



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)
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American Health Advantage of Ohio (HMO I-SNP)
American Health Advantage of Mississippi (HMO I-SNP)
American Health Advantage of Pennsylvania (HMO I-SNP)

2027 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 27251, Version Number 7

This formulary was updated on 09/23/2026. 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 8:00P.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 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
Nebraska Health Advantage (HMO I-SNP)	866-327-0523	NebraskaHealthAdvantage.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
American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com
American Health Advantage of Louisiana Choice (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 Kentucky (HMO I-SNP)	844-657-0447	KY.AmHealthPlans.com
American Health Advantage of Ohio (HMO I-SNP)	844-657-0447	OH.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, 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), Nebraska Health Advantage (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Louisiana Choice (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Kentucky (HMO I-SNP), American Health Advantage of Ohio (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 01/01/2027. 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, 2027, 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), Nebraska Health Advantage (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Louisiana Choice (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Kentucky (HMO I-SNP), American Health Advantage of Ohio (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
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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
Nebraska Health Advantage (HMO I-SNP)	866-327-0523	NebraskaHealthAdvantage.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
American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com
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American Health Advantage of Kentucky (HMO I-SNP)	844-657-0447	KY.AmHealthPlans.com
American Health Advantage of Ohio (HMO I-SNP)	844-657-0447	OH.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 with the same or fewer restrictions. 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 but immediately add new restrictions.

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), Nebraska Health Advantage (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Louisiana Choice (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Kentucky (HMO I-SNP), American Health Advantage of Ohio (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), Nebraska Health Advantage (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Louisiana Choice (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Kentucky (HMO I-SNP), American Health Advantage of Ohio (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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 01/01/2027. 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 84. 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, Section 3.1, “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), Nebraska Health Advantage (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Louisiana Choice (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Kentucky (HMO I-SNP), American Health Advantage of Ohio (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 84.

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 2mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>methylphenidate 36mg er osmotic tab</i>	1	
<i>methylphenidate 54mg er osmotic 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
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
<i>tofacitinib 10mg tab</i>	1	PA QL=60 EA/30 Days
<i>tofacitinib 11mg er tab</i>	1	NDS PA QL=30 EA/30 Days
<i>tofacitinib 1mg/ml oral soln</i>	1	NDS PA QL=300 ML/30 Days
<i>tofacitinib 22mg er tab</i>	1	NDS PA QL=30 EA/30 Days
<i>tofacitinib 5mg tab</i>	1	PA QL=60 EA/30 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

You can find information 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>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	
<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 - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>acetaminophen/butalbital 325-50mg tab</i>	1	
<i>acetaminophen/butalbital/caffeine 325-50-40mg tab</i>	1	
ANALGESICS - OPIOID		
OPIOID 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 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>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 37.5mcg/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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate 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
MORPHINE SULFATE 20MG/5ML ORAL SOLN	1	QL=900 ML/30 Days
<i>morphine sulfate 20mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>morphine sulfate 2mg/ml oral soln</i>	1	QL=1800 ML/30 Days
<i>morphine sulfate 30mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 30mg tab</i>	1	QL=180 EA/30 Days
<i>morphine sulfate 60mg er tab</i>	1	QL=120 EA/30 Days
<i>oxycodone 10mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 15mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 1mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>oxycodone 20mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol 100mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 200mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 300mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 50mg tab</i>	1	QL=240 EA/30 Days
OPIOID COMBINATIONS		
<i>acetaminophen/butalbital/cafeine/codeine phosphate 325-50-40-30mg cap</i>	1	
ACETAMINOPHEN/CODEINE PHOSPHATE 120-12MG/5ML ORAL SOLN	1	QL=4980 ML/30 Days
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	1	QL=390 EA/30 Days
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	1	QL=390 EA/30 Days
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	1	QL=390 EA/30 Days
<i>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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone 1% (25mg/2.5gm) topical gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (50mg/5gm) 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
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
<i>hydrocortisone 1.67mg/ml enema</i>	1	
<i>hydrocortisone 2.5% perianal cream</i>	1	QL=60 GM/30 Days
<i>nitroglycerin 0.4% rectal ointment</i>	1	QL=30 GM/30 Days
<i>procto-med hc 2.5% perianal cream</i>	1	QL=60 GM/30 Days
<i>proctosol 2.5% perianal cream</i>	1	QL=60 GM/30 Days
<i>proctozone hc 2.5% perianal cream</i>	1	QL=60 GM/30 Days
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333mg dr tab</i>	1	
<i>disulfiram 250mg tab</i>	1	
<i>naltrexone 50mg tab</i>	1	
VIVITROL 380MG INJ	1	NDS
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine 2mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine 8mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 12-3mg sl film</i>	1	QL=90 EA/30 Days
<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
OPIOID REVERSAL AGENTS		
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	
OPVEE 2.7MG/0.1ML NASAL SPRAY	1	
ZURNAI 1.5MG/0.5ML AUTO-INJECTOR	1	
SMOKING CESSATION AGENTS		
<i>bupropion (12hr) 150mg er tab</i>	1	
NICOTROL 10MG/ML NASAL INHALER	1	
<i>varenicline tab 0.5mg/1mg first month pack (53)</i>	1	QL=53 EA/28 Days
<i>varenicline tartrate 0.5mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline tartrate 1mg tab</i>	1	QL=56 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline tartrate 1mg tab pack (56)</i>	1	QL=56 EA/28 Days
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	
BENZODIAZEPINES		
<i>alprazolam 0.25mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 0.5mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 1mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 2mg tab</i>	1	QL=150 EA/30 Days
<i>chlordiazepoxide 10mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 25mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 5mg cap</i>	1	QL=120 EA/30 Days
<i>clorazepate dipotassium 15mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 3.75mg tab</i>	1	QL=90 EA/30 Days
<i>clorazepate dipotassium 7.5mg tab</i>	1	QL=180 EA/30 Days
<i>diazepam 10mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 1mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>diazepam 2mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>lorazepam 0.5mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 1mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg/ml oral soln</i>	1	QL=150 ML/30 Days
ANTIBACTERIALS		
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	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
TOBI PODHALER 28MG PACK (224)	1	NDS PA QL=224 EA/28 Days
TOBRAMYCIN 10MG/ML INJ	1	
<i>tobramycin 300mg/5ml neb soln</i>	1	PA QL=280 ML/28 Days
<i>tobramycin 80mg/2ml inj</i>	1	
ANTIBACTERIALS, OTHER		
<i>aztreonam 1gm inj</i>	1	
<i>aztreonam 2gm inj</i>	1	
CAYSTON 75MG/ML NEB SOLN	1	PA QL=84 ML/56 Days
CILASTATIN/IMIPENEM 250-250MG INJ	1	
<i>cilastatin/imipenem 500-500mg inj</i>	1	
<i>ciprofloxacin 250mg tab</i>	1	
CIPROFLOXACIN 2MG/ML INJ	1	
<i>ciprofloxacin 500mg tab</i>	1	
<i>ciprofloxacin 750mg tab</i>	1	
<i>clindamycin 150mg cap</i>	1	
<i>clindamycin 2% vaginal cream</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	
<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	
<i>ertapenem 1gm inj</i>	1	
<i>fosfomycin 3gm powder for oral soln</i>	1	
<i>levofloxacin 250mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levofloxacin 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	
<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 0.75% vaginal gel</i>	1	
<i>metronidazole 250mg tab</i>	1	
<i>metronidazole 500mg tab</i>	1	
<i>metronidazole 5mg/ml inj</i>	1	
<i>minocycline 100mg cap</i>	1	
<i>minocycline 50mg cap</i>	1	
<i>minocycline 75mg cap</i>	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
<i>moxifloxacin 400mg tab</i>	1	
<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 50mg cap</i>	1	
<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	
<i>tetracycline 250mg cap</i>	1	
<i>tetracycline 500mg cap</i>	1	
<i>tigecycline 50mg inj</i>	1	
<i>tinidazole 250mg tab</i>	1	
<i>tinidazole 500mg tab</i>	1	
<i>trimethoprim 100mg tab</i>	1	
TYZAVAN 1GM/200ML INJ	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 25mg/ml oral soln</i>	1	
<i>vancomycin 500mg inj</i>	1	
<i>vancomycin 50mg/ml oral soln</i>	1	
<i>vancomycin 750mg inj</i>	1	
XIFAXAN 200MG TAB	1	QL=9 EA/3 Days
XIFAXAN 550MG TAB	1	PA QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETA-LACTAM, CEPHALOSPORINS		
AVYCAZ 500-2000MG INJ	1	
CEFACLOR 250MG CAP	1	
CEFACLOR 500MG CAP	1	
<i>cefadroxil 100mg/ml oral susp</i>	1	
<i>cefadroxil 500mg cap</i>	1	
<i>cefadroxil 50mg/ml oral susp</i>	1	
<i>cefazolin 1gm inj</i>	1	
<i>cefazolin 200mg/ml inj</i>	1	
<i>cefazolin 500mg inj</i>	1	
<i>cefdinir 25mg/ml oral susp</i>	1	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml oral susp</i>	1	
<i>cefepime 1gm inj</i>	1	
<i>cefepime 2gm inj</i>	1	
<i>cefixime 400mg cap</i>	1	
<i>cefoxitin 1gm inj</i>	1	
<i>cefoxitin 200mg/ml inj</i>	1	
<i>cefoxitin 2gm inj</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>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>ceftaroline fosamil 400mg inj</i>	1	NDS
<i>ceftaroline fosamil 600mg inj</i>	1	NDS
<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>cefuroxime 1500mg inj</i>	1	
<i>cefuroxime 250mg tab</i>	1	
<i>cefuroxime 500mg tab</i>	1	
<i>cefuroxime 750mg 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tazicef 1gm inj</i>	1	
<i>tazicef 2gm inj</i>	1	
TAZICEF 6GM INJ	1	
ZERBAXA 1000-500MG INJ	1	
BETA-LACTAM, PENICILLINS		
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>amoxicillin/clavulanate 1000-62.5mg er tab</i>	1	
<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 100mg/ml inj</i>	1	
<i>ampicillin 1gm inj</i>	1	
<i>ampicillin 2gm inj</i>	1	
<i>ampicillin 500mg cap</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	
BICILLIN L-A 1200000UNIT/2ML SYRINGE	1	
BICILLIN L-A 2400000UNIT/4ML SYRINGE	1	
BICILLIN L-A 600000UNIT/ML SYRINGE	1	
<i>dicloxacillin 250mg cap</i>	1	
<i>dicloxacillin 500mg cap</i>	1	
<i>nafcillin 100mg/ml inj</i>	1	
<i>nafcillin 1gm inj</i>	1	
<i>nafcillin 2gm inj</i>	1	
<i>oxacillin 100mg/ml inj</i>	1	
<i>oxacillin 1gm inj</i>	1	
<i>oxacillin 2gm inj</i>	1	
<i>penicillin g potassium 1000000unit/ml inj</i>	1	
PENICILLIN G SODIUM 100000UNIT/ML INJ	1	
<i>penicillin v potassium 250mg 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
PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN	1	
<i>penicillin v potassium 500mg tab</i>	1	
PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	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	
MACROLIDES		
<i>azithromycin 20mg/ml oral susp</i>	1	
<i>azithromycin 250mg tab</i>	1	
<i>azithromycin 250mg tab pack (6)</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>clarithromycin 250mg tab</i>	1	
CLARITHROMYCIN 25MG/ML ORAL SUSP	1	
<i>clarithromycin 500mg tab</i>	1	
CLARITHROMYCIN 50MG/ML ORAL SUSP	1	
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
<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>fidaxomicin 200mg tab</i>	1	PA QL=20 EA/10 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
<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>dabigatran etexilate mesylate 110mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate mesylate 150mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate mesylate 75mg cap</i>	1	QL=60 EA/30 Days
<i>dipyridamole 25mg tab</i>	1	
<i>dipyridamole 50mg tab</i>	1	
<i>dipyridamole 75mg tab</i>	1	
ELIQUIS 0.15MG SPRINKLE CAP	1	QL=70 EA/28 Days
ELIQUIS 0.5MG TAB FOR ORAL SUSP DOSE PACK (112)	1	QL=560 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
ELIQUIS 0.5MG TAB FOR ORAL SUSP DOSE PACK (28)	1	QL=140 EA/28 Days
ELIQUIS 0.5MG TAB FOR ORAL SUSP DOSE PACK (84)	1	QL=420 EA/28 Days
ELIQUIS 2.5MG TAB	1	QL=60 EA/30 Days
ELIQUIS 5MG TAB	1	QL=74 EA/30 Days
ELIQUIS 5MG TAB 30-DAY STARTER PACK (74)	1	QL=74 EA/30 Days
<i>enoxaparin sodium 100mg/1ml syringe</i>	1	
<i>enoxaparin sodium 120mg/0.8ml syringe</i>	1	
<i>enoxaparin sodium 150mg/1ml syringe</i>	1	
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	1	
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	1	
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	1	
<i>enoxaparin sodium 80mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	1	
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	1	
<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	1	
<i>heparin sodium porcine 10000unit/ml inj</i>	1	
<i>heparin sodium porcine 1000unit/ml inj</i>	1	
<i>heparin sodium porcine 20000unit/ml inj</i>	1	
<i>heparin sodium porcine 5000unit/ml inj</i>	1	
<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>prasugrel 10mg tab</i>	1	QL=30 EA/30 Days
<i>prasugrel 5mg tab</i>	1	QL=30 EA/30 Days
<i>rivaroxaban 2.5mg tab</i>	1	QL=60 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
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO 10MG TAB	1	QL=30 EA/30 Days
XARELTO 15MG TAB	1	QL=60 EA/30 Days
XARELTO 20MG TAB	1	QL=30 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	QL=90 EA/30 Days
<i>clonazepam 0.25mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 2mg odt</i>	1	QL=300 EA/30 Days
<i>clonazepam 2mg tab</i>	1	QL=300 EA/30 Days
<i>diazepam 10mg/2ml rectal gel</i>	1	QL=10 EA/30 Days
<i>diazepam 2.5mg/0.5ml rectal gel</i>	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.		
<i>brivaracetam 100mg tab</i>	1	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 10mg tab</i>	1	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 10mg/ml oral soln</i>	1	PA_NSO QL=600 ML/30 Days
<i>brivaracetam 25mg tab</i>	1	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 50mg tab</i>	1	PA_NSO QL=60 EA/30 Days
<i>brivaracetam 75mg tab</i>	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	

You can find information 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>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
<i>gabapentin 100mg cap</i>	1	QL=360 EA/30 Days
<i>gabapentin 300mg cap</i>	1	QL=360 EA/30 Days
<i>gabapentin 400mg cap</i>	1	QL=270 EA/30 Days
<i>gabapentin 50mg/ml oral soln</i>	1	QL=2160 ML/30 Days
<i>gabapentin 600mg tab (neurontin equiv)</i>	1	QL=180 EA/30 Days
<i>gabapentin 800mg tab</i>	1	QL=135 EA/30 Days
<i>lacosamide 100mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 10mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>lacosamide 150mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 200mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 50mg tab</i>	1	QL=120 EA/30 Days
<i>lamotrigine 100mg er tab</i>	1	
<i>lamotrigine 100mg tab</i>	1	
<i>lamotrigine 150mg tab</i>	1	
<i>lamotrigine 200mg er tab</i>	1	
<i>lamotrigine 200mg tab</i>	1	
<i>lamotrigine 250mg er tab</i>	1	
<i>lamotrigine 25mg chew tab</i>	1	
<i>lamotrigine 25mg er tab</i>	1	
<i>lamotrigine 25mg tab</i>	1	
<i>lamotrigine 300mg er 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	

You can find information 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>oxcarbazepine 600mg tab</i>	1	
<i>oxcarbazepine 60mg/ml oral susp</i>	1	
<i>perampanel 0.5mg/ml oral susp</i>	1	PA_NSO QL=720 ML/30 Days
<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
PHENOBARBITAL 100MG TAB	1	
PHENOBARBITAL 15MG TAB	1	
PHENOBARBITAL 16.2MG TAB	1	
PHENOBARBITAL 30MG TAB	1	
PHENOBARBITAL 32.4MG TAB	1	
PHENOBARBITAL 4MG/ML ORAL SOLN	1	
PHENOBARBITAL 60MG TAB	1	
PHENOBARBITAL 64.8MG TAB	1	
PHENOBARBITAL 97.2MG TAB	1	
<i>phenytek 200mg er cap</i>	1	
<i>phenytek 300mg er cap</i>	1	
<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
SUBVENITE 10MG/ML ORAL SUSP	1	PA_NSO QL=2160 ML/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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>topiramate 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
XCOPRI TAB 50/100MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
GABA MODULATORS		
TIAGABINE 12MG TAB	1	
TIAGABINE 16MG TAB	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
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 tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion 75mg tab</i>	1	
<i>bupropion sr (12hr) 100mg tab</i>	1	
<i>bupropion sr (12hr) 150mg tab</i>	1	
<i>bupropion sr (12hr) 200mg tab</i>	1	
<i>bupropion xl (24hr) 150mg tab</i>	1	
<i>bupropion xl (24hr) 300mg tab</i>	1	
<i>mirtazapine 15mg odt</i>	1	
<i>mirtazapine 15mg tab</i>	1	
<i>mirtazapine 30mg odt</i>	1	
<i>mirtazapine 30mg tab</i>	1	
<i>mirtazapine 45mg odt</i>	1	
<i>mirtazapine 45mg tab</i>	1	
<i>mirtazapine 7.5mg tab</i>	1	
ZURZUVAE 20MG CAP	1	NDS PA_NSO QL=28 EA/14 Days
ZURZUVAE 25MG CAP	1	NDS PA_NSO QL=28 EA/14 Days
ZURZUVAE 30MG CAP	1	NDS PA_NSO QL=14 EA/14 Days
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM 12MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
EMSAM 6MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
EMSAM 9MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
MARPLAN 10MG TAB	1	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

You can find information 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>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		
EXXUA 18.2MG ER TAB	1	PA_NSO QL=30 EA/30 Days
EXXUA 18.2MG TAB TITRATION PACK (32)	1	PA_NSO QL=32 EA/180 Days
EXXUA 36.3MG ER TAB	1	PA_NSO QL=30 EA/30 Days
EXXUA 54.5MG ER TAB	1	PA_NSO QL=30 EA/30 Days
EXXUA 72.6MG ER TAB	1	PA_NSO QL=30 EA/30 Days
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	PA_NSO QL=30 EA/30 Days
TRINTELLIX 20MG TAB	1	PA_NSO QL=30 EA/30 Days
TRINTELLIX 5MG TAB	1	PA_NSO QL=30 EA/30 Days
<i>vilazodone 10mg tab</i>	1	QL=30 EA/30 Days
<i>vilazodone 20mg tab</i>	1	QL=30 EA/30 Days
<i>vilazodone 40mg tab</i>	1	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	

You can find information 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>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	
<i>desipramine 50mg tab</i>	1	
<i>desipramine 75mg tab</i>	1	
<i>doxepin 100mg cap</i>	1	
<i>doxepin 10mg cap</i>	1	
DOXEPIN 10MG/ML ORAL SOLN	1	
DOXEPIN 150MG CAP	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

You can find information 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>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>dapagliflozin/metformin 10-1000mg er tab</i>	1	QL=30 EA/30 Days
<i>dapagliflozin/metformin 10-500mg er tab</i>	1	QL=30 EA/30 Days
<i>dapagliflozin/metformin 5-1000mg er tab</i>	1	QL=60 EA/30 Days
<i>dapagliflozin/metformin 5-500mg er tab</i>	1	QL=30 EA/30 Days
<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	
<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
<i>metformin/sitagliptin phosphate 1000-100mg er tab</i>	1	QL=30 EA/30 Days
<i>metformin/sitagliptin phosphate 1000-50mg er tab</i>	1	QL=60 EA/30 Days
<i>metformin/sitagliptin phosphate 1000-50mg tab</i>	1	QL=60 EA/30 Days
<i>metformin/sitagliptin phosphate 500-50mg er tab</i>	1	QL=60 EA/30 Days
<i>metformin/sitagliptin phosphate 500-50mg tab</i>	1	QL=60 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 1MG/0.2ML INJ	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML SYRINGE	1	QL=.40 ML/7 Days
GVOKE HYPOPEN 0.5MG/0.1ML AUTO-INJECTOR	1	QL=.20 ML/7 Days
GVOKE HYPOPEN 1MG/0.2ML AUTO-INJECTOR	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

You can find information 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>repaglinide 2mg tab</i>	1	QL=240 EA/30 Days
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>sitagliptin phosphate 100mg tab</i>	1	QL=30 EA/30 Days
<i>sitagliptin phosphate 25mg tab</i>	1	QL=30 EA/30 Days
<i>sitagliptin phosphate 50mg tab</i>	1	QL=30 EA/30 Days
TRADJENTA 5MG TAB	1	QL=30 EA/30 Days
INCRETIN MIMETIC AGENTS		
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 1.5MG TAB	1	PA QL=30 EA/30 Days
OZEMPIC 2MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 4MG TAB	1	PA QL=30 EA/30 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
OZEMPIC 9MG 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 INJ	1	INS PA_BvD
FIASP 100UNIT/ML PEN CARTRIDGE	1	INS
FIASP FLEXTOUCH 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG 100UNIT/ML CARTRIDGE	1	INS
HUMALOG JUNIOR KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG KWIKPEN 200UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG MIX (50/50) KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG MIX (75/25) 100UNIT/ML INJ	1	INS
HUMALOG MIX (75/25) KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
HUMULIN (70/30) 100UNIT/ML INJ	1	INS
HUMULIN (70/30) KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
HUMULIN N 100UNIT/ML INJ	1	INS
HUMULIN N KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
HUMULIN R 100UNIT/ML INJ	1	INS
HUMULIN R U-500 KWIKPEN 500UNIT/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 GLARGINE MAX SOLOSTAR 300UNIT/ML PEN INJ (3ML)	1	INS
INSULIN GLARGINE SOLOSTAR 300UNIT/ML PEN INJ (1.5ML)	1	INS
INSULIN LISPRO 100UNIT/ML INJ	1	INS PA_BvD
INSULIN LISPRO JUNIOR KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO PROTAMINE HUMAN (75/25) 100UNIT/ML PEN INJ (3ML)	1	INS
LANTUS 100UNIT/ML INJ	1	INS
LANTUS SOLOSTAR 100UNIT/ML PEN INJ (3ML)	1	INS
LYUMJEV 100UNIT/ML INJ	1	INS PA_BvD
LYUMJEV KWIKPEN 100UNIT/ML PEN INJ (3ML)	1	INS
LYUMJEV KWIKPEN 200UNIT/ML PEN INJ (3ML)	1	INS
NOVOLIN MIX (70/30) 100UNIT/ML INJ	1	INS
NOVOLIN MIX (70/30) FLEXPEN 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLIN N 100UNIT/ML INJ	1	INS
NOVOLIN N FLEXPEN 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLIN R 100UNIT/ML INJ	1	INS
NOVOLIN R FLEXPEN 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLOG 100UNIT/ML CARTRIDGE	1	INS
NOVOLOG 100UNIT/ML INJ	1	INS PA_BvD
NOVOLOG FLEXPEN 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLOG MIX (70/30) 100UNIT/ML INJ	1	INS
NOVOLOG MIX (70/30) FLEXPEN 100UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA 100UNIT/ML INJ	1	INS
TRESIBA FLEXTOUCH 100UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA FLEXTOUCH 200UNIT/ML PEN INJ (3ML)	1	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>dapagliflozin 10mg tab</i>	1	QL=30 EA/30 Days
<i>dapagliflozin 5mg tab</i>	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	ST QL=30 EA/30 Days
JARDIANCE 25MG TAB	1	ST 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	

You can find information 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>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	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - 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	NDS PA QL=240 EA/30 Days
ANTIEMETICS		
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
<i>granisetron 1mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>meclizine 12.5mg tab</i>	1	
<i>meclizine 25mg tab</i>	1	
<i>ondansetron 0.8mg/ml oral soln</i>	1	PA_BvD QL=900 ML/30 Days
<i>ondansetron 4mg odt</i>	1	PA_BvD
<i>ondansetron 4mg tab</i>	1	PA_BvD
<i>ondansetron 8mg odt</i>	1	PA_BvD
<i>ondansetron 8mg tab</i>	1	PA_BvD
<i>scopolamine 1mg/72hr patch</i>	1	QL=10 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	
<i>fluconazole 200mg/100ml inj</i>	1	
<i>fluconazole 400mg/200ml 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>fluconazole 40mg/ml oral susp</i>	1	
<i>fluconazole 50mg tab</i>	1	
<i>flucytosine 250mg cap</i>	1	NDS
<i>flucytosine 500mg cap</i>	1	NDS
<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>micafungin sodium 100mg inj</i>	1	
<i>micafungin 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	NDS PA QL=630 ML/30 Days
<i>terbinafine 250mg tab</i>	1	QL=30 EA/30 Days
<i>terconazole 0.4% vaginal cream</i>	1	
<i>terconazole 0.8% vaginal cream</i>	1	
<i>terconazole 80mg vaginal insert</i>	1	
<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	NDS 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 0.5gm cap</i>	1	QL=120 EA/30 Days
<i>icosapent ethyl 1gm 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 SYRINGE	1	PA QL=2 ML/28 Days
REPATHA SURECLICK 140MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine 4gm powder for oral susp</i>	1	
<i>cholestyramine light 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/hydrochlorothiazide/olmesartan medoxomil 10-12.5-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-25-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-20mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-25-40mg tab</i>	1	QL=30 EA/30 Days
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine/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
<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>candesartan cilexetil/hydrochlorothiazide 16-12.5mg tab</i>	1	QL=30 EA/30 Days
<i>candesartan cilexetil/hydrochlorothiazide 32-12.5mg tab</i>	1	QL=30 EA/30 Days
<i>candesartan cilexetil/hydrochlorothiazide 32-25mg tab</i>	1	QL=30 EA/30 Days
<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/telmisartan 12.5-40mg 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>hydrochlorothiazide/telmisartan 12.5-80mg tab</i>	1	QL=60 EA/30 Days
<i>hydrochlorothiazide/telmisartan 25-80mg 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
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone 100mg tab</i>	1	
<i>dapsone 25mg tab</i>	1	
<i>ethambutol 100mg tab</i>	1	
<i>ethambutol 400mg tab</i>	1	
<i>isoniazid 100mg tab</i>	1	
<i>isoniazid 10mg/ml oral soln</i>	1	
<i>isoniazid 300mg tab</i>	1	
PRETOMANID 200MG TAB	1	QL=30 EA/30 Days
<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	
<i>rifapentine 150mg tab</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
<i>cyclophosphamide 50mg cap</i>	1	PA_BvD
CYCLOPHOSPHAMIDE 50MG TAB	1	PA_BvD
LEUKERAN 2MG TAB	1	NDS PA_NSO
<i>lomustine 100mg cap</i>	1	
<i>lomustine 10mg cap</i>	1	
<i>lomustine 40mg cap</i>	1	
ANTIMETABOLITES		
<i>mercaptopurine 2000mg/100ml oral 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	

You can find information 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>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
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIGARD 7.5MG SYRINGE	1	QL=1 EA/28 Days
ERLEADA 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ERLEADA 60MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
EULEXIN 125MG CAP	1	NDS QL=180 EA/30 Days
<i>exemestane 25mg tab</i>	1	QL=60 EA/30 Days
FIRMAGON 120MG INJ	1	PA_NSO QL=4 EA/365 Days
FIRMAGON 80MG INJ	1	PA_NSO QL=1 EA/28 Days
INLURIYO 200MG TAB	1	NDS PA_NSO QL=84 EA/28 Days
<i>letrozole 2.5mg tab</i>	1	QL=30 EA/30 Days
LIFYORLI CAP 125MG 1-DOSE SUPPLY PACK (2)	1	NDS PA_NSO QL=18 EA/28 Days
LIFYORLI CAP 125MG 3-DOSE SUPPLY PACK (6)	1	NDS PA_NSO QL=18 EA/28 Days
LIFYORLI CAP 125MG 9-DOSE SUPPLY PACK (18)	1	NDS PA_NSO QL=18 EA/28 Days
LIFYORLI CAP 150MG 1-DOSE SUPPLY PACK (3)	1	NDS PA_NSO QL=27 EA/28 Days
LIFYORLI CAP 150MG 3-DOSE SUPPLY PACK (9)	1	NDS PA_NSO QL=27 EA/28 Days
LIFYORLI CAP 150MG 9-DOSE SUPPLY PACK (27)	1	NDS PA_NSO QL=27 EA/28 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
NILUTAMIDE 150MG TAB	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 MIXJECT 11.25MG INJ	1	QL=1 EA/84 Days
TRELSTAR MIXJECT 22.5MG INJ	1	QL=1 EA/168 Days
TRELSTAR MIXJECT 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 - 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
<i>pomalidomide 1mg cap</i>	1	NDS PA_NSO QL=21 EA/28 Days
<i>pomalidomide 2mg cap</i>	1	NDS PA_NSO QL=21 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pomalidomide 3mg cap</i>	1	NDS PA_NSO QL=21 EA/28 Days
<i>pomalidomide 4mg cap</i>	1	NDS PA_NSO QL=21 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
THALOMID 100MG CAP	1	NDS QL=120 EA/30 Days
THALOMID 50MG CAP	1	NDS QL=240 EA/30 Days
ZENBEXUS 0.75MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
ZENBEXUS 1MG CAP	1	NDS PA_NSO QL=21 EA/28 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
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 50MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
<i>bosutinib 100mg tab</i>	1	NDS PA_NSO QL=90 EA/30 Days
<i>bosutinib 400mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>bosutinib 500mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
BRAFTOVI 75MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
BRUKINSA 160MG TAB	1	NDS PA_NSO QL=60 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
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

You can find information 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>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
ENSACOVE 100MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
ENSACOVE 25MG CAP	1	NDS PA_NSO QL=60 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
HYRNUO 10MG TAB	1	NDS PA_NSO QL=120 EA/30 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 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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
JIDEYTRO 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
JIDEYTRO 25MG TAB	1	NDS PA_NSO QL=90 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
KOSELUGO 5MG SPRINKLE CAP	1	NDS PA_NSO QL=600 EA/30 Days
KOSELUGO 7.5MG SPRINKLE CAP	1	NDS PA_NSO QL=360 EA/30 Days
KRAZATI 200MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
<i>lapatinib ditosylate 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 DAILY DOSE PACK (21)	1	NDS PA_NSO QL=84 EA/28 Days
LYTGOBI TAB 16MG DAILY DOSE PACK (28)	1	NDS PA_NSO QL=112 EA/28 Days
LYTGOBI TAB 20MG DAILY 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
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

You can find information 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 (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 PELLETT	1	NDS PA_NSO QL=336 EA/28 Days
RUBRACA 200MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 250MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 300MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RYDAPT 25MG CAP	1	NDS PA_NSO QL=224 EA/28 Days
SCEMBLIX 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
SCEMBLIX 20MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
SCEMBLIX 40MG TAB	1	NDS PA_NSO QL=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 malate 12.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib malate 25mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib malate 37.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib malate 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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TALZENNA 0.35MG 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
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 PELLETT	1	NDS PA_NSO QL=180 EA/30 Days
XALKORI 200MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
XALKORI 20MG ORAL PELLETT	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 250MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 50MG ORAL PELLETT	1	NDS PA_NSO QL=120 EA/30 Days
XOSPATA 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
yulithira 10mg tab	1	PA_NSO QL=30 EA/30 Days
yulithira 2.5mg tab	1	PA_NSO QL=30 EA/30 Days
yulithira 5mg tab	1	PA_NSO QL=30 EA/30 Days
yulithira 7.5mg tab	1	PA_NSO QL=30 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
ZYKADIA 150MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	1	NDS PA_NSO
AYVAKIT 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 25MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BESREMI 500MCG/0.5ML PEN INJ	1	NDS PA_NSO QL=1 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
KOMZIFTI 200MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
MATULANE 50MG CAP	1	NDS
MODEYSO 125MG CAP	1	NDS PA_NSO QL=20 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	NDS
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 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 (4)	1	NDS PA_NSO QL=4 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	NDS
ANTIPARASITICS		
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	
ANTIPROTOZOALS		
<i>atovaquone 750mg/5ml oral susp</i>	1	QL=300 ML/30 Days
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxychloroquine sulfate 200mg tab</i>	1	QL=90 EA/30 Days
<i>mefloquine 250mg tab</i>	1	
<i>nitazoxanide 500mg tab</i>	1	NDS PA QL=6 EA/3 Days
<i>pentamidine isethionate 300mg inj</i>	1	
<i>pentamidine isethionate 300mg/6ml inh soln</i>	1	PA_BvD QL=1 EA/28 Days
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
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	
<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 100mg tab</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	
<i>carbidopa/levodopa 10-100mg odt</i>	1	
<i>carbidopa/levodopa 10-100mg tab</i>	1	
<i>carbidopa/levodopa 25-100mg er tab</i>	1	
<i>carbidopa/levodopa 25-100mg odt</i>	1	
<i>carbidopa/levodopa 25-100mg tab</i>	1	
<i>carbidopa/levodopa 25-250mg odt</i>	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ropinirole 0.25mg tab</i>	1	
<i>ropinirole 0.5mg tab</i>	1	
<i>ropinirole 1mg tab</i>	1	
<i>ropinirole 2mg er tab</i>	1	
<i>ropinirole 2mg tab</i>	1	
<i>ropinirole 3mg tab</i>	1	
<i>ropinirole 4mg er 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	
<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 100-20MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 125-30MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 50-20MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY CAP 28-DAY STARTER 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	

You can find information 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>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 0.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 0.75MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 1.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 3MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 4.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 6MG CAP	1	PA_NSO QL=30 EA/30 Days
<i>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 20mg inj</i>	1	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=8 EA/180 Days
FANAPT TAB TITRATION PACK B (12)	1	PA_NSO QL=12 EA/180 Days
FANAPT TAB TITRATION PACK C (8)	1	PA_NSO QL=8 EA/180 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	NDS QL=2 EA/28 Days
<i>risperidone microspheres 50mg inj</i>	1	NDS 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	
<i>clozapine 12.5mg odt</i>	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	QL=60 EA/30 Days
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 15mg tab</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prochlorperazine 5mg tab</i>	1	
<i>thioridazine 100mg tab</i>	1	
<i>thioridazine 10mg tab</i>	1	
<i>thioridazine 25mg tab</i>	1	
<i>thioridazine 50mg tab</i>	1	
<i>trifluoperazine 10mg tab</i>	1	
<i>trifluoperazine 1mg tab</i>	1	
<i>trifluoperazine 2mg tab</i>	1	
<i>trifluoperazine 5mg tab</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY 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	
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 882MG/3.2ML SYRINGE	1	QL=3.20 ML/28 Days
ARISTADA INITIO 675MG/2.4ML SYRINGE	1	QL=2.40 ML/42 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 15mg 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

You can find information 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>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
<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
<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

You can find information 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>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
IDVYNZO 100-0.25MG 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 HD 600MG TAB	1	QL=60 EA/30 Days
JULUCA 50-25MG TAB	1	QL=30 EA/30 Days
<i>lamivudine 10mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>lamivudine 150mg tab</i>	1	QL=60 EA/30 Days
<i>lamivudine 300mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine/zidovudine 150-300mg tab</i>	1	QL=60 EA/30 Days
<i>lopinavir/ritonavir 100-25mg tab</i>	1	QL=300 EA/30 Days
<i>lopinavir/ritonavir 200-50mg tab</i>	1	QL=120 EA/30 Days
<i>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
ODEFSEY 200-25-25MG TAB	1	QL=30 EA/30 Days
PIFELTRO 100MG TAB	1	QL=30 EA/30 Days
PREZCOBIX 150-675MG 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>rilpivirine 25mg tab</i>	1	QL=30 EA/30 Days
<i>ritonavir 100mg tab</i>	1	QL=360 EA/30 Days
RUKOBIA 600MG ER TAB	1	QL=60 EA/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

You can find information 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>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
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
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 DISKHALER 5MG/BLISTER POWDER INHALER	1	QL=120 EA/365 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
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	NDS QL=1056 ML/30 Days
BIOLOGICALS MISC		
BIOLOGICALS MISC		
ARCALYST 220MG INJ	1	NDS PA
AVTOZMA 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
AVTOZMA 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 ML/28 Days
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
CIMZIA 200MG INJ	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	1	NDS PA QL=4 EA/28 Days
CIMZIA 200MG/ML SYRINGE PACK (2)	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE STARTER KIT (6)	1	NDS PA QL=3 EA/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 SENSOREADY 150MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 200MG/1.14ML SYRINGE	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
DUPIXENT 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
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 CARTRIDGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
ENBREL SURECLICK 50MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
ENTYVIO 108MG/0.68ML AUTO-INJECTOR	1	NDS PA QL=1.36 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
HADLIMA 40MG/0.4ML SYRINGE	1	NDS PA QL=2.40 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
HADLIMA 40MG/0.8ML SYRINGE	1	NDS PA QL=4.80 ML/28 Days
HADLIMA PUSH TOUCH 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=2.40 ML/28 Days
HADLIMA PUSH TOUCH 40MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=4.80 ML/28 Days
KINERET 100MG/0.67ML SYRINGE	1	NDS PA QL=18.76 ML/28 Days
NEMLUVIO 30MG AUTO-INJECTOR	1	NDS PA QL=2 EA/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
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
ORENCIA CLICKJECT 125MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
SIMLANDI 20MG/0.2ML SYRINGE	1	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
SKYRIZI 150MG/ML AUTO-INJECTOR	1	PA QL=7 ML/365 Days
SKYRIZI 150MG/ML SYRINGE	1	PA QL=7 ML/365 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
SKYRIZI 55MG/0.37ML SYRINGE	1	PA QL=2.59 ML/365 Days
STARJEMZA 45MG/0.5ML INJ	1	PA QL=.50 ML/28 Days
STARJEMZA 45MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
STARJEMZA 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
TREMFYA 100MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TREMFYA 100MG/ML SYRINGE	1	PA QL=2 ML/28 Days
TREMFYA 200MG/2ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
TREMFYA 200MG/2ML 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
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
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
YESINTEK 45MG/0.5ML INJ	1	PA QL=.50 ML/28 Days
YESINTEK 45MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
YESINTEK 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYMFENTRA 120MG/ML PEN INJ	1	NDS PA QL=2 EA/28 Days
ZYMFENTRA 120MG/ML SYRINGE	1	NDS PA QL=2 EA/28 Days
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 125mcg cap</i>	1	
<i>dofetilide 250mcg cap</i>	1	
<i>dofetilide 500mcg 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	
BETA-ADRENERGIC BLOCKING AGENTS		
<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>carvedilol 12.5mg 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>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	
<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>nadolol 20mg tab</i>	1	
<i>nadolol 40mg tab</i>	1	
<i>nadolol 80mg 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
<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 20mg/5ml oral soln</i>	1	
<i>propranolol 40mg tab</i>	1	
<i>propranolol 60mg er cap</i>	1	
<i>propranolol 60mg tab</i>	1	
<i>propranolol 80mg er cap</i>	1	
<i>propranolol 80mg tab</i>	1	
PROPRANOLOL 8MG/ML ORAL SOLN	1	
<i>sotalol 120mg tab</i>	1	
<i>sotalol 160mg tab</i>	1	
<i>sotalol 240mg tab</i>	1	
<i>sotalol 80mg tab</i>	1	
<i>sotalol af 120mg tab</i>	1	
<i>sotalol af 160mg tab</i>	1	
<i>sotalol af 80mg tab</i>	1	
<i>timolol 10mg tab</i>	1	
TIMOLOL 5MG TAB	1	
CALCIUM CHANNEL BLOCKING AGENTS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine 10mg tab</i>	1	
<i>amlodipine 2.5mg tab</i>	1	
<i>amlodipine 5mg tab</i>	1	
<i>cartia xt 120mg er (24hr) cap</i>	1	
<i>cartia xt 180mg er (24hr) cap</i>	1	
<i>cartia xt 240mg er (24hr) cap</i>	1	
<i>cartia xt 300mg er (24hr) cap</i>	1	
<i>dilt-xr 120mg cap</i>	1	
<i>dilt-xr 180mg cap</i>	1	
<i>dilt-xr 240mg 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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>verapamil 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, OTHER		
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	
<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=180 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
WEGOVY 0.25MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
WEGOVY 0.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
WEGOVY 1.5MG TAB	1	PA QL=30 EA/30 Days
WEGOVY 1.7MG/0.75ML AUTO-INJECTOR	1	PA QL=3 ML/28 Days
WEGOVY 1MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
WEGOVY 2.4MG/0.75ML AUTO-INJECTOR	1	PA QL=3 ML/28 Days
WEGOVY 25MG TAB	1	PA QL=30 EA/30 Days
WEGOVY 4MG TAB	1	PA QL=30 EA/30 Days
WEGOVY 9MG TAB	1	PA QL=30 EA/30 Days
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	
DIURETICS, LOOP		
<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	
ENBUMYST 0.5MG/0.1ML NASAL SPRAY	1	NDS QL=36 EA/7 Days
<i>furosemide 10mg/ml inj</i>	1	
FUROSEMIDE 10MG/ML ORAL SOLN	1	
<i>furosemide 20mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>furosemide 40mg tab</i>	1	
<i>furosemide 80mg tab</i>	1	
FUROSEMIDE 8MG/ML ORAL SOLN	1	
<i>torseamide 100mg tab</i>	1	
<i>torseamide 10mg tab</i>	1	
<i>torseamide 20mg tab</i>	1	
<i>torseamide 5mg tab</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride 5mg tab</i>	1	
<i>spironolactone 100mg tab</i>	1	
<i>spironolactone 25mg tab</i>	1	
<i>spironolactone 50mg tab</i>	1	
DIURETICS, THIAZIDE		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	1	
<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>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	
<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	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine 100mg tab</i>	1	
<i>hydralazine 10mg tab</i>	1	
<i>hydralazine 25mg tab</i>	1	
<i>hydralazine 50mg tab</i>	1	
<i>minoxidil 10mg tab</i>	1	
<i>minoxidil 2.5mg tab</i>	1	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<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	
<i>isosorbide mononitrate 10mg tab</i>	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
<i>isosorbide mononitrate 20mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	
<i>nitro-bid 2% topical ointment</i>	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	
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	
<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
ERY 2% PAD	1	QL=60 EA/30 Days
ERYTHROMYCIN 2% TOPICAL GEL	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isotretinoin 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	QL=60 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=120 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=180 GM/30 Days
<i>nystatin 100000unit/gm topical ointment</i>	1	QL=120 GM/30 Days
<i>nystatin 100000unit/gm topical powder</i>	1	QL=180 GM/30 Days
<i>nystatin 100000unit/ml topical cream</i>	1	QL=120 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% topical cream</i>	1	QL=120 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% topical ointment</i>	1	QL=120 GM/30 Days
<i>nystop 100000unit/gm topical powder</i>	1	QL=180 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		

You can find information 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>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
METHOXSALEN 10MG CAP	1	NDS
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
OTEZLA XR 75MG TAB	1	NDS PA QL=30 EA/30 Days
OTEZLA/OTEZLA XR 28-DAY 10/20/30/75MG STARTER PACK (41)	1	NDS PA QL=41 EA/28 Days
<i>tazarotene 0.1% topical cream</i>	1	PA QL=60 GM/30 Days
CORTICOSTEROIDS - TOPICAL		
<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% topical cream</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.05% topical lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.1% topical cream</i>	1	QL=135 GM/30 Days
BETAMETHASONE 0.1% TOPICAL LOTION	1	QL=120 ML/30 Days
<i>betamethasone dipropionate 0.05% aug topical ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone dipropionate 0.05% topical ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone valerate 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

You can find information 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>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 gel</i>	1	QL=60 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
TRIAMCINOLONE ACETONIDE 0.025% TOPICAL LOTION	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=240 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	QL=59 ML/30 Days
<i>permethrin 5% topical cream</i>	1	QL=60 GM/30 Days
<i>pimecrolimus 1% topical cream</i>	1	QL=100 GM/30 Days
PODOFILOX 0.5% TOPICAL SOLN	1	QL=7 ML/30 Days
SELENIUM SULFIDE 2.5% SHAMPOO	1	QL=120 ML/30 Days
<i>tacrolimus 0.03% topical ointment</i>	1	QL=100 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate 10mg tab</i>	1	QL=30 EA/30 Days
<i>alendronate 35mg tab</i>	1	QL=4 EA/28 Days
<i>alendronate 70mg tab</i>	1	QL=4 EA/28 Days
<i>alendronate sodium 70mg/75ml oral soln</i>	1	QL=300 ML/28 Days
ENOBY 60MG/ML SYRINGE	1	QL=1 ML/168 Days
<i>ibandronate 150mg tab</i>	1	QL=1 EA/28 Days
<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
<i>teriparatide 560mcg/2.24ml pen inj</i>	1	NDS QL=2.48 ML/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	1	NDS QL=1.56 ML/30 Days
XTRENBO 120MG/1.7ML INJ	1	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>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	
REDEMPLO 25MG/0.5ML SYRINGE	1	PA QL=.50 ML/84 Days
REVCovi 2.4MG/1.5ML INJ	1	NDS PA
<i>sapropterin 100mg powder for oral soln</i>	1	NDS PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
TRYNGOLZA 50MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=.80 ML/28 Days
TRYNGOLZA 80MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=.80 ML/28 Days
ENDOCRINE MEDICATIONS		
ANTITHYROID DRUGS		
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	
<i>propylthiouracil 50mg tab</i>	1	
GLUCOCORTICOID DRUGS		
<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
<i>dexamethasone 0.5mg tab</i>	1	
DEXAMETHASONE 0.5MG/5ML ORAL SOLN	1	
<i>dexamethasone 0.75mg tab</i>	1	
<i>dexamethasone 1.5mg tab</i>	1	
<i>dexamethasone 1mg tab</i>	1	
<i>dexamethasone 2mg tab</i>	1	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>hydrocortisone 10mg tab</i>	1	
<i>hydrocortisone 20mg tab</i>	1	
<i>hydrocortisone 5mg tab</i>	1	
<i>methylprednisolone 16mg tab</i>	1	PA_BvD
<i>methylprednisolone 32mg tab</i>	1	PA_BvD
<i>methylprednisolone 4mg tab</i>	1	PA_BvD
<i>methylprednisolone 4mg tab pack (21)</i>	1	
<i>methylprednisolone 8mg tab</i>	1	PA_BvD
<i>prednisolone 1mg/ml oral soln</i>	1	PA_BvD
<i>prednisolone 3mg/ml oral soln</i>	1	PA_BvD
<i>prednisolone 5mg/ml oral soln</i>	1	PA_BvD
<i>prednisone 10mg tab</i>	1	PA_BvD
<i>prednisone 10mg tab (21)</i>	1	
<i>prednisone 10mg tab pack (48)</i>	1	
<i>prednisone 1mg tab</i>	1	PA_BvD
PREDNISONE 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	
TARPEYO 4MG DR CAP	1	NDS PA QL=120 EA/30 Days
OTHER ENDOCRINE DRUGS		

You can find information 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>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	
<i>fludrocortisone acetate 0.1mg tab</i>	1	
INCRELEX 40MG/4ML INJ	1	NDS PA
ISTURISA 1MG TAB	1	NDS PA QL=240 EA/30 Days
ISTURISA 5MG TAB	1	NDS PA QL=360 EA/30 Days
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 5MG/1.5ML PEN INJ	1	NDS PA
<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
OMNITROPE 10MG/1.5ML CARTRIDGE	1	NDS PA
OMNITROPE 5.8MG INJ	1	NDS PA
OMNITROPE 5MG/1.5ML CARTRIDGE	1	NDS PA
<i>raloxifene 60mg tab</i>	1	
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
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
<i>tolvaptan 15mg tab (jynarque equiv)</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 (jynarque equiv)</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
<i>tolvaptan 30mg/90mg tab pack (56)</i>	1	NDS PA QL=56 EA/28 Days
THYROID SUPPLEMENTS		
<i>levothyroxine 100mcg tab</i>	1	
<i>levothyroxine 112mcg tab</i>	1	
<i>levothyroxine 125mcg tab</i>	1	
<i>levothyroxine 137mcg tab</i>	1	
<i>levothyroxine 150mcg tab</i>	1	
<i>levothyroxine 175mcg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levothyroxine 200mcg tab</i>	1	
<i>levothyroxine 25mcg tab</i>	1	
<i>levothyroxine 300mcg tab</i>	1	
<i>levothyroxine 50mcg tab</i>	1	
<i>levothyroxine 75mcg tab</i>	1	
<i>levothyroxine 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>liomny 25mcg tab</i>	1	
<i>liomny 50mcg tab</i>	1	
<i>liomny 5mcg 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	
SYNTHROID 300MCG TAB	1	
SYNTHROID 50MCG TAB	1	
SYNTHROID 75MCG TAB	1	
SYNTHROID 88MCG TAB	1	
GASTROINTESTINAL MEDICATIONS		
ANTIDIARRHEAL DRUGS		
<i>alosetron 0.5mg tab</i>	1	QL=60 EA/30 Days
<i>alosetron 1mg tab</i>	1	QL=60 EA/30 Days
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	1	
<i>loperamide 2mg cap</i>	1	
XERMELO 250MG TAB	1	NDS PA QL=84 EA/28 Days
ANTISPASMODICS/DRUGS AFFECT GI MOTILITY		
<i>constulose 10gm/15ml oral soln</i>	1	
<i>dicyclomine 10mg cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dicyclomine 20mg tab</i>	1	
<i>dicyclomine 2mg/ml oral soln</i>	1	
<i>enulose 10gm/15ml oral soln</i>	1	
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>generlac 10gm/15ml oral soln</i>	1	
<i>glycopyrrolate 1mg tab</i>	1	
<i>glycopyrrolate 2mg tab</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
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 1mg/ml oral soln</i>	1	
<i>metoclopramide 5mg tab</i>	1	
MOVANTIK 12.5MG TAB	1	PA QL=30 EA/30 Days
MOVANTIK 25MG TAB	1	PA QL=30 EA/30 Days
<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>prucalopride 1mg tab</i>	1	QL=30 EA/30 Days
<i>prucalopride 2mg tab</i>	1	QL=30 EA/30 Days
<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	
ANTIULCER DRUGS		
<i>bismuth subcitrate/metronidazole/tetracycline 140-125-125mg cap</i>	1	QL=120 EA/10 Days
<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>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>famotidine 20mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>famotidine 40mg tab</i>	1	
<i>lansoprazole 15mg dr cap</i>	1	
<i>lansoprazole 30mg dr cap</i>	1	
<i>misoprostol 100mcg tab</i>	1	
<i>misoprostol 200mcg tab</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	
<i>sucralfate 1000mg tab</i>	1	
<i>sucralfate 100mg/ml oral susp</i>	1	
VOQUEZNA 500-20MG DUAL THERAPY PACK (112)	1	QL=112 EA/14 Days
VOQUEZNA 500-500-20MG TRIPLE THERAPY PACK (112)	1	QL=112 EA/14 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
<i>mirabegron 25mg er tab</i>	1	QL=30 EA/30 Days
<i>mirabegron 50mg er tab</i>	1	QL=30 EA/30 Days
<i>oxybutynin chloride 10mg er tab</i>	1	
<i>oxybutynin chloride 15mg er tab</i>	1	
<i>oxybutynin chloride 1mg/ml oral soln</i>	1	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

You can find information 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>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	
GENITOURINARY AGENTS, OTHER		
CYSTAGON 150MG CAP	1	
CYSTAGON 50MG CAP	1	
FILSPARI 200MG TAB	1	NDS PA QL=30 EA/30 Days
FILSPARI 400MG TAB	1	NDS PA QL=60 EA/30 Days
<i>potassium citrate 10meq er tab</i>	1	
<i>potassium citrate 15meq er tab</i>	1	
<i>potassium citrate 5meq er tab</i>	1	
<i>sodium chloride 0.9% irrigation soln</i>	1	
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	
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
<i>eltrombopag olamine 12.5mg powder for oral susp</i>	1	NDS PA QL=90 EA/30 Days
<i>eltrombopag olamine 12.5mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag olamine 25mg powder for oral susp</i>	1	NDS PA QL=180 EA/30 Days
<i>eltrombopag olamine 25mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag olamine 50mg tab</i>	1	NDS PA QL=60 EA/30 Days
<i>eltrombopag olamine 75mg tab</i>	1	NDS PA QL=60 EA/30 Days
FULPHILA 6MG/0.6ML SYRINGE	1	NDS
LEUKINE 250MCG INJ	1	NDS PA
NIVESTYM 300MCG/0.5ML SYRINGE	1	NDS
NIVESTYM 300MCG/ML INJ	1	NDS
NIVESTYM 480MCG/0.8ML SYRINGE	1	NDS
NIVESTYM 480MCG/1.6ML INJ	1	NDS
RETACRIT 10000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRIT 20000UNIT/2ML INJ	1	PA QL=12 ML/28 Days
RETACRIT 20000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRIT 2000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRIT 3000UNIT/ML INJ	1	PA QL=12 ML/28 Days
RETACRIT 40000UNIT/ML INJ	1	PA QL=4 ML/28 Days
RETACRIT 4000UNIT/ML INJ	1	PA QL=12 ML/28 Days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
HAEGARDA 2000UNIT INJ	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
HAEGARDA 3000UNIT INJ	1	NDS PA QL=20 EA/30 Days
icatibant 30mg/3ml syringe	1	NDS PA QL=27 ML/30 Days
IMMUNE SUPPRESSANTS		
azathioprine 50mg tab	1	PA_BvD
cyclosporine 100mg cap	1	PA_BvD
cyclosporine 25mg cap	1	PA_BvD
cyclosporine modified 100mg cap	1	PA_BvD
cyclosporine modified 100mg/ml oral soln	1	PA_BvD
cyclosporine modified 25mg cap	1	PA_BvD
cyclosporine modified 50mg cap	1	PA_BvD
ENVARUS XR 0.75MG TAB	1	PA_BvD
ENVARUS XR 1MG TAB	1	PA_BvD
ENVARUS XR 4MG TAB	1	PA_BvD
everolimus 0.25mg tab	1	PA_BvD QL=60 EA/30 Days
everolimus 0.5mg tab	1	NDS PA_BvD QL=120 EA/30 Days
everolimus 0.75mg tab	1	NDS PA_BvD QL=60 EA/30 Days
everolimus 1mg tab	1	NDS PA_BvD QL=60 EA/30 Days
mycophenolate mofetil 200mg/ml oral susp	1	PA_BvD
mycophenolate mofetil 250mg cap	1	PA_BvD
mycophenolate mofetil 500mg tab	1	PA_BvD
mycophenolic acid 180mg dr tab	1	PA_BvD
mycophenolic acid 360mg dr tab	1	PA_BvD
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	1	PA_BvD
PROGRAF 1MG GRANULES FOR ORAL SUSP	1	PA_BvD
sirolimus 0.5mg tab	1	PA_BvD
sirolimus 1mg tab	1	PA_BvD
sirolimus 1mg/ml oral soln	1	PA_BvD
sirolimus 2mg tab	1	PA_BvD
tacrolimus 0.5mg cap	1	PA_BvD
tacrolimus 1mg cap	1	PA_BvD
tacrolimus 5mg cap	1	PA_BvD
IMMUNIZING AGENTS, PASSIVE		
GAMMAGARD 10GM INJ	1	NDS PA
GAMMAGARD 10GM/100ML INJ	1	NDS PA
GAMMAGARD 2.5GM/25ML INJ	1	NDS PA
GAMMAGARD 5GM INJ	1	NDS PA
GAMMAGARD 5GM/50ML INJ	1	NDS PA
GAMMAGARD ERC 10GM/100ML INJ	1	NDS PA
GAMMAGARD ERC 5GM/50ML 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 SYRINGE	1	VAC
DAPTACEL INJ	1	
ENGRIX-B 10MCG/0.5ML SYRINGE	1	PA_BvD VAC
ENGRIX-B 20MCG/ML INJ	1	PA_BvD VAC
ENGRIX-B 20MCG/ML SYRINGE	1	PA_BvD VAC
GARDASIL 9 INJ	1	VAC
GARDASIL 9 SYRINGE	1	VAC
HAVRIX 1440ELU/ML SYRINGE	1	VAC
HAVRIX 720ELU/0.5ML SYRINGE	1	
HEPLISAV-B 20MCG/0.5ML SYRINGE	1	PA_BvD VAC
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 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 40MCG/ML INJ	1	PA_BvD VAC
RECOMBIVAX 5MCG/0.5ML INJ	1	PA_BvD VAC
RECOMBIVAX HB 10MCG/ML SYRINGE	1	PA_BvD VAC
RECOMBIVAX HB 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
SHINGRIX 50MCG/0.5ML SYRINGE	1	QL=1 ML/999 DaysVAC
TENIVAC 4-10UNIT/ML INJ	1	PA_BvD VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 SYRINGE	1	VAC
VAQTA 25UNIT/0.5ML INJ	1	
VAQTA 25UNIT/0.5ML SYRINGE	1	
VAQTA 50UNIT/ML INJ	1	VAC
VAQTA 50UNIT/ML SYRINGE	1	VAC
VARIVAX 1350PFU/0.5ML INJ	1	VAC
VAXCHORA ORAL SUSP	1	VAC
VIMKUNYA 40MCG/0.8ML SYRINGE	1	VAC
VIVOTIF DR CAP	1	VAC
YF-VAX INJ	1	VAC
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium 750mg cap</i>	1	
<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
MESALAMINE 400MG DR CAP	1	QL=180 EA/30 Days
<i>mesalamine 66.7mg/ml enema</i>	1	QL=1800 ML/30 Days
<i>sulfasalazine 500mg dr tab</i>	1	
<i>sulfasalazine 500mg tab</i>	1	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL SWAB 1X1 (INSULIN USE)	1	
GAUZE PAD 2x2 (INSULIN USE)	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	
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
<i>naratriptan 1mg tab</i>	1	QL=18 EA/30 Days
<i>naratriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
QULIPTA 10MG TAB	1	PA QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QULIPTA 30MG TAB	1	PA QL=30 EA/30 Days
QULIPTA 60MG TAB	1	PA QL=30 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 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 inj</i>	1	QL=5 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
<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 AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>calcium acetate 667mg cap</i>	1	QL=360 EA/30 Days
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	
DROXIA 200MG CAP	1	
DROXIA 300MG CAP	1	
DROXIA 400MG CAP	1	
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
<i>kionex 15gm/60ml oral susp</i>	1	
<i>l-glutamine 5gm powder for oral soln</i>	1	NDS PA QL=180 EA/30 Days
LOKELMA 10GM POWDER FOR ORAL SUSP	1	QL=90 EA/30 Days
LOKELMA 5GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
RADICAVA 105MG/5ML ORAL SUSP	1	NDS PA QL=70 ML/28 Days
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
REZUROCK 200MG TAB	1	NDS PA QL=30 EA/30 Days
RHAPSIDO 25MG TAB	1	NDS PA QL=60 EA/30 Days
<i>riluzole 50mg tab</i>	1	QL=60 EA/30 Days
<i>sevelamer carbonate 800mg tab</i>	1	QL=510 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	1	
<i>sodium polystyrene sulfonate 15gm/60ml oral susp</i>	1	
<i>sps 15gm/60ml oral susp</i>	1	
<i>tranexamic acid 650mg tab</i>	1	QL=30 EA/5 Days
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 300mg cap</i>	1	
<i>ursodiol 500mg tab</i>	1	
VELSIPITY 2MG TAB	1	NDS PA QL=30 EA/30 Days
VIOKACE 78300-20880-78300UNIT TAB	1	
VOWST 30000000UNIT CAP	1	PA QL=12 EA/90 Days
ZENPEP 105000-25000-79000UNIT DR CAP	1	
ZENPEP 14000-3000-10000UNIT DR CAP	1	
ZENPEP 24000-5000-17000UNIT DR CAP	1	
ZENPEP 252600-60000-189600UNIT DR CAP	1	
ZENPEP 40000-126000-168000UNIT DR CAP	1	
ZENPEP 42000-10000-32000UNIT DR CAP	1	
ZENPEP 63000-15000-47000UNIT DR CAP	1	
ZENPEP 84000-20000-63000UNIT DR CAP	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	1	QL=60 ML/30 Days
<i>flunisolide 0.025% (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	
<i>glucose 50mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 2MG/ML INJ	1	
<i>glucose 50mg/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glucose/potassium chloride/sodium chloride 5%-10meq-0.45% inj</i>	1	
<i>glucose/potassium chloride/sodium chloride 5%-40meq-0.45% inj</i>	1	
GLUCOSE/SODIUM CHLORIDE 10%-0.2% INJ	1	PA_BvD
GLUCOSE/SODIUM CHLORIDE 10%-0.45% INJ	1	PA_BvD
GLUCOSE/SODIUM CHLORIDE 2.5%-0.45% INJ	1	
<i>kcl/nacl 20meq-0.9% 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	
<i>klor-con 8meq er tab</i>	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	
<i>potassium chloride 8meq er cap</i>	1	
<i>potassium chloride 8meq er tab</i>	1	
<i>potassium chloride/sodium chloride 20meq-0.45% inj</i>	1	
<i>potassium chloride/sodium chloride 40meq-0.9% inj</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
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
CONTRACEPTIVES		
<i>altavera 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>alyacen 1/35 tab 28-day pack</i>	1	
<i>apri tab 28-day pack</i>	1	
ARANELLE TAB 28-DAY PACK	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 tab 28-day pack</i>	1	
<i>blisovi 21 fe tab 1.5/30 28-day pack</i>	1	
<i>camila 0.35mg tab 28-day pack</i>	1	
<i>camrese lo tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>cryselle tab 28-day pack</i>	1	
<i>cyred 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>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>errin 0.35mg tab 28-day pack</i>	1	
<i>estarylla tab 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 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 0.02-1mg 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 tab 28-day pack</i>	1	
<i>feirza 1/20 tab 28-day pack</i>	1	
<i>hailey fe 1/20 tab 28-day pack</i>	1	
<i>heather 0.35mg tab 28-day pack</i>	1	
<i>iclevia tab 91-day pack</i>	1	QL=91 EA/91 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>incassia 0.35mg tab 28-day pack</i>	1	
<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	
<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 1.5/30 tab 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 1/35 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 1.5/30 tab 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	
LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	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>luizza 1.5/30 tab 21-day pack</i>	1	
<i>luizza 1/20 tab 21-day pack</i>	1	
<i>lyleq 0.35mg tab 28-day pack</i>	1	
<i>lyza 0.35mg tab 28-day pack</i>	1	
<i>marlissa tab 28-day pack</i>	1	
<i>medroxyprogesterone acetate 150mg/ml inj</i>	1	QL=1 ML/90 Days
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	1	
<i>meleya 0.35mg 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 1.5/30 tab 28-day pack</i>	1	
<i>microgestin fe 1/20 tab 28-day pack</i>	1	
<i>mili tab 28-day pack</i>	1	
<i>necon 0.5/35 tab 28-day pack</i>	1	
NEXPLANON 68MG IMPLANT	1	
<i>nikki tab 28-day pack</i>	1	
<i>nora-be 0.35mg tab 28-day pack</i>	1	
<i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i>	1	QL=3 EA/28 Days
<i>norethindrone 0.35mg 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>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>orquidea 0.35mg tab 28-day pack</i>	1	
<i>pimtrea tab 28-day pack</i>	1	
<i>portia tab 28-day pack</i>	1	
<i>reclipsen tab 28-day pack</i>	1	
<i>setlakin tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>sharobel 0.35mg tab 28-day pack</i>	1	
<i>sprintec tab 28-day pack</i>	1	
<i>syeda tab 28-day pack</i>	1	
<i>tarina fe 1/20 tab 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 1/35 tab 28-day pack</i>	1	
VALTYA 1/50 TAB 28-DAY PACK	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>viorele 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 1/35 tab 28-day pack</i>	1	
ESTROGEN DRUGS		
<i>abigale 1/0.5mg tab 28-day pack</i>	1	
<i>abigale lo 0.5/0.1mg tab 28-day pack</i>	1	
<i>conjugated estrogens 0.3mg tab</i>	1	
<i>conjugated estrogens 0.45mg tab</i>	1	
<i>conjugated estrogens 0.625mg tab</i>	1	
<i>conjugated estrogens 0.9mg tab</i>	1	
<i>conjugated estrogens 1.25mg tab</i>	1	
<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

You can find information 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>dotti 0.1mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.01% vaginal cream</i>	1	
<i>estradiol 0.01mg/24hr twice weekly patch</i>	1	QL=8 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 0.06mg/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 0.1% (0.25mg/0.25gm) topical gel</i>	1	QL=30 EA/30 Days
<i>estradiol 0.1% (0.5mg/0.5gm) topical gel</i>	1	QL=30 EA/30 Days
<i>estradiol 0.1% (0.75mg/0.75gm) topical gel</i>	1	QL=30 EA/30 Days
<i>estradiol 0.1% (1.25mg/1.25gm) topical gel</i>	1	QL=37.50 GM/30 Days
<i>estradiol 0.1% (1mg/gm) topical gel</i>	1	QL=30 GM/30 Days
<i>estradiol 0.1mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.5mg tab</i>	1	
<i>estradiol 10mcg vaginal insert</i>	1	
<i>estradiol 1mg tab</i>	1	
<i>estradiol 2mg tab</i>	1	
<i>estradiol valerate 10mg/ml inj</i>	1	
<i>estradiol valerate 20mg/ml inj</i>	1	
<i>estradiol valerate 40mg/ml inj</i>	1	
<i>estradiol/norethindrone acetate 0.5-0.1mg tab 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg tab 28 day-pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	1	
<i>fyavolv 0.0025-0.5mg tab</i>	1	
<i>fyavolv 0.005-1mg tab</i>	1	
<i>jinteli 0.005-1mg tab</i>	1	
<i>mimvey tab 28-day pack</i>	1	
PREMARIN 0.625MG/GM VAGINAL CREAM	1	
PREMPHASE TAB 28-DAY PACK	1	
PREMPRO 0.3/1.5MG TAB 28-DAY PACK	1	
PREMPRO 0.45/1.5MG TAB 28-DAY PACK	1	
PREMPRO 0.625/2.5MG TAB 28-DAY PACK	1	
PREMPRO 0.625/5MG TAB 28-DAY PACK	1	
<i>yuvaferm 10mcg vaginal insert</i>	1	
PROGESTIN DRUGS		
<i>gallifrey 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>medroxyprogesterone acetate 10mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
MEGESTROL ACETATE 125MG/ML ORAL SUSP	1	PA
<i>norethindrone acetate 5mg tab</i>	1	
<i>progesterone 100mg cap</i>	1	
<i>progesterone 200mg cap</i>	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate/timolol maleate 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/POLYMYXIN B 3.5GM OPHTH OINTMENT	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
NEOMYCIN/BACITRACIN/POLYMYXIN 5MG-400UNIT-10000UNIT OPHTH OINTMENT	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>polymyxin b/trimethoprim 10000unit/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 STEROIDS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN	1	
<i>dexamethasone/neomycin/polymyxin b 0.1% ophth ointment</i>	1	
<i>dexamethasone/neomycin/polymyxin b 0.1% ophth susp</i>	1	
<i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i>	1	
<i>difluprednate 0.05% ophth susp</i>	1	
<i>fluorometholone 0.1% ophth susp</i>	1	
<i>loteprednol etabonate 0.5% ophth gel</i>	1	
<i>loteprednol etabonate 0.5% ophth susp</i>	1	
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCO TISONE 1% OPHTH OINTMENT	1	
PREDNISOLONE 1% OPHTH SOLN	1	
<i>prednisolone acetate 1% ophth susp</i>	1	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN	1	
OPHTHALMICS - MISC.		
<i>atropine sulfate 1% ophth soln</i>	1	
<i>azelastine 0.05% ophth soln</i>	1	
CROMOLYN SODIUM 4% OPHTH SOLN	1	
<i>cyclosporine 0.05% ophth susp</i>	1	QL=60 EA/30 Days
CYSTADROPS 0.37% OPHTH SOLN	1	NDS PA QL=20 ML/28 Days
<i>diclofenac sodium 0.1% ophth soln</i>	1	QL=20 ML/365 Days
<i>dorzolamide 2% ophth soln</i>	1	
FLURBIPROFEN SODIUM 0.03% OPHTH SOLN	1	
KETOROLAC TROMETHAMINE 0.4% OPHTH SOLN	1	QL=20 ML/365 Days
<i>ketorolac tromethamine 0.5% ophth soln</i>	1	
MIEBO 1.338GM/ML OPHTH 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	
RHOPRESSA 0.02% OPHTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.02-0.005% OPHTH SOLN	1	QL=5 ML/30 Days
XIIDRA 5% OPHTH SOLN	1	QL=60 EA/30 Days
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.01% ophth soln</i>	1	QL=5 ML/30 Days
<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
<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	

You can find information 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>neomycin/polymyxin/hydrocortisone</i> <i>3.5-10000unit-1% otic soln</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i> <i>3.5-10000unit-1% otic susp</i>	1	
<i>ofloxacin 0.3% otic soln</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
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
<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
LEQEMBI IQLIK 250MG/1.25ML AUTO-INJECTOR	1	NDS PA QL=10 ML/28 Days
LEQEMBI IQLIK 360MG/1.8ML AUTO-INJECTOR	1	NDS PA QL=7.20 ML/28 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 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 30MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 36MG TAB	1	NDS PA QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR 42MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 48MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 6MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK (28)	1	NDS PA QL=28 EA/28 Days
tetrabenazine 12.5mg tab	1	QL=90 EA/30 Days
tetrabenazine 25mg tab	1	NDS QL=120 EA/30 Days
MULTIPLE SCLEROSIS AGENTS		
AVONEX 30MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 EA/28 Days
AVONEX 30MCG/0.5ML SYRINGE	1	NDS QL=1 EA/28 Days
BETASERON 0.3MG INJ	1	NDS QL=14 EA/28 Days
dalfampridine 10mg er tab	1	QL=60 EA/30 Days
dimethyl fumarate 120mg dr cap	1	QL=14 EA/7 Days
dimethyl fumarate 120mg/240mg cap starter pack (60)	1	QL=60 EA/180 Days
dimethyl fumarate 240mg dr cap	1	QL=60 EA/30 Days
fingolimod 0.5mg cap	1	QL=30 EA/30 Days
glatiramer acetate 20mg/ml syringe	1	NDS QL=30 ML/30 Days
glatiramer acetate 40mg/ml syringe	1	NDS QL=12 ML/28 Days
glatopa 20mg/ml syringe	1	NDS QL=30 ML/30 Days
glatopa 40mg/ml syringe	1	NDS 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	QL=12 EA/28 Days
MAYZENT TAB STARTER PACK (7)	1	QL=7 EA/28 Days
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 ML/28 Days
PLEGRIDY 125MCG/0.5ML SYRINGE	1	NDS QL=1 ML/28 Days
teriflunomide 14mg tab	1	QL=30 EA/30 Days
teriflunomide 7mg tab	1	QL=30 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
dextromethorphan hydrobromide/quinidine sulfate 20-10mg cap	1	PA QL=60 EA/30 Days
LYBALVI 10-10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LYBALVI 15-10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LYBALVI 20-10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LYBALVI 5-10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
pimozide 1mg tab	1	
pimozide 2mg tab	1	
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
cyproheptadine 0.4mg/ml oral soln	1	
cyproheptadine 4mg tab	1	
desloratadine 5mg tab	1	
levocetirizine 5mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine 1.25mg/ml oral soln</i>	1	
<i>promethazine 12.5mg rectal supp</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg rectal supp</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg tab</i>	1	
<i>promethegan 25mg rectal supp</i>	1	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO 160MCG INHALER	1	QL=12.20 GM/30 Days
ALVESCO 80MCG INHALER	1	QL=12.20 GM/30 Days
ARNUIITY ELLIPTA 100MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUIITY ELLIPTA 200MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUIITY ELLIPTA 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
ANTILEUKOTRIENES		
<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
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT 17MCG HFA INHALER	1	QL=25.80 GM/30 Days
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	1	QL=30 EA/30 Days
<i>ipratropium bromide 0.5mg/2.5ml (0.02%) neb soln</i>	1	PA_BvD
SPIRIVA RESPIMAT 1.25MCG/ACT INHALER	1	QL=4 GM/30 Days
<i>tiotropium bromide 18mcg cap inh powder</i>	1	
BRONCHODILATORS, SYMPATHOMIMETIC		
ADVAIR 115-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 230-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
<i>albuterol 0.63mg/3ml neb soln</i>	1	PA_BvD
<i>albuterol 1.25mg/3ml neb soln</i>	1	PA_BvD
<i>albuterol 108mcg hfa inhaler (6.7gm)</i>	1	QL=13.40 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol 108mcg hfa inhaler (8.5gm)</i>	1	QL=17 GM/30 Days
<i>albuterol 2.5mg/3ml (0.083%) neb soln</i>	1	PA_BvD
<i>albuterol 2mg tab</i>	1	
<i>albuterol 2mg/5ml oral soln</i>	1	
<i>albuterol 4mg tab</i>	1	
<i>albuterol 5mg/ml (0.05%) neb 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>budesonide/formoterol fumarate 160-4.5mcg inhaler</i>	1	QL=10.20 GM/30 Days
<i>budesonide/formoterol fumarate 80-4.5mcg inhaler</i>	1	QL=10.20 GM/30 Days
COMBIVENT RESPIMAT 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
EPINEPHRINE 0.15MG/0.15ML AUTO-INJECTOR	1	
<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
EPINEPHRINE 0.3 MG/0.3ML AUTO-INJECTOR	1	
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
FLUTICASONE FUROATE/VILANTEROL 100-25MCG/INH POWDER INHALER	1	QL=60 EA/30 Days
FLUTICASONE FUROATE/VILANTEROL 200-25MCG/INH POWDER INHALER	1	QL=60 EA/30 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 neb soln</i>	1	PA_BvD
<i>levalbuterol 0.31mg/3ml neb soln</i>	1	
<i>levalbuterol 0.63mg/3ml inh soln</i>	1	
<i>levalbuterol 1.25mg/3ml neb soln</i>	1	
STIOLTO RESPIMAT 2.5-2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
STRIVERDI RESPIMAT 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
<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/act powder inhaler</i>	1	QL=60 EA/30 Days
PULMONARY ANTIHYPERTENSIVES		

You can find information 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 0.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2MG TAB	1	NDS PA QL=90 EA/30 Days
<i>alyq 20mg tab</i>	1	PA QL=60 EA/30 Days
<i>ambrisentan 10mg tab</i>	1	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
<i>macitentan 10mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>sildenafil 20mg tab</i>	1	PA QL=360 EA/30 Days
<i>tadalafil 20mg tab (pah)</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 200mg/ml inh soln</i>	1	PA_BvD
<i>acetylcysteine 400mg/4ml neb 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
BRINSUPRI 10MG TAB	1	NDS PA QL=30 EA/30 Days
BRINSUPRI 25MG TAB	1	NDS PA QL=30 EA/30 Days
<i>cromolyn sodium 20mg/2ml neb soln</i>	1	PA_BvD
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
<i>nintedanib 100mg cap</i>	1	NDS PA QL=60 EA/30 Days
<i>nintedanib 150mg cap</i>	1	NDS PA QL=60 EA/30 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	NDS PA QL=270 EA/30 Days
<i>pirfenidone 801mg tab</i>	1	NDS PA QL=90 EA/30 Days
PROLASTIN-C 1000MG INJ	1	NDS PA
PULMOZYME 2.5MG/2.5ML NEB SOLN	1	NDS PA_BvD QL=150 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>roflumilast 250mcg tab</i>	1	QL=28 EA/365 Days
<i>roflumilast 500mcg tab</i>	1	QL=30 EA/30 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
THEO-24 100MG ER CAP	1	
THEO-24 200MG ER CAP	1	
THEO-24 300MG ER CAP	1	
THEO-24 400MG ER CAP	1	
THEOPHYLLINE 100MG ER TAB	1	
THEOPHYLLINE 200MG ER TAB	1	
<i>theophylline 300mg er tab</i>	1	
<i>theophylline 400mg er tab</i>	1	
<i>theophylline 450mg er tab</i>	1	
<i>theophylline 5.33mg/ml oral soln</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		
GABA RECEPTOR MODULATORS		
<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>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
SLEEP DISORDERS, OTHER		
<i>doxepin 3mg tab</i>	1	
<i>doxepin 6mg tab</i>	1	
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
<i>ramelteon 8mg tab</i>	1	QL=30 EA/30 Days
<i>sodium oxybate 500mg/ml oral soln</i>	1	NDS PA QL=540 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUNOSI 150MG TAB	1	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	1	PA QL=30 EA/30 Days

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

ALPHABETICAL LISTING OF DRUGS

A		ACETAMINOPHEN/COD	4	AIMOVIG 140MG/ML	67
<i>abacavir 20mg/ml oral soln</i>	44	EINE PHOSPHATE		AUTO-INJECTOR	
<i>abacavir 300mg tab</i>	44	120-12MG/5ML ORAL		AIMOVIG 70MG/ML	67
<i>abacavir/lamivudine 600-300mg tab</i>	44	SOLN		AUTO-INJECTOR	
<i>abigale 1/0.5mg tab</i>	73	<i>acetazolamide 125mg tab</i>	52	AKEEGA 500-100MG	30
<i>28-day pack</i>		<i>acetazolamide 250mg tab</i>	52	TAB	
<i>abigale lo 0.5/0.1mg tab</i>	73	<i>acetazolamide 500mg er cap</i>	52	AKEEGA 500-50MG TAB	30
<i>28-day pack</i>		<i>acetic acid 2% otic soln</i>	76	<i>albendazole 200mg tab</i>	37
ABILIFY MAINTENA	43	<i>acetylcysteine 200mg/ml inh soln</i>	81	<i>albuterol 0.63mg/3ml neb soln</i>	79
300MG INJ		<i>acetylcysteine 400mg/4ml neb soln</i>	81	<i>albuterol 1.25mg/3ml neb soln</i>	79
ABILIFY MAINTENA	43	<i>acitretin 10mg cap</i>	56	<i>albuterol 108mcg hfa inhaler (6.7gm)</i>	79
300MG/1.5ML SYRINGE		<i>acitretin 17.5mg cap</i>	56	<i>albuterol 108mcg hfa inhaler (8.5gm)</i>	80
ABILIFY MAINTENA	43	<i>acitretin 25mg cap</i>	56	<i>albuterol 2.5mg/3ml (0.083%) neb soln</i>	80
400MG INJ		ACTHIB INJ	65	<i>albuterol 2mg tab</i>	80
ABILIFY MAINTENA	43	ACTIMMUNE	36	<i>albuterol 2mg/5ml oral soln</i>	80
400MG/2ML SYRINGE		2000000UNIT/0.5ML INJ		<i>albuterol 4mg tab</i>	80
<i>abiraterone acetate 250mg tab</i>	30	<i>acyclovir 200mg cap</i>	46	<i>albuterol 5mg/ml (0.05%) neb soln</i>	80
<i>abirtega 250mg tab</i>	30	<i>acyclovir 400mg tab</i>	46	<i>alclometasone dipropionate 0.05% topical cream</i>	56
ABRYSVO	65	<i>acyclovir 40mg/ml oral susp</i>	46	ALCLOMETASONE	56
120MCG/0.5ML INJ		<i>acyclovir 5% topical ointment</i>	57	DIPROPIONATE 0.05%	
<i>acamprosate calcium 333mg dr tab</i>	5	<i>acyclovir 50mg/ml inj</i>	46	TOPICAL OINTMENT	
<i>acarbose 100mg tab</i>	20	<i>acyclovir 800mg tab</i>	46	ALCOHOL SWAB 1X1 (INSULIN USE)	67
<i>acarbose 25mg tab</i>	20	ADACEL INJ	65	ALECENSA 150MG CAP	32
<i>acarbose 50mg tab</i>	20	ADACEL SYRINGE	66	<i>alendronate 10mg tab</i>	58
<i>accutane 10mg cap</i>	54	<i>adefovir dipivoxil 10mg tab</i>	46	<i>alendronate 35mg tab</i>	58
<i>accutane 20mg cap</i>	54	ADEMPAS 0.5MG TAB	81	<i>alendronate 70mg tab</i>	58
<i>accutane 40mg cap</i>	54	ADEMPAS 1.5MG TAB	81	<i>alendronate sodium 70mg/75ml oral soln</i>	58
<i>acebutolol 200mg cap</i>	49	ADEMPAS 1MG TAB	81	<i>alfuzosin 10mg er tab</i>	63
<i>acebutolol 400mg cap</i>	49	ADEMPAS 2.5MG TAB	81	<i>aliskiren 150mg tab</i>	29
<i>acetaminophen/butalbital 325-50mg tab</i>	3	ADVAIR	79	<i>aliskiren 300mg tab</i>	29
<i>acetaminophen/butalbital /caffeine 325-50-40mg tab</i>	3	115-21MCG/ACT HFA		<i>allopurinol 100mg tab</i>	64
<i>acetaminophen/butalbital /caffeine/codeine phosphate 325-50-40-30mg cap</i>	4	INHALER		<i>allopurinol 300mg tab</i>	64
		ADVAIR	79	<i>alosetron 0.5mg tab</i>	61
		230-21MCG/ACT HFA			
		INHALER			
		ADVAIR 45-21MCG/ACT HFA INHALER	79		

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

ALPHABETICAL LISTING OF DRUGS

<i>alose tron 1mg tab</i>	61	<i>amlodipine 5mg tab</i>	51	<i>amlodipine/valsartan</i>	28
<i>alprazolam 0.25mg tab</i>	6	<i>amlodipine/benazepril</i>	27	<i>10-320mg tab</i>	
<i>alprazolam 0.5mg tab</i>	6	<i>10-20mg cap</i>		<i>amlodipine/valsartan</i>	28
<i>alprazolam 1mg tab</i>	6	<i>amlodipine/benazepril</i>	27	<i>5-160mg tab</i>	
<i>alprazolam 2mg tab</i>	6	<i>10-40mg cap</i>		<i>amlodipine/valsartan</i>	28
<i>altavera tab 28-day pack</i>	70	<i>amlodipine/benazepril</i>	27	<i>5-320mg tab</i>	
ALUNBRIG 180MG TAB	32	<i>2.5-10mg cap</i>		<i>ammonium lactate 12%</i>	57
ALUNBRIG 30MG TAB	32	<i>amlodipine/benazepril</i>	27	<i>topical cream</i>	
ALUNBRIG 90MG TAB	32	<i>5-10mg cap</i>		<i>ammonium lactate 12%</i>	57
ALUNBRIG TAB	32	<i>amlodipine/benazepril</i>	27	<i>topical lotion</i>	
INITIATION PACK (30)		<i>5-20mg cap</i>		<i>amne steem 10mg cap</i>	54
ALVESCO 160MCG	79	<i>amlodipine/benazepril</i>	27	<i>amne steem 20mg cap</i>	54
INHALER		<i>5-40mg cap</i>		<i>amne steem 30mg cap</i>	54
ALVESCO 80MCG	79	<i>amlodipine/hydrochloroth</i>	27	<i>amne steem 40mg cap</i>	54
INHALER		<i>iazide/olmesartan</i>		<i>amoxapine 100mg tab</i>	19
<i>alyacen 1/35 tab 28-day</i>	71	<i>medoxomil 10-12.5-40mg</i>		<i>amoxapine 150mg tab</i>	19
<i>pack</i>		<i>tab</i>		<i>amoxapine 25mg tab</i>	19
ALYFTREK	81	<i>amlodipine/hydrochloroth</i>	27	<i>amoxapine 50mg tab</i>	19
10-50-125MG TAB		<i>iazide/olmesartan</i>		AMOXICILLIN 125MG	10
ALYFTREK 4-20-50MG	81	<i>medoxomil 10-25-40mg</i>		CHEW TAB	
TAB		<i>tab</i>		<i>amoxicillin 250mg cap</i>	10
<i>alyq 20mg tab</i>	81	<i>amlodipine/hydrochloroth</i>	27	AMOXICILLIN 250MG	10
<i>amantadine 100mg cap</i>	38	<i>iazide/olmesartan</i>		CHEW TAB	
<i>amantadine 100mg tab</i>	38	<i>medoxomil 5-12.5-20mg</i>		<i>amoxicillin 25mg/ml oral</i>	10
<i>amantadine 10mg/ml oral</i>	38	<i>tab</i>		<i>susp</i>	
<i>soln</i>		<i>amlodipine/hydrochloroth</i>	27	<i>amoxicillin 40mg/ml oral</i>	10
<i>ambrisentan 10mg tab</i>	81	<i>iazide/olmesartan</i>		<i>susp</i>	
<i>ambrisentan 5mg tab</i>	81	<i>medoxomil 5-12.5-40mg</i>		<i>amoxicillin 500mg cap</i>	10
<i>amikacin 250mg/ml inj</i>	6	<i>tab</i>		<i>amoxicillin 500mg tab</i>	10
<i>amiloride 5mg tab</i>	53	<i>amlodipine/hydrochloroth</i>	27	<i>amoxicillin 50mg/ml oral</i>	10
AMILORIDE/HYDROCH	53	<i>iazide/olmesartan</i>		<i>susp</i>	
LOROTHIAZIDE 5-50MG		<i>medoxomil 5-25-40mg</i>		<i>amoxicillin 80mg/ml oral</i>	10
TAB		<i>tab</i>		<i>susp</i>	
<i>amiodarone 100mg tab</i>	49	<i>amlodipine/olmesartan</i>	27	<i>amoxicillin 875mg tab</i>	10
<i>amiodarone 200mg tab</i>	49	<i>medoxomil 10-20mg tab</i>		<i>amoxicillin/clavulanate</i>	10
<i>amiodarone 400mg tab</i>	49	<i>amlodipine/olmesartan</i>	27	<i>1000-62.5mg er tab</i>	
<i>amitriptyline 100mg tab</i>	19	<i>medoxomil 10-40mg tab</i>		<i>amoxicillin/clavulanate</i>	10
<i>amitriptyline 10mg tab</i>	19	<i>amlodipine/olmesartan</i>	27	<i>250-125mg tab</i>	
<i>amitriptyline 150mg tab</i>	19	<i>medoxomil 5-20mg tab</i>		<i>amoxicillin/clavulanate</i>	10
<i>amitriptyline 25mg tab</i>	19	<i>amlodipine/olmesartan</i>	27	<i>500-125mg tab</i>	
<i>amitriptyline 50mg tab</i>	19	<i>medoxomil 5-40mg tab</i>		<i>amoxicillin/clavulanate</i>	10
<i>amitriptyline 75mg tab</i>	19	<i>amlodipine/valsartan</i>	28	<i>875-125mg tab</i>	
<i>amlodipine 10mg tab</i>	51	<i>10-160mg tab</i>			
<i>amlodipine 2.5mg tab</i>	51				

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

ALPHABETICAL LISTING OF DRUGS

<i>amoxicillin/k clavulanate</i>	10	<i>ampicillin 500mg cap</i>	10	ARISTADA	43
<i>200-28.5mg/5ml oral</i>		<i>ampicillin/sulbactam</i>	10	441MG/1.6ML SYRINGE	
<i>susp</i>		<i>1000-500mg inj</i>		ARISTADA	43
<i>amoxicillin/k clavulanate</i>	10	<i>ampicillin/sulbactam</i>	10	662MG/2.4ML SYRINGE	
<i>250-62.5mg/5ml oral</i>		<i>100-50mg/ml inj</i>		ARISTADA	43
<i>susp</i>		<i>ampicillin/sulbactam</i>	10	882MG/3.2ML SYRINGE	
<i>amoxicillin/k clavulanate</i>	10	<i>2000-1000mg inj</i>		ARISTADA INITIO	43
<i>400-57mg/5ml oral susp</i>		<i>anagrelide 0.5mg cap</i>	11	675MG/2.4ML SYRINGE	
<i>amoxicillin/k clavulanate</i>	10	<i>anagrelide 1mg cap</i>	11	<i>armodafinil 150mg tab</i>	1
<i>600-42.9mg/5ml oral</i>		<i>anastrozole 1mg tab</i>	30	<i>armodafinil 200mg tab</i>	1
<i>susp</i>		ANORO ELLIPTA	80	<i>armodafinil 250mg tab</i>	1
<i>amphetamine/dextroamph</i>	1	62.5-25MCG POWDER		<i>armodafinil 50mg tab</i>	1
<i>etamine 10mg er cap</i>		INHALER		ARNUITY ELLIPTA	79
<i>amphetamine/dextroamph</i>	1	APRACLONIDINE 0.5%	75	100MCG POWDER	
<i>etamine 10mg tab</i>		OPHTH SOLN		INHALER	
<i>amphetamine/dextroamph</i>	1	<i>aprepitant 125mg cap</i>	23	ARNUITY ELLIPTA	79
<i>etamine 12.5mg tab</i>		<i>aprepitant 125mg/80mg</i>	23	200MCG POWDER	
<i>amphetamine/dextroamph</i>	1	<i>cap therapy pack (3)</i>		INHALER	
<i>etamine 15mg er cap</i>		<i>aprepitant 40mg cap</i>	23	ARNUITY ELLIPTA	79
<i>amphetamine/dextroamph</i>	1	<i>aprepitant 80mg cap</i>	23	50MCG POWDER	
<i>etamine 15mg tab</i>		<i>apri tab 28-day pack</i>	71	INHALER	
<i>amphetamine/dextroamph</i>	1	APTIVUS 250MG CAP	44	<i>asenapine 10mg sl tab</i>	41
<i>etamine 20mg er cap</i>		ARANELLE TAB 28-DAY	71	<i>asenapine 2.5mg sl tab</i>	41
<i>amphetamine/dextroamph</i>	1	PACK		<i>asenapine 5mg sl tab</i>	41
<i>etamine 20mg tab</i>		ARCALYST 220MG INJ	47	<i>ashlyna tab 91-day pack</i>	71
<i>amphetamine/dextroamph</i>	1	AREXVY 120MCG/0.5ML	66	ASMANEX 100MCG HFA	79
<i>etamine 25mg er cap</i>		INJ		INHALER	
<i>amphetamine/dextroamph</i>	1	<i>arformoterol tartrate</i>	80	ASMANEX 110MCG	79
<i>etamine 30mg er cap</i>		<i>15mcg/2ml neb soln</i>		(30ACT) TWISTHALER	
<i>amphetamine/dextroamph</i>	1	ARIKAYCE	6	ASMANEX 200MCG HFA	79
<i>etamine 30mg tab</i>		590MG/8.4ML INH SUSP		INHALER	
<i>amphetamine/dextroamph</i>	1	<i>aripiprazole 10mg odt</i>	43	ASMANEX 220MCG	79
<i>etamine 5mg er cap</i>		<i>aripiprazole 10mg tab</i>	43	(120ACT) TWISTHALER	
<i>amphetamine/dextroamph</i>	1	<i>aripiprazole 15mg odt</i>	43	ASMANEX 220MCG	79
<i>etamine 5mg tab</i>		<i>aripiprazole 15mg tab</i>	43	(30ACT) TWISTHALER	
<i>amphetamine/dextroamph</i>	1	<i>aripiprazole 1mg/ml oral</i>	43	ASMANEX 220MCG	79
<i>etamine 7.5mg tab</i>		<i>soln</i>		(60ACT) TWISTHALER	
AMPHOTERICIN B	23	<i>aripiprazole 20mg tab</i>	43	ASMANEX 50MCG HFA	79
50MG INJ		<i>aripiprazole 2mg tab</i>	43	INHALER	
<i>amphotericin b liposomal</i>	23	<i>aripiprazole 30mg tab</i>	43	<i>aspirin/dipyridamole</i>	11
<i>50mg inj</i>		<i>aripiprazole 5mg tab</i>	43	<i>25-200mg er cap</i>	
<i>ampicillin 100mg/ml inj</i>	10	ARISTADA	43	<i>atazanavir 150mg cap</i>	44
<i>ampicillin 1gm inj</i>	10	1064MG/3.9ML		<i>atazanavir 200mg cap</i>	44
<i>ampicillin 2gm inj</i>	10	SYRINGE		<i>atazanavir 300mg 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.

ALPHABETICAL LISTING OF DRUGS

<i>atenolol 100mg tab</i>	49	AUSTEDO XR 48MG TAE	78	<i>azithromycin 600mg tab</i>	11
<i>atenolol 25mg tab</i>	49	AUSTEDO XR 6MG TAB	78	<i>aztreonam 1gm inj</i>	7
<i>atenolol 50mg tab</i>	49	AUSTEDO XR TAB ONCI	78	<i>aztreonam 2gm inj</i>	7
<i>atenolol/chlorthalidone</i>	28	DAILY 4 WEEK		<i>azurette tab 28-day pack</i>	71
<i>100-25mg tab</i>		TITRATION PACK (28)		B	
<i>atenolol/chlorthalidone</i>	28	AUVELITY 105-45MG ER	16	BACITRACIN/POLYMYX	75
<i>50-25mg tab</i>		TAB		IN B 3.5GM OPPTH	
<i>atomoxetine 100mg cap</i>	1	<i>aviane tab 28-day pack</i>	71	OINTMENT	
<i>atomoxetine 10mg cap</i>	1	AVMAPKI/FAKZYNJA	32	<i>baclofen 10mg tab</i>	43
<i>atomoxetine 18mg cap</i>	1	CO-PACK (66)		<i>baclofen 15mg tab</i>	43
<i>atomoxetine 25mg cap</i>	1	AVONEX 30MCG/0.5ML	78	<i>baclofen 20mg tab</i>	43
<i>atomoxetine 40mg cap</i>	1	AUTO-INJECTOR		<i>baclofen 5mg tab</i>	43
<i>atomoxetine 60mg cap</i>	1	AVONEX 30MCG/0.5ML	78	<i>balsalazide disodium</i>	67
<i>atomoxetine 80mg cap</i>	1	SYRINGE		<i>750mg cap</i>	
<i>atorvastatin 10mg tab</i>	25	AVTOZMA 162MG/0.9ML	47	BALVERSA 3MG TAB	32
<i>atorvastatin 20mg tab</i>	25	AUTO-INJECTOR		BALVERSA 4MG TAB	32
<i>atorvastatin 40mg tab</i>	25	AVTOZMA 162MG/0.9ML	47	BALVERSA 5MG TAB	32
<i>atorvastatin 80mg tab</i>	25	SYRINGE		BAQSIMI 3MG/DOSE	20
<i>atovaquone 750mg/5ml</i>	37	AVYCAZ 500-2000MG	9	NASAL POWDER	
<i>oral susp</i>		INJ		BCG LIVE TICE STRAIN	66
<i>atovaquone/proguanil</i>	37	AYVAKIT 100MG TAB	36	<i>50MG INJ</i>	
<i>250-100mg tab</i>		AYVAKIT 200MG TAB	36	<i>benazepril 10mg tab</i>	25
<i>atovaquone/proguanil</i>	37	AYVAKIT 25MG TAB	36	<i>benazepril 20mg tab</i>	25
<i>62.5-25mg tab</i>		AYVAKIT 300MG TAB	36	<i>benazepril 40mg tab</i>	25
<i>atropine sulfate 1% ophth</i>	76	AYVAKIT 50MG TAB	36	<i>benazepril 5mg tab</i>	25
<i>soln</i>		<i>azathioprine 50mg tab</i>	65	<i>benazepril/hydrochloroth</i>	28
<i>atropine</i>	61	<i>azelaic acid 15% topical</i>	58	<i>iazide 10-12.5mg tab</i>	
<i>sulfate/diphenoxylate</i>		<i>gel</i>		<i>benazepril/hydrochloroth</i>	28
<i>0.025-2.5mg tab</i>		<i>azelastine 0.05% ophth</i>	76	<i>iazide 20-12.5mg tab</i>	
ATROVENT 17MCG HFA	79	<i>soln</i>		<i>benazepril/hydrochloroth</i>	28
INHALER		<i>azelastine 0.1%</i>	69	<i>iazide 20-25mg tab</i>	
ATTRUBY 356MG TAB	52	<i>(137mcg/act) nasal</i>		<i>benazepril/hydrochloroth</i>	28
<i>aubra tab 28-day pack</i>	71	<i>inhaler</i>		<i>iazide 5-6.25mg tab</i>	
AUGTYRO 160MG CAP	32	<i>azithromycin 20mg/ml</i>	11	BENLYSTA 200MG/ML	47
AUGTYRO 40MG CAP	32	<i>oral susp</i>		AUTO-INJECTOR	
AUSTEDO 12MG TAB	77	<i>azithromycin 250mg tab</i>	11	BENLYSTA 200MG/ML	47
AUSTEDO 6MG TAB	77	<i>azithromycin 250mg tab</i>	11	SYRINGE	
AUSTEDO 9MG TAB	77	<i>pack (6)</i>		<i>benztropine mesylate</i>	38
AUSTEDO XR 12MG TAE	77	<i>azithromycin 40mg/ml</i>	11	<i>0.5mg tab</i>	
AUSTEDO XR 18MG TAE	77	<i>oral susp</i>		<i>benztropine mesylate 1mg</i>	38
AUSTEDO XR 24MG TAE	77	<i>azithromycin 500mg inj</i>	11	<i>tab</i>	
AUSTEDO XR 30MG TAE	77	<i>azithromycin 500mg tab</i>	11	<i>benztropine mesylate 2mg</i>	38
AUSTEDO XR 36MG TAE	77	<i>azithromycin 500mg tab</i>	11	<i>tab</i>	
AUSTEDO XR 42MG TAE	78	<i>pack (3)</i>			

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

ALPHABETICAL LISTING OF DRUGS

BESREMI	36	BICILLIN L-A	10	BRAFTOVI 75MG CAP	32
500MCG/0.5ML PEN INJ		1200000UNIT/2ML		BREO ELLIPTA	80
BESREMI 500MCG/ML	37	SYRINGE		100-25MCG POWDER	
SYRINGE		BICILLIN L-A	10	INHALER	
<i>betamethasone 0.05%</i>	56	2400000UNIT/4ML		BREO ELLIPTA	80
<i>aug topical cream</i>		SYRINGE		200-25MCG POWDER	
<i>betamethasone 0.05%</i>	56	BICILLIN L-A	10	INHALER	
<i>aug topical lotion</i>		600000UNIT/ML		BREO ELLIPTA	80
<i>betamethasone 0.05%</i>	56	SYRINGE		50-25MCG POWDER	
<i>topical cream</i>		BIKTARVY 30-120-15MG	44	INHALER	
<i>betamethasone 0.05%</i>	56	TAB		<i>brimonidine tartrate</i>	75
<i>topical lotion</i>		BIKTARVY 50-200-25MG	44	<i>0.1% ophth soln</i>	
<i>betamethasone 0.1%</i>	56	TAB		<i>brimonidine tartrate</i>	75
<i>topical cream</i>		<i>bimatoprost 0.01% ophth</i>	76	<i>0.15% ophth soln</i>	
BETAMETHASONE 0.1%	56	<i>soln</i>		<i>brimonidine tartrate</i>	75
TOPICAL LOTION		<i>bimatoprost 0.03% ophth</i>	76	<i>0.2% ophth soln</i>	
<i>betamethasone</i>	56	<i>soln</i>		<i>brimonidine</i>	75
<i>dipropionate 0.05% aug</i>		<i>bismuth</i>	62	<i>tartrate/timolol maleate</i>	
<i>topical ointment</i>		<i>subcitrate/metronidazole/</i>		<i>0.2-0.5% ophth soln</i>	
<i>betamethasone</i>	56	<i>tetracycline</i>		BRINSUPRI 10MG TAB	81
<i>dipropionate 0.05%</i>		<i>140-125-125mg cap</i>		BRINSUPRI 25MG TAB	81
<i>topical ointment</i>		<i>bisoprolol fumarate 10mg</i>	49	<i>brivaracetam 100mg tab</i>	13
<i>betamethasone valerate</i>	56	<i>tab</i>		<i>brivaracetam 10mg tab</i>	13
<i>0.1% topical ointment</i>		<i>bisoprolol fumarate 5mg</i>	49	<i>brivaracetam 10mg/ml</i>	13
BETASERON 0.3MG INJ	78	<i>tab</i>		<i>oral soln</i>	
BETAXOLOL 0.5%	75	<i>bisoprolol</i>	28	<i>brivaracetam 25mg tab</i>	13
OPHTH SOLN		<i>fumarate/hydrochlorothia</i>		<i>brivaracetam 50mg tab</i>	13
<i>betaxolol 10mg tab</i>	49	<i>zide 10-6.25mg tab</i>		<i>brivaracetam 75mg tab</i>	13
<i>betaxolol 20mg tab</i>	49	<i>bisoprolol</i>	28	<i>bromocriptine 2.5mg tab</i>	38
<i>bethanechol chloride</i>	63	<i>fumarate/hydrochlorothia</i>		<i>bromocriptine 5mg cap</i>	38
<i>10mg tab</i>		<i>zide 2.5-6.25mg tab</i>		BRUKINSA 160MG TAB	32
<i>bethanechol chloride</i>	63	<i>bisoprolol</i>	28	<i>budesonide 0.25mg/2ml</i>	79
<i>25mg tab</i>		<i>fumarate/hydrochlorothia</i>		<i>inh susp</i>	
<i>bethanechol chloride</i>	63	<i>zide 5-6.25mg tab</i>		<i>budesonide 0.5mg/2ml</i>	79
<i>50mg tab</i>		<i>blisovi 21 fe tab 1.5/30</i>	71	<i>inh susp</i>	
<i>bethanechol chloride 5mg</i>	63	<i>28-day pack</i>		<i>budesonide 1mg/2ml inh</i>	79
<i>tab</i>		BOOSTRIX SYRINGE	66	<i>susp</i>	
<i>bexarotene 1% topical gel</i>	55	<i>bosentan 125mg tab</i>	81	<i>budesonide 3mg dr cap</i>	59
<i>bexarotene 75mg cap</i>	37	<i>bosentan 62.5mg tab</i>	81	<i>budesonide 9mg er tab</i>	59
BEXSERO SYRINGE	66	BOSULIF 100MG CAP	32	<i>budesonide/formoterol</i>	80
<i>bicalutamide 50mg tab</i>	30	BOSULIF 50MG CAP	32	<i>fumarate 160-4.5mcg</i>	
BICILLIN C-R	10	<i>bosutinib 100mg tab</i>	32	<i>inhaler</i>	
900000-300000UNIT/2M		<i>bosutinib 400mg tab</i>	32		
L SYRINGE		<i>bosutinib 500mg tab</i>	32		

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

ALPHABETICAL LISTING OF DRUGS

<i>budesonide/formoterol fumarate 80-4.5mcg inhaler</i>	80	<i>bupropion xl (24hr) 300mg tab</i>	17	<i>candesartan</i>	28
<i>bumetanide 0.25mg/ml inj</i>	52	<i>buspirone 10mg tab</i>	6	<i>cilexetil/hydrochlorothiazide 32-25mg tab</i>	39
<i>bumetanide 0.5mg tab</i>	52	<i>buspirone 15mg tab</i>	6	CAPLYTA 10.5MG CAP	39
<i>bumetanide 1mg tab</i>	52	<i>buspirone 30mg tab</i>	6	CAPLYTA 21MG CAP	39
<i>bumetanide 2mg tab</i>	52	<i>buspirone 5mg tab</i>	6	CAPLYTA 42MG CAP	39
<i>buprenorphine 10mcg/hr weekly patch</i>	3	<i>buspirone 7.5mg tab</i>	6	CAPRELSA 100MG TAB	32
<i>buprenorphine 15mcg/hr weekly patch</i>	3	C		CAPRELSA 300MG TAB	32
<i>buprenorphine 20mcg/hr weekly patch</i>	3	<i>cabergoline 0.5mg tab</i>	60	<i>captopril 100mg tab</i>	25
<i>buprenorphine 2mg sl tab</i>	5	CABOMETYX 20MG TAE	32	<i>captopril 12.5mg tab</i>	25
<i>buprenorphine 5mcg/hr weekly patch</i>	3	CABOMETYX 40MG TAE	32	<i>captopril 25mg tab</i>	25
<i>buprenorphine 7.5mcg/hr weekly patch</i>	3	CABOMETYX 60MG TAE	32	<i>captopril 50mg tab</i>	25
<i>buprenorphine 8mg sl tab</i>	5	<i>calcipotriene 0.005% topical cream</i>	56	<i>carbamazepine 100mg chew tab</i>	13
<i>buprenorphine/naloxone 12-3mg sl film</i>	5	<i>calcipotriene 0.005% topical ointment</i>	56	<i>carbamazepine 100mg er cap</i>	13
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	5	CALCIPOTRIENE 0.005% TOPICAL SOLN	56	<i>carbamazepine 100mg er tab</i>	13
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	5	<i>calcitriol 0.25mcg cap</i>	58	<i>carbamazepine 200mg er cap</i>	13
<i>buprenorphine/naloxone 4-1mg sl film</i>	5	<i>calcitriol 0.5mcg cap</i>	58	<i>carbamazepine 200mg er tab</i>	13
<i>buprenorphine/naloxone 8-2mg sl film</i>	5	<i>calcitriol 1mcg/ml oral soln</i>	58	<i>carbamazepine 200mg tab</i>	13
<i>buprenorphine/naloxone 8-2mg sl tab</i>	5	<i>calcium acetate 667mg cap</i>	68	<i>carbamazepine 20mg/ml oral susp</i>	13
<i>bupropion (12hr) 150mg er tab</i>	5	CALQUENCE 100MG TAB	32	<i>carbamazepine 300mg er cap</i>	14
<i>bupropion 100mg tab</i>	16	<i>camila 0.35mg tab 28-day pack</i>	71	<i>carbamazepine 400mg er tab</i>	14
<i>bupropion 75mg tab</i>	17	<i>camrese lo tab 91-day pack</i>	71	<i>carbidopa 25mg tab</i>	38
<i>bupropion sr (12hr) 100mg tab</i>	17	<i>candesartan cilexetil 16mg tab</i>	26	<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	38
<i>bupropion sr (12hr) 150mg tab</i>	17	<i>candesartan cilexetil 32mg tab</i>	26	<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	38
<i>bupropion sr (12hr) 200mg tab</i>	17	<i>candesartan cilexetil 4mg tab</i>	26	<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	38
<i>bupropion xl (24hr) 150mg tab</i>	17	<i>candesartan cilexetil 8mg tab</i>	26	<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	38
		<i>candesartan</i>	28		
		<i>cilexetil/hydrochlorothiazide 16-12.5mg tab</i>	28		
		<i>candesartan</i>	28		
		<i>cilexetil/hydrochlorothiazide 32-12.5mg tab</i>			

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

ALPHABETICAL LISTING OF DRUGS

<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	38	CAYSTON 75MG/ML NEB SOLN	7	<i>ceftriaxone 1gm inj</i>	9
<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	38	CEFACLOR 250MG CAP	9	<i>ceftriaxone 250mg inj</i>	9
<i>carbidopa/levodopa 10-100mg odt</i>	38	CEFACLOR 500MG CAP	9	<i>ceftriaxone 2gm inj</i>	9
<i>carbidopa/levodopa 10-100mg tab</i>	38	<i>cefadroxil 100mg/ml oral susp</i>	9	<i>ceftriaxone 500mg inj</i>	9
<i>carbidopa/levodopa 25-100mg er tab</i>	38	<i>cefadroxil 500mg cap</i>	9	<i>cefuroxime 1500mg inj</i>	9
<i>carbidopa/levodopa 25-100mg odt</i>	38	<i>cefadroxil 50mg/ml oral susp</i>	9	<i>cefuroxime 250mg tab</i>	9
<i>carbidopa/levodopa 25-100mg tab</i>	38	<i>cefazolin 1gm inj</i>	9	<i>cefuroxime 500mg tab</i>	9
<i>carbidopa/levodopa 25-250mg odt</i>	38	<i>cefazolin 200mg/ml inj</i>	9	<i>cefuroxime 750mg inj</i>	9
<i>carbidopa/levodopa 25-250mg tab</i>	38	<i>cefazolin 500mg inj</i>	9	<i>celecoxib 100mg cap</i>	2
<i>carbidopa/levodopa 50-200mg er tab</i>	38	<i>cefdinir 25mg/ml oral susp</i>	9	<i>celecoxib 200mg cap</i>	2
<i>carglumic acid 200mg tab for oral susp</i>	58	<i>cefdinir 300mg cap</i>	9	<i>celecoxib 400mg cap</i>	2
<i>carisoprodol 350mg tab</i>	43	<i>cefdinir 50mg/ml oral susp</i>	9	<i>celecoxib 50mg cap</i>	2
CARTEOLOL 1% OPHTH SOLN	75	<i>cefepime 1gm inj</i>	9	<i>cephalexin 250mg cap</i>	9
<i>cartia xt 120mg er (24hr) cap</i>	51	<i>cefepime 2gm inj</i>	9	<i>cephalexin 25mg/ml oral susp</i>	9
<i>cartia xt 180mg er (24hr) cap</i>	51	<i>cefixime 400mg cap</i>	9	<i>cephalexin 500mg cap</i>	9
<i>cartia xt 240mg er (24hr) cap</i>	51	<i>cefoxitin 1gm inj</i>	9	<i>cephalexin 50mg/ml oral susp</i>	9
<i>cartia xt 300mg er (24hr) cap</i>	51	<i>cefoxitin 200mg/ml inj</i>	9	<i>cevimeline 30mg cap</i>	54
<i>carvedilol 12.5mg tab</i>	49	<i>cefoxitin 2gm inj</i>	9	<i>chlordiazepoxide 10mg cap</i>	6
<i>carvedilol 25mg tab</i>	50	<i>cefpodoxime 100mg tab</i>	9	<i>chlordiazepoxide 25mg cap</i>	6
<i>carvedilol 3.125mg tab</i>	50	CEFPODOXIME 10MG/ML ORAL SUSP	9	<i>chlordiazepoxide 5mg cap</i>	6
<i>carvedilol 6.25mg tab</i>	50	<i>cefpodoxime 200mg tab</i>	9	<i>chlorhexidine gluconate 0.12% mouthwash</i>	54
<i>caspofungin acetate 50mg inj</i>	23	CEFPODOXIME 20MG/ML ORAL SUSP	9	CHLOROQUINE PHOSPHATE 250MG TAB	37
<i>caspofungin acetate 70mg inj</i>	23	<i>cefprozil 250mg tab</i>	9	<i>chloroquine phosphate 500mg tab</i>	37
		<i>cefprozil 25mg/ml oral susp</i>	9	<i>chlorpromazine 100mg tab</i>	42
		<i>cefprozil 500mg tab</i>	9	<i>chlorpromazine 100mg/ml oral soln</i>	42
		<i>cefprozil 50mg/ml oral susp</i>	9	<i>chlorpromazine 10mg tab</i>	42
		<i>ceftaroline fosamil 400mg inj</i>	9	<i>chlorpromazine 200mg tab</i>	42
		<i>ceftaroline fosamil 600mg inj</i>	9	<i>chlorpromazine 25mg tab</i>	42
		<i>ceftazidime 1gm inj</i>	9	<i>chlorpromazine 30mg/ml oral soln</i>	42
		CEFTAZIDIME 200MG/ML INJ	9	<i>chlorpromazine 50mg tab</i>	42
		<i>ceftazidime 2gm inj</i>	9	<i>chlorthalidone 25mg tab</i>	53
		<i>ceftriaxone 10gm inj</i>	9	<i>chlorthalidone 50mg tab</i>	53
				<i>chlorzoxazone 500mg tab</i>	43

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

ALPHABETICAL LISTING OF DRUGS

<i>cholestyramine 4gm powder for oral susp</i>	24	<i>citalopram 10mg tab</i>	17	CLINIMIX 4.25/5 INJ	69
<i>cholestyramine light 4gm powder for oral susp</i>	24	<i>citalopram 20mg tab</i>	17	CLINIMIX 5/15 INJ	69
<i>ciclopirox 0.77% topical cream</i>	55	<i>citalopram 2mg/ml oral soln</i>	17	CLINIMIX 5/20 INJ	69
<i>ciclopirox 0.77% topical gel</i>	55	<i>citalopram 40mg tab</i>	17	<i>clinisol 15% inj</i>	69
<i>ciclopirox 0.77% topical lotion</i>	55	<i>claravis 10mg cap</i>	54	<i>clobazam 10mg tab</i>	13
<i>ciclopirox 1% shampoo</i>	55	<i>claravis 20mg cap</i>	54	<i>clobazam 2.5mg/ml oral susp</i>	13
<i>ciclopirox 8% topical soln</i>	55	<i>claravis 30mg cap</i>	54	<i>clobazam 20mg tab</i>	13
CILASTATIN/IMIPENEM 250-250MG INJ	7	<i>claravis 40mg cap</i>	54	<i>clobetasol propionate 0.05% shampoo</i>	56
<i>cilastatin/imipenem 500-500mg inj</i>	7	<i>clarithromycin 250mg tab</i>	11	<i>clobetasol propionate 0.05% topical cream</i>	56
<i>cilostazol 100mg tab</i>	11	CLARITHROMYCIN 25MG/ML ORAL SUSP	11	<i>clobetasol propionate 0.05% topical e cream</i>	56
<i>cilostazol 50mg tab</i>	11	<i>clarithromycin 500mg tab</i>	11	<i>clobetasol propionate 0.05% topical foam</i>	56
CIMDUO 300-300MG TAB	44	CLARITHROMYCIN 50MG/ML ORAL SUSP	11	<i>clobetasol propionate 0.05% topical gel</i>	56
<i>cimetidine 200mg tab</i>	62	<i>clindamycin 1% pad</i>	54	<i>clobetasol propionate 0.05% topical lotion</i>	56
<i>cimetidine 300mg tab</i>	62	<i>clindamycin 1% topical gel (once-daily)</i>	54	<i>clobetasol propionate 0.05% topical ointment</i>	56
<i>cimetidine 400mg tab</i>	62	<i>clindamycin 1% topical gel (twice-daily)</i>	54	<i>clobetasol propionate 0.05% topical soln</i>	19
<i>cimetidine 800mg tab</i>	62	<i>clindamycin 1% topical lotion</i>	54	<i>clomipramine 25mg cap</i>	19
CIMZIA 200MG INJ	47	<i>clindamycin 1% topical soln</i>	54	<i>clomipramine 50mg cap</i>	19
CIMZIA 200MG/ML SYRINGE	47	<i>clindamycin 150mg cap</i>	7	<i>clomipramine 75mg cap</i>	19
CIMZIA 200MG/ML SYRINGE PACK (2)	47	<i>clindamycin 2% vaginal cream</i>	7	<i>clonazepam 0.125mg odt</i>	13
CIMZIA 200MG/ML SYRINGE STARTER KIT (6)	47	<i>clindamycin 300mg cap</i>	7	<i>clonazepam 0.25mg odt</i>	13
<i>cinacalcet 30mg tab</i>	58	<i>clindamycin 300mg/2ml inj</i>	7	<i>clonazepam 0.5mg odt</i>	13
<i>cinacalcet 60mg tab</i>	58	<i>clindamycin 300mg/50ml inj</i>	7	<i>clonazepam 0.5mg tab</i>	13
<i>cinacalcet 90mg tab</i>	58	<i>clindamycin 600mg/4ml inj</i>	7	<i>clonazepam 1mg odt</i>	13
<i>ciprofloxacin 0.3% ophth soln</i>	75	<i>clindamycin 600mg/50ml inj</i>	7	<i>clonazepam 1mg tab</i>	13
<i>ciprofloxacin 250mg tab</i>	7	<i>clindamycin 75mg cap</i>	7	<i>clonazepam 2mg odt</i>	13
CIPROFLOXACIN 2MG/ML INJ	7	<i>clindamycin 75mg/5ml oral soln</i>	7	<i>clonazepam 2mg tab</i>	13
<i>ciprofloxacin 500mg tab</i>	7	<i>clindamycin 900mg/50ml inj</i>	7	<i>clonidine 0.1mg er tab</i>	1
<i>ciprofloxacin 750mg tab</i>	7	<i>clindamycin 900mg/6ml inj</i>	7	<i>clonidine 0.1mg tab</i>	27
<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	76	CLINIMIX 4.25/10 INJ	69	<i>clonidine 0.1mg/24hr weekly patch</i>	27
				<i>clonidine 0.2mg tab</i>	27
				<i>clonidine 0.2mg/24hr weekly patch</i>	27
				<i>clonidine 0.3mg tab</i>	27

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>clonidine 0.3mg/24hr weekly patch</i>	27	<i>colchicine/probenecid 0.5-500mg tab</i>	64	CREON 120000-24000-76000UNI	68
<i>clopidogrel 75mg tab</i>	11	<i>colesevelam 625mg tab</i>	24	T DR CAP	
<i>clorazepate dipotassium 15mg tab</i>	6	<i>colestipol 1gm tab</i>	24	CREON 15000-3000-9500UNIT	68
<i>clorazepate dipotassium 3.75mg tab</i>	6	<i>colestipol 5000mg granules for oral susp</i>	25	DR CAP	
<i>clorazepate dipotassium 7.5mg tab</i>	6	<i>colistin 75mg/ml inj</i>	7	CREON 180000-36000-114000U	68
<i>clotrimazole 1% topical cream</i>	55	COMBIVENT RESPIMAT 20-100MCG/ACT	80	NIT DR CAP	
<i>clotrimazole 10mg lozenge</i>	54	INHALER		CREON 30000-6000-19000UNIT	68
<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	55	COMETRIQ CAP 100MG DAILY DOSE PACK (56)	32	DR CAP	
<i>clozapine 100mg odt</i>	41	COMETRIQ CAP 140MG DAILY DOSE PACK (112)	32	CREON 60000-12000-38000UNIT	68
<i>clozapine 100mg tab</i>	41	COMETRIQ CAP 60MG DAILY DOSE PACK (84)	32	DR CAP	
<i>clozapine 12.5mg odt</i>	41	<i>compro 25mg rectal supp</i>	42	CRESEMBA 186MG CAP	23
<i>clozapine 150mg odt</i>	41	<i>conjugated estrogens 0.3mg tab</i>	73	CRESEMBA 74.5MG CAP	23
<i>clozapine 200mg odt</i>	41	<i>conjugated estrogens 0.45mg tab</i>	73	<i>cromolyn sodium 20mg/2ml neb soln</i>	81
<i>clozapine 200mg tab</i>	41	<i>conjugated estrogens 0.625mg tab</i>	73	<i>cromolyn sodium 20mg/ml oral soln</i>	68
<i>clozapine 25mg odt</i>	41	<i>conjugated estrogens 0.9mg tab</i>	73	CROMOLYN SODIUM 4% OPHTH SOLN	76
<i>clozapine 25mg tab</i>	41	<i>conjugated estrogens 1.25mg tab</i>	73	<i>cryselle tab 28-day pack</i>	71
<i>clozapine 50mg tab</i>	41	<i>constulose 10gm/15ml oral soln</i>	61	<i>cyclobenzaprine 10mg tab</i>	44
COARTEM 20-120MG TAB	37	COPIKTRA 15MG CAP	32	<i>cyclobenzaprine 5mg tab</i>	44
COBENFY 100-20MG CAP	39	COPIKTRA 25MG CAP	32	<i>cyclophosphamide 25mg cap</i>	29
COBENFY 125-30MG CAP	39	COSENTYX 150MG/ML SYRINGE	47	<i>cyclophosphamide 50mg cap</i>	29
COBENFY 50-20MG CAP	39	COSENTYX	47	CYCLOPHOSPHAMIDE 50MG TAB	29
COBENFY CAP 28-DAY STARTER PACK (56)	39	75MG/0.5ML SYRINGE	47	<i>cyclosporine 0.05% ophth susp</i>	76
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	4	COSENTYX	47	<i>cyclosporine 100mg cap</i>	65
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	4	SENSOREADY 150MG/ML	47	<i>cyclosporine 25mg cap</i>	65
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	4	AUTO-INJECTOR		<i>cyclosporine modified 100mg cap</i>	65
<i>colchicine 0.6mg tab</i>	64	COSENTYX UNOREADY 300MG/2ML	47	<i>cyclosporine modified 100mg/ml oral soln</i>	65
		AUTO-INJECTOR		<i>cyclosporine modified 25mg cap</i>	65
		COTELLIC 20MG TAB	32		

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

ALPHABETICAL LISTING OF DRUGS

<i>cyclosporine modified</i>	65	<i>daptomycin 350mg inj</i>	7	<i>desonide 0.05% topical</i>	56
<i>50mg cap</i>		<i>daptomycin 500mg inj</i>	7	<i>cream</i>	
<i>ciproheptadine 0.4mg/ml</i>	78	<i>darunavir 600mg tab</i>	44	<i>desonide 0.05% topical</i>	56
<i>oral soln</i>		<i>darunavir 800mg tab</i>	44	<i>ointment</i>	
<i>ciproheptadine 4mg tab</i>	78	<i>dasatinib 100mg tab</i>	33	<i>desoximetasone 0.25%</i>	56
<i>cyred tab 28-day pack</i>	71	<i>dasatinib 140mg tab</i>	33	<i>topical cream</i>	
CYSTADANE 1GM	58	<i>dasatinib 20mg tab</i>	33	<i>desoximetasone 0.25%</i>	56
POWDER FOR ORAL		<i>dasatinib 50mg tab</i>	33	<i>topical ointment</i>	
SOLN		<i>dasatinib 70mg tab</i>	33	<i>desvenlafaxine succinate</i>	18
CYSTADROPS 0.37%	76	<i>dasatinib 80mg tab</i>	33	<i>100mg er tab</i>	
OPHTH SOLN		DAURISMO 100MG TAB	30	<i>desvenlafaxine succinate</i>	18
CYSTAGON 150MG CAP	64	DAURISMO 25MG TAB	30	<i>25mg er tab</i>	
CYSTAGON 50MG CAP	64	<i>deblitane 0.35mg tab</i>	71	<i>desvenlafaxine succinate</i>	18
D		<i>28-day pack</i>		<i>50mg er tab</i>	
<i>dabigatran etexilate</i>	11	<i>deferiasirox 180mg tab</i>	23	<i>dexamethasone 0.5mg tab</i>	59
<i>mesylate 110mg cap</i>		<i>deferiasirox 360mg tab</i>	23	DEXAMETHASONE	59
<i>dabigatran etexilate</i>	11	<i>deferiasirox 90mg tab</i>	23	<i>0.5MG/5ML ORAL SOLN</i>	
<i>mesylate 150mg cap</i>		DELSTRIGO	44	<i>dexamethasone 0.75mg</i>	59
<i>dabigatran etexilate</i>	11	<i>100-300-300MG TAB</i>		<i>tab</i>	
<i>mesylate 75mg cap</i>		<i>demeclocycline 150mg</i>	7	<i>dexamethasone 1.5mg tab</i>	59
<i>dalfampridine 10mg er</i>	78	<i>tab</i>		<i>dexamethasone 1mg tab</i>	59
<i>tab</i>		<i>demeclocycline 300mg</i>	7	<i>dexamethasone 2mg tab</i>	59
<i>danazol 100mg cap</i>	4	<i>tab</i>		<i>dexamethasone 4mg tab</i>	59
<i>danazol 200mg cap</i>	4	DEPO-SUBQ PROVERA	71	<i>dexamethasone 6mg tab</i>	59
<i>danazol 50mg cap</i>	4	<i>104MG/0.65ML</i>		DEXAMETHASONE	76
<i>dantrolene sodium 100mg</i>	44	SYRINGE		PHOSPHATE 0.1%	
<i>cap</i>		DESCOVY 120-15MG	44	OPHTH SOLN	
<i>dantrolene sodium 25mg</i>	44	TAB		<i>dexamethasone/neomycin</i>	76
<i>cap</i>		DESCOVY 200-25MG	44	<i>/polymyxin b 0.1% ophth</i>	
<i>dantrolene sodium 50mg</i>	44	TAB		<i>ointment</i>	
<i>cap</i>		<i>desipramine 100mg tab</i>	19	<i>dexamethasone/neomycin</i>	76
<i>dapagliflozin 10mg tab</i>	22	<i>desipramine 10mg tab</i>	19	<i>/polymyxin b 0.1% ophth</i>	
<i>dapagliflozin 5mg tab</i>	22	<i>desipramine 150mg tab</i>	19	<i>susp</i>	
<i>dapagliflozin/metformin</i>	20	<i>desipramine 25mg tab</i>	19	<i>dexamethasone/tobramyc</i>	76
<i>10-1000mg er tab</i>		<i>desipramine 50mg tab</i>	19	<i>in 0.3-0.1% ophth susp</i>	
<i>dapagliflozin/metformin</i>	20	<i>desipramine 75mg tab</i>	19	<i>dexmethylphenidate</i>	1
<i>10-500mg er tab</i>		<i>desloratadine 5mg tab</i>	78	<i>10mg tab</i>	
<i>dapagliflozin/metformin</i>	20	<i>desmopressin acetate</i>	60	<i>dexmethylphenidate</i>	1
<i>5-1000mg er tab</i>		<i>0.01% (0.01mg/act) nasal</i>		<i>2.5mg tab</i>	
<i>dapagliflozin/metformin</i>	20	<i>spray</i>		<i>dexmethylphenidate 5mg</i>	1
<i>5-500mg er tab</i>		<i>desmopressin acetate</i>	60	<i>tab</i>	
<i>dapsone 100mg tab</i>	29	<i>0.1mg tab</i>		<i>dextroamphetamine</i>	1
<i>dapsone 25mg tab</i>	29	<i>desmopressin acetate</i>	60	<i>sulfate 10mg tab</i>	
DAPTACEL INJ	66	<i>0.2mg tab</i>			

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

ALPHABETICAL LISTING OF DRUGS

<i>dextroamphetamine sulfate 5mg tab</i>	1	<i>diclofenac sodium 75mg dr tab</i>	2	<i>dimethyl fumarate 120mg dr cap</i>	78
<i>dextromethorphan hydrobromide/quinidine sulfate 20-10mg cap</i>	78	<i>dicloxacillin 250mg cap</i>	10	<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	78
DEXTROSE 10% INJ	69	<i>dicloxacillin 500mg cap</i>	10	<i>dimethyl fumarate 240mg dr cap</i>	78
DIACOMIT 250MG CAP	14	<i>dicyclomine 10mg cap</i>	61	<i>dipyridamole 25mg tab</i>	11
DIACOMIT 250MG POWDER FOR ORAL SUSP	14	<i>dicyclomine 20mg tab</i>	62	<i>dipyridamole 50mg tab</i>	11
DIACOMIT 500MG CAP	14	<i>dicyclomine 2mg/ml oral soln</i>	62	<i>dipyridamole 75mg tab</i>	11
DIACOMIT 500MG POWDER FOR ORAL SUSP	14	DIFICID 200MG TAB	11	<i>disopyramide 100mg cap</i>	49
<i>diazepam 10mg tab</i>	6	<i>diflunisal 500mg tab</i>	2	<i>disopyramide 150mg cap</i>	49
<i>diazepam 10mg/2ml rectal gel</i>	13	<i>difluprednate 0.05% ophth susp</i>	76	<i>disulfiram 250mg tab</i>	5
<i>diazepam 1mg/ml oral soln</i>	6	<i>digoxin 0.125mg tab</i>	52	<i>divalproex sodium 125mg dr cap</i>	16
<i>diazepam 2.5mg/0.5ml rectal gel</i>	13	<i>digoxin 0.25mg tab</i>	52	<i>divalproex sodium 125mg dr tab</i>	16
<i>diazepam 20mg/4ml rectal gel</i>	13	<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	67	<i>divalproex sodium 250mg dr tab</i>	16
<i>diazepam 2mg tab</i>	6	DILANTIN 30MG ER CAP	14	<i>divalproex sodium 250mg er tab</i>	39
<i>diazepam 5mg tab</i>	6	<i>diltiazem 120mg er (12hr) cap</i>	51	<i>divalproex sodium 500mg dr tab</i>	16
<i>diazepam 5mg/ml oral soln</i>	6	<i>diltiazem 120mg er (24hr) cap</i>	51	<i>divalproex sodium 500mg er tab</i>	39
<i>diazoxide 50mg/ml oral susp</i>	20	<i>diltiazem 120mg tab</i>	51	<i>dofetilide 125mcg cap</i>	49
<i>diclofenac potassium 50mg tab</i>	2	<i>diltiazem 180mg er (24hr) cap</i>	51	<i>dofetilide 250mcg cap</i>	49
<i>diclofenac sodium 0.1% ophth soln</i>	76	<i>diltiazem 240mg er (24hr) cap</i>	51	<i>dofetilide 500mcg cap</i>	49
<i>diclofenac sodium 1.5% topical soln</i>	2	<i>diltiazem 300mg er (24hr) cap</i>	51	<i>donepezil 10mg odt</i>	77
<i>diclofenac sodium 100mg er tab</i>	2	<i>diltiazem 30mg tab</i>	51	<i>donepezil 10mg tab</i>	77
<i>diclofenac sodium 25mg dr tab</i>	2	<i>diltiazem 360mg er (24hr) cap</i>	51	<i>donepezil 23mg tab</i>	77
<i>diclofenac sodium 3% topical gel</i>	55	<i>diltiazem 420mg er (24hr) cap</i>	51	<i>donepezil 5mg odt</i>	77
<i>diclofenac sodium 50mg dr tab</i>	2	<i>diltiazem 60mg er (12hr) cap</i>	51	<i>donepezil 5mg tab</i>	77
		<i>diltiazem 60mg tab</i>	51	<i>dorzolamide 2% ophth soln</i>	76
		<i>diltiazem 90mg er (12hr) cap</i>	51	<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	75
		<i>diltiazem 90mg tab</i>	51	<i>dotti 0.025mg/24hr twice weekly patch</i>	73
		<i>dilt-xr 120mg cap</i>	51	<i>dotti 0.0375mg/24hr twice weekly patch</i>	73
		<i>dilt-xr 180mg cap</i>	51	<i>dotti 0.05mg/24hr twice weekly patch</i>	73
		<i>dilt-xr 240mg cap</i>	51		

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

ALPHABETICAL LISTING OF DRUGS

<i>dotti 0.075mg/24hr twice weekly patch</i>	73	DRIZALMA 30MG DR SPRINKLE CAP	18	<i>econazole nitrate 1% topical cream</i>	55
<i>dotti 0.1mg/24hr twice weekly patch</i>	74	DRIZALMA 40MG DR SPRINKLE CAP	18	EDURANT 2.5MG TAB FOR ORAL SUSP	44
DOVATO 50-300MG TAB	44	DRIZALMA 60MG DR SPRINKLE CAP	18	<i>efavirenz 600mg tab</i>	44
<i>doxazosin 1mg tab</i>	27	<i>dronabinol 10mg cap</i>	23	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	44
<i>doxazosin 2mg tab</i>	27	<i>dronabinol 2.5mg cap</i>	23	EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	44
<i>doxazosin 4mg tab</i>	27	<i>dronabinol 5mg cap</i>	23	400-300-300MG TAB	
<i>doxepin 100mg cap</i>	19	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	71	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	44
<i>doxepin 10mg cap</i>	19	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	71	<i>electrolyte-148 inj</i>	69
DOXEPIIN 10MG/ML ORAL SOLN	19	DROXIA 200MG CAP	68	ELIGARD 22.5MG SYRINGE	30
DOXEPIIN 150MG CAP	19	DROXIA 300MG CAP	68	ELIGARD 30MG SYRINGE	30
<i>doxepin 25mg cap</i>	19	DROXIA 400MG CAP	68	ELIGARD 45MG SYRINGE	30
<i>doxepin 3mg tab</i>	82	<i>droxidopa 100mg cap</i>	49	ELIGARD 7.5MG SYRINGE	31
<i>doxepin 50mg cap</i>	19	<i>droxidopa 200mg cap</i>	49	ELIQUIS 0.15MG SPRINKLE CAP	11
<i>doxepin 6mg tab</i>	82	<i>droxidopa 300mg cap</i>	49	ELIQUIS 0.5MG TAB FOR ORAL SUSP DOSE PACK (112)	12
<i>doxepin 75mg cap</i>	19	DULERA 100-5MCG INHALER	80	ELIQUIS 0.5MG TAB FOR ORAL SUSP DOSE PACK (28)	12
<i>doxy 100mg inj</i>	7	DULERA 200-5MCG INHALER	80	ELIQUIS 0.5MG TAB FOR ORAL SUSP DOSE PACK (84)	12
<i>doxycycline hyclate 100mg cap</i>	7	DULERA 50-5MCG INHALER	80	ELIQUIS 2.5MG TAB	12
<i>doxycycline hyclate 100mg inj</i>	7	<i>duloxetine 20mg dr cap</i>	18	ELIQUIS 5MG TAB	12
<i>doxycycline hyclate 100mg tab</i>	7	<i>duloxetine 30mg dr cap</i>	18	ELIQUIS 5MG TAB 30-DAY STARTER PACK (74)	
<i>doxycycline hyclate 20mg tab</i>	7	<i>duloxetine 60mg dr cap</i>	18		
<i>doxycycline hyclate 50mg cap</i>	7	DUPIXENT 200MG/1.14ML AUTO-INJECTOR	47		
<i>doxycycline monohydrate 100mg cap</i>	7	DUPIXENT 200MG/1.14ML SYRINGE	47		
<i>doxycycline monohydrate 100mg tab</i>	7	DUPIXENT 300MG/2ML AUTO-INJECTOR	47		
<i>doxycycline monohydrate 50mg cap</i>	7	DUPIXENT 300MG/2ML SYRINGE	47		
<i>doxycycline monohydrate 50mg tab</i>	7	<i>dutasteride 0.5mg cap</i>	63		
<i>doxycycline monohydrate 5mg/ml oral susp</i>	7				
<i>doxycycline monohydrate 75mg tab</i>	7				
DRIZALMA 20MG DR SPRINKLE CAP	18				

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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>eltrombopag olamine</i> 12.5mg powder for oral susp	64	<i>emtricitabine/tenofovir</i> <i>disoproxil fumarate</i> 200-300mg tab	45	<i>enoxaparin sodium</i> 100mg/1ml syringe	12
<i>eltrombopag olamine</i> 12.5mg tab	64	EMTRIVA 10MG/ML ORAL SOLN	45	<i>enoxaparin sodium</i> 120mg/0.8ml syringe	12
<i>eltrombopag olamine</i> 25mg powder for oral susp	64	<i>enalapril maleate</i> 10mg tab	25	<i>enoxaparin sodium</i> 150mg/1ml syringe	12
<i>eltrombopag olamine</i> 25mg tab	64	<i>enalapril maleate</i> 2.5mg tab	26	<i>enoxaparin sodium</i> 30mg/0.3ml syringe	12
<i>eltrombopag olamine</i> 50mg tab	64	<i>enalapril maleate</i> 20mg tab	26	<i>enoxaparin sodium</i> 40mg/0.4ml syringe	12
<i>eltrombopag olamine</i> 75mg tab	64	<i>enalapril maleate</i> 5mg tab	26	<i>enoxaparin sodium</i> 60mg/0.6ml syringe	12
<i>eluryng</i> 0.120-0.015mg/24hr vaginal system	71	<i>enalapril</i> <i>maleate/hydrochlorothiaz</i> <i>ide</i> 10-25mg tab	28	<i>enoxaparin sodium</i> 80mg/0.8ml syringe	12
EMGALITY 100MG/ML SYRINGE	67	<i>enalapril</i> <i>maleate/hydrochlorothiaz</i> <i>ide</i> 5-12.5mg tab	28	ENSACOVE 100MG CAP	33
EMGALITY 120MG/ML AUTO-INJECTOR	67	ENBREL 25MG/0.5ML INJ	47	ENSACOVE 25MG CAP	33
EMGALITY 120MG/ML SYRINGE	67	ENBREL 25MG/0.5ML SYRINGE	47	<i>enskyce tab</i> 28-day pack	71
EMSAM 12MG/24HR PATCH	17	ENBREL 50MG/ML CARTRIDGE	47	<i>entacapone</i> 200mg tab	38
EMSAM 6MG/24HR PATCH	17	ENBREL 50MG/ML SYRINGE	47	<i>entecavir</i> 0.5mg tab	46
EMSAM 9MG/24HR PATCH	17	ENBREL SURECLICK 50MG/ML	47	<i>entecavir</i> 1mg tab	46
<i>emtricitabine</i> 200mg cap	44	AUTO-INJECTOR		ENTYVIO	47
<i>emtricitabine/rilpivirine/t</i> <i>enofovir disoproxil</i> <i>fumarate</i> 200-25-300mg tab	44	ENBUMYST 0.5MG/0.1ML NASAL SPRAY	52	108MG/0.68ML AUTO-INJECTOR	
<i>emtricitabine/tenofovir</i> <i>disoproxil fumarate</i> 100-150mg tab	44	ENERGIX-B 10MCG/0.5ML SYRINGE	66	<i>enulose</i> 10gm/15ml oral soln	62
<i>emtricitabine/tenofovir</i> <i>disoproxil fumarate</i> 133-200mg tab	44	ENERGIX-B 20MCG/ML INJ	66	ENVARUS XR 0.75MG TAB	65
<i>emtricitabine/tenofovir</i> <i>disoproxil fumarate</i> 167-250mg tab	45	ENERGIX-B 20MCG/ML SYRINGE	66	ENVARUS XR 1MG TAB	65
		<i>enilloring</i> 0.120-0.015mg/24hr vaginal system	71	ENVARUS XR 4MG TAB	65
		ENOBY 60MG/ML SYRINGE	58	EPIDIOLEX 100MG/ML ORAL SOLN	14
				EPINEPHRINE 0.15MG/0.15ML AUTO-INJECTOR	80
				<i>epinephrine</i> 0.15mg/0.3ml auto-injector (2pack)	80
				EPINEPHRINE 0.3 MG/0.3ML AUTO-INJECTOR	80
				<i>epinephrine</i> 0.3mg/0.3ml auto-injector (2pack)	80
				<i>eplerenone</i> 25mg tab	29
				<i>eplerenone</i> 50mg tab	29

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

ERIVEDGE 150MG CAP	30	esomeprazole 40mg	62	estradiol 2mg tab	74
ERLEADA 240MG TAB	31	granules for oral susp		estradiol valerate	74
ERLEADA 60MG TAB	31	estarylla tab 28-day pack	71	10mg/ml inj	
erlotinib 100mg tab	30	estradiol 0.01% vaginal	74	estradiol valerate	74
erlotinib 150mg tab	30	cream		20mg/ml inj	
erlotinib 25mg tab	30	estradiol 0.01mg/24hr	74	estradiol valerate	74
errin 0.35mg tab 28-day	71	twice weekly patch		40mg/ml inj	
pack		estradiol 0.025mg/24hr	74	estradiol/norethindrone	74
ertapenem 1gm inj	7	twice weekly patch		acetate 0.5-0.1mg tab	
ERY 2% PAD	54	estradiol 0.025mg/24hr	74	28-day pack	
erythromycin 0.5% ophth	75	weekly patch		estradiol/norethindrone	74
ointment		estradiol 0.0375mg/24hr	74	acetate 1-0.5mg 28-day	
ERYTHROMYCIN 2%	54	twice weekly patch		pack	
TOPICAL GEL		estradiol 0.0375mg/24hr	74	eszopiclone 1mg tab	82
erythromycin 2% topical	54	weekly patch		eszopiclone 2mg tab	82
soln		estradiol 0.05mg/24hr	74	eszopiclone 3mg tab	82
erythromycin 250mg dr	11	twice weekly patch		ethambutol 100mg tab	29
tab		estradiol 0.05mg/24hr	74	ethambutol 400mg tab	29
erythromycin 250mg tab	11	weekly patch		ethinyl estradiol/ethinyl	71
erythromycin 333mg dr	11	estradiol 0.06mg/24hr	74	estradiol/levonorgestrel	
tab		weekly patch		0.01-0.02-0.1mg tab	
erythromycin 500mg dr	11	estradiol 0.075mg/24hr	74	91-day pack	
tab		twice weekly patch		ethinyl	71
erythromycin 500mg tab	11	estradiol 0.075mg/24hr	74	estradiol/etonogestrel	
escitalopram 10mg tab	17	weekly patch		0.120-0.015 mg/24hr	
escitalopram 1mg/ml oral	17	estradiol 0.1%	74	vaginal system	
soln		(0.25mg/0.25gm) topical		ethinyl estradiol/inert	71
escitalopram 20mg tab	17	gel		ingredients/levonorgestre	
escitalopram 5mg tab	17	estradiol 0.1%	74	l 0.02-1-0.1mg tab 28-day	
eslicarbazepine acetate	14	(0.5mg/0.5gm) topical gel		pack	
200mg tab		estradiol 0.1%	74	ethinyl estradiol/inert	71
eslicarbazepine acetate	14	(0.75mg/0.75gm) topical		ingredients/levonorgestre	
400mg tab		gel		l 0.03-1-0.15mg tab	
eslicarbazepine acetate	14	estradiol 0.1%	74	91-day pack	
600mg tab		(1.25mg/1.25gm) topical		ethinyl estradiol/inert	71
eslicarbazepine acetate	14	gel		ingredients/norgestimate	
800mg tab		estradiol 0.1% (1mg/gm)	74	0.035-1-0.25mg tab	
esomeprazole 20mg dr	62	topical gel		28-day pack	
cap		estradiol 0.1mg/24hr	74	ethinyl	74
esomeprazole 20mg	62	weekly patch		estradiol/norethindrone	
granules for oral susp		estradiol 0.5mg tab	74	acetate 0.0025-0.5mg tab	
esomeprazole 40mg dr	62	estradiol 10mcg vaginal	74	28 day-pack	
cap		insert			
		estradiol 1mg tab	74		

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

ALPHABETICAL LISTING OF DRUGS

<i>ethinyl</i>	74	EVRYSDI 0.75MG/ML	68	FASENRA 30MG/ML	47
<i>estradiol/norethindrone</i>		ORAL SOLN		AUTO-INJECTOR	
<i>acetate 0.005-1mg 28-day</i>		EVRYSDI 5MG TAB	68	FASENRA 30MG/ML	47
<i>pack</i>		<i>exemestane 25mg tab</i>	31	SYRINGE	
<i>ethinyl</i>	71	EXXUA 18.2MG ER TAB	18	<i>febuxostat 40mg tab</i>	64
<i>estradiol/norethindrone</i>		EXXUA 18.2MG TAB	18	<i>febuxostat 80mg tab</i>	64
<i>acetate 0.02-1mg tab</i>		TITRATION PACK (32)		<i>feirza 1.5/30 tab 28-day</i>	71
<i>21-day pack</i>		EXXUA 36.3MG ER TAB	18	<i>pack</i>	
<i>ethinyl</i>	71	EXXUA 54.5MG ER TAB	18	<i>feirza 1/20 tab 28-day</i>	71
<i>estradiol/norgestimate</i>		EXXUA 72.6MG ER TAB	18	<i>pack</i>	
<i>0.18-25/0.215-25/0.25-25</i>		<i>ezetimibe 10mg tab</i>	24	<i>felbamate 120mg/ml oral</i>	16
<i>mg-mcg tab 28-day pack</i>		<i>ezetimibe/simvastatin</i>	24	<i>susp</i>	
<i>ethinyl</i>	71	<i>10-10mg tab</i>		<i>felbamate 400mg tab</i>	16
<i>estradiol/norgestimate</i>		<i>ezetimibe/simvastatin</i>	24	<i>felbamate 600mg tab</i>	16
<i>0.18-35/0.215-35/0.25-35</i>		<i>10-20mg tab</i>		<i>felodipine 10mg er tab</i>	51
<i>mg-mcg tab 28-day pack</i>		<i>ezetimibe/simvastatin</i>	24	<i>felodipine 2.5mg er tab</i>	51
<i>ethosuximide 250mg cap</i>	16	<i>10-40mg tab</i>		<i>felodipine 5mg er tab</i>	51
<i>ethosuximide 50mg/ml</i>	16	<i>ezetimibe/simvastatin</i>	24	<i>fenofibrate 134mg cap</i>	25
<i>oral soln</i>		<i>10-80mg tab</i>		<i>fenofibrate 145mg tab</i>	25
<i>etodolac 200mg cap</i>	2	F		<i>fenofibrate 160mg tab</i>	25
<i>etodolac 300mg cap</i>	2	<i>falmina tab 28-day pack</i>	71	<i>fenofibrate 200mg cap</i>	25
<i>etodolac 400mg tab</i>	2	<i>famciclovir 125mg tab</i>	46	<i>fenofibrate 43mg cap</i>	25
<i>etodolac 500mg tab</i>	2	<i>famciclovir 250mg tab</i>	46	<i>fenofibrate 48mg tab</i>	25
<i>etravirine 100mg tab</i>	45	<i>famciclovir 500mg tab</i>	46	<i>fenofibrate 54mg tab</i>	25
<i>etravirine 200mg tab</i>	45	<i>famotidine 20mg tab</i>	62	<i>fenofibrate 67mg cap</i>	25
EUCRISA 2% TOPICAL	57	<i>famotidine 40mg tab</i>	63	<i>fenofibric acid 135mg dr</i>	25
OINTMENT		FANAPT 10MG TAB	40	<i>cap</i>	
EULEXIN 125MG CAP	31	FANAPT 12MG TAB	40	<i>fenofibric acid 45mg dr</i>	25
<i>everolimus 0.25mg tab</i>	65	FANAPT 1MG TAB	40	<i>cap</i>	
<i>everolimus 0.5mg tab</i>	65	FANAPT 2MG TAB	40	<i>fentanyl 100mcg/hr patch</i>	3
<i>everolimus 0.75mg tab</i>	65	FANAPT 4MG TAB	40	<i>fentanyl 12mcg/hr patch</i>	3
<i>everolimus 10mg tab</i>	33	FANAPT 6MG TAB	40	<i>fentanyl 25mcg/hr patch</i>	3
<i>everolimus 1mg tab</i>	65	FANAPT 8MG TAB	40	<i>fentanyl 37.5mcg/hr patch</i>	3
<i>everolimus 2.5mg tab</i>	33	FANAPT TAB TITRATION	40	<i>fentanyl 50mcg/hr patch</i>	3
<i>everolimus 2mg tab for</i>	33	PACK (8)		<i>fentanyl 75mcg/hr patch</i>	3
<i>oral susp</i>		FANAPT TAB TITRATION	40	<i>fesoterodine fumarate</i>	63
<i>everolimus 3mg tab for</i>	33	PACK B (12)		<i>4mg er tab</i>	
<i>oral susp</i>		FANAPT TAB TITRATION	40	<i>fesoterodine fumarate</i>	63
<i>everolimus 5mg tab</i>	33	PACK C (8)		<i>8mg er tab</i>	
<i>everolimus 5mg tab for</i>	33	FARXIGA 10MG TAB	22	FETZIMA 120MG ER	18
<i>oral susp</i>		FARXIGA 5MG TAB	22	CAP	
<i>everolimus 7.5mg tab</i>	33	FASENRA 10MG/0.5ML	47	FETZIMA 20MG ER CAP	18
EVOTAZ 300-150MG	45	SYRINGE		FETZIMA 40MG ER CAP	18
TAB				FETZIMA 80MG ER CAP	18

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

ALPHABETICAL LISTING OF DRUGS

FETZIMA ER CAP	18	<i>fluocinolone acetonide</i>	56	FLUPHENAZINE	42
TITRATION PACK (28)		<i>0.01% topical cream</i>		5MG/ML ORAL SOLN	
FIASP 100UNIT/ML INJ	21	<i>fluocinolone acetonide</i>	56	<i>fluphenazine decanoate</i>	42
FIASP 100UNIT/ML PEN	21	<i>0.01% topical oil</i>		<i>25mg/ml inj</i>	
CARTRIDGE		<i>fluocinolone acetonide</i>	56	FLURBIPROFEN	76
FIASP FLEXTOUCH	21	<i>0.01% topical soln</i>		SODIUM 0.03% OPHTH	
100UNIT/ML PEN INJ		<i>fluocinolone acetonide</i>	57	SOLN	
(3ML)		<i>0.025% topical cream</i>		FLUTICASONE	80
<i>fidaxomicin 200mg tab</i>	11	<i>fluocinolone acetonide</i>	57	FUROATE/VILANTEROL	
FILSPARI 200MG TAB	64	<i>0.025% topical ointment</i>		100-25MCG/INH	
FILSPARI 400MG TAB	64	<i>fluocinonide 0.05%</i>	57	POWDER INHALER	
<i>finasteride 5mg tab</i>	63	<i>topical cream</i>		FLUTICASONE	80
<i>fingolimod 0.5mg cap</i>	78	<i>fluocinonide 0.05%</i>	57	FUROATE/VILANTEROL	
FINTEPLA 2.2MG/ML	14	<i>topical e cream</i>		200-25MCG/INH	
ORAL SOLN		<i>fluocinonide 0.05%</i>	57	POWDER INHALER	
FIRMAGON 120MG INJ	31	<i>topical gel</i>		<i>fluticasone propionate</i>	57
FIRMAGON 80MG INJ	31	<i>fluocinonide 0.05%</i>	57	<i>0.005% topical ointment</i>	
<i>flecainide acetate 100mg</i>	49	<i>topical ointment</i>		<i>fluticasone propionate</i>	57
<i>tab</i>		<i>fluocinonide 0.05%</i>	57	<i>0.05% topical cream</i>	
<i>flecainide acetate 150mg</i>	49	<i>topical soln</i>		<i>fluticasone propionate</i>	69
<i>tab</i>		<i>fluocinonide 0.1% topical</i>	57	<i>50mcg/act nasal inhaler</i>	
<i>flecainide acetate 50mg</i>	49	<i>cream</i>		<i>fluticasone</i>	80
<i>tab</i>		<i>fluorometholone 0.1%</i>	76	<i>propionate/salmeterol</i>	
<i>fluconazole 100mg tab</i>	23	<i>ophth susp</i>		<i>100-50mcg/act powder</i>	
<i>fluconazole 10mg/ml oral</i>	23	FLUOROURACIL 2%	55	<i>inhaler</i>	
<i>susp</i>		TOPICAL SOLN		<i>fluticasone</i>	80
<i>fluconazole 150mg tab</i>	23	<i>fluorouracil 5% topical</i>	55	<i>propionate/salmeterol</i>	
<i>fluconazole 200mg tab</i>	23	<i>cream</i>		<i>250-50mcg/act powder</i>	
<i>fluconazole 200mg/100ml</i>	23	<i>fluorouracil 5% topical</i>	55	<i>inhaler</i>	
<i>inj</i>		<i>soln</i>		<i>fluticasone</i>	80
<i>fluconazole 400mg/200ml</i>	23	<i>fluoxetine 10mg cap</i>	17	<i>propionate/salmeterol</i>	
<i>inj</i>		<i>fluoxetine 20mg cap</i>	17	<i>500-50mcg/act powder</i>	
<i>fluconazole 40mg/ml oral</i>	24	<i>fluoxetine 40mg cap</i>	17	<i>inhaler</i>	
<i>susp</i>		<i>fluoxetine 4mg/ml oral</i>	17	<i>fluvoxamine maleate</i>	17
<i>fluconazole 50mg tab</i>	24	<i>soln</i>		<i>100mg tab</i>	
<i>flucytosine 250mg cap</i>	24	<i>fluoxetine 60mg tab</i>	17	<i>fluvoxamine maleate</i>	17
<i>flucytosine 500mg cap</i>	24	FLUPHENAZINE	42	<i>25mg tab</i>	
<i>fludrocortisone acetate</i>	60	0.5MG/ML ORAL SOLN		<i>fluvoxamine maleate</i>	17
<i>0.1mg tab</i>		<i>fluphenazine 10mg tab</i>	42	<i>50mg tab</i>	
<i>flunisolide 0.025%</i>	69	<i>fluphenazine 1mg tab</i>	42	<i>fondaparinux sodium</i>	12
<i>(25mcg/act) nasal inhaler</i>		<i>fluphenazine 2.5mg tab</i>	42	<i>10mg/0.8ml syringe</i>	
<i>fluocinolone acetonide</i>	76	FLUPHENAZINE	42	<i>fondaparinux sodium</i>	12
<i>0.01% otic soln</i>		2.5MG/ML INJ		<i>2.5mg/0.5ml syringe</i>	
		<i>fluphenazine 5mg tab</i>	42		

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>fondaparinux sodium</i>	12	<i>galantamine 12mg tab</i>	77	<i>generlac 10gm/15ml oral</i>	62
<i>5mg/0.4ml syringe</i>		<i>galantamine 4mg tab</i>	77	<i>soln</i>	
<i>fondaparinux sodium</i>	12	<i>galantamine 8mg tab</i>	77	<i>gentamicin 0.1% topical</i>	55
<i>7.5mg/0.6ml syringe</i>		<i>galantamine</i>	77	<i>cream</i>	
<i>fosamprenavir 700mg tab</i>	45	<i>hydrobromide 16mg er</i>		<i>gentamicin 0.1% topical</i>	55
<i>fosfomycin 3gm powder</i>	7	<i>cap</i>		<i>ointment</i>	
<i>for oral soln</i>		<i>galantamine</i>	77	<i>gentamicin 0.3% ophth</i>	75
<i>fosinopril sodium 10mg</i>	26	<i>hydrobromide 24mg er</i>		<i>soln</i>	
<i>tab</i>		<i>cap</i>		GENTAMICIN 0.8MG/ML	6
<i>fosinopril sodium 20mg</i>	26	GALANTAMINE	77	INJ	
<i>tab</i>		HYDROBROMIDE		GENTAMICIN 1.2MG/ML	6
<i>fosinopril sodium 40mg</i>	26	4MG/ML ORAL SOLN		INJ	
<i>tab</i>		<i>galantamine</i>	77	GENTAMICIN 1.6MG/ML	6
<i>fosinopril</i>	28	<i>hydrobromide 8mg er cap</i>		INJ	
<i>sodium/hydrochlorothiazide</i>		<i>gallifrey 5mg tab</i>	74	GENTAMICIN 1MG/ML	6
<i>de 10-12.5mg tab</i>		GAMMAGARD 10GM	65	INJ	
<i>fosinopril</i>	28	INJ		<i>gentamicin 40mg/ml inj</i>	6
<i>sodium/hydrochlorothiazide</i>		GAMMAGARD	65	GENVOYA	45
<i>de 20-12.5mg tab</i>		10GM/100ML INJ		150-150-200-10MG TAB	
FOTIVDA 0.89MG CAP	33	GAMMAGARD	65	GILOTRIF 20MG TAB	30
FOTIVDA 1.34MG CAP	33	2.5GM/25ML INJ		GILOTRIF 30MG TAB	30
FRUZAQLA 1MG CAP	30	GAMMAGARD 5GM INJ	65	GILOTRIF 40MG TAB	30
FRUZAQLA 5MG CAP	30	GAMMAGARD	65	<i>glatiramer acetate</i>	78
FULPHILA 6MG/0.6ML	64	5GM/50ML INJ		<i>20mg/ml syringe</i>	
SYRINGE		GAMMAGARD ERC	65	<i>glatiramer acetate</i>	78
<i>furosemide 10mg/ml inj</i>	52	10GM/100ML INJ		<i>40mg/ml syringe</i>	
FUROSEMIDE 10MG/ML	52	GAMMAGARD ERC	65	<i>glatopa 20mg/ml syringe</i>	78
ORAL SOLN		5GM/50ML INJ		<i>glatopa 40mg/ml syringe</i>	78
<i>furosemide 20mg tab</i>	52	GAMUNEX 1GM/10ML	65	<i>glimepiride 1mg tab</i>	22
<i>furosemide 40mg tab</i>	53	INJ		<i>glimepiride 2mg tab</i>	22
<i>furosemide 80mg tab</i>	53	GARDASIL 9 INJ	66	<i>glimepiride 4mg tab</i>	22
FUROSEMIDE 8MG/ML	53	GARDASIL 9 SYRINGE	66	<i>glipizide 10mg er tab</i>	22
ORAL SOLN		GAUZE PAD 2x2	67	<i>glipizide 10mg tab</i>	22
<i>fyavolv 0.0025-0.5mg tab</i>	74	(INSULIN USE)		<i>glipizide 2.5mg er tab</i>	23
<i>fyavolv 0.005-1mg tab</i>	74	GAVILYTE-C POWDER	62	<i>glipizide 5mg er tab</i>	23
G		FOR ORAL SOLN		<i>glipizide 5mg tab</i>	23
<i>gabapentin 100mg cap</i>	14	<i>gavilyte-g powder for</i>	62	<i>glipizide/metformin</i>	20
<i>gabapentin 300mg cap</i>	14	<i>oral soln</i>		<i>2.5-250mg tab</i>	
<i>gabapentin 400mg cap</i>	14	<i>gavilyte-n powder for</i>	62	<i>glipizide/metformin</i>	20
<i>gabapentin 50mg/ml oral</i>	14	<i>oral soln</i>		<i>2.5-500mg tab</i>	
<i>soln</i>		GAVRETO 100MG CAP	33	<i>glipizide/metformin</i>	20
<i>gabapentin 600mg tab</i>	14	<i>gefitinib 250mg tab</i>	30	<i>5-500mg tab</i>	
<i>(neurontin equiv)</i>		<i>gemfibrozil 600mg tab</i>	25	<i>glucagon (rdna) 1mg inj</i>	20
<i>gabapentin 800mg tab</i>	14	GEMTESA 75MG TAB	63	<i>glucose 50mg/ml inj</i>	69

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

ALPHABETICAL LISTING OF DRUGS

<i>glucose</i>	69	<i>griseofulvin 250mg tab</i>	24	<i>haloperidol 2mg tab</i>	39
<i>50mg/ml/potassium</i>		<i>griseofulvin 25mg/ml oral</i>	24	<i>haloperidol 2mg/ml oral</i>	39
<i>chloride</i>		<i>susp</i>		<i>soln</i>	
<i>0.02meq/ml/sodium</i>		<i>griseofulvin 500mg tab</i>	24	<i>haloperidol 5mg tab</i>	39
<i>chloride 4.5mg/ml inj</i>		<i>guanfacine 1mg er tab</i>	1	<i>haloperidol 5mg/ml inj</i>	39
GLUCOSE	69	<i>guanfacine 1mg tab</i>	27	<i>haloperidol decanoate</i>	39
50MG/ML/SODIUM		<i>guanfacine 2mg er tab</i>	1	<i>100mg/ml (1ml) inj</i>	
CHLORIDE 2MG/ML INJ		<i>guanfacine 2mg tab</i>	27	<i>haloperidol decanoate</i>	39
<i>glucose 50mg/ml/sodium</i>	69	<i>guanfacine 3mg er tab</i>	1	<i>100mg/ml (5ml) inj</i>	
<i>chloride 4.5mg/ml inj</i>		<i>guanfacine 4mg er tab</i>	1	<i>haloperidol decanoate</i>	39
<i>glucose 50mg/ml/sodium</i>	69	GVOKE 1MG/0.2ML INJ	20	<i>50mg/ml (1ml) inj</i>	
<i>chloride 9mg/ml inj</i>		GVOKE 1MG/0.2ML	20	<i>haloperidol decanoate</i>	39
<i>glucose/potassium</i>	70	SYRINGE		<i>50mg/ml (5ml) inj</i>	
<i>chloride/sodium chloride</i>		GVOKE HYPOPEN	20	HAVRIX 1440ELU/ML	66
<i>5%-10meq-0.45% inj</i>		0.5MG/0.1ML		SYRINGE	
<i>glucose/potassium</i>	70	AUTO-INJECTOR		HAVRIX 720ELU/0.5ML	66
<i>chloride/sodium chloride</i>		GVOKE HYPOPEN	20	SYRINGE	
<i>5%-40meq-0.45% inj</i>		1MG/0.2ML		<i>heather 0.35mg tab</i>	71
GLUCOSE/SODIUM	70	AUTO-INJECTOR		<i>28-day pack</i>	
CHLORIDE 10%-0.2%				<i>heparin sodium porcine</i>	12
INJ		H		<i>10000unit/ml inj</i>	
GLUCOSE/SODIUM	70	HADLIMA 40MG/0.4ML	47	<i>heparin sodium porcine</i>	12
CHLORIDE 10%-0.45%		SYRINGE		<i>1000unit/ml inj</i>	
INJ		HADLIMA 40MG/0.8ML	48	<i>heparin sodium porcine</i>	12
GLUCOSE/SODIUM	70	SYRINGE		<i>20000unit/ml inj</i>	
CHLORIDE 2.5%-0.45%		HADLIMA PUSHTOUCH	48	<i>heparin sodium porcine</i>	12
INJ		40MG/0.4ML		<i>5000unit/ml inj</i>	
<i>glyburide 1.25mg tab</i>	23	AUTO-INJECTOR		HEPLISAV-B	66
<i>glyburide 2.5mg tab</i>	23	HADLIMA PUSHTOUCH	48	20MCG/0.5ML SYRINGE	
<i>glyburide 5mg tab</i>	23	40MG/0.8ML		HERNEXEOS 60MG TAB	37
<i>glyburide/metformin</i>	20	AUTO-INJECTOR		HIBERIX 10MCG INJ	66
<i>1.25-250mg tab</i>		HAEGARDA 2000UNIT	64	HUMALOG 100UNIT/ML	21
<i>glyburide/metformin</i>	20	INJ		CARTRIDGE	
<i>2.5-500mg tab</i>		HAEGARDA 3000UNIT	65	HUMALOG JUNIOR	21
<i>glyburide/metformin</i>	20	INJ		KWIKPEN 100UNIT/ML	
<i>5-500mg tab</i>		<i>hailey fe 1/20 tab 28-day</i>	71	PEN INJ (3ML)	
<i>glycopyrrolate 1mg tab</i>	62	<i>pack</i>		HUMALOG KWIKPEN	21
<i>glycopyrrolate 2mg tab</i>	62	<i>halobetasol propionate</i>	57	100UNIT/ML PEN INJ	
GOMEKLI 1MG CAP	33	<i>0.05% topical cream</i>		(3ML)	
GOMEKLI 1MG TAB	33	<i>halobetasol propionate</i>	57	HUMALOG KWIKPEN	21
FOR ORAL SUSP		<i>0.05% topical ointment</i>		200UNIT/ML PEN INJ	
GOMEKLI 2MG CAP	33	<i>haloperidol 0.5mg tab</i>	39	(3ML)	
<i>granisetron 1mg tab</i>	23	<i>haloperidol 10mg tab</i>	39		
<i>griseofulvin 125mg tab</i>	24	<i>haloperidol 1mg tab</i>	39		
		<i>haloperidol 20mg tab</i>	39		

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

ALPHABETICAL LISTING OF DRUGS

HUMALOG MIX (50/50)	21	<i>hydrochlorothiazide/lisin</i>	28	<i>hydrochlorothiazide/vals</i>	29
KWIKPEN 100UNIT/ML		<i>opril 25-20mg tab</i>		<i>artan 12.5-160mg tab</i>	
PEN INJ (3ML)		<i>hydrochlorothiazide/losar</i>	28	<i>hydrochlorothiazide/vals</i>	29
HUMALOG MIX (75/25)	21	<i>tan potassium</i>		<i>artan 12.5-320mg tab</i>	
100UNIT/ML INJ		<i>12.5-100mg tab</i>		<i>hydrochlorothiazide/vals</i>	29
HUMALOG MIX (75/25)	21	<i>hydrochlorothiazide/losar</i>	28	<i>artan 12.5-80mg tab</i>	
KWIKPEN 100UNIT/ML		<i>tan potassium 12.5-50mg</i>		<i>hydrochlorothiazide/vals</i>	29
PEN INJ (3ML)		<i>tab</i>		<i>artan 25-160mg tab</i>	
HUMULIN (70/30)	21	<i>hydrochlorothiazide/losar</i>	28	<i>hydrochlorothiazide/vals</i>	29
100UNIT/ML INJ		<i>tan potassium 25-100mg</i>		<i>artan 25-320mg tab</i>	
HUMULIN (70/30)	21	<i>tab</i>		<i>hydrocodone</i>	4
KWIKPEN 100UNIT/ML		<i>hydrochlorothiazide/meto</i>	28	<i>bitartrate/acetaminophen</i>	
PEN INJ (3ML)		<i>prolol tartrate 25-100mg</i>		<i>0.5-21.7mg/ml oral soln</i>	
HUMULIN N	21	<i>tab</i>		<i>hydrocodone</i>	4
100UNIT/ML INJ		<i>hydrochlorothiazide/meto</i>	28	<i>bitartrate/acetaminophen</i>	
HUMULIN N KWIKPEN	21	<i>prolol tartrate 25-50mg</i>		<i>10-325mg tab</i>	
100UNIT/ML PEN INJ		<i>tab</i>		<i>hydrocodone</i>	4
(3ML)		<i>hydrochlorothiazide/meto</i>	28	<i>bitartrate/acetaminophen</i>	
HUMULIN R	21	<i>prolol tartrate 50-100mg</i>		<i>5-325mg tab</i>	
100UNIT/ML INJ		<i>tab</i>		<i>hydrocodone</i>	4
HUMULIN R U-500	21	<i>hydrochlorothiazide/olme</i>	28	<i>bitartrate/acetaminophen</i>	
KWIKPEN 500UNIT/ML		<i>sartan medoxomil</i>		<i>7.5-325mg tab</i>	
PEN INJ (3ML)		<i>12.5-20mg tab</i>		<i>hydrocodone</i>	4
<i>hydralazine 100mg tab</i>	53	<i>hydrochlorothiazide/olme</i>	28	<i>bitartrate/ibuprofen</i>	
<i>hydralazine 10mg tab</i>	53	<i>sartan medoxomil</i>		<i>7.5-200mg tab</i>	
<i>hydralazine 25mg tab</i>	53	<i>12.5-40mg tab</i>		<i>hydrocortisone 1%</i>	57
<i>hydralazine 50mg tab</i>	53	<i>hydrochlorothiazide/olme</i>	28	<i>topical cream</i>	
<i>hydrochlorothiazide</i>	53	<i>sartan medoxomil</i>		<i>hydrocortisone 1.67mg/ml</i>	5
<i>12.5mg cap</i>		<i>25-40mg tab</i>		<i>enema</i>	
<i>hydrochlorothiazide</i>	53	<i>hydrochlorothiazide/spiro</i>	53	<i>hydrocortisone 10mg tab</i>	59
<i>12.5mg tab</i>		<i>nolactone 25-25mg tab</i>		<i>hydrocortisone 2.5%</i>	5
<i>hydrochlorothiazide</i>	53	<i>hydrochlorothiazide/telmi</i>	28	<i>perianal cream</i>	
<i>25mg tab</i>		<i>sartan 12.5-40mg tab</i>		HYDROCORTISONE	57
<i>hydrochlorothiazide</i>	53	<i>hydrochlorothiazide/telmi</i>	29	2.5% TOPICAL LOTION	
<i>50mg tab</i>		<i>sartan 12.5-80mg tab</i>		<i>hydrocortisone 2.5%</i>	57
<i>hydrochlorothiazide/irbes</i>	28	<i>hydrochlorothiazide/telmi</i>	29	<i>topical ointment</i>	
<i>artan 12.5-150mg tab</i>		<i>sartan 25-80mg tab</i>		<i>hydrocortisone 20mg tab</i>	59
<i>hydrochlorothiazide/irbes</i>	28	<i>hydrochlorothiazide/tria</i>	53	<i>hydrocortisone 5mg tab</i>	59
<i>artan 12.5-300mg tab</i>		<i>mterene 25-37.5mg cap</i>		<i>hydromorphone 2mg tab</i>	3
<i>hydrochlorothiazide/lisin</i>	28	<i>hydrochlorothiazide/tria</i>	53	<i>hydromorphone 4mg tab</i>	3
<i>opril 12.5-10mg tab</i>		<i>mterene 25-37.5mg tab</i>		<i>hydromorphone 8mg tab</i>	3
<i>hydrochlorothiazide/lisin</i>	28	<i>hydrochlorothiazide/tria</i>	53	<i>hydroxychloroquine</i>	38
<i>opril 12.5-20mg tab</i>		<i>mterene 50-75mg tab</i>		<i>sulfate 200mg tab</i>	
				<i>hydroxyurea 500mg cap</i>	37

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

ALPHABETICAL LISTING OF DRUGS

<i>hydroxyzine 10mg tab</i>	6	<i>imipramine 10mg tab</i>	19	INSULIN LISPRO	22
<i>hydroxyzine 25mg tab</i>	6	<i>imipramine 25mg tab</i>	19	PROTAMINE HUMAN	
<i>hydroxyzine 2mg/ml oral soln</i>	6	<i>imipramine 50mg tab</i>	19	(75/25) 100UNIT/ML	
<i>hydroxyzine 50mg tab</i>	6	<i>imiquimod 5% topical cream</i>	57	PEN INJ (3ML)	
<i>hydroxyzine pamoate 25mg cap</i>	6	IMKELDI 80MG/ML	33	INSULIN PEN NEEDLE	67
<i>hydroxyzine pamoate 50mg cap</i>	6	ORAL SOLN		INSULIN SYRINGE	67
HYRNUO 10MG TAB	33	IMOVAX 2.5UNIT/ML INJ	66	INSULIN SYRINGE	67
I		<i>incassia 0.35mg tab</i>	72	(DISP) U-100 0.3ML	
<i>ibandronate 150mg tab</i>	58	<i>28-day pack</i>		INSULIN SYRINGE	67
IBRANCE 100MG TAB	33	INCRELEX 40MG/4ML	60	(DISP) U-100 1/2ML	
IBRANCE 125MG CAP	33	INJ		INSULIN SYRINGE	67
IBRANCE 125MG TAB	33	INCRUSE ELLIPTA	79	(DISP) U-100 1ML	
IBRANCE 75MG TAB	33	62.5MCG/INH POWDER		INTELENCE 25MG TAB	45
IBTROZI 200MG CAP	33	INHALER		<i>introvale tab 91-day pack</i>	72
<i>ibu 600mg tab</i>	3	<i>indapamide 1.25mg tab</i>	53	INVEGA HAFYERA	40
<i>ibu 800mg tab</i>	3	<i>indapamide 2.5mg tab</i>	53	1092MG/3.5ML	
<i>ibuprofen 400mg tab</i>	3	<i>indomethacin 25mg cap</i>	3	SYRINGE	
<i>ibuprofen 600mg tab</i>	3	<i>indomethacin 50mg cap</i>	3	INVEGA HAFYERA	40
<i>ibuprofen 800mg tab</i>	3	<i>indomethacin 75mg er cap</i>	3	1560MG/5ML SYRINGE	
<i>icatibant 30mg/3ml syringe</i>	65	INFANRIX SYRINGE	66	INVEGA SUSTENNA	40
<i>iclevia tab 91-day pack</i>	71	INLURIYO 200MG TAB	31	117MG/0.75ML	
ICLUSIG 10MG TAB	33	INLYTA 1MG TAB	30	SYRINGE	
ICLUSIG 15MG TAB	33	INLYTA 5MG TAB	30	INVEGA SUSTENNA	40
ICLUSIG 30MG TAB	33	INQOVI 35-100MG TAB	32	234MG/1.5ML SYRINGE	
ICLUSIG 45MG TAB	33	PACK (5)		INVEGA SUSTENNA	40
<i>icosapent ethyl 0.5gm cap</i>	24	INREBIC 100MG CAP	33	39MG/0.25ML SYRINGE	
<i>icosapent ethyl 1gm cap</i>	24	INSULIN GLARGINE	22	INVEGA SUSTENNA	40
IDHIFA 100MG TAB	33	MAX SOLOSTAR		78MG/0.5ML SYRINGE	
IDHIFA 50MG TAB	33	300UNIT/ML PEN INJ		INVEGA TRINZA	40
IDVYNZO 100-0.25MG TAB	45	(3ML)		273MG/0.88ML	
<i>imatinib 100mg tab</i>	33	INSULIN GLARGINE	22	SYRINGE	
<i>imatinib 400mg tab</i>	33	SOLOSTAR 300UNIT/ML		INVEGA TRINZA	40
IMBRUVICA 140MG CAP	33	PEN INJ (1.5ML)		410MG/1.32ML	
IMBRUVICA 140MG TAB	33	INSULIN LISPRO	22	SYRINGE	
IMBRUVICA 280MG TAB	33	100UNIT/ML INJ		INVEGA TRINZA	41
IMBRUVICA 420MG TAB	33	INSULIN LISPRO	22	546MG/1.75ML	
IMBRUVICA 70MG CAP	33	JUNIOR KWIKPEN		SYRINGE	
IMBRUVICA 70MG/ML	33	100UNIT/ML PEN INJ		INVEGA TRINZA	41
ORAL SUSP		(3ML)		819MG/2.63ML	
		INSULIN LISPRO	22	SYRINGE	
		KWIKPEN 100UNIT/ML		IPOL INJ	66
		PEN INJ (3ML)			

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>ipratropium bromide</i>	69	<i>isosorbide mononitrate</i>	54	JULUCA 50-25MG TAB	45
<i>0.03% (0.021mg/act)</i>		<i>30mg er tab</i>		<i>junel 1.5/30 tab 21-day</i>	72
<i>nasal inhaler</i>		<i>isosorbide mononitrate</i>	54	<i>pack</i>	
<i>ipratropium bromide</i>	69	<i>60mg er tab</i>		<i>junel 1/20 tab 21-day</i>	72
<i>0.06% (0.042mg/act)</i>		<i>isotretinoin 10mg cap</i>	54	<i>pack</i>	
<i>nasal inhaler</i>		<i>isotretinoin 20mg cap</i>	54	<i>junel fe 1.5/30 tab 28-day</i>	72
<i>ipratropium bromide</i>	79	<i>isotretinoin 30mg cap</i>	55	<i>pack</i>	
<i>0.5mg/2.5ml (0.02%) neb</i>		<i>isotretinoin 40mg cap</i>	55	<i>junel fe tab 1/20 28-day</i>	72
<i>soln</i>		ISTURISA 1MG TAB	60	<i>pack</i>	
<i>ipratropium/albuterol</i>	80	ISTURISA 5MG TAB	60	JYNNEOS 0.5ML INJ	66
<i>0.5-2.5mg/3ml neb soln</i>		ITOVEBI 3MG TAB	33	K	
<i>irbesartan 150mg tab</i>	26	ITOVEBI 9MG TAB	33	KALYDECO 13.4MG	81
<i>irbesartan 300mg tab</i>	26	<i>itraconazole 100mg cap</i>	24	ORAL GRANULES	
<i>irbesartan 75mg tab</i>	26	<i>ivabradine 5mg tab</i>	52	KALYDECO 150MG TAB	81
ISENTRESS 100MG	45	<i>ivabradine 7.5mg tab</i>	52	KALYDECO 25MG ORAL	81
CHEW TAB		<i>ivermectin 3mg tab</i>	37	GRANULES	
ISENTRESS 100MG	45	IWILFIN 192MG TAB	37	KALYDECO 5.8MG	81
GRANULES FOR ORAL		IXIARO 0.006MG/0.5ML	66	ORAL GRANULES	
SUSP		SYRINGE		KALYDECO 50MG ORAL	81
ISENTRESS 25MG	45	J		GRANULES	
CHEW TAB		<i>jaimiess tab 91-day pack</i>	72	KALYDECO 75MG ORAL	81
ISENTRESS 400MG TAB	45	JAKAFI 10MG TAB	34	GRANULES	
ISENTRESS HD 600MG	45	JAKAFI 15MG TAB	34	<i>kariva tab 28-day pack</i>	72
TAB		JAKAFI 20MG TAB	34	<i>kcl/nacl 20meq-0.9% inj</i>	70
<i>isibloom tab 28-day pack</i>	72	JAKAFI 25MG TAB	34	<i>kelnor 1/35 tab 28-day</i>	72
<i>isoniazid 100mg tab</i>	29	JAKAFI 5MG TAB	34	<i>pack</i>	
<i>isoniazid 10mg/ml oral</i>	29	<i>jantoven 10mg tab</i>	12	KERENDIA 10MG TAB	60
<i>soln</i>		<i>jantoven 1mg tab</i>	12	KERENDIA 20MG TAB	60
<i>isoniazid 300mg tab</i>	29	<i>jantoven 2.5mg tab</i>	12	KERENDIA 40MG TAB	60
<i>isosorbide dinitrate 10mg</i>	53	<i>jantoven 2mg tab</i>	12	KESIMPTA 20MG/0.4ML	78
<i>tab</i>		<i>jantoven 3mg tab</i>	12	PEN INJ	
<i>isosorbide dinitrate 20mg</i>	53	<i>jantoven 4mg tab</i>	12	<i>ketoconazole 2%</i>	55
<i>tab</i>		<i>jantoven 5mg tab</i>	12	<i>shampoo</i>	
<i>isosorbide dinitrate 30mg</i>	53	<i>jantoven 6mg tab</i>	12	<i>ketoconazole 2% topical</i>	55
<i>tab</i>		<i>jantoven 7.5mg tab</i>	12	<i>cream</i>	
<i>isosorbide dinitrate 5mg</i>	53	JARDIANCE 10MG TAB	22	<i>ketoconazole 200mg tab</i>	24
<i>tab</i>		JARDIANCE 25MG TAB	22	KETOROLAC	76
<i>isosorbide mononitrate</i>	53	<i>jasmiel tab 28-day pack</i>	72	TROMETHAMINE 0.4%	
<i>10mg tab</i>		JAYPIRCA 100MG TAB	34	OPHTH SOLN	
<i>isosorbide mononitrate</i>	53	JAYPIRCA 50MG TAB	34	<i>ketorolac tromethamine</i>	76
<i>120mg er tab</i>		JIDEYTRO 100MG TAB	34	<i>0.5% ophth soln</i>	
<i>isosorbide mononitrate</i>	53	JIDEYTRO 25MG TAB	34	<i>ketorolac tromethamine</i>	3
<i>20mg tab</i>		<i>jinteli 0.005-1mg tab</i>	74	<i>10mg tab</i>	
		<i>juleber tab 28-day pack</i>	72		

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

ALPHABETICAL LISTING OF DRUGS

KINERET	48	<i>lactulose 667mg/ml oral soln</i>	62	<i>leflunomide 20mg tab</i>	2
100MG/0.67ML		<i>lamivudine 100mg tab</i>	46	<i>lenalidomide 10mg cap</i>	31
SYRINGE		<i>lamivudine 10mg/ml oral soln</i>	45	<i>lenalidomide 15mg cap</i>	31
KINRIX SYRINGE	66	<i>lamivudine 150mg tab</i>	45	<i>lenalidomide 2.5mg cap</i>	31
<i>kionex 15gm/60ml oral susp</i>	68	<i>lamivudine 300mg tab</i>	45	<i>lenalidomide 20mg cap</i>	31
KISQALI TAB 200MG	34	<i>lamivudine/zidovudine 150-300mg tab</i>	45	<i>lenalidomide 25mg cap</i>	31
DAILY DOSE PACK (21)		<i>lamotrigine 100mg er tab</i>	14	<i>lenalidomide 5mg cap</i>	31
KISQALI TAB 400MG	34	<i>lamotrigine 100mg tab</i>	14	LENVIMA 10MG DAILY DOSE PACK (30)	30
DAILY DOSE PACK (42)		<i>lamotrigine 150mg tab</i>	14	LENVIMA 12MG DAILY DOSE PACK (90)	30
KISQALI TAB 600MG	34	<i>lamotrigine 200mg er tab</i>	14	LENVIMA 14MG DAILY DOSE PACK (60)	30
DAILY DOSE PACK (63)		<i>lamotrigine 200mg tab</i>	14	LENVIMA 18MG DAILY DOSE PACK (90)	30
<i>klor-con 10meq er tab</i>	70	<i>lamotrigine 250mg er tab</i>	14	LENVIMA 20MG DAILY DOSE PACK (60)	30
<i>klor-con 10meq micro er tab</i>	70	<i>lamotrigine 25mg chew tab</i>	14	LENVIMA 24MG DAILY DOSE PACK (90)	30
<i>klor-con 15meq micro er tab</i>	70	<i>lamotrigine 25mg er tab</i>	14	LENVIMA 4MG DAILY DOSE PACK (30)	30
<i>klor-con 20meq micro er tab</i>	70	<i>lamotrigine 25mg tab</i>	14	LENVIMA 8MG DAILY DOSE PACK (60)	30
<i>klor-con 20meq powder for oral soln</i>	70	<i>lamotrigine 300mg er tab</i>	14	LEQEMBI IQLIK 250MG/1.25ML AUTO-INJECTOR	77
<i>klor-con 8meq er tab</i>	70	<i>lamotrigine 50mg er tab</i>	14	LEQEMBI IQLIK 360MG/1.8ML AUTO-INJECTOR	77
KLOXXADO 8MG/0.1ML NASAL SPRAY	5	<i>lamotrigine 5mg chew tab</i>	14	<i>lessina tab 28-day pack</i>	72
KOMZIFTI 200MG CAP	37	<i>lansoprazole 15mg dr cap</i>	63	<i>letrozole 2.5mg tab</i>	31
KOSELUGO 10MG CAP	34	<i>lansoprazole 30mg dr cap</i>	63	<i>leucovorin 10mg tab</i>	37
KOSELUGO 25MG CAP	34	LANTUS 100UNIT/ML INJ	22	<i>leucovorin 15mg tab</i>	37
KOSELUGO 5MG	34	LANTUS SOLOSTAR 100UNIT/ML PEN INJ (3ML)	22	<i>leucovorin 25mg tab</i>	37
SPRINKLE CAP		<i>lapatinib ditosylate 250mg tab</i>	34	<i>leucovorin 5mg tab</i>	37
KOSELUGO 7.5MG	34	<i>larin 1.5/30 tab 21-day pack</i>	72	LEUKERAN 2MG TAB	29
SPRINKLE CAP		<i>larin 1/20 tab 21-day pack</i>	72	LEUKINE 250MCG INJ	64
<i>kourzeq 0.1% oral paste</i>	54	<i>larin fe 1.5/30 tab 28-day pack</i>	72	<i>levalbuterol 0.31mg/3ml neb soln</i>	80
KRAZATI 200MG TAB	34	<i>latanoprost 0.005% ophth soln</i>	76	<i>levalbuterol 0.63mg/3ml inh soln</i>	80
<i>kurvelo tab 28-day pack</i>	72	LAZCLUZE 240MG TAB	30	<i>levalbuterol 1.25mg/3ml neb soln</i>	80
L		<i>leflunomide 10mg tab</i>	2	<i>levetiracetam 1000mg tab</i>	14
<i>labetalol 100mg tab</i>	50				
<i>labetalol 200mg tab</i>	50				
<i>labetalol 300mg tab</i>	50				
<i>lacosamide 100mg tab</i>	14				
<i>lacosamide 10mg/ml oral soln</i>	14				
<i>lacosamide 150mg tab</i>	14				
<i>lacosamide 200mg tab</i>	14				
<i>lacosamide 50mg tab</i>	14				

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ALPHABETICAL LISTING OF DRUGS

<i>levetiracetam 100mg/ml oral soln</i>	14	<i>levoxyl 137mcg tab</i>	61	<i>linezolid 600mg/300ml inj</i>	8
<i>levetiracetam 250mg tab</i>	14	<i>levoxyl 150mcg tab</i>	61	LINZESS 145MCG CAP	62
<i>levetiracetam 500mg er tab</i>	14	<i>levoxyl 175mcg tab</i>	61	LINZESS 290MCG CAP	62
<i>levetiracetam 500mg tab</i>	14	<i>levoxyl 200mcg tab</i>	61	LINZESS 72MCG CAP	62
<i>levetiracetam 750mg er tab</i>	14	<i>levoxyl 25mcg tab</i>	61	<i>liomny 25mcg tab</i>	61
<i>levetiracetam 750mg tab</i>	14	<i>levoxyl 50mcg tab</i>	61	<i>liomny 50mcg tab</i>	61
LEVOBUNOLOL 0.5% OPTH SOLN	75	<i>levoxyl 75mcg tab</i>	61	<i>liomny 5mcg tab</i>	61
<i>levocarnitine 100mg/ml oral soln</i>	58	<i>levoxyl 88mcg tab</i>	61	<i>liothyronine sodium 25mcg tab</i>	61
<i>levocarnitine 330mg tab</i>	58	<i>l-glutamine 5gm powder for oral soln</i>	68	<i>liothyronine sodium 50mcg tab</i>	61
<i>levocetirizine 5mg tab</i>	78	<i>lidocaine 4% mucous membrane topical soln</i>	57	<i>liothyronine sodium 5mcg tab</i>	61
<i>levofloxacin 250mg tab</i>	7	<i>lidocaine 5% patch</i>	57	<i>lisdexamfetamine dimesylate 10mg cap</i>	1
<i>levofloxacin 25mg/ml oral soln</i>	8	<i>lidocaine 5% topical ointment</i>	57	<i>lisdexamfetamine dimesylate 20mg cap</i>	1
<i>levofloxacin 500mg tab</i>	8	<i>lidocaine viscous 2% mucous membrane topical soln</i>	54	<i>lisdexamfetamine dimesylate 30mg cap</i>	1
<i>levofloxacin 500mg/100ml inj</i>	8	<i>lidocaine/prilocaine 2.5-2.5% topical cream</i>	57	<i>lisdexamfetamine dimesylate 40mg cap</i>	1
<i>levofloxacin 750mg tab</i>	8	LIFYORLI CAP 125MG 1-DOSE SUPPLY PACK (2)	31	<i>lisdexamfetamine dimesylate 50mg cap</i>	1
<i>levofloxacin 750mg/150ml inj</i>	8	LIFYORLI CAP 125MG 3-DOSE SUPPLY PACK (6)	31	<i>lisdexamfetamine dimesylate 60mg cap</i>	1
<i>levonest tab 28-day pack</i>	72	LIFYORLI CAP 125MG 9-DOSE SUPPLY PACK (18)	31	<i>lisinopril 10mg tab</i>	26
<i>levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	72	LIFYORLI CAP 150MG 1-DOSE SUPPLY PACK (3)	31	<i>lisinopril 2.5mg tab</i>	26
<i>levothyroxine 100mcg tab</i>	60	LIFYORLI CAP 150MG 3-DOSE SUPPLY PACK (9)	31	<i>lisinopril 20mg tab</i>	26
<i>levothyroxine 112mcg tab</i>	60	LIFYORLI CAP 150MG 9-DOSE SUPPLY PACK (27)	31	<i>lisinopril 30mg tab</i>	26
<i>levothyroxine 125mcg tab</i>	60	LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	72	<i>lisinopril 40mg tab</i>	26
<i>levothyroxine 137mcg tab</i>	60	<i>linezolid 100mg/5ml oral susp</i>	8	<i>lisinopril 5mg tab</i>	26
<i>levothyroxine 150mcg tab</i>	60	<i>linezolid 600mg tab</i>	8	LITFULO 50MG CAP	57
<i>levothyroxine 175mcg tab</i>	60			<i>lithium carbonate 150mg cap</i>	39
<i>levothyroxine 200mcg tab</i>	61			<i>lithium carbonate 300mg cap</i>	39
<i>levothyroxine 25mcg tab</i>	61			<i>lithium carbonate 300mg er tab</i>	39
<i>levothyroxine 300mcg tab</i>	61			<i>lithium carbonate 300mg tab</i>	39
<i>levothyroxine 50mcg tab</i>	61				
<i>levothyroxine 75mcg tab</i>	61				
<i>levothyroxine 88mcg tab</i>	61				
<i>levoxyl 100mcg tab</i>	61				
<i>levoxyl 112mcg tab</i>	61				
<i>levoxyl 125mcg tab</i>	61				

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

ALPHABETICAL LISTING OF DRUGS

<i>lithium carbonate 450mg er tab</i>	39	<i>loteprednol etabonate 0.5% ophth susp</i>	76	LYBALVI 10-10MG TAB	78
LITHIUM CARBONATE 600MG CAP	39	<i>lovastatin 10mg tab</i>	25	LYBALVI 15-10MG TAB	78
<i>lithium citrate 60mg/ml oral soln</i>	39	<i>lovastatin 20mg tab</i>	25	LYBALVI 20-10MG TAB	78
LIVTENCITY 200MG TAE	47	<i>lovastatin 40mg tab</i>	25	LYBALVI 5-10MG TAB	78
<i>lo jaimiess tab 91-day pack</i>	72	<i>low-ogestrel tab 28-day pack</i>	72	<i>lyleq 0.35mg tab 28-day pack</i>	72
LOKELMA 10GM	68	<i>loxapine 10mg cap</i>	41	LYNPARZA 100MG TAB	34
POWDER FOR ORAL SUSP		<i>loxapine 25mg cap</i>	41	LYNPARZA 150MG TAB	34
LOKELMA 5GM	68	<i>loxapine 50mg cap</i>	41	LYSODREN 500MG TAB	31
POWDER FOR ORAL SUSP		<i>loxapine 5mg cap</i>	41	LYTGOBI TAB 12MG	34
<i>lomustine 100mg cap</i>	29	<i>lubiprostone 24mcg cap</i>	62	DAILY DOSE PACK (21)	
<i>lomustine 10mg cap</i>	29	<i>lubiprostone 8mcg cap</i>	62	LYTGOBI TAB 16MG	34
<i>lomustine 40mg cap</i>	29	<i>luizza 1.5/30 tab 21-day pack</i>	72	DAILY DOSE PACK (28)	
LONSURF 6.14-15MG TAB	32	<i>luizza 1/20 tab 21-day pack</i>	72	LYTGOBI TAB 20MG	34
LONSURF 8.19-20MG TAB	32	LUMAKRAS 120MG TAB	34	DAILY DOSE PACK (35)	
<i>loperamide 2mg cap</i>	61	LUMAKRAS 240MG TAB	34	LYUMJEV 100UNIT/ML INJ	22
<i>lopinavir/ritonavir 100-25mg tab</i>	45	LUMAKRAS 320MG TAB	34	LYUMJEV KWIKPEN	22
<i>lopinavir/ritonavir 200-50mg tab</i>	45	LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	82	100UNIT/ML PEN INJ (3ML)	
<i>lorazepam 0.5mg tab</i>	6	LUMRYZ 6GM GRANULES FOR ORAL SUSP	82	LYUMJEV KWIKPEN	22
<i>lorazepam 1mg tab</i>	6	LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	82	200UNIT/ML PEN INJ (3ML)	
<i>lorazepam 2mg tab</i>	6	LUMRYZ 9GM GRANULES FOR ORAL SUSP	82	<i>lyza 0.35mg tab 28-day pack</i>	72
<i>lorazepam 2mg/ml oral soln</i>	6	LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28)	82	M	
LORBRENA 100MG TAB	34	LUPRON 11.25MG SYRINGE (3 MONTH)	31	<i>macitentan 10mg tab</i>	81
LORBRENA 25MG TAB	34	LUPRON 3.75MG SYRINGE (1 MONTH)	31	<i>magnesium sulfate 500mg/ml inj</i>	70
<i>loryna tab 28-day pack</i>	72	<i>lurasidone 120mg tab</i>	40	<i>magnesium sulfate 500mg/ml syringe</i>	70
<i>losartan potassium 100mg tab</i>	26	<i>lurasidone 20mg tab</i>	40	<i>malathion 0.5% topical lotion</i>	57
<i>losartan potassium 25mg tab</i>	26	<i>lurasidone 40mg tab</i>	40	<i>maraviroc 150mg tab</i>	45
<i>losartan potassium 50mg tab</i>	26	<i>lurasidone 60mg tab</i>	40	<i>maraviroc 300mg tab</i>	45
<i>loteprednol etabonate 0.5% ophth gel</i>	76	<i>lurasidone 80mg tab</i>	40	<i>marlissa tab 28-day pack</i>	72
				MARPLAN 10MG TAB	17
				MATULANE 50MG CAP	37
				MAVYRET 100-40MG TAB	46
				MAVYRET 50-20MG ORAL PELLET	46
				MAYZENT 0.25MG TAB	78
				MAYZENT 1MG TAB	78

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

ALPHABETICAL LISTING OF DRUGS

MAYZENT 2MG TAB	78	MENVEO INJ	66	METHADONE 2MG/ML	3
MAYZENT TAB STARTEI	78	<i>mercaptopurine</i>	29	ORAL SOLN	
PACK (12)		<i>2000mg/100ml oral susp</i>		<i>methadone 5mg tab</i>	3
MAYZENT TAB STARTEI	78	<i>mercaptopurine 50mg tab</i>	29	<i>methazolamide 25mg tab</i>	52
PACK (7)		<i>meropenem 1gm inj</i>	8	<i>methazolamide 50mg tab</i>	52
<i>meclizine 12.5mg tab</i>	23	<i>meropenem 500mg inj</i>	8	<i>methenamine hippurate</i>	8
<i>meclizine 25mg tab</i>	23	<i>mesalamine 1200mg dr</i>	67	<i>1gm tab</i>	
<i>medroxyprogesterone</i>	75	<i>tab</i>		<i>methimazole 10mg tab</i>	59
<i>acetate 10mg tab</i>		<i>mesalamine 1gm rectal</i>	67	<i>methimazole 5mg tab</i>	59
<i>medroxyprogesterone</i>	72	<i>supp</i>		<i>methocarbamol 500mg</i>	44
<i>acetate 150mg/ml inj</i>		<i>mesalamine 375mg er cap</i>	67	<i>tab</i>	
<i>medroxyprogesterone</i>	72	MESALAMINE 400MG	67	<i>methocarbamol 750mg</i>	44
<i>acetate 150mg/ml syringe</i>		DR CAP		<i>tab</i>	
<i>medroxyprogesterone</i>	75	<i>mesalamine 66.7mg/ml</i>	67	<i>methotrexate 2.5mg tab</i>	29
<i>acetate 2.5mg tab</i>		<i>enema</i>		METHOTREXATE	29
<i>medroxyprogesterone</i>	75	<i>mesna 400mg tab</i>	37	25MG/ML INJ	
<i>acetate 5mg tab</i>		<i>metaxalone 800mg tab</i>	44	<i>methotrexate 50mg/2ml</i>	30
<i>mefloquine 250mg tab</i>	38	<i>metformin 1000mg tab</i>	20	<i>inj</i>	
MEGESTROL ACETATE	75	<i>metformin 500mg er tab</i>	20	METHOXSALEN 10MG	56
125MG/ML ORAL SUSP		<i>metformin 500mg tab</i>	20	CAP	
<i>megestrol acetate 20mg</i>	31	<i>metformin 750mg er tab</i>	20	<i>methsuximide 300mg cap</i>	16
<i>tab</i>		<i>metformin 850mg tab</i>	20	<i>methylphenidate 10mg er</i>	2
<i>megestrol acetate 40mg</i>	31	<i>metformin/pioglitazone</i>	20	<i>tab</i>	
<i>tab</i>		<i>150-15mg tab</i>		<i>methylphenidate 10mg</i>	2
<i>megestrol acetate</i>	31	<i>metformin/pioglitazone</i>	20	<i>tab</i>	
<i>40mg/ml oral susp</i>		<i>850-15mg tab</i>		<i>methylphenidate 18mg er</i>	2
MEKINIST 0.05MG/ML	34	<i>metformin/sitagliptin</i>	20	<i>osmotic tab</i>	
ORAL SOLN		<i>phosphate 1000-100mg</i>		<i>methylphenidate 1mg/ml</i>	2
MEKINIST 0.5MG TAB	34	<i>er tab</i>		<i>oral soln</i>	
MEKINIST 2MG TAB	34	<i>metformin/sitagliptin</i>	20	<i>methylphenidate 20mg er</i>	2
MEKTOVI 15MG TAB	34	<i>phosphate 1000-50mg er</i>		<i>tab</i>	
<i>meleya 0.35mg tab</i>	72	<i>tab</i>		<i>methylphenidate 20mg</i>	2
<i>28-day pack</i>		<i>metformin/sitagliptin</i>	20	<i>tab</i>	
<i>meloxicam 15mg tab</i>	3	<i>phosphate 1000-50mg</i>		<i>methylphenidate 27mg er</i>	2
<i>meloxicam 7.5mg tab</i>	3	<i>tab</i>		<i>osmotic tab</i>	
<i>memantine 10mg tab</i>	77	<i>metformin/sitagliptin</i>	20	<i>methylphenidate 2mg/ml</i>	2
<i>memantine 14mg er cap</i>	77	<i>phosphate 500-50mg er</i>		<i>oral soln</i>	
<i>memantine 21mg er cap</i>	77	<i>tab</i>		<i>methylphenidate 36mg er</i>	2
<i>memantine 28mg er cap</i>	77	<i>metformin/sitagliptin</i>	20	<i>osmotic tab</i>	
<i>memantine 2mg/ml oral</i>	77	<i>phosphate 500-50mg tab</i>		<i>methylphenidate 54mg er</i>	2
<i>soln</i>		<i>methadone 10mg tab</i>	3	<i>osmotic tab</i>	
<i>memantine 5mg tab</i>	77	METHADONE 1MG/ML	3	<i>methylphenidate 5mg tab</i>	2
<i>memantine 7mg er cap</i>	77	ORAL SOLN		<i>methylprednisolone 16mg</i>	59
MENQUADFI INJ	66			<i>tab</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>methylprednisolone 32mg tab</i>	59	<i>metyrosine 250mg cap</i>	29	<i>moexipril 15mg tab</i>	26
<i>methylprednisolone 4mg tab</i>	59	<i>mexiletine 150mg cap</i>	49	<i>moexipril 7.5mg tab</i>	26
<i>methylprednisolone 4mg tab pack (21)</i>	59	<i>mexiletine 200mg cap</i>	49	MOLINDONE 10MG TAB	40
<i>methylprednisolone 8mg tab</i>	59	<i>mexiletine 250mg cap</i>	49	MOLINDONE 25MG TAB	40
<i>metoclopramide 10mg tab</i>	62	<i>micafungin sodium 100mg inj</i>	24	MOLINDONE 5MG TAB	40
<i>metoclopramide 1mg/ml oral soln</i>	62	<i>micafungin sodium 50mg inj</i>	24	<i>mometasone furoate 0.1% topical cream</i>	57
<i>metoclopramide 5mg tab</i>	62	<i>microgestin 1.5/30 tab 21-day pack</i>	72	<i>mometasone furoate 0.1% topical lotion</i>	57
<i>metolazone 10mg tab</i>	53	<i>microgestin 1/20 tab 21-day pack</i>	72	<i>mometasone furoate 0.1% topical ointment</i>	57
<i>metolazone 2.5mg tab</i>	53	<i>microgestin fe 1.5/30 tab 28-day pack</i>	72	<i>montelukast 10mg tab</i>	79
<i>metolazone 5mg tab</i>	53	<i>microgestin fe 1/20 tab 28-day pack</i>	72	<i>montelukast 4mg chew tab</i>	79
<i>metoprolol succinate 100mg er tab</i>	50	<i>midodrine 10mg tab</i>	49	<i>montelukast 5mg chew tab</i>	79
<i>metoprolol succinate 200mg er tab</i>	50	<i>midodrine 2.5mg tab</i>	49	<i>morphine sulfate 100mg er tab</i>	4
<i>metoprolol succinate 25mg er tab</i>	50	<i>midodrine 5mg tab</i>	49	<i>morphine sulfate 15mg er tab</i>	4
<i>metoprolol succinate 50mg er tab</i>	50	MIEBO 1.338GM/ML OPTH SOLN	76	<i>morphine sulfate 15mg tab</i>	4
<i>metoprolol tartrate 100mg tab</i>	50	<i>mifepristone 300mg tab</i>	20	<i>morphine sulfate 200mg er tab</i>	4
<i>metoprolol tartrate 25mg tab</i>	50	<i>mili tab 28-day pack</i>	72	MORPHINE SULFATE 20MG/5ML ORAL SOLN	4
<i>metoprolol tartrate 37.5mg tab</i>	50	<i>mimvey tab 28-day pack</i>	74	<i>morphine sulfate 20mg/ml oral soln</i>	4
<i>metoprolol tartrate 50mg tab</i>	50	<i>minocycline 100mg cap</i>	8	<i>morphine sulfate 2mg/ml oral soln</i>	4
<i>metoprolol tartrate 75mg tab</i>	50	<i>minocycline 50mg cap</i>	8	<i>morphine sulfate 30mg er tab</i>	4
<i>metronidazole 0.75% topical cream</i>	58	<i>minocycline 75mg cap</i>	8	<i>morphine sulfate 30mg tab</i>	4
<i>metronidazole 0.75% topical gel</i>	58	<i>minoxidil 10mg tab</i>	53	<i>morphine sulfate 60mg er tab</i>	4
<i>metronidazole 0.75% vaginal gel</i>	8	<i>minoxidil 2.5mg tab</i>	53	MOUNJARO 10MG/0.5ML AUTO-INJECTOR	21
<i>metronidazole 1% topical gel</i>	58	<i>mirabegron 25mg er tab</i>	63	MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR	21
<i>metronidazole 250mg tab</i>	8	<i>mirabegron 50mg er tab</i>	63		
<i>metronidazole 500mg tab</i>	8	<i>mirtazapine 15mg odt</i>	17		
<i>metronidazole 5mg/ml inj</i>	8	<i>mirtazapine 15mg tab</i>	17		
		<i>mirtazapine 30mg odt</i>	17		
		<i>mirtazapine 30mg tab</i>	17		
		<i>mirtazapine 45mg odt</i>	17		
		<i>mirtazapine 45mg tab</i>	17		
		<i>mirtazapine 7.5mg tab</i>	17		
		<i>misoprostol 100mcg tab</i>	63		
		<i>misoprostol 200mcg tab</i>	63		
		M-M-R II INJ	66		
		<i>modafinil 100mg tab</i>	2		
		<i>modafinil 200mg tab</i>	2		
		MODEYSO 125MG CAP	37		

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	21	<i>naloxone 0.4mg/ml inj</i>	5	NEOMYCIN/POLYMYXI	75
15MG/0.5ML		<i>naloxone 0.4mg/ml</i>	5	N B/GRAMICIDIN	
AUTO-INJECTOR		<i>syringe</i>		1.75-10000-0.025MG-UN	
MOUNJARO	21	<i>naloxone 2mg/2ml</i>	5	T-MG/ML OPTH SOLN	
2.5MG/0.5ML		<i>syringe</i>		NEOMYCIN/POLYMYXI	76
AUTO-INJECTOR		<i>naltrexone 50mg tab</i>	5	N/BACITRACIN/HYDRO	
MOUNJARO 5MG/0.5ML	21	<i>naproxen 250mg tab</i>	3	CORTISONE 1% OPTH	
AUTO-INJECTOR		<i>naproxen 375mg dr tab</i>	3	OINTMENT	
MOUNJARO	21	<i>naproxen 375mg tab</i>	3	<i>neomycin/polymyxin/hydr</i>	77
7.5MG/0.5ML		<i>naproxen 500mg tab</i>	3	<i>ocortisone</i>	
AUTO-INJECTOR		<i>naratriptan 1mg tab</i>	67	<i>3.5-10000unit-1% otic</i>	
MOVANTIK 12.5MG TAB	62	<i>naratriptan 2.5mg tab</i>	67	<i>soln</i>	
MOVANTIK 25MG TAB	62	NATACYN 5% OPTH	75	<i>neomycin/polymyxin/hydr</i>	77
<i>moxifloxacin 0.5% ophth</i>	75	SUSP		<i>ocortisone</i>	
<i>soln</i>		<i>nateglinide 120mg tab</i>	20	<i>3.5-10000unit-1% otic</i>	
MOXIFLOXACIN	8	<i>nateglinide 60mg tab</i>	20	<i>susp</i>	
1.6MG/ML INJ		NAYZILAM 5MG/0.1ML	13	NERLYNX 40MG TAB	34
<i>moxifloxacin 400mg tab</i>	8	NASAL SPRAY		NEVIRAPINE 10MG/ML	45
MRESVIA 50MCG/0.5ML	66	<i>nebivolol 10mg tab</i>	50	ORAL SUSP	
SYRINGE		<i>nebivolol 2.5mg tab</i>	50	<i>nevirapine 200mg tab</i>	45
MULTAQ 400MG TAB	49	<i>nebivolol 20mg tab</i>	50	<i>nevirapine 400mg er tab</i>	45
<i>mupirocin 2% topical</i>	55	<i>nebivolol 5mg tab</i>	50	NEXLETOL 180MG TAB	24
<i>ointment</i>		<i>necon 0.5/35 tab 28-day</i>	72	NEXLIZET 180-10MG	24
<i>mycophenolate mofetil</i>	65	<i>pack</i>		TAB	
<i>200mg/ml oral susp</i>		NEFAZODONE 100MG	18	NEXPLANON 68MG	72
<i>mycophenolate mofetil</i>	65	TAB		IMPLANT	
<i>250mg cap</i>		NEFAZODONE 150MG	18	<i>niacin 1000mg er tab</i>	24
<i>mycophenolate mofetil</i>	65	TAB		<i>niacin 500mg er tab</i>	24
<i>500mg tab</i>		NEFAZODONE 200MG	18	<i>niacin 750mg er tab</i>	24
<i>mycophenolic acid 180mg</i>	65	TAB		NICOTROL 10MG/ML	5
<i>dr tab</i>		NEFAZODONE 250MG	18	NASAL INHALER	
<i>mycophenolic acid 360mg</i>	65	TAB		<i>nifedipine 10mg cap</i>	51
<i>dr tab</i>		NEFAZODONE 50MG	18	<i>nifedipine 20mg cap</i>	51
		TAB		<i>nifedipine 30mg er tab</i>	51
N		NEMLUVIO 30MG	48	<i>nifedipine 30mg osmotic</i>	51
<i>nabumetone 500mg tab</i>	3	AUTO-INJECTOR		<i>er tab</i>	
<i>nabumetone 750mg tab</i>	3	<i>neomycin sulfate 500mg</i>	6	<i>nifedipine 60mg er tab</i>	51
<i>nadolol 20mg tab</i>	50	<i>tab</i>		<i>nifedipine 60mg osmotic</i>	51
<i>nadolol 40mg tab</i>	50	NEOMYCIN/BACITRACI	75	<i>er tab</i>	
<i>nadolol 80mg tab</i>	50	N/POLYMYXIN		<i>nifedipine 90mg er tab</i>	51
<i>nafcillin 100mg/ml inj</i>	10	5MG-400UNIT-10000UN		<i>nifedipine 90mg osmotic</i>	51
<i>nafcillin 1gm inj</i>	10	IT OPTH OINTMENT		<i>er tab</i>	
<i>nafcillin 2gm inj</i>	10			<i>nikki tab 28-day pack</i>	72
NALOXONE 0.4MG/ML	5			<i>nilotinib 150mg cap</i>	34
CARTRIDGE					

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>nilotinib 200mg cap</i>	34	<i>nora-be 0.35mg tab</i>	72	NOVOLOG 100UNIT/ML	22
<i>nilotinib 50mg cap</i>	34	<i>28-day pack</i>		CARTRIDGE	
NILUTAMIDE 150MG	31	NORDITROPIN	60	NOVOLOG 100UNIT/ML	22
TAB		10MG/1.5ML PEN INJ		INJ	
<i>nimodipine 30mg cap</i>	51	NORDITROPIN	60	NOVOLOG FLEXPEN	22
NINLARO 2.3MG CAP	34	15MG/1.5ML PEN INJ		100UNIT/ML PEN INJ	
NINLARO 3MG CAP	34	NORDITROPIN	60	(3ML)	
NINLARO 4MG CAP	34	5MG/1.5ML PEN INJ		NOVOLOG MIX (70/30)	22
<i>nintedanib 100mg cap</i>	81	<i>norelgestromin/ethinyl</i>	72	100UNIT/ML INJ	
<i>nintedanib 150mg cap</i>	81	<i>estradiol 150-35</i>		NOVOLOG MIX (70/30)	22
<i>nitazoxanide 500mg tab</i>	38	<i>mcg/24hr patch</i>		FLEXPEN 100UNIT/ML	
<i>nitro-bid 2% topical</i>	54	<i>norethindrone 0.35mg tab</i>	72	PEN INJ (3ML)	
<i>ointment</i>		<i>28-day pack</i>		NUBEQA 300MG TAB	31
<i>nitrofurantoin</i>	8	<i>norethindrone acetate</i>	75	NUCALA 100MG INJ	48
<i>macro/nitrofurantoin</i>		<i>5mg tab</i>		NUCALA 100MG/ML	48
<i>mono 100mg cap</i>		<i>nortrel 0.5/35 tab 28-day</i>	73	AUTO-INJECTOR	
<i>nitrofurantoin</i>	8	<i>pack</i>		NUCALA 100MG/ML	48
<i>macrocrystals 100mg cap</i>		<i>nortrel 1/35 tab 21-day</i>	73	SYRINGE	
<i>nitrofurantoin</i>	8	<i>pack</i>		NUCALA 40MG/0.4ML	48
<i>macrocrystals 50mg cap</i>		<i>nortrel 1/35 tab 28-day</i>	73	SYRINGE	
<i>nitroglycerin 0.1mg/hr</i>	54	<i>pack</i>		NUPLAZID 10MG TAB	40
<i>patch</i>		<i>nortrel 7/7/7 tab 28-day</i>	73	NUPLAZID 34MG CAP	40
<i>nitroglycerin 0.2mg/hr</i>	54	<i>pack</i>		<i>nyamyc 100000unit/gm</i>	55
<i>patch</i>		<i>nortriptyline 10mg cap</i>	19	<i>topical powder</i>	
<i>nitroglycerin 0.3mg sl tab</i>	54	<i>nortriptyline 25mg cap</i>	19	<i>nylia 1/35 tab 28-day</i>	73
<i>nitroglycerin 0.4% rectal</i>	5	<i>nortriptyline 2mg/ml oral</i>	19	<i>pack</i>	
<i>ointment</i>		<i>soln</i>		<i>nylia 7/7/7 tab 28-day</i>	73
<i>nitroglycerin 0.4mg sl tab</i>	54	<i>nortriptyline 50mg cap</i>	19	<i>pack</i>	
<i>nitroglycerin 0.4mg/hr</i>	54	<i>nortriptyline 75mg cap</i>	19	<i>nystatin 100000unit/gm</i>	55
<i>patch</i>		NOVOLIN MIX (70/30)	22	<i>topical ointment</i>	
<i>nitroglycerin 0.6mg sl tab</i>	54	100UNIT/ML INJ		<i>nystatin 100000unit/gm</i>	55
<i>nitroglycerin 0.6mg/hr</i>	54	NOVOLIN MIX (70/30)	22	<i>topical powder</i>	
<i>patch</i>		FLEXPEN 100UNIT/ML		<i>nystatin 100000unit/ml</i>	54
NIVESTYM	64	PEN INJ (3ML)		<i>oral susp</i>	
300MCG/0.5ML		NOVOLIN N	22	<i>nystatin 100000unit/ml</i>	55
SYRINGE		100UNIT/ML INJ		<i>topical cream</i>	
NIVESTYM 300MCG/ML	64	NOVOLIN N FLEXPEN	22	<i>nystatin 500000unit tab</i>	24
INJ		100UNIT/ML PEN INJ		<i>nystatin/triamcinolone</i>	55
NIVESTYM	64	(3ML)		<i>acetonide</i>	
480MCG/0.8ML		NOVOLIN R	22	<i>100000-0.1unit/gm-%</i>	
SYRINGE		100UNIT/ML INJ		<i>topical cream</i>	
NIVESTYM	64	NOVOLIN R FLEXPEN	22		
480MCG/1.6ML INJ		100UNIT/ML PEN INJ			
		(3ML)			

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>nystatin/triamcinolone acetonide</i>	55	<i>olanzapine 20mg odt</i>	42	ORENCIA 125MG/ML	48
<i>100000-0.1unit/gm-% topical ointment</i>		<i>olanzapine 20mg tab</i>	42	SYRINGE	
<i>nystop 100000unit/gm topical powder</i>	55	<i>olanzapine 5mg odt</i>	42	ORENCIA 50MG/0.4ML	48
		<i>olanzapine 5mg tab</i>	42	SYRINGE	
		<i>olanzapine 7.5mg tab</i>	42	ORENCIA 87.5MG/0.7ML	48
		<i>olmesartan medoxomil 20mg tab</i>	26	SYRINGE	
O		<i>olmesartan medoxomil 40mg tab</i>	26	ORENCIA CLICKJECT 125MG/ML	48
<i>octreotide 0.05mg/ml inj</i>	60	<i>olmesartan medoxomil 5mg tab</i>	26	AUTO-INJECTOR	
<i>octreotide 0.1mg/ml inj</i>	60	<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	69	ORGOVYX 120MG TAB	31
<i>octreotide 0.2mg/ml inj</i>	60	<i>OLUMIANT 1MG TAB</i>	2	ORKAMBI 125-100MG	81
<i>octreotide 0.5mg/ml inj</i>	60	<i>OLUMIANT 2MG TAB</i>	2	ORAL GRANULES	
<i>octreotide 1mg/ml inj</i>	60	<i>OLUMIANT 4MG TAB</i>	2	ORKAMBI 125-100MG TAB	81
ODEFSEY 200-25-25MG TAB	45	<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	24	ORKAMBI 125-200MG TAB	81
ODOMZO 200MG CAP	30	<i>omeprazole 10mg dr cap</i>	63	ORKAMBI 188-150MG	81
OFEV 100MG CAP	81	<i>omeprazole 20mg dr cap</i>	63	ORAL GRANULES	
OFEV 150MG CAP	81	<i>omeprazole 40mg dr cap</i>	63	ORKAMBI 94-75MG	81
<i>ofloxacin 0.3% ophth soln</i>	75	OMNITROPE 10MG/1.5ML CARTRIDGE	60	ORAL GRANULES	
<i>ofloxacin 0.3% otic soln</i>	77	OMNITROPE 5.8MG INJ	60	orphenadrine citrate 100mg er tab	44
OGSIVEO 100MG TAB 7-DAY PACK (14)	34	OMNITROPE 5MG/1.5ML CARTRIDGE	60	<i>orquidea 0.35mg tab 28-day pack</i>	73
OGSIVEO 150MG TAB 7-DAY PACK (14)	34	<i>ondansetron 0.8mg/ml oral soln</i>	23	ORSERDU 345MG TAB	31
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	34	<i>ondansetron 4mg odt</i>	23	ORSERDU 86MG TAB	31
OJEMDA 100MG TAB PACK (500MG ONCE WEEKLY) (20)	34	<i>ondansetron 4mg tab</i>	23	<i>oseltamivir 30mg cap</i>	46
OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24)	35	<i>ondansetron 8mg odt</i>	23	<i>oseltamivir 45mg cap</i>	46
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	35	<i>ondansetron 8mg tab</i>	23	<i>oseltamivir 6mg/ml oral susp</i>	46
OJJAARA 100MG TAB	35	ONUREG 200MG TAB	30	<i>oseltamivir 75mg cap</i>	46
OJJAARA 150MG TAB	35	ONUREG 300MG TAB	30	OTEZLA 10/20/30MG TAB 28-DAY STARTER PACK (55)	56
OJJAARA 200MG TAB	35	OPIPZA 10MG ORAL FILM	43	OTEZLA 10/20MG TAB 28-DAY STARTER PACK (55)	56
<i>olanzapine 10mg inj</i>	41	OPIPZA 2MG ORAL FILM	43	OTEZLA 20MG TAB	56
<i>olanzapine 10mg odt</i>	41	OPIPZA 5MG ORAL FILM	43	OTEZLA 30MG TAB	56
<i>olanzapine 10mg tab</i>	41	OPVEE 2.7MG/0.1ML NASAL SPRAY	5	OTEZLA XR 75MG TAB	56
<i>olanzapine 15mg odt</i>	41			OTEZLA/OTEZLA XR 28-DAY 10/20/30/75MG STARTER PACK (41)	56
<i>olanzapine 15mg tab</i>	41			<i>oxacillin 100mg/ml inj</i>	10
<i>olanzapine 2.5mg tab</i>	42				

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>oxacillin 1gm inj</i>	10	<i>paliperidone 6mg er tab</i>	41	PEGASYS 180MCG/ML	46
<i>oxacillin 2gm inj</i>	10	<i>paliperidone 9mg er tab</i>	41	INJ	
<i>oxcarbazepine 150mg tab</i>	14	PANRETIN 0.1%	55	PEMAZYRE 13.5MG TAB	35
<i>oxcarbazepine 300mg tab</i>	14	TOPICAL GEL		PEMAZYRE 4.5MG TAB	35
<i>oxcarbazepine 600mg tab</i>	15	<i>pantoprazole 20mg dr tab</i>	63	PEMAZYRE 9MG TAB	35
<i>oxcarbazepine 60mg/ml</i>	15	<i>pantoprazole 40mg dr tab</i>	63	PENBRAYA INJ	66
<i>oral susp</i>		<i>paricalcitol 1mcg cap</i>	58	<i>penicillamine 250mg tab</i>	23
<i>oxybutynin chloride 10mg</i>	63	<i>paricalcitol 2mcg cap</i>	58	<i>penicillin g potassium</i>	10
<i>er tab</i>		<i>paricalcitol 4mcg cap</i>	58	<i>1000000unit/ml inj</i>	
<i>oxybutynin chloride 15mg</i>	63	<i>paroxetine 10mg tab</i>	17	PENICILLIN G SODIUM	10
<i>er tab</i>		PAROXETINE	17	100000UNIT/ML INJ	
<i>oxybutynin chloride</i>	63	10MG/5ML ORAL SUSP		<i>penicillin v potassium</i>	10
<i>1mg/ml oral soln</i>		<i>paroxetine 12.5mg er tab</i>	17	<i>250mg tab</i>	
<i>oxybutynin chloride 5mg</i>	63	<i>paroxetine 20mg tab</i>	17	PENICILLIN V	11
<i>er tab</i>		<i>paroxetine 25mg er tab</i>	17	POTASSIUM 25MG/ML	
<i>oxybutynin chloride 5mg</i>	63	<i>paroxetine 30mg tab</i>	18	ORAL SOLN	
<i>tab</i>		<i>paroxetine 37.5mg er tab</i>	18	<i>penicillin v potassium</i>	11
<i>oxycodone 10mg tab</i>	4	<i>paroxetine 40mg tab</i>	18	<i>500mg tab</i>	
<i>oxycodone 15mg tab</i>	4	PAXLOVID	47	PENICILLIN V	11
<i>oxycodone 1mg/ml oral</i>	4	150MG/100MG TAB		POTASSIUM 50MG/ML	
<i>soln</i>		PACK (20)		ORAL SOLN	
<i>oxycodone 20mg tab</i>	4	PAXLOVID	47	PENMENVY INJ	66
<i>oxycodone 30mg tab</i>	4	150MG/100MG TAB		PENTACEL INJ	66
<i>oxycodone 5mg tab</i>	4	PACK (30)		<i>pentamidine isethionate</i>	38
<i>oxycodone/acetaminophe</i>	4	PAXLOVID	47	<i>300mg inj</i>	
<i>n 10-325mg tab</i>		300MG/100MG AND		<i>pentamidine isethionate</i>	38
<i>oxycodone/acetaminophe</i>	4	150MG/100MG TAB		<i>300mg/6ml inh soln</i>	
<i>n 2.5-325mg tab</i>		DOSE PACK (11)		<i>pentoxifylline 400mg er</i>	52
<i>oxycodone/acetaminophe</i>	4	<i>pazopanib 200mg tab</i>	35	<i>tab</i>	
<i>n 5-325mg tab</i>		PEDIARIX SYRINGE	66	<i>perampanel 0.5mg/ml</i>	15
<i>oxycodone/acetaminophe</i>	4	PEDVAXHIB	66	<i>oral susp</i>	
<i>n 7.5-325mg tab</i>		7.5MCG/0.5ML INJ		<i>perampanel 10mg tab</i>	15
OZEMPIC 1.5MG TAB	21	<i>peg 3350 powder for oral</i>	62	<i>perampanel 12mg tab</i>	15
OZEMPIC 2MG/3ML	21	<i>soln (100gm moviprep</i>		<i>perampanel 2mg tab</i>	15
PEN INJ		<i>equiv)</i>		<i>perampanel 4mg tab</i>	15
OZEMPIC 4MG TAB	21	<i>peg 3350/electrolyte</i>	62	<i>perampanel 6mg tab</i>	15
OZEMPIC 4MG/3ML	21	<i>powder for oral soln</i>		<i>perampanel 8mg tab</i>	15
PEN INJ		<i>peg 3350/kcl/sodium</i>	62	PERINDOPRIL	26
OZEMPIC 8MG/3ML	21	<i>bicarbonate/sodium</i>		ERBUMINE 2MG TAB	
PEN INJ		<i>chloride powder for oral</i>		<i>perindopril erbumine</i>	26
OZEMPIC 9MG TAB	21	<i>soln</i>		<i>4mg tab</i>	
P		PEGASYS	46	PERINDOPRIL	26
<i>paliperidone 1.5mg er tab</i>	41	180MCG/0.5ML		ERBUMINE 8MG TAB	
<i>paliperidone 3mg er tab</i>	41	SYRINGE			

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>periogard 0.12% mouthwash</i>	54	<i>pimecrolimus 1% topical cream</i>	57	<i>pomalidomide 4mg cap</i>	32
<i>permethrin 5% topical cream</i>	57	<i>pimozide 1mg tab</i>	78	POMALYST 1MG CAP	32
<i>perphenazine 16mg tab</i>	42	<i>pimozide 2mg tab</i>	78	POMALYST 2MG CAP	32
<i>perphenazine 2mg tab</i>	42	<i>pimtrea tab 28-day pack</i>	73	POMALYST 3MG CAP	32
<i>perphenazine 4mg tab</i>	42	<i>pindolol 10mg tab</i>	50	POMALYST 4MG CAP	32
<i>perphenazine 8mg tab</i>	42	<i>pindolol 5mg tab</i>	50	<i>portia tab 28-day pack</i>	73
PHENELZINE 15MG TAB	17	<i>pioglitazone 15mg tab</i>	20	<i>posaconazole 100mg dr tab</i>	24
PHENOBARBITAL 100MG TAB	15	<i>pioglitazone 30mg tab</i>	20	<i>posaconazole 40mg/ml oral susp</i>	24
PHENOBARBITAL 15MG TAB	15	<i>pioglitazone 45mg tab</i>	20	<i>potassium chloride 1.33meq/ml oral soln</i>	70
PHENOBARBITAL 15MG TAB	15	<i>piperacillin/tazobactam 2000-250mg inj</i>	11	<i>potassium chloride 10meq er cap</i>	70
PHENOBARBITAL 15MG TAB	15	<i>piperacillin/tazobactam 3000-375mg inj</i>	11	<i>potassium chloride 10meq er tab</i>	70
PHENOBARBITAL 15MG TAB	15	<i>piperacillin/tazobactam 36-4.5gm inj</i>	11	<i>potassium chloride 10meq micro er tab</i>	70
PHENOBARBITAL 15MG TAB	15	<i>piperacillin/tazobactam 4000-500mg inj</i>	11	POTASSIUM CHLORIDE 10MEQ/100ML INJ	70
PHENOBARBITAL 15MG TAB	15	PIQRAY TAB 200MG DAILY DOSE PACK (28)	35	POTASSIUM CHLORIDE 15MEQ ER TAB	70
PHENOBARBITAL 15MG TAB	15	PIQRAY TAB 250MG DAILY DOSE PACK (56)	35	<i>potassium chloride 15meq micro er tab</i>	70
PHENOBARBITAL 15MG TAB	15	PIQRAY TAB 300MG DAILY DOSE PACK (56)	35	<i>potassium chloride 2.67meq/ml oral soln</i>	70
PHENOBARBITAL 15MG TAB	15	<i>pirfenidone 267mg cap</i>	81	<i>potassium chloride 20meq er tab</i>	70
PHENOBARBITAL 15MG TAB	15	<i>pirfenidone 267mg tab</i>	81	<i>potassium chloride 20meq micro er tab</i>	70
PHENOBARBITAL 15MG TAB	15	<i>pirfenidone 801mg tab</i>	81	<i>potassium chloride 20meq powder for oral soln</i>	70
PHENOBARBITAL 15MG TAB	15	<i>piroxicam 10mg cap</i>	3	POTASSIUM CHLORIDE 20MEQ/100ML INJ	70
PHENOBARBITAL 15MG TAB	15	<i>piroxicam 20mg cap</i>	3	<i>potassium chloride 2meq/ml (20ml) inj</i>	70
PHENOBARBITAL 15MG TAB	15	PLEGRIDY 125MCG/0.5ML	78	<i>potassium chloride 2meq/ml inj</i>	70
PHENOBARBITAL 15MG TAB	15	AUTO-INJECTOR PLEGRIDY	78	<i>potassium chloride 8meq er cap</i>	70
PHENOBARBITAL 15MG TAB	15	125MCG/0.5ML SYRINGE		<i>potassium chloride 8meq er tab</i>	70
PHENOBARBITAL 15MG TAB	15	<i>plenamine 15% inj</i>	70		
PHENOBARBITAL 15MG TAB	15	PODOFILOX 0.5%	57		
PHENOBARBITAL 15MG TAB	15	TOPICAL SOLN			
PHENOBARBITAL 15MG TAB	15	<i>polymyxin b/trimethoprim 10000unit/ml-0.1% ophth soln</i>	75		
PHENOBARBITAL 15MG TAB	15	<i>pomalidomide 1mg cap</i>	31		
PHENOBARBITAL 15MG TAB	15	<i>pomalidomide 2mg cap</i>	31		
PHENOBARBITAL 15MG TAB	15	<i>pomalidomide 3mg cap</i>	32		

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

ALPHABETICAL LISTING OF DRUGS

<i>potassium chloride/sodium chloride 20meq-0.45% inj</i>	70	<i>prednisone 10mg tab pack (48)</i>	59	PREZCOBIX 150-800MG TAB	45
<i>potassium chloride/sodium chloride 40meq-0.9% inj</i>	70	<i>prednisone 1mg tab</i>	59	PREZISTA 100MG/ML ORAL SUSP	45
<i>potassium citrate 10meq er tab</i>	64	PREDNISONE 1MG/ML ORAL SOLN	59	PREZISTA 150MG TAB	45
<i>potassium citrate 15meq er tab</i>	64	<i>prednisone 2.5mg tab</i>	59	PREZISTA 75MG TAB	45
<i>potassium citrate 5meq er tab</i>	64	<i>prednisone 20mg tab</i>	59	PRIMAQUINE	38
<i>pramipexole 0.125mg tab</i>	38	<i>prednisone 50mg tab</i>	59	PHOSPHATE 26.3MG TAB	
<i>pramipexole 0.25mg tab</i>	38	<i>prednisone 5mg tab</i>	59	<i>primidone 250mg tab</i>	15
<i>pramipexole 0.5mg tab</i>	38	<i>prednisone 5mg tab pack (21)</i>	59	<i>primidone 50mg tab</i>	15
<i>pramipexole 0.75mg tab</i>	38	<i>prednisone 5mg tab pack (48)</i>	59	PRIORIX INJ	66
<i>pramipexole 1.5mg tab</i>	38	<i>pregabalin 100mg cap</i>	15	PRIVIGEN 20GM/200ML INJ	65
<i>pramipexole 1mg tab</i>	38	<i>pregabalin 150mg cap</i>	15	<i>probenecid 500mg tab</i>	64
<i>prasugrel 10mg tab</i>	12	<i>pregabalin 200mg cap</i>	15	<i>prochlorperazine 10mg tab</i>	42
<i>prasugrel 5mg tab</i>	12	<i>pregabalin 20mg/ml oral soln</i>	15	<i>prochlorperazine 25mg rectal supp</i>	42
<i>pravastatin sodium 10mg tab</i>	25	<i>pregabalin 225mg cap</i>	15	<i>prochlorperazine 5mg tab</i>	43
<i>pravastatin sodium 20mg tab</i>	25	<i>pregabalin 25mg cap</i>	15	<i>procto-med hc 2.5%</i>	5
<i>pravastatin sodium 40mg tab</i>	25	<i>pregabalin 300mg cap</i>	15	<i>perianal cream</i>	
<i>pravastatin sodium 80mg tab</i>	25	<i>pregabalin 50mg cap</i>	15	<i>proctosol 2.5% perianal cream</i>	5
<i>praziquantel 600mg tab</i>	37	<i>pregabalin 75mg cap</i>	15	<i>proctozone hc 2.5% perianal cream</i>	5
<i>prazosin 1mg cap</i>	27	PREMARIN	74	<i>progesterone 100mg cap</i>	75
<i>prazosin 2mg cap</i>	27	0.625MG/GM VAGINAL CREAM		<i>progesterone 200mg cap</i>	75
<i>prazosin 5mg cap</i>	27	PREMPHASE TAB	74	PROGRAF 0.2MG GRANULES FOR ORAL SUSP	65
PREDNISOLONE 1% OPTH SOLN	76	28-DAY PACK		PROGRAF 1MG GRANULES FOR ORAL SUSP	65
<i>prednisolone 1mg/ml oral soln</i>	59	PREMPRO 0.3/1.5MG TAB 28-DAY PACK	74	PROLASTIN-C 1000MG INJ	81
<i>prednisolone 3mg/ml oral soln</i>	59	PREMPRO 0.45/1.5MG TAB 28-DAY PACK	74	<i>promethazine 1.25mg/ml oral soln</i>	79
<i>prednisolone 5mg/ml oral soln</i>	59	PREMPRO 0.625/2.5MG TAB 28-DAY PACK	74	<i>promethazine 12.5mg rectal supp</i>	79
<i>prednisolone acetate 1% ophth susp</i>	76	PREMPRO 0.625/5MG TAB 28-DAY PACK	74	<i>promethazine 12.5mg tab</i>	79
<i>prednisone 10mg tab</i>	59	PRETOMANID 200MG TAB	29	<i>promethazine 25mg rectal supp</i>	79
<i>prednisone 10mg tab (21)</i>	59	PREVYMIS 120MG ORAL PELLET	47	<i>promethazine 25mg tab</i>	79
		PREVYMIS 240MG TAB	47		
		PREVYMIS 480MG TAB	47		
		PREZCOBIX 150-675MG TAB	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

<i>promethazine 50mg tab</i>	79	QUADRACEL SYRINGE	66	<i>ramipril 2.5mg cap</i>	26
<i>promethegan 25mg rectal supp</i>	79	<i>quetiapine 100mg tab</i>	42	<i>ramipril 5mg cap</i>	26
<i>propafenone 150mg tab</i>	49	<i>quetiapine 150mg er tab</i>	42	<i>ranolazine 1000mg er tab</i>	52
<i>propafenone 225mg er cap</i>	49	QUETIAPINE 150MG TAB	42	<i>ranolazine 500mg er tab</i>	52
<i>propafenone 225mg tab</i>	49	<i>quetiapine 200mg er tab</i>	42	<i>rasagiline 0.5mg tab</i>	39
<i>propafenone 300mg tab</i>	49	<i>quetiapine 200mg tab</i>	42	<i>rasagiline 1mg tab</i>	39
<i>propafenone 325mg er cap</i>	49	<i>quetiapine 25mg tab</i>	42	<i>reclipsen tab 28-day pack</i>	73
<i>propafenone 425mg er cap</i>	49	<i>quetiapine 300mg er tab</i>	42	RECOMBIVAX	66
<i>propranolol 10mg tab</i>	50	<i>quetiapine 300mg tab</i>	42	10MCG/ML INJ	
<i>propranolol 120mg er cap</i>	50	<i>quetiapine 400mg er tab</i>	42	RECOMBIVAX	66
<i>propranolol 160mg er cap</i>	50	<i>quetiapine 400mg tab</i>	42	40MCG/ML INJ	
<i>propranolol 20mg tab</i>	50	<i>quetiapine 50mg er tab</i>	42	RECOMBIVAX	66
<i>propranolol 20mg/5ml oral soln</i>	50	<i>quetiapine 50mg tab</i>	42	5MCG/0.5ML INJ	
<i>propranolol 40mg tab</i>	50	<i>quinapril 10mg tab</i>	26	RECOMBIVAX HB	66
<i>propranolol 60mg er cap</i>	50	<i>quinapril 20mg tab</i>	26	10MCG/ML SYRINGE	
<i>propranolol 60mg tab</i>	50	<i>quinapril 40mg tab</i>	26	RECOMBIVAX HB	66
<i>propranolol 80mg er cap</i>	50	<i>quinapril 5mg tab</i>	26	5MCG/0.5ML SYRINGE	
<i>propranolol 80mg tab</i>	50	QUINIDINE SULFATE	49	REDEMPLO	58
PROPRANOLOL	50	200MG TAB		25MG/0.5ML SYRINGE	
8MG/ML ORAL SOLN		QUINIDINE SULFATE	49	RELENZA DISKHALER	46
<i>propylthiouracil 50mg tab</i>	59	300MG TAB		5MG/BLISTER POWDER INHALER	
PROQUAD INJ	66	<i>quinine sulfate 324mg cap</i>	38	<i>repaglinide 0.5mg tab</i>	20
PROSOL 20% INJ	70	QULIPTA 10MG TAB	67	<i>repaglinide 1mg tab</i>	20
<i>protriptyline 10mg tab</i>	19	QULIPTA 30MG TAB	68	<i>repaglinide 2mg tab</i>	21
<i>protriptyline 5mg tab</i>	19	QULIPTA 60MG TAB	68	REPATHA 140MG/ML SYRINGE	24
<i>prucalopride 1mg tab</i>	62	QVAR 40MCG	79	REPATHA SURECLICK	24
<i>prucalopride 2mg tab</i>	62	REDIHALER		140MG/ML	
PULMOZYME	81	QVAR 80MCG	79	AUTO-INJECTOR	
2.5MG/2.5ML NEB SOLN		REDIHALER		RETACRIT	64
<i>pyrazinamide 500mg tab</i>	29	R		10000UNIT/ML INJ	
<i>pyridostigmine bromide 60mg tab</i>	44	RABAVERT 2.5UNIT/ML INJ	66	RETACRIT	64
<i>pyrimethamine 25mg tab</i>	38	<i>rabeprazole sodium 20mg dr tab</i>	63	20000UNIT/2ML INJ	
Q		RADICAVA 105MG/5ML	68	RETACRIT	64
QINLOCK 50MG TAB	35	ORAL SUSP		20000UNIT/ML INJ	64
QUADRACEL INJ	66	RALDESY 10MG/ML	18	RETACRIT 2000UNIT/ML INJ	
		ORAL SOLN		RETACRIT 3000UNIT/ML INJ	64
		<i>raloxifene 60mg tab</i>	60	RETACRIT	64
		<i>ramelteon 8mg tab</i>	82	40000UNIT/ML INJ	
		<i>ramipril 1.25mg cap</i>	26	RETACRIT 4000UNIT/ML INJ	64
		<i>ramipril 10mg cap</i>	26		

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

ALPHABETICAL LISTING OF DRUGS

RETEVMO 120MG TAB	35	<i>risedronate sodium 30mg</i>	58	<i>rivastigmine 9.5mg/24hr</i>	77
RETEVMO 160MG TAB	35	<i>tab</i>		<i>patch</i>	
RETEVMO 40MG TAB	35	<i>risedronate sodium 35mg</i>	58	<i>rizatriptan 10mg odt</i>	68
RETEVMO 80MG TAB	35	<i>tab</i>		<i>rizatriptan 10mg tab</i>	68
REVCIVI 2.4MG/1.5ML	58	<i>risedronate sodium 35mg</i>	58	<i>rizatriptan 5mg odt</i>	68
INJ		<i>tab pack (12)</i>		<i>rizatriptan 5mg tab</i>	68
REVUFORJ 110MG TAB	37	<i>risedronate sodium 35mg</i>	58	ROCKLATAN	76
REVUFORJ 160MG TAB	37	<i>tab pack (4)</i>		0.02-0.005% OPTH	
REVUFORJ 25MG TAB	37	<i>risedronate sodium 5mg</i>	58	SOLN	
REXULTI 0.25MG TAB	43	<i>tab</i>		<i>roflumilast 250mcg tab</i>	82
REXULTI 0.5MG TAB	43	RISPERIDONE 0.25MG	41	<i>roflumilast 500mcg tab</i>	82
REXULTI 1MG TAB	43	ODT		ROMVIMZA 14MG CAP	35
REXULTI 2MG TAB	43	<i>risperidone 0.25mg tab</i>	41	ROMVIMZA 20MG CAP	35
REXULTI 3MG TAB	43	<i>risperidone 0.5mg odt</i>	41	ROMVIMZA 30MG CAP	35
REXULTI 4MG TAB	43	<i>risperidone 0.5mg tab</i>	41	<i>ropinirole 0.25mg tab</i>	39
REYATAZ 50MG ORAL	45	<i>risperidone 1mg odt</i>	41	<i>ropinirole 0.5mg tab</i>	39
POWDER		<i>risperidone 1mg tab</i>	41	<i>ropinirole 1mg tab</i>	39
REZDIFFRA 100MG TAB	68	<i>risperidone 1mg/ml oral</i>	41	<i>ropinirole 2mg er tab</i>	39
REZDIFFRA 60MG TAB	68	<i>soln</i>		<i>ropinirole 2mg tab</i>	39
REZDIFFRA 80MG TAB	68	<i>risperidone 2mg odt</i>	41	<i>ropinirole 3mg tab</i>	39
REZLIDHIA 150MG CAP	35	<i>risperidone 2mg tab</i>	41	<i>ropinirole 4mg er tab</i>	39
REZUROCK 200MG TAB	68	<i>risperidone 3mg odt</i>	41	<i>ropinirole 4mg tab</i>	39
RHAPSIDO 25MG TAB	68	<i>risperidone 3mg tab</i>	41	<i>ropinirole 5mg tab</i>	39
RHOPRESSA 0.02%	76	<i>risperidone 4mg odt</i>	41	<i>rosuvastatin calcium</i>	25
OPHTH SOLN		<i>risperidone 4mg tab</i>	41	<i>10mg tab</i>	
RIBAVIRIN 200MG CAP	46	<i>risperidone microspheres</i>	41	<i>rosuvastatin calcium</i>	25
RIBAVIRIN 200MG TAB	46	<i>12.5mg inj</i>		<i>20mg tab</i>	
<i>rifabutin 150mg cap</i>	29	<i>risperidone microspheres</i>	41	<i>rosuvastatin calcium</i>	25
<i>rifampin 150mg cap</i>	29	<i>25mg inj</i>		<i>40mg tab</i>	
<i>rifampin 300mg cap</i>	29	<i>risperidone microspheres</i>	41	<i>rosuvastatin calcium 5mg</i>	25
<i>rifampin 600mg inj</i>	29	<i>37.5mg inj</i>		<i>tab</i>	
<i>rifapentine 150mg tab</i>	29	<i>risperidone microspheres</i>	41	ROTARIX	66
<i>rilpivirine 25mg tab</i>	45	<i>50mg inj</i>		667000UNIT/ML ORAL	
<i>riluzole 50mg tab</i>	68	<i>ritonavir 100mg tab</i>	45	SUSP	
RIMANTADINE 100MG	47	<i>rivaroxaban 2.5mg tab</i>	12	ROTATEQ ORAL SUSP	66
TAB		<i>rivastigmine 1.5mg cap</i>	77	<i>roweepra 500mg tab</i>	15
RINVOQ 15MG ER TAB	2	<i>rivastigmine 13.3mg/24hr</i>	77	ROZLYTREK 100MG	35
RINVOQ 1MG/ML ORAL	2	<i>patch</i>		CAP	
SOLN		<i>rivastigmine 3mg cap</i>	77	ROZLYTREK 200MG	35
RINVOQ 30MG ER TAB	2	<i>rivastigmine 4.5mg cap</i>	77	CAP	
RINVOQ 45MG ER TAB	2	<i>rivastigmine 4.6mg/24hr</i>	77	ROZLYTREK 50MG	35
<i>risedronate sodium</i>	58	<i>patch</i>		ORAL PELLET	
<i>150mg tab</i>		<i>rivastigmine 6mg cap</i>	77	RUBRACA 200MG TAB	35
				RUBRACA 250MG TAB	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

RUBRACA 300MG TAB	35	<i>setlakin tab 91-day pack</i>	73	<i>sitagliptin phosphate</i>	21
<i>rufinamide 200mg tab</i>	15	<i>sevelamer carbonate</i>	68	<i>50mg tab</i>	
<i>rufinamide 400mg tab</i>	15	<i>800mg tab</i>		SKYRIZI 150MG/ML	48
<i>rufinamide 40mg/ml oral</i>	15	<i>sharobel 0.35mg tab</i>	73	AUTO-INJECTOR	
<i>susp</i>		<i>28-day pack</i>		SKYRIZI 150MG/ML	48
RUKOBIA 600MG ER	45	SHINGRIX	66	SYRINGE	
TAB		50MCG/0.5ML INJ		SKYRIZI 180MG/1.2ML	48
RYDAPT 25MG CAP	35	SHINGRIX	66	CARTRIDGE	
S		50MCG/0.5ML SYRINGE		SKYRIZI 360MG/2.4ML	48
<i>sacubitril/valsartan</i>	52	SIGNIFOR 0.3MG/ML INJ	60	CARTRIDGE	
<i>24-26mg tab</i>		SIGNIFOR 0.6MG/ML INJ	60	SKYRIZI 55MG/0.37ML	48
<i>sacubitril/valsartan</i>	52	SIGNIFOR 0.9MG/ML INJ	60	SYRINGE	
<i>49-51mg tab</i>		<i>sildenafil 20mg tab</i>	81	<i>sodium chloride 0.45%</i>	70
<i>sacubitril/valsartan</i>	52	<i>silodosin 4mg cap</i>	63	<i>inj</i>	
<i>97-103mg tab</i>		<i>silodosin 8mg cap</i>	63	<i>sodium chloride 0.9% inj</i>	70
<i>salmon calcitonin</i>	58	<i>silver sulfadiazine 1%</i>	58	<i>sodium chloride 0.9%</i>	64
<i>200unit/act nasal spray</i>		<i>topical cream</i>		<i>irrigation soln</i>	
SANTYL 250UNIT/GM	58	SIMBRINZA 0.2-1%	75	<i>sodium chloride 3% inj</i>	70
TOPICAL OINTMENT		OPHTH SUSP		<i>sodium chloride 50mg/ml</i>	70
<i>sapropterin 100mg</i>	58	SIMLANDI 20MG/0.2ML	48	<i>inj</i>	
<i>powder for oral soln</i>		SYRINGE		<i>sodium oxybate 500mg/ml</i>	82
<i>sapropterin 100mg tab</i>	59	SIMLANDI 40MG/0.4ML	48	<i>oral soln</i>	
<i>sapropterin 500mg</i>	59	AUTO-INJECTOR		<i>sodium phenylbutyrate</i>	59
<i>powder for oral soln</i>		SIMLANDI 40MG/0.4ML	48	<i>3gm/tsp oral powder</i>	
SCSEMBLIX 100MG TAB	35	SYRINGE		<i>sodium polystyrene</i>	69
SCSEMBLIX 20MG TAB	35	SIMLANDI 80MG/0.8ML	48	<i>sulfonate 15000mg</i>	
SCSEMBLIX 40MG TAB	35	AUTO-INJECTOR		<i>powder for oral susp</i>	
<i>scopolamine 1mg/72hr</i>	23	<i>simvastatin 10mg tab</i>	25	<i>sodium polystyrene</i>	69
<i>patch</i>		<i>simvastatin 20mg tab</i>	25	<i>sulfonate 15gm/60ml oral</i>	
SECUADO 3.8MG/24HR	42	<i>simvastatin 40mg tab</i>	25	<i>susp</i>	
PATCH		<i>simvastatin 5mg tab</i>	25	<i>sodium sulfate/potassium</i>	62
SECUADO 5.7MG/24HR	42	<i>simvastatin 80mg tab</i>	25	<i>sulfate/magnesium sulfate</i>	
PATCH		<i>sirolimus 0.5mg tab</i>	65	<i>17.5-3.13-1.6 gm/177ml</i>	
SECUADO 7.6MG/24HR	42	<i>sirolimus 1mg tab</i>	65	<i>oral soln prep kit</i>	
PATCH		<i>sirolimus 1mg/ml oral</i>	65	<i>sodium sulfate/potassium</i>	62
<i>selegiline 5mg cap</i>	39	<i>soln</i>		<i>sulfate/magnesium sulfate</i>	
<i>selegiline 5mg tab</i>	39	<i>sirolimus 2mg tab</i>	65	<i>17.5-3.13-1.6 gm/177ml</i>	
SELENIUM SULFIDE	57	SIRTURO 100MG TAB	29	<i>oral soln prep kit (480ml)</i>	
2.5% SHAMPOO		SIRTURO 20MG TAB	29	SOFOBUIR/VELPATAS	46
<i>sertraline 100mg tab</i>	18	<i>sitagliptin phosphate</i>	21	VIR 400-100MG TAB	
<i>sertraline 20mg/ml oral</i>	18	<i>100mg tab</i>		<i>solifenacin succinate</i>	63
<i>soln</i>		<i>sitagliptin phosphate</i>	21	<i>10mg tab</i>	
<i>sertraline 25mg tab</i>	18	<i>25mg tab</i>		<i>solifenacin succinate 5mg</i>	63
<i>sertraline 50mg tab</i>	18			<i>tab</i>	

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

ALPHABETICAL LISTING OF DRUGS

SOLTAMOX 10MG/5ML ORAL SOLN	31	SUBVENITE 10MG/ML ORAL SUSP	15	<i>sunitinib malate 37.5mg cap</i>	35
SOMAVERT 10MG INJ	60	<i>sucralfate 1000mg tab</i>	63	<i>sunitinib malate 50mg cap</i>	35
SOMAVERT 15MG INJ	60	<i>sucralfate 100mg/ml oral susp</i>	63	SUNLENCA 300MG TAB	45
SOMAVERT 20MG INJ	60	SUFLAVE ORAL SOLN	62	SUNLENCA 300MG TAB	45
SOMAVERT 25MG INJ	60	PACK		THERAPY PACK (4)	
SOMAVERT 30MG INJ	60	SULFACETAMIDE	75	SUNLENCA 300MG TAB	45
<i>sorafenib 200mg tab</i>	35	SODIUM 10% OPTH SOLN		THERAPY PACK (5)	
<i>sotalol 120mg tab</i>	50	<i>sulfacetamide sodium 10% topical lotion</i>	55	SUNOSI 150MG TAB	83
<i>sotalol 160mg tab</i>	50	SULFACETAMIDE/PRED	76	SUNOSI 75MG TAB	83
<i>sotalol 240mg tab</i>	50	NISOLONE 10-0.25% OPTH SOLN		SUTAB 225-188-1479MG TAB	62
<i>sotalol 80mg tab</i>	50	<i>sulfadiazine 500mg tab</i>	8	<i>syeda tab 28-day pack</i>	73
<i>sotalol af 120mg tab</i>	50	<i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	8	SYMDEKO TAB 4-WEEK	82
<i>sotalol af 160mg tab</i>	50	<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	8	PACK (56)	
<i>sotalol af 80mg tab</i>	50	<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	8	SYMDEKO TAB	82
SPIRIVA RESPIMAT 1.25MCG/ACT INHALER	79	<i>sulfasalazine 500mg dr tab</i>	67	50-75MG/75MG PACK (56)	
<i>spironolactone 100mg tab</i>	53	<i>sulfasalazine 500mg tab</i>	67	SYMPAZAN 10MG ORAL	13
<i>spironolactone 25mg tab</i>	53	<i>sulindac 150mg tab</i>	3	FILM	
<i>spironolactone 50mg tab</i>	53	<i>sulindac 200mg tab</i>	3	SYMPAZAN 20MG ORAL	13
<i>sprintec tab 28-day pack</i>	73	<i>sumatriptan 100mg tab</i>	68	FILM	
SPRITAM 250MG TAB	15	<i>sumatriptan 20mg/act nasal spray</i>	68	SYMPAZAN 5MG ORAL	13
FOR ORAL SUSP		<i>sumatriptan 25mg tab</i>	68	FILM	
SPRITAM 500MG TAB	15	<i>sumatriptan 50mg tab</i>	68	SYMPAZAN 5MG ORAL	13
FOR ORAL SUSP		<i>sumatriptan 5mg/act nasal spray</i>	68	FILM	
<i>sps 15gm/60ml oral susp</i>	69	<i>sumatriptan 6mg/0.5ml auto-injector</i>	68	SYMTUZA	45
<i>ssd 1% topical cream</i>	58	<i>sumatriptan 6mg/0.5ml inj</i>	68	150-800-200-10MG TAB	
STARJEMZA 45MG/0.5ML INJ	48	<i>sunitinib malate 12.5mg cap</i>	35	SYNTHROID 100MCG	61
STARJEMZA 45MG/0.5ML SYRINGE	48			TAB	
STARJEMZA 90MG/ML SYRINGE	48			SYNTHROID 112MCG	61
STIOLTO RESPIMAT 2.5-2.5MCG/ACT INHALER	80			TAB	
STIVARGA 40MG TAB	35			SYNTHROID 125MCG	61
STREPTOMYCIN 1GM INJ	6			TAB	
STRIBILD 150-150-200-300MG TAB	45			SYNTHROID 137MCG	61
STRIVERDI RESPIMAT 2.5MCG/ACT INHALER	80			TAB	
				SYNTHROID 150MCG	61
				TAB	
				SYNTHROID 175MCG	61
				TAB	
				SYNTHROID 200MCG	61
				TAB	
				SYNTHROID 25MCG	61
				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 300MCG TAB	61	TAZICEF 6GM INJ	10	testosterone cypionate 200mg/ml (1ml) inj	5
SYNTHROID 50MCG TAB	61	telmisartan 20mg tab	26	testosterone cypionate 200mg/ml inj	5
SYNTHROID 75MCG TAB	61	telmisartan 40mg tab	26	TESTOSTERONE	5
SYNTHROID 88MCG TAB	61	telmisartan 80mg tab	26	ENANTHATE 200MG/ML INJ	
T		temazepam 15mg cap	82	tetrabenazine 12.5mg tab	78
TABLOID 40MG TAB	30	temazepam 30mg cap	82	tetrabenazine 25mg tab	78
TABRECTA 150MG TAB	35	TENIVAC 4-10UNIT/ML INJ	66	tetracycline 250mg cap	8
TABRECTA 200MG TAB	35	TENIVAC 4-10UNIT/ML SYRINGE	67	tetracycline 500mg cap	8
tacrolimus 0.03% topical ointment	57	tenofovir disoproxil fumarate 300mg tab	46	THALOMID 100MG CAP	32
tacrolimus 0.1% topical ointment	58	TEPMETKO 225MG TAB	36	THALOMID 50MG CAP	32
tacrolimus 0.5mg cap	65	terazosin 10mg cap	27	THEO-24 100MG ER CAP	82
tacrolimus 1mg cap	65	terazosin 1mg cap	27	THEO-24 200MG ER CAP	82
tacrolimus 5mg cap	65	terazosin 2mg cap	27	THEO-24 300MG ER CAP	82
tadalafil 2.5mg tab	64	terazosin 5mg cap	27	THEO-24 400MG ER CAP	82
tadalafil 20mg tab (pah)	81	terbinafine 250mg tab	24	THEOPHYLLINE 100MG ER TAB	82
tadalafil 5mg tab	64	terconazole 0.4% vaginal cream	24	THEOPHYLLINE 200MG ER TAB	82
TAFINLAR 10MG TAB FOR ORAL SUSP	35	terconazole 0.8% vaginal cream	24	theophylline 300mg er tab	82
TAFINLAR 50MG CAP	35	terconazole 80mg vaginal insert	24	theophylline 400mg er tab	82
TAFINLAR 75MG CAP	35	teriflunomide 14mg tab	78	theophylline 450mg er tab	82
TAGRISSO 40MG TAB	30	teriflunomide 7mg tab	78	theophylline 5.33mg/ml oral soln	82
TAGRISSO 80MG TAB	30	teriparatide 560mcg/2.24ml pen inj	58	theophylline 600mg er tab	82
TALZENNA 0.1MG CAP	35	testosterone 1% (12.5mg/act) topical gel pump	4	thioridazine 100mg tab	43
TALZENNA 0.25MG CAP	35	testosterone 1% (25mg/2.5gm) topical gel packet	5	thioridazine 10mg tab	43
TALZENNA 0.35MG CAP	36	testosterone 1% (50mg/5gm) topical gel packet	5	thioridazine 25mg tab	43
TALZENNA 0.5MG CAP	36	testosterone 1.62% (20.25mg/act) topical gel pump	5	thioridazine 50mg tab	43
TALZENNA 0.75MG CAP	36	testosterone 30mg/act topical soln	5	thiothixene 10mg cap	40
TALZENNA 1MG CAP	36	testosterone cypionate 100mg/ml inj	5	thiothixene 1mg cap	40
tamoxifen 10mg tab	31			thiothixene 2mg cap	40
tamoxifen 20mg tab	31			thiothixene 5mg cap	40
tamsulosin 0.4mg cap	64				
tarina fe 1/20 tab 28-day pack	73				
TARPEYO 4MG DR CAP	59				
tazarotene 0.1% topical cream	56				
tazicef 1gm inj	10				
tazicef 2gm inj	10				

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

ALPHABETICAL LISTING OF DRUGS

<i>tiadylt 120mg er (24hr) cap</i>	51	TOBRAMYCIN 10MG/ML INJ	7	<i>torsemid 20mg tab</i>	53
<i>tiadylt 180mg er (24hr) cap</i>	51	<i>tobramycin 300mg/5ml neb soln</i>	7	<i>torsemid 5mg tab</i>	53
<i>tiadylt 240mg er (24hr) cap</i>	51	<i>tobramycin 80mg/2ml inj</i>	7	TPN ELECTROLYTES INJ	70
<i>tiadylt 300mg er (24hr) cap</i>	51	<i>tofacitinib 10mg tab</i>	2	TRADJENTA 5MG TAB	21
<i>tiadylt 360mg er (24hr) cap</i>	51	<i>tofacitinib 11mg er tab</i>	2	<i>tramadol 100mg er tab</i>	4
<i>tiadylt 420mg er (24hr) cap</i>	51	<i>tofacitinib 1mg/ml oral soln</i>	2	<i>tramadol 200mg er tab</i>	4
TIAGABINE 12MG TAB	16	<i>tofacitinib 22mg er tab</i>	2	<i>tramadol 300mg er tab</i>	4
TIAGABINE 16MG TAB	16	<i>tofacitinib 5mg tab</i>	2	<i>tramadol 50mg tab</i>	4
<i>tiagabine 2mg tab</i>	16	<i>tolterodine tartrate 1mg tab</i>	63	<i>tramadol/acetaminophen 37.5-325mg tab</i>	4
<i>tiagabine 4mg tab</i>	16	<i>tolterodine tartrate 2mg er cap</i>	63	<i>trandolapril 1mg tab</i>	26
TIBSOVO 250MG TAB	36	<i>tolterodine tartrate 2mg tab</i>	63	<i>trandolapril 2mg tab</i>	26
<i>ticagrelor 60mg tab</i>	12	<i>tolterodine tartrate 4mg er cap</i>	63	<i>trandolapril 4mg tab</i>	26
<i>ticagrelor 90mg tab</i>	12	<i>tolvaptan 15mg tab (jynarque equiv)</i>	60	<i>tranexamic acid 650mg tab</i>	69
TICOVAC 1.2MCG/0.25ML SYRINGE	67	<i>tolvaptan 15mg tab therapy pack (56)</i>	60	<i>tranylcypromine 10mg tab</i>	17
TICOVAC 2.4MCG/0.5ML SYRINGE	67	<i>tolvaptan 15mg/30mg tab pack (56)</i>	60	TRAVASOL 10% INJ	70
<i>tigecycline 50mg inj</i>	8	<i>tolvaptan 15mg/45mg tab pack (56)</i>	60	<i>travoprost 0.004% ophth soln</i>	76
<i>timolol 0.25% ophth gel</i>	75	<i>tolvaptan 30mg tab (jynarque equiv)</i>	60	<i>trazodone 100mg tab</i>	18
<i>timolol 0.25% ophth soln</i>	75	<i>tolvaptan 30mg/60mg tab pack (56)</i>	60	<i>trazodone 150mg tab</i>	18
<i>timolol 0.5% ophth gel</i>	75	<i>tolvaptan 30mg/90mg tab pack (56)</i>	60	<i>trazodone 50mg tab</i>	18
<i>timolol 0.5% ophth soln</i>	75	<i>topiramate 100mg tab</i>	15	TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	80
<i>timolol 10mg tab</i>	50	<i>topiramate 15mg cap</i>	15	TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	80
TIMOLOL 5MG TAB	50	<i>topiramate 200mg tab</i>	15	TRELSTAR MIXJECT 11.25MG INJ	31
<i>tinidazole 250mg tab</i>	8	<i>topiramate 25mg cap</i>	15	TRELSTAR MIXJECT 22.5MG INJ	31
<i>tinidazole 500mg tab</i>	8	<i>topiramate 25mg tab</i>	16	TRELSTAR MIXJECT 3.75MG INJ	31
<i>tiotropium bromide 18mcg cap inh powder</i>	79	<i>topiramate 25mg/ml oral soln</i>	16	TREMFYA 100MG/ML AUTO-INJECTOR	48
TIVICAY 50MG TAB	46	<i>topiramate 50mg tab</i>	16	TREMFYA 100MG/ML SYRINGE	48
TIVICAY 5MG TAB FOR ORAL SUSP	46	<i>toremifene 60mg tab</i>	31	TREMFYA 200MG/2ML AUTO-INJECTOR	48
<i>tizanidine 2mg tab</i>	44	<i>torsemid 100mg tab</i>	53		
<i>tizanidine 4mg tab</i>	44	<i>torsemid 10mg tab</i>	53		
TOBI PODHALER 28MG PACK (224)	7				
<i>tobramycin 0.3% ophth soln</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

TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	48	<i>trientine 250mg cap</i>	23	<i>tri-vylibra lo tab 28-day pack</i>	73
TREMFYA 200MG/2ML SYRINGE	48	<i>tri-estarylla tab 28-day pack</i>	73	<i>tri-vylibra tab 28-day pack</i>	73
TRESIBA 100UNIT/ML INJ	22	<i>trifluoperazine 10mg tab</i>	43	<i>trospium chloride 20mg tab</i>	63
TRESIBA FLEXTOUCH 100UNIT/ML PEN INJ (3ML)	22	<i>trifluoperazine 1mg tab</i>	43	TRULICITY	21
TRESIBA FLEXTOUCH 200UNIT/ML PEN INJ (3ML)	22	<i>trifluoperazine 2mg tab</i>	43	0.75MG/0.5ML AUTO-INJECTOR	
<i>tretinoin 0.01% topical gel</i>	55	<i>trifluoperazine 5mg tab</i>	43	TRULICITY	21
<i>tretinoin 0.025% topical cream</i>	55	TRIFLURIDINE 1%	75	1.5MG/0.5ML AUTO-INJECTOR	
<i>tretinoin 0.025% topical gel</i>	55	OPHTH SOLN		TRULICITY 3MG/0.5ML AUTO-INJECTOR	21
<i>tretinoin 0.05% topical cream</i>	55	<i>trihexyphenidyl 2mg tab</i>	38	TRULICITY	21
<i>tretinoin 0.1% topical cream</i>	55	<i>trihexyphenidyl 5mg tab</i>	38	4.5MG/0.5ML AUTO-INJECTOR	
<i>tretinoin 10mg cap</i>	37	TRIKAFTA	82	TRUMENBA SYRINGE	67
<i>triamcinolone acetonide 0.025% topical cream</i>	57	100-50-75MG/150MG TAB PACK (84)		TRUQAP 160MG TAB	36
TRIAMCINOLONE ACETONIDE 0.025% TOPICAL LOTION	57	TRIKAFTA	82	TRUQAP 200MG TAB	36
<i>triamcinolone acetonide 0.025% topical ointment</i>	57	100-50-75MG/75MG ORAL GRANULES PACK (56)		TRYNGOLZA	59
<i>triamcinolone acetonide 0.1% oral paste</i>	54	TRIKAFTA	82	50MG/0.8ML AUTO-INJECTOR	
<i>triamcinolone acetonide 0.1% topical cream</i>	57	50-37.5-25MG/75MG TAB PACK (84)		TRYNGOLZA	59
<i>triamcinolone acetonide 0.1% topical lotion</i>	57	TRIKAFTA	82	80MG/0.8ML AUTO-INJECTOR	
<i>triamcinolone acetonide 0.1% topical ointment</i>	57	80-40-60MG/59.5MG ORAL GRANULES PACK (56)		TUKYSA 150MG TAB	37
<i>triamcinolone acetonide 0.5% topical cream</i>	57	<i>tri-lo-estarylla tab 28-day pack</i>	73	TUKYSA 50MG TAB	37
<i>triamcinolone acetonide 0.5% topical ointment</i>	57	<i>tri-lo-sprintec tab 28-day pack</i>	73	TURALIO 125MG CAP	36
		<i>trimethoprim 100mg tab</i>	8	<i>turqoz tab 28-day pack</i>	73
		<i>tri-mili tab 28-day pack</i>	73	TWINRIX SYRINGE	67
		<i>trimipramine 100mg cap</i>	19	TYENNE 162MG/0.9ML AUTO-INJECTOR	48
		<i>trimipramine 25mg cap</i>	20	TYENNE 162MG/0.9ML SYRINGE	48
		<i>trimipramine 50mg cap</i>	20	TYMLOS	58
		TRINTELLIX 10MG TAB	18	3120MCG/1.56ML PEN INJ	
		TRINTELLIX 20MG TAB	18	TYPHIM VI	67
		TRINTELLIX 5MG TAB	18	25MCG/0.5ML SYRINGE	
		<i>tri-sprintec tab 28-day pack</i>	73	TYZAVAN 1GM/200ML INJ	8
		TRIUMEQ	46		
		600-50-300MG TAB			
		TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	46		
				U	
				UBRELVY 100MG TAB	68

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

ALPHABETICAL LISTING OF DRUGS

UBRELVY 50MG TAB	68	vancomycin 750mg inj	8	verapamil 180mg er tab	52
ursodiol 250mg tab	69	VANFLYTA 17.7MG TAB	36	verapamil 240mg er cap	52
ursodiol 300mg cap	69	VANFLYTA 26.5MG TAB	36	verapamil 240mg er tab	52
ursodiol 500mg tab	69	VAQTA 25UNIT/0.5ML	67	VERAPAMIL 360MG ER	52
V		INJ		CAP	
valacyclovir 1000mg tab	46	VAQTA 25UNIT/0.5ML	67	verapamil 40mg tab	52
valacyclovir 500mg tab	46	SYRINGE		verapamil 80mg tab	52
VALCHLOR 0.016%	55	VAQTA 50UNIT/ML INJ	67	VERQUVO 10MG TAB	52
TOPICAL GEL		VAQTA 50UNIT/ML	67	VERQUVO 2.5MG TAB	52
valganciclovir 450mg tab	47	SYRINGE		VERQUVO 5MG TAB	52
valganciclovir 50mg/ml	47	varenicline tab	5	VERSACLOZ 50MG/ML	42
oral soln		0.5mg/1mg first month		ORAL SUSP	
valproic acid 250mg cap	16	pack (53)		VERZENIO 100MG TAB	36
valproic acid 50mg/ml	16	varenicline tartrate 0.5mg	5	VERZENIO 150MG TAB	36
oral soln		tab		VERZENIO 200MG TAB	36
valsartan 160mg tab	27	varenicline tartrate 1mg	5	VERZENIO 50MG TAB	36
valsartan 320mg tab	27	tab		vestura tab 3-0.02mg	73
valsartan 40mg tab	27	varenicline tartrate 1mg	6	28-day pack	
valsartan 80mg tab	27	tab pack (56)		vienva tab 28-day pack	73
VALTOCO 10MG	13	VARIVAX	67	vigabatrin 500mg powder	16
(10MG/0.1ML) NASAL		1350PFU/0.5ML INJ		for oral soln	
SPRAY DOSE PACK		VAXCHORA ORAL SUSP	67	vigabatrin 500mg tab	16
VALTOCO 15MG	13	VELIVET TAB 28-DAY	73	VIGAFYDE 100MG/ML	16
(7.5MG/0.1ML) NASAL		PACK		ORAL SOLN	
SPRAY DOSE PACK		VELSIPITY 2MG TAB	69	vilazodone 10mg tab	18
VALTOCO 20MG	13	VENCLEXTA 100MG	37	vilazodone 20mg tab	18
(10MG/0.1ML) NASAL		TAB		vilazodone 40mg tab	18
SPRAY DOSE PACK		VENCLEXTA 10MG TAB	37	VIMKUNYA	67
VALTOCO 5MG	13	VENCLEXTA 50MG TAB	37	40MCG/0.8ML SYRINGE	
(5MG/0.1ML) NASAL		VENCLEXTA TAB	37	VIOKACE	69
SPRAY DOSE PACK		STARTER PACK (42)		78300-20880-78300UNIT	
valtya 1/35 tab 28-day	73	venlafaxine 100mg tab	18	TAB	
pack		venlafaxine 150mg er cap	19	violele tab 28-day pack	73
VALTYA 1/50 TAB 28-DA	73	venlafaxine 25mg tab	19	VIRACEPT 250MG TAB	46
PACK		venlafaxine 37.5mg er	19	VIRACEPT 625MG TAB	46
vancomycin 100mg/ml inj	8	cap		VIREAD 150MG TAB	46
vancomycin 125mg cap	8	venlafaxine 37.5mg tab	19	VIREAD 200MG TAB	46
vancomycin 1gm inj	8	venlafaxine 50mg tab	19	VIREAD 250MG TAB	46
vancomycin 250mg cap	8	venlafaxine 75mg er cap	19	VIREAD 40MG/GM	46
vancomycin 25mg/ml oral	8	venlafaxine 75mg tab	19	ORAL POWDER	
soln		verapamil 120mg er cap	51	VITRAKVI 100MG CAP	36
vancomycin 500mg inj	8	verapamil 120mg er tab	51	VITRAKVI 20MG/ML	36
vancomycin 50mg/ml oral	8	verapamil 120mg tab	51	ORAL SOLN	
soln		verapamil 180mg er cap	51	VITRAKVI 25MG CAP	36

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

ALPHABETICAL LISTING OF DRUGS

VIVITROL 380MG INJ	5	WEGOVY 1.5MG TAB	52	XCOPRI TAB 100/150MG	16
VIVOTIF DR CAP	67	WEGOVY 1.7MG/0.75ML	52	MAINTENANCE PACK	
VONJO 100MG CAP	36	AUTO-INJECTOR		(56)	
VOQUEZNA 500-20MG	63	WEGOVY 1MG/0.5ML	52	XCOPRI TAB 12.5/25MG	16
DUAL THERAPY PACK		AUTO-INJECTOR		TITRATION PACK (28)	
(112)		WEGOVY 2.4MG/0.75ML	52	XCOPRI TAB 150/200MG	16
VOQUEZNA	63	AUTO-INJECTOR		PACK (56)	
500-500-20MG TRIPLE		WEGOVY 25MG TAB	52	XCOPRI TAB 150/200MG	16
THERAPY PACK (112)		WEGOVY 4MG TAB	52	TITRATION PACK (28)	
VORANIGO 10MG TAB	36	WEGOVY 9MG TAB	52	XCOPRI TAB 50/100MG	16
VORANIGO 40MG TAB	36	WELIREG 40MG TAB	37	TITRATION PACK (28)	
<i>voriconazole 200mg inj</i>	24	WINREVAIR 45MG INJ	81	XDEMVY 0.25% OPHTH	75
<i>voriconazole 200mg tab</i>	24	WINREVAIR 45MG INJ	81	SOLN	
<i>voriconazole 40mg/ml</i>	24	(2 VIAL PACK)		XERMELO 250MG TAB	61
<i>oral susp</i>		WINREVAIR 60MG INJ	81	XIFAXAN 200MG TAB	8
<i>voriconazole 50mg tab</i>	24	WINREVAIR 60MG INJ	81	XIFAXAN 550MG TAB	8
VOSEVI 400-100-100MG	46	(2 VIAL PACK)		XIIDRA 5% OPHTH	76
TAB		<i>wixela 100-50mcg</i>	80	SOLN	
VOWST 30000000UNIT	69	<i>powder inhaler</i>		XOFLUZA 40MG TAB	47
CAP		<i>wixela 250-50mcg</i>	80	XOFLUZA 80MG TAB	47
VRAYLAR 0.5MG CAP	40	<i>powder inhaler</i>		XOLAIR 150MG INJ	48
VRAYLAR 0.75MG CAP	40	<i>wixela 500-50mcg/act</i>	80	XOLAIR 150MG/ML	48
VRAYLAR 1.5MG CAP	40	<i>powder inhaler</i>		AUTO-INJECTOR	
VRAYLAR 3MG CAP	40			XOLAIR 150MG/ML	48
VRAYLAR 4.5MG CAP	40	X		SYRINGE	
VRAYLAR 6MG CAP	40	XALKORI 150MG ORAL	36	XOLAIR 300MG/2ML	48
<i>vylibra tab 28-day pack</i>	73	PELLET		AUTO-INJECTOR	
W		XALKORI 200MG CAP	36	XOLAIR 300MG/2ML	48
<i>warfarin sodium 10mg</i>	12	XALKORI 20MG ORAL	36	SYRINGE	
<i>tab</i>		PELLET		XOLAIR 75MG/0.5ML	48
<i>warfarin sodium 1mg tab</i>	12	XALKORI 250MG CAP	36	AUTO-INJECTOR	
<i>warfarin sodium 2.5mg</i>	12	XALKORI 50MG ORAL	36	XOLAIR 75MG/0.5ML	48
<i>tab</i>		PELLET		SYRINGE	
<i>warfarin sodium 2mg tab</i>	12	XARELTO 10MG TAB	13	XOSPATA 40MG TAB	36
<i>warfarin sodium 3mg tab</i>	12	XARELTO 15MG TAB	13	XPOVIO TAB 100MG	37
<i>warfarin sodium 4mg tab</i>	12	XARELTO 20MG TAB	13	ONCE WEEKLY CARTON	
<i>warfarin sodium 5mg tab</i>	12	XATMEP 2.5MG/ML	30	(8)	
<i>warfarin sodium 6mg tab</i>	12	ORAL SOLN		XPOVIO TAB 40MG	37
<i>warfarin sodium 7.5mg</i>	12	XCOPRI 100MG TAB	16	ONCE WEEKLY CARTON	
<i>tab</i>		XCOPRI 150MG TAB	16	(16)	
WEGOVY 0.25MG/0.5ML	52	XCOPRI 200MG TAB	16	XPOVIO TAB 40MG	37
AUTO-INJECTOR		XCOPRI 25MG TAB	16	TWICE WEEKLY	
WEGOVY 0.5MG/0.5ML	52	XCOPRI 50MG TAB	16	CARTON (8)	
AUTO-INJECTOR					

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

ALPHABETICAL LISTING OF DRUGS

XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)	37	ZAVZPRET 10MG/ACT NASAL SPRAY	68	<i>ziprasidone 40mg cap</i>	40
XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)	37	ZEJULA 100MG TAB	36	<i>ziprasidone 60mg cap</i>	40
XPOVIO TAB 80MG ONCE WEEKLY CARTON (4)	37	ZEJULA 200MG TAB	36	<i>ziprasidone 80mg cap</i>	40
XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	37	ZEJULA 300MG TAB	36	ZOLINZA 100MG CAP	36
XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)	37	ZELBORAF 240MG TAB	36	<i>zolmitriptan 2.5mg tab</i>	68
XTANDI 40MG CAP	31	<i>zenatane 10mg cap</i>	55	<i>zolmitriptan 5mg tab</i>	68
XTANDI 40MG TAB	31	<i>zenatane 20mg cap</i>	55	<i>zolpidem tartrate 10mg tab</i>	82
XTANDI 80MG TAB	31	<i>zenatane 30mg cap</i>	55	<i>zolpidem tartrate 12.5mg er tab</i>	82
XTRENBO 120MG/1.7ML INJ	58	<i>zenatane 40mg cap</i>	55	<i>zolpidem tartrate 5mg tab</i>	82
<i>xulane 150-35mcg/24hr patch</i>	73	ZENBEXUS 0.75MG CAP	32	<i>zolpidem tartrate 6.25mg er tab</i>	82
Y		ZENBEXUS 1MG CAP	32	ZONISADE 100MG/5ML ORAL SUSP	16
YESINTEK 45MG/0.5ML INJ	48	ZENPEP	69	<i>zonisamide 100mg cap</i>	16
YESINTEK 45MG/0.5ML SYRINGE	48	14000-3000-10000UNIT DR CAP		<i>zonisamide 25mg cap</i>	16
YESINTEK 90MG/ML SYRINGE	48	ZENPEP	69	<i>zonisamide 50mg cap</i>	16
YF-VAX INJ	67	24000-5000-17000UNIT DR CAP		<i>zovia 1/35 tab 28-day pack</i>	73
<i>yulithira 10mg tab</i>	36	ZENPEP	69	ZTALMY 50MG/ML ORAL SUSP	16
<i>yulithira 2.5mg tab</i>	36	252600-60000-189600U NIT DR CAP		ZURNAI 1.5MG/0.5ML AUTO-INJECTOR	5
<i>yulithira 5mg tab</i>	36	ZENPEP	69	ZURZUVAE 20MG CAP	17
<i>yulithira 7.5mg tab</i>	36	40000-126000-168000U NIT DR CAP		ZURZUVAE 25MG CAP	17
<i>yuvaferm 10mcg vaginal insert</i>	74	ZENPEP	69	ZURZUVAE 30MG CAP	17
Z		42000-10000-32000UNIT DR CAP		ZYKADIA 150MG TAB	36
<i>zafemy 150-35mcg/24hr patch</i>	73	ZENPEP	69	ZYMFENTRA 120MG/ML PEN INJ	49
<i>zafirlukast 10mg tab</i>	79	63000-15000-47000UNIT DR CAP		ZYMFENTRA 120MG/ML SYRINGE	49
<i>zafirlukast 20mg tab</i>	79	ZENPEP	69		
<i>zaleplon 10mg cap</i>	82	84000-20000-63000UNIT DR CAP			
<i>zaleplon 5mg cap</i>	82	ZERBAXA 1000-500MG INJ	10		
		<i>zidovudine 100mg cap</i>	46		
		<i>zidovudine 10mg/ml oral soln</i>	46		
		<i>zidovudine 300mg tab</i>	46		
		<i>ziprasidone 20mg cap</i>	40		
		<i>ziprasidone 20mg inj</i>	40		

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

2027 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.

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.

Nebraska 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 the Nebraska Health Advantage (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 Kentucky (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 Kentucky (HMO I-SNP) depends on contract renewal.

American Health Advantage of Ohio (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 Ohio (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 Louisiana Choice (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 Choice (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 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 09/23/2026. 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
Nebraska Health Advantage (HMO I-SNP)	866-327-0523	NebraskaHealthAdvantage.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
American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com

American Health Advantage of Louisiana Choice (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 Kentucky (HMO I-SNP)	844-657-0447	KY.AmHealthPlans.com
American Health Advantage of Ohio (HMO I-SNP)	844-657-0447	OH.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