05%	53
CO-PACK (66)		balsalazide disodium	61	topical lotion	
AVONEX 30MCG/0.5ML	76	750mg cap		betamethasone 0.05%	53
AUTO-INJECTOR		BALVERSA 3MG TAB	31	topical ointment	
AVONEX 30MCG/0.5ML	76	BALVERSA 4MG TAB	31	betamethasone 0.1%	53
SYRINGE		BALVERSA 5MG TAB	31	topical cream	
AYVAKIT 100MG TAB	35	balziva tab 28-day pack	57	BETAMETHASONE 0.1%	53
AYVAKIT 200MG TAB	35	BAQSIMI 3MG/DOSE	18	TOPICAL LOTION	
AYVAKIT 25MG TAB	35	NASAL POWDER		betamethasone 0.1%	53
AYVAKIT 300MG TAB	36	BCG LIVE TICE STRAIN	65	topical ointment	
AYVAKIT 50MG TAB	36	50MG INJ		BETASERON 0.3MG INJ	76
azathioprine 50mg tab	69	benazepril 10mg tab	23	BETAXOLOL 0.5%	72
azelaic acid 15% topical	54	benazepril 20mg tab	23	OPHTH SOLN	
gel		benazepril 40mg tab	23	betaxolol 10mg tab	46
azelastine 0.05% ophth	73	benazepril 5mg tab	23	betaxolol 20mg tab	46
soln		benazepril/hydrochloroth	25	bethanechol chloride	62
azelastine 0.1%	70	iazide 10-12.5mg tab		10mg tab	
(137mcg/act) nasal		benazepril/hydrochloroth	25	bethanechol chloride	62
inhaler		iazide 20-12.5mg tab		25mg tab	
azithromycin 20mg/ml	27	benazepril/hydrochloroth	25	bethanechol chloride	62
oral susp		iazide 20-25mg tab		50mg tab	
azithromycin 250mg pack	27	benazepril/hydrochloroth	25	bethanechol chloride 5mg	62
(6)		iazide 5-6.25mg tab		tab	
azithromycin 250mg tab	27	BENLYSTA 200MG/ML	69	bexarotene 1% topical gel	52
azithromycin 40mg/ml	27	AUTO-INJECTOR		bexarotene 75mg cap	36
oral susp		BENLYSTA 200MG/ML	69	BEXSERO SYRINGE	65
azithromycin 500mg inj	27	SYRINGE		bicalutamide 50mg tab	30
azithromycin 500mg tab	27	benztropine mesylate	36	BICILLIN C-R	74
azithromycin 500mg tab	27	0.5mg tab		900000-300000UNIT/2M	
pack (3)		benztropine mesylate 1mg	36	L SYRINGE	
azithromycin 600mg tab	27	tab		BICILLIN L-A	74
aztreonam 1gm inj	27	benztropine mesylate 2mg	37	1200000UNIT/2ML	
aztreonam 2gm inj	27	tab		SYRINGE	
azurette 28-day pack	57	BESREMI 500MCG/ML	36	BICILLIN L-A	74
		SYRINGE		2400000UNIT/4ML	
				SYRINGE	

B

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

BICILLIN L-A	74	BREO ELLIPTA	8	<i>bumetanide 0.25mg/ml inj</i>	55
600000UNIT/ML		50-25MCG POWDER		<i>bumetanide 0.5mg tab</i>	55
SYRINGE		INHALER		<i>bumetanide 1mg tab</i>	55
BIKTARVY 30-120-15MG	42	<i>breylna 160-4.5mcg/act</i>	8	<i>bumetanide 2mg tab</i>	55
TAB		<i>inhaler</i>		<i>buprenorphine 10mcg/hr</i>	5
BIKTARVY 50-200-25MG	42	<i>breylna 80-4.5mcg/act</i>	9	<i>weekly patch</i>	
TAB		<i>inhaler</i>		<i>buprenorphine 15mcg/hr</i>	5
<i>bimatoprost 0.03% ophth</i>	73	BREZTRI AEROSPHERE	9	<i>weekly patch</i>	
<i>soln</i>		160-9-4.8MCG/ACT		<i>buprenorphine 20mcg/hr</i>	5
<i>bisoprolol fumarate 10mg</i>	46	INHALER		<i>weekly patch</i>	
<i>tab</i>		<i>brillyn tab 28-day pack</i>	57	<i>buprenorphine 2mg sl tab</i>	5
<i>bisoprolol fumarate 5mg</i>	46	<i>brimonidine tartrate</i>	72	<i>buprenorphine 5mcg/hr</i>	5
<i>tab</i>		<i>0.1% ophth soln</i>		<i>weekly patch</i>	
<i>bisoprolol</i>	26	<i>brimonidine tartrate</i>	72	<i>buprenorphine 7.5mcg/hr</i>	5
<i>fumarate/hydrochlorothia</i>		<i>0.15% ophth soln</i>		<i>weekly patch</i>	
<i>zide 10-6.25mg tab</i>		<i>brimonidine tartrate</i>	72	<i>buprenorphine 8mg sl tab</i>	5
<i>bisoprolol</i>	26	<i>0.2% ophth soln</i>		<i>buprenorphine/naloxone</i>	5
<i>fumarate/hydrochlorothia</i>		<i>brimonidine</i>	72	<i>12-3mg sl film</i>	
<i>zide 2.5-6.25mg tab</i>		<i>tartrate/timolol 0.2-0.5%</i>		<i>buprenorphine/naloxone</i>	5
<i>bisoprolol</i>	26	<i>ophth soln</i>		<i>2-0.5mg sl film</i>	
<i>fumarate/hydrochlorothia</i>		BRIVIACT 100MG TAB	11	<i>buprenorphine/naloxone</i>	5
<i>zide 5-6.25mg tab</i>		BRIVIACT 10MG TAB	11	<i>2-0.5mg sl tab</i>	
<i>blisovi 21 fe tab 1.5/30</i>	57	BRIVIACT 10MG/ML	11	<i>buprenorphine/naloxone</i>	5
<i>28-day pack</i>		ORAL SOLN		<i>4-1mg sl film</i>	
BOMYNTRA	55	BRIVIACT 25MG TAB	11	<i>buprenorphine/naloxone</i>	5
120MG/1.7ML INJ		BRIVIACT 50MG TAB	11	<i>8-2mg sl film</i>	
BOMYNTRA	56	BRIVIACT 75MG TAB	11	<i>buprenorphine/naloxone</i>	5
120MG/1.7ML SYRINGE		<i>bromocriptine 2.5mg tab</i>	37	<i>8-2mg sl tab</i>	
BOOSTRIX INJ	65	<i>bromocriptine 5mg cap</i>	37	<i>bupropion 100mg sr</i>	14
BOOSTRIX SYRINGE	65	BRUKINSA 80MG CAP	31	<i>(12hr) tab</i>	
<i>bosentan 125mg tab</i>	78	<i>budesonide 0.25mg/2ml</i>	8	<i>bupropion 100mg tab</i>	14
<i>bosentan 62.5mg tab</i>	78	<i>inh susp</i>		<i>bupropion 150mg sr (12</i>	14
BOSULIF 100MG CAP	31	<i>budesonide 0.5mg/2ml</i>	8	<i>hr) tab</i>	
BOSULIF 100MG TAB	31	<i>inh susp</i>		<i>bupropion 150mg sr</i>	77
BOSULIF 400MG TAB	31	<i>budesonide 1mg/2ml inh</i>	8	<i>(12hr) tab</i>	
BOSULIF 500MG TAB	31	<i>susp</i>		<i>bupropion 200mg sr</i>	14
BOSULIF 50MG CAP	31	<i>budesonide 3mg dr cap</i>	64	<i>(12hr) tab</i>	
BRAFTOVI 75MG CAP	31	<i>budesonide 9mg er tab</i>	64	<i>bupropion 75mg tab</i>	14
BREO ELLIPTA	8	<i>budesonide/formoterol</i>	9	<i>bupropion xl 150mg (24</i>	14
100-25MCG POWDER		<i>fumarate 160-45mcg</i>		<i>hr) tab</i>	
INHALER		<i>inhaler</i>		<i>bupropion xl 300mg</i>	14
BREO ELLIPTA	8	<i>budesonide/formoterol</i>	9	<i>(24hr) tab</i>	
200-25MCG POWDER		<i>fumarate 80-45mcg</i>		<i>buspirone 10mg tab</i>	6
INHALER		<i>inhaler</i>		<i>buspirone 15mg tab</i>	6

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

ALPHABETICAL LISTING OF DRUGS

<i>buspirone 30mg tab</i>	6	<i>carbamazepine 100mg er</i>	11	<i>carbidopa/levodopa</i>	37
<i>buspirone 5mg tab</i>	6	<i>cap</i>		<i>25-100mg tab</i>	
<i>buspirone 7.5mg tab</i>	6	<i>carbamazepine 100mg er</i>	11	CARBIDOPA/LEVODOPA	37
C		<i>tab</i>		25-250MG ODT	
<i>cabergoline 0.5mg tab</i>	57	<i>carbamazepine 200mg er</i>	11	<i>carbidopa/levodopa</i>	37
CABOMETYX 20MG TAE	31	<i>cap</i>		<i>25-250mg tab</i>	
CABOMETYX 40MG TAE	31	<i>carbamazepine 200mg er</i>	11	<i>carbidopa/levodopa</i>	37
CABOMETYX 60MG TAE	31	<i>tab</i>		<i>50-200mg er tab</i>	
<i>calcipotriene 0.005%</i>	52	<i>carbamazepine 200mg</i>	11	<i>carglumic acid 200mg tab</i>	56
<i>topical cream</i>		<i>tab</i>		<i>for oral susp</i>	
<i>calcipotriene 0.005%</i>	52	<i>carbamazepine 20mg/ml</i>	11	<i>carisoprodol 350mg tab</i>	42
<i>topical ointment</i>		<i>oral susp</i>		CARTEOLOL 1% OPHTH	72
CALCIPOTRIENE 0.005%	52	<i>carbamazepine 300mg er</i>	11	SOLN	
TOPICAL SOLN		<i>cap</i>		<i>cartia 120mg er (24hr)</i>	47
<i>calcitriol 0.25mcg cap</i>	56	<i>carbamazepine 400mg er</i>	11	<i>cap</i>	
<i>calcitriol 0.5mcg cap</i>	56	<i>tab</i>		<i>cartia 180mg er (24hr)</i>	47
<i>calcitriol 1mcg/ml oral</i>	56	<i>carbidopa 25mg tab</i>	36	<i>cap</i>	
<i>soln</i>		<i>carbidopa/entacapone/le</i>	37	<i>cartia 240mg er (24hr)</i>	47
CALQUENCE 100MG	31	<i>vodopa 12.5-200-50mg</i>		<i>cap</i>	
TAB		<i>tab</i>		<i>cartia 300mg er (24hr)</i>	47
<i>camila 0.35mg tab 28-day</i>	75	<i>carbidopa/entacapone/le</i>	37	<i>cap</i>	
<i>pack</i>		<i>vodopa 18.75-200-75mg</i>		<i>carvedilol 12.5mg tab</i>	45
<i>camreselo tab 91-day</i>	57	<i>tab</i>		<i>carvedilol 25mg tab</i>	45
<i>pack</i>		<i>carbidopa/entacapone/le</i>	37	<i>carvedilol 3.125mg tab</i>	45
<i>candesartan cilexetil</i>	24	<i>vodopa 25-200-100mg</i>		<i>carvedilol 6.25mg tab</i>	45
<i>16mg tab</i>		<i>tab</i>		<i>caspofungin acetate 50mg</i>	21
<i>candesartan cilexetil</i>	24	<i>carbidopa/entacapone/le</i>	37	<i>inj</i>	
<i>32mg tab</i>		<i>vodopa 31.25-200-125mg</i>		<i>caspofungin acetate 70mg</i>	21
<i>candesartan cilexetil 4mg</i>	24	<i>tab</i>		<i>inj</i>	
<i>tab</i>		<i>carbidopa/entacapone/le</i>	37	CAYSTON 75MG/ML INH	78
<i>candesartan cilexetil 8mg</i>	24	<i>vodopa 37.5-200-150mg</i>		SOLN	
<i>tab</i>		<i>tab</i>		CEFACLOR 250MG CAP	49
CAPLYTA 10.5MG CAP	38	<i>carbidopa/entacapone/le</i>	37	CEFACLOR 500MG CAP	49
CAPLYTA 21MG CAP	38	<i>vodopa 50-200-200mg</i>		<i>cefadroxil 100mg/ml oral</i>	49
CAPLYTA 42MG CAP	38	<i>tab</i>		<i>susp</i>	
CAPRELSA 100MG TAB	31	CARBIDOPA/LEVODOPA	37	<i>cefadroxil 500mg cap</i>	49
CAPRELSA 300MG TAB	32	10-100MG ODT		<i>cefadroxil 50mg/ml oral</i>	49
<i>captopril 100mg tab</i>	23	<i>carbidopa/levodopa</i>	37	<i>susp</i>	
<i>captopril 12.5mg tab</i>	23	<i>10-100mg tab</i>		<i>cefazolin 1000mg inj</i>	49
<i>captopril 25mg tab</i>	23	<i>carbidopa/levodopa</i>	37	<i>cefazolin 200mg/ml inj</i>	49
<i>captopril 50mg tab</i>	23	<i>25-100mg er tab</i>		<i>cefazolin 500mg inj</i>	49
<i>carbamazepine 100mg</i>	11	CARBIDOPA/LEVODOPA	37	<i>cefdinir 25mg/ml oral</i>	50
<i>chew tab</i>		25-100MG ODT		<i>susp</i>	
				<i>cefdinir 300mg cap</i>	50

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

ALPHABETICAL LISTING OF DRUGS

<i>cefdinir 50mg/ml oral susp</i>	50	<i>chlordiazepoxide 10mg cap</i>	7	CIMDUO 300-300MG TAB	42
<i>cefepime 1000mg inj</i>	27	<i>chlordiazepoxide 25mg cap</i>	7	<i>cimetidine 200mg tab</i>	81
<i>cefepime 2000mg inj</i>	27			<i>cimetidine 300mg tab</i>	81
<i>cefixime 400mg cap</i>	50	<i>chlordiazepoxide 5mg cap</i>	7	<i>cimetidine 400mg tab</i>	81
<i>cefoxitin 1gm inj</i>	49	<i>chlorhexidine gluconate 0.12% mouthwash</i>	50	<i>cimetidine 800mg tab</i>	81
<i>cefoxitin 200mg/ml inj</i>	49	CHLOROQUINE PHOSPHATE 250MG TAB		CIMZIA 200MG INJ	3
<i>cefoxitin 2gm inj</i>	49	<i>chloroquine phosphate 500mg tab</i>	28	CIMZIA 200MG/ML SYRINGE	3
<i>cefpodoxime 100mg tab</i>	50			<i>cinacalcet 30mg tab</i>	56
CEFPODOXIME 10MG/ML ORAL SUSP	50	<i>chlorpromazine 100mg tab</i>	41	<i>cinacalcet 60mg tab</i>	56
<i>cefpodoxime 200mg tab</i>	50			<i>cinacalcet 90mg tab</i>	56
CEFPODOXIME 20MG/ML ORAL SUSP	50	CHLORPROMAZINE 100MG/ML ORAL SOLN	41	<i>ciprofloxacin 0.3% ophth soln</i>	72
<i>cefprozil 250mg tab</i>	49	<i>chlorpromazine 10mg tab</i>	41	<i>ciprofloxacin 250mg tab</i>	61
<i>cefprozil 25mg/ml oral susp</i>	49	<i>chlorpromazine 200mg tab</i>	41	CIPROFLOXACIN 2MG/ML INJ	61
<i>cefprozil 500mg tab</i>	49			<i>ciprofloxacin 500mg tab</i>	61
<i>cefprozil 50mg/ml oral susp</i>	49	<i>chlorpromazine 25mg tab</i>	41	<i>ciprofloxacin 750mg tab</i>	61
		CHLORPROMAZINE 30MG/ML ORAL SOLN	41	<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	73
<i>ceftazidime 1gm inj</i>	50	<i>chlorpromazine 50mg tab</i>	41	<i>citalopram 10mg tab</i>	15
CEFTAZIDIME 200MG/ML INJ	50	<i>chlorthalidone 25mg tab</i>	55	<i>citalopram 20mg tab</i>	15
<i>ceftazidime 2gm inj</i>	50	<i>chlorthalidone 50mg tab</i>	55	<i>citalopram 2mg/ml oral soln</i>	15
<i>ceftriaxone 10gm inj</i>	50	<i>chlorzoxazone 500mg tab</i>	42		
<i>ceftriaxone 1gm inj</i>	50	<i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i>	22	<i>citalopram 40mg tab</i>	15
<i>ceftriaxone 250mg inj</i>	50			<i>claravis 10mg cap</i>	50
<i>ceftriaxone 2gm inj</i>	50	<i>cholestyramine resin 4gm powder for oral susp</i>	22	<i>claravis 20mg cap</i>	51
<i>ceftriaxone 500mg inj</i>	50			<i>claravis 30mg cap</i>	51
<i>cefuroxime 1500mg inj</i>	49	<i>ciclopirox 0.77% topical cream</i>	51	<i>claravis 40mg cap</i>	51
<i>cefuroxime 250mg tab</i>	50			<i>clarithromycin 250mg tab</i>	27
<i>cefuroxime 500mg tab</i>	50	<i>ciclopirox 0.77% topical gel</i>	51	CLARITHROMYCIN 25MG/ML ORAL SUSP	27
<i>cefuroxime 750mg inj</i>	50			<i>clarithromycin 500mg tab</i>	27
<i>celecoxib 100mg cap</i>	3	<i>ciclopirox 0.77% topical lotion</i>	51	CLARITHROMYCIN 50MG/ML ORAL SUSP	27
<i>celecoxib 200mg cap</i>	3			<i>clindamycin 1% pad</i>	51
<i>celecoxib 400mg cap</i>	3	<i>ciclopirox 1% shampoo</i>	51	<i>clindamycin 1% topical gel (once-daily)</i>	51
<i>celecoxib 50mg cap</i>	3	<i>ciclopirox 8% topical soln</i>	51	<i>clindamycin 1% topical gel (twice-daily)</i>	51
<i>cephalexin 250mg cap</i>	49	CILASTATIN/IMIPENEM 250-250MG INJ	27	<i>clindamycin 1% topical lotion</i>	51
<i>cephalexin 25mg/ml oral susp</i>	49	<i>cilastatin/imipenem 500-500mg inj</i>	27		
<i>cephalexin 500mg cap</i>	49				
<i>cephalexin 50mg/ml oral susp</i>	49	<i>cilostazol 100mg tab</i>	63		
<i>cevimeline 30mg cap</i>	50	<i>cilostazol 50mg tab</i>	63		

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>clindamycin 1% topical soln</i>	51	<i>clobetasol propionate 0.05% topical soln</i>	53	<i>clozapine 25mg tab</i>	40
<i>clindamycin 150mg cap</i>	27	<i>clomipramine 25mg cap</i>	16	<i>clozapine 50mg tab</i>	40
<i>clindamycin 2% vaginal cream</i>	81	<i>clomipramine 50mg cap</i>	16	COARTEM 20-120MG TAB	28
<i>clindamycin 300mg cap</i>	27	<i>clomipramine 75mg cap</i>	16	COBENFY 20-100MG CAP	38
<i>clindamycin 300mg/2ml inj</i>	27	<i>clonazepam 0.125mg odt</i>	10	COBENFY 20-50MG CAP	38
<i>clindamycin 300mg/50ml inj</i>	27	<i>clonazepam 0.25mg odt</i>	10	COBENFY 30-125MG CAP	38
<i>clindamycin 600mg/4ml inj</i>	27	<i>clonazepam 0.5mg odt</i>	10	COBENFY CAP 28-DAY STARTER KIT PACK (56)	38
<i>clindamycin 600mg/50ml inj</i>	27	<i>clonazepam 0.5mg tab</i>	10	<i>codeine</i>	5
<i>clindamycin 75mg cap</i>	27	<i>clonazepam 1mg odt</i>	10	<i>phosphate/acetaminophen 15-300mg tab</i>	5
<i>clindamycin 75mg/5ml oral soln</i>	27	<i>clonazepam 1mg tab</i>	10	CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN	5
<i>clindamycin 900mg/50ml inj</i>	27	<i>clonazepam 2mg odt</i>	10	<i>codeine</i>	5
<i>clindamycin 900mg/6ml inj</i>	27	<i>clonazepam 2mg tab</i>	10	<i>phosphate/acetaminophen 30-300mg tab</i>	5
CLINIMIX 4.25/10 INJ	70	<i>clonidine 0.1mg er tab</i>	1	<i>codeine</i>	5
CLINIMIX 4.25/5 INJ	70	<i>clonidine 0.1mg tab</i>	25	<i>phosphate/acetaminophen 60-300mg tab</i>	5
CLINIMIX 5/15 INJ	70	<i>clonidine 0.1mg/24hr weekly patch</i>	25	<i>colchicine 0.6mg tab</i>	63
CLINIMIX 5/20 INJ	70	<i>clonidine 0.2mg tab</i>	25	<i>colchicine/probenecid 0.5-500mg tab</i>	63
<i>clinisol 15% inj</i>	70	<i>clonidine 0.2mg/24hr weekly patch</i>	25	<i>colesevelam 625mg tab</i>	22
<i>clobazam 10mg tab</i>	10	<i>clonidine 0.3mg tab</i>	25	<i>colestipol 1gm tab</i>	22
<i>clobazam 2.5mg/ml oral susp</i>	10	<i>clonidine 0.3mg/24hr weekly patch</i>	25	<i>colestipol 5000mg granules for oral susp</i>	23
<i>clobetasol propionate 0.05% shampoo</i>	53	<i>clorazepate dipotassium 15mg tab</i>	7	<i>colistin 75mg/ml inj</i>	27
<i>clobetasol propionate 0.05% topical cream</i>	53	<i>clorazepate dipotassium 3.75mg tab</i>	7	COMBIVENT 20-100MCG/ACT INHALER	9
<i>clobetasol propionate 0.05% topical e cream</i>	53	<i>clorazepate dipotassium 7.5mg tab</i>	7	COMETRIQ CAP 100MG DAILY DOSE PACK (56)	32
<i>clobetasol propionate 0.05% topical foam</i>	53	<i>clotrimazole 1% topical cream</i>	51	COMETRIQ CAP 140MG DAILY DOSE PACK (112)	32
<i>clobetasol propionate 0.05% topical gel</i>	53	<i>clotrimazole 10mg lozenge</i>	50	COMETRIQ CAP 60MG DAILY DOSE PACK (84)	32
<i>clobetasol propionate 0.05% topical lotion</i>	53	<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	51	<i>compro 25mg rectal supp</i>	41
<i>clobetasol propionate 0.05% topical ointment</i>	53	<i>clozapine 100mg odt</i>	40	CONEXXENCE 60MG/ML SYRINGE	56
		<i>clozapine 100mg tab</i>	40		
		CLOZAPINE 12.5MG ODT	40		
		<i>clozapine 150mg odt</i>	40		
		<i>clozapine 200mg odt</i>	40		
		<i>clozapine 200mg tab</i>	40		
		<i>clozapine 25mg odt</i>	40		

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

ALPHABETICAL LISTING OF DRUGS

<i>constulose 10gm/15ml oral soln</i>	67	CYCLOPHOSPHAMIDE 25MG TAB	29	<i>dantrolene sodium 25mg cap</i>	42
COPIKTRA 15MG CAP	32	<i>cyclophosphamide 50mg cap</i>	29	<i>dantrolene sodium 50mg cap</i>	42
COPIKTRA 25MG CAP	32	CYCLOPHOSPHAMIDE 50MG TAB	29	DAPAGLIFLOZIN 10MG TAB	20
COSENTYX 150MG/ML AUTO-INJECTOR	52	<i>cyclosporine 0.05% ophth susp</i>	73	DAPAGLIFLOZIN 5MG TAB	20
COSENTYX 150MG/ML SYRINGE	52	<i>cyclosporine 100mg cap</i>	69	<i>dapsone 100mg tab</i>	28
COSENTYX 75MG/0.5ML SYRINGE	52	<i>cyclosporine 25mg cap</i>	69	<i>dapsone 25mg tab</i>	28
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	52	<i>cyclosporine modified 100mg cap</i>	69	DAPTACEL INJ	65
COTELLIC 20MG TAB	32	<i>cyclosporine modified 100mg/ml oral soln</i>	69	<i>daptomycin 350mg inj</i>	27
CREON	61	<i>cyclosporine modified 25mg cap</i>	69	<i>daptomycin 500mg inj</i>	27
120000-24000-76000UNIT T DR CAP		<i>cyclosporine modified 50mg cap</i>	69	<i>darunavir 600mg tab</i>	43
CREON	61	<i>cyproheptadine 0.4mg/ml oral soln</i>	77	<i>darunavir 800mg tab</i>	43
15000-3000-9500UNIT DR CAP		<i>cyproheptadine 4mg tab</i>	77	<i>dasatinib 100mg tab</i>	32
CREON	61	<i>cyred tab 28-day pack</i>	58	<i>dasatinib 140mg tab</i>	32
180000-36000-114000U NIT DR CAP		CYSTADANE 1GM POWDER FOR ORAL SOLN	56	<i>dasatinib 20mg tab</i>	32
CREON	61	CYSTADROPS 0.37% OPTH SOLN	73	<i>dasatinib 50mg tab</i>	32
30000-6000-19000UNIT DR CAP		CYSTAGON 150MG CAP	63	<i>dasatinib 70mg tab</i>	32
CREON	61	CYSTAGON 50MG CAP	63	<i>dasatinib 80mg tab</i>	32
60000-12000-38000UNIT DR CAP		D		DAURISMO 100MG TAB	30
CRESEMBA 186MG CAP	21	<i>dabigatran etexilate 110mg cap</i>	9	DAURISMO 25MG TAB	30
CRESEMBA 74.5MG CAP	21	<i>dabigatran etexilate 150mg cap</i>	9	<i>deblitane 0.35mg tab 28-day pack</i>	75
<i>cromolyn sodium 10mg/ml inh soln</i>	7	<i>dabigatran etexilate 75mg cap</i>	9	<i>deferasirox 180mg tab</i>	68
<i>cromolyn sodium 20mg/ml oral soln</i>	61	<i>dalfampridine 10mg er tab</i>	77	<i>deferasirox 360mg tab</i>	68
CROMOLYN SODIUM 4% OPTH SOLN	73	<i>danazol 100mg cap</i>	5	<i>deferasirox 90mg tab</i>	68
<i>cryselle tab 28-day pack</i>	57	<i>danazol 200mg cap</i>	5	DELSTRIGO	43
<i>cyclobenzaprine 10mg tab</i>	42	<i>danazol 50mg cap</i>	5	100-300-300MG TAB	
<i>cyclobenzaprine 5mg tab</i>	42	<i>dantrolene sodium 100mg cap</i>	42	<i>demeclocycline 150mg tab</i>	79
<i>cyclophosphamide 25mg cap</i>	29			<i>demeclocycline 300mg tab</i>	79
				DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	75
				DESCOVY 120-15MG TAB	43
				DESCOVY 200-25MG TAB	43
				<i>desipramine 100mg tab</i>	16
				<i>desipramine 10mg tab</i>	16
				<i>desipramine 150mg 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>desipramine 25mg tab</i>	16	<i>dexmethylphenidate</i>	1	<i>diclofenac sodium 25mg</i>	3
<i>desipramine 50mg tab</i>	17	<i>10mg tab</i>		<i>dr tab</i>	
<i>desipramine 75mg tab</i>	17	<i>dexmethylphenidate</i>	1	<i>diclofenac sodium 3%</i>	52
<i>desloratadine 5mg tab</i>	77	<i>2.5mg tab</i>		<i>topical gel</i>	
<i>desmopressin acetate</i>	57	<i>dexmethylphenidate 5mg</i>	1	<i>diclofenac sodium 50mg</i>	3
<i>0.01% (0.01mg/act) nasal</i>		<i>tab</i>		<i>dr tab</i>	
<i>spray</i>		<i>dextroamphetamine</i>	1	<i>diclofenac sodium 75mg</i>	3
<i>desmopressin acetate</i>	57	<i>sulfate 10mg tab</i>		<i>dr tab</i>	
<i>0.1mg tab</i>		<i>dextroamphetamine</i>	1	<i>dicloxacillin 250mg cap</i>	74
<i>desmopressin acetate</i>	57	<i>sulfate 5mg tab</i>		<i>dicloxacillin 500mg cap</i>	74
<i>0.2mg tab</i>		DEXTROSE 10% INJ	70	<i>dicyclomine 10mg cap</i>	81
<i>desonide 0.05% topical</i>	53	DIACOMIT 250MG CAP	11	<i>dicyclomine 20mg tab</i>	81
<i>cream</i>		DIACOMIT 250MG	11	<i>dicyclomine 2mg/ml oral</i>	81
<i>desonide 0.05% topical</i>	53	POWDER FOR ORAL		<i>soln</i>	
<i>ointment</i>		SUSP		DIFICID 200MG TAB	27
<i>desoximetasone 0.25%</i>	53	DIACOMIT 500MG CAP	11	DIFICID 40MG/ML ORAL	27
<i>topical cream</i>		DIACOMIT 500MG	11	SUSP	
<i>desoximetasone 0.25%</i>	53	POWDER FOR ORAL		<i>diflunisal 500mg tab</i>	3
<i>topical ointment</i>		SUSP		<i>difluprednate 0.05%</i>	73
<i>desvenlafaxine succinate</i>	16	<i>diazepam 10mg tab</i>	7	<i>ophth susp</i>	
<i>100mg er tab</i>		<i>diazepam 10mg/2ml</i>	11	<i>digoxin 0.125mg tab</i>	49
<i>desvenlafaxine succinate</i>	16	<i>rectal gel</i>		<i>digoxin 0.25mg tab</i>	49
<i>25mg er tab</i>		<i>diazepam 1mg/ml oral</i>	7	<i>dihydroergotamine</i>	68
<i>desvenlafaxine succinate</i>	16	<i>soln</i>		<i>mesylate 0.5mg/act nasal</i>	
<i>50mg er tab</i>		DIAZEPAM	11	<i>inhaler</i>	
DEXAMETHASONE	64	2.5MG/0.5ML RECTAL		DILANTIN 30MG ER	11
0.1MG/ML ORAL SOLN		GEL		CAP	
<i>dexamethasone 0.5mg tab</i>	64	<i>diazepam 20mg/4ml</i>	11	<i>dilt 120mg er (24hr) cap</i>	47
<i>dexamethasone 0.75mg</i>	64	<i>rectal gel</i>		<i>dilt 180mg er (24hr) cap</i>	47
<i>tab</i>		<i>diazepam 2mg tab</i>	7	<i>dilt 240mg er (24hr) cap</i>	47
<i>dexamethasone 1.5mg tab</i>	64	<i>diazepam 5mg tab</i>	7	<i>diltiazem 120mg er (12hr)</i>	47
<i>dexamethasone 1mg tab</i>	64	<i>diazepam 5mg/ml oral</i>	7	<i>cap</i>	
<i>dexamethasone 2mg tab</i>	64	<i>soln</i>		<i>diltiazem 120mg er (24hr)</i>	47
<i>dexamethasone 4mg tab</i>	64	<i>diazoxide 50mg/ml oral</i>	18	<i>cap</i>	
<i>dexamethasone 6mg tab</i>	64	<i>susp</i>		<i>diltiazem 120mg tab</i>	47
DEXAMETHASONE	72	<i>diclofenac potassium</i>	3	<i>diltiazem 180mg er (24hr)</i>	47
PHOSPHATE 0.1%		<i>50mg tab</i>		<i>cap</i>	
OPHTH SOLN		<i>diclofenac sodium 0.1%</i>	73	<i>diltiazem 240mg er (24hr)</i>	47
<i>dexamethasone/neomycin</i>	72	<i>ophth soln</i>		<i>cap</i>	
<i>/polymyxin b 0.1% ophth</i>		<i>diclofenac sodium 1.5%</i>	3	<i>diltiazem 300mg er (24hr)</i>	47
<i>ointment</i>		<i>topical soln</i>		<i>cap</i>	
<i>dexamethasone/tobramyc</i>	73	<i>diclofenac sodium 100mg</i>	3	<i>diltiazem 30mg tab</i>	47
<i>in 0.3-0.1% ophth susp</i>		<i>er tab</i>		<i>diltiazem 360mg er (24hr)</i>	47
				<i>cap</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>diltiazem 420mg er (24hr) cap</i>	47	DOPTelet TAB 60MG DAILY DOSE PACK (15)	63	<i>doxycycline monohydrate 50mg cap</i>	79
<i>diltiazem 60mg er (12hr) cap</i>	47	<i>dorzolamide 2% ophth soln</i>	73	<i>doxycycline monohydrate 50mg tab</i>	79
<i>diltiazem 60mg tab</i>	47	<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	72	<i>doxycycline monohydrate 5mg/ml oral susp</i>	79
<i>diltiazem 90mg er (12hr) cap</i>	47	<i>dotti 0.025mg/24hr twice weekly patch</i>	60	<i>doxycycline monohydrate 75mg tab</i>	79
<i>diltiazem 90mg tab</i>	47	<i>dotti 0.0375mg/24hr twice weekly patch</i>	60	DRIZALMA 20MG DR SPRINKLE CAP	16
<i>dimethyl fumarate 120mg dr cap</i>	77	<i>dotti 0.05mg/24hr twice weekly patch</i>	60	DRIZALMA 30MG DR SPRINKLE CAP	16
<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	77	<i>dotti 0.075mg/24hr twice weekly patch</i>	60	DRIZALMA 40MG DR SPRINKLE CAP	16
<i>dimethyl fumarate 240mg dr cap</i>	77	<i>dotti 0.1mg/24hr twice weekly patch</i>	60	DRIZALMA 60MG DR SPRINKLE CAP	16
<i>dipyridamole 25mg tab</i>	63	DOVATO 50-300MG TAB	43	<i>dronabinol 10mg cap</i>	21
<i>dipyridamole 50mg tab</i>	63	<i>doxazosin 1mg tab</i>	25	<i>dronabinol 2.5mg cap</i>	21
<i>dipyridamole 75mg tab</i>	63	<i>doxazosin 2mg tab</i>	25	<i>dronabinol 5mg cap</i>	21
<i>disopyramide 100mg cap</i>	48	<i>doxazosin 4mg tab</i>	25	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	58
<i>disopyramide 150mg cap</i>	48	<i>doxazosin 8mg tab</i>	25	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	58
<i>disulfiram 250mg tab</i>	75	<i>doxepin 100mg cap</i>	17	<i>droxidopa 100mg cap</i>	48
<i>divalproex sodium 125mg dr cap</i>	14	<i>doxepin 10mg cap</i>	17	<i>droxidopa 200mg cap</i>	48
<i>divalproex sodium 125mg dr tab</i>	14	<i>doxepin 10mg/ml oral soln</i>	17	<i>droxidopa 300mg cap</i>	48
<i>divalproex sodium 250mg dr tab</i>	14	<i>doxepin 150mg cap</i>	17	DULERA 100-5MCG INHALER	9
<i>divalproex sodium 250mg er tab</i>	37	<i>doxepin 25mg cap</i>	17	DULERA 200-5MCG INHALER	9
<i>divalproex sodium 500mg dr tab</i>	14	<i>doxepin 50mg cap</i>	17	DULERA 50-5MCG INHALER	9
<i>divalproex sodium 500mg er tab</i>	37	<i>doxepin 75mg cap</i>	17	<i>duloxetine 20mg dr cap</i>	16
<i>dofetilide 0.125mg cap</i>	48	<i>doxy 100mg inj</i>	79	<i>duloxetine 30mg dr cap</i>	16
<i>dofetilide 0.25mg cap</i>	48	<i>doxycycline hyclate 100mg cap</i>	79	<i>duloxetine 60mg dr cap</i>	16
<i>dofetilide 0.5mg cap</i>	48	<i>doxycycline hyclate 100mg inj</i>	79	DUPIXENT 200MG/1.14ML AUTO-INJECTOR	7
<i>donepezil 10mg odt</i>	75	<i>doxycycline hyclate 100mg tab</i>	79		
<i>donepezil 10mg tab</i>	75	<i>doxycycline hyclate 20mg tab</i>	79		
<i>donepezil 23mg tab</i>	75	<i>doxycycline hyclate 50mg cap</i>	79		
<i>donepezil 5mg odt</i>	75	<i>doxycycline monohydrate 100mg cap</i>	79		
<i>donepezil 5mg tab</i>	75	<i>doxycycline monohydrate 100mg tab</i>	79		
DOPTelet 20MG TAB	63				
DOPTelet TAB 40MG DAILY DOSE PACK (10)	63				

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

DUPIXENT 200MG/1.14ML SYRINGE	7	<i>eltrombopag 25mg powder for oral susp</i>	63	<i>enalapril maleate 20mg tab</i>	24
DUPIXENT 300MG/2ML AUTO-INJECTOR	7	<i>eltrombopag 25mg tab</i>	63	<i>enalapril maleate 5mg tab</i>	24
DUPIXENT 300MG/2ML SYRINGE	7	<i>eltrombopag 50mg tab</i>	63	<i>enalapril</i>	26
<i>dutasteride 0.5mg cap</i>	62	<i>eltrombopag 75mg tab</i>	63	<i>maleate/hydrochlorothiaz ide 10-25mg tab</i>	
E		<i>eluryng</i>	58	<i>enalapril</i>	26
<i>econazole nitrate 1% topical cream</i>	51	<i>0.120-0.015mg/24hr vaginal system</i>		<i>maleate/hydrochlorothiaz ide 5-12.5mg tab</i>	
EDURANT 2.5MG TAB FOR ORAL SUSP	43	EMGALITY 100MG/ML SYRINGE	68	ENBREL 25MG/0.5ML INJ	3
EDURANT 25MG TAB	43	EMGALITY 120MG/ML AUTO-INJECTOR	68	ENBREL 25MG/0.5ML SYRINGE	3
<i>efavirenz 600mg tab</i>	43	EMGALITY 120MG/ML SYRINGE	68	ENBREL 50MG/ML	3
<i>efavirenz/emtricitabine/te nofovir disoproxil</i>	43	EMSAM 12MG/24HR PATCH	14	AUTO-INJECTOR	3
<i>fumarate 600-200-300mg tab</i>	43	EMSAM 6MG/24HR PATCH	14	ENBREL 50MG/ML CARTRIDGE	3
EFAVIRENZ/LAMIVUDIN E/TENOFOVIR	43	EMSAM 9MG/24HR PATCH	14	ENBREL 50MG/ML SYRINGE	3
DISOPROXIL FUMARATE		<i>emtricitabine 200mg cap</i>	43	ENERGIX-B	66
400-300-300MG TAB		<i>emtricitabine/rilpivirine/t enofovir disoproxil</i>	43	10MCG/0.5ML SYRINGE	66
<i>efavirenz/lamivudine/teno fovir disoproxil fumarate</i>	43	<i>fumarate 200-25-300mg tab</i>		ENERGIX-B 20MCG/ML INJ	66
<i>electrolyte-148 inj</i>	70	<i>emtricitabine/tenofovir disoproxil fumarate</i>	43	ENERGIX-B 20MCG/ML SYRINGE	66
ELIGARD 22.5MG SYRINGE	30	<i>100-150mg tab</i>		<i>enilloring</i>	58
ELIGARD 30MG SYRINGE	30	<i>emtricitabine/tenofovir disoproxil fumarate</i>	43	<i>0.120-0.015mg/24hr vaginal system</i>	
ELIGARD 45MG SYRINGE	30	<i>133-200mg tab</i>		<i>enoxaparin sodium</i>	9
ELIGARD 7.5MG SYRINGE	30	<i>emtricitabine/tenofovir disoproxil fumarate</i>	43	<i>100mg/1ml syringe</i>	
ELIQUIS 2.5MG TAB	9	<i>167-250mg tab</i>		<i>enoxaparin sodium</i>	9
ELIQUIS 5MG 30-DAY STARTER PACK (74)	9	<i>emtricitabine/tenofovir disoproxil fumarate</i>	43	<i>150mg/1ml syringe</i>	
ELIQUIS 5MG TAB	9	200-300mg tab		<i>enoxaparin sodium</i>	9
<i>eltrombopag 12.5mg powder for oral susp</i>	63	EMTRIVA 10MG/ML ORAL SOLN	43	<i>30mg/0.3ml syringe</i>	
<i>eltrombopag 12.5mg tab</i>	63	<i>enalapril maleate 10mg tab</i>	23	<i>enoxaparin sodium</i>	9
		<i>enalapril maleate 2.5mg tab</i>	24	<i>80mg/0.8ml syringe</i>	
				<i>enskyce tab 28-day pack</i>	58

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

ALPHABETICAL LISTING OF DRUGS

<i>entacapone 200mg tab</i>	36	<i>erythromycin 500mg dr</i>	27	<i>estradiol 0.0375mg/24hr</i>	60
<i>entecavir 0.5mg tab</i>	44	<i>tab</i>		<i>weekly patch</i>	
<i>entecavir 1mg tab</i>	44	<i>erythromycin 500mg tab</i>	27	<i>estradiol 0.05mg/24hr</i>	60
ENTRESTO 15-16MG	49	<i>escitalopram 10mg tab</i>	15	<i>twice weekly patch</i>	
ORAL PELLET		<i>escitalopram 1mg/ml oral</i>	15	<i>estradiol 0.05mg/24hr</i>	60
ENTRESTO 6-6MG ORAL	49	<i>soln</i>		<i>weekly patch</i>	
PELLET		<i>escitalopram 20mg tab</i>	15	<i>estradiol 0.075mg/24hr</i>	60
<i>enulose 10gm/15ml oral</i>	61	<i>escitalopram 5mg tab</i>	15	<i>twice weekly patch</i>	
<i>soln</i>		<i>eslicarbazepine acetate</i>	11	<i>estradiol 0.075mg/24hr</i>	60
ENVARUSUS XR 0.75MG	69	<i>200mg tab</i>		<i>weekly patch</i>	
TAB		<i>eslicarbazepine acetate</i>	11	<i>estradiol 0.5mg tab</i>	60
ENVARUSUS XR 1MG TAB	69	<i>400mg tab</i>		<i>estradiol 1mg tab</i>	60
ENVARUSUS XR 4MG TAB	69	<i>eslicarbazepine acetate</i>	11	<i>estradiol 2mg tab</i>	60
EPIDIOLEX 100MG/ML	11	<i>600mg tab</i>		<i>estradiol valerate</i>	61
ORAL SOLN		<i>eslicarbazepine acetate</i>	11	<i>10mg/ml inj</i>	
<i>epinephrine</i>	9	<i>800mg tab</i>		<i>estradiol valerate</i>	61
<i>0.15mg/0.3ml</i>		<i>esomeprazole 10mg</i>	81	<i>20mg/ml inj</i>	
<i>auto-injector (2pack)</i>		<i>granules for oral susp</i>		<i>estradiol valerate</i>	61
<i>epinephrine 0.3mg/0.3ml</i>	9	<i>esomeprazole 20mg dr</i>	81	<i>40mg/ml inj</i>	
<i>auto-injector (2pack)</i>		<i>cap</i>		<i>estradiol/norethindrone</i>	58
<i>eplerenone 25mg tab</i>	26	<i>esomeprazole 20mg</i>	81	<i>acetate 0.5-0.1mg 28-day</i>	
<i>eplerenone 50mg tab</i>	26	<i>granules for oral susp</i>		<i>pack</i>	
ERIVEDGE 150MG CAP	30	<i>esomeprazole 40mg dr</i>	81	<i>estradiol/norethindrone</i>	58
ERLEADA 240MG TAB	30	<i>cap</i>		<i>acetate 1-0.5mg 28-day</i>	
ERLEADA 60MG TAB	30	<i>esomeprazole 40mg</i>	81	<i>pack</i>	
<i>erlotinib 100mg tab</i>	30	<i>granules for oral susp</i>		<i>eszopiclone 1mg tab</i>	65
<i>erlotinib 150mg tab</i>	30	<i>estarylla tab 28-day pack</i>	58	<i>eszopiclone 2mg tab</i>	65
<i>erlotinib 25mg tab</i>	30	<i>estradiol 0.0025mg/hr</i>	60	<i>eszopiclone 3mg tab</i>	65
<i>errin 0.35mg tab 28-day</i>	75	<i>weekly patch</i>		<i>ethambutol 100mg tab</i>	29
<i>pack</i>		<i>estradiol 0.01% vaginal</i>	82	<i>ethambutol 400mg tab</i>	29
<i>ertapenem 1gm inj</i>	27	<i>cream</i>		<i>ethinyl estradiol/ethinyl</i>	58
ERY 2% PAD	51	<i>estradiol 0.01mg vaginal</i>	82	<i>estradiol/levonorgestrel</i>	
<i>erythromycin 0.5% ophth</i>	72	<i>insert</i>		<i>0.01-0.02-0.1mg tab</i>	
<i>ointment</i>		<i>estradiol 0.01mg/24hr</i>	60	<i>91-day pack</i>	
<i>erythromycin 2% topical</i>	51	<i>twice weekly patch</i>		<i>ethinyl</i>	58
<i>gel</i>		<i>estradiol 0.01mg/24hr</i>	60	<i>estradiol/etonogestrel</i>	
<i>erythromycin 2% topical</i>	51	<i>weekly patch</i>		<i>0.120-0.015 mg/24hr</i>	
<i>soln</i>		<i>estradiol 0.025mg/24hr</i>	60	<i>vaginal system</i>	
<i>erythromycin 250mg dr</i>	27	<i>twice weekly patch</i>		<i>ethinyl estradiol/inert</i>	58
<i>tab</i>		<i>estradiol 0.025mg/24hr</i>	60	<i>ingredients/levonorgestre</i>	
<i>erythromycin 250mg tab</i>	27	<i>weekly patch</i>		<i>l 0.02-1-0.1mg tab 28-day</i>	
<i>erythromycin 333mg dr</i>	27	<i>estradiol 0.0375mg/24hr</i>	60	<i>pack</i>	
<i>tab</i>		<i>twice weekly patch</i>			

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

ALPHABETICAL LISTING OF DRUGS

<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>	58	<i>everolimus 0.25mg tab</i>	69	FANAPT TAB TITRATION PACK (8)	39
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	58	<i>everolimus 0.5mg tab</i>	69	FARXIGA 10MG TAB	20
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	58	<i>everolimus 0.75mg tab</i>	69	FARXIGA 5MG TAB	20
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	58	<i>everolimus 1mg tab</i>	69	FASENRA 10MG/0.5ML SYRINGE	7
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	58	<i>everolimus 2.5mg tab</i>	32	FASENRA 30MG/ML AUTO-INJECTOR	7
<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	58	<i>everolimus 2mg tab for oral susp</i>	32	FASENRA 30MG/ML SYRINGE	7
<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25 mg-mcg tab 28-day pack</i>	58	<i>everolimus 3mg tab for oral susp</i>	32	<i>febuxostat 40mg tab</i>	63
<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35 mg-mcg tab 28-day pack</i>	58	<i>everolimus 5mg tab</i>	32	<i>febuxostat 80mg tab</i>	63
<i>ethosuximide 250mg cap</i>	14	<i>everolimus 5mg tab for oral susp</i>	32	<i>feirza 1.5/30 28-day pack</i>	58
<i>ethosuximide 50mg/ml oral soln</i>	14	<i>everolimus 7.5mg tab</i>	32	<i>feirza 1/20 28-day pack</i>	58
<i>etodolac 200mg cap</i>	3	EVOTAZ 300-150MG TAB	43	<i>felbamate 120mg/ml oral susp</i>	13
<i>etodolac 300mg cap</i>	3	EVRYSDI 0.75MG/ML ORAL SOLN	49	<i>felbamate 400mg tab</i>	13
<i>etodolac 400mg tab</i>	3	EVRYSDI 5MG TAB	49	<i>felbamate 600mg tab</i>	13
<i>etodolac 500mg tab</i>	3	<i>exemestane 25mg tab</i>	30	<i>felodipine 10mg er tab</i>	47
<i>etravirine 100mg tab</i>	43	<i>ezetimibe 10mg tab</i>	22	<i>felodipine 2.5mg er tab</i>	47
<i>etravirine 200mg tab</i>	43	<i>ezetimibe/simvastatin 10-10mg tab</i>	22	<i>felodipine 5mg er tab</i>	47
EUCRISA 2% TOPICAL OINTMENT	54	<i>ezetimibe/simvastatin 10-20mg tab</i>	22	<i>fenofibrate 134mg cap</i>	23
EULEXIN 125MG CAP	30	<i>ezetimibe/simvastatin 10-40mg tab</i>	22	<i>fenofibrate 145mg tab</i>	23
		<i>ezetimibe/simvastatin 10-80mg tab</i>	22	<i>fenofibrate 160mg tab</i>	23
		F		<i>fenofibrate 200mg cap</i>	23
		<i>falmina tab 28-day pack</i>	58	<i>fenofibrate 43mg cap</i>	23
		<i>famciclovir 125mg tab</i>	45	<i>fenofibrate 48mg tab</i>	23
		<i>famciclovir 250mg tab</i>	45	<i>fenofibrate 54mg tab</i>	23
		<i>famciclovir 500mg tab</i>	45	<i>fenofibrate 67mg cap</i>	23
		<i>famotidine 20mg tab</i>	81	<i>fenofibric acid 135mg dr cap</i>	23
		<i>famotidine 40mg tab</i>	81	<i>fenofibric acid 45mg dr cap</i>	23
		FANAPT 10MG TAB	39	<i>fentanyl 100mcg/hr patch</i>	4
		FANAPT 12MG TAB	39	<i>fentanyl 12mcg/hr patch</i>	4
		FANAPT 1MG TAB	39	<i>fentanyl 25mcg/hr patch</i>	4
		FANAPT 2MG TAB	39	<i>fentanyl 50mcg/hr patch</i>	4
		FANAPT 4MG TAB	39	<i>fentanyl 75mcg/hr patch</i>	4
		FANAPT 6MG TAB	39	<i>fesoterodine fumarate 4mg er tab</i>	62
		FANAPT 8MG TAB	39	<i>fesoterodine fumarate 8mg er tab</i>	62
				FETZIMA 120MG ER CAP	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

FETZIMA 20MG ER CAP	16	<i>fluocinolone acetonide</i>	53	FLURBIPROFEN 100MG TAB	3
FETZIMA 40MG ER CAP	16	<i>0.01% topical oil</i>			
FETZIMA 80MG ER CAP	16	<i>fluocinolone acetonide</i>	53	FLURBIPROFEN	73
FETZIMA ER CAP	16	<i>0.01% topical soln</i>		SODIUM 0.03% OPTH	
TITRATION PACK (28)		<i>fluocinolone acetonide</i>	53	SOLN	
FIASP 100UNIT/ML CARTRIDGE	19	<i>0.025% topical cream</i>		<i>fluticasone propionate</i>	53
FIASP 100UNIT/ML INJ	19	<i>fluocinolone acetonide</i>	53	<i>0.005% topical ointment</i>	
FIASP 100UNIT/ML PEN	19	<i>0.025% topical ointment</i>		<i>fluticasone propionate</i>	53
INJ (3ML)		<i>fluocinonide 0.05%</i>	53	<i>0.05% topical cream</i>	
<i>finasteride 5mg tab</i>	62	<i>topical cream</i>		<i>fluticasone propionate</i>	70
<i>fingolimod 0.5mg cap</i>	77	<i>fluocinonide 0.05%</i>	53	<i>50mcg/act nasal inhaler</i>	
FINTEPLA 2.2MG/ML ORAL SOLN	11	<i>topical e cream</i>		<i>fluticasone</i>	9
FIRMAGON 120MG INJ	30	<i>fluocinonide 0.05%</i>	53	<i>propionate/salmeterol</i>	
FIRMAGON 80MG INJ	30	<i>topical ointment</i>		<i>100-50mcg/act powder</i>	
<i>flecainide acetate 100mg tab</i>	48	<i>fluocinonide 0.05%</i>	53	<i>inhaler</i>	
<i>flecainide acetate 150mg tab</i>	48	<i>topical soln</i>		<i>fluticasone</i>	9
<i>flecainide acetate 50mg tab</i>	48	<i>fluocinonide 0.1% topical cream</i>	53	<i>propionate/salmeterol</i>	
<i>fluconazole 100mg tab</i>	21	<i>fluorometholone 0.1% ophth susp</i>	73	<i>250-50mcg/act powder</i>	
<i>fluconazole 10mg/ml oral susp</i>	21	FLUOROURACIL 2% TOPICAL SOLN	52	<i>inhaler</i>	
<i>fluconazole 150mg tab</i>	21	<i>fluorouracil 5% topical cream</i>	52	<i>fluticasone</i>	9
<i>fluconazole 200mg tab</i>	21	<i>fluorouracil 5% topical soln</i>	52	<i>propionate/salmeterol</i>	
<i>fluconazole 200mg/100ml inj</i>	22	<i>fluoxetine 10mg cap</i>	15	<i>500-50mcg/act powder</i>	
<i>fluconazole 400mg/200ml inj</i>	22	<i>fluoxetine 20mg cap</i>	15	<i>inhaler</i>	
<i>fluconazole 40mg/ml oral susp</i>	22	<i>fluoxetine 40mg cap</i>	15	<i>fluvoxamine maleate</i>	15
<i>fluconazole 50mg tab</i>	22	<i>fluoxetine 4mg/ml oral soln</i>	15	<i>100mg tab</i>	
<i>flucytosine 250mg cap</i>	22	<i>fluoxetine 60mg tab</i>	15	<i>fluvoxamine maleate</i>	15
<i>flucytosine 500mg cap</i>	22	FLUPHENAZINE	41	<i>25mg tab</i>	
<i>fludrocortisone acetate 0.1mg tab</i>	64	<i>0.5MG/ML ORAL SOLN</i>		<i>fluvoxamine maleate</i>	15
<i>flunisolide 25% (25mcg/act) nasal inhaler</i>	70	<i>fluphenazine 10mg tab</i>	41	<i>50mg tab</i>	
<i>fluocinolone acetonide 0.01% otic soln</i>	73	<i>fluphenazine 1mg tab</i>	41	<i>fondaparinux sodium</i>	9
<i>fluocinolone acetonide 0.01% topical cream</i>	53	<i>fluphenazine 2.5mg tab</i>	41	<i>10mg/0.8ml syringe</i>	
		FLUPHENAZINE	41	<i>fondaparinux sodium</i>	9
		<i>2.5MG/ML INJ</i>		<i>2.5mg/0.5ml syringe</i>	
		<i>fluphenazine 5mg tab</i>	41	<i>fondaparinux sodium</i>	10
		FLUPHENAZINE	41	<i>5mg/0.4ml syringe</i>	
		<i>5MG/ML ORAL SOLN</i>		<i>fondaparinux sodium</i>	10
		<i>fluphenazine decanoate 25mg/ml inj</i>	41	<i>7.5mg/0.6ml syringe</i>	
				<i>fosamprenavir 700mg tab</i>	43
				<i>fosfomycin 3gm powder</i>	27
				<i>for oral soln</i>	
				<i>fosinopril sodium 10mg tab</i>	24
				<i>fosinopril sodium 20mg tab</i>	24

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

ALPHABETICAL LISTING OF DRUGS

<i>fosinopril sodium 40mg tab</i>	24	<i>galantamine hydrobromide 24mg er cap</i>	76	GENTAMICIN 1MG/ML INJ	2
<i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>	26	GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	76	<i>gentamicin 40mg/ml inj</i>	2
<i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>	26	<i>galantamine hydrobromide 8mg er cap</i>	76	GENVOYA 150-150-200-10MG TAB	43
FOTIVDA 0.89MG CAP	32	<i>gallifrey 5mg tab</i>	75	GILOTRIF 20MG TAB	30
FOTIVDA 1.34MG CAP	32	GAMMAGARD 10GM INJ	65	GILOTRIF 30MG TAB	30
FRUZAQLA 1MG CAP	29	GAMMAGARD 2.5GM/25ML INJ	65	GILOTRIF 40MG TAB	30
FRUZAQLA 5MG CAP	29	GAMMAGARD 5GM INJ	65	<i>glatiramer acetate 20mg/ml syringe</i>	77
FULPHILA 6MG/0.6ML SYRINGE	63	GAMUNEX 1GM/10ML INJ	65	<i>glatiramer acetate 40mg/ml syringe</i>	77
FUROSCIX 80MG/10ML CARTRIDGE	55	GARDASIL 9 INJ	66	<i>glatopa 20mg/ml syringe</i>	77
<i>furosemide 10mg/ml inj</i>	55	GARDASIL 9 SYRINGE	66	GLEOSTINE 100MG CAP	29
<i>furosemide 10mg/ml oral soln</i>	55	GAUZE PAD (2 X 2)	67	GLEOSTINE 10MG CAP	29
<i>furosemide 20mg tab</i>	55	GAVILYTE-C POWDER FOR ORAL SOLN	67	GLEOSTINE 40MG CAP	29
<i>furosemide 40mg tab</i>	55	<i>gavilyte-g powder for oral soln</i>	67	<i>glimepiride 1mg tab</i>	20
<i>furosemide 80mg tab</i>	55	<i>gavilyte-n powder for oral soln</i>	67	<i>glimepiride 2mg tab</i>	20
FUROSEMIDE 8MG/ML ORAL SOLN	55	GAVRETO 100MG CAP	32	<i>glimepiride 4mg tab</i>	20
<i>fyavolv 0.0025-0.5mg tab</i>	58	<i>gefatinib 250mg tab</i>	30	<i>glipizide 10mg er tab</i>	20
<i>fyavolv 0.005-1mg tab</i>	58	<i>gemfibrozil 600mg tab</i>	23	<i>glipizide 10mg tab</i>	20
FYCOMPA 0.5MG/ML ORAL SUSP	11	GEMTESA 75MG TAB	62	<i>glipizide 2.5mg er tab</i>	20
G		<i>generlac 10gm/15ml oral soln</i>	61	<i>glipizide 5mg er tab</i>	20
<i>gabapentin 100mg cap</i>	11	<i>gentamicin 0.1% topical cream</i>	51	<i>glipizide 5mg tab</i>	20
<i>gabapentin 300mg cap</i>	11	<i>gentamicin 0.1% topical ointment</i>	51	<i>glipizide/metformin 2.5-250mg tab</i>	17
<i>gabapentin 400mg cap</i>	12	<i>gentamicin 0.3% ophth soln</i>	72	<i>glipizide/metformin 2.5-500mg tab</i>	17
<i>gabapentin 50mg/ml oral soln</i>	12	GENTAMICIN 0.8MG/ML INJ	2	<i>glipizide/metformin 5-500mg tab</i>	17
<i>gabapentin 600mg tab (Neurontin equiv)</i>	12	GENTAMICIN 1.2MG/ML INJ	2	<i>glucagon (rdna) 1mg inj</i>	18
<i>gabapentin 800mg tab</i>	12	GENTAMICIN 1.6MG/ML INJ	2	GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	70
<i>galantamine 12mg tab</i>	75			GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	70
<i>galantamine 4mg tab</i>	75			<i>glucose 50mg/ml inj</i>	70
<i>galantamine 8mg tab</i>	75				
<i>galantamine hydrobromide 16mg er cap</i>	75				

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

ALPHABETICAL LISTING OF DRUGS

<i>glucose</i>	70	GLUCOSE	71	GVOKE 0.5MG/0.1ML	18
<i>50mg/ml/potassium</i>		50MG/ML/SODIUM		AUTO-INJECTOR	
<i>chloride</i>		CHLORIDE 4.5MG/ML		GVOKE 1MG/0.2ML	18
<i>0.01meq/ml/sodium</i>		INJ		AUTO-INJECTOR	
<i>chloride 4.5mg/ml inj</i>		<i>glucose 50mg/ml/sodium</i>	71	GVOKE 1MG/0.2ML INJ	18
<i>glucose</i>	70	<i>chloride 9mg/ml inj</i>		GVOKE 1MG/0.2ML	18
<i>50mg/ml/potassium</i>		GLUCOSE/SODIUM	71	SYRINGE	
<i>chloride 0.02meq/ml inj</i>		CHLORIDE			
<i>glucose</i>	70	25MG/ML-4.5MG/ML		H	
<i>50mg/ml/potassium</i>		INJ		HADLIMA 40MG/0.4ML	3
<i>chloride</i>		<i>glutamine 5000mg</i>	56	AUTO-INJECTOR	
<i>0.02meq/ml/sodium</i>		<i>powder for oral soln</i>		HADLIMA 40MG/0.4ML	3
<i>chloride 2.25mg/ml inj</i>		<i>glyburide 1.25mg tab</i>	20	SYRINGE	
<i>glucose</i>	70	<i>glyburide 2.5mg tab</i>	20	HADLIMA 40MG/0.8ML	3
<i>50mg/ml/potassium</i>		<i>glyburide 5mg tab</i>	20	AUTO-INJECTOR	
<i>chloride</i>		<i>glyburide/metformin</i>	17	HADLIMA 40MG/0.8ML	3
<i>0.02meq/ml/sodium</i>		<i>1.25-250mg tab</i>		SYRINGE	
<i>chloride 4.5mg/ml inj</i>		<i>glyburide/metformin</i>	17	HAEGARDA 2000UNIT	65
<i>glucose</i>	70	<i>2.5-500mg tab</i>		INJ	
<i>50mg/ml/potassium</i>		<i>glyburide/metformin</i>	17	HAEGARDA 3000UNIT	65
<i>chloride</i>		<i>5-500mg tab</i>		INJ	
<i>0.02meq/ml/sodium</i>		<i>glycopyrrolate 1mg tab</i>	81	<i>halobetasol propionate</i>	53
<i>chloride 9mg/ml inj</i>		<i>glycopyrrolate 1mg/5ml</i>	81	<i>0.05% topical cream</i>	
<i>glucose</i>	70	<i>oral soln</i>		<i>halobetasol propionate</i>	53
<i>50mg/ml/potassium</i>		<i>glycopyrrolate 2mg tab</i>	81	<i>0.05% topical ointment</i>	
<i>chloride</i>		GLYXAMBI 10-5MG TAB	17	<i>haloette</i>	58
<i>0.03meq/ml/sodium</i>		GLYXAMBI 25-5MG TAB	17	<i>0.120-0.015mg/24hr</i>	
<i>chloride 4.5mg/ml inj</i>		GOMEKLI 1MG CAP	32	<i>vaginal system</i>	
<i>glucose</i>	70	GOMEKLI 1MG TAB	32	<i>haloperidol 0.5mg tab</i>	38
<i>50mg/ml/potassium</i>		FOR ORAL SUSP		<i>haloperidol 10mg tab</i>	38
<i>chloride</i>		GOMEKLI 2MG CAP	32	<i>haloperidol 1mg tab</i>	38
<i>0.04meq/ml/sodium</i>		<i>granisetron 1mg tab</i>	21	<i>haloperidol 20mg tab</i>	38
<i>chloride 4.5mg/ml inj</i>		<i>griseofulvin 125mg tab</i>	22	<i>haloperidol 2mg tab</i>	38
<i>glucose</i>	70	<i>griseofulvin 250mg tab</i>	22	<i>haloperidol 2mg/ml oral</i>	38
<i>50mg/ml/potassium</i>		<i>griseofulvin 25mg/ml oral</i>	22	<i>soln</i>	
<i>chloride</i>		<i>susp</i>		<i>haloperidol 5mg tab</i>	38
<i>0.04meq/ml/sodium</i>		<i>griseofulvin 500mg tab</i>	22	<i>haloperidol 5mg/ml inj</i>	38
<i>chloride 9mg/ml inj</i>		<i>guanfacine 1mg er tab</i>	1	<i>haloperidol decanoate</i>	38
GLUCOSE	71	<i>guanfacine 1mg tab</i>	25	<i>100mg/ml (1ml) inj</i>	
50MG/ML/SODIUM		<i>guanfacine 2mg er tab</i>	1	<i>haloperidol decanoate</i>	38
CHLORIDE 2MG/ML INJ		<i>guanfacine 2mg tab</i>	25	<i>100mg/ml (5ml) inj</i>	
		<i>guanfacine 3mg er tab</i>	1	<i>haloperidol decanoate</i>	38
		<i>guanfacine 4mg er tab</i>	1	<i>50mg/ml (1ml) inj</i>	
				<i>haloperidol decanoate</i>	38
				<i>50mg/ml (5ml) 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

HAVRIX 1440ELU/ML SYRINGE	66	HUMULIN N 100UNIT/ML PEN INJ (3ML)	19	<i>hydrochlorothiazide/meto prolol tartrate 25-50mg tab</i>	26
HAVRIX 720ELU/0.5ML SYRINGE	66	HUMULIN R 100UNIT/ML INJ	19	<i>hydrochlorothiazide/meto prolol tartrate 50-100mg tab</i>	26
<i>heather 0.35mg 28-day pack</i>	75	HUMULIN R 500UNIT/ML INJ	19	<i>hydrochlorothiazide/olme sartan medoxomil</i>	26
<i>heparin sodium porcine 10000unit/ml inj</i>	10	HUMULIN R 500UNIT/ML PEN INJ (3ML)	19	<i>12.5-20mg tab</i>	26
<i>heparin sodium porcine 1000unit/ml inj</i>	10	<i>hydralazine 100mg tab</i>	26	<i>hydrochlorothiazide/olme sartan medoxomil</i>	26
<i>heparin sodium porcine 20000unit/ml inj</i>	10	<i>hydralazine 10mg tab</i>	26	<i>12.5-40mg tab</i>	26
<i>heparin sodium porcine 5000unit/ml inj</i>	10	<i>hydralazine 25mg tab</i>	26	<i>hydrochlorothiazide/olme sartan medoxomil</i>	26
HEPLISAV-B 20MCG/0.5ML SYRINGE	66	<i>hydralazine 50mg tab</i>	26	<i>25-40mg tab</i>	55
HERNEXEOS 60MG TAB	36	<i>hydrochlorothiazide 12.5mg cap</i>	55	<i>hydrochlorothiazide/spiro nolactone 25-25mg tab</i>	55
HIBERIX 10MCG INJ	66	<i>hydrochlorothiazide 12.5mg tab</i>	55	<i>hydrochlorothiazide/tria mterene 25-37.5mg cap</i>	55
HUMALOG 100UNIT/ML CARTRIDGE	19	<i>hydrochlorothiazide 25mg tab</i>	55	<i>hydrochlorothiazide/tria mterene 25-37.5mg tab</i>	55
HUMALOG 100UNIT/ML KWIKPEN (3ML)	19	<i>hydrochlorothiazide 50mg tab</i>	55	<i>hydrochlorothiazide/tria mterene 50-75mg tab</i>	55
HUMALOG 200UNIT/ML KWIKPEN (3ML)	19	<i>hydrochlorothiazide/irbes artan 12.5-150mg tab</i>	26	<i>hydrochlorothiazide/vals artan 12.5-160mg tab</i>	26
HUMALOG JUNIOR 100UNIT/ML PEN INJ (3ML)	19	<i>hydrochlorothiazide/irbes artan 12.5-300mg tab</i>	26	<i>hydrochlorothiazide/vals artan 12.5-320mg tab</i>	26
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ (3ML)	19	<i>hydrochlorothiazide/lisin opril 12.5-10mg tab</i>	26	<i>hydrochlorothiazide/vals artan 12.5-80mg tab</i>	26
HUMALOG MIX (75/25) 100UNIT/ML INJ	19	<i>hydrochlorothiazide/lisin opril 12.5-20mg tab</i>	26	<i>hydrochlorothiazide/vals artan 25-160mg tab</i>	26
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN (3ML)	19	<i>hydrochlorothiazide/lisin opril 25-20mg tab</i>	26	<i>hydrochlorothiazide/vals artan 25-320mg tab</i>	26
HUMULIN (70/30) 100UNIT/ML INJ	19	<i>hydrochlorothiazide/losar tan potassium 12.5-100mg tab</i>	26	<i>hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	5
HUMULIN (70/30) 100UNIT/ML PEN INJ (3ML)	19	<i>hydrochlorothiazide/losar tan potassium 12.5-50mg tab</i>	26	<i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>	5
HUMULIN N 100UNIT/ML INJ	19	<i>hydrochlorothiazide/losar tan potassium 25-100mg tab</i>	26	<i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>	5

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

ALPHABETICAL LISTING OF DRUGS

<i>hydrocodone</i>	5	<i>ibu 800mg tab</i>	3	<i>indomethacin 25mg cap</i>	3
<i>bitartrate/acetaminophen</i>		<i>ibuprofen 400mg tab</i>	3	<i>indomethacin 50mg cap</i>	3
<i>7.5-325mg tab</i>		<i>ibuprofen 600mg tab</i>	3	<i>indomethacin 75mg er</i>	3
<i>hydrocodone</i>	5	<i>ibuprofen 800mg tab</i>	3	<i>cap</i>	
<i>bitartrate/ibuprofen</i>		<i>icatibant 30mg/3ml</i>	65	INFANRIX SYRINGE	66
<i>7.5-200mg tab</i>		<i>syringe</i>		INGREZZA 40MG CAP	76
<i>hydrocortisone 1%</i>	53	<i>iclevia tab 91-day pack</i>	58	INGREZZA 40MG	76
<i>topical cream</i>		ICLUSIG 10MG TAB	32	SPRINKLE CAP	
<i>hydrocortisone 1.67mg/ml</i>	6	ICLUSIG 15MG TAB	32	INGREZZA 60MG CAP	76
<i>enema</i>		ICLUSIG 30MG TAB	32	INGREZZA 60MG	76
<i>hydrocortisone 10mg tab</i>	64	ICLUSIG 45MG TAB	32	SPRINKLE CAP	
<i>hydrocortisone 2.5%</i>	6	<i>icosapent ethyl 1000mg</i>	22	INGREZZA 80MG CAP	76
<i>topical cream</i>		<i>cap</i>		INGREZZA 80MG	76
HYDROCORTISONE	53	<i>icosapent ethyl 500mg</i>	22	SPRINKLE CAP	
2.5% TOPICAL LOTION		<i>cap</i>		INGREZZA CAP	76
<i>hydrocortisone 2.5%</i>	53	IDHIFA 100MG TAB	32	THERAPY PACK (28)	
<i>topical ointment</i>		IDHIFA 50MG TAB	32	INLYTA 1MG TAB	29
<i>hydrocortisone 20mg tab</i>	64	<i>imatinib 100mg tab</i>	32	INLYTA 5MG TAB	29
<i>hydrocortisone 5mg tab</i>	64	<i>imatinib 400mg tab</i>	32	INQOVI 35-100MG TAB	31
<i>hydromorphone 2mg tab</i>	4	IMBRUVICA 140MG CAP	32	PACK (5)	
<i>hydromorphone 4mg tab</i>	4	IMBRUVICA 140MG TAB	32	INREBIC 100MG CAP	33
<i>hydromorphone 8mg tab</i>	4	IMBRUVICA 280MG TAB	32	INSULIN GLARGINE	19
<i>hydroxychloroquine</i>	28	IMBRUVICA 420MG TAB	32	300UNIT/ML PEN INJ	
<i>sulfate 200mg tab</i>		IMBRUVICA 70MG CAP	33	(1.5ML)	
<i>hydroxyurea 500mg cap</i>	36	IMBRUVICA 70MG/ML	33	INSULIN GLARGINE	19
<i>hydroxyzine 10mg tab</i>	6	ORAL SUSP		300UNIT/ML PEN INJ	
<i>hydroxyzine 25mg tab</i>	6	<i>imipramine 10mg tab</i>	17	(3ML)	
<i>hydroxyzine 2mg/ml oral</i>	6	<i>imipramine 25mg tab</i>	17	INSULIN	19
<i>soln</i>		<i>imipramine 50mg tab</i>	17	GLARGINE-YFGN	
<i>hydroxyzine 50mg tab</i>	6	<i>imiquimod 5% topical</i>	54	100UNIT/ML INJ	
<i>hydroxyzine pamoate</i>	6	<i>cream</i>		INSULIN	19
<i>25mg cap</i>		IMKELDI 80MG/ML	33	GLARGINE-YFGN	
<i>hydroxyzine pamoate</i>	6	ORAL SOLN		100UNIT/ML PEN INJ	
<i>50mg cap</i>		IMOVAX 2.5UNIT/ML INJ	66	(3ML)	
I		IMPAVIDO 50MG CAP	27	INSULIN LISPRO	19
<i>ibandronate 150mg tab</i>	56	<i>incassia 0.35mg tab</i>	75	100UNIT/ML INJ	
IBRANCE 100MG CAP	32	<i>28-day pack</i>		INSULIN LISPRO	19
IBRANCE 100MG TAB	32	INCRELEX 40MG/4ML	57	100UNIT/ML PEN INJ	
IBRANCE 125MG CAP	32	INJ		(3ML)	
IBRANCE 125MG TAB	32	INCRUSE ELLIPTA	8	INSULIN LISPRO	20
IBRANCE 75MG CAP	32	62.5MCG/INH POWDER		JUNIOR 100UNIT/ML	
IBRANCE 75MG TAB	32	INHALER		PEN INJ (3ML)	
IBTROZI 200MG CAP	32	<i>indapamide 1.25mg tab</i>	55		
<i>ibu 600mg tab</i>	3	<i>indapamide 2.5mg tab</i>	55		

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

ALPHABETICAL LISTING OF DRUGS

INSULIN LISPRO	20	<i>ipratropium bromide</i>	8	<i>isosorbide mononitrate</i>	6
PROTAMINE HUMAN		<i>0.02% inh soln</i>		<i>30mg er tab</i>	
(75/25) 100UNIT/ML		<i>ipratropium bromide</i>	70	<i>isosorbide mononitrate</i>	6
PEN INJ (3ML)		<i>0.03% (0.021mg/act)</i>		<i>60mg er tab</i>	
INSULIN PEN NEEDLE	67	<i>nasal inhaler</i>		<i>isotretinoin 10mg cap</i>	51
INSULIN SYRINGE	67	<i>ipratropium bromide</i>	70	<i>isotretinoin 20mg cap</i>	51
INSULIN SYRINGE	67	<i>0.06% (0.042mg/act)</i>		<i>isotretinoin 30mg cap</i>	51
(DISP) U-100 0.3ML		<i>nasal inhaler</i>		<i>isotretinoin 40mg cap</i>	51
INSULIN SYRINGE	67	<i>ipratropium/albuterol</i>	9	ITOVEBI 3MG TAB	33
(DISP) U-100 1/2ML		<i>0.5-2.5mg/3ml inh soln</i>		ITOVEBI 9MG TAB	33
INSULIN SYRINGE	67	<i>irbesartan 150mg tab</i>	24	<i>itraconazole 100mg cap</i>	22
(DISP) U-100 1ML		<i>irbesartan 300mg tab</i>	24	<i>ivabradine 5mg tab</i>	49
INTELENCE 25MG TAB	43	<i>irbesartan 75mg tab</i>	24	<i>ivabradine 7.5mg tab</i>	49
<i>introvale tab 91-day pack</i>	58	ISENTRESS 100MG	43	<i>ivermectin 3mg tab</i>	6
INVEGA HAFYERA	39	CHEW TAB		IWILFIN 192MG TAB	36
1092MG/3.5ML		ISENTRESS 100MG	43	IXIARO 0.006MG/0.5ML	66
SYRINGE		GRANULES FOR ORAL		SYRINGE	
INVEGA HAFYERA	39	SUSP		J	
1560MG/5ML SYRINGE		ISENTRESS 25MG	43	<i>jaimiess tab 91-day pack</i>	58
INVEGA SUSTENNA	39	CHEW TAB		JAKAFI 10MG TAB	33
117MG/0.75ML		ISENTRESS 400MG TAB	43	JAKAFI 15MG TAB	33
SYRINGE		ISENTRESS 600MG TAB	43	JAKAFI 20MG TAB	33
INVEGA SUSTENNA	39	<i>isibloom tab 28-day pack</i>	58	JAKAFI 25MG TAB	33
156MG/ML SYRINGE		<i>isoniazid 100mg tab</i>	29	JAKAFI 5MG TAB	33
INVEGA SUSTENNA	39	<i>isoniazid 10mg/ml oral</i>	29	<i>jantoven 10mg tab</i>	10
234MG/1.5ML SYRINGE		<i>soln</i>		<i>jantoven 1mg tab</i>	10
INVEGA SUSTENNA	39	<i>isoniazid 300mg tab</i>	29	<i>jantoven 2.5mg tab</i>	10
39MG/0.25ML SYRINGE		<i>isosorbide dinitrate 10mg</i>	6	<i>jantoven 2mg tab</i>	10
INVEGA SUSTENNA	39	<i>tab</i>		<i>jantoven 3mg tab</i>	10
78MG/0.5ML SYRINGE		<i>isosorbide dinitrate 20mg</i>	6	<i>jantoven 4mg tab</i>	10
INVEGA TRINZA	39	<i>tab</i>		<i>jantoven 5mg tab</i>	10
273MG/0.88ML		<i>isosorbide dinitrate 30mg</i>	6	<i>jantoven 6mg tab</i>	10
SYRINGE		<i>tab</i>		<i>jantoven 7.5mg tab</i>	10
INVEGA TRINZA	39	<i>isosorbide dinitrate 5mg</i>	6	JANUMET 50-1000MG	17
410MG/1.32ML		<i>tab</i>		TAB	
SYRINGE		ISOSORBIDE	6	JANUMET 50-500MG	17
INVEGA TRINZA	39	MONONITRATE 10MG		TAB	
546MG/1.75ML		<i>isosorbide mononitrate</i>	6	JANUMET XR	17
SYRINGE		<i>120mg er tab</i>		100-1000MG TAB	
INVEGA TRINZA	39	ISOSORBIDE	6	JANUMET XR	17
819MG/2.63ML		MONONITRATE 20MG		50-1000MG TAB	
SYRINGE		TAB		JANUMET XR 50-500MG	17
IPOI INJ	66			TAB	
				JANUVIA 100MG TAB	18

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

ALPHABETICAL LISTING OF DRUGS

JANUVIA 25MG TAB	18	KCL/D5W/LR INJ 0.15%	71	KLOR-CON 8MEQ ER	71
JANUVIA 50MG TAB	18	<i>kcl/nacl 20meq-0.45% inj</i>	71	TAB	
JARDIANCE 10MG TAB	20	<i>kcl/nacl 20meq-0.9% inj</i>	71	KLOXXADO 8MG/0.1ML	21
JARDIANCE 25MG TAB	20	<i>kcl/nacl 40meq-9% inj</i>	71	NASAL SPRAY	
<i>jasmiel tab 28-day pack</i>	58	<i>kelnor 1mg-35mcg tab</i>	59	KOSELUGO 10MG CAP	33
JAYPIRCA 100MG TAB	33	<i>28-day pack</i>		KOSELUGO 25MG CAP	33
JAYPIRCA 50MG TAB	33	KERENDIA 10MG TAB	57	<i>kourzeq 0.1% oral paste</i>	50
JENTADUETO	17	KERENDIA 20MG TAB	57	KRAZATI 200MG TAB	33
2.5-1000MG TAB		KERENDIA 40MG TAB	57	<i>kurvelo tab 28-day pack</i>	59
JENTADUETO	17	KESIMPTA 20MG/0.4ML	77	L	
2.5-500MG TAB		PEN INJ		<i>labetalol 100mg tab</i>	45
JENTADUETO XR	17	<i>ketoconazole 2%</i>	51	<i>labetalol 200mg tab</i>	45
2.5-1000MG TAB		<i>shampoo</i>		<i>labetalol 300mg tab</i>	45
JENTADUETO XR	17	<i>ketoconazole 2% topical</i>	51	<i>lacosamide 100mg tab</i>	12
5-1000MG TAB		<i>cream</i>		<i>lacosamide 10mg/ml oral</i>	12
<i>jinteli 0.005-1mg tab</i>	59	<i>ketoconazole 200mg tab</i>	22	<i>soln</i>	
JUBBONTI 60MG/ML	56	<i>ketorolac tromethamine</i>	73	<i>lacosamide 150mg tab</i>	12
SYRINGE		<i>0.4% ophth soln</i>		<i>lacosamide 200mg tab</i>	12
<i>juleber tab 28-day pack</i>	59	<i>ketorolac tromethamine</i>	73	<i>lacosamide 50mg tab</i>	12
JULUCA 50-25MG TAB	43	<i>0.5% ophth soln</i>		<i>lactulose 667mg/ml oral</i>	67
<i>junel 1.5/30 tab 21-day</i>	59	<i>ketorolac tromethamine</i>	3	<i>soln</i>	
<i>pack</i>		<i>10mg tab</i>		<i>lamivudine 100mg tab</i>	44
<i>junel 1/20 tab 21-day</i>	59	KINRIX SYRINGE	66	<i>lamivudine 10mg/ml oral</i>	43
<i>pack</i>		<i>kionex 15gm/60ml oral</i>	69	<i>soln</i>	
<i>junel fe tab 1.5/30 28-day</i>	59	<i>susp</i>		<i>lamivudine 150mg tab</i>	43
<i>pack</i>		KISQALI TAB 200MG	33	<i>lamivudine 300mg tab</i>	43
<i>junel fe tab 1/20 28-day</i>	59	DAILY DOSE PACK (21)		<i>lamivudine/zidovudine</i>	43
<i>pack</i>		KISQALI TAB 400MG	33	<i>150-300mg tab</i>	
JYNNEOS 0.5ML INJ	66	DAILY DOSE PACK (42)		<i>lamotrigine 100mg er tab</i>	12
K		KISQALI TAB 600MG	33	<i>lamotrigine 100mg tab</i>	12
KALETRA 80-20MG/ML	43	DAILY DOSE PACK (63)		<i>lamotrigine 150mg tab</i>	12
ORAL SOLN		KISQALI/FEMARA 400	31	<i>lamotrigine 200mg tab</i>	12
KALYDECO 13.4MG	78	CO-PACK (70)		<i>lamotrigine 25mg chew</i>	12
ORAL GRANULES		KISQALI/FEMARA 600	31	<i>tab</i>	
KALYDECO 150MG TAB	78	CO-PACK (91)		<i>lamotrigine 25mg tab</i>	12
KALYDECO 25MG ORAL	78	<i>klor-con 10meq er tab</i>	71	<i>lamotrigine 50mg er tab</i>	12
GRANULES		<i>klor-con 10meq micro er</i>	71	<i>lamotrigine 5mg chew tab</i>	12
KALYDECO 5.8MG	78	<i>tab</i>		<i>lansoprazole 15mg dr cap</i>	81
ORAL GRANULES		<i>klor-con 15meq micro er</i>	71	<i>lansoprazole 30mg dr cap</i>	81
KALYDECO 50MG ORAL	78	<i>tab</i>		<i>lapatinib 250mg tab</i>	33
GRANULES		<i>klor-con 20meq micro er</i>	71	<i>larin 1.5/30 tab 21-day</i>	59
KALYDECO 75MG ORAL	78	<i>tab</i>		<i>pack</i>	
GRANULES		<i>klor-con 20meq powder</i>	71	<i>larin 1/20 tab 21-day</i>	59
<i>kariva tab 28-day pack</i>	59	<i>for oral soln</i>		<i>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>larin fe tab 1.5/30 28-day pack</i>	59	<i>levetiracetam 500mg er tab</i>	12	<i>levothyroxine sodium 300mcg tab</i>	80
<i>larin fe tab 1/20 28-day pack</i>	59	<i>levetiracetam 500mg tab</i>	12	<i>levothyroxine sodium 50mcg tab</i>	80
<i>latanoprost 0.005% ophth soln</i>	73	<i>levetiracetam 750mg er tab</i>	12	<i>levothyroxine sodium 75mcg tab</i>	80
LAZCLUZE 240MG TAB	30	LEVOBUNOLOL 0.5%	72	<i>levothyroxine sodium 88mcg tab</i>	80
LAZCLUZE 80MG TAB	30	OPHTH SOLN		<i>levoxyl 100mcg tab</i>	80
<i>leflunomide 10mg tab</i>	2	<i>levocarnitine 100mg/ml oral soln</i>	56	<i>levoxyl 112mcg tab</i>	80
<i>leflunomide 20mg tab</i>	2	<i>levocarnitine 330mg tab</i>	56	<i>levoxyl 125mcg tab</i>	80
<i>lenalidomide 10mg cap</i>	68	<i>levocetirizine 5mg tab</i>	77	<i>levoxyl 137mcg tab</i>	80
<i>lenalidomide 15mg cap</i>	68	<i>levofloxacin 250mg tab</i>	61	<i>levoxyl 150mcg tab</i>	80
<i>lenalidomide 2.5mg cap</i>	68	<i>levofloxacin 25mg/ml oral soln</i>	61	<i>levoxyl 175mcg tab</i>	80
<i>lenalidomide 20mg cap</i>	68	<i>levofloxacin 500mg tab</i>	61	<i>levoxyl 200mcg tab</i>	80
<i>lenalidomide 25mg cap</i>	68	<i>levofloxacin</i>	61	<i>levoxyl 25mcg tab</i>	80
<i>lenalidomide 5mg cap</i>	68	<i>levofloxacin 500mg/100ml inj</i>	61	<i>levoxyl 50mcg tab</i>	80
LENVIMA 10MG DAILY DOSE PACK (30)	29	<i>levofloxacin 750mg tab</i>	61	<i>levoxyl 75mcg tab</i>	80
LENVIMA 12MG DAILY DOSE PACK (90)	29	<i>levofloxacin 750mg/150ml inj</i>	61	<i>levoxyl 88mcg tab</i>	80
LENVIMA 14MG DAILY DOSE PACK (60)	29	<i>levonest tab 28-day pack</i>	59	<i>lidocaine 4% mucous membrane topical soln</i>	54
LENVIMA 18MG DAILY DOSE PACK (90)	29	<i>levonorgestrel/ethinyl estradiol</i>	59	<i>lidocaine 5% patch</i>	54
LENVIMA 20MG DAILY DOSE PACK (60)	29	<i>0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	59	<i>lidocaine 5% topical ointment</i>	54
LENVIMA 24MG DAILY DOSE PACK (90)	29	<i>levora 0.15/30 tab 28-day pack</i>	59	<i>lidocaine viscous 2% mucous membrane topical soln</i>	50
LENVIMA 4MG DAILY DOSE PACK (30)	29	<i>levothyroxine sodium 100mcg tab</i>	80	<i>lidocaine/prilocaine 2.5-2.5% topical cream</i>	54
LENVIMA 8MG DAILY DOSE PACK (60)	30	<i>levothyroxine sodium 112mcg tab</i>	80	LILETTA 20.1MCG/DAY	75
<i>lessina tab 28-day pack</i>	59	<i>levothyroxine sodium 125mcg tab</i>	80	INTRAUTERINE SYSTEM	
<i>letrozole 2.5mg tab</i>	30	<i>levothyroxine sodium 137mcg tab</i>	80	<i>linezolid 100mg/5ml oral susp</i>	28
<i>leucovorin 10mg tab</i>	36	<i>levothyroxine sodium 150mcg tab</i>	80	<i>linezolid 600mg tab</i>	28
<i>leucovorin 15mg tab</i>	36	<i>levothyroxine sodium 175mcg tab</i>	80	<i>linezolid 600mg/300ml inj</i>	28
<i>leucovorin 25mg tab</i>	36	<i>levothyroxine sodium 200mcg tab</i>	80	LINZESS 145MCG CAP	67
<i>leucovorin 5mg tab</i>	36	<i>levothyroxine sodium 25mcg tab</i>	80	LINZESS 290MCG CAP	67
LEUKERAN 2MG TAB	29			LINZESS 72MCG CAP	67
<i>levetiracetam 1000mg tab</i>	12			<i>liothyronine sodium 25mcg tab</i>	80
<i>levetiracetam 100mg/ml oral soln</i>	12			<i>liothyronine sodium 50mcg tab</i>	80
<i>levetiracetam 250mg tab</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>liothyronine sodium 5mcg tab</i>	80	LOKELMA 10GM POWDER FOR ORAL SUSP	69	LUMAKRAS 120MG TAB	33
<i>liraglutide 18mg/3ml pen inj</i>	19	LOKELMA 5GM POWDER FOR ORAL SUSP	69	LUMAKRAS 240MG TAB	33
<i>lisdexamfetamine dimesylate 10mg cap</i>	1	LONSURF 6.14-15MG TAB	31	LUMAKRAS 320MG TAB	33
<i>lisdexamfetamine dimesylate 20mg cap</i>	1	LONSURF 8.19-20MG TAB	31	LUMIGAN 0.01% OPHTH SOLN	73
<i>lisdexamfetamine dimesylate 30mg cap</i>	1	<i>loperamide 2mg cap</i>	21	LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	79
<i>lisdexamfetamine dimesylate 40mg cap</i>	1	<i>lopinavir/ritonavir 100-25mg tab</i>	43	LUMRYZ 6GM GRANULES FOR ORAL SUSP	79
<i>lisdexamfetamine dimesylate 50mg cap</i>	1	<i>lopinavir/ritonavir 200-50mg tab</i>	44	LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	79
<i>lisdexamfetamine dimesylate 60mg cap</i>	1	<i>lorazepam 0.5mg tab</i>	7	LUMRYZ 9GM GRANULES FOR ORAL SUSP	79
<i>lisdexamfetamine dimesylate 70mg cap</i>	1	<i>lorazepam 1mg tab</i>	7	LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28)	79
<i>lisinopril 10mg tab</i>	24	<i>lorazepam 2mg tab</i>	7	LUPRON 11.25MG SYRINGE (3 MONTH)	30
<i>lisinopril 2.5mg tab</i>	24	<i>lorazepam 2mg/ml oral soln</i>	7	LUPRON 3.75MG SYRINGE (1 MONTH)	30
<i>lisinopril 20mg tab</i>	24	LORBRENA 100MG TAB	33	<i>lurasidone 120mg tab</i>	38
<i>lisinopril 30mg tab</i>	24	LORBRENA 25MG TAB	33	<i>lurasidone 20mg tab</i>	38
<i>lisinopril 40mg tab</i>	24	<i>loryna tab 28-day pack</i>	59	<i>lurasidone 40mg tab</i>	38
<i>lisinopril 5mg tab</i>	24	<i>losartan potassium 100mg tab</i>	24	<i>lurasidone 60mg tab</i>	38
LITFULO 50MG CAP	54	<i>losartan potassium 25mg tab</i>	24	<i>lurasidone 80mg tab</i>	38
<i>lithium carbonate 150mg cap</i>	38	<i>losartan potassium 50mg tab</i>	24	<i>lutera tab 28-day pack</i>	59
<i>lithium carbonate 300mg cap</i>	38	<i>loteprednol etabonate 0.5% ophth gel</i>	73	<i>lyleq 0.35mg tab 28-day pack</i>	75
<i>lithium carbonate 300mg er tab</i>	38	<i>loteprednol etabonate 0.5% ophth susp</i>	73	LYNPARZA 100MG TAB	33
<i>lithium carbonate 300mg tab</i>	38	<i>lovastatin 10mg tab</i>	23	LYNPARZA 150MG TAB	33
<i>lithium carbonate 450mg er tab</i>	38	<i>lovastatin 20mg tab</i>	23	LYSODREN 500MG TAB	30
LITHIUM CARBONATE 600MG CAP	38	<i>lovastatin 40mg tab</i>	23	LYTGOBI TAB 12MG	33
<i>lithium citrate 60mg/ml oral soln</i>	38	<i>low-ogestrel tab 28-day pack</i>	59	DAILEY DOSE PACK (21)	
LIVTENCITY 200MG TAE	45	<i>loxapine 10mg cap</i>	40	LYTGOBI TAB 16MG	33
<i>lo jaimiess tab 91-day pack</i>	59	<i>loxapine 25mg cap</i>	40	DAILEY DOSE PACK (28)	
		<i>loxapine 50mg cap</i>	40	LYTGOBI TAB 20MG	33
		<i>loxapine 5mg cap</i>	40	DAILEY DOSE PACK (35)	
		<i>lubiprostone 24mcg cap</i>	67	<i>lyza 0.35mg tab 28-day pack</i>	75
		<i>lubiprostone 8mcg cap</i>	67		

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

ALPHABETICAL LISTING OF DRUGS

<i>magnesium sulfate</i>	71	MEKINIST 0.05MG/ML	33	METHADONE 1MG/ML	4
<i>500mg/ml inj</i>		ORAL SOLN		ORAL SOLN	
<i>magnesium sulfate</i>	71	MEKINIST 0.5MG TAB	33	METHADONE 2MG/ML	4
<i>500mg/ml syringe</i>		MEKINIST 2MG TAB	33	ORAL SOLN	
<i>malathion 0.5% topical</i>	54	MEKTOVI 15MG TAB	33	<i>methadone 5mg tab</i>	4
<i>lotion</i>		<i>meleya 0.35mg tab</i>	75	<i>methazolamide 25mg tab</i>	54
<i>maraviroc 150mg tab</i>	44	<i>28-day pack</i>		<i>methazolamide 50mg tab</i>	54
<i>maraviroc 300mg tab</i>	44	<i>meloxicam 15mg tab</i>	3	<i>methenamine hippurate</i>	28
<i>marlissa tab 28-day pack</i>	59	<i>meloxicam 7.5mg tab</i>	4	<i>1gm tab</i>	
MARPLAN 10MG TAB	15	<i>memantine 10mg tab</i>	76	<i>methimazole 10mg tab</i>	80
MATULANE 50MG CAP	36	<i>memantine 14mg er cap</i>	76	<i>methimazole 5mg tab</i>	80
MAVYRET 100-40MG	44	<i>memantine 21mg er cap</i>	76	<i>methocarbamol 500mg</i>	42
TAB		<i>memantine 28mg er cap</i>	76	<i>tab</i>	
MAVYRET 50-20MG	44	<i>memantine 2mg/ml oral</i>	76	<i>methocarbamol 750mg</i>	42
ORAL PELLET		<i>soln</i>		<i>tab</i>	
MAYZENT 0.25MG TAB	77	<i>memantine 5mg tab</i>	76	<i>methotrexate 2.5mg tab</i>	29
MAYZENT 1MG TAB	77	<i>memantine 7mg er cap</i>	76	METHOTREXATE	29
MAYZENT 2MG TAB	77	MENQUADFI INJ	66	25MG/ML INJ	
MAYZENT TAB STARTEI	77	MENVEO INJ	66	<i>methotrexate 50mg/2ml</i>	29
PACK (12)		<i>mercaptopurine 20mg/ml</i>	29	<i>inj</i>	
MAYZENT TAB STARTEI	77	<i>susp</i>		METHOXSALEN 10MG	52
PACK (7)		<i>mercaptopurine 50mg tab</i>	29	CAP	
<i>meclizine 12.5mg tab</i>	21	<i>meropenem 1gm inj</i>	28	<i>methsuximide 300mg cap</i>	14
<i>meclizine 25mg tab</i>	21	<i>meropenem 500mg inj</i>	28	<i>methylphenidate 10mg er</i>	2
<i>medroxyprogesterone</i>	75	<i>mesalamine 1200mg dr</i>	62	<i>tab</i>	
<i>acetate 10mg tab</i>		<i>tab</i>		<i>methylphenidate 10mg</i>	2
<i>medroxyprogesterone</i>	75	<i>mesalamine 1gm rectal</i>	62	<i>tab</i>	
<i>acetate 150mg/ml inj</i>		<i>supp</i>		<i>methylphenidate 18mg er</i>	2
<i>medroxyprogesterone</i>	75	<i>mesalamine 375mg er cap</i>	62	<i>osmotic tab</i>	
<i>acetate 150mg/ml syringe</i>		<i>mesalamine 400mg dr cap</i>	62	<i>methylphenidate 1mg/ml</i>	2
<i>medroxyprogesterone</i>	75	<i>mesalamine 66.7mg/ml</i>	62	<i>oral soln</i>	
<i>acetate 2.5mg tab</i>		<i>enema</i>		<i>methylphenidate 20mg er</i>	2
<i>medroxyprogesterone</i>	75	<i>mesna 400mg tab</i>	36	<i>tab</i>	
<i>acetate 5mg tab</i>		<i>metaxalone 800mg tab</i>	42	<i>methylphenidate 20mg</i>	2
<i>mefloquine 250mg tab</i>	28	<i>metformin 1000mg tab</i>	18	<i>tab</i>	
MEGESTROL ACETATE	75	<i>metformin 500mg er tab</i>	18	<i>methylphenidate 27mg er</i>	2
125MG/ML ORAL SUSP		<i>metformin 500mg tab</i>	18	<i>osmotic tab</i>	
<i>megestrol acetate 20mg</i>	30	<i>metformin 750mg er tab</i>	18	<i>methylphenidate 27mg er</i>	2
<i>tab</i>		<i>metformin 850mg tab</i>	18	<i>tab</i>	
<i>megestrol acetate 40mg</i>	30	<i>metformin/pioglitazone</i>	17	<i>methylphenidate 2mg/ml</i>	2
<i>tab</i>		<i>150-15mg tab</i>		<i>oral soln</i>	
<i>megestrol acetate</i>	30	<i>metformin/pioglitazone</i>	17	<i>methylphenidate 36mg er</i>	2
<i>40mg/ml oral susp</i>		<i>850-15mg tab</i>		<i>osmotic tab</i>	
		<i>methadone 10mg 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>methylphenidate 36mg er tab</i>	2	<i>metronidazole 0.75% topical gel</i>	54	<i>mirtazapine 7.5mg tab</i>	14
<i>methylphenidate 54mg er osmotic tab</i>	2	<i>metronidazole 0.75% vaginal gel</i>	81	<i>misoprostol 100mcg tab</i>	81
<i>methylphenidate 54mg er tab</i>	2	<i>metronidazole 1% topical gel</i>	54	<i>misoprostol 200mcg tab</i>	81
<i>methylphenidate 5mg tab</i>	2	<i>metronidazole 250mg tab</i>	28	<i>M-M-R II INJ</i>	66
<i>methylprednisolone 16mg tab</i>	64	<i>metronidazole 500mg tab</i>	28	<i>modafinil 100mg tab</i>	2
<i>methylprednisolone 32mg tab</i>	64	<i>metronidazole 5mg/ml inj</i>	28	<i>modafinil 200mg tab</i>	2
<i>methylprednisolone 4mg tab</i>	64	<i>metyrosine 250mg cap</i>	26	<i>MODEYSO 125MG CAP</i>	36
<i>methylprednisolone 4mg tab pack (21)</i>	64	<i>mexiletine 150mg cap</i>	48	<i>moexipril 15mg tab</i>	24
<i>methylprednisolone 8mg tab</i>	64	<i>mexiletine 200mg cap</i>	48	<i>moexipril 7.5mg tab</i>	24
<i>metoclopramide 10mg tab</i>	61	<i>mexiletine 250mg cap</i>	48	<i>MOLINDONE 10MG TAB</i>	38
<i>metoclopramide 1mg/ml oral soln</i>	61	<i>micafungin sodium 100mg inj</i>	22	<i>MOLINDONE 25MG TAB</i>	38
<i>metoclopramide 5mg tab</i>	61	<i>micafungin sodium 50mg inj</i>	22	<i>MOLINDONE 5MG TAB</i>	38
<i>metolazone 10mg tab</i>	55	<i>microgestin 1.5/30 tab 21-day pack</i>	59	<i>mometasone furoate 0.1% topical cream</i>	53
<i>metolazone 2.5mg tab</i>	55	<i>microgestin 1/20 tab 21-day pack</i>	59	<i>mometasone furoate 0.1% topical lotion</i>	53
<i>metolazone 5mg tab</i>	55	<i>microgestin fe tab 1.5/30 28-day pack</i>	59	<i>mometasone furoate 0.1% topical ointment</i>	53
<i>metoprolol succinate 100mg er tab</i>	46	<i>microgestin fe tab 1/20 28-day pack</i>	59	<i>montelukast 10mg tab</i>	8
<i>metoprolol succinate 200mg er tab</i>	46	<i>midodrine 10mg tab</i>	48	<i>montelukast 4mg chew tab</i>	8
<i>metoprolol succinate 25mg er tab</i>	46	<i>midodrine 2.5mg tab</i>	48	<i>montelukast 5mg chew tab</i>	8
<i>metoprolol succinate 50mg er tab</i>	46	<i>midodrine 5mg tab</i>	48	<i>morphine sulfate 100mg er tab</i>	4
<i>metoprolol tartrate 100mg tab</i>	46	<i>MIEBO 1.338GM/ML OPTH SOLN</i>	73	<i>morphine sulfate 15mg er tab</i>	4
<i>metoprolol tartrate 25mg tab</i>	46	<i>mifepristone 300mg tab</i>	18	<i>morphine sulfate 15mg tab</i>	4
<i>metoprolol tartrate 37.5mg tab</i>	46	<i>mili tab 28-day pack</i>	59	<i>morphine sulfate 15mg tab</i>	4
<i>metoprolol tartrate 50mg tab</i>	46	<i>mimvey 28-day pack</i>	59	<i>morphine sulfate 200mg er tab</i>	4
<i>metoprolol tartrate 75mg tab</i>	46	<i>minocycline 100mg cap</i>	80	<i>morphine sulfate 20mg/ml oral soln</i>	4
<i>metronidazole 0.75% topical cream</i>	54	<i>minocycline 50mg cap</i>	80	<i>MORPHINE SULFATE 2MG/ML ORAL SOLN</i>	4
		<i>minocycline 75mg cap</i>	80	<i>morphine sulfate 30mg er tab</i>	4
		<i>minoxidil 10mg tab</i>	26	<i>morphine sulfate 30mg tab</i>	4
		<i>minoxidil 2.5mg tab</i>	27	<i>MORPHINE SULFATE 4MG/ML ORAL SOLN</i>	4
		<i>mirtazapine 15mg odt</i>	14	<i>morphine sulfate 60mg er tab</i>	4
		<i>mirtazapine 15mg tab</i>	14		
		<i>mirtazapine 30mg odt</i>	14		
		<i>mirtazapine 30mg tab</i>	14		
		<i>mirtazapine 45mg odt</i>	14		
		<i>mirtazapine 45mg tab</i>	14		

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

ALPHABETICAL LISTING OF DRUGS

MOUNJARO	19	<i>nabumetone 500mg tab</i>	4	NEMLUVIO 30MG	54
10MG/0.5ML		<i>nabumetone 750mg tab</i>	4	AUTO-INJECTOR	
AUTO-INJECTOR		<i>nadolol 20mg tab</i>	46	<i>neomycin sulfate 500mg</i>	2
MOUNJARO	19	<i>nadolol 40mg tab</i>	46	<i>tab</i>	
12.5MG/0.5ML		<i>nadolol 80mg tab</i>	46	<i>neomycin/bacitracin/poly</i>	72
AUTO-INJECTOR		<i>nafcillin 100mg/ml inj</i>	74	<i>myxin</i>	
MOUNJARO	19	<i>nafcillin 1gm inj</i>	74	<i>5mg-400unit-10000unit</i>	
15MG/0.5ML		<i>nafcillin 2gm inj</i>	75	<i>ophth ointment</i>	
AUTO-INJECTOR		NALOXONE 0.4MG/ML	21	NEOMYCIN/POLYMYXI	72
MOUNJARO	19	CARTRIDGE		N B/GRAMICIDIN	
2.5MG/0.5ML		<i>naloxone 0.4mg/ml inj</i>	21	1.75-10000-0.025MG-UN	
AUTO-INJECTOR		<i>naloxone 0.4mg/ml</i>	21	T-MG/ML OPTH SOLN	
MOUNJARO 5MG/0.5ML	19	<i>syringe</i>		<i>neomycin/polymyxin/bacit</i>	73
AUTO-INJECTOR		<i>naloxone 2mg/2ml</i>	21	<i>racin/hydrocortisone 1%</i>	
MOUNJARO	19	<i>syringe</i>		<i>ophth ointment</i>	
7.5MG/0.5ML		<i>naltrexone 50mg tab</i>	21	<i>neomycin/polymyxin/dexa</i>	73
AUTO-INJECTOR		<i>naproxen 250mg tab</i>	4	<i>methasone 0.1% ophth</i>	
MOVANTIK 12.5MG TAB	67	<i>naproxen 375mg dr tab</i>	4	<i>susp</i>	
MOVANTIK 25MG TAB	67	<i>naproxen 375mg tab</i>	4	<i>neomycin/polymyxin/hydr</i>	73
<i>moxifloxacin 0.5% ophth</i>	72	<i>naproxen 500mg tab</i>	4	<i>ocortisone</i>	
<i>soln</i>		<i>naratriptan 1mg tab</i>	68	<i>3.5-10000unit-1% otic</i>	
MOXIFLOXACIN	61	<i>naratriptan 2.5mg tab</i>	68	<i>soln</i>	
1.6MG/ML INJ		NATACYN 5% OPTH	72	<i>neomycin/polymyxin/hydr</i>	73
<i>moxifloxacin 400mg tab</i>	61	SUSP		<i>ocortisone</i>	
MRESVIA 50MCG/0.5ML	66	<i>nateglinide 120mg tab</i>	18	<i>3.5-10000unit-1% otic</i>	
SYRINGE		<i>nateglinide 60mg tab</i>	18	<i>susp</i>	
MULTAQ 400MG TAB	48	NAYZILAM 5MG/0.1ML	11	<i>neo-polycin</i>	72
<i>mupirocin 2% topical</i>	51	NASAL SPRAY		<i>5mg-400unit-10000unit</i>	
<i>ointment</i>		<i>nebivolol 10mg tab</i>	46	<i>ophth ointment</i>	
<i>mycophenolate mofetil</i>	69	<i>nebivolol 2.5mg tab</i>	46	<i>neo-polycin hc ophth</i>	73
<i>200mg/ml oral susp</i>		<i>nebivolol 20mg tab</i>	46	<i>ointment</i>	
<i>mycophenolate mofetil</i>	69	<i>nebivolol 5mg tab</i>	46	NERLYNX 40MG TAB	33
<i>250mg cap</i>		<i>necon 0.5/35 tab 28-day</i>	59	NEVIRAPINE 10MG/ML	44
<i>mycophenolate mofetil</i>	69	<i>pack</i>		ORAL SUSP	
<i>500mg tab</i>		NEFAZODONE 100MG	15	<i>nevirapine 200mg tab</i>	44
<i>mycophenolic acid 180mg</i>	69	TAB		<i>nevirapine 400mg er tab</i>	44
<i>dr tab</i>		NEFAZODONE 150MG	15	NEXLETOL 180MG TAB	22
<i>mycophenolic acid 360mg</i>	69	TAB		NEXLIZET 180-10MG	22
<i>dr tab</i>		NEFAZODONE 200MG	15	TAB	
MYRBETRIQ 25MG ER	62	TAB		NEXPLANON 68MG	75
TAB		NEFAZODONE 250MG	15	IMPLANT	
MYRBETRIQ 50MG ER	62	TAB		<i>niacin 1000mg er tab</i>	22
TAB		NEFAZODONE 50MG	15	<i>niacin 500mg er tab</i>	22
		TAB		<i>niacin 750mg er tab</i>	22

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ALPHABETICAL LISTING OF DRUGS

NICOTROL 10MG/ML NASAL INHALER	77	<i>nitroglycerin 0.6mg/hr patch</i>	6	NORVIR 100MG ORAL POWDER	44
<i>nifedipine 10mg cap</i>	47	NIVESTYM	63	NOVOLIN MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	20
<i>nifedipine 20mg cap</i>	47	300MCG/0.5ML SYRINGE		NOVOLIN MIX (70/30) 100UNIT/ML INJ	20
<i>nifedipine 30mg er tab</i>	47	NIVESTYM 300MCG/ML INJ	63	NOVOLIN N	20
<i>nifedipine 30mg osmotic er tab</i>	47	NIVESTYM	64	100UNIT/ML INJ	
<i>nifedipine 60mg er tab</i>	47	480MCG/0.8ML SYRINGE		NOVOLIN N	20
<i>nifedipine 60mg osmotic er tab</i>	47	NIVESTYM	64	100UNIT/ML PEN INJ (3ML)	
<i>nifedipine 90mg er tab</i>	47	480MCG/1.6ML INJ		NOVOLIN R	20
<i>nifedipine 90mg osmotic er tab</i>	47	<i>nora-be 0.35mg tab</i>	75	100UNIT/ML INJ	
<i>nikki tab 28-day pack</i>	59	28-day pack		NOVOLIN R	20
<i>nilotinib 150mg cap</i>	33	NORDITROPIN	57	100UNIT/ML PEN INJ (3ML)	
<i>nilotinib 200mg cap</i>	33	10MG/1.5ML PEN INJ		NOVOLOG 100UNIT/ML CARTRIDGE	20
<i>nilotinib 50mg cap</i>	33	NORDITROPIN	57	NOVOLOG 100UNIT/ML INJ	20
<i>nilutamide 150mg tab</i>	31	15MG/1.5ML PEN INJ		NOVOLOG 100UNIT/ML PEN INJ (3ML)	20
<i>nimodipine 30mg cap</i>	47	NORDITROPIN	57	NOVOLOG MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	20
NINLARO 2.3MG CAP	33	30MG/3ML PEN INJ		NUBEQA 300MG TAB	31
NINLARO 3MG CAP	33	NORDITROPIN	57	NUCALA 100MG INJ	7
NINLARO 4MG CAP	33	5MG/1.5ML PEN INJ		NUCALA 100MG/ML AUTO-INJECTOR	7
<i>nitazoxanide 500mg tab</i>	28	<i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i>	59	NUCALA 100MG/ML SYRINGE	7
NITRO-BID 2% TOPICAL OINTMENT	6	<i>norethindrone 0.35mg 28-day pack</i>	75	NUCALA 40MG/0.4ML SYRINGE	7
<i>nitrofurantoin</i>	28	<i>norethindrone acetate 5mg tab</i>	75	NUEDEXTA 20-10MG CAP	77
<i>macro/nitrofurantoin mono 100mg cap</i>		<i>nortrel 0.5/35 tab 28-day pack</i>	59	NUPLAZID 10MG TAB	38
<i>nitrofurantoin</i>	28	<i>nortrel 1/35 tab 21-day pack</i>	59	NUPLAZID 34MG CAP	38
<i>macrocrystals 100mg cap</i>		<i>nortrel 1/35 tab 28-day pack</i>	59	<i>nyamyc 100000unit/gm topical powder</i>	51
<i>nitrofurantoin</i>	28	<i>nortrel 7/7/7 tab 28-day pack</i>	59	<i>nylia 1/35 tab 28-day pack</i>	59
<i>nitroglycerin 0.1mg/hr patch</i>	6	<i>nortriptyline 10mg cap</i>	17		
<i>nitroglycerin 0.2mg/hr patch</i>	6	<i>nortriptyline 25mg cap</i>	17		
<i>nitroglycerin 0.3mg sl tab</i>	6	<i>nortriptyline 2mg/ml oral soln</i>	17		
<i>nitroglycerin 0.4% rectal ointment</i>	6	<i>nortriptyline 50mg cap</i>	17		
<i>nitroglycerin 0.4mg sl tab</i>	6	<i>nortriptyline 75mg cap</i>	17		
<i>nitroglycerin 0.4mg/hr patch</i>	6				
<i>nitroglycerin 0.6mg sl tab</i>	6				

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

ALPHABETICAL LISTING OF DRUGS

<i>nylia 7/7/7 tab 28-day pack</i>	59	OJEMDA 100MG TAB	34	OMNITROPE 10MG/1.5ML CARTRIDGE	57
<i>nystatin 100000 unit/gm topical ointment</i>	51	PACK (400MG ONCE WEEKLY) (16)		OMNITROPE 5.8MG INJ	57
<i>nystatin 100000unit/gm topical powder</i>	51	OJEMDA 100MG TAB	34	OMNITROPE 5MG/1.5ML CARTRIDGE	57
<i>nystatin 100000unit/ml oral susp</i>	50	PACK (500MG ONCE WEEKLY) (20)		<i>ondansetron 0.8mg/ml oral soln</i>	21
<i>nystatin 100000unit/ml topical cream</i>	51	OJEMDA 100MG TAB	34	<i>ondansetron 4mg odt</i>	21
<i>nystatin 500000unit tab</i>	22	PACK (600MG ONCE WEEKLY) (24)		<i>ondansetron 4mg tab</i>	21
<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% topical ointment</i>	52	OJEMDA 25MG/ML	34	<i>ondansetron 8mg odt</i>	21
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% topical cream</i>	52	POWDER FOR ORAL SUSP		<i>ondansetron 8mg tab</i>	21
<i>nystop 100000unit/gm topical powder</i>	52	OJJAARA 100MG TAB	34	ONUREG 200MG TAB	29
NYVEPRIA 6MG/0.6ML SYRINGE	64	OJJAARA 150MG TAB	34	ONUREG 300MG TAB	29
O		OJJAARA 200MG TAB	34	OPIPZA 10MG ORAL FILM	42
<i>ocella tab 28-day pack</i>	59	<i>olanzapine 10mg inj</i>	40	OPIPZA 2MG ORAL FILM	42
<i>octreotide 0.05mg/ml inj</i>	56	<i>olanzapine 10mg odt</i>	40	OPIPZA 5MG ORAL FILM	42
<i>octreotide 0.1mg/ml inj</i>	56	<i>olanzapine 10mg tab</i>	40	OPSUMIT 10MG TAB	78
<i>octreotide 0.2mg/ml inj</i>	56	<i>olanzapine 15mg odt</i>	40	OPVEE 2.7MG/0.1ML NASAL SPRAY	21
<i>octreotide 0.5mg/ml inj</i>	56	<i>olanzapine 15mg tab</i>	40	ORENCIA 125MG/ML AUTO-INJECTOR	69
<i>octreotide 1mg/ml inj</i>	56	<i>olanzapine 2.5mg tab</i>	40	ORENCIA 125MG/ML SYRINGE	69
ODEFSEY 200-25-25MG TAB	44	<i>olanzapine 20mg odt</i>	40	ORENCIA 50MG/0.4ML SYRINGE	69
ODOMZO 200MG CAP	30	<i>olanzapine 20mg tab</i>	40	ORENCIA 87.5MG/0.7ML SYRINGE	69
OFEV 100MG CAP	78	<i>olanzapine 5mg odt</i>	40	ORGOVYX 120MG TAB	31
OFEV 150MG CAP	78	<i>olanzapine 5mg tab</i>	40	ORKAMBI 125-100MG ORAL GRANULES	78
<i>ofloxacin 0.3% ophth soln</i>	72	<i>olanzapine 7.5mg tab</i>	40	ORKAMBI 125-100MG TAB	78
<i>ofloxacin 0.3% otic soln</i>	73	<i>olmesartan medoxomil 20mg tab</i>	24	ORKAMBI 125-200MG TAB	78
OGSIVEO 100MG TAB	33	<i>olmesartan medoxomil 40mg tab</i>	24	ORKAMBI 188-150MG ORAL GRANULES	78
7-DAY PACK (14)		<i>olmesartan medoxomil 5mg tab</i>	24	ORKAMBI 94-75MG ORAL GRANULES	78
OGSIVEO 150MG TAB	33	<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	70	<i>orphenadrine citrate 100mg er tab</i>	42
7-DAY PACK (14)		OLUMIANT 1MG TAB	2		
OGSIVEO 50MG TAB	33	OLUMIANT 2MG TAB	2		
		OLUMIANT 4MG TAB	2		
		<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	22		
		<i>omeprazole 10mg dr cap</i>	81		
		<i>omeprazole 20mg dr cap</i>	81		
		<i>omeprazole 40mg dr cap</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

<i>orquidea 0.35mg tab</i>	75	<i>oxycodone/acetaminophe</i>	5	PEDIARIX SYRINGE	66
<i>28-day pack</i>		<i>n 2.5-325mg tab</i>		PEDVAXHIB	66
ORSERDU 345MG TAB	31	<i>oxycodone/acetaminophe</i>	5	7.5MCG/0.5ML INJ	
ORSERDU 86MG TAB	31	<i>n 5-325mg tab</i>		<i>peg 3350 powder for oral</i>	67
<i>oseltamivir 30mg cap</i>	45	<i>oxycodone/acetaminophe</i>	5	<i>soln (100gm Moviprep</i>	
<i>oseltamivir 45mg cap</i>	45	<i>n 7.5-325mg tab</i>		<i>equiv)</i>	
<i>oseltamivir 6mg/ml oral</i>	45	OZEMPIC 2MG/3ML	19	<i>peg 3350/electrolyte</i>	67
<i>susp</i>		PEN INJ		<i>powder for oral soln</i>	
<i>oseltamivir 75mg cap</i>	45	OZEMPIC 4MG/3ML	19	<i>peg 3350/kcl/sodium</i>	67
OTEZLA 10/20/30MG	52	PEN INJ		<i>bicarbonate/sodium</i>	
TAB 28-DAY STARTER		OZEMPIC 8MG/3ML	19	<i>chloride powder for oral</i>	
PACK (55)		PEN INJ		<i>soln</i>	
OTEZLA 10/20MG TAB	52	P		PEGASYS	44
28-DAY STARTER PACK		<i>paliperidone 1.5mg er tab</i>	39	180MCG/0.5ML	
(55)		<i>paliperidone 3mg er tab</i>	39	SYRINGE	
OTEZLA 20MG TAB	52	<i>paliperidone 6mg er tab</i>	39	PEGASYS 180MCG/ML	45
OTEZLA 30MG TAB	52	<i>paliperidone 9mg er tab</i>	39	INJ	
<i>oxacillin 100mg/ml inj</i>	75	PANRETIN 0.1%	52	PEMAZYRE 13.5MG TAB	34
<i>oxacillin 1gm inj</i>	75	TOPICAL GEL		PEMAZYRE 4.5MG TAB	34
<i>oxacillin 2gm inj</i>	75	<i>pantoprazole 20mg dr tab</i>	81	PEMAZYRE 9MG TAB	34
<i>oxcarbazepine 150mg tab</i>	12	<i>pantoprazole 40mg dr tab</i>	81	PENBRAYA INJ	66
<i>oxcarbazepine 300mg tab</i>	12	<i>paricalcitol 1mcg cap</i>	56	<i>penicillamine 250mg tab</i>	68
<i>oxcarbazepine 600mg tab</i>	12	<i>paricalcitol 2mcg cap</i>	56	<i>penicillin g potassium</i>	74
<i>oxcarbazepine 60mg/ml</i>	12	<i>paricalcitol 4mcg cap</i>	56	<i>1000000unit/ml inj</i>	
<i>oral susp</i>		<i>paroxetine 10mg tab</i>	15	PENICILLIN G SODIUM	74
<i>oxybutynin chloride 10mg</i>	62	PAROXETINE	15	100000UNIT/ML INJ	
<i>er tab</i>		10MG/5ML ORAL SUSP		<i>penicillin v potassium</i>	74
<i>oxybutynin chloride 15mg</i>	62	<i>paroxetine 12.5mg er tab</i>	15	<i>250mg tab</i>	
<i>er tab</i>		<i>paroxetine 20mg tab</i>	15	PENICILLIN V	74
<i>oxybutynin chloride</i>	62	<i>paroxetine 25mg er tab</i>	15	POTASSIUM 25MG/ML	
<i>1mg/ml oral soln</i>		<i>paroxetine 30mg tab</i>	15	ORAL SOLN	
<i>oxybutynin chloride 5mg</i>	62	<i>paroxetine 37.5mg er tab</i>	15	<i>penicillin v potassium</i>	74
<i>er tab</i>		<i>paroxetine 40mg tab</i>	15	<i>500mg tab</i>	
<i>oxybutynin chloride 5mg</i>	62	PAXLOVID	45	PENICILLIN V	74
<i>tab</i>		150MG/100MG TAB		POTASSIUM 50MG/ML	
<i>oxycodone 10mg tab</i>	4	PACK (20)		ORAL SOLN	
<i>oxycodone 15mg tab</i>	4	PAXLOVID	45	PENMENVY INJ	66
<i>oxycodone 1mg/ml oral</i>	4	150MG/100MG TAB		PENTACEL	66
<i>soln</i>		PACK (30)		96-30-68UNIT/ML INJ	
<i>oxycodone 20mg tab</i>	4	PAXLOVID	45	<i>pentamidine isethionate</i>	28
<i>oxycodone 30mg tab</i>	4	300MG/100MG AND		<i>300mg inj</i>	
<i>oxycodone 5mg tab</i>	4	150MG/100MG TAB		<i>pentamidine isethionate</i>	28
<i>oxycodone/acetaminophe</i>	5	DOSE PACK (11)		<i>300mg/6ml inh soln</i>	
<i>n 10-325mg tab</i>		<i>pazopanib 200mg tab</i>	34		

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

ALPHABETICAL LISTING OF DRUGS

<i>pentoxifylline 400mg er tab</i>	49	<i>pilocarpine 2% ophth soln</i>	73	<i>polycin 0.5-10unit/mg ophth ointment</i>	72
<i>perampanel 10mg tab</i>	12	<i>pilocarpine 4% ophth soln</i>	73	<i>polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln</i>	72
<i>perampanel 12mg tab</i>	12	<i>pilocarpine 5mg tab</i>	50	POMALYST 1MG CAP	36
<i>perampanel 2mg tab</i>	12	<i>pilocarpine 7.5mg tab</i>	50	POMALYST 2MG CAP	36
<i>perampanel 4mg tab</i>	12	<i>pimecrolimus 1% topical cream</i>	54	POMALYST 3MG CAP	36
<i>perampanel 6mg tab</i>	12	PIMOZIDE 1MG TAB	77	POMALYST 4MG CAP	36
<i>perampanel 8mg tab</i>	12	PIMOZIDE 2MG TAB	77	<i>portia tab 28-day pack</i>	59
PERINDOPRIL	24	<i>pimtrea tab 28-day pack</i>	59	<i>posaconazole 100mg dr tab</i>	22
ERBUMINE 2MG TAB		<i>pindolol 10mg tab</i>	46	<i>posaconazole 40mg/ml oral susp</i>	22
<i>perindopril erbumine 4mg tab</i>	24	<i>pindolol 5mg tab</i>	46	<i>potassium chloride 1.33meq/ml oral soln</i>	71
PERINDOPRIL	24	<i>pioglitazone 15mg tab</i>	18	<i>potassium chloride 10meq er cap</i>	71
ERBUMINE 8MG TAB		<i>pioglitazone 30mg tab</i>	18	<i>potassium chloride 10meq er tab</i>	71
<i>periogard 0.12% mouthwash</i>	50	<i>pioglitazone 45mg tab</i>	18	<i>potassium chloride 10meq micro er tab</i>	71
<i>permethrin 5% topical cream</i>	54	<i>piperacillin/tazobactam 2000-250mg inj</i>	74	POTASSIUM CHLORIDE 10MEQ/100ML INJ	71
<i>perphenazine 16mg tab</i>	41	<i>piperacillin/tazobactam 3000-375mg inj</i>	74	POTASSIUM CHLORIDE 15MEQ ER TAB	71
<i>perphenazine 2mg tab</i>	41	<i>piperacillin/tazobactam 36-4.5gm inj</i>	74	<i>potassium chloride 15meq micro er tab</i>	71
<i>perphenazine 4mg tab</i>	41	<i>piperacillin/tazobactam 4000-500mg inj</i>	74	<i>potassium chloride 2.67meq/ml oral soln</i>	71
<i>perphenazine 8mg tab</i>	41	PIQRAY TAB 200MG	34	<i>potassium chloride 20meq er tab</i>	71
PHENELZINE 15MG TAB	15	DAILY DOSE PACK (28)		<i>potassium chloride 20meq micro er tab</i>	71
<i>phenobarbital 100mg tab</i>	12	PIQRAY TAB 250MG	34	<i>potassium chloride 20meq powder for oral soln</i>	71
<i>phenobarbital 15mg tab</i>	12	DAILY DOSE PACK (56)		POTASSIUM CHLORIDE 20MEQ/100ML INJ	71
<i>phenobarbital 16.2mg tab</i>	12	PIQRAY TAB 300MG	34	<i>potassium chloride 2meq/ml (20ml) inj</i>	71
<i>phenobarbital 30mg tab</i>	12	DAILY DOSE PACK (56)		<i>potassium chloride 2meq/ml inj</i>	71
<i>phenobarbital 32.4mg tab</i>	12	<i>pirfenidone 267mg cap</i>	78		
<i>phenobarbital 4mg/ml oral soln</i>	12	<i>pirfenidone 267mg tab</i>	78		
<i>phenobarbital 60mg tab</i>	12	<i>pirfenidone 801mg tab</i>	78		
<i>phenobarbital 64.8mg tab</i>	12	<i>piroxicam 10mg cap</i>	4		
<i>phenobarbital 97.2mg tab</i>	12	<i>piroxicam 20mg cap</i>	4		
<i>phenytek 200mg er cap</i>	12	PLEGRIDY	77		
<i>phenytek 300mg er cap</i>	12	125MCG/0.5ML			
<i>phenytoin 25mg/ml oral susp</i>	13	AUTO-INJECTOR			
<i>phenytoin 50mg chew tab</i>	13	PLEGRIDY	77		
<i>phenytoin sodium 100mg er cap</i>	13	125MCG/0.5ML			
PIFELTRO 100MG TAB	44	SYRINGE			
<i>pilocarpine 1% ophth soln</i>	73	<i>plenamine 15% inj</i>	71		
		PODOFILOX 0.5%	54		
		TOPICAL 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

POTASSIUM CHLORIDE 40MEQ/100ML INJ	71	<i>prednisone 10mg tab pack (48)</i>	65	PREVYMIS 240MG TAB	45
<i>potassium chloride 8meq er cap</i>	71	<i>prednisone 1mg tab</i>	65	PREVYMIS 480MG TAB	45
<i>potassium chloride 8meq er tab</i>	71	PREDNISONE 1MG/ML ORAL SOLN	65	PREZCOBIX 150-800MG TAB	44
<i>potassium citrate 10meq er tab</i>	63	<i>prednisone 2.5mg tab</i>	65	PREZISTA 100MG/ML ORAL SUSP	44
<i>potassium citrate 15meq er tab</i>	63	<i>prednisone 20mg tab</i>	65	PREZISTA 150MG TAB	44
<i>potassium citrate 5meq er tab</i>	63	<i>prednisone 50mg tab</i>	65	PREZISTA 75MG TAB	44
<i>pramipexole 0.125mg tab</i>	37	<i>prednisone 5mg tab</i>	65	PRIFTIN 150MG TAB	29
<i>pramipexole 0.25mg tab</i>	37	<i>prednisone 5mg tab pack (21)</i>	65	PRIMAQUINE PHOSPHATE 26.3MG TAB	28
<i>pramipexole 0.5mg tab</i>	37	<i>prednisone 5mg tab pack (48)</i>	65	<i>primidone 250mg tab</i>	13
<i>pramipexole 0.75mg tab</i>	37	<i>pregabalin 100mg cap</i>	13	<i>primidone 50mg tab</i>	13
<i>pramipexole 1.5mg tab</i>	37	<i>pregabalin 150mg cap</i>	13	PRIORIX INJ	66
<i>pramipexole 1mg tab</i>	37	<i>pregabalin 200mg cap</i>	13	PRIVIGEN 20GM/200ML INJ	65
<i>prasugrel 10mg tab</i>	63	<i>pregabalin 20mg/ml oral soln</i>	13	<i>probenecid 500mg tab</i>	63
<i>prasugrel 5mg tab</i>	63	<i>pregabalin 225mg cap</i>	13	<i>prochlorperazine 10mg tab</i>	41
<i>pravastatin sodium 10mg tab</i>	23	<i>pregabalin 25mg cap</i>	13	<i>prochlorperazine 25mg rectal supp</i>	41
<i>pravastatin sodium 20mg tab</i>	23	<i>pregabalin 300mg cap</i>	13	<i>prochlorperazine 5mg tab</i>	41
<i>pravastatin sodium 40mg tab</i>	23	<i>pregabalin 50mg cap</i>	13	PROCRIT 10000UNIT/ML INJ	64
<i>pravastatin sodium 80mg tab</i>	23	<i>pregabalin 75mg cap</i>	13	PROCRIT 20000UNIT/ML INJ	64
<i>praziquantel 600mg tab</i>	6	PREMARIN 0.3MG TAB	61	PROCRIT 2000UNIT/ML INJ	64
<i>prazosin 1mg cap</i>	25	PREMARIN 0.45MG TAB	61	PROCRIT 3000UNIT/ML INJ	64
<i>prazosin 2mg cap</i>	25	PREMARIN 0.625MG TAB	61	PROCRIT 40000UNIT/ML INJ	64
<i>prazosin 5mg cap</i>	25	PREMARIN 0.625MG TAB	61	PROCRIT 4000UNIT/ML INJ	64
PREDNISOLONE 1% OPHTH SOLN	73	PREMPRO 0.3/1.5MG 28-DAY PACK	59	<i>procto-med 2.5% topical cream</i>	6
<i>prednisolone 1mg/ml oral soln</i>	64	PREMPRO 0.45/1.5MG 28-DAY PACK	59	<i>proctosol 2.5% topical cream</i>	6
<i>prednisolone 3mg/ml oral soln</i>	64	PREMPRO 0.625/2.5MG 28-DAY PACK	60	<i>proctozone hc 2.5% topical cream</i>	6
<i>prednisolone 5mg/ml oral soln</i>	64	PREMPRO 0.625/5MG 28-DAY PACK	60	<i>progesterone 100mg cap</i>	75
<i>prednisolone acetate 1% ophth susp</i>	73	PREVYMIS 120MG ORAL PELLET	45	<i>progesterone 200mg cap</i>	75
<i>prednisone 10mg tab</i>	64				
<i>prednisone 10mg tab (21)</i>	64				

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

ALPHABETICAL LISTING OF DRUGS

PROGRAF 0.2MG	69	PROQUAD INJ	66	<i>rabeprazole sodium 20mg</i>	81
GRANULES FOR ORAL		PROSOL 20% INJ	71	<i>dr tab</i>	
SUSP		<i>protriptyline 10mg tab</i>	17	RADICAVA 105MG/5ML	49
PROGRAF 1MG	69	<i>protriptyline 5mg tab</i>	17	ORAL SUSP	
GRANULES FOR ORAL		PULMOZYME 1MG/ML	78	RALDESY 10MG/ML	15
SUSP		INH SOLN		ORAL SOLN	
PROLASTIN 1000MG INJ	78	<i>pyrazinamide 500mg tab</i>	29	<i>raloxifene 60mg tab</i>	56
<i>promethazine 1.25mg/ml</i>	77	<i>pyridostigmine bromide</i>	42	<i>ramelteon 8mg tab</i>	65
<i>oral soln</i>		<i>60mg tab</i>		<i>ramipril 1.25mg cap</i>	24
<i>promethazine 12.5mg</i>	77	<i>pyrimethamine 25mg tab</i>	28	<i>ramipril 10mg cap</i>	24
<i>rectal supp</i>				<i>ramipril 2.5mg cap</i>	24
<i>promethazine 12.5mg tab</i>	77	Q		<i>ramipril 5mg cap</i>	24
<i>promethazine 25mg rectal</i>	77	QINLOCK 50MG TAB	34	<i>ranolazine 1000mg er tab</i>	49
<i>supp</i>		QUADRACEL INJ	66	<i>ranolazine 500mg er tab</i>	49
<i>promethazine 25mg tab</i>	77	QUADRACEL SYRINGE	66	<i>rasagiline 0.5mg tab</i>	37
<i>promethazine 50mg tab</i>	77	<i>quetiapine 100mg tab</i>	40	<i>rasagiline 1mg tab</i>	37
<i>promethegan 25mg rectal</i>	77	<i>quetiapine 150mg er tab</i>	40	<i>reclipsen tab 28-day pack</i>	60
<i>supp</i>		<i>quetiapine 200mg er tab</i>	40	RECOMBIVAX	66
<i>propafenone 150mg tab</i>	48	<i>quetiapine 200mg tab</i>	40	10MCG/ML INJ	
<i>propafenone 225mg er</i>	48	<i>quetiapine 25mg tab</i>	40	RECOMBIVAX	66
<i>cap</i>		<i>quetiapine 300mg er tab</i>	40	10MCG/ML SYRINGE	
<i>propafenone 225mg tab</i>	48	<i>quetiapine 300mg tab</i>	40	RECOMBIVAX	66
<i>propafenone 300mg tab</i>	48	<i>quetiapine 400mg er tab</i>	40	40MCG/ML INJ	
<i>propafenone 325mg er</i>	48	<i>quetiapine 400mg tab</i>	40	RECOMBIVAX	66
<i>cap</i>		<i>quetiapine 50mg er tab</i>	40	5MCG/0.5ML INJ	
<i>propafenone 425mg er</i>	48	<i>quetiapine 50mg tab</i>	40	RECOMBIVAX	66
<i>cap</i>		<i>quinapril 10mg tab</i>	24	5MCG/0.5ML SYRINGE	
<i>propranolol 10mg tab</i>	46	<i>quinapril 20mg tab</i>	24	RELENZA 5MG/BLISTER	45
<i>propranolol 120mg er</i>	46	<i>quinapril 40mg tab</i>	24	POWDER INHALER	
<i>cap</i>		<i>quinapril 5mg tab</i>	24	<i>repaglinide 0.5mg tab</i>	18
<i>propranolol 160mg er</i>	46	QUINIDINE SULFATE	48	<i>repaglinide 1mg tab</i>	18
<i>cap</i>		200MG TAB		<i>repaglinide 2mg tab</i>	18
<i>propranolol 20mg tab</i>	46	QUINIDINE SULFATE	48	REPATHA 140MG/ML	22
<i>propranolol 40mg tab</i>	46	300MG TAB		AUTO-INJECTOR	
PROPRANOLOL	46	<i>quinine sulfate 324mg</i>	28	REPATHA 140MG/ML	22
4MG/ML ORAL SOLN		<i>cap</i>		SYRINGE	
<i>propranolol 60mg er cap</i>	46	QVAR 40MCG	8	RETACRIT	64
<i>propranolol 60mg tab</i>	46	REDIHALER		10000UNIT/ML INJ	
<i>propranolol 80mg er cap</i>	46	QVAR 80MCG	8	RETACRIT	64
<i>propranolol 80mg tab</i>	46	REDIHALER		20000UNIT/2ML INJ	
PROPRANOLOL	46	R		RETACRIT	64
8MG/ML ORAL SOLN		RABAVERT 2.5UNIT/ML	66	20000UNIT/ML INJ	
<i>propylthiouracil 50mg</i>	80	INJ		RETACRIT 2000UNIT/ML	64
<i>tab</i>				INJ	

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

ALPHABETICAL LISTING OF DRUGS

RETACRIT 3000UNIT/ML INJ	64	<i>risedronate sodium 150mg tab</i>	56	<i>rivastigmine 4.6mg/24hr patch</i>	76
RETACRIT 40000UNIT/ML INJ	64	<i>risedronate sodium 30mg tab</i>	56	<i>rivastigmine 6mg cap</i>	76
RETACRIT 4000UNIT/ML INJ	64	<i>risedronate sodium 35mg tab</i>	56	<i>rivastigmine 9.5mg/24hr patch</i>	76
RETEVMO 120MG TAB	34	<i>risedronate sodium 35mg tab pack (12)</i>	56	<i>rizatriptan 10mg odt</i>	68
RETEVMO 160MG TAB	34	<i>risedronate sodium 35mg tab pack (4)</i>	56	<i>rizatriptan 10mg tab</i>	68
RETEVMO 40MG TAB	34	<i>risedronate sodium 5mg tab</i>	56	<i>rizatriptan 5mg odt</i>	68
RETEVMO 80MG TAB	34	<i>RISPERIDONE 0.25MG ODT</i>	39	<i>rizatriptan 5mg tab</i>	68
REVCIVI 2.4MG/1.5ML INJ	56	<i>risperidone 0.25mg tab</i>	39	ROCKLATAN	72
REVUFORJ 110MG TAB	36	<i>risperidone 0.5mg odt</i>	39	0.02-0.005% OPTH SOLN	
REVUFORJ 160MG TAB	36	<i>risperidone 0.5mg tab</i>	39	<i>roflumilast 0.5mg tab</i>	78
REVUFORJ 25MG TAB	36	<i>risperidone 1mg odt</i>	39	<i>roflumilast 250mcg tab</i>	78
REXULTI 0.25MG TAB	42	<i>risperidone 1mg tab</i>	39	ROMVIMZA 14MG CAP	34
REXULTI 0.5MG TAB	42	<i>risperidone 1mg/ml oral soln</i>	39	ROMVIMZA 20MG CAP	34
REXULTI 1MG TAB	42	<i>risperidone 2mg odt</i>	39	ROMVIMZA 30MG CAP	34
REXULTI 2MG TAB	42	<i>risperidone 2mg tab</i>	39	<i>ropinirole 0.25mg tab</i>	37
REXULTI 3MG TAB	42	<i>risperidone 3mg odt</i>	39	<i>ropinirole 0.5mg tab</i>	37
REXULTI 4MG TAB	42	<i>risperidone 3mg tab</i>	39	<i>ropinirole 1mg tab</i>	37
REYATAZ 50MG ORAL POWDER	44	<i>risperidone 4mg odt</i>	39	<i>ropinirole 2mg tab</i>	37
REZDIFFRA 100MG TAB	61	<i>risperidone 4mg tab</i>	39	<i>ropinirole 3mg tab</i>	37
REZDIFFRA 60MG TAB	61	<i>risperidone microspheres 12.5mg inj</i>	39	<i>ropinirole 4mg tab</i>	37
REZDIFFRA 80MG TAB	61	<i>risperidone microspheres 25mg inj</i>	39	<i>ropinirole 5mg tab</i>	37
REZLIDHIA 150MG CAP	34	<i>risperidone microspheres 37.5mg inj</i>	39	<i>rosuvastatin calcium 10mg tab</i>	23
REZUROCK 200MG TAB	68	<i>risperidone microspheres 50mg inj</i>	40	<i>rosuvastatin calcium 20mg tab</i>	23
RHOPRESSA 0.02% OPTH SOLN	72	<i>ritonavir 100mg tab</i>	44	<i>rosuvastatin calcium 40mg tab</i>	23
RIBAVIRIN 200MG CAP	45	<i>rivaroxaban 1mg/ml oral susp</i>	10	<i>rosuvastatin calcium 5mg tab</i>	23
RIBAVIRIN 200MG TAB	45	<i>rivaroxaban 2.5mg tab</i>	10	ROTARIX	66
<i>rifabutin 150mg cap</i>	29	<i>rivastigmine 1.5mg cap</i>	76	667000UNIT/ML ORAL SUSP	
<i>rifampin 150mg cap</i>	29	<i>rivastigmine 13.3mg/24hr patch</i>	76	ROTATEQ ORAL SUSP	66
<i>rifampin 300mg cap</i>	29	<i>rivastigmine 3mg cap</i>	76	<i>roweepra 500mg tab</i>	13
<i>rifampin 600mg inj</i>	29	<i>rivastigmine 4.5mg cap</i>	76	ROZLYTREK 100MG CAP	34
<i>riluzole 50mg tab</i>	49			ROZLYTREK 200MG CAP	34
RIMANTADINE 100MG TAB	45			ROZLYTREK 50MG ORAL PELLET	34
RINVOQ 15MG ER TAB	2			RUBRACA 200MG TAB	34
RINVOQ 1MG/ML ORAL SOLN	2				
RINVOQ 30MG ER TAB	2				
RINVOQ 45MG ER TAB	2				

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

ALPHABETICAL LISTING OF DRUGS

RUBRACA 250MG TAB	34	SELZENTRY 20MG/ML	44	SKYRIZI 150MG/ML	52
RUBRACA 300MG TAB	34	ORAL SOLN		AUTO-INJECTOR	
<i>rufinamide 200mg tab</i>	13	<i>sertraline 100mg tab</i>	15	SKYRIZI 150MG/ML	52
<i>rufinamide 400mg tab</i>	13	<i>sertraline 20mg/ml oral</i>	15	SYRINGE	
<i>rufinamide 40mg/ml oral</i>	13	<i>soln</i>		SKYRIZI 180MG/1.2ML	62
<i>susp</i>		<i>sertraline 25mg tab</i>	15	CARTRIDGE	
RUKOBIA 600MG ER	44	<i>sertraline 50mg tab</i>	15	SKYRIZI 360MG/2.4ML	62
TAB		<i>setlakin tab 91-day pack</i>	60	CARTRIDGE	
RYBELSUS 14MG TAB	19	<i>sharobel 0.35mg tab</i>	75	<i>sodium chloride 0.45%</i>	71
RYBELSUS 3MG TAB	19	<i>28-day pack</i>		<i>inj</i>	
RYBELSUS 7MG TAB	19	SHINGRIX	66	<i>sodium chloride 0.9% inj</i>	71
RYDAPT 25MG CAP	34	50MCG/0.5ML INJ		<i>sodium chloride 0.9%</i>	63
S		SIGNIFOR 0.3MG/ML INJ	56	<i>irrigation soln</i>	
<i>sacubitril/valsartan</i>	49	SIGNIFOR 0.6MG/ML INJ	56	<i>sodium chloride 3% inj</i>	71
<i>24-26mg tab</i>		SIGNIFOR 0.9MG/ML INJ	56	<i>sodium chloride 50mg/ml</i>	71
<i>sacubitril/valsartan</i>	49	<i>sildenafil 20mg tab</i>	78	<i>inj</i>	
<i>49-51mg tab</i>		<i>silodosin 4mg cap</i>	62	SODIUM OXYBATE	79
<i>sacubitril/valsartan</i>	49	<i>silodosin 8mg cap</i>	62	500MG/ML ORAL SOLN	
<i>97-103mg tab</i>		<i>silver sulfadiazine 1%</i>	54	<i>sodium phenylbutyrate</i>	56
<i>salmon calcitonin</i>	56	<i>topical cream</i>		<i>3gm/tsp oral powder</i>	
<i>200unit/act nasal spray</i>		SIMBRINZA 0.2-1%	72	<i>sodium polystyrene</i>	69
SANTYL 250UNIT/GM	54	OPHTH SUSP		<i>sulfonate 15000mg</i>	
TOPICAL OINTMENT		SIMLANDI 20MG/0.2ML	3	<i>powder for oral susp</i>	
<i>sapropterin 100mg</i>	56	SYRINGE		<i>sodium sulfate/potassium</i>	67
<i>powder for oral soln</i>		SIMLANDI 40MG/0.4ML	3	<i>sulfate/magnesium sulfate</i>	
<i>sapropterin 100mg tab</i>	56	AUTO-INJECTOR		<i>17.5-3.13-1.6 gm/177ml</i>	
<i>sapropterin 500mg</i>	56	SIMLANDI 40MG/0.4ML	3	<i>oral soln prep kit</i>	
<i>powder for oral soln</i>		SYRINGE		<i>sodium sulfate/potassium</i>	67
SCSEMBLIX 100MG TAB	34	SIMLANDI 80MG/0.8ML	3	<i>sulfate/magnesium sulfate</i>	
SCSEMBLIX 20MG TAB	34	AUTO-INJECTOR		<i>17.5-3.13-1.6 gm/177ml</i>	
SCSEMBLIX 40MG TAB	34	SIMLANDI 80MG/0.8ML	3	<i>oral soln prep kit (480ml)</i>	
<i>scopolamine 1mg/72hr</i>	21	SYRINGE		SOFOBUBVIR/VELPATAS	45
<i>patch</i>		<i>simvastatin 10mg tab</i>	23	VIR 400-100MG TAB	
SECUADO 3.8MG/24HR	40	<i>simvastatin 20mg tab</i>	23	<i>solifenacin succinate</i>	62
PATCH		<i>simvastatin 40mg tab</i>	23	<i>10mg tab</i>	
SECUADO 5.7MG/24HR	40	<i>simvastatin 5mg tab</i>	23	<i>solifenacin succinate 5mg</i>	62
PATCH		<i>simvastatin 80mg tab</i>	23	<i>tab</i>	
SECUADO 7.6MG/24HR	40	<i>sirolimus 0.5mg tab</i>	69	SOLTAMOX 10MG/5ML	31
PATCH		<i>sirolimus 1mg tab</i>	69	ORAL SOLN	
<i>selegiline 5mg cap</i>	37	<i>sirolimus 1mg/ml oral</i>	69	SOMAVERT 10MG INJ	57
<i>selegiline 5mg tab</i>	37	<i>soln</i>		SOMAVERT 15MG INJ	57
<i>selenium sulfide 2.5%</i>	54	<i>sirolimus 2mg tab</i>	69	SOMAVERT 20MG INJ	57
<i>shampoo</i>		SIRTURO 100MG TAB	29	SOMAVERT 25MG INJ	57
		SIRTURO 20MG TAB	29	SOMAVERT 30MG INJ	57

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

ALPHABETICAL LISTING OF DRUGS

<i>sorafenib 200mg tab</i>	34	SUFLAVE ORAL SOLN	67	SUNLENCA 300MG TAB	44
<i>sotalol 120mg tab</i>	46	PACK		THERAPY PACK (4)	
<i>sotalol 160mg tab</i>	46	SULFACETAMIDE	72	SUNLENCA 300MG TAB	44
<i>sotalol 240mg tab</i>	46	SODIUM 10% OPTH		THERAPY PACK (5)	
<i>sotalol 80mg tab</i>	46	SOLN		SUNOSI 150MG TAB	79
<i>sotalol af 120mg tab</i>	46	<i>sulfacetamide sodium</i>	51	SUNOSI 75MG TAB	79
<i>sotalol af 160mg tab</i>	47	<i>10% topical lotion</i>		SUTAB 225-188-1479MG	67
<i>sotalol af 80mg tab</i>	47	SULFACETAMIDE/PRED	73	TAB	
SPIRIVA RESPIMAT	8	NISOLONE 10-0.25%		<i>syeda tab 28-day pack</i>	60
1.25MCG/ACT INHALER		OPHTH SOLN		SYMDEKO TAB 4-WEEK	78
<i>spironolactone 100mg tab</i>	55	<i>sulfadiazine 500mg tab</i>	79	PACK (56)	
<i>spironolactone 25mg tab</i>	55	<i>sulfamethoxazole/trimeth</i>	79	SYMDEKO TAB	78
<i>spironolactone 50mg tab</i>	55	<i>oprim 200-40mg/5ml oral</i>		50-75MG/75MG PACK	
<i>sprintec tab 28-day pack</i>	60	<i>susp</i>		(56)	
SPRITAM 250MG TAB	13	<i>sulfamethoxazole/trimeth</i>	79	SYMPAZAN 10MG ORAL	11
FOR ORAL SUSP		<i>oprim 400-80mg tab</i>		FILM	
SPRITAM 500MG TAB	13	<i>sulfamethoxazole/trimeth</i>	79	SYMPAZAN 20MG ORAL	11
FOR ORAL SUSP		<i>oprim 800-160mg tab</i>		FILM	
<i>sps 15gm/60ml oral susp</i>	70	<i>sulfasalazine 500mg dr</i>	62	SYMPAZAN 5MG ORAL	11
<i>sronyx tab 28-day pack</i>	60	<i>tab</i>		FILM	
<i>ssd 1% topical cream</i>	54	<i>sulfasalazine 500mg tab</i>	62	SYMTUZA	44
STELARA 45MG/0.5ML	52	<i>sulindac 150mg tab</i>	4	150-800-200-10MG TAB	
INJ		<i>sulindac 200mg tab</i>	4	SYNJARDY	17
STELARA 45MG/0.5ML	52	<i>sumatriptan 100mg tab</i>	68	12.5-1000MG TAB	
SYRINGE		<i>sumatriptan 20mg/act</i>	68	SYNJARDY 12.5-500MG	17
STELARA 90MG/ML	52	<i>nasal spray</i>		TAB	
SYRINGE		<i>sumatriptan 25mg tab</i>	68	SYNJARDY 5-1000MG	18
STEQEYMA 90MG/ML	52	<i>sumatriptan 4mg/0.5ml</i>	68	TAB	
SYRINGE		<i>cartridge</i>		SYNJARDY 5-500MG	18
STIOLTO	9	<i>sumatriptan 50mg tab</i>	68	TAB	
2.5-2.5MCG/ACT		<i>sumatriptan 5mg/act</i>	68	SYNJARDY XR	18
INHALER		<i>nasal spray</i>		10-1000MG TAB	
STIVARGA 40MG TAB	34	<i>sumatriptan 6mg/0.5ml</i>	68	SYNJARDY XR	18
STREPTOMYCIN 1GM	2	<i>auto-injector</i>		12.5-1000MG TAB	
INJ		<i>sumatriptan 6mg/0.5ml</i>	68	SYNJARDY XR	18
STRIBILD	44	<i>cartridge</i>		25-1000MG TAB	
150-150-200-300MG		<i>sumatriptan 6mg/0.5ml</i>	68	SYNJARDY XR	18
TAB		<i>inj</i>		5-1000MG TAB	
STRIVERDI 2.5MCG/ACT	9	<i>sunitinib 12.5mg cap</i>	34	SYNTHROID 100MCG	80
INHALER		<i>sunitinib 25mg cap</i>	34	TAB	
<i>sucrafate 1000mg tab</i>	81	<i>sunitinib 37.5mg cap</i>	34	SYNTHROID 112MCG	80
<i>sucrafate 100mg/ml oral</i>	81	<i>sunitinib 50mg cap</i>	34	TAB	
<i>susp</i>		SUNLENCA 300MG TAB	44	SYNTHROID 125MCG	80
				TAB	

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

ALPHABETICAL LISTING OF DRUGS

SYNTHROID 137MCG TAB	80	<i>tamoxifen 10mg tab</i>	31	<i>testosterone 1% (25mg)</i>	5
SYNTHROID 150MCG TAB	80	<i>tamoxifen 20mg tab</i>	31	<i>topical gel packet</i>	
SYNTHROID 175MCG TAB	80	<i>tamsulosin 0.4mg cap</i>	62	<i>testosterone 1% (50mg)</i>	5
SYNTHROID 200MCG TAB	80	<i>tarina fe tab 1/20 28-day pack</i>	60	<i>topical gel packet</i>	
SYNTHROID 25MCG TAB	80	<i>tazarotene 0.1% topical cream</i>	52	<i>testosterone 1.62% (20.25mg/act) topical gel pump</i>	5
SYNTHROID 300MCG TAB	81	<i>tazicef 1gm inj</i>	50	<i>testosterone 30mg/act</i>	5
SYNTHROID 50MCG TAB	81	<i>tazicef 2gm inj</i>	50	<i>topical soln</i>	
SYNTHROID 75MCG TAB	81	TAZICEF 6GM INJ	50	<i>testosterone cypionate</i>	5
SYNTHROID 88MCG TAB	81	TAZVERIK 200MG TAB	35	<i>100mg/ml inj</i>	
		TEFLARO 400MG INJ	28	<i>testosterone cypionate</i>	5
		TEFLARO 600MG INJ	28	<i>200mg/ml (1ml) inj</i>	
		<i>telmisartan 20mg tab</i>	24	<i>testosterone cypionate</i>	5
		<i>telmisartan 40mg tab</i>	24	<i>200mg/ml inj</i>	
		<i>telmisartan 80mg tab</i>	24	TESTOSTERONE	5
		<i>temazepam 15mg cap</i>	65	ENANTHATE 200MG/ML	
		<i>temazepam 30mg cap</i>	65	INJ	
T		TENIVAC 4-10UNIT/ML INJ	66	<i>tetrabenazine 12.5mg tab</i>	76
TABLOID 40MG TAB	29	TENIVAC 4-10UNIT/ML SYRINGE	66	<i>tetrabenazine 25mg tab</i>	76
TABRECTA 150MG TAB	34	<i>tenofovir disoproxil fumarate 300mg tab</i>	44	<i>tetracycline 250mg cap</i>	80
TABRECTA 200MG TAB	34	TEPMETKO 225MG TAB	35	<i>tetracycline 500mg cap</i>	80
<i>tacrolimus 0.03% topical ointment</i>	54	<i>terazosin 10mg cap</i>	25	THALOMID 100MG CAP	68
<i>tacrolimus 0.1% topical ointment</i>	54	<i>terazosin 1mg cap</i>	25	THALOMID 50MG CAP	69
<i>tacrolimus 0.5mg cap</i>	69	<i>terazosin 2mg cap</i>	25	THEOPHYLLINE 100MG ER TAB	78
<i>tacrolimus 1mg cap</i>	69	<i>terazosin 5mg cap</i>	25	THEOPHYLLINE 200MG ER TAB	79
<i>tacrolimus 5mg cap</i>	69	<i>terbinafine 250mg tab</i>	22	<i>theophylline 300mg er tab</i>	79
<i>tadalafil 2.5mg tab</i>	62	<i>terconazole 0.4% vaginal cream</i>	81	<i>theophylline 400mg er tab</i>	79
<i>tadalafil 20mg tab</i>	78	<i>terconazole 0.8% vaginal cream</i>	81	<i>theophylline 450mg er tab</i>	79
<i>tadalafil 5mg tab</i>	62	<i>terconazole 80mg vaginal insert</i>	81	<i>theophylline 600mg er tab</i>	79
TAFINLAR 10MG TAB FOR ORAL SUSP	34	<i>teriflunomide 14mg tab</i>	77	<i>thioridazine 100mg tab</i>	41
TAFINLAR 50MG CAP	35	<i>teriflunomide 7mg tab</i>	77	<i>thioridazine 10mg tab</i>	41
TAFINLAR 75MG CAP	35	TERIPARATIDE	56	<i>thioridazine 25mg tab</i>	41
TAGRISSO 40MG TAB	30	620MCG/2.48ML PEN INJ		<i>thioridazine 50mg tab</i>	41
TAGRISSO 80MG TAB	30	<i>testosterone 1% (12.5mg/act) topical gel pump</i>	5	<i>thiothixene 10mg cap</i>	38
TALZENNA 0.1MG CAP	35			<i>thiothixene 1mg cap</i>	38
TALZENNA 0.25MG CAP	35			<i>thiothixene 2mg cap</i>	38
TALZENNA 0.35MG CAP	35			<i>thiothixene 5mg cap</i>	38
TALZENNA 0.5MG CAP	35				
TALZENNA 0.75MG CAP	35				
TALZENNA 1MG CAP	35				

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

ALPHABETICAL LISTING OF DRUGS

<i>tiadylt 120mg er (24hr)</i>	47	<i>tobramycin 80mg/2ml inj</i>	2	<i>tramadol/acetaminophen</i>	5
<i>cap</i>		<i>tolterodine tartrate 1mg</i>	62	<i>37.5-325mg tab</i>	
<i>tiadylt 180mg er (24hr)</i>	47	<i>tab</i>		<i>trandolapril 1mg tab</i>	24
<i>cap</i>		<i>tolterodine tartrate 2mg</i>	62	<i>trandolapril 2mg tab</i>	24
<i>tiadylt 240mg er (24hr)</i>	47	<i>er cap</i>		<i>trandolapril 4mg tab</i>	24
<i>cap</i>		<i>tolterodine tartrate 2mg</i>	62	<i>tranexamic acid 650mg</i>	64
<i>tiadylt 300mg er (24hr)</i>	47	<i>tab</i>		<i>tab</i>	
<i>cap</i>		<i>tolterodine tartrate 4mg</i>	62	<i>tranylcypromine 10mg</i>	15
<i>tiadylt 360mg er (24hr)</i>	48	<i>er cap</i>		<i>tab</i>	
<i>cap</i>		<i>tolvaptan 15mg tab</i>	57	TRAVASOL 10% INJ	71
<i>tiadylt 420mg er (24hr)</i>	48	<i>tolvaptan 15mg tab</i>	57	<i>travoprost 0.004% ophth</i>	73
<i>cap</i>		<i>therapy pack (56)</i>		<i>soln</i>	
<i>tiagabine 12mg tab</i>	14	<i>tolvaptan 15mg/30mg tab</i>	57	<i>trazodone 100mg tab</i>	15
<i>tiagabine 16mg tab</i>	14	<i>pack (56)</i>		<i>trazodone 150mg tab</i>	15
<i>tiagabine 2mg tab</i>	14	<i>tolvaptan 15mg/45mg tab</i>	57	<i>trazodone 50mg tab</i>	15
<i>tiagabine 4mg tab</i>	14	<i>pack (56)</i>		TRELEGY ELLIPTA	9
TIBSOVO 250MG TAB	35	<i>tolvaptan 30mg tab</i>	57	100-62.5-25MCG	
<i>ticagrelor 60mg tab</i>	63	<i>tolvaptan 30mg/60mg tab</i>	57	POWDER INHALER	
<i>ticagrelor 90mg tab</i>	63	<i>pack (56)</i>		TRELEGY ELLIPTA	9
TICOVAC	66	<i>topiramate 100mg tab</i>	13	200-62.5-25MCG	
1.2MCG/0.25ML		<i>topiramate 15mg cap</i>	13	POWDER INHALER	
SYRINGE		<i>topiramate 200mg tab</i>	13	TRELSTAR 11.25MG INJ	31
TICOVAC 2.4MCG/0.5ML	66	<i>topiramate 25mg cap</i>	13	TRELSTAR 22.5MG INJ	31
SYRINGE		<i>topiramate 25mg tab</i>	13	TRELSTAR 3.75MG INJ	31
<i>tigecycline 50mg inj</i>	28	<i>topiramate 25mg/ml oral</i>	13	TREMFYA 100MG/ML	52
<i>timolol 0.25% ophth gel</i>	72	<i>soln</i>		AUTO-INJECTOR	
<i>timolol 0.25% ophth soln</i>	72	<i>topiramate 50mg tab</i>	13	TREMFYA 100MG/ML	52
<i>timolol 0.5% ophth gel</i>	72	<i>toremifene 60mg tab</i>	31	SYRINGE	
<i>timolol 0.5% ophth soln</i>	72	<i>torsemide 100mg tab</i>	55	TREMFYA 200MG/2ML	62
<i>timolol 10mg tab</i>	47	<i>torsemide 10mg tab</i>	55	AUTO-INJECTOR	
<i>timolol 5mg tab</i>	47	<i>torsemide 20mg tab</i>	55	TREMFYA 200MG/2ML	62
<i>tinidazole 250mg tab</i>	28	<i>torsemide 5mg tab</i>	55	AUTO-INJECTOR	
<i>tinidazole 500mg tab</i>	28	TOUJEO 300UNIT/ML	20	INDUCTION PACK FOR	
TIVICAY 50MG TAB	44	PEN INJ (1.5ML)		CROHNS (2)	
TIVICAY 5MG TAB FOR	44	TOUJEO MAX	20	TREMFYA 200MG/2ML	62
ORAL SUSP		300UNIT/ML PEN INJ		SYRINGE	
<i>tizanidine 2mg tab</i>	42	(3ML)		TRESIBA 100UNIT/ML	20
<i>tizanidine 4mg tab</i>	42	TPN ELECTROLYTES INJ	71	INJ	
<i>tobramycin 0.3% ophth</i>	72	TRADJENTA 5MG TAB	18	TRESIBA 100UNIT/ML	20
<i>soln</i>		<i>tramadol 100mg er tab</i>	4	PEN INJ (3ML)	
TOBRAMYCIN	2	<i>tramadol 200mg er tab</i>	4	TRESIBA 200UNIT/ML	20
10MG/ML INJ		<i>tramadol 300mg er tab</i>	4	PEN INJ (3ML)	
<i>tobramycin 300mg/5ml</i>	2	<i>tramadol 50mg tab</i>	4	<i>tretinoin 0.01% topical</i>	51
<i>inh soln</i>				<i>gel</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>tretinoin 0.025% topical cream</i>	51	TRIJARDY XR	18	TRULICITY	19
<i>tretinoin 0.025% topical gel</i>	51	5-2.5-1000MG TAB		1.5MG/0.5ML	
<i>tretinoin 0.05% topical cream</i>	51	TRIKAFTA	79	AUTO-INJECTOR	
<i>tretinoin 0.1% topical cream</i>	51	100-50-75MG/150MG		TRULICITY 3MG/0.5ML	19
<i>tretinoin 10mg cap</i>	36	TAB PACK (84)		AUTO-INJECTOR	
<i>triamcinolone acetonide 0.025% topical cream</i>	53	TRIKAFTA	79	TRULICITY	19
<i>triamcinolone acetonide 0.025% topical lotion</i>	54	100-50-75MG/75MG		4.5MG/0.5ML	
<i>triamcinolone acetonide 0.025% topical ointment</i>	54	ORAL GRANULES PACK		AUTO-INJECTOR	
<i>triamcinolone acetonide 0.1% oral paste</i>	50	(56)		TRUMENBA SYRINGE	66
<i>triamcinolone acetonide 0.1% topical cream</i>	54	TRIKAFTA	79	TRUQAP 160MG TAB	35
<i>triamcinolone acetonide 0.1% topical lotion</i>	54	50-37.5-25MG/75MG		TRUQAP 200MG TAB	35
<i>triamcinolone acetonide 0.1% topical ointment</i>	54	TAB PACK (84)		TUKYSA 150MG TAB	36
<i>triamcinolone acetonide 0.5% topical cream</i>	54	TRIKAFTA	79	TUKYSA 50MG TAB	36
<i>triamcinolone acetonide 0.5% topical ointment</i>	54	80-40-60MG/59.5MG		TURALIO 125MG CAP	35
<i>trientine 250mg cap</i>	68	ORAL GRANULES PACK		<i>turqoz tab 28-day pack</i>	60
<i>tri-estarylla tab 28-day pack</i>	60	(56)		TWINRIX SYRINGE	66
<i>trifluoperazine 10mg tab</i>	41	<i>tri-lo- estarylla tab</i>	60	TYBOST 150MG TAB	44
<i>trifluoperazine 1mg tab</i>	41	<i>28-day pack</i>		TYENNE 162MG/0.9ML	69
<i>trifluoperazine 2mg tab</i>	41	<i>tri-lo-sprintec tab 28-day pack</i>	60	AUTO-INJECTOR	
<i>trifluoperazine 5mg tab</i>	41	<i>trimethoprim 100mg tab</i>	28	TYENNE 162MG/0.9ML	69
TRIFLURIDINE 1%	72	<i>tri-mili tab 28-day pack</i>	60	SYRINGE	
OPHTH SOLN		<i>trimipramine 100mg cap</i>	17	TYMLOS	56
<i>trihexyphenidyl 2mg tab</i>	37	<i>trimipramine 25mg cap</i>	17	3120MCG/1.56ML PEN	
<i>trihexyphenidyl 5mg tab</i>	37	<i>trimipramine 50mg cap</i>	17	INJ	
TRIJARDY XR	18	TRINTELLIX 10MG TAB	15	TYPHIM VI	66
10-5-1000MG TAB		TRINTELLIX 20MG TAB	15	25MCG/0.5ML INJ	
TRIJARDY XR	18	TRINTELLIX 5MG TAB	15	TYPHIM VI	66
12.5-2.5-1000MG TAB		<i>tri-sprintec tab 28-day pack</i>	60	25MCG/0.5ML SYRINGE	
TRIJARDY XR	18	<i>tri-vylibra lo tab 28-day pack</i>	60		
25-5-1000MG TAB		<i>trospium chloride 20mg tab</i>	62	U	
		TRULANCE 3MG TAB	67	UBRELVY 100MG TAB	68
		TRULICITY	19	UBRELVY 50MG TAB	68
		0.75MG/0.5ML		<i>ursodiol 250mg tab</i>	61
		AUTO-INJECTOR		<i>ursodiol 300mg cap</i>	61
				<i>ursodiol 500mg tab</i>	61
				USTEKINUMAB	52
				45MG/0.5ML INJ	
				USTEKINUMAB	52
				45MG/0.5ML SYRINGE	
				USTEKINUMAB	52
				90MG/ML SYRINGE	
				V	
				<i>valacyclovir 1000mg tab</i>	45
				<i>valacyclovir 500mg tab</i>	45

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

VALCHLOR 0.016% TOPICAL GEL	52	<i>varenicline 1mg tab</i>	77	VERAPAMIL 360MG ER CAP	48
<i>valganciclovir 450mg tab</i>	45	<i>varenicline 1mg tab pack</i>	77	<i>verapamil 40mg tab</i>	48
<i>valganciclovir 50mg/ml oral soln</i>	45	(56)		<i>verapamil 80mg tab</i>	48
<i>valproic acid 250mg cap</i>	14	VARIVAX	67	VERQUVO 10MG TAB	49
<i>valproic acid 50mg/ml oral soln</i>	14	1350PFU/0.5ML INJ		VERQUVO 2.5MG TAB	49
<i>valsartan 160mg tab</i>	25	VAXCHORA ORAL SUSP	67	VERQUVO 5MG TAB	49
<i>valsartan 320mg tab</i>	25	VELIVET TAB 28-DAY PACK	60	VERSACLOZ 50MG/ML ORAL SUSP	40
<i>valsartan 40mg tab</i>	25	VELTASSA 16.8GM	70	VERZENIO 100MG TAB	35
<i>valsartan 80mg tab</i>	25	POWDER FOR ORAL SUSP		VERZENIO 150MG TAB	35
VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	11	VELTASSA 1GM	70	VERZENIO 200MG TAB	35
VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	11	POWDER FOR ORAL SUSP		VERZENIO 50MG TAB	35
VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	11	VELTASSA 25.2GM	70	<i>vestura tab 3-0.02mg 28-day pack</i>	60
VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	11	POWDER FOR ORAL SUSP		<i>vienna tab 28-day pack</i>	60
<i>valtya tab 1/50 28-day pack</i>	60	VELTASSA 8.4GM	70	<i>vigabatrin 500mg powder for oral soln</i>	14
<i>vancomycin 100mg/ml inj</i>	28	POWDER FOR ORAL SUSP		<i>vigabatrin 500mg tab</i>	14
<i>vancomycin 125mg cap</i>	28	VENCLEXTA 100MG TAB	36	VIGAFYDE 100MG/ML ORAL SOLN	14
<i>vancomycin 1gm inj</i>	28	VENCLEXTA 10MG TAB	36	<i>vigpoder 500mg powder for oral soln</i>	14
<i>vancomycin 250mg cap</i>	28	VENCLEXTA 50MG TAB	36	<i>vilazodone 10mg tab</i>	16
<i>vancomycin 500mg inj</i>	28	VENCLEXTA TAB	36	<i>vilazodone 20mg tab</i>	16
<i>vancomycin 750mg inj</i>	28	STARTER PACK (42)		<i>vilazodone 40mg tab</i>	16
VANFLYTA 17.7MG TAB	35	<i>venlafaxine 100mg tab</i>	16	VIMKUNYA	67
VANFLYTA 26.5MG TAB	35	<i>venlafaxine 150mg er cap</i>	16	40MCG/0.8ML SYRINGE	
VAQTA 25UNIT/0.5ML INJ	67	<i>venlafaxine 25mg tab</i>	16	VIRACEPT 250MG TAB	44
VAQTA 25UNIT/0.5ML SYRINGE	67	<i>venlafaxine 37.5mg er cap</i>	16	VIRACEPT 625MG TAB	44
VAQTA 50UNIT/ML INJ	67	<i>venlafaxine 37.5mg tab</i>	16	VIREAD 150MG TAB	44
VAQTA 50UNIT/ML SYRINGE	67	<i>venlafaxine 50mg tab</i>	16	VIREAD 200MG TAB	44
<i>varenicline 0.5mg tab</i>	77	<i>venlafaxine 75mg er cap</i>	16	VIREAD 250MG TAB	44
<i>varenicline 0.5mg/1mg first month pack (53)</i>	77	<i>venlafaxine 75mg tab</i>	16	VIREAD 40MG/GM ORAL POWDER	44
		VENTOLIN 108MCG HFA INHALER	9	VITRAKVI 100MG CAP	35
		<i>verapamil 120mg er cap</i>	48	VITRAKVI 20MG/ML ORAL SOLN	35
		<i>verapamil 120mg er tab</i>	48	VITRAKVI 25MG CAP	35
		<i>verapamil 120mg tab</i>	48	VIVITROL 380MG INJ	21
		<i>verapamil 180mg er cap</i>	48	VIVOTIF DR CAP	67
		<i>verapamil 180mg er tab</i>	48	VIZIMPRO 15MG TAB	30
		<i>verapamil 240mg er cap</i>	48	VIZIMPRO 30MG TAB	30
		<i>verapamil 240mg er tab</i>	48	VIZIMPRO 45MG TAB	30

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ALPHABETICAL LISTING OF DRUGS

VONJO 100MG CAP	35	WYOST 120MG/1.7ML	56	XELJANZ XR 22MG TAB	3
VORANIGO 10MG TAB	35	INJ		XERMELO 250MG TAB	21
VORANIGO 40MG TAB	35	X		XIFAXAN 550MG TAB	28
<i>voriconazole 200mg inj</i>	22	XALKORI 150MG ORAL	35	XIGDUO XR 10-1000MG	18
<i>voriconazole 200mg tab</i>	22	PELLET		TAB	
<i>voriconazole 40mg/ml</i>	22	XALKORI 200MG CAP	35	XIGDUO XR 10-500MG	18
<i>oral susp</i>		XALKORI 20MG ORAL	35	TAB	
<i>voriconazole 50mg tab</i>	22	PELLET		XIGDUO XR	18
VOSEVI 400-100-100MG	45	XALKORI 250MG CAP	35	2.5-1000MG TAB	
TAB		XALKORI 50MG ORAL	35	XIGDUO XR 5-1000MG	18
VOWST 30000000UNIT	61	PELLET		TAB	
CAP		XARELTO 10MG TAB	10	XIGDUO XR 5-500MG	18
VRAYLAR 1.5MG CAP	38	XARELTO 15MG TAB	10	TAB	
VRAYLAR 3MG CAP	38	XARELTO 1MG/ML	10	XIIDRA 5% OPHTH	73
VRAYLAR 4.5MG CAP	38	ORAL SUSP		SOLN	
VRAYLAR 6MG CAP	38	XARELTO 2.5MG TAB	10	XOFLUZA 40MG TAB	45
<i>vyfemla tab 28-day pack</i>	60	XARELTO 20MG TAB	10	XOFLUZA 80MG TAB	45
<i>vylibra tab 28-day pack</i>	60	XARELTO TAB STARTER	10	XOLAIR 150MG INJ	7
W		PACK (51)		XOLAIR 150MG/ML	7
<i>warfarin sodium 10mg</i>	10	XATMEP 2.5MG/ML	29	AUTO-INJECTOR	
<i>tab</i>		ORAL SOLN		XOLAIR 150MG/ML	7
<i>warfarin sodium 1mg tab</i>	10	XCOPRI 100MG TAB	13	SYRINGE	
<i>warfarin sodium 2.5mg</i>	10	XCOPRI 150MG TAB	13	XOLAIR 300MG/2ML	7
<i>tab</i>		XCOPRI 200MG TAB	13	AUTO-INJECTOR	
<i>warfarin sodium 2mg tab</i>	10	XCOPRI 25MG TAB	13	XOLAIR 300MG/2ML	7
<i>warfarin sodium 3mg tab</i>	10	XCOPRI 50MG TAB	13	SYRINGE	
<i>warfarin sodium 4mg tab</i>	10	XCOPRI TAB 100/150MG	13	XOLAIR 75MG/0.5ML	7
<i>warfarin sodium 5mg tab</i>	10	MAINTENANCE PACK		AUTO-INJECTOR	
<i>warfarin sodium 6mg tab</i>	10	(56)		XOLAIR 75MG/0.5ML	7
<i>warfarin sodium 7.5mg</i>	10	XCOPRI TAB 12.5/25MG	13	SYRINGE	
<i>tab</i>		TITRATION PACK (28)		XOSPATA 40MG TAB	35
WELIREG 40MG TAB	36	XCOPRI TAB 150/200MG	13	XPOVIO TAB 100MG	36
WINREVAIR 45MG INJ	78	PACK (56)		ONCE WEEKLY CARTON	
WINREVAIR 45MG INJ	78	XCOPRI TAB 150/200MG	13	(8)	
(2 VIAL PACK)		TITRATION PACK (28)		XPOVIO TAB 40MG	36
WINREVAIR 60MG INJ	78	XCOPRI TAB 50/100MG	14	ONCE WEEKLY CARTON	
WINREVAIR 60MG INJ	78	TITRATION PACK (28)		(16)	
(2 VIAL PACK)		XDEMVI 0.25% OPHTH	72	XPOVIO TAB 40MG	36
<i>wixela 100-50mcg</i>	9	SOLN		ONCE WEEKLY CARTON	
<i>powder inhaler</i>		XELJANZ 10MG TAB	2	(4)	
<i>wixela 250-50mcg</i>	9	XELJANZ 1MG/ML	2	XPOVIO TAB 40MG	36
<i>powder inhaler</i>		ORAL SOLN		TWICE WEEKLY	
<i>wixela 500-50mcg</i>	9	XELJANZ 5MG TAB	2	CARTON (8)	
<i>powder inhaler</i>		XELJANZ XR 11MG TAB	2		

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

ALPHABETICAL LISTING OF DRUGS

XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)	36	<i>zidovudine 10mg/ml oral soln</i>	44
XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)	36	<i>zidovudine 300mg tab</i>	44
XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	36	<i>ziprasidone 20mg cap</i>	39
XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)	36	<i>ziprasidone 20mg inj</i>	39
XTANDI 40MG CAP	31	<i>ziprasidone 40mg cap</i>	39
XTANDI 40MG TAB	31	<i>ziprasidone 60mg cap</i>	39
XTANDI 80MG TAB	31	<i>ziprasidone 80mg cap</i>	39
<i>xulane 150-35mcg/24hr patch</i>	60	ZOLINZA 100MG CAP	35
Y		<i>zolmitriptan 2.5mg tab</i>	68
YESINTEK 90MG/ML SYRINGE	52	<i>zolmitriptan 5mg tab</i>	68
YF-VAX INJ	67	<i>zolpidem tartrate 10mg tab</i>	65
<i>yuvaferm 10mcg vaginal insert</i>	82	<i>zolpidem tartrate 12.5mg er tab</i>	65
Z		<i>zolpidem tartrate 5mg tab</i>	65
<i>zafemy 150-35mcg/24hr patch</i>	60	<i>zolpidem tartrate 6.25mg er tab</i>	65
<i>zafirlukast 10mg tab</i>	8	ZONISADE 100MG/5ML ORAL SUSP	13
<i>zafirlukast 20mg tab</i>	8	<i>zonisamide 100mg cap</i>	13
<i>zaleplon 10mg cap</i>	65	<i>zonisamide 25mg cap</i>	13
<i>zaleplon 5mg cap</i>	65	<i>zonisamide 50mg cap</i>	13
ZAVZPRET 10MG/ACT NASAL SPRAY	68	<i>zovia 1mg-35mcg tab 28-day pack</i>	60
ZEJULA 100MG TAB	35	ZTALMY 50MG/ML ORAL SUSP	13
ZEJULA 200MG TAB	35	ZURZUVAE 20MG CAP	14
ZEJULA 300MG TAB	35	ZURZUVAE 25MG CAP	14
ZELBORAF 240MG TAB	35	ZURZUVAE 30MG CAP	14
<i>zenatane 10mg cap</i>	51	ZYDELIG 100MG TAB	35
<i>zenatane 20mg cap</i>	51	ZYDELIG 150MG TAB	35
<i>zenatane 30mg cap</i>	51	ZYKADIA 150MG TAB	35
<i>zenatane 40mg cap</i>	51		
ZERBAXA 1000-500MG INJ	28		
<i>zidovudine 100mg cap</i>	44		

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

2026 Contract Disclaimers:

American Health Advantage of Florida (HMO I-SNP), offered by American Health Plan of Florida, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Florida (HMO I-SNP) depends on contract renewal.

Georgia Health Advantage (HMO I-SNP), offered by Georgia Assurance, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Georgia Health Advantage (HMO I-SNP) depends on contract renewal.

Georgia Health Advantage Choice (HMO I-SNP), offered by Georgia Assurance, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Georgia Health Advantage Choice (HMO I-SNP) depends on contract renewal.

Iowa Health Advantage (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Iowa Health Advantage (HMO I-SNP) depends on contract renewal.

Iowa Health Advantage Choice (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Iowa Health Advantage Choice (HMO I-SNP) depends on contract renewal.

American Health Advantage of Idaho (HMO I-SNP), offered by American Health Plan of Utah, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Idaho (HMO I-SNP) depends on contract renewal.

American Health Advantage of Indiana (HMO I-SNP), offered by American Health Plan of Indiana, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Indiana (HMO I-SNP) depends on contract renewal.

American Health Advantage of Louisiana (HMO I-SNP), offered by Dignity Care Corporation, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Louisiana (HMO I-SNP) depends on contract renewal.

American Health Advantage of Missouri American Health Advantage of Missouri (HMO I-SNP), offered by American Health Plan of Missouri, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Missouri (HMO I-SNP) depends on contract renewal.

American Health Advantage of Missouri Choice (HMO I-SNP), offered by American Health Plan of Missouri, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Missouri Choice (HMO I-SNP) depends on contract renewal.

American Health Advantage of Mississippi (HMO I-SNP), offered by American Health Plan of Mississippi, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Mississippi (HMO I-SNP) depends on contract renewal.

American Health Advantage of Oklahoma (HMO I-SNP), offered by Oklahoma Superior Select, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Oklahoma (HMO I-SNP) depends on contract renewal.

American Health Advantage of Pennsylvania (HMO I-SNP), offered by American Health Plan Of Pennsylvania, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Pennsylvania (HMO I-SNP) depends on contract renewal.

American Health Advantage of Tennessee (HMO I-SNP), offered by American Health Plan, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Tennessee (HMO I-SNP) depends on contract renewal.

American Health Advantage of Texas (HMO I-SNP), offered by American Health Plan of Texas, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Texas (HMO I-SNP) depends on contract renewal.

American Health Advantage of Utah (HMO I-SNP), offered by American Health Plan of Utah, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Utah (HMO I-SNP) depends on contract renewal.

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Our Plan Member Services, at number below or, for TTY/ TDD:1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or Website below.

Plan Name	Member Services	Website
American Health Advantage of Oklahoma (HMO I-SNP)	866-583-4649	OK.AmHealthPlans.com
American Health Advantage of Utah (HMO I-SNP)	855-521-0627	UT.AmHealthPlans.com
American Health Advantage of Idaho (HMO I-SNP)	855-521-0627	ID.AmHealthPlans.com
American Health Advantage of Missouri (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Missouri Choice (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Florida (HMO I-SNP)	855-521-0626	FL.AmHealthPlans.com
Iowa Health Advantage (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com
Iowa Health Advantage Choice (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com
American Health Advantage of Texas (HMO I-SNP)	855-521-0628	TX.AmHealthPlans.com
American Health Advantage of Tennessee (HMO I-SNP)	844-321-1763	TN.AmHealthPlans.com
Georgia Health Advantage (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
Georgia Health Advantage Choice (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com
American Health Advantage of Indiana (HMO I-SNP)	844-657-0447	IN.AmHealthPlans.com
American Health Advantage of Mississippi (HMO I-SNP)	844-917-0642	MS.AmHealthPlans.com
American Health Advantage of Pennsylvania (HMO I-SNP)	855-239-1022	PA.AmhealthPlans.com