



**ProCare Advantage (HMO I-SNP)
2026 Formulary
(List of Covered Drugs or “Drug List”)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00026159

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact ProCare Advantage (HMO I-SNP) Member Services at 1-844-206-3719 (TTY 711), or visit: procareadvantageplan.com.

Hours of Operation: 8 a.m to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30 or visit: procareadvantageplan.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 ProCare Advantage (HMO I-SNP).

This document includes a complete Drug List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the ProCare Advantage (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 ProCare Advantage (HMO I-SNP) 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. ProCare Advantage (HMO I-SNP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an ProCare Advantage (HMO I-SNP) 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 ProCare Advantage (HMO I-SNP) 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: procareadvantageplan.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 that will appear 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 ProCare Advantage’s (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, or move it to a different cost-sharing tier, or both. 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 ProCare Advantage (HMO I-SNP)’s formulary?”

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

The enclosed formulary is current as of 10/01/2025. To get updated information about the drugs covered by ProCare Advantage (HMO I-SNP) please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, we will communicate these changes by mailing a Notice of Formulary Change and within the monthly explanation of benefits (EOB).

How do I use the formulary?

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

Medical Condition

The formulary begins on page 8. 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 8. 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 89. 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?

ProCare Advantage (HMO I-SNP) 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:** ProCare Advantage (HMO I-SNP) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from ProCare Advantage (HMO I-SNP) before you fill your prescriptions. If you don’t get approval, ProCare Advantage (HMO I-SNP) may not cover the drug.
- **Quantity Limits:** For certain drugs, ProCare Advantage (HMO I-SNP) limits the amount of the drug that ProCare Advantage (HMO I-SNP) will cover. For example, ProCare Advantage (HMO I-SNP) provides 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, ProCare Advantage (HMO I-SNP) 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, ProCare Advantage (HMO I-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ProCare Advantage (HMO I-SNP) 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 8. 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 ProCare Advantage (HMO I-SNP) 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 ProCare Advantage (HMO I-SNP)'s formulary?" on page 5 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 ProCare Advantage (HMO I-SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ProCare Advantage (HMO I-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by ProCare Advantage (HMO I-SNP).
- You can ask ProCare Advantage (HMO I-SNP) 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 ProCare Advantage (HMO I-SNP)'s formulary?

You can ask ProCare Advantage (HMO I-SNP) 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, ProCare Advantage (HMO I-SNP) 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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, ProCare Advantage (HMO I-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, 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.

We will provide a one-time 30-day supply of medication in the retail setting and up to a 31-day supply of medication in the long-term care setting, which will cover a temporary supply if you have a change in your medications due to a level-of-care change. A level-of-care change may include: Entering or leaving an LTC facility, Discharged from a hospital or home, End a Medicare Part A skilled nursing facility stay, Give up Hospice status and revert back to standard Medicare benefits, End an LTC Facility stay and return to their home, and Discharged from psychiatric hospital with drug regimen that is highly individualized.

For more information

For more detailed information about your ProCare Advantage (HMO I-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about ProCare Advantage (HMO I-SNP), 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>.

ProCare Advantage (HMO I-SNP) formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by ProCare Advantage (HMO I-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

The information in the Requirements/Limits column tells you if ProCare Advantage (HMO I-SNP) has any special requirements for coverage of your drug.

- **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 and Mail Order.
- **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.

- Prior Authorization Restriction for New Starts Only (PA_NSO): If this drug is new to you, you (or your physician) are required to get prior authorization from The Plan 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.
- Step Therapy for New Starts Only (ST_NSO): If this drug is new to you, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- 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.
- Insulins (INS): Insulin products at a maximum \$35 per month.
- Vaccine (VAC): Medicare Part D Vaccines covered at \$0.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate 10mg er tab</i>	1	
<i>methylphenidate 10mg tab</i>	1	
<i>methylphenidate 18mg er osmotic tab</i>	1	
<i>methylphenidate 1mg/ml oral soln</i>	1	QL=1800 ML/30 Days
<i>methylphenidate 20mg er tab</i>	1	
<i>methylphenidate 20mg tab</i>	1	
<i>methylphenidate 27mg er osmotic tab</i>	1	
<i>methylphenidate 27mg er tab</i>	1	
<i>methylphenidate 2mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>methylphenidate 36mg er osmotic tab</i>	1	
<i>methylphenidate 36mg er tab</i>	1	
<i>methylphenidate 54mg er osmotic tab</i>	1	
<i>methylphenidate 54mg er tab</i>	1	
<i>methylphenidate 5mg tab</i>	1	
<i>modafinil 100mg tab</i>	1	PA QL=60 EA/30 Days
<i>modafinil 200mg tab</i>	1	PA QL=60 EA/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin 250mg/ml inj</i>	1	
ARIKAYCE 590MG/8.4ML INH SUSP	1	NDS PA QL=235.20 ML/28 Days
GENTAMICIN 0.8MG/ML INJ	1	
GENTAMICIN 1.2MG/ML INJ	1	
GENTAMICIN 1.6MG/ML INJ	1	
GENTAMICIN 1MG/ML INJ	1	
<i>gentamicin 40mg/ml inj</i>	1	
<i>neomycin sulfate 500mg tab</i>	1	
STREPTOMYCIN 1GM INJ	1	
TOBRAMYCIN 10MG/ML INJ	1	
<i>tobramycin 300mg/5ml inh soln</i>	1	PA QL=280 ML/28 Days
<i>tobramycin 80mg/2ml inj</i>	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide 10mg tab</i>	1	QL=30 EA/30 Days
<i>leflunomide 20mg tab</i>	1	QL=30 EA/30 Days
OLUMIANT 1MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 2MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 4MG TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 15MG ER TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 1MG/ML ORAL SOLN	1	NDS PA QL=360 ML/30 Days
RINVOQ 30MG ER TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 45MG ER TAB	1	NDS PA QL=30 EA/30 Days
XELJANZ 10MG TAB	1	NDS PA QL=60 EA/30 Days
XELJANZ 1MG/ML ORAL SOLN	1	NDS PA QL=300 ML/30 Days
XELJANZ 5MG TAB	1	NDS PA QL=60 EA/30 Days
XELJANZ XR 11MG TAB	1	NDS PA QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XELJANZ XR 22MG TAB	1	NDS PA QL=30 EA/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
CIMZIA 200MG INJ	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	1	NDS PA QL=2 EA/28 Days
ENBREL 25MG/0.5ML INJ	1	NDS PA QL=8 ML/28 Days
ENBREL 25MG/0.5ML SYRINGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML CARTRIDGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
HADLIMA 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.4ML SYRINGE	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=4.80 ML/28 Days
HADLIMA 40MG/0.8ML SYRINGE	1	NDS PA QL=4.80 ML/28 Days
SIMLANDI 20MG/0.2ML SYRINGE	1	NDS PA QL=2 EA/28 Days
SIMLANDI 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=6 EA/28 Days
SIMLANDI 40MG/0.4ML SYRINGE	1	NDS PA QL=6 EA/28 Days
SIMLANDI 80MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=3 EA/28 Days
SIMLANDI 80MG/0.8ML SYRINGE	1	NDS PA QL=3 EA/28 Days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib 100mg cap</i>	1	
<i>celecoxib 200mg cap</i>	1	
<i>celecoxib 400mg cap</i>	1	
<i>celecoxib 50mg cap</i>	1	
<i>diclofenac potassium 50mg tab</i>	1	
<i>diclofenac sodium 1.5% topical soln</i>	1	QL=300 ML/30 Days
<i>diclofenac sodium 100mg er tab</i>	1	QL=60 EA/30 Days
<i>diclofenac sodium 25mg dr tab</i>	1	QL=240 EA/30 Days
<i>diclofenac sodium 50mg dr tab</i>	1	QL=120 EA/30 Days
<i>diclofenac sodium 75mg dr tab</i>	1	QL=60 EA/30 Days
<i>diflunisal 500mg tab</i>	1	QL=90 EA/30 Days
<i>etodolac 200mg cap</i>	1	QL=150 EA/30 Days
<i>etodolac 300mg cap</i>	1	QL=90 EA/30 Days
<i>etodolac 400mg tab</i>	1	QL=60 EA/30 Days
<i>etodolac 500mg tab</i>	1	QL=60 EA/30 Days
FLURBIPROFEN 100MG TAB	1	QL=90 EA/30 Days
<i>ibu 600mg tab</i>	1	
<i>ibu 800mg tab</i>	1	
<i>ibuprofen 400mg tab</i>	1	
<i>ibuprofen 600mg tab</i>	1	
<i>ibuprofen 800mg tab</i>	1	
<i>indomethacin 25mg cap</i>	1	
<i>indomethacin 50mg cap</i>	1	
<i>indomethacin 75mg er cap</i>	1	
<i>ketorolac tromethamine 10mg tab</i>	1	QL=20 EA/5 Days
<i>meloxicam 15mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam 7.5mg tab</i>	1	
<i>nabumetone 500mg tab</i>	1	QL=120 EA/30 Days
<i>nabumetone 750mg tab</i>	1	QL=60 EA/30 Days
<i>naproxen 250mg tab</i>	1	
<i>naproxen 375mg dr tab</i>	1	QL=120 EA/30 Days
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	QL=60 EA/30 Days
<i>piroxicam 20mg cap</i>	1	QL=30 EA/30 Days
<i>sulindac 150mg tab</i>	1	QL=60 EA/30 Days
<i>sulindac 200mg tab</i>	1	QL=60 EA/30 Days
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl 100mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 12mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 25mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 50mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 75mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>hydromorphone 2mg tab</i>	1	QL=450 EA/30 Days
<i>hydromorphone 4mg tab</i>	1	QL=240 EA/30 Days
<i>hydromorphone 8mg tab</i>	1	QL=120 EA/30 Days
<i>methadone 10mg tab</i>	1	QL=360 EA/30 Days
METHADONE 1MG/ML ORAL SOLN	1	QL=3600 ML/30 Days
METHADONE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>methadone 5mg tab</i>	1	QL=360 EA/30 Days
<i>morphine sulfate 100mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg tab</i>	1	QL=180 EA/30 Days
<i>morphine sulfate 200mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 20mg/ml oral soln</i>	1	QL=180 ML/30 Days
MORPHINE SULFATE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>morphine sulfate 30mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 30mg tab</i>	1	QL=180 EA/30 Days
MORPHINE SULFATE 4MG/ML ORAL SOLN	1	QL=900 ML/30 Days
<i>morphine sulfate 60mg er tab</i>	1	QL=120 EA/30 Days
<i>oxycodone 10mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 15mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 1mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>oxycodone 20mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
OXYCONTIN 10MG ER TAB	1	PA QL=60 EA/30 Days
OXYCONTIN 15MG ER TAB	1	PA QL=60 EA/30 Days
OXYCONTIN 20MG ER TAB	1	PA QL=60 EA/30 Days
OXYCONTIN 30MG ER 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
OXYCONTIN 40MG ER TAB	1	PA QL=60 EA/30 Days
OXYCONTIN 60MG ER TAB	1	PA QL=60 EA/30 Days
OXYCONTIN 80MG ER TAB	1	PA QL=60 EA/30 Days
<i>tramadol 100mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 200mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 300mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 50mg tab</i>	1	QL=240 EA/30 Days
OPIOID COMBINATIONS		
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	1	QL=390 EA/30 Days
CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN	1	QL=4980 ML/30 Days
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	1	QL=390 EA/30 Days
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	1	QL=390 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/ibuprofen 7.5-200mg tab</i>	1	QL=480 EA/30 Days
<i>oxycodone/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 2.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol/acetaminophen 37.5-325mg tab</i>	1	QL=360 EA/30 Days
OPIOID PARTIAL AGONISTS		
<i>buprenorphine 10mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 15mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 20mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 2mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine 5mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 7.5mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 8mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 12-3mg sl film</i>	1	
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 4-1mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl tab</i>	1	QL=120 EA/30 Days
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol 100mg cap</i>	1	
<i>danazol 200mg cap</i>	1	
<i>danazol 50mg cap</i>	1	
<i>testosterone 1% (12.5mg/act) topical gel pump</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (25mg) topical gel packet</i>	1	PA QL=300 GM/30 Days

You can find information 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% (50mg) topical gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1.62% (20.25mg/act) topical gel pump</i>	1	PA QL=150 GM/30 Days
<i>testosterone 30mg/act topical soln</i>	1	PA QL=180 ML/30 Days
<i>testosterone cypionate 100mg/ml inj</i>	1	
<i>testosterone cypionate 200mg/ml (1ml) inj</i>	1	
<i>testosterone cypionate 200mg/ml inj</i>	1	
TESTOSTERONE ENANTHATE 200MG/ML INJ	1	QL=5 ML/28 Days
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
<i>hydrocortisone 1.67mg/ml enema</i>	1	
<i>hydrocortisone 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>nitroglycerin 0.4% rectal ointment</i>	1	QL=30 GM/30 Days
<i>procto-med 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctosol 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctozone hc 2.5% topical cream</i>	1	QL=60 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200mg tab</i>	1	QL=672 EA/365 Days
<i>ivermectin 3mg tab</i>	1	PA QL=30 EA/90 Days
<i>praziquantel 600mg tab</i>	1	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 10mg tab</i>	1	
<i>isosorbide dinitrate 20mg tab</i>	1	
<i>isosorbide dinitrate 30mg tab</i>	1	
<i>isosorbide dinitrate 5mg tab</i>	1	
ISOSORBIDE MONONITRATE 10MG TAB	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
ISOSORBIDE MONONITRATE 20MG TAB	1	
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	
NITRO-BID 2% TOPICAL OINTMENT	1	
<i>nitroglycerin 0.1mg/hr patch</i>	1	
<i>nitroglycerin 0.2mg/hr patch</i>	1	
<i>nitroglycerin 0.3mg sl tab</i>	1	
<i>nitroglycerin 0.4mg sl tab</i>	1	
<i>nitroglycerin 0.4mg/hr patch</i>	1	
<i>nitroglycerin 0.6mg sl tab</i>	1	
<i>nitroglycerin 0.6mg/hr patch</i>	1	
ANTIANSXIETY AGENTS		
ANTIANSXIETY 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	

You can find information 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>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
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 200MG/1.14ML SYRINGE	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
DUPIXENT 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
FASENRA 10MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
FASENRA 30MG/ML AUTO-INJECTOR	1	PA QL=1 ML/28 Days
FASENRA 30MG/ML SYRINGE	1	PA QL=1 ML/28 Days
NUCALA 100MG INJ	1	NDS PA QL=3 EA/28 Days
NUCALA 100MG/ML AUTO-INJECTOR	1	NDS PA QL=3 ML/28 Days
NUCALA 100MG/ML SYRINGE	1	NDS PA QL=3 ML/28 Days
NUCALA 40MG/0.4ML SYRINGE	1	NDS PA QL=.40 ML/28 Days
XOLAIR 150MG INJ	1	NDS PA QL=8 EA/28 Days
XOLAIR 150MG/ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
XOLAIR 150MG/ML SYRINGE	1	NDS PA QL=2 ML/28 Days
XOLAIR 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
XOLAIR 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA QL=1 ML/28 Days
XOLAIR 75MG/0.5ML SYRINGE	1	NDS PA QL=1 ML/28 Days
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 10mg/ml inh soln</i>	1	PA_BvD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG HFA INHALER	1	QL=25.80 GM/30 Days
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	1	QL=30 EA/30 Days
<i>ipratropium bromide 0.02% inh soln</i>	1	PA_BvD
SPIRIVA RESPIMAT 1.25MCG/ACT INHALER	1	QL=4 GM/30 Days
LEUKOTRIENE MODULATORS		
<i>montelukast 10mg tab</i>	1	
<i>montelukast 4mg chew tab</i>	1	
<i>montelukast 5mg chew tab</i>	1	
<i>zafirlukast 10mg tab</i>	1	QL=60 EA/30 Days
<i>zafirlukast 20mg tab</i>	1	QL=60 EA/30 Days
STEROID INHALANTS		
ALVESCO 160MCG INHALER	1	QL=12.20 GM/30 Days
ALVESCO 80MCG INHALER	1	QL=12.20 GM/30 Days
ARNUITY 100MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 200MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 50MCG POWDER INHALER	1	QL=30 EA/30 Days
ASMANEX 100MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 110MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 200MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 220MCG (120ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (60ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 50MCG HFA INHALER	1	QL=13 GM/30 Days
<i>budesonide 0.25mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
<i>budesonide 0.5mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
<i>budesonide 1mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
QVAR 40MCG REDIHALER	1	QL=10.60 GM/30 Days
QVAR 80MCG REDIHALER	1	QL=21.20 GM/30 Days
SYMPATHOMIMETICS		
ADVAIR 115-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 230-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	1	PA_BvD
<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	1	
<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	1	PA_BvD
<i>albuterol 1.25mg/3ml neb soln</i>	1	PA_BvD
<i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i>	1	QL=13.40 GM/30 Days
<i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>	1	QL=17 GM/30 Days
<i>albuterol 5mg/ml (0.5%) inh soln</i>	1	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>breynga 160-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days
<i>breynga 80-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	1	QL=10.70 GM/30 Days
<i>budesonide/formoterol fumarate 160-45mcg inhaler</i>	1	QL=10.20 GM/30 Days
<i>budesonide/formoterol fumarate 80-45mcg inhaler</i>	1	QL=10.20 GM/30 Days
COMBIVENT 20-100MCG/ACT INHALER	1	QL=8 GM/30 Days
DULERA 100-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 200-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 50-5MCG INHALER	1	QL=13 GM/30 Days
<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>fluticasone propionate/salmeterol 100-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	1	PA_BvD
STIOLTO 2.5-2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
STRIVERDI 2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
VENTOLIN 108MCG HFA INHALER	1	QL=36 GM/30 Days
<i>wixela 100-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 250-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 500-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
<i>dabigatran etexilate 110mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate 150mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate 75mg cap</i>	1	QL=60 EA/30 Days
ELIQUIS 2.5MG TAB	1	QL=60 EA/30 Days
ELIQUIS 5MG 30-DAY STARTER PACK (74)	1	QL=74 EA/30 Days
ELIQUIS 5MG TAB	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	

You can find information 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>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>rivaroxaban 1mg/ml oral susp</i>	1	QL=620 ML/30 Days
<i>rivaroxaban 2.5mg tab</i>	1	QL=60 EA/30 Days
<i>warfarin sodium 10mg tab</i>	1	
<i>warfarin sodium 1mg tab</i>	1	
<i>warfarin sodium 2.5mg tab</i>	1	
<i>warfarin sodium 2mg tab</i>	1	
<i>warfarin sodium 3mg tab</i>	1	
<i>warfarin sodium 4mg tab</i>	1	
<i>warfarin sodium 5mg tab</i>	1	
<i>warfarin sodium 6mg tab</i>	1	
<i>warfarin sodium 7.5mg tab</i>	1	
XARELTO 10MG TAB	1	QL=30 EA/30 Days
XARELTO 15MG TAB	1	QL=60 EA/30 Days
XARELTO 1MG/ML ORAL SUSP	1	QL=620 ML/30 Days
XARELTO 2.5MG TAB	1	QL=60 EA/30 Days
XARELTO 20MG TAB	1	QL=30 EA/30 Days
XARELTO TAB STARTER PACK (51)	1	QL=51 EA/30 Days
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10mg tab</i>	1	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml oral susp</i>	1	QL=480 ML/30 Days
<i>clobazam 20mg tab</i>	1	QL=60 EA/30 Days
<i>clonazepam 0.125mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.25mg odt</i>	1	QL=90 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonazepam 0.5mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 2mg odt</i>	1	QL=300 EA/30 Days
<i>clonazepam 2mg tab</i>	1	QL=300 EA/30 Days
<i>diazepam 10mg/2ml rectal gel</i>	1	QL=10 EA/30 Days
DIAZEPAM 2.5MG/0.5ML RECTAL GEL	1	QL=10 EA/30 Days
<i>diazepam 20mg/4ml rectal gel</i>	1	QL=10 EA/30 Days
NAYZILAM 5MG/0.1ML NASAL SPRAY	1	QL=10 EA/30 Days
SYMPAZAN 10MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
SYMPAZAN 20MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
SYMPAZAN 5MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
ANTICONVULSANTS - MISC.		
BRIVIACT 100MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 10MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 10MG/ML ORAL SOLN	1	PA_NSO QL=600 ML/30 Days
BRIVIACT 25MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 50MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 75MG TAB	1	PA_NSO QL=60 EA/30 Days
<i>carbamazepine 100mg chew tab</i>	1	
<i>carbamazepine 100mg er cap</i>	1	
<i>carbamazepine 100mg er tab</i>	1	
<i>carbamazepine 200mg er cap</i>	1	
<i>carbamazepine 200mg er tab</i>	1	
<i>carbamazepine 200mg tab</i>	1	
<i>carbamazepine 20mg/ml oral susp</i>	1	
<i>carbamazepine 300mg er cap</i>	1	
<i>carbamazepine 400mg er tab</i>	1	
DIACOMIT 250MG CAP	1	NDS PA_NSO QL=360 EA/30 Days
DIACOMIT 250MG POWDER FOR ORAL SUSP	1	NDS PA_NSO QL=360 EA/30 Days
DIACOMIT 500MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
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

You can find information 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>eslicarbazepine acetate 600mg tab</i>	1	PA_NSO QL=60 EA/30 Days
<i>eslicarbazepine acetate 800mg tab</i>	1	PA_NSO QL=60 EA/30 Days
FINTEPLA 2.2MG/ML ORAL SOLN	1	NDS PA_NSO QL=360 ML/30 Days
FYCOMPA 0.5MG/ML ORAL SUSP	1	PA_NSO QL=720 ML/30 Days
<i>gabapentin 100mg cap</i>	1	QL=360 EA/30 Days
<i>gabapentin 300mg cap</i>	1	QL=360 EA/30 Days
<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 odt</i>	1	
<i>lamotrigine 100mg tab</i>	1	
<i>lamotrigine 150mg tab</i>	1	
<i>lamotrigine 200mg er tab</i>	1	
<i>lamotrigine 200mg odt</i>	1	
<i>lamotrigine 200mg tab</i>	1	
<i>lamotrigine 250mg er tab</i>	1	
<i>lamotrigine 25mg chew tab</i>	1	
<i>lamotrigine 25mg er tab</i>	1	
<i>lamotrigine 25mg odt</i>	1	
<i>lamotrigine 25mg tab</i>	1	
<i>lamotrigine 300mg er tab</i>	1	
<i>lamotrigine 50mg er tab</i>	1	
<i>lamotrigine 50mg odt</i>	1	
<i>lamotrigine 5mg chew tab</i>	1	
<i>levetiracetam 1000mg tab</i>	1	
<i>levetiracetam 100mg/ml oral soln</i>	1	
<i>levetiracetam 250mg tab</i>	1	
<i>levetiracetam 500mg er tab</i>	1	QL=180 EA/30 Days
<i>levetiracetam 500mg tab</i>	1	
<i>levetiracetam 750mg er tab</i>	1	QL=120 EA/30 Days
<i>levetiracetam 750mg tab</i>	1	
<i>oxcarbazepine 150mg tab</i>	1	
<i>oxcarbazepine 300mg tab</i>	1	
<i>oxcarbazepine 600mg tab</i>	1	
<i>oxcarbazepine 60mg/ml oral susp</i>	1	
<i>perampanel 10mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 12mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 2mg tab</i>	1	PA_NSO QL=30 EA/30 Days

You can find information 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>perampanel 4mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 6mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 8mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>phenobarbital 100mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 15mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 16.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 30mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 32.4mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 4mg/ml oral soln</i>	1	QL=1500 ML/30 Days
<i>phenobarbital 60mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 64.8mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 97.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenytek 200mg er cap</i>	1	
<i>phenytek 300mg er cap</i>	1	
<i>phenytoin 25mg/ml oral susp</i>	1	
<i>phenytoin 50mg chew tab</i>	1	
<i>phenytoin sodium 100mg er cap</i>	1	
<i>pregabalin 100mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 150mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 200mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 20mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>pregabalin 225mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 25mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 300mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 50mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 75mg cap</i>	1	QL=120 EA/30 Days
<i>primidone 250mg tab</i>	1	
<i>primidone 50mg tab</i>	1	
<i>roweepra 500mg tab</i>	1	
<i>rufinamide 200mg tab</i>	1	PA_NSO QL=480 EA/30 Days
<i>rufinamide 400mg tab</i>	1	PA_NSO QL=240 EA/30 Days
<i>rufinamide 40mg/ml oral susp</i>	1	PA_NSO QL=2760 ML/30 Days
SPRITAM 250MG TAB FOR ORAL SUSP	1	PA_NSO QL=360 EA/30 Days
SPRITAM 500MG TAB FOR ORAL SUSP	1	PA_NSO QL=180 EA/30 Days
<i>topiramate 100mg tab</i>	1	
<i>topiramate 15mg cap</i>	1	
<i>topiramate 200mg tab</i>	1	
<i>topiramate 25mg cap</i>	1	
<i>topiramate 25mg tab</i>	1	
<i>topiramate 25mg/ml oral soln</i>	1	PA_NSO QL=480 ML/30 Days
<i>topiramate 50mg tab</i>	1	
ZONISADE 100MG/5ML ORAL SUSP	1	PA_NSO QL=900 ML/30 Days
<i>zonisamide 100mg cap</i>	1	
<i>zonisamide 25mg cap</i>	1	
<i>zonisamide 50mg cap</i>	1	

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

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

You can find information 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>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
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sertraline 50mg tab</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE 100MG TAB	1	
NEFAZODONE 150MG TAB	1	
NEFAZODONE 200MG TAB	1	
NEFAZODONE 250MG TAB	1	
NEFAZODONE 50MG TAB	1	
RALDESY 10MG/ML ORAL SOLN	1	NDS PA_NSO QL=1200 ML/30 Days
<i>trazodone 100mg tab</i>	1	
<i>trazodone 150mg tab</i>	1	
<i>trazodone 50mg tab</i>	1	
TRINTELLIX 10MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 20MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 5MG TAB	1	ST_NSO QL=30 EA/30 Days
<i>vilazodone 10mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>vilazodone 20mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>vilazodone 40mg tab</i>	1	PA_NSO QL=30 EA/30 Days
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate 100mg er tab</i>	1	QL=30 EA/30 Days
<i>desvenlafaxine succinate 25mg er tab</i>	1	QL=30 EA/30 Days
<i>desvenlafaxine succinate 50mg er tab</i>	1	QL=30 EA/30 Days
DRIZALMA 20MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 30MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 40MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 60MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
<i>duloxetine 20mg dr cap</i>	1	QL=60 EA/30 Days
<i>duloxetine 30mg dr cap</i>	1	QL=60 EA/30 Days
<i>duloxetine 60mg dr cap</i>	1	QL=60 EA/30 Days
FETZIMA 120MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 20MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 40MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 80MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA ER CAP TITRATION PACK (28)	1	PA_NSO QL=30 EA/30 Days
<i>venlafaxine 100mg tab</i>	1	
<i>venlafaxine 150mg er cap</i>	1	
<i>venlafaxine 25mg tab</i>	1	
<i>venlafaxine 37.5mg er cap</i>	1	
<i>venlafaxine 37.5mg tab</i>	1	
<i>venlafaxine 50mg tab</i>	1	
<i>venlafaxine 75mg er cap</i>	1	
<i>venlafaxine 75mg tab</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline 100mg tab</i>	1	
<i>amitriptyline 10mg tab</i>	1	
<i>amitriptyline 150mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amitriptyline 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	
<i>doxepin 10mg/ml oral soln</i>	1	
<i>doxepin 150mg cap</i>	1	
<i>doxepin 25mg cap</i>	1	
<i>doxepin 50mg cap</i>	1	
<i>doxepin 75mg cap</i>	1	
<i>imipramine 10mg tab</i>	1	
<i>imipramine 25mg tab</i>	1	
<i>imipramine 50mg tab</i>	1	
<i>nortriptyline 10mg cap</i>	1	
<i>nortriptyline 25mg cap</i>	1	
<i>nortriptyline 2mg/ml oral soln</i>	1	
<i>nortriptyline 50mg cap</i>	1	
<i>nortriptyline 75mg cap</i>	1	
<i>protriptyline 10mg tab</i>	1	
<i>protriptyline 5mg tab</i>	1	
<i>trimipramine 100mg cap</i>	1	QL=60 EA/30 Days
<i>trimipramine 25mg cap</i>	1	QL=120 EA/30 Days
<i>trimipramine 50mg cap</i>	1	QL=120 EA/30 Days
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>glipizide/metformin 2.5-250mg tab</i>	1	QL=240 EA/30 Days
<i>glipizide/metformin 2.5-500mg tab</i>	1	QL=120 EA/30 Days
<i>glipizide/metformin 5-500mg tab</i>	1	QL=120 EA/30 Days
<i>glyburide/metformin 1.25-250mg tab</i>	1	
<i>glyburide/metformin 2.5-500mg tab</i>	1	
<i>glyburide/metformin 5-500mg tab</i>	1	
GLYXAMBI 10-5MG TAB	1	QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLYXAMBI 25-5MG TAB	1	QL=30 EA/30 Days
JANUMET 50-1000MG TAB	1	QL=60 EA/30 Days
JANUMET 50-500MG TAB	1	QL=60 EA/30 Days
JANUMET XR 100-1000MG TAB	1	QL=30 EA/30 Days
JANUMET XR 50-1000MG TAB	1	QL=60 EA/30 Days
JANUMET XR 50-500MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-500MG TAB	1	QL=60 EA/30 Days
JENTADUETO XR 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO XR 5-1000MG TAB	1	QL=30 EA/30 Days
<i>metformin/pioglitazone 150-15mg tab</i>	1	QL=90 EA/30 Days
<i>metformin/pioglitazone 850-15mg tab</i>	1	QL=90 EA/30 Days
SYNJARDY 12.5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY 12.5-500MG TAB	1	QL=60 EA/30 Days
SYNJARDY 5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY 5-500MG TAB	1	QL=60 EA/30 Days
SYNJARDY XR 10-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY XR 12.5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY XR 25-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY XR 5-1000MG TAB	1	QL=60 EA/30 Days
TRIJARDY XR 10-5-1000MG TAB	1	QL=30 EA/30 Days
TRIJARDY XR 12.5-2.5-1000MG TAB	1	QL=60 EA/30 Days
TRIJARDY XR 25-5-1000MG TAB	1	QL=30 EA/30 Days
TRIJARDY XR 5-2.5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 10-1000MG TAB	1	QL=30 EA/30 Days
XIGDUO XR 10-500MG TAB	1	QL=30 EA/30 Days
XIGDUO XR 2.5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 5-500MG TAB	1	QL=30 EA/30 Days
DIABETIC OTHER		
<i>acarbose 100mg tab</i>	1	QL=90 EA/30 Days
<i>acarbose 25mg tab</i>	1	QL=90 EA/30 Days
<i>acarbose 50mg tab</i>	1	QL=90 EA/30 Days
BAQSIMI 3MG/DOSE NASAL POWDER	1	QL=2 EA/7 Days
<i>diazoxide 50mg/ml oral susp</i>	1	
GVOKE 0.5MG/0.1ML AUTO-INJECTOR	1	QL=.20 ML/7 Days
GVOKE 1MG/0.2ML AUTO-INJECTOR	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML INJ	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML SYRINGE	1	QL=.40 ML/7 Days
<i>metformin 1000mg tab</i>	1	
<i>metformin 500mg er tab</i>	1	
<i>metformin 500mg tab</i>	1	
<i>metformin 750mg er tab</i>	1	
<i>metformin 850mg tab</i>	1	
<i>mifepristone 300mg tab</i>	1	NDS PA QL=120 EA/30 Days

You can find information 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>nateglinide 120mg tab</i>	1	QL=90 EA/30 Days
<i>nateglinide 60mg tab</i>	1	QL=90 EA/30 Days
<i>pioglitazone 15mg tab</i>	1	
<i>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	QL=120 EA/30 Days
<i>repaglinide 1mg tab</i>	1	QL=120 EA/30 Days
<i>repaglinide 2mg tab</i>	1	QL=240 EA/30 Days
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA 100MG TAB	1	QL=30 EA/30 Days
JANUVIA 25MG TAB	1	QL=30 EA/30 Days
JANUVIA 50MG TAB	1	QL=30 EA/30 Days
TRADJENTA 5MG TAB	1	QL=30 EA/30 Days
INCRETIN MIMETIC AGENTS		
<i>liraglutide 18mg/3ml pen inj</i>	1	PA QL=9 ML/30 Days
MOUNJARO 10MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 15MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
OZEMPIC 2MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 4MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 8MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
RYBELSUS 14MG TAB	1	PA QL=30 EA/30 Days
RYBELSUS 3MG TAB	1	PA QL=30 EA/30 Days
RYBELSUS 7MG TAB	1	PA QL=30 EA/30 Days
TRULICITY 0.75MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 1.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 3MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 4.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
INSULIN		
FIASP 100UNIT/ML CARTRIDGE	1	INS
FIASP 100UNIT/ML INJ	1	INS PA_BvD
FIASP 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG 100UNIT/ML CARTRIDGE	1	INS
HUMALOG 100UNIT/ML KWIKPEN (3ML)	1	INS
HUMALOG 200UNIT/ML KWIKPEN (3ML)	1	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ (3ML)	1	INS
HUMALOG MIX (75/25) 100UNIT/ML INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN (3ML)	1	INS
HUMULIN (70/30) 100UNIT/ML INJ	1	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN (70/30) 100UNIT/ML PEN INJ (3ML)	1	INS
HUMULIN N 100UNIT/ML INJ	1	INS
HUMULIN N 100UNIT/ML PEN INJ (3ML)	1	INS
HUMULIN R 100UNIT/ML INJ	1	INS
HUMULIN R 500UNIT/ML INJ	1	INS PA_BvD
HUMULIN R 500UNIT/ML PEN INJ (3ML)	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	1	INS
INSULIN GLARGINE-YFGN 100UNIT/ML INJ	1	INS
INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO 100UNIT/ML INJ	1	INS PA_BvD
INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO JUNIOR 100UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO PROTAMINE HUMAN (75/25) 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLIN MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	1	INS
NOVOLIN MIX (70/30) 100UNIT/ML INJ	1	INS
NOVOLIN N 100UNIT/ML INJ	1	INS
NOVOLIN N 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLIN R 100UNIT/ML INJ	1	INS
NOVOLIN R 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLOG 100UNIT/ML CARTRIDGE	1	INS
NOVOLOG 100UNIT/ML INJ	1	INS PA_BvD
NOVOLOG 100UNIT/ML PEN INJ (3ML)	1	INS
NOVOLOG MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	1	INS
NOVOLOG MIX (70/30) 100UNIT/ML INJ	1	INS
TOUJEO 300UNIT/ML PEN INJ (1.5ML)	1	INS
TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA 100UNIT/ML INJ	1	INS
TRESIBA 100UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA 200UNIT/ML PEN INJ (3ML)	1	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
DAPAGLIFLOZIN 10MG TAB	1	QL=30 EA/30 Days
DAPAGLIFLOZIN 5MG TAB	1	QL=30 EA/30 Days
FARXIGA 10MG TAB	1	QL=30 EA/30 Days
FARXIGA 5MG TAB	1	QL=30 EA/30 Days
JARDIANCE 10MG TAB	1	QL=30 EA/30 Days
JARDIANCE 25MG TAB	1	QL=30 EA/30 Days
SULFONYLUREAS		
<i>glimepiride 1mg tab</i>	1	
<i>glimepiride 2mg tab</i>	1	

You can find information 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>glimepiride 4mg tab</i>	1	
<i>glipizide 10mg er tab</i>	1	
<i>glipizide 10mg tab</i>	1	
<i>glipizide 2.5mg er tab</i>	1	
<i>glipizide 5mg er tab</i>	1	
<i>glipizide 5mg tab</i>	1	
<i>glyburide 1.25mg tab</i>	1	
<i>glyburide 2.5mg tab</i>	1	
<i>glyburide 5mg tab</i>	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<i>alosetron 0.5mg tab</i>	1	QL=60 EA/30 Days
<i>alosetron 1mg tab</i>	1	QL=60 EA/30 Days
<i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i>	1	
<i>loperamide 2mg cap</i>	1	
XERMELO 250MG TAB	1	NDS PA QL=84 EA/28 Days
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
KLOXXADO 8MG/0.1ML NASAL SPRAY	1	
NALOXONE 0.4MG/ML CARTRIDGE	1	
<i>naloxone 0.4mg/ml inj</i>	1	
<i>naloxone 0.4mg/ml syringe</i>	1	
<i>naloxone 2mg/2ml syringe</i>	1	
<i>naltrexone 50mg tab</i>	1	
OPVEE 2.7MG/0.1ML NASAL SPRAY	1	
VIVITROL 380MG INJ	1	NDS
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron 1mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>ondansetron 0.8mg/ml oral soln</i>	1	PA_BvD QL=900 ML/30 Days
<i>ondansetron 4mg odt</i>	1	PA_BvD
<i>ondansetron 4mg tab</i>	1	PA_BvD
<i>ondansetron 8mg odt</i>	1	PA_BvD
<i>ondansetron 8mg tab</i>	1	PA_BvD
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine 12.5mg tab</i>	1	
<i>meclizine 25mg tab</i>	1	
<i>scopolamine 1mg/72hr patch</i>	1	QL=10 EA/30 Days
ANTIEMETICS - MISCELLANEOUS		
<i>aprepitant 125mg cap</i>	1	PA_BvD QL=3 EA/2 Days
<i>aprepitant 125mg/80mg cap therapy pack (3)</i>	1	PA_BvD QL=6 EA/4 Days
<i>aprepitant 40mg cap</i>	1	PA_BvD QL=3 EA/2 Days
<i>aprepitant 80mg cap</i>	1	PA_BvD QL=6 EA/4 Days
<i>dronabinol 10mg cap</i>	1	PA QL=60 EA/30 Days
<i>dronabinol 2.5mg cap</i>	1	PA QL=60 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dronabinol 5mg cap</i>	1	PA QL=60 EA/30 Days
ANTIFUNGALS		
ANTIFUNGALS		
AMPHOTERICIN B 50MG INJ	1	PA_BvD
<i>amphotericin b liposomal 50mg inj</i>	1	PA_BvD
<i>casprofungin acetate 50mg inj</i>	1	
<i>casprofungin 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	
<i>fluconazole 40mg/ml oral susp</i>	1	
<i>fluconazole 50mg tab</i>	1	
<i>flucytosine 250mg cap</i>	1	
<i>flucytosine 500mg cap</i>	1	
<i>griseofulvin 125mg tab</i>	1	
<i>griseofulvin 250mg tab</i>	1	
<i>griseofulvin 25mg/ml oral susp</i>	1	
<i>griseofulvin 500mg tab</i>	1	
<i>itraconazole 100mg cap</i>	1	QL=120 EA/30 Days
<i>ketoconazole 200mg tab</i>	1	
<i>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	PA QL=630 ML/30 Days
<i>terbinafine 250mg tab</i>	1	QL=30 EA/30 Days
<i>voriconazole 200mg inj</i>	1	PA
<i>voriconazole 200mg tab</i>	1	PA QL=120 EA/30 Days
<i>voriconazole 40mg/ml oral susp</i>	1	PA QL=400 ML/30 Days
<i>voriconazole 50mg tab</i>	1	PA QL=480 EA/30 Days
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-20mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-40mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-80mg tab</i>	1	QL=30 EA/30 Days
<i>icosapent ethyl 1000mg cap</i>	1	QL=120 EA/30 Days
<i>icosapent ethyl 500mg cap</i>	1	QL=120 EA/30 Days
NEXLETOL 180MG TAB	1	PA QL=30 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXLIZET 180-10MG TAB	1	PA QL=30 EA/30 Days
<i>niacin 1000mg er tab</i>	1	QL=60 EA/30 Days
<i>niacin 500mg er tab</i>	1	QL=60 EA/30 Days
<i>niacin 750mg er tab</i>	1	QL=60 EA/30 Days
<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	1	QL=120 EA/30 Days
REPATHA 140MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
REPATHA 140MG/ML SYRINGE	1	PA QL=2 ML/28 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i>	1	
<i>cholestyramine resin 4gm powder for oral susp</i>	1	
<i>colesevelam 625mg tab</i>	1	
<i>colestipol 1gm tab</i>	1	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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

You can find information 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>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
<i>valsartan 160mg tab</i>	1	
<i>valsartan 320mg tab</i>	1	
<i>valsartan 40mg tab</i>	1	
<i>valsartan 80mg tab</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine 0.1mg tab</i>	1	
<i>clonidine 0.1mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>clonidine 0.2mg tab</i>	1	
<i>clonidine 0.2mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>clonidine 0.3mg tab</i>	1	
<i>clonidine 0.3mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>doxazosin 1mg tab</i>	1	
<i>doxazosin 2mg tab</i>	1	
<i>doxazosin 4mg tab</i>	1	
<i>doxazosin 8mg tab</i>	1	
<i>guanfacine 1mg tab</i>	1	
<i>guanfacine 2mg tab</i>	1	
<i>prazosin 1mg cap</i>	1	
<i>prazosin 2mg cap</i>	1	
<i>prazosin 5mg cap</i>	1	
<i>terazosin 10mg cap</i>	1	
<i>terazosin 1mg cap</i>	1	
<i>terazosin 2mg cap</i>	1	
<i>terazosin 5mg cap</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine/benazepril 10-20mg cap</i>	1	
<i>amlodipine/benazepril 10-40mg cap</i>	1	
<i>amlodipine/benazepril 2.5-10mg cap</i>	1	
<i>amlodipine/benazepril 5-10mg cap</i>	1	
<i>amlodipine/benazepril 5-20mg cap</i>	1	
<i>amlodipine/benazepril 5-40mg cap</i>	1	
<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	1	QL=30 EA/30 Days

You can find information 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/olmesartan medoxomil 10-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 10-160mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 10-320mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 5-160mg tab</i>	1	QL=30 EA/30 Days
<i>amlodipine/valsartan 5-320mg tab</i>	1	QL=30 EA/30 Days
<i>atenolol/chlorthalidone 100-25mg tab</i>	1	
<i>atenolol/chlorthalidone 50-25mg tab</i>	1	
<i>benazepril/hydrochlorothiazide 10-12.5mg tab</i>	1	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 20-12.5mg tab</i>	1	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 20-25mg tab</i>	1	QL=30 EA/30 Days
<i>benazepril/hydrochlorothiazide 5-6.25mg tab</i>	1	QL=30 EA/30 Days
<i>bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab</i>	1	
<i>enalapril maleate/hydrochlorothiazide 10-25mg tab</i>	1	QL=60 EA/30 Days
<i>enalapril maleate/hydrochlorothiazide 5-12.5mg tab</i>	1	QL=120 EA/30 Days
<i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>	1	
<i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i>	1	
<i>hydrochlorothiazide/irbesartan 12.5-150mg tab</i>	1	QL=60 EA/30 Days
<i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/lisinopril 12.5-10mg tab</i>	1	
<i>hydrochlorothiazide/lisinopril 12.5-20mg tab</i>	1	
<i>hydrochlorothiazide/lisinopril 25-20mg tab</i>	1	
<i>hydrochlorothiazide/losartan potassium 12.5-100mg tab</i>	1	
<i>hydrochlorothiazide/losartan potassium 12.5-50mg tab</i>	1	
<i>hydrochlorothiazide/losartan potassium 25-100mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 25-100mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i>	1	
<i>hydrochlorothiazide/metoprolol tartrate 50-100mg tab</i>	1	
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-160mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-320mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 12.5-80mg tab</i>	1	QL=30 EA/30 Days
<i>hydrochlorothiazide/valsartan 25-160mg tab</i>	1	QL=30 EA/30 Days

You can find information 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/valsartan 25-320mg tab</i>	1	QL=30 EA/30 Days
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren 150mg tab</i>	1	QL=30 EA/30 Days
<i>aliskiren 300mg tab</i>	1	QL=30 EA/30 Days
<i>eplerenone 25mg tab</i>	1	
<i>eplerenone 50mg tab</i>	1	
<i>metyrosine 250mg cap</i>	1	NDS PA
VASODILATORS		
<i>hydralazine 100mg tab</i>	1	
<i>hydralazine 10mg tab</i>	1	
<i>hydralazine 25mg tab</i>	1	
<i>hydralazine 50mg tab</i>	1	
<i>minoxidil 10mg tab</i>	1	
<i>minoxidil 2.5mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>atovaquone 750mg/5ml oral susp</i>	1	QL=300 ML/30 Days
<i>azithromycin 20mg/ml oral susp</i>	1	
<i>azithromycin 250mg pack (6)</i>	1	
<i>azithromycin 250mg tab</i>	1	
<i>azithromycin 40mg/ml oral susp</i>	1	
<i>azithromycin 500mg inj</i>	1	
<i>azithromycin 500mg tab</i>	1	
<i>azithromycin 500mg tab pack (3)</i>	1	
<i>azithromycin 600mg tab</i>	1	
<i>aztreonam 1gm inj</i>	1	
<i>aztreonam 2gm inj</i>	1	
<i>cefepime 1000mg inj</i>	1	
<i>cefepime 2000mg inj</i>	1	
CILASTATIN/IMIPENEM 250-250MG INJ	1	
<i>cilastatin/imipenem 500-500mg inj</i>	1	
<i>clarithromycin 250mg tab</i>	1	
CLARITHROMYCIN 25MG/ML ORAL SUSP	1	
<i>clarithromycin 500mg tab</i>	1	
CLARITHROMYCIN 50MG/ML ORAL SUSP	1	
<i>clindamycin 150mg cap</i>	1	
<i>clindamycin 300mg cap</i>	1	
<i>clindamycin 300mg/2ml inj</i>	1	
<i>clindamycin 300mg/50ml inj</i>	1	
<i>clindamycin 600mg/4ml inj</i>	1	
<i>clindamycin 600mg/50ml inj</i>	1	
<i>clindamycin 75mg cap</i>	1	
<i>clindamycin 75mg/5ml oral soln</i>	1	
<i>clindamycin 900mg/50ml inj</i>	1	
<i>clindamycin 900mg/6ml inj</i>	1	

You can find information 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>colistin 75mg/ml inj</i>	1	
<i>daptomycin 500mg inj</i>	1	
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
DIFICID 40MG/ML ORAL SUSP	1	PA QL=136 ML/10 Days
<i>ertapenem 1gm inj</i>	1	
<i>erythromycin 250mg dr tab</i>	1	
<i>erythromycin 250mg tab</i>	1	
<i>erythromycin 333mg dr tab</i>	1	
<i>erythromycin 500mg dr tab</i>	1	
<i>erythromycin 500mg tab</i>	1	
<i>fosfomycin 3gm powder for oral soln</i>	1	
IMPAVIDO 50MG CAP	1	NDS PA QL=84 EA/28 Days
<i>linezolid 100mg/5ml oral susp</i>	1	QL=1800 ML/30 Days
<i>linezolid 600mg tab</i>	1	QL=60 EA/30 Days
<i>linezolid 600mg/300ml inj</i>	1	
<i>meropenem 1gm inj</i>	1	
<i>meropenem 500mg inj</i>	1	
<i>methenamine hippurate 1gm tab</i>	1	
<i>metronidazole 250mg tab</i>	1	
<i>metronidazole 500mg tab</i>	1	
<i>metronidazole 5mg/ml inj</i>	1	
<i>nitazoxanide 500mg tab</i>	1	NDS PA QL=6 EA/3 Days
<i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 50mg cap</i>	1	
<i>pentamidine isethionate 300mg inj</i>	1	
<i>pentamidine isethionate 300mg/6ml inh soln</i>	1	PA_BvD QL=1 EA/28 Days
TEFLARO 400MG INJ	1	NDS
TEFLARO 600MG INJ	1	NDS
<i>tigecycline 50mg inj</i>	1	
<i>tinidazole 250mg tab</i>	1	
<i>tinidazole 500mg tab</i>	1	
<i>trimethoprim 100mg tab</i>	1	
<i>vancomycin 100mg/ml inj</i>	1	
<i>vancomycin 125mg cap</i>	1	QL=120 EA/30 Days
<i>vancomycin 1gm inj</i>	1	
<i>vancomycin 250mg cap</i>	1	QL=120 EA/30 Days
<i>vancomycin 500mg inj</i>	1	
<i>vancomycin 750mg inj</i>	1	
XIFAXAN 550MG TAB	1	PA QL=60 EA/30 Days
ANTIMALARIALS		
ANTIMALARIALS		
<i>atovaquone/proguanil 250-100mg tab</i>	1	
<i>atovaquone/proguanil 62.5-25mg tab</i>	1	
CHLOROQUINE PHOSPHATE 250MG 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>chloroquine phosphate 500mg tab</i>	1	
COARTEM 20-120MG TAB	1	QL=24 EA/3 Days
<i>hydroxychloroquine sulfate 200mg tab</i>	1	QL=90 EA/30 Days
<i>mefloquine 250mg tab</i>	1	
PRIMAQUINE PHOSPHATE 26.3MG TAB	1	
<i>pyrimethamine 25mg tab</i>	1	NDS PA QL=90 EA/30 Days
<i>quinine sulfate 324mg cap</i>	1	PA QL=42 EA/7 Days
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone 100mg tab</i>	1	
<i>dapsone 25mg tab</i>	1	
<i>ethambutol 100mg tab</i>	1	
<i>ethambutol 400mg tab</i>	1	
<i>isoniazid 100mg tab</i>	1	
<i>isoniazid 10mg/ml oral soln</i>	1	
<i>isoniazid 300mg tab</i>	1	
PRIFTIN 150MG TAB	1	
<i>pyrazinamide 500mg tab</i>	1	
<i>rifabutin 150mg cap</i>	1	
<i>rifampin 150mg cap</i>	1	
<i>rifampin 300mg cap</i>	1	
<i>rifampin 600mg inj</i>	1	
SIRTURO 100MG TAB	1	NDS PA
SIRTURO 20MG TAB	1	NDS PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide 25mg cap</i>	1	PA_BvD
CYCLOPHOSPHAMIDE 25MG TAB	1	PA_BvD
<i>cyclophosphamide 50mg cap</i>	1	PA_BvD
CYCLOPHOSPHAMIDE 50MG TAB	1	PA_BvD
GLEOSTINE 100MG CAP	1	
GLEOSTINE 10MG CAP	1	
GLEOSTINE 40MG CAP	1	
LEUKERAN 2MG TAB	1	NDS
ANTIMETABOLITES		
<i>mercaptopurine 20mg/ml susp</i>	1	PA_NSO QL=300 ML/30 Days
<i>mercaptopurine 50mg tab</i>	1	
<i>methotrexate 2.5mg tab</i>	1	
METHOTREXATE 25MG/ML INJ	1	
<i>methotrexate 50mg/2ml inj</i>	1	
ONUREG 200MG TAB	1	NDS PA_NSO QL=14 EA/28 Days
ONUREG 300MG TAB	1	NDS PA_NSO QL=14 EA/28 Days
TABLOID 40MG TAB	1	NDS
XATMEP 2.5MG/ML ORAL SOLN	1	PA_BvD
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
TAGRISO 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
TAGRISO 80MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 15MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 45MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
DAURISMO 25MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ERIVEDGE 150MG CAP	1	NDS PA_NSO QL=28 EA/28 Days
ODOMZO 200MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250mg tab</i>	1	QL=120 EA/30 Days
<i>abirtega 250mg tab</i>	1	QL=120 EA/30 Days
AKEEGA 500-100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
AKEEGA 500-50MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
<i>anastrozole 1mg tab</i>	1	QL=30 EA/30 Days
<i>bicalutamide 50mg tab</i>	1	QL=30 EA/30 Days
ELIGARD 22.5MG SYRINGE	1	QL=1 EA/84 Days
ELIGARD 30MG SYRINGE	1	QL=1 EA/112 Days
ELIGARD 45MG SYRINGE	1	QL=1 EA/168 Days
ELIGARD 7.5MG SYRINGE	1	QL=1 EA/28 Days
ERLEADA 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ERLEADA 60MG TAB	1	NDS PA_NSO QL=120 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EULEXIN 125MG CAP	1	NDS QL=180 EA/30 Days
<i>exemestane 25mg tab</i>	1	QL=60 EA/30 Days
FIRMAGON 120MG INJ	1	PA_NSO QL=4 EA/365 Days
FIRMAGON 80MG INJ	1	PA_NSO QL=1 EA/28 Days
<i>letrozole 2.5mg tab</i>	1	QL=30 EA/30 Days
LUPRON 11.25MG SYRINGE (3 MONTH)	1	QL=1 EA/84 Days
LUPRON 3.75MG SYRINGE (1 MONTH)	1	NDS QL=1 EA/28 Days
LYSODREN 500MG TAB	1	NDS
<i>megestrol acetate 20mg tab</i>	1	PA_NSO
<i>megestrol acetate 40mg tab</i>	1	PA_NSO
<i>megestrol acetate 40mg/ml oral susp</i>	1	PA
<i>nilutamide 150mg tab</i>	1	NDS QL=60 EA/30 Days
NUBEQA 300MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
ORGOVYX 120MG TAB	1	NDS PA_NSO QL=30 EA/28 Days
ORSERDU 345MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ORSERDU 86MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
SOLTAMOX 10MG/5ML ORAL SOLN	1	PA_NSO QL=600 ML/30 Days
<i>tamoxifen 10mg tab</i>	1	
<i>tamoxifen 20mg tab</i>	1	
<i>toremifene 60mg tab</i>	1	QL=30 EA/30 Days
TRELSTAR 11.25MG INJ	1	QL=1 EA/84 Days
TRELSTAR 22.5MG INJ	1	QL=1 EA/168 Days
TRELSTAR 3.75MG INJ	1	QL=1 EA/28 Days
XTANDI 40MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XTANDI 40MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
XTANDI 80MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI/FAKZYNJA CO-PACK (66)	1	NDS PA_NSO QL=66 EA/28 Days
INQOVI 35-100MG TAB PACK (5)	1	NDS PA_NSO QL=5 EA/28 Days
KISQALI/FEMARA 400 CO-PACK (70)	1	NDS PA_NSO QL=70 EA/28 Days
KISQALI/FEMARA 600 CO-PACK (91)	1	NDS PA_NSO QL=91 EA/28 Days
LONSURF 6.14-15MG TAB	1	NDS PA_NSO QL=100 EA/28 Days
LONSURF 8.19-20MG TAB	1	NDS PA_NSO QL=80 EA/28 Days
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
ALUNBRIG 180MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ALUNBRIG 30MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
ALUNBRIG 90MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ALUNBRIG TAB INITIATION PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
AUGTYRO 160MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
AUGTYRO 40MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
BALVERSA 3MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
BALVERSA 4MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
BALVERSA 5MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
BOSULIF 100MG CAP	1	NDS PA_NSO QL=180 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BOSULIF 100MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
BOSULIF 400MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BOSULIF 500MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BOSULIF 50MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
BRAFTOVI 75MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
BRUKINSA 80MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
CABOMETYX 20MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CABOMETYX 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CABOMETYX 60MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CALQUENCE 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
CAPRELSA 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
CAPRELSA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
COMETRIQ CAP 100MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
COMETRIQ CAP 140MG DAILY DOSE PACK (112)	1	NDS PA_NSO QL=112 EA/28 Days
COMETRIQ CAP 60MG DAILY DOSE PACK (84)	1	NDS PA_NSO QL=84 EA/28 Days
COPIKTRA 15MG CAP	1	NDS PA_NSO QL=56 EA/28 Days
COPIKTRA 25MG CAP	1	NDS PA_NSO QL=56 EA/28 Days
COTELLIC 20MG TAB	1	NDS PA_NSO QL=63 EA/28 Days
<i>dasatinib 100mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 140mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 20mg tab</i>	1	NDS PA_NSO QL=90 EA/30 Days
<i>dasatinib 50mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 70mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>dasatinib 80mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 10mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 2.5mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 2mg tab for oral susp</i>	1	NDS PA_NSO QL=150 EA/30 Days
<i>everolimus 3mg tab for oral susp</i>	1	NDS PA_NSO QL=90 EA/30 Days
<i>everolimus 5mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
<i>everolimus 5mg tab for oral susp</i>	1	NDS PA_NSO QL=60 EA/30 Days
<i>everolimus 7.5mg tab</i>	1	NDS PA_NSO QL=30 EA/30 Days
FOTIVDA 0.89MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
FOTIVDA 1.34MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
GAVRETO 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
GOMEKLI 1MG CAP	1	NDS PA_NSO QL=42 EA/28 Days
GOMEKLI 1MG TAB FOR ORAL SUSP	1	NDS PA_NSO QL=168 EA/28 Days
GOMEKLI 2MG CAP	1	NDS PA_NSO QL=84 EA/28 Days
IBRANCE 100MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 100MG TAB	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 125MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 125MG TAB	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 75MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 75MG TAB	1	NDS PA_NSO QL=21 EA/28 Days
IBTROZI 200MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
ICLUSIG 10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ICLUSIG 15MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 45MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
<i>imatinib 100mg tab</i>	1	QL=90 EA/30 Days
<i>imatinib 400mg tab</i>	1	QL=60 EA/30 Days
IMBRUVICA 140MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
IMBRUVICA 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
JAKAFI 10MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 15MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 20MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 25MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 5MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAYPIRCA 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAYPIRCA 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
KISQALI TAB 200MG DAILY DOSE PACK (21)	1	NDS PA_NSO QL=21 EA/28 Days
KISQALI TAB 400MG DAILY DOSE PACK (42)	1	NDS PA_NSO QL=42 EA/28 Days
KISQALI TAB 600MG DAILY DOSE PACK (63)	1	NDS PA_NSO QL=63 EA/28 Days
KOSELUGO 10MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
KOSELUGO 25MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
KRAZATI 200MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
<i>lapatinib 250mg tab</i>	1	NDS PA_NSO QL=180 EA/30 Days
LORBRENA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LORBRENA 25MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
LUMAKRAS 120MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
LUMAKRAS 240MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LUMAKRAS 320MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
LYNPARZA 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LYNPARZA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LYTGOBI TAB 12MG DAILEY DOSE PACK (21)	1	NDS PA_NSO QL=84 EA/28 Days
LYTGOBI TAB 16MG DAILEY DOSE PACK (28)	1	NDS PA_NSO QL=112 EA/28 Days
LYTGOBI TAB 20MG DAILEY DOSE PACK (35)	1	NDS PA_NSO QL=140 EA/28 Days
MEKINIST 0.05MG/ML ORAL SOLN	1	NDS PA_NSO QL=1260 ML/30 Days
MEKINIST 0.5MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
MEKINIST 2MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
MEKTOVI 15MG TAB	1	NDS PA_NSO QL=180 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NERLYNX 40MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
<i>nilotinib 150mg cap</i>	1	NDS PA_NSO QL=112 EA/28 Days
<i>nilotinib 200mg cap</i>	1	NDS PA_NSO QL=112 EA/28 Days
<i>nilotinib 50mg cap</i>	1	NDS PA_NSO QL=120 EA/30 Days
NINLARO 2.3MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
NINLARO 3MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
NINLARO 4MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
OGSIVEO 100MG TAB 7-DAY PACK (14)	1	NDS PA_NSO QL=56 EA/28 Days
OGSIVEO 150MG TAB 7-DAY PACK (14)	1	NDS PA_NSO QL=56 EA/28 Days
OGSIVEO 50MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	1	NDS PA_NSO QL=16 EA/28 Days
OJEMDA 100MG TAB PACK (500MG ONCE WEEKLY) (20)	1	NDS PA_NSO QL=20 EA/28 Days
OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24)	1	NDS PA_NSO QL=24 EA/28 Days
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	1	NDS PA_NSO QL=96 ML/28 Days
OJJAARA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
OJJAARA 150MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
OJJAARA 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
<i>pazopanib 200mg tab</i>	1	NDS PA_NSO QL=120 EA/30 Days
PEMAZYRE 13.5MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
PEMAZYRE 4.5MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
PEMAZYRE 9MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
PIQRAY TAB 200MG DAILY DOSE PACK (28)	1	NDS PA_NSO QL=28 EA/28 Days
PIQRAY TAB 250MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
PIQRAY TAB 300MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
QINLOCK 50MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
RETEVMO 120MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
RETEVMO 160MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
RETEVMO 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
RETEVMO 80MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
REZLIDHIA 150MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
ROMVIMZA 14MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROMVIMZA 20MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROMVIMZA 30MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROZLYTREK 100MG CAP	1	NDS PA_NSO QL=150 EA/30 Days
ROZLYTREK 200MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
ROZLYTREK 50MG ORAL PELLETT	1	NDS PA_NSO QL=336 EA/28 Days
RUBRACA 200MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 250MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 300MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RYDAPT 25MG CAP	1	NDS PA_NSO QL=224 EA/28 Days
SCSEMBLIX 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
SCSEMBLIX 20MG TAB	1	NDS PA_NSO QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SCEMBLIX 40MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>sorafenib 200mg tab</i>	1	NDS PA_NSO QL=120 EA/30 Days
STIVARGA 40MG TAB	1	NDS PA_NSO QL=84 EA/28 Days
<i>sunitinib 12.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 25mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 37.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 50mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
TABRECTA 150MG TAB	1	NDS PA_NSO QL=112 EA/28 Days
TABRECTA 200MG TAB	1	NDS PA_NSO QL=112 EA/28 Days
TAFINLAR 10MG TAB FOR ORAL SUSP	1	NDS PA_NSO QL=840 EA/28 Days
TAFINLAR 50MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
TAFINLAR 75MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
TALZENNA 0.1MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.25MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.35MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.5MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.75MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 1MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TAZVERIK 200MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
TEPMETKO 225MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
TIBSOVO 250MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
TRUQAP 160MG TAB	1	NDS PA_NSO QL=64 EA/28 Days
TRUQAP 200MG TAB	1	NDS PA_NSO QL=64 EA/28 Days
TURALIO 125MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
VANFLYTA 17.7MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
VANFLYTA 26.5MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 100MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 150MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 200MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 50MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VITRAKVI 100MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
VITRAKVI 20MG/ML ORAL SOLN	1	NDS PA_NSO QL=300 ML/30 Days
VITRAKVI 25MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
VONJO 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
VORANIGO 10MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
VORANIGO 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
XALKORI 150MG ORAL PELLETT	1	NDS PA_NSO QL=180 EA/30 Days
XALKORI 200MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
XALKORI 20MG ORAL PELLETT	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 250MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 50MG ORAL PELLETT	1	NDS PA_NSO QL=120 EA/30 Days
XOSPATA 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ZEJULA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZELBORAF 240MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
ZOLINZA 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
ZYDELIG 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYDELIG 150MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYKADIA 150MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	1	NDS PA_NSO
AYVAKIT 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 25MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BESREMI 500MCG/ML SYRINGE	1	NDS PA_NSO QL=2 ML/28 Days
<i>bexarotene 75mg cap</i>	1	NDS PA_NSO QL=300 EA/30 Days
HERNEXEOS 60MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
<i>hydroxyurea 500mg cap</i>	1	
MATULANE 50MG CAP	1	NDS
MODEYSO 125MG CAP	1	NDS PA_NSO QL=20 EA/28 Days
POMALYST 1MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 2MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 3MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 4MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
REVUFORJ 110MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
REVUFORJ 160MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
REVUFORJ 25MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>tretinoin 10mg cap</i>	1	
TUKYSA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TUKYSA 50MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
VENCLEXTA 100MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
VENCLEXTA 10MG TAB	1	PA_NSO QL=60 EA/30 Days
VENCLEXTA 50MG TAB	1	PA_NSO QL=30 EA/30 Days
VENCLEXTA TAB STARTER PACK (42)	1	NDS PA_NSO QL=42 EA/28 Days
WELIREG 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
XPOVIO TAB 100MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (16)	1	NDS PA_NSO QL=16 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 40MG TWICE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)	1	NDS PA_NSO QL=24 EA/28 Days
XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)	1	NDS PA_NSO QL=32 EA/28 Days
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>leucovorin 10mg tab</i>	1	
<i>leucovorin 15mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin 25mg tab</i>	1	
<i>leucovorin 5mg tab</i>	1	
<i>mesna 400mg tab</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25mg tab</i>	1	
<i>entacapone 200mg tab</i>	1	QL=300 EA/30 Days
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg tab</i>	1	
<i>benztropine mesylate 2mg tab</i>	1	
<i>trihexyphenidyl 2mg tab</i>	1	
<i>trihexyphenidyl 5mg tab</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine 100mg cap</i>	1	
<i>amantadine 10mg/ml oral soln</i>	1	
<i>bromocriptine 2.5mg tab</i>	1	
<i>bromocriptine 5mg cap</i>	1	
<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	1	
CARBIDOPA/LEVODOPA 10-100MG ODT	1	
<i>carbidopa/levodopa 10-100mg tab</i>	1	
<i>carbidopa/levodopa 25-100mg er tab</i>	1	
CARBIDOPA/LEVODOPA 25-100MG ODT	1	
<i>carbidopa/levodopa 25-100mg tab</i>	1	
CARBIDOPA/LEVODOPA 25-250MG ODT	1	
<i>carbidopa/levodopa 25-250mg tab</i>	1	
<i>carbidopa/levodopa 50-200mg er tab</i>	1	
<i>pramipexole 0.125mg tab</i>	1	
<i>pramipexole 0.25mg tab</i>	1	
<i>pramipexole 0.5mg tab</i>	1	
<i>pramipexole 0.75mg tab</i>	1	
<i>pramipexole 1.5mg tab</i>	1	
<i>pramipexole 1mg tab</i>	1	
<i>ropinirole 0.25mg tab</i>	1	
<i>ropinirole 0.5mg tab</i>	1	
<i>ropinirole 1mg tab</i>	1	
<i>ropinirole 2mg tab</i>	1	
<i>ropinirole 3mg tab</i>	1	
<i>ropinirole 4mg tab</i>	1	

You can find information 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 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 20-100MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 20-50MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 30-125MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY CAP 28-DAY STARTER KIT PACK (56)	1	PA_NSO QL=56 EA/28 Days
<i>haloperidol 0.5mg tab</i>	1	
<i>haloperidol 10mg tab</i>	1	
<i>haloperidol 1mg tab</i>	1	
<i>haloperidol 20mg tab</i>	1	
<i>haloperidol 2mg tab</i>	1	
<i>haloperidol 2mg/ml oral soln</i>	1	
<i>haloperidol 5mg tab</i>	1	
<i>haloperidol 5mg/ml inj</i>	1	
<i>haloperidol decanoate 100mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 100mg/ml (5ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (5ml) inj</i>	1	
<i>lurasidone 120mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 20mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 40mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 60mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 80mg tab</i>	1	QL=60 EA/30 Days
MOLINDONE 10MG TAB	1	
MOLINDONE 25MG TAB	1	
MOLINDONE 5MG TAB	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUPLAZID 10MG TAB	1	PA_NSO QL=30 EA/30 Days
NUPLAZID 34MG CAP	1	PA_NSO QL=30 EA/30 Days
<i>thiothixene 10mg cap</i>	1	
<i>thiothixene 1mg cap</i>	1	
<i>thiothixene 2mg cap</i>	1	
<i>thiothixene 5mg cap</i>	1	
VRAYLAR 1.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 3MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 4.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 6MG CAP	1	PA_NSO QL=30 EA/30 Days
<i>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 20mg inj</i>	1	QL=6 EA/3 Days
<i>ziprasidone 40mg cap</i>	1	
<i>ziprasidone 60mg cap</i>	1	
<i>ziprasidone 80mg cap</i>	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 12MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 1MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 2MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 4MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 6MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 8MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT TAB TITRATION PACK (8)	1	PA_NSO QL=60 EA/30 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	1	NDS PA_NSO QL=.75 ML/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	1	NDS PA_NSO QL=1 ML/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	1	NDS PA_NSO QL=1.50 ML/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	1	PA_NSO QL=.25 ML/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	1	NDS PA_NSO QL=.50 ML/28 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone 4mg tab</i>	1	
<i>risperidone microspheres 12.5mg inj</i>	1	PA_NSO QL=2 EA/28 Days
<i>risperidone microspheres 25mg inj</i>	1	PA_NSO QL=2 EA/28 Days
<i>risperidone microspheres 37.5mg inj</i>	1	PA_NSO QL=2 EA/28 Days
<i>risperidone microspheres 50mg inj</i>	1	PA_NSO QL=2 EA/28 Days
DIBENZAPINES		
<i>asenapine 10mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 2.5mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 5mg sl tab</i>	1	QL=60 EA/30 Days
<i>clozapine 100mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 100mg tab</i>	1	
CLOZAPINE 12.5MG ODT	1	QL=90 EA/30 Days
<i>clozapine 150mg odt</i>	1	QL=180 EA/30 Days
<i>clozapine 200mg odt</i>	1	QL=120 EA/30 Days
<i>clozapine 200mg tab</i>	1	
<i>clozapine 25mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 25mg tab</i>	1	
<i>clozapine 50mg tab</i>	1	
<i>loxapine 10mg cap</i>	1	
<i>loxapine 25mg cap</i>	1	
<i>loxapine 50mg cap</i>	1	
<i>loxapine 5mg cap</i>	1	
<i>olanzapine 10mg inj</i>	1	QL=3 EA/1 Days
<i>olanzapine 10mg odt</i>	1	QL=60 EA/30 Days
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 15mg tab</i>	1	
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 20mg tab</i>	1	
<i>olanzapine 5mg odt</i>	1	QL=30 EA/30 Days
<i>olanzapine 5mg tab</i>	1	
<i>olanzapine 7.5mg tab</i>	1	
<i>quetiapine 100mg tab</i>	1	
<i>quetiapine 150mg er tab</i>	1	QL=30 EA/30 Days
<i>quetiapine 200mg er tab</i>	1	QL=30 EA/30 Days
<i>quetiapine 200mg tab</i>	1	
<i>quetiapine 25mg tab</i>	1	
<i>quetiapine 300mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 300mg tab</i>	1	
<i>quetiapine 400mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 400mg tab</i>	1	
<i>quetiapine 50mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 50mg tab</i>	1	
SECUADO 3.8MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SECUADO 5.7MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
SECUADO 7.6MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
VERSACLOZ 50MG/ML ORAL SUSP	1	PA_NSO QL=600 ML/30 Days
PHENOTHIAZINES		
<i>chlorpromazine 100mg tab</i>	1	
CHLORPROMAZINE 100MG/ML ORAL SOLN	1	
<i>chlorpromazine 10mg tab</i>	1	
<i>chlorpromazine 200mg tab</i>	1	
<i>chlorpromazine 25mg tab</i>	1	
CHLORPROMAZINE 30MG/ML ORAL SOLN	1	
<i>chlorpromazine 50mg tab</i>	1	
<i>compro 25mg rectal supp</i>	1	
FLUPHENAZINE 0.5MG/ML ORAL SOLN	1	
<i>fluphenazine 10mg tab</i>	1	
<i>fluphenazine 1mg tab</i>	1	
<i>fluphenazine 2.5mg tab</i>	1	
FLUPHENAZINE 2.5MG/ML INJ	1	
<i>fluphenazine 5mg tab</i>	1	
FLUPHENAZINE 5MG/ML ORAL SOLN	1	
<i>fluphenazine decanoate 25mg/ml inj</i>	1	
<i>perphenazine 16mg tab</i>	1	
<i>perphenazine 2mg tab</i>	1	
<i>perphenazine 4mg tab</i>	1	
<i>perphenazine 8mg tab</i>	1	
<i>prochlorperazine 10mg tab</i>	1	
<i>prochlorperazine 25mg rectal supp</i>	1	
<i>prochlorperazine 5mg tab</i>	1	
<i>thioridazine 100mg tab</i>	1	
<i>thioridazine 10mg tab</i>	1	
<i>thioridazine 25mg tab</i>	1	
<i>thioridazine 50mg tab</i>	1	
<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

You can find information 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>aripiprazole 20mg tab</i>	1	
<i>aripiprazole 2mg tab</i>	1	
<i>aripiprazole 30mg tab</i>	1	
<i>aripiprazole 5mg tab</i>	1	
ARISTADA 1064MG/3.9ML SYRINGE	1	PA_NSO QL=3.90 ML/56 Days
ARISTADA 441MG/1.6ML SYRINGE	1	NDS PA_NSO QL=1.60 ML/28 Days
ARISTADA 662MG/2.4ML SYRINGE	1	NDS PA_NSO QL=2.40 ML/28 Days
ARISTADA 675MG/2.4ML SYRINGE	1	PA_NSO QL=2.40 ML/42 Days
ARISTADA 882MG/3.2ML SYRINGE	1	PA_NSO QL=3.20 ML/28 Days
OPIPZA 10MG ORAL FILM	1	PA_NSO QL=90 EA/30 Days
OPIPZA 2MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
OPIPZA 5MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.25MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.5MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 1MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 2MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 3MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 4MG TAB	1	PA_NSO QL=30 EA/30 Days
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>baclofen 5mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	PA
<i>chlorzoxazone 500mg tab</i>	1	PA QL=180 EA/30 Days
<i>cyclobenzaprine 10mg tab</i>	1	PA
<i>cyclobenzaprine 5mg tab</i>	1	PA
<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	PA
<i>methocarbamol 500mg tab</i>	1	PA
<i>methocarbamol 750mg tab</i>	1	PA
<i>orphenadrine citrate 100mg er tab</i>	1	PA
<i>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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atazanavir 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
EDURANT 25MG TAB	1	QL=30 EA/30 Days
<i>efavirenz 600mg tab</i>	1	QL=30 EA/30 Days
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	1	QL=30 EA/30 Days
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300MG TAB	1	QL=30 EA/30 Days
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine 200mg cap</i>	1	QL=30 EA/30 Days
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	1	QL=30 EA/30 Days
EMTRIVA 10MG/ML ORAL SOLN	1	QL=850 ML/30 Days
<i>etravirine 100mg tab</i>	1	QL=60 EA/30 Days
<i>etravirine 200mg tab</i>	1	QL=60 EA/30 Days
EVOTAZ 300-150MG TAB	1	QL=30 EA/30 Days
<i>fosamprenavir 700mg tab</i>	1	QL=120 EA/30 Days
GENVOYA 150-150-200-10MG TAB	1	QL=30 EA/30 Days
INTELENCE 25MG TAB	1	QL=120 EA/30 Days
ISENTRESS 100MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 100MG GRANULES FOR ORAL SUSP	1	QL=60 EA/30 Days
ISENTRESS 25MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 400MG TAB	1	QL=60 EA/30 Days
ISENTRESS 600MG TAB	1	QL=60 EA/30 Days
JULUCA 50-25MG TAB	1	QL=30 EA/30 Days
KALETRA 80-20MG/ML ORAL SOLN	1	QL=480 ML/30 Days
<i>lamivudine 10mg/ml oral soln</i>	1	QL=960 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine 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
NORVIR 100MG ORAL POWDER	1	QL=360 EA/30 Days
ODEFSEY 200-25-25MG TAB	1	QL=30 EA/30 Days
PIFELTRO 100MG TAB	1	QL=30 EA/30 Days
PREZCOBIX 150-800MG TAB	1	QL=30 EA/30 Days
PREZISTA 100MG/ML ORAL SUSP	1	QL=400 ML/30 Days
PREZISTA 150MG TAB	1	QL=240 EA/30 Days
PREZISTA 75MG TAB	1	QL=480 EA/30 Days
REYATAZ 50MG ORAL POWDER	1	QL=240 EA/30 Days
<i>ritonavir 100mg tab</i>	1	QL=360 EA/30 Days
RUKOBIA 600MG ER TAB	1	QL=60 EA/30 Days
SELZENTRY 20MG/ML ORAL SOLN	1	QL=1840 ML/30 Days
STRIBILD 150-150-200-300MG TAB	1	QL=30 EA/30 Days
SUNLENCA 300MG TAB	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB THERAPY PACK (4)	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB THERAPY PACK (5)	1	QL=5 EA/28 Days
SYMTUZA 150-800-200-10MG TAB	1	QL=30 EA/30 Days
<i>tenofovir disoproxil fumarate 300mg tab</i>	1	QL=30 EA/30 Days
TIVICAY 50MG TAB	1	QL=60 EA/30 Days
TIVICAY 5MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 600-50-300MG TAB	1	QL=30 EA/30 Days
TYBOST 150MG TAB	1	QL=30 EA/30 Days
VIRACEPT 250MG TAB	1	QL=300 EA/30 Days
VIRACEPT 625MG TAB	1	QL=120 EA/30 Days
VIREAD 150MG TAB	1	QL=30 EA/30 Days
VIREAD 200MG TAB	1	QL=30 EA/30 Days
VIREAD 250MG TAB	1	QL=30 EA/30 Days
VIREAD 40MG/GM ORAL POWDER	1	QL=240 GM/30 Days
<i>zidovudine 100mg cap</i>	1	QL=180 EA/30 Days
<i>zidovudine 10mg/ml oral soln</i>	1	QL=1920 ML/30 Days
<i>zidovudine 300mg tab</i>	1	QL=60 EA/30 Days
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 1mg tab</i>	1	QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine 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 PELLETT	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 5MG/BLISTER POWDER INHALER	1	QL=120 EA/365 Days
RIMANTADINE 100MG TAB	1	
XOFLUZA 40MG TAB	1	QL=2 EA/30 Days
XOFLUZA 80MG TAB	1	QL=1 EA/30 Days
MISC. ANTIVIRALS		
LIVTENCITY 200MG TAB	1	NDS PA QL=120 EA/30 Days
PAXLOVID 150MG/100MG TAB PACK (20)	1	QL=20 EA/5 Days
PAXLOVID 150MG/100MG TAB PACK (30)	1	QL=30 EA/5 Days
PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)	1	QL=11 EA/5 Days
PREVYMIS 120MG ORAL PELLETT	1	NDS PA QL=120 EA/30 Days
PREVYMIS 240MG TAB	1	NDS PA QL=28 EA/28 Days
PREVYMIS 480MG TAB	1	NDS PA QL=30 EA/30 Days
<i>valganciclovir 450mg tab</i>	1	QL=120 EA/30 Days
<i>valganciclovir 50mg/ml oral soln</i>	1	QL=1056 ML/30 Days
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol 12.5mg tab</i>	1	
<i>carvedilol 25mg tab</i>	1	
<i>carvedilol 3.125mg tab</i>	1	

You can find information 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 6.25mg tab</i>	1	
<i>labetalol 100mg tab</i>	1	
<i>labetalol 200mg tab</i>	1	
<i>labetalol 300mg tab</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol 200mg cap</i>	1	
<i>acebutolol 400mg cap</i>	1	
<i>atenolol 100mg tab</i>	1	
<i>atenolol 25mg tab</i>	1	
<i>atenolol 50mg tab</i>	1	
<i>betaxolol 10mg tab</i>	1	
<i>betaxolol 20mg tab</i>	1	
<i>bisoprolol fumarate 10mg tab</i>	1	
<i>bisoprolol fumarate 5mg tab</i>	1	
<i>metoprolol succinate 100mg er tab</i>	1	
<i>metoprolol succinate 200mg er tab</i>	1	
<i>metoprolol succinate 25mg er tab</i>	1	
<i>metoprolol succinate 50mg er tab</i>	1	
<i>metoprolol tartrate 100mg tab</i>	1	
<i>metoprolol tartrate 25mg tab</i>	1	
<i>metoprolol tartrate 37.5mg tab</i>	1	
<i>metoprolol tartrate 50mg tab</i>	1	
<i>metoprolol tartrate 75mg tab</i>	1	
<i>nebivolol 10mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 2.5mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 20mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 5mg tab</i>	1	QL=60 EA/30 Days
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20mg tab</i>	1	
<i>nadolol 40mg tab</i>	1	
<i>nadolol 80mg tab</i>	1	
<i>pindolol 10mg tab</i>	1	
<i>pindolol 5mg tab</i>	1	
<i>propranolol 10mg tab</i>	1	
<i>propranolol 120mg er cap</i>	1	
<i>propranolol 160mg er cap</i>	1	
<i>propranolol 20mg tab</i>	1	
<i>propranolol 40mg tab</i>	1	
PROPRANOLOL 4MG/ML ORAL SOLN	1	
<i>propranolol 60mg er cap</i>	1	
<i>propranolol 60mg tab</i>	1	
<i>propranolol 80mg er cap</i>	1	
<i>propranolol 80mg tab</i>	1	
PROPRANOLOL 8MG/ML ORAL SOLN	1	
<i>sotalol 120mg tab</i>	1	

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>verapamil 180mg er tab</i>	1	
<i>verapamil 240mg er cap</i>	1	
<i>verapamil 240mg er tab</i>	1	
<i>verapamil 40mg tab</i>	1	
<i>verapamil 80mg tab</i>	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>droxidopa 100mg cap</i>	1	PA QL=90 EA/30 Days
<i>droxidopa 200mg cap</i>	1	PA QL=180 EA/30 Days
<i>droxidopa 300mg cap</i>	1	PA QL=180 EA/30 Days
<i>midodrine 10mg tab</i>	1	
<i>midodrine 2.5mg tab</i>	1	
<i>midodrine 5mg tab</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone 100mg tab</i>	1	
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
<i>disopyramide 100mg cap</i>	1	
<i>disopyramide 150mg cap</i>	1	
<i>dofetilide 0.125mg cap</i>	1	
<i>dofetilide 0.25mg cap</i>	1	
<i>dofetilide 0.5mg cap</i>	1	
<i>flecainide acetate 100mg tab</i>	1	
<i>flecainide acetate 150mg tab</i>	1	
<i>flecainide acetate 50mg tab</i>	1	
<i>mexiletine 150mg cap</i>	1	
<i>mexiletine 200mg cap</i>	1	
<i>mexiletine 250mg cap</i>	1	
MULTAQ 400MG TAB	1	QL=60 EA/30 Days
<i>propafenone 150mg tab</i>	1	
<i>propafenone 225mg er cap</i>	1	
<i>propafenone 225mg tab</i>	1	
<i>propafenone 300mg tab</i>	1	
<i>propafenone 325mg er cap</i>	1	
<i>propafenone 425mg er cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG TAB	1	
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	
ENTRESTO 15-16MG ORAL PELLETT	1	QL=240 EA/30 Days
ENTRESTO 6-6MG ORAL PELLETT	1	QL=240 EA/30 Days
<i>ivabradine 5mg tab</i>	1	PA QL=60 EA/30 Days
<i>ivabradine 7.5mg tab</i>	1	PA QL=60 EA/30 Days
<i>pentoxifylline 400mg er tab</i>	1	
<i>ranolazine 1000mg er tab</i>	1	QL=60 EA/30 Days
<i>ranolazine 500mg er tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 24-26mg tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 49-51mg tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 97-103mg tab</i>	1	QL=60 EA/30 Days
VERQUVO 10MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 2.5MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 5MG TAB	1	PA QL=30 EA/30 Days
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
EVRYSDI 0.75MG/ML ORAL SOLN	1	NDS PA QL=240 ML/30 Days
EVRYSDI 5MG TAB	1	NDS PA QL=30 EA/30 Days
RADICAVA 105MG/5ML ORAL SUSP	1	NDS PA QL=70 ML/28 Days
<i>riluzole 50mg tab</i>	1	QL=60 EA/30 Days
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil 100mg/ml oral susp</i>	1	
<i>cefadroxil 500mg cap</i>	1	
<i>cefadroxil 50mg/ml oral susp</i>	1	
<i>cefazolin 1000mg inj</i>	1	
<i>cefazolin 200mg/ml inj</i>	1	
<i>cefazolin 500mg inj</i>	1	
<i>cephalexin 250mg cap</i>	1	
<i>cephalexin 25mg/ml oral susp</i>	1	
<i>cephalexin 500mg cap</i>	1	
<i>cephalexin 50mg/ml oral susp</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250MG CAP	1	
CEFACLOR 500MG CAP	1	
<i>cefoxitin 1gm inj</i>	1	
<i>cefoxitin 200mg/ml inj</i>	1	
<i>cefoxitin 2gm inj</i>	1	
<i>cefprozil 250mg tab</i>	1	
<i>cefprozil 25mg/ml oral susp</i>	1	

You can find information 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>cefprozil 500mg tab</i>	1	
<i>cefprozil 50mg/ml oral susp</i>	1	
<i>cefuroxime 1500mg inj</i>	1	
<i>cefuroxime 250mg tab</i>	1	
<i>cefuroxime 500mg tab</i>	1	
<i>cefuroxime 750mg inj</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 25mg/ml oral susp</i>	1	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml oral susp</i>	1	
<i>cefixime 400mg cap</i>	1	
<i>cefpodoxime 100mg tab</i>	1	
CEFPODOXIME 10MG/ML ORAL SUSP	1	
<i>cefpodoxime 200mg tab</i>	1	
CEFPODOXIME 20MG/ML ORAL SUSP	1	
<i>ceftazidime 1gm inj</i>	1	
CEFTAZIDIME 200MG/ML INJ	1	
<i>ceftazidime 2gm inj</i>	1	
<i>ceftriaxone 10gm inj</i>	1	
<i>ceftriaxone 1gm inj</i>	1	
<i>ceftriaxone 250mg inj</i>	1	
<i>ceftriaxone 2gm inj</i>	1	
<i>ceftriaxone 500mg inj</i>	1	
<i>tazicef 1gm inj</i>	1	
<i>tazicef 2gm inj</i>	1	
TAZICEF 6GM INJ	1	
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline 30mg cap</i>	1	
<i>chlorhexidine gluconate 0.12% mouthwash</i>	1	
<i>clotrimazole 10mg lozenge</i>	1	
<i>kourzeq 0.1% oral paste</i>	1	
<i>lidocaine viscous 2% mucous membrane topical soln</i>	1	
<i>nystatin 100000unit/ml oral susp</i>	1	
<i>periogard 0.12% mouthwash</i>	1	
<i>pilocarpine 5mg tab</i>	1	
<i>pilocarpine 7.5mg tab</i>	1	
<i>triamcinolone acetonide 0.1% oral paste</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane 10mg cap</i>	1	
<i>accutane 20mg cap</i>	1	
<i>accutane 40mg cap</i>	1	
<i>amnesteem 10mg cap</i>	1	
<i>amnesteem 20mg cap</i>	1	

You can find information 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>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
<i>ERY 2% PAD</i>	1	QL=60 EA/30 Days
<i>erythromycin 2% topical gel</i>	1	QL=60 GM/30 Days
<i>erythromycin 2% topical soln</i>	1	QL=60 ML/30 Days
<i>isotretinoin 10mg cap</i>	1	
<i>isotretinoin 20mg cap</i>	1	
<i>isotretinoin 30mg cap</i>	1	
<i>isotretinoin 40mg cap</i>	1	
<i>sulfacetamide sodium 10% topical lotion</i>	1	QL=118 ML/30 Days
<i>tretinoin 0.01% topical gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.05% topical cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.1% topical cream</i>	1	PA QL=45 GM/30 Days
<i>zenatane 10mg cap</i>	1	
<i>zenatane 20mg cap</i>	1	
<i>zenatane 30mg cap</i>	1	
<i>zenatane 40mg cap</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin 0.1% topical cream</i>	1	QL=30 GM/30 Days
<i>gentamicin 0.1% topical ointment</i>	1	QL=30 GM/30 Days
<i>mupirocin 2% topical ointment</i>	1	QL=220 GM/30 Days
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77% topical cream</i>	1	QL=90 GM/30 Days
<i>ciclopirox 0.77% topical gel</i>	1	QL=100 GM/30 Days
<i>ciclopirox 0.77% topical lotion</i>	1	QL=60 ML/30 Days
<i>ciclopirox 1% shampoo</i>	1	QL=120 ML/30 Days
<i>ciclopirox 8% topical soln</i>	1	QL=13.20 ML/30 Days
<i>clotrimazole 1% topical cream</i>	1	QL=45 GM/30 Days
<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	1	QL=90 GM/30 Days
<i>econazole nitrate 1% topical cream</i>	1	QL=85 GM/30 Days
<i>ketoconazole 2% shampoo</i>	1	QL=240 ML/30 Days
<i>ketoconazole 2% topical cream</i>	1	QL=120 GM/30 Days
<i>nyamyc 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000 unit/gm topical ointment</i>	1	QL=30 GM/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystatin 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000unit/ml topical cream</i>	1	QL=30 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% topical ointment</i>	1	QL=60 GM/30 Days
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% topical cream</i>	1	QL=60 GM/30 Days
<i>nystop 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1% topical gel</i>	1	NDS PA_NSO QL=60 GM/30 Days
<i>diclofenac sodium 3% topical gel</i>	1	PA QL=100 GM/30 Days
FLUOROURACIL 2% TOPICAL SOLN	1	QL=10 ML/30 Days
<i>fluorouracil 5% topical cream</i>	1	QL=40 GM/30 Days
<i>fluorouracil 5% topical soln</i>	1	QL=10 ML/30 Days
PANRETIN 0.1% TOPICAL GEL	1	NDS PA_NSO QL=60 GM/30 Days
VALCHLOR 0.016% TOPICAL GEL	1	NDS PA_NSO QL=60 GM/30 Days
ANTIPSORIATICS		
<i>acitretin 10mg cap</i>	1	
<i>acitretin 17.5mg cap</i>	1	
<i>acitretin 25mg cap</i>	1	
<i>calcipotriene 0.005% topical cream</i>	1	PA QL=120 GM/30 Days
<i>calcipotriene 0.005% topical ointment</i>	1	PA QL=120 GM/30 Days
CALCIPOTRIENE 0.005% TOPICAL SOLN	1	PA QL=120 ML/30 Days
COSENTYX 150MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
COSENTYX 150MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
COSENTYX 75MG/0.5ML SYRINGE	1	NDS PA QL=2 ML/28 Days
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
METHOXSALEN 10MG CAP	1	
OTEZLA 10/20/30MG TAB 28-DAY STARTER PACK (55)	1	NDS PA QL=55 EA/28 Days
OTEZLA 10/20MG TAB 28-DAY STARTER PACK (55)	1	NDS PA QL=55 EA/28 Days
OTEZLA 20MG TAB	1	NDS PA QL=60 EA/30 Days
OTEZLA 30MG TAB	1	NDS PA QL=60 EA/30 Days
SKYRIZI 150MG/ML AUTO-INJECTOR	1	PA QL=7 ML/365 Days
SKYRIZI 150MG/ML SYRINGE	1	PA QL=7 ML/365 Days
STELARA 45MG/0.5ML INJ	1	PA QL=.50 ML/28 Days
STELARA 45MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
STELARA 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
STEQEYMA 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
<i>tazarotene 0.1% topical cream</i>	1	PA QL=60 GM/30 Days
TREMFYA 100MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TREMFYA 100MG/ML SYRINGE	1	PA QL=2 ML/28 Days
USTEKINUMAB 45MG/0.5ML INJ	1	PA QL=.50 ML/28 Days
USTEKINUMAB 45MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
USTEKINUMAB 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YESINTEK 90MG/ML SYRINGE	1	PA QL=1 ML/28 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% aug topical ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% topical cream</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.05% topical lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% topical ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.1% topical cream</i>	1	QL=135 GM/30 Days
BETAMETHASONE 0.1% TOPICAL LOTION	1	QL=120 ML/30 Days
<i>betamethasone 0.1% topical ointment</i>	1	QL=135 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% topical cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical e cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical foam</i>	1	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% topical gel</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical lotion</i>	1	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% topical ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>desonide 0.05% topical cream</i>	1	QL=60 GM/30 Days
<i>desonide 0.05% topical ointment</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% topical cream</i>	1	QL=100 GM/30 Days
<i>desoximetasone 0.25% topical ointment</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical oil</i>	1	QL=120 ML/30 Days
<i>fluocinolone acetonide 0.01% topical soln</i>	1	QL=90 ML/30 Days
<i>fluocinolone acetonide 0.025% topical cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.025% topical ointment</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical cream</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical e cream</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical ointment</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical soln</i>	1	QL=60 ML/30 Days
<i>fluocinonide 0.1% topical cream</i>	1	QL=60 GM/30 Days
<i>fluticasone propionate 0.005% topical ointment</i>	1	QL=240 GM/30 Days
<i>fluticasone propionate 0.05% topical cream</i>	1	QL=240 GM/30 Days
<i>halobetasol propionate 0.05% topical cream</i>	1	QL=50 GM/30 Days
<i>halobetasol propionate 0.05% topical ointment</i>	1	QL=50 GM/30 Days
<i>hydrocortisone 1% topical cream</i>	1	QL=240 GM/30 Days
HYDROCORTISONE 2.5% TOPICAL LOTION	1	QL=118 ML/30 Days
<i>hydrocortisone 2.5% topical ointment</i>	1	QL=240 GM/30 Days
<i>mometasone furoate 0.1% topical cream</i>	1	QL=180 GM/30 Days
<i>mometasone furoate 0.1% topical lotion</i>	1	QL=180 ML/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
<i>triamcinolone acetonide 0.025% topical lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.025% topical ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% topical lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.1% topical ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical ointment</i>	1	QL=120 GM/30 Days
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 4% mucous membrane topical soln</i>	1	QL=50 ML/30 Days
<i>lidocaine 5% patch</i>	1	PA QL=90 EA/30 Days
<i>lidocaine 5% topical ointment</i>	1	PA QL=107 GM/30 Days
<i>lidocaine/prilocaine 2.5-2.5% topical cream</i>	1	QL=30 GM/30 Days
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5% topical ointment</i>	1	QL=30 GM/30 Days
<i>ammonium lactate 12% topical cream</i>	1	
<i>ammonium lactate 12% topical lotion</i>	1	
EUCRISA 2% TOPICAL OINTMENT	1	PA QL=100 GM/30 Days
<i>imiquimod 5% topical cream</i>	1	QL=24 EA/30 Days
LITFULO 50MG CAP	1	NDS PA QL=28 EA/28 Days
<i>malathion 0.5% topical lotion</i>	1	QL=59 ML/30 Days
NEMLUVIO 30MG AUTO-INJECTOR	1	NDS PA QL=2 EA/28 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
<i>selenium sulfide 2.5% shampoo</i>	1	QL=120 ML/30 Days
<i>tacrolimus 0.03% topical ointment</i>	1	QL=100 GM/30 Days
<i>tacrolimus 0.1% topical ointment</i>	1	QL=100 GM/30 Days
ROSACEA AGENTS		
<i>azelaic acid 15% topical gel</i>	1	QL=50 GM/30 Days
<i>metronidazole 0.75% topical cream</i>	1	QL=45 GM/30 Days
<i>metronidazole 0.75% topical gel</i>	1	QL=45 GM/30 Days
<i>metronidazole 1% topical gel</i>	1	QL=60 GM/30 Days
WOUND CARE PRODUCTS		
SANTYL 250UNIT/GM TOPICAL OINTMENT	1	PA QL=90 GM/30 Days
<i>silver sulfadiazine 1% topical cream</i>	1	
<i>ssd 1% topical cream</i>	1	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125mg tab</i>	1	
<i>acetazolamide 250mg tab</i>	1	
<i>acetazolamide 500mg er cap</i>	1	
<i>methazolamide 25mg tab</i>	1	
<i>methazolamide 50mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETIC COMBINATIONS		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	1	
<i>hydrochlorothiazide/spironolactone 25-25mg tab</i>	1	
<i>hydrochlorothiazide/triamterene 25-37.5mg cap</i>	1	
<i>hydrochlorothiazide/triamterene 25-37.5mg tab</i>	1	
<i>hydrochlorothiazide/triamterene 50-75mg tab</i>	1	
LOOP DIURETICS		
<i>bumetanide 0.25mg/ml inj</i>	1	
<i>bumetanide 0.5mg tab</i>	1	
<i>bumetanide 1mg tab</i>	1	
<i>bumetanide 2mg tab</i>	1	
FUROSCIX 80MG/10ML CARTRIDGE	1	NDS QL=8 EA/7 Days
<i>furosemide 10mg/ml inj</i>	1	
<i>furosemide 10mg/ml oral soln</i>	1	
<i>furosemide 20mg tab</i>	1	
<i>furosemide 40mg tab</i>	1	
<i>furosemide 80mg tab</i>	1	
FUROSEMIDE 8MG/ML ORAL SOLN	1	
<i>toremide 100mg tab</i>	1	
<i>toremide 10mg tab</i>	1	
<i>toremide 20mg tab</i>	1	
<i>toremide 5mg tab</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride 5mg tab</i>	1	
<i>spironolactone 100mg tab</i>	1	
<i>spironolactone 25mg tab</i>	1	
<i>spironolactone 50mg tab</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone 25mg tab</i>	1	
<i>chlorthalidone 50mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg cap</i>	1	
<i>hydrochlorothiazide 12.5mg tab</i>	1	
<i>hydrochlorothiazide 25mg tab</i>	1	
<i>hydrochlorothiazide 50mg tab</i>	1	
<i>indapamide 1.25mg tab</i>	1	
<i>indapamide 2.5mg tab</i>	1	
<i>metolazone 10mg tab</i>	1	
<i>metolazone 2.5mg tab</i>	1	
<i>metolazone 5mg tab</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium 10mg tab</i>	1	QL=30 EA/30 Days
<i>alendronate sodium 35mg tab</i>	1	QL=4 EA/28 Days
<i>alendronate sodium 70mg tab</i>	1	QL=4 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BOMYNTRA 120MG/1.7ML INJ	1	NDS PA QL=1.70 ML/28 Days
BOMYNTRA 120MG/1.7ML SYRINGE	1	NDS PA QL=1.70 ML/28 Days
CONEXXENCE 60MG/ML SYRINGE	1	ST QL=1 ML/168 Days
<i>ibandronate 150mg tab</i>	1	QL=1 EA/28 Days
JUBBONTI 60MG/ML SYRINGE	1	ST QL=1 ML/168 Days
<i>raloxifene 60mg tab</i>	1	
<i>risedronate sodium 150mg tab</i>	1	QL=1 EA/28 Days
<i>risedronate sodium 30mg tab</i>	1	QL=30 EA/30 Days
<i>risedronate sodium 35mg tab</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (12)</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (4)</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 5mg tab</i>	1	QL=30 EA/30 Days
<i>salmon calcitonin 200unit/act nasal spray</i>	1	QL=3.70 ML/28 Days
TERIPARATIDE 620MCG/2.48ML PEN INJ	1	NDS QL=2.48 ML/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	1	NDS QL=1.56 ML/30 Days
WYOST 120MG/1.7ML INJ	1	NDS PA QL=1.70 ML/28 Days
METABOLIC MODIFIERS		
<i>calcitriol 0.25mcg cap</i>	1	
<i>calcitriol 0.5mcg cap</i>	1	
<i>calcitriol 1mcg/ml oral soln</i>	1	
<i>carglumic acid 200mg tab for oral susp</i>	1	NDS PA
<i>cinacalcet 30mg tab</i>	1	QL=60 EA/30 Days
<i>cinacalcet 60mg tab</i>	1	QL=60 EA/30 Days
<i>cinacalcet 90mg tab</i>	1	QL=120 EA/30 Days
CYSTADANE 1GM POWDER FOR ORAL SOLN	1	NDS
DOXERCALCIFEROL 0.5MCG CAP	1	
DOXERCALCIFEROL 1MCG CAP	1	
DOXERCALCIFEROL 2.5MCG CAP	1	
<i>glutamine 5000mg powder for oral soln</i>	1	NDS PA QL=180 EA/30 Days
<i>levocarnitine 100mg/ml oral soln</i>	1	
<i>levocarnitine 330mg tab</i>	1	
<i>paricalcitol 1mcg cap</i>	1	
<i>paricalcitol 2mcg cap</i>	1	
<i>paricalcitol 4mcg cap</i>	1	
REVCovi 2.4MG/1.5ML INJ	1	NDS PA
<i>sapropterin 100mg powder for oral soln</i>	1	NDS PA
<i>sapropterin 100mg tab</i>	1	NDS PA
<i>sapropterin 500mg powder for oral soln</i>	1	NDS PA
<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide 0.05mg/ml inj</i>	1	PA
<i>octreotide 0.1mg/ml inj</i>	1	PA
<i>octreotide 0.2mg/ml inj</i>	1	PA
<i>octreotide 0.5mg/ml inj</i>	1	PA
<i>octreotide 1mg/ml inj</i>	1	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIGNIFOR 0.3MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.6MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.9MG/ML INJ	1	NDS PA QL=60 ML/30 Days
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan 15mg tab</i>	1	NDS PA QL=120 EA/30 Days
<i>tolvaptan 15mg tab therapy pack (56)</i>	1	NDS PA QL=56 EA/28 Days
<i>tolvaptan 15mg/30mg tab pack (56)</i>	1	NDS PA QL=56 EA/28 Days
<i>tolvaptan 15mg/45mg tab pack (56)</i>	1	NDS PA QL=56 EA/28 Days
<i>tolvaptan 30mg tab</i>	1	NDS PA QL=120 EA/30 Days
<i>tolvaptan 30mg/60mg tab pack (56)</i>	1	NDS PA QL=56 EA/28 Days
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
<i>cabergoline 0.5mg tab</i>	1	
<i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i>	1	
<i>desmopressin acetate 0.1mg tab</i>	1	
<i>desmopressin acetate 0.2mg tab</i>	1	
INCRELEX 40MG/4ML INJ	1	NDS PA
KERENDIA 10MG TAB	1	PA QL=30 EA/30 Days
KERENDIA 20MG TAB	1	PA QL=30 EA/30 Days
KERENDIA 40MG TAB	1	PA QL=30 EA/30 Days
NORDITROPIN 10MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 15MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 30MG/3ML PEN INJ	1	NDS PA
NORDITROPIN 5MG/1.5ML PEN INJ	1	NDS PA
OMNITROPE 10MG/1.5ML CARTRIDGE	1	NDS PA
OMNITROPE 5.8MG INJ	1	NDS PA
OMNITROPE 5MG/1.5ML CARTRIDGE	1	NDS PA
SOMAVERT 10MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 15MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 20MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 25MG INJ	1	NDS PA QL=30 EA/30 Days
SOMAVERT 30MG INJ	1	NDS PA QL=30 EA/30 Days
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>abigale 1/0.5mg tab 28-day pack</i>	1	
<i>abigale lo tab 0.5/0.1mg 28-day pack</i>	1	
<i>altavera tab 28-day pack</i>	1	
<i>alyacen 1/35 tab 28-day pack</i>	1	
<i>apri tab 28-day pack</i>	1	
<i>aranelle tab 28-day pack</i>	1	
<i>ashlyna tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>aubra tab 28-day pack</i>	1	
<i>aviane tab 28-day pack</i>	1	
<i>azurette 28-day pack</i>	1	
<i>balziva tab 28-day pack</i>	1	

You can find information 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>blisovi 21 fe tab 1.5/30 28-day pack</i>	1	
<i>briellyn tab 28-day pack</i>	1	
<i>camreselo tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>cryselle tab 28-day pack</i>	1	
<i>cyred tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	1	
<i>eluryng 0.120-0.015mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<i>enskyce tab 28-day pack</i>	1	
<i>estarylla tab 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 0.5-0.1mg 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	1	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	1	
<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25mg-mcg tab 28-day pack</i>	1	
<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35mg-mcg tab 28-day pack</i>	1	
<i>falmina tab 28-day pack</i>	1	
<i>feirza 1.5/30 28-day pack</i>	1	
<i>feirza 1/20 28-day pack</i>	1	
<i>fyavolv 0.0025-0.5mg tab</i>	1	
<i>fyavolv 0.005-1mg tab</i>	1	
<i>haloette 0.120-0.015mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<i>iclevia tab 91-day pack</i>	1	QL=91 EA/91 Days

You can find information 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>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>jinteli 0.005-1mg tab</i>	1	
<i>juleber tab 28-day pack</i>	1	
<i>junel 1.5/30 tab 21-day pack</i>	1	
<i>junel 1/20 tab 21-day pack</i>	1	
<i>junel fe tab 1.5/30 28-day pack</i>	1	
<i>junel fe tab 1/20 28-day pack</i>	1	
<i>kariva tab 28-day pack</i>	1	
<i>kelnor 1mg-35mcg tab 28-day pack</i>	1	
<i>kurvelo tab 28-day pack</i>	1	
<i>larin 1.5/30 tab 21-day pack</i>	1	
<i>larin 1/20 tab 21-day pack</i>	1	
<i>larin fe tab 1.5/30 28-day pack</i>	1	
<i>larin fe tab 1/20 28-day pack</i>	1	
<i>lessina tab 28-day pack</i>	1	
<i>levonest tab 28-day pack</i>	1	
<i>levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	1	
<i>levora 0.15/30 tab 28-day pack</i>	1	
<i>lo jaimiess tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>loryna tab 28-day pack</i>	1	
<i>low-ogestrel tab 28-day pack</i>	1	
<i>lutra tab 28-day pack</i>	1	
<i>marlissa tab 28-day pack</i>	1	
<i>microgestin 1.5/30 tab 21-day pack</i>	1	
<i>microgestin 1/20 tab 21-day pack</i>	1	
<i>microgestin fe tab 1.5/30 28-day pack</i>	1	
<i>microgestin fe tab 1/20 28-day pack</i>	1	
<i>mili tab 28-day pack</i>	1	
<i>mimvey 28-day pack</i>	1	
<i>necon 0.5/35 tab 28-day pack</i>	1	
<i>nikki tab 28-day pack</i>	1	
<i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i>	1	QL=3 EA/28 Days
<i>nortrel 0.5/35 tab 28-day pack</i>	1	
<i>nortrel 1/35 tab 21-day pack</i>	1	
<i>nortrel 1/35 tab 28-day pack</i>	1	
<i>nortrel 7/7/7 tab 28-day pack</i>	1	
<i>nylia 1/35 tab 28-day pack</i>	1	
<i>nylia 7/7/7 tab 28-day pack</i>	1	
<i>ocella tab 28-day pack</i>	1	
<i>pimtrex 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>portia tab 28-day pack</i>	1	
PREMPHASE 28-DAY PACK	1	
PREMPRO 0.3/1.5MG 28-DAY PACK	1	
PREMPRO 0.45/1.5MG 28-DAY PACK	1	
PREMPRO 0.625/2.5MG 28-DAY PACK	1	
PREMPRO 0.625/5MG 28-DAY PACK	1	
<i>reclipsen tab 28-day pack</i>	1	
<i>setlakin tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>sprintec tab 28-day pack</i>	1	
<i>sronyx tab 28-day pack</i>	1	
<i>syeda tab 28-day pack</i>	1	
<i>tarina fe tab 1/20 28-day pack</i>	1	
<i>tri-estarylla tab 28-day pack</i>	1	
<i>tri-lo- estarylla tab 28-day pack</i>	1	
<i>tri-lo-sprintec tab 28-day pack</i>	1	
<i>tri-mili tab 28-day pack</i>	1	
<i>tri-sprintec tab 28-day pack</i>	1	
<i>tri-vylibra lo tab 28-day pack</i>	1	
<i>tri-vylibra tab 28-day pack</i>	1	
<i>turqoz tab 28-day pack</i>	1	
<i>valtya tab 1/50 28-day pack</i>	1	
VELIVET TAB 28-DAY PACK	1	
<i>vestura tab 3-0.02mg 28-day pack</i>	1	
<i>vienva tab 28-day pack</i>	1	
<i>vyfemla tab 28-day pack</i>	1	
<i>vylibra tab 28-day pack</i>	1	
<i>xulane 150-35mcg/24hr patch</i>	1	QL=3 EA/28 Days
<i>zafemy 150-35mcg/24hr patch</i>	1	QL=3 EA/28 Days
<i>zovia 1mg-35mcg tab 28-day pack</i>	1	
ESTROGENS		
<i>dotti 0.025mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.0375mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.05mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.075mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.1mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.0025mg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.01mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.01mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.025mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.025mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.0375mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.0375mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.05mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.05mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.075mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol 0.075mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.5mg tab</i>	1	
<i>estradiol 1mg tab</i>	1	
<i>estradiol 2mg tab</i>	1	
<i>estradiol valerate 10mg/ml inj</i>	1	
<i>estradiol valerate 20mg/ml inj</i>	1	
<i>estradiol valerate 40mg/ml inj</i>	1	
PREMARIN 0.3MG TAB	1	
PREMARIN 0.45MG TAB	1	
PREMARIN 0.625MG TAB	1	
PREMARIN 0.9MG TAB	1	
PREMARIN 1.25MG TAB	1	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ciprofloxacin 250mg tab</i>	1	
CIPROFLOXACIN 2MG/ML INJ	1	
<i>ciprofloxacin 500mg tab</i>	1	
<i>ciprofloxacin 750mg tab</i>	1	
<i>levofloxacin 250mg tab</i>	1	
<i>levofloxacin 25mg/ml oral soln</i>	1	
<i>levofloxacin 500mg tab</i>	1	
<i>levofloxacin 500mg/100ml inj</i>	1	
<i>levofloxacin 750mg tab</i>	1	
<i>levofloxacin 750mg/150ml inj</i>	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
<i>moxifloxacin 400mg tab</i>	1	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
CREON 120000-24000-76000UNIT DR CAP	1	
CREON 15000-3000-9500UNIT DR CAP	1	
CREON 180000-36000-114000UNIT DR CAP	1	
CREON 30000-6000-19000UNIT DR CAP	1	
CREON 60000-12000-38000UNIT DR CAP	1	
<i>cromolyn sodium 20mg/ml oral soln</i>	1	
<i>enulose 10gm/15ml oral soln</i>	1	
<i>generlac 10gm/15ml oral soln</i>	1	
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 1mg/ml oral soln</i>	1	
<i>metoclopramide 5mg tab</i>	1	
REZDIFFRA 100MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 60MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 80MG TAB	1	NDS PA QL=30 EA/30 Days
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 300mg cap</i>	1	
<i>ursodiol 500mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOWST 30000000UNIT CAP	1	PA QL=12 EA/90 Days
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
<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
<i>mesalamine 400mg dr cap</i>	1	QL=180 EA/30 Days
<i>mesalamine 66.7mg/ml enema</i>	1	QL=1800 ML/30 Days
SKYRIZI 180MG/1.2ML CARTRIDGE	1	PA QL=1.20 ML/56 Days
SKYRIZI 360MG/2.4ML CARTRIDGE	1	PA QL=2.40 ML/56 Days
<i>sulfasalazine 500mg dr tab</i>	1	
<i>sulfasalazine 500mg tab</i>	1	
TREMFYA 200MG/2ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	1	NDS PA QL=4 ML/28 Days
TREMFYA 200MG/2ML SYRINGE	1	NDS PA QL=2 ML/28 Days
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride 10mg tab</i>	1	
<i>bethanechol chloride 25mg tab</i>	1	
<i>bethanechol chloride 50mg tab</i>	1	
<i>bethanechol chloride 5mg tab</i>	1	
<i>fesoterodine fumarate 4mg er tab</i>	1	QL=30 EA/30 Days
<i>fesoterodine fumarate 8mg er tab</i>	1	QL=30 EA/30 Days
GEMTESA 75MG TAB	1	QL=30 EA/30 Days
MYRBETRIQ 25MG ER TAB	1	QL=30 EA/30 Days
MYRBETRIQ 50MG ER TAB	1	QL=30 EA/30 Days
<i>oxybutynin chloride 10mg er tab</i>	1	
<i>oxybutynin chloride 15mg er tab</i>	1	
<i>oxybutynin chloride 1mg/ml oral soln</i>	1	QL=600 ML/30 Days
<i>oxybutynin chloride 5mg er tab</i>	1	
<i>oxybutynin chloride 5mg tab</i>	1	
<i>solifenacin succinate 10mg tab</i>	1	
<i>solifenacin succinate 5mg tab</i>	1	
<i>tolterodine tartrate 1mg tab</i>	1	QL=60 EA/30 Days
<i>tolterodine tartrate 2mg er cap</i>	1	QL=30 EA/30 Days
<i>tolterodine tartrate 2mg tab</i>	1	QL=60 EA/30 Days
<i>tolterodine tartrate 4mg er cap</i>	1	QL=30 EA/30 Days
<i>tropium chloride 20mg tab</i>	1	QL=60 EA/30 Days
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	QL=30 EA/30 Days
<i>finasteride 5mg tab</i>	1	
<i>silodosin 4mg cap</i>	1	QL=30 EA/30 Days

You can find information 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>silodosin 8mg cap</i>	1	QL=30 EA/30 Days
<i>tadalafil 2.5mg tab</i>	1	PA QL=30 EA/30 Days
<i>tadalafil 5mg tab</i>	1	PA QL=30 EA/30 Days
<i>tamsulosin 0.4mg cap</i>	1	
GENITOURINARY AGENTS, OTHER		
CYSTAGON 150MG CAP	1	
CYSTAGON 50MG CAP	1	
<i>potassium citrate 10meq er tab</i>	1	
<i>potassium citrate 15meq er tab</i>	1	
<i>potassium citrate 5meq er tab</i>	1	
<i>sodium chloride 0.9% irrigation soln</i>	1	
GOUT AGENTS		
GOUT AGENTS		
<i>allopurinol 100mg tab</i>	1	
<i>allopurinol 300mg tab</i>	1	
<i>colchicine 0.6mg tab</i>	1	
<i>colchicine/probenecid 0.5-500mg tab</i>	1	
<i>febuxostat 40mg tab</i>	1	ST QL=30 EA/30 Days
<i>febuxostat 80mg tab</i>	1	ST QL=30 EA/30 Days
<i>probenecid 500mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide 0.5mg cap</i>	1	
<i>anagrelide 1mg cap</i>	1	
<i>aspirin/dipyridamole 25-200mg er cap</i>	1	QL=60 EA/30 Days
<i>cilostazol 100mg tab</i>	1	
<i>cilostazol 50mg tab</i>	1	
<i>clopidogrel 75mg tab</i>	1	
<i>dipyridamole 25mg tab</i>	1	
<i>dipyridamole 50mg tab</i>	1	
<i>dipyridamole 75mg tab</i>	1	
<i>prasugrel 10mg tab</i>	1	QL=30 EA/30 Days
<i>prasugrel 5mg tab</i>	1	QL=30 EA/30 Days
<i>ticagrelor 60mg tab</i>	1	QL=60 EA/30 Days
<i>ticagrelor 90mg tab</i>	1	QL=60 EA/30 Days
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET 20MG TAB	1	NDS PA QL=60 EA/30 Days
DOPTELET TAB 40MG DAILY DOSE PACK (10)	1	NDS PA QL=10 EA/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK (15)	1	NDS PA QL=15 EA/5 Days
<i>eltrombopag 12.5mg powder for oral susp</i>	1	NDS PA QL=90 EA/30 Days
<i>eltrombopag 12.5mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag 25mg powder for oral susp</i>	1	NDS PA QL=180 EA/30 Days
<i>eltrombopag 25mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag 50mg tab</i>	1	NDS PA QL=60 EA/30 Days

You can find information 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>eltrombopag 75mg tab</i>	1	NDS PA QL=60 EA/30 Days
FULPHILA 6MG/0.6ML SYRINGE	1	NDS
NIVESTYM 300MCG/0.5ML SYRINGE	1	NDS
NIVESTYM 300MCG/ML INJ	1	NDS
NIVESTYM 480MCG/0.8ML SYRINGE	1	NDS
NIVESTYM 480MCG/1.6ML INJ	1	NDS
NYVEPRIA 6MG/0.6ML SYRINGE	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
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650mg tab</i>	1	QL=30 EA/5 Days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>budesonide 3mg dr cap</i>	1	QL=90 EA/30 Days
<i>budesonide 9mg er tab</i>	1	PA QL=30 EA/30 Days
DEXAMETHASONE 0.1MG/ML ORAL SOLN	1	
<i>dexamethasone 0.5mg tab</i>	1	
<i>dexamethasone 0.75mg tab</i>	1	
<i>dexamethasone 1.5mg tab</i>	1	
<i>dexamethasone 1mg tab</i>	1	
<i>dexamethasone 2mg tab</i>	1	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>fludrocortisone acetate 0.1mg tab</i>	1	
<i>hydrocortisone 10mg tab</i>	1	
<i>hydrocortisone 20mg tab</i>	1	
<i>hydrocortisone 5mg tab</i>	1	
<i>methylprednisolone 16mg tab</i>	1	PA_BvD
<i>methylprednisolone 32mg tab</i>	1	PA_BvD
<i>methylprednisolone 4mg tab</i>	1	PA_BvD
<i>methylprednisolone 4mg tab pack (21)</i>	1	
<i>methylprednisolone 8mg tab</i>	1	PA_BvD
<i>prednisolone 1mg/ml oral soln</i>	1	PA_BvD
<i>prednisolone 3mg/ml oral soln</i>	1	PA_BvD
<i>prednisolone 5mg/ml oral soln</i>	1	PA_BvD
<i>prednisone 10mg tab</i>	1	PA_BvD
<i>prednisone 10mg tab (21)</i>	1	
<i>prednisone 10mg tab pack (48)</i>	1	
<i>prednisone 1mg tab</i>	1	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone 1mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 2mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 3mg tab</i>	1	QL=30 EA/30 Days
<i>ramelteon 8mg tab</i>	1	QL=30 EA/30 Days
<i>temazepam 15mg cap</i>	1	QL=30 EA/30 Days
<i>temazepam 30mg cap</i>	1	QL=30 EA/30 Days
<i>zaleplon 10mg cap</i>	1	QL=30 EA/30 Days
<i>zaleplon 5mg cap</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 10mg tab</i>	1	PA QL=30 EA/30 Days
<i>zolpidem tartrate 12.5mg er tab</i>	1	PA QL=30 EA/30 Days
<i>zolpidem tartrate 5mg tab</i>	1	PA QL=60 EA/30 Days
<i>zolpidem tartrate 6.25mg er tab</i>	1	PA QL=30 EA/30 Days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
HAEGARDA 2000UNIT INJ	1	NDS PA QL=30 EA/30 Days
HAEGARDA 3000UNIT INJ	1	NDS PA QL=20 EA/30 Days
<i>icatibant 30mg/3ml syringe</i>	1	NDS PA QL=27 ML/30 Days
IMMUNIZING AGENTS, PASSIVE		
GAMMAGARD 10GM INJ	1	NDS PA
GAMMAGARD 2.5GM/25ML INJ	1	NDS PA
GAMMAGARD 5GM INJ	1	NDS PA
GAMUNEX 1GM/10ML INJ	1	NDS PA
PRIVIGEN 20GM/200ML INJ	1	NDS PA
VACCINES		
ABRYSVO 120MCG/0.5ML INJ	1	QL=1 EA/365 DaysVAC
ACTHIB INJ	1	
ADACEL INJ	1	VAC
ADACEL SYRINGE	1	VAC
AREXVY 120MCG/0.5ML INJ	1	QL=1 EA/999 DaysVAC
BCG LIVE TICE STRAIN 50MG INJ	1	VAC
BEXSERO SYRINGE	1	VAC
BOOSTRIX INJ	1	VAC
BOOSTRIX SYRINGE	1	VAC
DAPTACEL INJ	1	
ENGERIX-B 10MCG/0.5ML SYRINGE	1	PA_BvD VAC
ENGERIX-B 20MCG/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
ENGERIX-B 20MCG/ML SYRINGE	1	PA_BvD VAC
GARDASIL 9 INJ	1	VAC
GARDASIL 9 SYRINGE	1	VAC
HAVRIX 1440ELU/ML SYRINGE	1	VAC
HAVRIX 720ELU/0.5ML SYRINGE	1	
HEPLISAV-B 20MCG/0.5ML SYRINGE	1	PA_BvD VAC
HIBERIX 10MCG INJ	1	
IMOVAX 2.5UNIT/ML INJ	1	PA_BvD VAC
INFANRIX SYRINGE	1	
IPOL INJ	1	VAC
IXIARO 0.006MG/0.5ML SYRINGE	1	VAC
JYNNEOS 0.5ML INJ	1	PA_BvD VAC
KINRIX SYRINGE	1	
M-M-R II INJ	1	VAC
MENQUADFI INJ	1	VAC
MENVEO INJ	1	VAC
MRESVIA 50MCG/0.5ML SYRINGE	1	QL=.50 ML/999 DaysVAC
PEDIARIX SYRINGE	1	
PEDVAXHIB 7.5MCG/0.5ML INJ	1	
PENBRAYA INJ	1	VAC
PENMENVY INJ	1	VAC
PENTACEL 96-30-68UNIT/ML INJ	1	
PRIORIX INJ	1	VAC
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL SYRINGE	1	
RABAVERT 2.5UNIT/ML INJ	1	PA_BvD VAC
RECOMBIVAX 10MCG/ML INJ	1	PA_BvD VAC
RECOMBIVAX 10MCG/ML SYRINGE	1	PA_BvD VAC
RECOMBIVAX 40MCG/ML INJ	1	PA_BvD VAC
RECOMBIVAX 5MCG/0.5ML INJ	1	PA_BvD VAC
RECOMBIVAX 5MCG/0.5ML SYRINGE	1	PA_BvD VAC
ROTARIX 667000UNIT/ML ORAL SUSP	1	
ROTATEQ ORAL SUSP	1	
SHINGRIX 50MCG/0.5ML INJ	1	QL=2 EA/999 DaysVAC
TENIVAC 4-10UNIT/ML INJ	1	PA_BvD VAC
TENIVAC 4-10UNIT/ML SYRINGE	1	PA_BvD VAC
TICOVAC 1.2MCG/0.25ML SYRINGE	1	
TICOVAC 2.4MCG/0.5ML SYRINGE	1	VAC
TRUMENBA SYRINGE	1	VAC
TWINRIX SYRINGE	1	VAC
TYPHIM VI 25MCG/0.5ML INJ	1	VAC
TYPHIM VI 25MCG/0.5ML SYRINGE	1	VAC
VAQTA 25UNIT/0.5ML INJ	1	
VAQTA 25UNIT/0.5ML SYRINGE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAQTA 50UNIT/ML INJ	1	VAC
VAQTA 50UNIT/ML SYRINGE	1	VAC
VARIVAX 1350PFU/0.5ML INJ	1	VAC
VAXCHORA ORAL SUSP	1	VAC
VIMKUNYA 40MCG/0.8ML SYRINGE	1	VAC
VIVOTIF DR CAP	1	VAC
YF-VAX INJ	1	VAC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C POWDER FOR ORAL SOLN	1	
<i>gavilyte-g powder for oral soln</i>	1	
<i>gavilyte-n powder for oral soln</i>	1	
<i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	1	
<i>peg 3350/electrolyte powder for oral soln</i>	1	
<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i>	1	
SUFLAVE ORAL SOLN PACK	1	
SUTAB 225-188-1479MG TAB	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10gm/15ml oral soln</i>	1	
<i>lactulose 667mg/ml oral soln</i>	1	
LINZESS 145MCG CAP	1	QL=30 EA/30 Days
LINZESS 290MCG CAP	1	QL=30 EA/30 Days
LINZESS 72MCG CAP	1	QL=30 EA/30 Days
<i>lubiprostone 24mcg cap</i>	1	QL=60 EA/30 Days
<i>lubiprostone 8mcg cap</i>	1	QL=60 EA/30 Days
MOVANTIK 12.5MG TAB	1	PA QL=30 EA/30 Days
MOVANTIK 25MG TAB	1	PA QL=30 EA/30 Days
TRULANCE 3MG TAB	1	QL=30 EA/30 Days
MEDICAL DEVICES AND SUPPLIES		
PARENTERAL THERAPY SUPPLIES		
ALCOHOL SWAB 1X1 (DIABETIC)	1	
GAUZE PAD (2 X 2)	1	
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE	1	
INSULIN SYRINGE (DISP) U-100 0.3ML	1	
INSULIN SYRINGE (DISP) U-100 1/2ML	1	
INSULIN SYRINGE (DISP) U-100 1ML	1	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AIMOVIG 140MG/ML AUTO-INJECTOR	1	PA QL=1 ML/30 Days
AIMOVIG 70MG/ML AUTO-INJECTOR	1	PA QL=1 ML/30 Days
<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	1	PA QL=16 ML/30 Days
EMGALITY 100MG/ML SYRINGE	1	PA QL=3 ML/30 Days
EMGALITY 120MG/ML AUTO-INJECTOR	1	PA QL=2 ML/30 Days
EMGALITY 120MG/ML SYRINGE	1	PA QL=2 ML/30 Days
UBRELVY 100MG TAB	1	PA QL=16 EA/30 Days
UBRELVY 50MG TAB	1	PA QL=16 EA/30 Days
ZAVZPRET 10MG/ACT NASAL SPRAY	1	PA QL=6 EA/30 Days
SEROTONIN AGONISTS		
<i>naratriptan 1mg tab</i>	1	QL=18 EA/30 Days
<i>naratriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
<i>rizatriptan 10mg odt</i>	1	QL=36 EA/60 Days
<i>rizatriptan 10mg tab</i>	1	QL=36 EA/60 Days
<i>rizatriptan 5mg odt</i>	1	QL=36 EA/60 Days
<i>rizatriptan 5mg tab</i>	1	QL=36 EA/60 Days
<i>sumatriptan 100mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 20mg/act nasal spray</i>	1	QL=12 EA/30 Days
<i>sumatriptan 25mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 4mg/0.5ml cartridge</i>	1	QL=5 ML/30 Days
<i>sumatriptan 50mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 5mg/act nasal spray</i>	1	QL=12 EA/30 Days
<i>sumatriptan 6mg/0.5ml auto-injector</i>	1	QL=5 ML/30 Days
<i>sumatriptan 6mg/0.5ml cartridge</i>	1	QL=5 ML/30 Days
<i>sumatriptan 6mg/0.5ml inj</i>	1	QL=5 ML/30 Days
<i>zolmitriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
<i>zolmitriptan 5mg tab</i>	1	QL=18 EA/30 Days
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>deferasirox 180mg tab</i>	1	PA
<i>deferasirox 360mg tab</i>	1	PA
<i>deferasirox 90mg tab</i>	1	PA
<i>penicillamine 250mg tab</i>	1	NDS
<i>trientine 250mg cap</i>	1	PA QL=240 EA/30 Days
IMMUNOMODULATORS		
<i>lenalidomide 10mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 15mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 2.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 20mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 25mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>lenalidomide 5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
REZUROCK 200MG TAB	1	NDS PA QL=30 EA/30 Days
THALOMID 100MG CAP	1	NDS QL=120 EA/30 Days
THALOMID 50MG CAP	1	NDS QL=240 EA/30 Days
IMMUNOSUPPRESSIVE AGENTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARCALYST 220MG INJ	1	NDS PA
<i>azathioprine 50mg tab</i>	1	PA_BvD
BENLYSTA 200MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
BENLYSTA 200MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
<i>cyclosporine 100mg cap</i>	1	PA_BvD
<i>cyclosporine 25mg cap</i>	1	PA_BvD
<i>cyclosporine modified 100mg cap</i>	1	PA_BvD
<i>cyclosporine modified 100mg/ml oral soln</i>	1	PA_BvD
<i>cyclosporine modified 25mg cap</i>	1	PA_BvD
<i>cyclosporine modified 50mg cap</i>	1	PA_BvD
ENVARUSUS XR 0.75MG TAB	1	PA_BvD
ENVARUSUS XR 1MG TAB	1	PA_BvD
ENVARUSUS XR 4MG TAB	1	PA_BvD
<i>everolimus 0.25mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>everolimus 0.5mg tab</i>	1	PA_BvD QL=120 EA/30 Days
<i>everolimus 0.75mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>everolimus 1mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>mycophenolate mofetil 200mg/ml oral susp</i>	1	PA_BvD
<i>mycophenolate mofetil 250mg cap</i>	1	PA_BvD
<i>mycophenolate mofetil 500mg tab</i>	1	PA_BvD
<i>mycophenolic acid 180mg dr tab</i>	1	PA_BvD
<i>mycophenolic acid 360mg dr tab</i>	1	PA_BvD
ORENCIA 125MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
ORENCIA 125MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
ORENCIA 50MG/0.4ML SYRINGE	1	NDS PA QL=1.60 ML/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	1	NDS PA QL=2.80 ML/28 Days
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	1	PA_BvD
PROGRAF 1MG GRANULES FOR ORAL SUSP	1	PA_BvD
<i>sirolimus 0.5mg tab</i>	1	PA_BvD
<i>sirolimus 1mg tab</i>	1	PA_BvD
<i>sirolimus 1mg/ml oral soln</i>	1	PA_BvD
<i>sirolimus 2mg tab</i>	1	PA_BvD
<i>tacrolimus 0.5mg cap</i>	1	PA_BvD
<i>tacrolimus 1mg cap</i>	1	PA_BvD
<i>tacrolimus 5mg cap</i>	1	PA_BvD
TYENNE 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
TYENNE 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 ML/28 Days
POTASSIUM REMOVING AGENTS		
<i>kionex 15gm/60ml oral susp</i>	1	
LOKELMA 10GM POWDER FOR ORAL SUSP	1	PA QL=90 EA/30 Days
LOKELMA 5GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	1	
<i>sps 15gm/60ml oral susp</i>	1	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VELTASSA 1GM POWDER FOR ORAL SUSP	1	PA QL=120 EA/30 Days
VELTASSA 25.2GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
VELTASSA 8.4GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	1	QL=60 ML/30 Days
<i>flunisolide 25% (25mcg/act) nasal inhaler</i>	1	QL=50 ML/30 Days
<i>fluticasone propionate 50mcg/act nasal inhaler</i>	1	QL=32 GM/30 Days
<i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i>	1	QL=30 ML/30 Days
<i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i>	1	QL=45 ML/30 Days
<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	1	QL=30.50 GM/30 Days
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
CLINIMIX 4.25/10 INJ	1	PA_BvD
CLINIMIX 4.25/5 INJ	1	PA_BvD
CLINIMIX 5/15 INJ	1	PA_BvD
CLINIMIX 5/20 INJ	1	PA_BvD
<i>clinisol 15% inj</i>	1	PA_BvD
DEXTROSE 10% INJ	1	PA_BvD
DOJOLVI 100% ORAL SOLN	1	NDS PA
<i>electrolyte-148 inj</i>	1	
GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	1	PA_BvD
GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	PA_BvD
<i>glucose 50mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.01meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.03meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 9mg/ml inj</i>	1	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 2MG/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
GLUCOSE 50MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	
<i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>	1	
GLUCOSE/SODIUM CHLORIDE 25MG/ML-4.5MG/ML INJ	1	
INTRALIPID 20GM/100ML INJ	1	PA_BvD
INTRALIPID 30GM/100ML INJ	1	PA_BvD
KCL/D5W/LR INJ 0.15%	1	
<i>kcl/nacl 20meq-0.45% inj</i>	1	
<i>kcl/nacl 20meq-0.9% inj</i>	1	
<i>kcl/nacl 40meq-9% inj</i>	1	
<i>klor-con 10meq er tab</i>	1	
<i>klor-con 10meq micro er tab</i>	1	
<i>klor-con 15meq micro er tab</i>	1	
<i>klor-con 20meq micro er tab</i>	1	
<i>klor-con 20meq powder for oral soln</i>	1	
KLOR-CON 8MEQ ER TAB	1	
<i>magnesium sulfate 500mg/ml inj</i>	1	
<i>magnesium sulfate 500mg/ml syringe</i>	1	
NUTRILIPID 20GM/100ML INJ	1	PA_BvD
<i>plenamine 15% inj</i>	1	PA_BvD
<i>potassium chloride 1.33meq/ml oral soln</i>	1	
<i>potassium chloride 10meq er cap</i>	1	
<i>potassium chloride 10meq er tab</i>	1	
<i>potassium chloride 10meq micro er tab</i>	1	
POTASSIUM CHLORIDE 10MEQ/100ML INJ	1	
POTASSIUM CHLORIDE 15MEQ ER TAB	1	
<i>potassium chloride 15meq micro er tab</i>	1	
<i>potassium chloride 2.67meq/ml oral soln</i>	1	
<i>potassium chloride 20meq er tab</i>	1	
<i>potassium chloride 20meq micro er tab</i>	1	
<i>potassium chloride 20meq powder for oral soln</i>	1	
POTASSIUM CHLORIDE 20MEQ/100ML INJ	1	
<i>potassium chloride 2meq/ml (20ml) inj</i>	1	
<i>potassium chloride 2meq/ml inj</i>	1	
POTASSIUM CHLORIDE 40MEQ/100ML INJ	1	
<i>potassium chloride 8meq er cap</i>	1	
<i>potassium chloride 8meq er tab</i>	1	
PROSOL 20% INJ	1	PA_BvD
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride 0.9% inj</i>	1	
<i>sodium chloride 3% inj</i>	1	
<i>sodium chloride 50mg/ml inj</i>	1	
TPN ELECTROLYTES INJ	1	PA_BvD
TRAVASOL 10% INJ	1	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate/timolol 0.2-0.5% ophth soln</i>	1	
CARTEOLOL 1% OPHTH SOLN	1	
<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	1	
LEVOBUNOLOL 0.5% OPHTH SOLN	1	
<i>timolol 0.25% ophth gel</i>	1	
<i>timolol 0.25% ophth soln</i>	1	
<i>timolol 0.5% ophth gel</i>	1	
<i>timolol 0.5% ophth soln</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE 0.5% OPHTH SOLN	1	
<i>brimonidine tartrate 0.1% ophth soln</i>	1	
<i>brimonidine tartrate 0.15% ophth soln</i>	1	
<i>brimonidine tartrate 0.2% ophth soln</i>	1	
SIMBRINZA 0.2-1% OPHTH SUSP	1	QL=16 ML/30 Days
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500UNIT/GM OPHTH OINTMENT	1	
<i>bacitracin/polymyxin b 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days
<i>ciprofloxacin 0.3% ophth soln</i>	1	QL=30 ML/30 Days
<i>erythromycin 0.5% ophth ointment</i>	1	QL=7 GM/7 Days
<i>gentamicin 0.3% ophth soln</i>	1	QL=10 ML/7 Days
<i>moxifloxacin 0.5% ophth soln</i>	1	QL=6 ML/7 Days
NATACYN 5% OPHTH SUSP	1	QL=15 ML/7 Days
<i>neo-polycin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
<i>neomycin/bacitracin/polymyxin 5mg-400unit-10000unit ophth ointment</i>	1	QL=7 GM/7 Days
NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	1	QL=10 ML/7 Days
<i>ofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
<i>polycin 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days
<i>polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln</i>	1	QL=10 ML/7 Days
SULFACETAMIDE SODIUM 10% OPHTH SOLN	1	QL=15 ML/7 Days
<i>tobramycin 0.3% ophth soln</i>	1	QL=30 ML/30 Days
TRIFLURIDINE 1% OPHTH SOLN	1	QL=15 ML/7 Days
XDEMVIY 0.25% OPHTH SOLN	1	PA QL=10 ML/42 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.02-0.005% OPHTH SOLN	1	QL=5 ML/30 Days
OPHTHALMIC STEROIDS		
DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone/neomycin/polymyxin b 0.1% ophth ointment</i>	1	
<i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i>	1	
<i>difluprednate 0.05% ophth susp</i>	1	
<i>fluorometholone 0.1% ophth susp</i>	1	
<i>loteprednol etabonate 0.5% ophth gel</i>	1	
<i>loteprednol etabonate 0.5% ophth susp</i>	1	
<i>neo-polycin hc ophth ointment</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone 1% ophth ointment</i>	1	
<i>neomycin/polymyxin/dexamethasone 0.1% ophth susp</i>	1	
PREDNISOLONE 1% OPHTH SOLN	1	
<i>prednisolone acetate 1% ophth susp</i>	1	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN	1	
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	
<i>ketorolac tromethamine 0.4% ophth soln</i>	1	QL=20 ML/365 Days
<i>ketorolac tromethamine 0.5% ophth soln</i>	1	
MIEBO 1.338GM/ML 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	
XIIDRA 5% OPHTH SOLN	1	QL=60 EA/30 Days
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03% ophth soln</i>	1	QL=5 ML/30 Days
<i>latanoprost 0.005% ophth soln</i>	1	QL=5 ML/30 Days
LUMIGAN 0.01% OPHTH SOLN	1	QL=5 ML/30 Days
<i>travoprost 0.004% ophth soln</i>	1	QL=5 ML/30 Days
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2% otic soln</i>	1	
<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	1	QL=7.50 ML/7 Days
<i>fluocinolone acetonide 0.01% otic soln</i>	1	
<i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln</i>	1	
<i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp</i>	1	

You can find information 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>ofloxacin 0.3% otic soln</i>	1	
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125MG CHEW TAB	1	
<i>amoxicillin 250mg cap</i>	1	
AMOXICILLIN 250MG CHEW TAB	1	
<i>amoxicillin 25mg/ml oral susp</i>	1	
<i>amoxicillin 40mg/ml oral susp</i>	1	
<i>amoxicillin 500mg cap</i>	1	
<i>amoxicillin 500mg tab</i>	1	
<i>amoxicillin 50mg/ml oral susp</i>	1	
<i>amoxicillin 80mg/ml oral susp</i>	1	
<i>amoxicillin 875mg tab</i>	1	
<i>ampicillin 1000mg inj</i>	1	
<i>ampicillin 100mg/ml inj</i>	1	
<i>ampicillin 500mg cap</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A 1200000UNIT/2ML SYRINGE	1	
BICILLIN L-A 2400000UNIT/4ML SYRINGE	1	
BICILLIN L-A 600000UNIT/ML SYRINGE	1	
<i>penicillin g potassium 1000000unit/ml inj</i>	1	
PENICILLIN G SODIUM 100000UNIT/ML INJ	1	
<i>penicillin v potassium 250mg tab</i>	1	
PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN	1	
<i>penicillin v potassium 500mg tab</i>	1	
PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin/clavulanate 250-125mg tab</i>	1	
<i>amoxicillin/clavulanate 500-125mg tab</i>	1	
<i>amoxicillin/clavulanate 875-125mg tab</i>	1	
<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	1	
<i>ampicillin/sulbactam 100-50mg/ml inj</i>	1	
<i>ampicillin/sulbactam 1000-500mg inj</i>	1	
<i>ampicillin/sulbactam 2000-1000mg inj</i>	1	
<i>piperacillin/tazobactam 2000-250mg inj</i>	1	
<i>piperacillin/tazobactam 3000-375mg inj</i>	1	
<i>piperacillin/tazobactam 36-4.5gm inj</i>	1	
<i>piperacillin/tazobactam 4000-500mg inj</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250mg cap</i>	1	
<i>dicloxacillin 500mg cap</i>	1	
<i>nafcillin 100mg/ml inj</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nafcillin 1gm inj</i>	1	
<i>nafcillin 2gm inj</i>	1	
<i>oxacillin 100mg/ml inj</i>	1	
<i>oxacillin 1gm inj</i>	1	
<i>oxacillin 2gm inj</i>	1	
PROGESTINS		
PROGESTINS		
<i>camila 0.35mg tab 28-day pack</i>	1	
<i>deblitane 0.35mg tab 28-day pack</i>	1	
DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	1	QL=.65 ML/84 Days
<i>errin 0.35mg tab 28-day pack</i>	1	
<i>gallifrey 5mg tab</i>	1	
<i>heather 0.35mg 28-day pack</i>	1	
<i>incassia 0.35mg tab 28-day pack</i>	1	
LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	1	
<i>lyleq 0.35mg tab 28-day pack</i>	1	
<i>lyza 0.35mg tab 28-day pack</i>	1	
<i>medroxyprogesterone acetate 10mg tab</i>	1	
<i>medroxyprogesterone acetate 150mg/ml inj</i>	1	QL=1 ML/90 Days
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	1	QL=1 ML/90 Days
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
MEGESTROL ACETATE 125MG/ML ORAL SUSP	1	PA
<i>meleya 0.35mg tab 28-day pack</i>	1	
NEXPLANON 68MG IMPLANT	1	
<i>nora-be 0.35mg tab 28-day pack</i>	1	
<i>norethindrone 0.35mg 28-day pack</i>	1	
<i>norethindrone acetate 5mg tab</i>	1	
<i>orquidea 0.35mg tab 28-day pack</i>	1	
<i>progesterone 100mg cap</i>	1	
<i>progesterone 200mg cap</i>	1	
<i>sharobel 0.35mg tab 28-day pack</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium 333mg dr tab</i>	1	
<i>disulfiram 250mg tab</i>	1	
ANTIDEMENTIA AGENTS		
<i>donepezil 10mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 10mg tab</i>	1	
<i>donepezil 23mg tab</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg tab</i>	1	
<i>galantamine 12mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 4mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 8mg tab</i>	1	QL=60 EA/30 Days

You can find information 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>galantamine hydrobromide 16mg er cap</i>	1	QL=30 EA/30 Days
<i>galantamine hydrobromide 24mg er cap</i>	1	QL=30 EA/30 Days
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	1	QL=200 ML/30 Days
<i>galantamine hydrobromide 8mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 10mg tab</i>	1	
<i>memantine 14mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 21mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 28mg er cap</i>	1	QL=30 EA/30 Days
<i>memantine 2mg/ml oral soln</i>	1	QL=300 ML/30 Days
<i>memantine 5mg tab</i>	1	
<i>memantine 7mg er cap</i>	1	QL=30 EA/30 Days
<i>rivastigmine 1.5mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 13.3mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 3mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 4.5mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 4.6mg/24hr patch</i>	1	QL=30 EA/30 Days
<i>rivastigmine 6mg cap</i>	1	QL=60 EA/30 Days
<i>rivastigmine 9.5mg/24hr patch</i>	1	QL=30 EA/30 Days
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 30MG ER TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO 36MG ER TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO 42MG ER TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO 48MG ER TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO 6MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 9MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO XR 12MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 18MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 24MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 6MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATIO PACK (28)	1	NDS PA QL=28 EA/28 Days
INGREZZA 40MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 40MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 60MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 60MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 80MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 80MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA CAP THERAPY PACK (28)	1	NDS PA QL=28 EA/28 Days
<i>tetrabenazine 12.5mg tab</i>	1	QL=90 EA/30 Days
<i>tetrabenazine 25mg tab</i>	1	QL=120 EA/30 Days
MULTIPLE SCLEROSIS AGENTS		
AVONEX 30MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 EA/28 Days
AVONEX 30MCG/0.5ML SYRINGE	1	NDS QL=1 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETASERON 0.3MG INJ	1	NDS QL=14 EA/28 Days
<i>dalfampridine 10mg er tab</i>	1	QL=60 EA/30 Days
<i>dimethyl fumarate 120mg dr cap</i>	1	QL=14 EA/7 Days
<i>dimethyl fumarate 120mg/240mg cap starter pack (60)</i>	1	QL=60 EA/180 Days
<i>dimethyl fumarate 240mg dr cap</i>	1	QL=60 EA/30 Days
<i>fingolimod 0.5mg cap</i>	1	QL=30 EA/30 Days
<i>glatiramer acetate 20mg/ml syringe</i>	1	QL=30 ML/30 Days
<i>glatiramer acetate 40mg/ml syringe</i>	1	QL=12 ML/28 Days
<i>glatopa 20mg/ml syringe</i>	1	QL=30 ML/30 Days
<i>glatopa 40mg/ml syringe</i>	1	QL=12 ML/28 Days
KESIMPTA 20MG/0.4ML PEN INJ	1	NDS QL=1.20 ML/28 Days
MAYZENT 0.25MG TAB	1	NDS QL=112 EA/28 Days
MAYZENT 1MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT 2MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT TAB STARTER PACK (12)	1	NDS QL=12 EA/28 Days
MAYZENT TAB STARTER PACK (7)	1	QL=7 EA/28 Days
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 ML/28 Days
PLEGRIDY 125MCG/0.5ML SYRINGE	1	NDS QL=1 ML/28 Days
<i>teriflunomide 14mg tab</i>	1	QL=30 EA/30 Days
<i>teriflunomide 7mg tab</i>	1	QL=30 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
NUDEXTA 20-10MG CAP	1	PA QL=60 EA/30 Days
PIMOZIDE 1MG TAB	1	
PIMOZIDE 2MG TAB	1	
SMOKING DETERRENTS		
<i>bupropion 150mg sr (12hr) tab</i>	1	
NICOTROL 10MG/ML NASAL INHALER	1	
<i>varenicline 0.5mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline 0.5mg/1mg first month pack (53)</i>	1	QL=53 EA/28 Days
<i>varenicline 1mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline 1mg tab pack (56)</i>	1	QL=56 EA/28 Days
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
<i>cyproheptadine 0.4mg/ml oral soln</i>	1	
<i>cyproheptadine 4mg tab</i>	1	
<i>desloratadine 5mg tab</i>	1	
<i>levocetirizine 5mg tab</i>	1	
<i>promethazine 1.25mg/ml oral soln</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg tab</i>	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1MG TAB	1	NDS PA QL=90 EA/30 Days

You can find information 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 2.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2MG TAB	1	NDS PA QL=90 EA/30 Days
<i>alyq 20mg tab</i>	1	PA QL=60 EA/30 Days
<i>ambrisentan 10mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>ambrisentan 5mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>bosentan 125mg tab</i>	1	NDS PA QL=60 EA/30 Days
<i>bosentan 62.5mg tab</i>	1	NDS PA QL=60 EA/30 Days
OPSUMIT 10MG TAB	1	NDS PA QL=30 EA/30 Days
<i>sildenafil 20mg tab</i>	1	PA QL=360 EA/30 Days
<i>tadalafil 20mg tab</i>	1	PA QL=60 EA/30 Days
WINREVAIR 45MG INJ	1	NDS PA QL=1 EA/21 Days
WINREVAIR 45MG INJ (2 VIAL PACK)	1	NDS PA QL=1 EA/21 Days
WINREVAIR 60MG INJ	1	NDS PA QL=1 EA/21 Days
WINREVAIR 60MG INJ (2 VIAL PACK)	1	NDS PA QL=1 EA/21 Days
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 100mg/ml inh soln</i>	1	PA_BvD
<i>acetylcysteine 200mg/ml inh soln</i>	1	PA_BvD
ALYFTREK 10-50-125MG TAB	1	NDS PA QL=56 EA/28 Days
ALYFTREK 4-20-50MG TAB	1	NDS PA QL=84 EA/28 Days
CAYSTON 75MG/ML INH SOLN	1	PA QL=84 ML/56 Days
KALYDECO 13.4MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 150MG TAB	1	NDS PA QL=60 EA/30 Days
KALYDECO 25MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 5.8MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 50MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 75MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
OFEV 100MG CAP	1	NDS PA QL=60 EA/30 Days
OFEV 150MG CAP	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
ORKAMBI 125-100MG TAB	1	NDS PA QL=112 EA/28 Days
ORKAMBI 125-200MG TAB	1	NDS PA QL=112 EA/28 Days
ORKAMBI 188-150MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
ORKAMBI 94-75MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
<i>pirfenidone 267mg cap</i>	1	PA QL=270 EA/30 Days
<i>pirfenidone 267mg tab</i>	1	PA QL=270 EA/30 Days
<i>pirfenidone 801mg tab</i>	1	PA QL=90 EA/30 Days
PROLASTIN 1000MG INJ	1	NDS PA
PULMOZYME 1MG/ML INH SOLN	1	NDS PA_BvD QL=150 ML/30 Days
<i>roflumilast 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>roflumilast 250mcg tab</i>	1	QL=28 EA/365 Days
SYMDEKO TAB 4-WEEK PACK (56)	1	NDS PA QL=56 EA/28 Days
SYMDEKO TAB 50-75MG/75MG PACK (56)	1	NDS PA QL=56 EA/28 Days
THEOPHYLLINE 100MG ER TAB	1	
THEOPHYLLINE 200MG ER TAB	1	
<i>theophylline 300mg er tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline 400mg er tab</i>	1	
<i>theophylline 450mg er tab</i>	1	
<i>theophylline 600mg er tab</i>	1	
TRIKAFTA 100-50-75MG/150MG TAB PACK (84)	1	NDS PA QL=84 EA/28 Days
TRIKAFTA 100-50-75MG/75MG ORAL GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
TRIKAFTA 50-37.5-25MG/75MG TAB PACK (84)	1	NDS PA QL=84 EA/28 Days
TRIKAFTA 80-40-60MG/59.5MG ORAL GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 6GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 9GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28)	1	NDS PA QL=28 EA/28 Days
SODIUM OXYBATE 500MG/ML ORAL SOLN	1	NDS PA QL=540 ML/30 Days
SUNOSI 150MG TAB	1	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	1	PA QL=30 EA/30 Days
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine 500mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	1	
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>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>minocycline 100mg cap</i>	1	
<i>minocycline 50mg cap</i>	1	
<i>minocycline 75mg cap</i>	1	
<i>tetracycline 250mg 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>tetracycline 500mg cap</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	
<i>propylthiouracil 50mg tab</i>	1	
THYROID HORMONES		
<i>levothyroxine sodium 100mcg tab</i>	1	
<i>levothyroxine sodium 112mcg tab</i>	1	
<i>levothyroxine sodium 125mcg tab</i>	1	
<i>levothyroxine sodium 137mcg tab</i>	1	
<i>levothyroxine sodium 150mcg tab</i>	1	
<i>levothyroxine sodium 175mcg tab</i>	1	
<i>levothyroxine sodium 200mcg tab</i>	1	
<i>levothyroxine sodium 25mcg tab</i>	1	
<i>levothyroxine sodium 300mcg tab</i>	1	
<i>levothyroxine sodium 50mcg tab</i>	1	
<i>levothyroxine sodium 75mcg tab</i>	1	
<i>levothyroxine sodium 88mcg tab</i>	1	
<i>levoxyl 100mcg tab</i>	1	
<i>levoxyl 112mcg tab</i>	1	
<i>levoxyl 125mcg tab</i>	1	
<i>levoxyl 137mcg tab</i>	1	
<i>levoxyl 150mcg tab</i>	1	
<i>levoxyl 175mcg tab</i>	1	
<i>levoxyl 200mcg tab</i>	1	
<i>levoxyl 25mcg tab</i>	1	
<i>levoxyl 50mcg tab</i>	1	
<i>levoxyl 75mcg tab</i>	1	
<i>levoxyl 88mcg tab</i>	1	
<i>liothyronine sodium 25mcg tab</i>	1	
<i>liothyronine sodium 50mcg tab</i>	1	
<i>liothyronine sodium 5mcg tab</i>	1	
SYNTHROID 100MCG TAB	1	
SYNTHROID 112MCG TAB	1	
SYNTHROID 125MCG TAB	1	
SYNTHROID 137MCG TAB	1	
SYNTHROID 150MCG TAB	1	
SYNTHROID 175MCG TAB	1	
SYNTHROID 200MCG TAB	1	
SYNTHROID 25MCG TAB	1	
SYNTHROID 300MCG TAB	1	
SYNTHROID 50MCG TAB	1	
SYNTHROID 75MCG TAB	1	
SYNTHROID 88MCG 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
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine 10mg cap</i>	1	
<i>dicyclomine 20mg tab</i>	1	
<i>dicyclomine 2mg/ml oral soln</i>	1	
<i>glycopyrrolate 1mg tab</i>	1	
<i>glycopyrrolate 2mg tab</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine 200mg tab</i>	1	
<i>cimetidine 300mg tab</i>	1	
<i>cimetidine 400mg tab</i>	1	
<i>cimetidine 800mg tab</i>	1	
<i>famotidine 20mg tab</i>	1	
<i>famotidine 40mg tab</i>	1	
MISC. ANTI-ULCER		
<i>misoprostol 100mcg tab</i>	1	
<i>misoprostol 200mcg tab</i>	1	
<i>sucralfate 1000mg tab</i>	1	
<i>sucralfate 100mg/ml oral susp</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole 10mg granules for oral susp</i>	1	QL=30 EA/30 Days
<i>esomeprazole 20mg dr cap</i>	1	
<i>esomeprazole 20mg granules for oral susp</i>	1	QL=30 EA/30 Days
<i>esomeprazole 40mg dr cap</i>	1	
<i>esomeprazole 40mg granules for oral susp</i>	1	QL=60 EA/30 Days
<i>lansoprazole 15mg dr cap</i>	1	
<i>lansoprazole 30mg dr cap</i>	1	
<i>omeprazole 10mg dr cap</i>	1	
<i>omeprazole 20mg dr cap</i>	1	
<i>omeprazole 40mg dr cap</i>	1	
<i>pantoprazole 20mg dr tab</i>	1	
<i>pantoprazole 40mg dr tab</i>	1	
<i>rabeprazole sodium 20mg dr tab</i>	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin 2% vaginal cream</i>	1	
<i>metronidazole 0.75% vaginal gel</i>	1	
<i>terconazole 0.4% vaginal cream</i>	1	
<i>terconazole 0.8% vaginal cream</i>	1	
<i>terconazole 80mg vaginal insert</i>	1	
VAGINAL ESTROGENS		
<i>estradiol 0.01% vaginal cream</i>	1	
<i>estradiol 0.01mg vaginal insert</i>	1	
PREMARIN 0.625MG/GM VAGINAL CREAM	1	
<i>yuvafem 10mcg vaginal insert</i>	1	

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

ALPHABETICAL LISTING OF DRUGS

A					
<i>abacavir 20mg/ml oral soln</i>	49	<i>acitretin 17.5mg cap</i>	59	<i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i>	15
<i>abacavir 300mg tab</i>	49	ACTHIB INJ	72	<i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>	15
<i>abacavir/lamivudine 600-300mg tab</i>	49	ACTIMMUNE	43	<i>albuterol 5mg/ml (0.5%) inh soln</i>	15
<i>abigale 1/0.5mg tab 28-day pack</i>	64	2000000UNIT/0.5ML INJ		<i>alclometasone dipropionate 0.05% topical cream</i>	60
<i>abigale lo tab 0.5/0.1mg 28-day pack</i>	64	<i>acyclovir 200mg cap</i>	52	ALCLOMETASONE	60
ABILIFY MAINTENA 300MG INJ	48	<i>acyclovir 400mg tab</i>	52	DIPROPIONATE 0.05%	
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	48	<i>acyclovir 40mg/ml oral susp</i>	52	TOPICAL OINTMENT	
ABILIFY MAINTENA 400MG INJ	48	<i>acyclovir 5% topical ointment</i>	61	ALCOHOL SWAB 1X1 (DIABETIC)	74
ABILIFY MAINTENA 400MG/2ML SYRINGE	48	<i>acyclovir 50mg/ml inj</i>	52	ALECENSA 150MG CAP	38
<i>abiraterone acetate 250mg tab</i>	37	<i>acyclovir 800mg tab</i>	52	<i>alendronate sodium 10mg tab</i>	62
<i>abirtega 250mg tab</i>	37	ADACEL INJ	72	<i>alendronate sodium 35mg tab</i>	62
ABRYSVO	72	ADACEL SYRINGE	72	<i>alendronate sodium 70mg tab</i>	62
120MCG/0.5ML INJ		<i>adefovir dipivoxil 10mg tab</i>	51	<i>alfuzosin 10mg er tab</i>	69
<i>acamprosate calcium 333mg dr tab</i>	82	ADEMPAS 0.5MG TAB	84	<i>aliskiren 150mg tab</i>	34
<i>acarbose 100mg tab</i>	25	ADEMPAS 1.5MG TAB	84	<i>aliskiren 300mg tab</i>	34
<i>acarbose 25mg tab</i>	25	ADEMPAS 1MG TAB	84	<i>allopurinol 100mg tab</i>	70
<i>acarbose 50mg tab</i>	25	ADEMPAS 2.5MG TAB	85	<i>allopurinol 300mg tab</i>	70
<i>accutane 10mg cap</i>	57	ADEMPAS 2MG TAB	85	<i>alosectron 0.5mg tab</i>	28
<i>accutane 20mg cap</i>	57	ADVAIR 115-21MCG HFA INHALER	15	<i>alosectron 1mg tab</i>	28
<i>accutane 40mg cap</i>	57	ADVAIR 230-21MCG HFA INHALER	15	<i>alprazolam 0.25mg tab</i>	14
<i>acebutolol 200mg cap</i>	53	ADVAIR 45-21MCG/ACT HFA INHALER	15	<i>alprazolam 0.5mg tab</i>	14
<i>acebutolol 400mg cap</i>	53	AIMOVIG 140MG/ML	75	<i>alprazolam 1mg tab</i>	14
<i>acetazolamide 125mg tab</i>	61	AUTO-INJECTOR		<i>alprazolam 2mg tab</i>	14
<i>acetazolamide 250mg tab</i>	61	AIMOVIG 70MG/ML	75	<i>altavera tab 28-day pack</i>	64
<i>acetazolamide 500mg er cap</i>	61	AUTO-INJECTOR		ALUNBRIG 180MG TAB	38
<i>acetic acid 2% otic soln</i>	80	AKEEGA 500-100MG TAB	37	ALUNBRIG 30MG TAB	38
<i>acetylcysteine 100mg/ml inh soln</i>	85	AKEEGA 500-50MG TAB	37	ALUNBRIG 90MG TAB	38
<i>acetylcysteine 200mg/ml inh soln</i>	85	<i>albendazole 200mg tab</i>	13	ALUNBRIG TAB	38
<i>acitretin 10mg cap</i>	59	<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	15	INITIATION PACK (30)	
		<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	15	ALVESCO 160MCG INHALER	15
		<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	15	ALVESCO 80MCG INHALER	15
		<i>albuterol 1.25mg/3ml neb soln</i>	15		

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

ALPHABETICAL LISTING OF DRUGS

<i>alyacen 1/35 tab 28-day pack</i>	64	<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	33	<i>amoxicillin/clavulanate 500-125mg tab</i>	81
ALYFTREK 10-50-125MG TAB	85	<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	33	<i>amoxicillin/clavulanate 875-125mg tab</i>	81
ALYFTREK 4-20-50MG TAB	85	<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	33	<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	81
<i>alyq 20mg tab</i>	85	<i>amlodipine/valsartan 10-160mg tab</i>	33	<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	81
<i>amantadine 100mg cap</i>	44	<i>amlodipine/valsartan 10-320mg tab</i>	33	<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	81
<i>amantadine 10mg/ml oral soln</i>	44	<i>amlodipine/valsartan 5-160mg tab</i>	33	<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	81
<i>ambrisentan 10mg tab</i>	85	<i>amlodipine/valsartan 5-320mg tab</i>	33	<i>amphetamine/dextroamph etamine 10mg er cap</i>	8
<i>ambrisentan 5mg tab</i>	85	<i>ammonium lactate 12% topical cream</i>	61	<i>amphetamine/dextroamph etamine 10mg tab</i>	8
<i>amikacin 250mg/ml inj</i>	9	<i>ammonium lactate 12% topical lotion</i>	61	<i>amphetamine/dextroamph etamine 12.5mg tab</i>	8
<i>amiloride 5mg tab</i>	62	<i>amnesteem 10mg cap</i>	57	<i>amphetamine/dextroamph etamine 15mg er cap</i>	8
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	62	<i>amnesteem 20mg cap</i>	57	<i>amphetamine/dextroamph etamine 15mg tab</i>	8
<i>amiodarone 100mg tab</i>	55	<i>amnesteem 30mg cap</i>	58	<i>amphetamine/dextroamph etamine 20mg er cap</i>	8
<i>amiodarone 200mg tab</i>	55	<i>amnesteem 40mg cap</i>	58	<i>amphetamine/dextroamph etamine 20mg tab</i>	8
<i>amiodarone 400mg tab</i>	55	<i>amoxapine 100mg tab</i>	24	<i>amphetamine/dextroamph etamine 25mg er cap</i>	8
<i>amitriptyline 100mg tab</i>	23	<i>amoxapine 150mg tab</i>	24	<i>amphetamine/dextroamph etamine 30mg er cap</i>	8
<i>amitriptyline 10mg tab</i>	23	<i>amoxapine 25mg tab</i>	24	<i>amphetamine/dextroamph etamine 30mg tab</i>	8
<i>amitriptyline 150mg tab</i>	23	<i>amoxapine 50mg tab</i>	24	<i>amphetamine/dextroamph etamine 5mg er cap</i>	8
<i>amitriptyline 25mg tab</i>	24	AMOXCICILLIN 125MG CHEW TAB	81	<i>amphetamine/dextroamph etamine 5mg tab</i>	8
<i>amitriptyline 50mg tab</i>	24	<i>amoxicillin 250mg cap</i>	81	<i>amphetamine/dextroamph etamine 7.5mg tab</i>	8
<i>amitriptyline 75mg tab</i>	24	AMOXCICILLIN 250MG CHEW TAB	81	AMPHOTERICIN B 50MG INJ	29
<i>amlodipine 10mg tab</i>	54	<i>amoxicillin 25mg/ml oral susp</i>	81		
<i>amlodipine 2.5mg tab</i>	54	<i>amoxicillin 40mg/ml oral susp</i>	81		
<i>amlodipine 5mg tab</i>	54	<i>amoxicillin 500mg cap</i>	81		
<i>amlodipine/benazepril 10-20mg cap</i>	32	<i>amoxicillin 500mg tab</i>	81		
<i>amlodipine/benazepril 10-40mg cap</i>	32	<i>amoxicillin 50mg/ml oral susp</i>	81		
<i>amlodipine/benazepril 2.5-10mg cap</i>	32	<i>amoxicillin 80mg/ml oral susp</i>	81		
<i>amlodipine/benazepril 5-10mg cap</i>	32	<i>amoxicillin 875mg tab</i>	81		
<i>amlodipine/benazepril 5-20mg cap</i>	32	<i>amoxicillin/clavulanate 250-125mg tab</i>	81		
<i>amlodipine/benazepril 5-40mg cap</i>	32				
<i>amlodipine/olmesartan medoxomil 10-20mg 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>amphotericin b liposomal</i>	29	ARISTADA	49	<i>atenolol 100mg tab</i>	53
<i>50mg inj</i>		1064MG/3.9ML		<i>atenolol 25mg tab</i>	53
<i>ampicillin 1000mg inj</i>	81	SYRINGE		<i>atenolol 50mg tab</i>	53
<i>ampicillin 100mg/ml inj</i>	81	ARISTADA	49	<i>atenolol/chlorthalidone</i>	33
<i>ampicillin 500mg cap</i>	81	441MG/1.6ML SYRINGE		<i>100-25mg tab</i>	
<i>ampicillin/sulbactam</i>	81	ARISTADA	49	<i>atenolol/chlorthalidone</i>	33
<i>1000-500mg inj</i>		662MG/2.4ML SYRINGE		<i>50-25mg tab</i>	
<i>ampicillin/sulbactam</i>	81	ARISTADA	49	<i>atomoxetine 100mg cap</i>	8
<i>100-50mg/ml inj</i>		675MG/2.4ML SYRINGE		<i>atomoxetine 10mg cap</i>	8
<i>ampicillin/sulbactam</i>	81	ARISTADA	49	<i>atomoxetine 18mg cap</i>	8
<i>2000-1000mg inj</i>		882MG/3.2ML SYRINGE		<i>atomoxetine 25mg cap</i>	8
<i>anagrelide 0.5mg cap</i>	70	<i>armodafinil 150mg tab</i>	8	<i>atomoxetine 40mg cap</i>	8
<i>anagrelide 1mg cap</i>	70	<i>armodafinil 200mg tab</i>	8	<i>atomoxetine 60mg cap</i>	8
<i>anastrozole 1mg tab</i>	37	<i>armodafinil 250mg tab</i>	8	<i>atomoxetine 80mg cap</i>	8
ANORO ELLIPTA	16	<i>armodafinil 50mg tab</i>	8	<i>atorvastatin 10mg tab</i>	30
62.5-25MCG POWDER		ARNUITY 100MCG	15	<i>atorvastatin 20mg tab</i>	30
INHALER		POWDER INHALER		<i>atorvastatin 40mg tab</i>	30
APRACLONIDINE 0.5%	79	ARNUITY 200MCG	15	<i>atorvastatin 80mg tab</i>	30
OPHTH SOLN		POWDER INHALER		<i>atovaquone 750mg/5ml</i>	34
<i>aprepitant 125mg cap</i>	28	ARNUITY 50MCG	15	<i>oral susp</i>	
<i>aprepitant 125mg/80mg</i>	28	POWDER INHALER		<i>atovaquone/proguanil</i>	35
<i>cap therapy pack (3)</i>		<i>asenapine 10mg sl tab</i>	47	<i>250-100mg tab</i>	
<i>aprepitant 40mg cap</i>	28	<i>asenapine 2.5mg sl tab</i>	47	<i>atovaquone/proguanil</i>	35
<i>aprepitant 80mg cap</i>	28	<i>asenapine 5mg sl tab</i>	47	<i>62.5-25mg tab</i>	
<i>apri tab 28-day pack</i>	64	<i>ashlyna tab 91-day pack</i>	64	<i>atropine sulfate 1% ophth</i>	80
APTIVUS 250MG CAP	49	ASMANEX 100MCG HFA	15	<i>soln</i>	
<i>aranelle tab 28-day pack</i>	64	INHALER		<i>atropine</i>	28
ARCALYST 220MG INJ	76	ASMANEX 110MCG	15	<i>sulfate/diphenoxylate</i>	
AREXVY 120MCG/0.5ML	72	(30ACT) TWISTHALER		<i>0.025-2.5mg tab</i>	
INJ		ASMANEX 200MCG HFA	15	ATROVENT 17MCG HFA	15
<i>arformoterol tartrate</i>	16	INHALER		INHALER	
<i>15mcg/2ml neb soln</i>		ASMANEX 220MCG	15	ATTRUBY 356MG TAB	56
ARIKAYCE	9	(120ACT) TWISTHALER		<i>aubra tab 28-day pack</i>	64
590MG/8.4ML INH SUSP		ASMANEX 220MCG	15	AUGTYRO 160MG CAP	38
<i>aripiprazole 10mg odt</i>	48	(30ACT) TWISTHALER		AUGTYRO 40MG CAP	38
<i>aripiprazole 10mg tab</i>	48	ASMANEX 220MCG	15	AUSTEDO 12MG TAB	83
<i>aripiprazole 15mg odt</i>	48	(60ACT) TWISTHALER		AUSTEDO 30MG ER TAB	83
<i>aripiprazole 15mg tab</i>	48	ASMANEX 50MCG HFA	15	AUSTEDO 36MG ER TAB	83
<i>aripiprazole 1mg/ml oral</i>	48	INHALER		AUSTEDO 42MG ER TAB	83
<i>soln</i>		<i>aspirin/dipyridamole</i>	70	AUSTEDO 48MG ER TAB	83
<i>aripiprazole 20mg tab</i>	49	<i>25-200mg er cap</i>		AUSTEDO 6MG TAB	83
<i>aripiprazole 2mg tab</i>	49	<i>atazanavir 150mg cap</i>	49	AUSTEDO 9MG TAB	83
<i>aripiprazole 30mg tab</i>	49	<i>atazanavir 200mg cap</i>	49	AUSTEDO XR 12MG TAE	83
<i>aripiprazole 5mg tab</i>	49	<i>atazanavir 300mg cap</i>	50	AUSTEDO XR 18MG TAE	83

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

ALPHABETICAL LISTING OF DRUGS

AUSTEDO XR 24MG TAE	83	BACITRACIN	79	<i>betamethasone 0.05%</i>	60
AUSTEDO XR 6MG TAB	83	500UNIT/GM OPHTH		<i>aug topical cream</i>	
AUSTEDO XR TAB ONCE	83	OINTMENT		<i>betamethasone 0.05%</i>	60
DAILY 4 WEEK		<i>bacitracin/polymyxin b</i>	79	<i>aug topical lotion</i>	
TITRATION PACK (28)		<i>0.5-10unit/mg ophth</i>		<i>betamethasone 0.05%</i>	60
AUVELITY 105-45MG ER	21	<i>ointment</i>		<i>aug topical ointment</i>	
TAB		<i>baclofen 10mg tab</i>	49	<i>betamethasone 0.05%</i>	60
<i>aviane tab 28-day pack</i>	64	<i>baclofen 20mg tab</i>	49	<i>topical cream</i>	
AVMAPKI/FAKZYNJA	38	<i>baclofen 5mg tab</i>	49	<i>betamethasone 0.05%</i>	60
CO-PACK (66)		<i>balsalazide disodium</i>	69	<i>topical lotion</i>	
AVONEX 30MCG/0.5ML	83	<i>750mg cap</i>		<i>betamethasone 0.05%</i>	60
AUTO-INJECTOR		BALVERSA 3MG TAB	38	<i>topical ointment</i>	
AVONEX 30MCG/0.5ML	83	BALVERSA 4MG TAB	38	<i>betamethasone 0.1%</i>	60
SYRINGE		BALVERSA 5MG TAB	38	<i>topical cream</i>	
AYVAKIT 100MG TAB	43	<i>balziva tab 28-day pack</i>	64	BETAMETHASONE 0.1%	60
AYVAKIT 200MG TAB	43	BAQSIMI 3MG/DOSE	25	TOPICAL LOTION	
AYVAKIT 25MG TAB	43	NASAL POWDER		<i>betamethasone 0.1%</i>	60
AYVAKIT 300MG TAB	43	BCG LIVE TICE STRAIN	72	<i>topical ointment</i>	
AYVAKIT 50MG TAB	43	50MG INJ		BETASERON 0.3MG INJ	84
<i>azathioprine 50mg tab</i>	76	<i>benazepril 10mg tab</i>	31	BETAXOLOL 0.5%	79
<i>azelaic acid 15% topical</i>	61	<i>benazepril 20mg tab</i>	31	OPHTH SOLN	
<i>gel</i>		<i>benazepril 40mg tab</i>	31	<i>betaxolol 10mg tab</i>	53
<i>azelastine 0.05% ophth</i>	80	<i>benazepril 5mg tab</i>	31	<i>betaxolol 20mg tab</i>	53
<i>soln</i>		<i>benazepril/hydrochloroth</i>	33	<i>bethanechol chloride</i>	69
<i>azelastine 0.1%</i>	77	<i>iazide 10-12.5mg tab</i>		<i>10mg tab</i>	
<i>(137mcg/act) nasal</i>		<i>benazepril/hydrochloroth</i>	33	<i>bethanechol chloride</i>	69
<i>inhaler</i>		<i>iazide 20-12.5mg tab</i>		<i>25mg tab</i>	
<i>azithromycin 20mg/ml</i>	34	<i>benazepril/hydrochloroth</i>	33	<i>bethanechol chloride</i>	69
<i>oral susp</i>		<i>iazide 20-25mg tab</i>		<i>50mg tab</i>	
<i>azithromycin 250mg pack</i>	34	<i>benazepril/hydrochloroth</i>	33	<i>bethanechol chloride 5mg</i>	69
<i>(6)</i>		<i>iazide 5-6.25mg tab</i>		<i>tab</i>	
<i>azithromycin 250mg tab</i>	34	BENLYSTA 200MG/ML	76	<i>bexarotene 1% topical gel</i>	59
<i>azithromycin 40mg/ml</i>	34	AUTO-INJECTOR		<i>bexarotene 75mg cap</i>	43
<i>oral susp</i>		BENLYSTA 200MG/ML	76	BEXSERO SYRINGE	72
<i>azithromycin 500mg inj</i>	34	SYRINGE		<i>bicalutamide 50mg tab</i>	37
<i>azithromycin 500mg tab</i>	34	<i>benztropine mesylate</i>	44	BICILLIN L-A	81
<i>azithromycin 500mg tab</i>	34	<i>0.5mg tab</i>		1200000UNIT/2ML	
<i>pack (3)</i>		<i>benztropine mesylate 1mg</i>	44	SYRINGE	
<i>azithromycin 600mg tab</i>	34	<i>tab</i>		BICILLIN L-A	81
<i>aztreonam 1gm inj</i>	34	<i>benztropine mesylate 2mg</i>	44	2400000UNIT/4ML	
<i>aztreonam 2gm inj</i>	34	<i>tab</i>		SYRINGE	
<i>azurette 28-day pack</i>	64	BESREMI 500MCG/ML	43	BICILLIN L-A	81
		SYRINGE		600000UNIT/ML	
				SYRINGE	

B

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

ALPHABETICAL LISTING OF DRUGS

BIKTARVY 30-120-15MG TAB	50	<i>brey</i> na 160-4.5mcg/act inhaler	16	<i>bumetanide 2mg tab</i>	62
BIKTARVY 50-200-25MG TAB	50	<i>brey</i> na 80-4.5mcg/act inhaler	16	<i>buprenorphine 10mcg/hr weekly patch</i>	12
<i>bimatoprost 0.03% ophth soln</i>	80	BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	16	<i>buprenorphine 15mcg/hr weekly patch</i>	12
<i>bisoprolol fumarate 10mg tab</i>	53	<i>briellyn tab 28-day pack</i>	65	<i>buprenorphine 20mcg/hr weekly patch</i>	12
<i>bisoprolol fumarate 5mg tab</i>	53	<i>brimonidine tartrate 0.1% ophth soln</i>	79	<i>buprenorphine 2mg sl tab</i>	12
<i>bisoprolol fumarate/hydrochlorothia zide 10-6.25mg tab</i>	33	<i>brimonidine tartrate 0.15% ophth soln</i>	79	<i>buprenorphine 5mcg/hr weekly patch</i>	12
<i>bisoprolol fumarate/hydrochlorothia zide 2.5-6.25mg tab</i>	33	<i>brimonidine tartrate 0.2% ophth soln</i>	79	<i>buprenorphine 7.5mcg/hr weekly patch</i>	12
<i>bisoprolol fumarate/hydrochlorothia zide 5-6.25mg tab</i>	33	<i>brimonidine tartrate/timolol 0.2-0.5% ophth soln</i>	79	<i>buprenorphine 8mg sl tab</i>	12
<i>blisovi 21 fe tab 1.5/30 28-day pack</i>	65	BRIVIACT 100MG TAB	18	<i>buprenorphine/naloxone</i>	12
BOMYNTRA 120MG/1.7ML INJ	63	BRIVIACT 10MG TAB	18	<i>buprenorphine/naloxone 12-3mg sl film</i>	12
BOMYNTRA 120MG/1.7ML SYRINGE	63	BRIVIACT 10MG/ML ORAL SOLN	18	<i>buprenorphine/naloxone 2-0.5mg sl film</i>	12
BOOSTRIX INJ	72	BRIVIACT 25MG TAB	18	<i>buprenorphine/naloxone</i>	12
BOOSTRIX SYRINGE	72	BRIVIACT 50MG TAB	18	<i>buprenorphine/naloxone</i>	12
<i>bosentan 125mg tab</i>	85	BRIVIACT 75MG TAB	18	<i>buprenorphine/naloxone 4-1mg sl film</i>	12
<i>bosentan 62.5mg tab</i>	85	<i>bromocriptine 2.5mg tab</i>	44	<i>buprenorphine/naloxone</i>	12
BOSULIF 100MG CAP	38	<i>bromocriptine 5mg cap</i>	44	<i>buprenorphine/naloxone</i>	12
BOSULIF 100MG TAB	39	BRUKINSA 80MG CAP	39	<i>bupropion 100mg sr (12hr) tab</i>	21
BOSULIF 400MG TAB	39	<i>budesonide 0.25mg/2ml inh susp</i>	15	<i>bupropion 100mg tab</i>	21
BOSULIF 500MG TAB	39	<i>budesonide 0.5mg/2ml inh susp</i>	15	<i>bupropion 150mg sr (12 hr) tab</i>	21
BOSULIF 50MG CAP	39	<i>budesonide 1mg/2ml inh susp</i>	15	<i>bupropion 150mg sr</i>	84
BRAFTOVI 75MG CAP	39	<i>budesonide 3mg dr cap</i>	71	<i>bupropion 200mg sr (12hr) tab</i>	21
BREO ELLIPTA 100-25MCG POWDER INHALER	16	<i>budesonide 9mg er tab</i>	71	<i>bupropion 75mg tab</i>	21
BREO ELLIPTA 200-25MCG POWDER INHALER	16	<i>budesonide/formoterol fumarate 160-45mcg inhaler</i>	16	<i>bupropion xl 150mg (24 hr) tab</i>	21
BREO ELLIPTA 50-25MCG POWDER INHALER	16	<i>budesonide/formoterol fumarate 80-45mcg inhaler</i>	16	<i>bupropion xl 300mg (24hr) tab</i>	21
		<i>bumetanide 0.25mg/ml inj</i>	62	<i>bupirone 10mg tab</i>	13
		<i>bumetanide 0.5mg tab</i>	62	<i>bupirone 15mg tab</i>	13
		<i>bumetanide 1mg tab</i>	62	<i>bupirone 30mg tab</i>	13
				<i>bupirone 5mg tab</i>	13
				<i>bupirone 7.5mg tab</i>	14

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

ALPHABETICAL LISTING OF DRUGS

C		<i>carbamazepine 200mg er</i>	18	<i>carbidopa/levodopa</i>	44
<i>cabergoline 0.5mg tab</i>	64	<i>cap</i>		<i>25-250mg tab</i>	
CABOMETYX 20MG TAE	39	<i>carbamazepine 200mg er</i>	18	<i>carbidopa/levodopa</i>	44
CABOMETYX 40MG TAE	39	<i>tab</i>		<i>50-200mg er tab</i>	
CABOMETYX 60MG TAE	39	<i>carbamazepine 200mg</i>	18	<i>carglumic acid 200mg tab</i>	63
<i>calcipotriene 0.005%</i>	59	<i>tab</i>		<i>for oral susp</i>	
<i>topical cream</i>		<i>carbamazepine 20mg/ml</i>	18	<i>carisoprodol 350mg tab</i>	49
<i>calcipotriene 0.005%</i>	59	<i>oral susp</i>		CARTEOLOL 1% OPHTH	79
<i>topical ointment</i>		<i>carbamazepine 300mg er</i>	18	SOLN	
CALCIPOTRIENE 0.005%	59	<i>cap</i>		<i>cartia 120mg er (24hr)</i>	54
TOPICAL SOLN		<i>carbamazepine 400mg er</i>	18	<i>cap</i>	
<i>calcitriol 0.25mcg cap</i>	63	<i>tab</i>		<i>cartia 180mg er (24hr)</i>	54
<i>calcitriol 0.5mcg cap</i>	63	<i>carbidopa 25mg tab</i>	44	<i>cap</i>	
<i>calcitriol 1mcg/ml oral</i>	63	<i>carbidopa/entacapone/le</i>	44	<i>cartia 240mg er (24hr)</i>	54
<i>soln</i>		<i>vodopa 12.5-200-50mg</i>		<i>cap</i>	
CALQUENCE 100MG	39	<i>tab</i>		<i>cartia 300mg er (24hr)</i>	54
TAB		<i>carbidopa/entacapone/le</i>	44	<i>cap</i>	
<i>camila 0.35mg tab 28-day</i>	82	<i>vodopa 18.75-200-75mg</i>		<i>carvedilol 12.5mg tab</i>	52
<i>pack</i>		<i>tab</i>		<i>carvedilol 25mg tab</i>	52
<i>camreselo tab 91-day</i>	65	<i>carbidopa/entacapone/le</i>	44	<i>carvedilol 3.125mg tab</i>	52
<i>pack</i>		<i>vodopa 25-200-100mg</i>		<i>carvedilol 6.25mg tab</i>	53
<i>candesartan cilexetil</i>	31	<i>tab</i>		<i>casprofungin acetate 50mg</i>	29
<i>16mg tab</i>		<i>carbidopa/entacapone/le</i>	44	<i>inj</i>	
<i>candesartan cilexetil</i>	31	<i>vodopa 31.25-200-125mg</i>		<i>casprofungin acetate 70mg</i>	29
<i>32mg tab</i>		<i>tab</i>		<i>inj</i>	
<i>candesartan cilexetil 4mg</i>	31	<i>carbidopa/entacapone/le</i>	44	CAYSTON 75MG/ML INH	85
<i>tab</i>		<i>vodopa 37.5-200-150mg</i>		SOLN	
<i>candesartan cilexetil 8mg</i>	32	<i>tab</i>		CEFACTOR 250MG CAP	56
<i>tab</i>		<i>carbidopa/entacapone/le</i>	44	CEFACTOR 500MG CAP	56
CAPLYTA 10.5MG CAP	45	<i>vodopa 50-200-200mg</i>		<i>cefadroxil 100mg/ml oral</i>	56
CAPLYTA 21MG CAP	45	<i>tab</i>		<i>susp</i>	
CAPLYTA 42MG CAP	45	CARBIDOPA/LEVODOPA	44	<i>cefadroxil 500mg cap</i>	56
CAPRELSA 100MG TAB	39	10-100MG ODT		<i>cefadroxil 50mg/ml oral</i>	56
CAPRELSA 300MG TAB	39	<i>carbidopa/levodopa</i>	44	<i>susp</i>	
<i>captopril 100mg tab</i>	31	<i>10-100mg tab</i>		<i>cefazolin 1000mg inj</i>	56
<i>captopril 12.5mg tab</i>	31	<i>carbidopa/levodopa</i>	44	<i>cefazolin 200mg/ml inj</i>	56
<i>captopril 25mg tab</i>	31	<i>25-100mg er tab</i>		<i>cefazolin 500mg inj</i>	56
<i>captopril 50mg tab</i>	31	CARBIDOPA/LEVODOPA	44	<i>cefdinir 25mg/ml oral</i>	57
<i>carbamazepine 100mg</i>	18	25-100MG ODT		<i>susp</i>	
<i>chew tab</i>		<i>carbidopa/levodopa</i>	44	<i>cefdinir 300mg cap</i>	57
<i>carbamazepine 100mg er</i>	18	<i>25-100mg tab</i>		<i>cefdinir 50mg/ml oral</i>	57
<i>cap</i>		CARBIDOPA/LEVODOPA	44	<i>susp</i>	
<i>carbamazepine 100mg er</i>	18	25-250MG ODT		<i>cefepime 1000mg inj</i>	34
<i>tab</i>				<i>cefepime 2000mg inj</i>	34

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

ALPHABETICAL LISTING OF DRUGS

<i>cefixime 400mg cap</i>	57	<i>chlordiazepoxide 5mg cap</i>	14	<i>cimetidine 400mg tab</i>	88
<i>cefoxitin 1gm inj</i>	56	<i>chlorhexidine gluconate</i>	57	<i>cimetidine 800mg tab</i>	88
<i>cefoxitin 200mg/ml inj</i>	56	<i>0.12% mouthwash</i>		CIMZIA 200MG INJ	10
<i>cefoxitin 2gm inj</i>	56	CHLOROQUINE	35	CIMZIA 200MG/ML	10
<i>cefpodoxime 100mg tab</i>	57	PHOSPHATE 250MG TAB		SYRINGE	
CEFPODOXIME	57	<i>chloroquine phosphate</i>	36	<i>cinacalcet 30mg tab</i>	63
10MG/ML ORAL SUSP		<i>500mg tab</i>		<i>cinacalcet 60mg tab</i>	63
<i>cefpodoxime 200mg tab</i>	57	<i>chlorpromazine 100mg</i>	48	<i>cinacalcet 90mg tab</i>	63
CEFPODOXIME	57	<i>tab</i>		<i>ciprofloxacin 0.3% ophth</i>	79
20MG/ML ORAL SUSP		CHLORPROMAZINE	48	<i>soln</i>	
<i>cefprozil 250mg tab</i>	56	100MG/ML ORAL SOLN		<i>ciprofloxacin 250mg tab</i>	68
<i>cefprozil 25mg/ml oral</i>	56	<i>chlorpromazine 10mg tab</i>	48	CIPROFLOXACIN	68
<i>susp</i>		<i>chlorpromazine 200mg</i>	48	2MG/ML INJ	
<i>cefprozil 500mg tab</i>	57	<i>tab</i>		<i>ciprofloxacin 500mg tab</i>	68
<i>cefprozil 50mg/ml oral</i>	57	<i>chlorpromazine 25mg tab</i>	48	<i>ciprofloxacin 750mg tab</i>	68
<i>susp</i>		CHLORPROMAZINE	48	<i>ciprofloxacin/dexamethas</i>	80
<i>ceftazidime 1gm inj</i>	57	30MG/ML ORAL SOLN		<i>one 0.3-0.1% otic susp</i>	
CEFTAZIDIME	57	<i>chlorpromazine 50mg tab</i>	48	<i>citalopram 10mg tab</i>	22
200MG/ML INJ		<i>chlorthalidone 25mg tab</i>	62	<i>citalopram 20mg tab</i>	22
<i>ceftazidime 2gm inj</i>	57	<i>chlorthalidone 50mg tab</i>	62	<i>citalopram 2mg/ml oral</i>	22
<i>ceftriaxone 10gm inj</i>	57	<i>chlorzoxazone 500mg tab</i>	49	<i>soln</i>	
<i>ceftriaxone 1gm inj</i>	57	<i>cholestyramine resin</i>	30	<i>citalopram 40mg tab</i>	22
<i>ceftriaxone 250mg inj</i>	57	<i>(sugar-free) 4gm powder</i>		<i>claravis 10mg cap</i>	58
<i>ceftriaxone 2gm inj</i>	57	<i>for oral susp</i>		<i>claravis 20mg cap</i>	58
<i>ceftriaxone 500mg inj</i>	57	<i>cholestyramine resin 4gm</i>	30	<i>claravis 30mg cap</i>	58
<i>cefuroxime 1500mg inj</i>	57	<i>powder for oral susp</i>		<i>claravis 40mg cap</i>	58
<i>cefuroxime 250mg tab</i>	57	<i>ciclopirox 0.77% topical</i>	58	<i>clarithromycin 250mg tab</i>	34
<i>cefuroxime 500mg tab</i>	57	<i>cream</i>		CLARITHROMYCIN	34
<i>cefuroxime 750mg inj</i>	57	<i>ciclopirox 0.77% topical</i>	58	25MG/ML ORAL SUSP	
<i>celecoxib 100mg cap</i>	10	<i>gel</i>		<i>clarithromycin 500mg tab</i>	34
<i>celecoxib 200mg cap</i>	10	<i>ciclopirox 0.77% topical</i>	58	CLARITHROMYCIN	34
<i>celecoxib 400mg cap</i>	10	<i>lotion</i>		50MG/ML ORAL SUSP	
<i>celecoxib 50mg cap</i>	10	<i>ciclopirox 1% shampoo</i>	58	<i>clindamycin 1% pad</i>	58
<i>cephalexin 250mg cap</i>	56	<i>ciclopirox 8% topical soln</i>	58	<i>clindamycin 1% topical</i>	58
<i>cephalexin 25mg/ml oral</i>	56	CILASTATIN/IMIPENEM	34	<i>gel (once-daily)</i>	
<i>susp</i>		250-250MG INJ		<i>clindamycin 1% topical</i>	58
<i>cephalexin 500mg cap</i>	56	<i>cilastatin/imipenem</i>	34	<i>gel (twice-daily)</i>	
<i>cephalexin 50mg/ml oral</i>	56	<i>500-500mg inj</i>		<i>clindamycin 1% topical</i>	58
<i>susp</i>		<i>cilostazol 100mg tab</i>	70	<i>lotion</i>	
<i>cevimeline 30mg cap</i>	57	<i>cilostazol 50mg tab</i>	70	<i>clindamycin 1% topical</i>	58
<i>chlordiazepoxide 10mg</i>	14	CIMDUO 300-300MG	50	<i>soln</i>	
<i>cap</i>		TAB		<i>clindamycin 150mg cap</i>	34
<i>chlordiazepoxide 25mg</i>	14	<i>cimetidine 200mg tab</i>	88	<i>clindamycin 2% vaginal</i>	88
<i>cap</i>		<i>cimetidine 300mg tab</i>	88	<i>cream</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>clindamycin 300mg cap</i>	34	<i>clonazepam 0.125mg odt</i>	17	COBENFY 20-100MG	45
<i>clindamycin 300mg/2ml inj</i>	34	<i>clonazepam 0.25mg odt</i>	17	CAP	
<i>clindamycin 300mg/50ml inj</i>	34	<i>clonazepam 0.5mg odt</i>	18	COBENFY 20-50MG CAP	45
<i>clindamycin 600mg/4ml inj</i>	34	<i>clonazepam 0.5mg tab</i>	18	COBENFY 30-125MG CAP	45
<i>clindamycin 600mg/50ml inj</i>	34	<i>clonazepam 1mg odt</i>	18	COBENFY CAP 28-DAY STARTER KIT PACK (56)	45
<i>clindamycin 75mg cap</i>	34	<i>clonazepam 1mg tab</i>	18	<i>codeine phosphate/acetaminophen 15-300mg tab</i>	12
<i>clindamycin 75mg/5ml oral soln</i>	34	<i>clonazepam 2mg odt</i>	18	CODEINE PHOSPHATE/ACETAMINOPHEN 15-300MG TAB	12
<i>clindamycin 900mg/50ml inj</i>	34	<i>clonazepam 2mg tab</i>	18	OPHEN 2.4-24MG/ML ORAL SOLN	
<i>clindamycin 900mg/6ml inj</i>	34	<i>clonidine 0.1mg er tab</i>	8	<i>codeine phosphate/acetaminophen 30-300mg tab</i>	12
CLINIMIX 4.25/10 INJ	77	<i>clonidine 0.1mg tab</i>	32	CODEINE PHOSPHATE/ACETAMINOPHEN 30-300MG TAB	12
CLINIMIX 4.25/5 INJ	77	<i>clonidine 0.1mg/24hr weekly patch</i>	32	<i>colchicine 0.6mg tab</i>	70
CLINIMIX 5/15 INJ	77	<i>clonidine 0.2mg tab</i>	32	<i>colchicine/probenecid 0.5-500mg tab</i>	70
CLINIMIX 5/20 INJ	77	<i>clonidine 0.2mg/24hr weekly patch</i>	32	<i>colesevelam 625mg tab</i>	30
<i>clinisol 15% inj</i>	77	<i>clonidine 0.3mg tab</i>	32	<i>colestipol 1gm tab</i>	30
<i>clobazam 10mg tab</i>	17	<i>clonidine 0.3mg/24hr weekly patch</i>	32	<i>colestipol 5000mg granules for oral susp</i>	30
<i>clobazam 2.5mg/ml oral susp</i>	17	<i>clopidogrel 75mg tab</i>	70	<i>colistin 75mg/ml inj</i>	35
<i>clobazam 20mg tab</i>	17	<i>clorazepate dipotassium 15mg tab</i>	14	COMBIVENT 20-100MCG/ACT INHALER	16
<i>clobetasol propionate 0.05% shampoo</i>	60	<i>clorazepate dipotassium 3.75mg tab</i>	14	COMETRIQ CAP 100MG DAILY DOSE PACK (56)	39
<i>clobetasol propionate 0.05% topical cream</i>	60	<i>clorazepate dipotassium 7.5mg tab</i>	14	COMETRIQ CAP 140MG DAILY DOSE PACK (112)	39
<i>clobetasol propionate 0.05% topical e cream</i>	60	<i>clotrimazole 1% topical cream</i>	58	COMETRIQ CAP 60MG DAILY DOSE PACK (84)	39
<i>clobetasol propionate 0.05% topical foam</i>	60	<i>clotrimazole 10mg lozenge</i>	57	<i>compro 25mg rectal supp</i>	48
<i>clobetasol propionate 0.05% topical gel</i>	60	<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	58	CONEXXENCE 60MG/ML SYRINGE	63
<i>clobetasol propionate 0.05% topical lotion</i>	60	<i>clozapine 100mg odt</i>	47	<i>constulose 10gm/15ml oral soln</i>	74
<i>clobetasol propionate 0.05% topical ointment</i>	60	<i>clozapine 100mg tab</i>	47	COPIKTRA 15MG CAP	39
<i>clobetasol propionate 0.05% topical soln</i>	60	CLOZAPINE 12.5MG ODT	47	COPIKTRA 25MG CAP	39
<i>clomipramine 25mg cap</i>	24	<i>clozapine 150mg odt</i>	47		
<i>clomipramine 50mg cap</i>	24	<i>clozapine 200mg odt</i>	47		
<i>clomipramine 75mg cap</i>	24	<i>clozapine 200mg tab</i>	47		
		<i>clozapine 25mg odt</i>	47		
		<i>clozapine 25mg tab</i>	47		
		<i>clozapine 50mg tab</i>	47		
		COARTEM 20-120MG TAB	36		

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

ALPHABETICAL LISTING OF DRUGS

COSENTYX 150MG/ML AUTO-INJECTOR	59	CYCLOPHOSPHAMIDE 50MG TAB	36	DAPAGLIFLOZIN 10MG TAB	27
COSENTYX 150MG/ML SYRINGE	59	<i>cyclosporine 0.05% ophth susp</i>	80	DAPAGLIFLOZIN 5MG TAB	27
COSENTYX 75MG/0.5ML SYRINGE	59	<i>cyclosporine 100mg cap</i>	76	<i>dapsone 100mg tab</i>	36
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	59	<i>cyclosporine 25mg cap</i>	76	<i>dapsone 25mg tab</i>	36
COTELLIC 20MG TAB	39	<i>cyclosporine modified 100mg cap</i>	76	DAPTACEL INJ	72
CREON 120000-24000-76000UNI T DR CAP	68	<i>cyclosporine modified 100mg/ml oral soln</i>	76	<i>daptomycin 500mg inj</i>	35
CREON 15000-3000-9500UNIT DR CAP	68	<i>cyclosporine modified 25mg cap</i>	76	<i>darunavir 600mg tab</i>	50
CREON 180000-36000-114000U NIT DR CAP	68	<i>cyclosporine modified 50mg cap</i>	76	<i>darunavir 800mg tab</i>	50
CREON 30000-6000-19000UNIT DR CAP	68	<i>cyproheptadine 0.4mg/ml oral soln</i>	84	<i>dasatinib 100mg tab</i>	39
CREON 60000-12000-38000UNIT DR CAP	68	<i>cyproheptadine 4mg tab</i>	84	<i>dasatinib 140mg tab</i>	39
CRESEMBA 186MG CAP	29	<i>cyred tab 28-day pack</i>	65	<i>dasatinib 20mg tab</i>	39
CRESEMBA 74.5MG CAP	29	CYSTADANE 1GM POWDER FOR ORAL SOLN	63	<i>dasatinib 50mg tab</i>	39
<i>cromolyn sodium 10mg/ml inh soln</i>	15	CYSTADROPS 0.37% OPHTH SOLN	80	<i>dasatinib 70mg tab</i>	39
<i>cromolyn sodium 20mg/ml oral soln</i>	68	CYSTAGON 150MG CAP	70	<i>dasatinib 80mg tab</i>	39
CROMOLYN SODIUM 4% OPTH SOLN	80	CYSTAGON 50MG CAP	70	DAURISMO 100MG TAB	37
<i>cryselle tab 28-day pack</i>	65	D		DAURISMO 25MG TAB	37
<i>cyclobenzaprine 10mg tab</i>	49	<i>dabigatran etexilate 110mg cap</i>	16	<i>deblitane 0.35mg tab 28-day pack</i>	82
<i>cyclobenzaprine 5mg tab</i>	49	<i>dabigatran etexilate 150mg cap</i>	16	<i>deferasirox 180mg tab</i>	75
<i>cyclophosphamide 25mg cap</i>	36	<i>dabigatran etexilate 75mg cap</i>	16	<i>deferasirox 360mg tab</i>	75
CYCLOPHOSPHAMIDE 25MG TAB	36	<i>dalfampridine 10mg er tab</i>	84	<i>deferasirox 90mg tab</i>	75
<i>cyclophosphamide 50mg cap</i>	36	<i>danazol 100mg cap</i>	12	DELSTRIGO 100-300-300MG TAB	50
		<i>danazol 200mg cap</i>	12	DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	82
		<i>danazol 50mg cap</i>	12	DESCOVY 120-15MG TAB	50
		<i>dantrolene sodium 100mg cap</i>	49	DESCOVY 200-25MG TAB	50
		<i>dantrolene sodium 25mg cap</i>	49	<i>desipramine 100mg tab</i>	24
		<i>dantrolene sodium 50mg cap</i>	49	<i>desipramine 10mg tab</i>	24
				<i>desipramine 150mg tab</i>	24
				<i>desipramine 25mg tab</i>	24
				<i>desipramine 50mg tab</i>	24
				<i>desipramine 75mg tab</i>	24
				<i>desloratadine 5mg tab</i>	84
				<i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i>	64
				<i>desmopressin acetate 0.1mg tab</i>	64

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

ALPHABETICAL LISTING OF DRUGS

<i>desmopressin acetate</i>	64	DEXTROSE 10% INJ	77	<i>dicyclomine 20mg tab</i>	88
<i>0.2mg tab</i>		DIACOMIT 250MG CAP	18	<i>dicyclomine 2mg/ml oral</i>	88
<i>desonide 0.05% topical</i>	60	DIACOMIT 250MG	18	<i>soln</i>	
<i>cream</i>		POWDER FOR ORAL		DIFICID 200MG TAB	35
<i>desonide 0.05% topical</i>	60	SUSP		DIFICID 40MG/ML ORAL	35
<i>ointment</i>		DIACOMIT 500MG CAP	18	SUSP	
<i>desoximetasone 0.25%</i>	60	DIACOMIT 500MG	18	<i>diflunisal 500mg tab</i>	10
<i>topical cream</i>		POWDER FOR ORAL		<i>difluprednate 0.05%</i>	80
<i>desoximetasone 0.25%</i>	60	SUSP		<i>ophth susp</i>	
<i>topical ointment</i>		<i>diazepam 10mg tab</i>	14	<i>digoxin 0.125mg tab</i>	56
<i>desvenlafaxine succinate</i>	23	<i>diazepam 10mg/2ml</i>	18	<i>digoxin 0.25mg tab</i>	56
<i>100mg er tab</i>		<i>rectal gel</i>		<i>dihydroergotamine</i>	75
<i>desvenlafaxine succinate</i>	23	<i>diazepam 1mg/ml oral</i>	14	<i>mesylate 0.5mg/act nasal</i>	
<i>25mg er tab</i>		<i>soln</i>		<i>inhaler</i>	
<i>desvenlafaxine succinate</i>	23	DIAZEPAM	18	DILANTIN 30MG ER	18
<i>50mg er tab</i>		2.5MG/0.5ML RECTAL		CAP	
DEXAMETHASONE	71	GEL		<i>dilt 120mg er (24hr) cap</i>	54
0.1MG/ML ORAL SOLN		<i>diazepam 20mg/4ml</i>	18	<i>dilt 180mg er (24hr) cap</i>	54
<i>dexamethasone 0.5mg tab</i>	71	<i>rectal gel</i>		<i>dilt 240mg er (24hr) cap</i>	54
<i>dexamethasone 0.75mg</i>	71	<i>diazepam 2mg tab</i>	14	<i>diltiazem 120mg er (12hr)</i>	54
<i>tab</i>		<i>diazepam 5mg tab</i>	14	<i>cap</i>	
<i>dexamethasone 1.5mg tab</i>	71	<i>diazepam 5mg/ml oral</i>	14	<i>diltiazem 120mg er (24hr)</i>	54
<i>dexamethasone 1mg tab</i>	71	<i>soln</i>		<i>cap</i>	
<i>dexamethasone 2mg tab</i>	71	<i>diazoxide 50mg/ml oral</i>	25	<i>diltiazem 120mg tab</i>	54
<i>dexamethasone 4mg tab</i>	71	<i>susp</i>		<i>diltiazem 180mg er (24hr)</i>	54
<i>dexamethasone 6mg tab</i>	71	<i>diclofenac potassium</i>	10	<i>cap</i>	
DEXAMETHASONE	79	<i>50mg tab</i>		<i>diltiazem 240mg er (24hr)</i>	54
PHOSPHATE 0.1%		<i>diclofenac sodium 0.1%</i>	80	<i>cap</i>	
OPHTH SOLN		<i>ophth soln</i>		<i>diltiazem 300mg er (24hr)</i>	54
<i>dexamethasone/neomycin</i>	80	<i>diclofenac sodium 1.5%</i>	10	<i>cap</i>	
<i>/polymyxin b 0.1% ophth</i>		<i>topical soln</i>		<i>diltiazem 30mg tab</i>	54
<i>ointment</i>		<i>diclofenac sodium 100mg</i>	10	<i>diltiazem 360mg er (24hr)</i>	54
<i>dexamethasone/tobramyc</i>	80	<i>er tab</i>		<i>cap</i>	
<i>in 0.3-0.1% ophth susp</i>		<i>diclofenac sodium 25mg</i>	10	<i>diltiazem 420mg er (24hr)</i>	54
<i>dexmethylphenidate</i>	8	<i>dr tab</i>		<i>cap</i>	
<i>10mg tab</i>		<i>diclofenac sodium 3%</i>	59	<i>diltiazem 60mg er (12hr)</i>	54
<i>dexmethylphenidate</i>	8	<i>topical gel</i>		<i>cap</i>	
<i>2.5mg tab</i>		<i>diclofenac sodium 50mg</i>	10	<i>diltiazem 60mg tab</i>	54
<i>dexmethylphenidate 5mg</i>	8	<i>dr tab</i>		<i>diltiazem 90mg er (12hr)</i>	54
<i>tab</i>		<i>diclofenac sodium 75mg</i>	10	<i>cap</i>	
<i>dextroamphetamine</i>	8	<i>dr tab</i>		<i>diltiazem 90mg tab</i>	54
<i>sulfate 10mg tab</i>		<i>dicloxacillin 250mg cap</i>	81	<i>dimethyl fumarate 120mg</i>	84
<i>dextroamphetamine</i>	8	<i>dicloxacillin 500mg cap</i>	81	<i>dr cap</i>	
<i>sulfate 5mg tab</i>		<i>dicyclomine 10mg cap</i>	88		

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

ALPHABETICAL LISTING OF DRUGS

<i>dimethyl fumarate</i>	84	<i>dotti 0.0375mg/24hr</i>	67	<i>doxycycline monohydrate</i>	86
<i>120mg/240mg cap starter pack (60)</i>		<i>twice weekly patch</i>		<i>50mg tab</i>	
<i>dimethyl fumarate 240mg dr cap</i>	84	<i>dotti 0.05mg/24hr twice weekly patch</i>	67	<i>doxycycline monohydrate 5mg/ml oral susp</i>	86
<i>dipyridamole 25mg tab</i>	70	<i>dotti 0.075mg/24hr twice weekly patch</i>	67	<i>doxycycline monohydrate 75mg tab</i>	86
<i>dipyridamole 50mg tab</i>	70	<i>dotti 0.1mg/24hr twice weekly patch</i>	67	DRIZALMA 20MG DR	23
<i>dipyridamole 75mg tab</i>	70	DOVATO 50-300MG TAB	50	SPRINKLE CAP	
<i>disopyramide 100mg cap</i>	55	<i>doxazosin 1mg tab</i>	32	DRIZALMA 30MG DR	23
<i>disopyramide 150mg cap</i>	55	<i>doxazosin 2mg tab</i>	32	SPRINKLE CAP	
<i>disulfiram 250mg tab</i>	82	<i>doxazosin 4mg tab</i>	32	DRIZALMA 40MG DR	23
<i>divalproex sodium 125mg dr cap</i>	21	<i>doxazosin 8mg tab</i>	32	SPRINKLE CAP	
<i>divalproex sodium 125mg dr tab</i>	21	<i>doxepin 100mg cap</i>	24	DRIZALMA 60MG DR	23
<i>divalproex sodium 250mg dr tab</i>	21	<i>doxepin 10mg cap</i>	24	SPRINKLE CAP	
<i>divalproex sodium 250mg er tab</i>	45	<i>doxepin 10mg/ml oral soln</i>	24	<i>dronabinol 10mg cap</i>	28
<i>divalproex sodium 500mg dr tab</i>	21	<i>doxepin 150mg cap</i>	24	<i>dronabinol 2.5mg cap</i>	28
<i>divalproex sodium 500mg er tab</i>	45	<i>doxepin 25mg cap</i>	24	<i>dronabinol 5mg cap</i>	29
<i>dofetilide 0.125mg cap</i>	55	<i>doxepin 50mg cap</i>	24	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack</i>	65
<i>dofetilide 0.25mg cap</i>	55	<i>doxepin 75mg cap</i>	24	<i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack</i>	65
<i>dofetilide 0.5mg cap</i>	55	DOXERCALCIFEROL 0.5MCG CAP	63	<i>droxidopa 100mg cap</i>	55
DOJOLVI 100% ORAL SOLN	77	DOXERCALCIFEROL 1MCG CAP	63	<i>droxidopa 200mg cap</i>	55
<i>donepezil 10mg odt</i>	82	DOXERCALCIFEROL 2.5MCG CAP	63	<i>droxidopa 300mg cap</i>	55
<i>donepezil 10mg tab</i>	82	<i>doxy 100mg inj</i>	86	DULERA 100-5MCG INHALER	16
<i>donepezil 23mg tab</i>	82	<i>doxycycline hyclate 100mg cap</i>	86	DULERA 200-5MCG INHALER	16
<i>donepezil 5mg odt</i>	82	<i>doxycycline hyclate 100mg inj</i>	86	DULERA 50-5MCG INHALER	16
<i>donepezil 5mg tab</i>	82	<i>doxycycline hyclate 100mg tab</i>	86	<i>duloxetine 20mg dr cap</i>	23
DOPTELET 20MG TAB	70	<i>doxycycline hyclate 20mg tab</i>	86	<i>duloxetine 30mg dr cap</i>	23
DOPTELET TAB 40MG	70	<i>doxycycline hyclate 50mg cap</i>	86	<i>duloxetine 60mg dr cap</i>	23
DAILY DOSE PACK (10)		<i>doxycycline monohydrate 100mg cap</i>	86	DUPIXENT	14
DOPTELET TAB 60MG	70	<i>doxycycline monohydrate 100mg tab</i>	86	200MG/1.14ML AUTO-INJECTOR	
DAILY DOSE PACK (15)		<i>doxycycline monohydrate 100mg tab</i>	86	DUPIXENT	14
<i>dorzolamide 2% ophth soln</i>	80	<i>doxycycline monohydrate 50mg cap</i>	86	200MG/1.14ML SYRINGE	
<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	79				
<i>dotti 0.025mg/24hr twice weekly patch</i>	67				

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

ALPHABETICAL LISTING OF DRUGS

DUPIXENT 300MG/2ML AUTO-INJECTOR	14	<i>eltrombopag 75mg tab</i>	71	<i>enalapril</i>	33
DUPIXENT 300MG/2ML SYRINGE	14	<i>eluryng</i>	65	<i>maleate/hydrochlorothiazide 10-25mg tab</i>	
<i>dutasteride 0.5mg cap</i>	69	<i>0.120-0.015mg/24hr vaginal system</i>		<i>enalapril</i>	33
E		EMGALITY 100MG/ML SYRINGE	75	<i>maleate/hydrochlorothiazide 5-12.5mg tab</i>	
<i>econazole nitrate 1% topical cream</i>	58	EMGALITY 120MG/ML AUTO-INJECTOR	75	ENBREL 25MG/0.5ML INJ	10
EDURANT 2.5MG TAB FOR ORAL SUSP	50	EMGALITY 120MG/ML SYRINGE	75	ENBREL 25MG/0.5ML SYRINGE	10
EDURANT 25MG TAB	50	EMSAM 12MG/24HR PATCH	22	ENBREL 50MG/ML AUTO-INJECTOR	10
<i>efavirenz 600mg tab</i>	50	EMSAM 6MG/24HR PATCH	22	ENBREL 50MG/ML CARTRIDGE	10
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	50	EMSAM 9MG/24HR PATCH	22	ENBREL 50MG/ML SYRINGE	10
EFAVIRENZ/LAMIVUDINE/TENOFOVIR	50	<i>emtricitabine 200mg cap</i>	50	ENGERIX-B 10MCG/0.5ML SYRINGE	72
DISOPROXIL FUMARATE 400-300-300MG TAB		<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab</i>	50	ENGERIX-B 20MCG/ML INJ	72
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	50	<i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>	50	ENGERIX-B 20MCG/ML SYRINGE	73
<i>electrolyte-148 inj</i>	77	<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	50	<i>enilloring 0.120-0.015mg/24hr vaginal system</i>	65
ELIGARD 22.5MG SYRINGE	37	<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	50	<i>enoxaparin sodium 100mg/1ml syringe</i>	16
ELIGARD 30MG SYRINGE	37	<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	50	<i>enoxaparin sodium 120mg/0.8ml syringe</i>	16
ELIGARD 45MG SYRINGE	37	EMTRIVA 10MG/ML ORAL SOLN	50	<i>enoxaparin sodium 150mg/1ml syringe</i>	16
ELIGARD 7.5MG SYRINGE	37	<i>enalapril maleate 10mg tab</i>	31	<i>enoxaparin sodium 30mg/0.3ml syringe</i>	17
ELIQUIS 2.5MG TAB	16	<i>enalapril maleate 2.5mg tab</i>	31	<i>enoxaparin sodium 40mg/0.4ml syringe</i>	17
ELIQUIS 5MG 30-DAY STARTER PACK (74)	16	<i>enalapril maleate 20mg tab</i>	31	<i>enoxaparin sodium 60mg/0.6ml syringe</i>	17
ELIQUIS 5MG TAB	16	<i>enalapril maleate 5mg tab</i>	31	<i>enoxaparin sodium 80mg/0.8ml syringe</i>	17
<i>eltrombopag 12.5mg powder for oral susp</i>	70			<i>enskyce tab 28-day pack</i>	65
<i>eltrombopag 12.5mg tab</i>	70			<i>entacapone 200mg tab</i>	44
<i>eltrombopag 25mg powder for oral susp</i>	70			<i>entecavir 0.5mg tab</i>	51
<i>eltrombopag 25mg tab</i>	70			<i>entecavir 1mg tab</i>	51
<i>eltrombopag 50mg tab</i>	70				

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ALPHABETICAL LISTING OF DRUGS

ENTRESTO 15-16MG ORAL PELLETT	56	<i>escitalopram 1mg/ml oral soln</i>	22	<i>estradiol 0.05mg/24hr weekly patch</i>	67
ENTRESTO 6-6MG ORAL PELLETT	56	<i>escitalopram 20mg tab</i>	22	<i>estradiol 0.075mg/24hr twice weekly patch</i>	67
<i>enulose 10gm/15ml oral soln</i>	68	<i>escitalopram 5mg tab</i>	22	<i>estradiol 0.075mg/24hr weekly patch</i>	68
ENVARUSUS XR 0.75MG TAB	76	<i>eslicarbazepine acetate 200mg tab</i>	18	<i>estradiol 0.5mg tab</i>	68
ENVARUSUS XR 1MG TAB	76	<i>eslicarbazepine acetate 400mg tab</i>	18	<i>estradiol 1mg tab</i>	68
ENVARUSUS XR 4MG TAB	76	<i>eslicarbazepine acetate 600mg tab</i>	19	<i>estradiol 2mg tab</i>	68
EPIDIOLEX 100MG/ML ORAL SOLN	18	<i>eslicarbazepine acetate 800mg tab</i>	19	<i>estradiol valerate 10mg/ml inj</i>	68
<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	16	<i>esomeprazole 10mg granules for oral susp</i>	88	<i>estradiol valerate 20mg/ml inj</i>	68
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	16	<i>esomeprazole 20mg dr cap</i>	88	<i>estradiol valerate 40mg/ml inj</i>	68
<i>eplerenone 25mg tab</i>	34	<i>esomeprazole 20mg granules for oral susp</i>	88	<i>estradiol/norethindrone acetate 0.5-0.1mg 28-day pack</i>	65
<i>eplerenone 50mg tab</i>	34	<i>esomeprazole 40mg dr cap</i>	88	<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	65
ERIVEDGE 150MG CAP	37	<i>esomeprazole 40mg granules for oral susp</i>	88	<i>eszopiclone 1mg tab</i>	72
ERLEADA 240MG TAB	37	<i>estarylla tab 28-day pack</i>	65	<i>eszopiclone 2mg tab</i>	72
ERLEADA 60MG TAB	37	<i>estradiol 0.0025mg/hr weekly patch</i>	67	<i>eszopiclone 3mg tab</i>	72
<i>erlotinib 100mg tab</i>	37	<i>estradiol 0.01% vaginal cream</i>	88	<i>ethambutol 100mg tab</i>	36
<i>erlotinib 150mg tab</i>	37	<i>estradiol 0.01mg vaginal insert</i>	88	<i>ethambutol 400mg tab</i>	36
<i>erlotinib 25mg tab</i>	37	<i>estradiol 0.01mg/24hr twice weekly patch</i>	67	<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	65
<i>errin 0.35mg tab 28-day pack</i>	82	<i>estradiol 0.01mg/24hr weekly patch</i>	67	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.120-0.015 mg/24hr vaginal system</i>	65
<i>ertapenem 1gm inj</i>	35	<i>estradiol 0.025mg/24hr twice weekly patch</i>	67	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>	65
ERY 2% PAD	58	<i>estradiol 0.025mg/24hr weekly patch</i>	67	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>	65
<i>erythromycin 0.5% ophthalmic ointment</i>	79	<i>estradiol 0.0375mg/24hr twice weekly patch</i>	67		
<i>erythromycin 2% topical gel</i>	58	<i>estradiol 0.0375mg/24hr weekly patch</i>	67		
<i>erythromycin 2% topical soln</i>	58	<i>estradiol 0.05mg/24hr twice weekly patch</i>	67		
<i>erythromycin 250mg dr tab</i>	35				
<i>erythromycin 250mg tab</i>	35				
<i>erythromycin 333mg dr tab</i>	35				
<i>erythromycin 500mg dr tab</i>	35				
<i>erythromycin 500mg tab</i>	35				
<i>escitalopram 10mg tab</i>	22				

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ALPHABETICAL LISTING OF DRUGS

<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	65	<i>everolimus 1mg tab</i>	76	<i>FASENRA 10MG/0.5ML SYRINGE</i>	14
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	65	<i>everolimus 2.5mg tab</i>	39	<i>FASENRA 30MG/ML AUTO-INJECTOR</i>	14
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	65	<i>everolimus 2mg tab for oral susp</i>	39	<i>FASENRA 30MG/ML SYRINGE</i>	14
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	65	<i>everolimus 3mg tab for oral susp</i>	39	<i>febuxostat 40mg tab</i>	70
<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	65	<i>everolimus 5mg tab</i>	39	<i>febuxostat 80mg tab</i>	70
<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25 mg-mcg tab 28-day pack</i>	65	<i>everolimus 5mg tab for oral susp</i>	39	<i>feirza 1.5/30 28-day pack</i>	65
<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35 mg-mcg tab 28-day pack</i>	65	<i>everolimus 7.5mg tab</i>	39	<i>feirza 1/20 28-day pack</i>	65
<i>ethosuximide 250mg cap</i>	21	<i>EVOTAZ 300-150MG TAB</i>	50	<i>felbamate 120mg/ml oral susp</i>	21
<i>ethosuximide 50mg/ml oral soln</i>	21	<i>EVRYSDI 0.75MG/ML ORAL SOLN</i>	56	<i>felbamate 400mg tab</i>	21
<i>etodolac 200mg cap</i>	10	<i>EVRYSDI 5MG TAB</i>	56	<i>felbamate 600mg tab</i>	21
<i>etodolac 300mg cap</i>	10	<i>exemestane 25mg tab</i>	38	<i>felodipine 10mg er tab</i>	54
<i>etodolac 400mg tab</i>	10	<i>ezetimibe 10mg tab</i>	29	<i>felodipine 2.5mg er tab</i>	54
<i>etodolac 500mg tab</i>	10	<i>ezetimibe/simvastatin 10-10mg tab</i>	29	<i>felodipine 5mg er tab</i>	54
<i>etravirine 100mg tab</i>	50	<i>ezetimibe/simvastatin 10-20mg tab</i>	29	<i>fenofibrate 134mg cap</i>	30
<i>etravirine 200mg tab</i>	50	<i>ezetimibe/simvastatin 10-40mg tab</i>	29	<i>fenofibrate 145mg tab</i>	30
<i>EUCRISA 2% TOPICAL OINTMENT</i>	61	<i>ezetimibe/simvastatin 10-80mg tab</i>	29	<i>fenofibrate 160mg tab</i>	30
<i>EULEXIN 125MG CAP</i>	38	F		<i>fenofibrate 200mg cap</i>	30
<i>everolimus 0.25mg tab</i>	76	<i>falmina tab 28-day pack</i>	65	<i>fenofibrate 43mg cap</i>	30
<i>everolimus 0.5mg tab</i>	76	<i>famciclovir 125mg tab</i>	52	<i>fenofibrate 48mg tab</i>	30
<i>everolimus 0.75mg tab</i>	76	<i>famciclovir 250mg tab</i>	52	<i>fenofibrate 54mg tab</i>	30
<i>everolimus 10mg tab</i>	39	<i>famciclovir 500mg tab</i>	52	<i>fenofibrate 67mg cap</i>	30
		<i>famotidine 20mg tab</i>	88	<i>fenofibric acid 135mg dr cap</i>	30
		<i>famotidine 40mg tab</i>	88	<i>fenofibric acid 45mg dr cap</i>	30
		<i>FANAPT 10MG TAB</i>	46	<i>fentanyl 100mcg/hr patch</i>	11
		<i>FANAPT 12MG TAB</i>	46	<i>fentanyl 12mcg/hr patch</i>	11
		<i>FANAPT 1MG TAB</i>	46	<i>fentanyl 25mcg/hr patch</i>	11
		<i>FANAPT 2MG TAB</i>	46	<i>fentanyl 50mcg/hr patch</i>	11
		<i>FANAPT 4MG TAB</i>	46	<i>fentanyl 75mcg/hr patch</i>	11
		<i>FANAPT 6MG TAB</i>	46	<i>fesoterodine fumarate 4mg er tab</i>	69
		<i>FANAPT 8MG TAB</i>	46	<i>fesoterodine fumarate 8mg er tab</i>	69
		<i>FANAPT TAB TITRATION PACK (8)</i>	46	<i>FETZIMA 120MG ER CAP</i>	23
		<i>FARXIGA 10MG TAB</i>	27	<i>FETZIMA 20MG ER CAP</i>	23
		<i>FARXIGA 5MG TAB</i>	27	<i>FETZIMA 40MG ER CAP</i>	23
				<i>FETZIMA 80MG ER CAP</i>	23

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

ALPHABETICAL LISTING OF DRUGS

FETZIMA ER CAP	23	<i>fluocinolone acetonide</i>	60	FLURBIPROFEN	80
TITRATION PACK (28)		<i>0.01% topical soln</i>		SODIUM 0.03% OPHTH	
FIASP 100UNIT/ML	26	<i>fluocinolone acetonide</i>	60	SOLN	
CARTRIDGE		<i>0.025% topical cream</i>		<i>fluticasone propionate</i>	60
FIASP 100UNIT/ML INJ	26	<i>fluocinolone acetonide</i>	60	<i>0.005% topical ointment</i>	
FIASP 100UNIT/ML PEN	26	<i>0.025% topical ointment</i>		<i>fluticasone propionate</i>	60
INJ (3ML)		<i>fluocinonide 0.05%</i>	60	<i>0.05% topical cream</i>	
<i>finasteride 5mg tab</i>	69	<i>topical cream</i>		<i>fluticasone propionate</i>	77
<i> fingolimod 0.5mg cap</i>	84	<i>fluocinonide 0.05%</i>	60	<i>50mcg/act nasal inhaler</i>	
FINTEPLA 2.2MG/ML	19	<i>topical e cream</i>		<i>fluticasone</i>	16
ORAL SOLN		<i>fluocinonide 0.05%</i>	60	<i>propionate/salmeterol</i>	
FIRMAGON 120MG INJ	38	<i>topical ointment</i>		<i>100-50mcg/act powder</i>	
FIRMAGON 80MG INJ	38	<i>fluocinonide 0.05%</i>	60	<i>inhaler</i>	
<i>flecainide acetate 100mg</i>	55	<i>topical soln</i>		<i>fluticasone</i>	16
<i>tab</i>		<i>fluocinonide 0.1% topical</i>	60	<i>propionate/salmeterol</i>	
<i>flecainide acetate 150mg</i>	55	<i>cream</i>		<i>250-50mcg/act powder</i>	
<i>tab</i>		<i>fluorometholone 0.1%</i>	80	<i>inhaler</i>	
<i>flecainide acetate 50mg</i>	55	<i>ophth susp</i>		<i>fluticasone</i>	16
<i>tab</i>		FLUOROURACIL 2%	59	<i>propionate/salmeterol</i>	
<i>fluconazole 100mg tab</i>	29	TOPICAL SOLN		<i>500-50mcg/act powder</i>	
<i>fluconazole 10mg/ml oral</i>	29	<i>fluorouracil 5% topical</i>	59	<i>inhaler</i>	
<i>susp</i>		<i>cream</i>		<i>fluvoxamine maleate</i>	22
<i>fluconazole 150mg tab</i>	29	<i>fluorouracil 5% topical</i>	59	<i>100mg tab</i>	
<i>fluconazole 200mg tab</i>	29	<i>soln</i>		<i>fluvoxamine maleate</i>	22
<i>fluconazole 200mg/100ml</i>	29	<i>fluoxetine 10mg cap</i>	22	<i>25mg tab</i>	
<i>inj</i>		<i>fluoxetine 20mg cap</i>	22	<i>fluvoxamine maleate</i>	22
<i>fluconazole 400mg/200ml</i>	29	<i>fluoxetine 40mg cap</i>	22	<i>50mg tab</i>	
<i>inj</i>		<i>fluoxetine 4mg/ml oral</i>	22	<i>fondaparinux sodium</i>	17
<i>fluconazole 40mg/ml oral</i>	29	<i>soln</i>		<i>10mg/0.8ml syringe</i>	
<i>susp</i>		<i>fluoxetine 60mg tab</i>	22	<i>fondaparinux sodium</i>	17
<i>fluconazole 50mg tab</i>	29	FLUPHENAZINE	48	<i>2.5mg/0.5ml syringe</i>	
<i>flucytosine 250mg cap</i>	29	0.5MG/ML ORAL SOLN		<i>fondaparinux sodium</i>	17
<i>flucytosine 500mg cap</i>	29	<i>fluphenazine 10mg tab</i>	48	<i>5mg/0.4ml syringe</i>	
<i>fludrocortisone acetate</i>	71	<i>fluphenazine 1mg tab</i>	48	<i>fondaparinux sodium</i>	17
<i>0.1mg tab</i>		<i>fluphenazine 2.5mg tab</i>	48	<i>7.5mg/0.6ml syringe</i>	
<i>flunisolide 25%</i>	77	FLUPHENAZINE	48	<i>fosamprenavir 700mg tab</i>	50
<i>(25mcg/act) nasal inhaler</i>		2.5MG/ML INJ		<i>fosfomycin 3gm powder</i>	35
<i>fluocinolone acetonide</i>	80	<i>fluphenazine 5mg tab</i>	48	<i>for oral soln</i>	
<i>0.01% otic soln</i>		FLUPHENAZINE	48	<i>fosinopril sodium 10mg</i>	31
<i>fluocinolone acetonide</i>	60	5MG/ML ORAL SOLN		<i>tab</i>	
<i>0.01% topical cream</i>		<i>fluphenazine decanoate</i>	48	<i>fosinopril sodium 20mg</i>	31
<i>fluocinolone acetonide</i>	60	<i>25mg/ml inj</i>		<i>tab</i>	
<i>0.01% topical oil</i>		FLURBIPROFEN 100MG	10	<i>fosinopril sodium 40mg</i>	31
		TAB		<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>fosinopril</i>	33	GALANTAMINE	83	GENVOYA	50
<i>sodium/hydrochlorothiazide 10-12.5mg tab</i>		HYDROBROMIDE		150-150-200-10MG TAB	
<i>fosinopril</i>	33	4MG/ML ORAL SOLN		GILOTRIF 20MG TAB	37
<i>sodium/hydrochlorothiazide 20-12.5mg tab</i>		<i>galantamine</i>	83	GILOTRIF 30MG TAB	37
FOTIVDA 0.89MG CAP	39	<i>hydrobromide 8mg er cap</i>		GILOTRIF 40MG TAB	37
FOTIVDA 1.34MG CAP	39	<i>gallifrey 5mg tab</i>	82	<i>glatiramer acetate</i>	84
FRUZAQLA 1MG CAP	37	GAMMAGARD 10GM	72	20mg/ml syringe	
FRUZAQLA 5MG CAP	37	INJ		<i>glatiramer acetate</i>	84
FULPHILA 6MG/0.6ML	71	GAMMAGARD	72	40mg/ml syringe	
SYRINGE		2.5GM/25ML INJ		<i>glatopa 20mg/ml syringe</i>	84
FUROSCIX 80MG/10ML	62	GAMMAGARD 5GM INJ	72	<i>glatopa 40mg/ml syringe</i>	84
CARTRIDGE		GAMUNEX 1GM/10ML	72	GLEOSTINE 100MG CAP	36
<i>furosemide 10mg/ml inj</i>	62	INJ		GLEOSTINE 10MG CAP	36
<i>furosemide 10mg/ml oral soln</i>	62	GARDASIL 9 INJ	73	GLEOSTINE 40MG CAP	36
<i>furosemide 20mg tab</i>	62	GARDASIL 9 SYRINGE	73	<i>glimepiride 1mg tab</i>	27
<i>furosemide 40mg tab</i>	62	GAUZE PAD (2 X 2)	74	<i>glimepiride 2mg tab</i>	27
<i>furosemide 80mg tab</i>	62	GAVILYTE-C POWDER	74	<i>glimepiride 4mg tab</i>	28
FUROSEMIDE 8MG/ML	62	FOR ORAL SOLN		<i>glipizide 10mg er tab</i>	28
ORAL SOLN		<i>gavilyte-g powder for oral soln</i>	74	<i>glipizide 10mg tab</i>	28
<i>fyavolv 0.0025-0.5mg tab</i>	65	<i>gavilyte-n powder for oral soln</i>	74	<i>glipizide 2.5mg er tab</i>	28
<i>fyavolv 0.005-1mg tab</i>	65	GAVRETO 100MG CAP	39	<i>glipizide 5mg er tab</i>	28
FYCOMPA 0.5MG/ML	19	<i>gefitinib 250mg tab</i>	37	<i>glipizide 5mg tab</i>	28
ORAL SUSP		<i>gemfibrozil 600mg tab</i>	30	<i>glipizide/metformin</i>	24
		GEMTESA 75MG TAB	69	2.5-250mg tab	
G		<i>generlac 10gm/15ml oral soln</i>	68	<i>glipizide/metformin</i>	24
<i>gabapentin 100mg cap</i>	19	<i>gentamicin 0.1% topical cream</i>	58	5-500mg tab	
<i>gabapentin 300mg cap</i>	19	<i>gentamicin 0.1% topical ointment</i>	58	GLUCOSE	77
<i>gabapentin 400mg cap</i>	19	<i>gentamicin 0.3% ophth soln</i>	79	100MG/ML/SODIUM	
<i>gabapentin 50mg/ml oral soln</i>	19	GENTAMICIN 0.8MG/ML	9	CHLORIDE 2MG/ML INJ	
<i>gabapentin 600mg tab (Neurontin equiv)</i>	19	INJ		GLUCOSE	77
<i>galantamine 12mg tab</i>	82	GENTAMICIN 1.2MG/ML	9	100MG/ML/SODIUM	
<i>galantamine 4mg tab</i>	82	INJ		CHLORIDE 4.5MG/ML	
<i>galantamine 8mg tab</i>	82	GENTAMICIN 1.6MG/ML	9	INJ	
<i>galantamine hydrobromide 16mg er cap</i>	83	INJ		<i>glucose 50mg/ml inj</i>	77
<i>galantamine hydrobromide 24mg er cap</i>	83	GENTAMICIN 1MG/ML	9	<i>glucose</i>	77
		INJ		50mg/ml/potassium	
		<i>gentamicin 40mg/ml inj</i>	9	<i>chloride</i>	
				0.01meq/ml/sodium	
				<i>chloride 4.5mg/ml inj</i>	
				<i>glucose</i>	77
				50mg/ml/potassium	
				<i>chloride 0.02meq/ml inj</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>glucose</i>	77	<i>glutamine 5000mg powder for oral soln</i>	63	HADLIMA 40MG/0.8ML AUTO-INJECTOR	10
<i>50mg/ml/potassium chloride</i>		<i>glyburide 1.25mg tab</i>	28	HADLIMA 40MG/0.8ML SYRINGE	10
<i>0.02meq/ml/sodium chloride</i>		<i>glyburide 2.5mg tab</i>	28	HAEGARDA 2000UNIT INJ	72
<i>2.25mg/ml inj</i>		<i>glyburide 5mg tab</i>	28	HAEGARDA 3000UNIT INJ	72
<i>glucose</i>	77	<i>glyburide/metformin 1.25-250mg tab</i>	24	<i>halobetasol propionate 0.05% topical cream</i>	60
<i>50mg/ml/potassium chloride</i>		<i>glyburide/metformin 2.5-500mg tab</i>	24	<i>halobetasol propionate 0.05% topical ointment</i>	60
<i>0.02meq/ml/sodium chloride</i>		<i>glyburide/metformin 5-500mg tab</i>	24	<i>haloette</i>	65
<i>4.5mg/ml inj</i>		<i>glycopyrrolate 1mg tab</i>	88	<i>0.120-0.015mg/24hr vaginal system</i>	
<i>glucose</i>	77	<i>glycopyrrolate 2mg tab</i>	88	<i>haloperidol 0.5mg tab</i>	45
<i>50mg/ml/potassium chloride</i>		GLYXAMBI 10-5MG TAB	24	<i>haloperidol 10mg tab</i>	45
<i>0.02meq/ml/sodium chloride</i>		GLYXAMBI 25-5MG TAB	25	<i>haloperidol 1mg tab</i>	45
<i>9mg/ml inj</i>		GOMEKLI 1MG CAP	39	<i>haloperidol 20mg tab</i>	45
<i>glucose</i>	77	GOMEKLI 1MG TAB	39	<i>haloperidol 2mg tab</i>	45
<i>50mg/ml/potassium chloride</i>		FOR ORAL SUSP		<i>haloperidol 2mg/ml oral soln</i>	45
<i>0.03meq/ml/sodium chloride</i>		GOMEKLI 2MG CAP	39	<i>haloperidol 5mg tab</i>	45
<i>4.5mg/ml inj</i>		<i>granisetron 1mg tab</i>	28	<i>haloperidol 5mg/ml inj</i>	45
<i>glucose</i>	77	<i>griseofulvin 125mg tab</i>	29	<i>haloperidol decanoate 100mg/ml (1ml) inj</i>	45
<i>50mg/ml/potassium chloride</i>		<i>griseofulvin 250mg tab</i>	29	<i>haloperidol decanoate 100mg/ml (5ml) inj</i>	45
<i>0.04meq/ml/sodium chloride</i>		<i>griseofulvin 25mg/ml oral susp</i>	29	<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	45
<i>4.5mg/ml inj</i>		<i>griseofulvin 500mg tab</i>	29	<i>haloperidol decanoate 50mg/ml (5ml) inj</i>	45
<i>glucose</i>	77	<i>guanfacine 1mg er tab</i>	8	HAVRIX 1440ELU/ML SYRINGE	73
<i>50mg/ml/potassium chloride</i>		<i>guanfacine 1mg tab</i>	32	HAVRIX 720ELU/0.5ML SYRINGE	73
<i>0.04meq/ml/sodium chloride</i>		<i>guanfacine 2mg er tab</i>	8	<i>heather 0.35mg 28-day pack</i>	82
<i>9mg/ml inj</i>		<i>guanfacine 2mg tab</i>	32	<i>heparin sodium porcine 10000unit/ml inj</i>	17
GLUCOSE	77	<i>guanfacine 3mg er tab</i>	8	<i>heparin sodium porcine 1000unit/ml inj</i>	17
50MG/ML/SODIUM CHLORIDE 2MG/ML INJ		<i>guanfacine 4mg er tab</i>	8	<i>heparin sodium porcine 20000unit/ml inj</i>	17
GLUCOSE	78	GVOKE 0.5MG/0.1ML AUTO-INJECTOR	25		
50MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ		GVOKE 1MG/0.2ML AUTO-INJECTOR	25		
<i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>	78	GVOKE 1MG/0.2ML INJ	25		
GLUCOSE/SODIUM CHLORIDE 25MG/ML-4.5MG/ML INJ		GVOKE 1MG/0.2ML SYRINGE	25		
		H			
		HADLIMA 40MG/0.4ML AUTO-INJECTOR	10		
		HADLIMA 40MG/0.4ML SYRINGE	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>heparin sodium porcine</i>	17	<i>hydrochlorothiazide</i>	62	<i>hydrochlorothiazide/olme</i>	33
<i>5000unit/ml inj</i>		<i>12.5mg cap</i>		<i>sartan medoxomil</i>	
HEPLISAV-B	73	<i>hydrochlorothiazide</i>	62	<i>25-40mg tab</i>	
20MCG/0.5ML SYRINGE		<i>12.5mg tab</i>		<i>hydrochlorothiazide/spiro</i>	62
HERNEXEOS 60MG TAB	43	<i>hydrochlorothiazide</i>	62	<i>nolactone 25-25mg tab</i>	
HIBERIX 10MCG INJ	73	<i>25mg tab</i>		<i>hydrochlorothiazide/tria</i>	62
HUMALOG 100UNIT/ML	26	<i>hydrochlorothiazide</i>	62	<i>nterene 25-37.5mg cap</i>	
CARTRIDGE		<i>50mg tab</i>		<i>hydrochlorothiazide/tria</i>	62
HUMALOG 100UNIT/ML	26	<i>hydrochlorothiazide/irbes</i>	33	<i>nterene 25-37.5mg tab</i>	
KWIKPEN (3ML)		<i>artan 12.5-150mg tab</i>		<i>hydrochlorothiazide/tria</i>	62
HUMALOG 200UNIT/ML	26	<i>hydrochlorothiazide/irbes</i>	33	<i>nterene 50-75mg tab</i>	
KWIKPEN (3ML)		<i>artan 12.5-300mg tab</i>		<i>hydrochlorothiazide/vals</i>	33
HUMALOG JUNIOR	26	<i>hydrochlorothiazide/lisin</i>	33	<i>artan 12.5-160mg tab</i>	
100UNIT/ML PEN INJ		<i>opril 12.5-10mg tab</i>		<i>hydrochlorothiazide/vals</i>	33
(3ML)		<i>hydrochlorothiazide/lisin</i>	33	<i>artan 12.5-320mg tab</i>	
HUMALOG MIX (50/50)	26	<i>opril 12.5-20mg tab</i>		<i>hydrochlorothiazide/vals</i>	33
100UNIT/ML PEN INJ		<i>hydrochlorothiazide/lisin</i>	33	<i>artan 12.5-80mg tab</i>	
(3ML)		<i>opril 25-20mg tab</i>		<i>hydrochlorothiazide/vals</i>	33
HUMALOG MIX (75/25)	26	<i>hydrochlorothiazide/losar</i>	33	<i>artan 25-160mg tab</i>	
100UNIT/ML INJ		<i>tan potassium</i>		<i>hydrochlorothiazide/vals</i>	34
HUMALOG MIX (75/25)	26	<i>12.5-100mg tab</i>		<i>artan 25-320mg tab</i>	
100UNIT/ML KWIKPEN		<i>hydrochlorothiazide/losar</i>	33	<i>hydrocodone</i>	12
(3ML)		<i>tan potassium 12.5-50mg</i>		<i>bitartrate/acetaminophen</i>	
HUMULIN (70/30)	26	<i>tab</i>		<i>0.5-21.7mg/ml oral soln</i>	
100UNIT/ML INJ		<i>hydrochlorothiazide/losar</i>	33	<i>hydrocodone</i>	12
HUMULIN (70/30)	27	<i>tan potassium 25-100mg</i>		<i>bitartrate/acetaminophen</i>	
100UNIT/ML PEN INJ		<i>tab</i>		<i>10-325mg tab</i>	
(3ML)		<i>hydrochlorothiazide/meto</i>	33	<i>hydrocodone</i>	12
HUMULIN N	27	<i>prolol tartrate 25-100mg</i>		<i>bitartrate/acetaminophen</i>	
100UNIT/ML INJ		<i>tab</i>		<i>5-325mg tab</i>	
HUMULIN N	27	<i>hydrochlorothiazide/meto</i>	33	<i>hydrocodone</i>	12
100UNIT/ML PEN INJ		<i>prolol tartrate 25-50mg</i>		<i>bitartrate/acetaminophen</i>	
(3ML)		<i>tab</i>		<i>7.5-325mg tab</i>	
HUMULIN R	27	<i>hydrochlorothiazide/meto</i>	33	<i>hydrocodone</i>	12
100UNIT/ML INJ		<i>prolol tartrate 50-100mg</i>		<i>bitartrate/ibuprofen</i>	
HUMULIN R	27	<i>tab</i>		<i>7.5-200mg tab</i>	
500UNIT/ML INJ		<i>hydrochlorothiazide/olme</i>	33	<i>hydrocortisone 1%</i>	60
HUMULIN R	27	<i>sartan medoxomil</i>		<i>topical cream</i>	
500UNIT/ML PEN INJ		<i>12.5-20mg tab</i>		<i>hydrocortisone 1.67mg/ml</i>	13
(3ML)		<i>hydrochlorothiazide/olme</i>	33	<i>enema</i>	
<i>hydralazine 100mg tab</i>	34	<i>sartan medoxomil</i>		<i>hydrocortisone 10mg tab</i>	71
<i>hydralazine 10mg tab</i>	34	<i>12.5-40mg tab</i>		<i>hydrocortisone 2.5%</i>	13
<i>hydralazine 25mg tab</i>	34			<i>topical cream</i>	
<i>hydralazine 50mg tab</i>	34				

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

ALPHABETICAL LISTING OF DRUGS

HYDROCORTISONE 2.5% TOPICAL LOTION	60	<i>icosapent ethyl 500mg cap</i>	29	INGREZZA 80MG SPRINKLE CAP	83
<i>hydrocortisone 2.5% topical ointment</i>	60	IDHIFA 100MG TAB	40	INGREZZA CAP	83
<i>hydrocortisone 20mg tab</i>	71	IDHIFA 50MG TAB	40	THERAPY PACK (28)	
<i>hydrocortisone 5mg tab</i>	71	<i>imatinib 100mg tab</i>	40	INLYTA 1MG TAB	37
<i>hydromorphone 2mg tab</i>	11	<i>imatinib 400mg tab</i>	40	INLYTA 5MG TAB	37
<i>hydromorphone 4mg tab</i>	11	IMBRUVICA 140MG CAP	40	INQOVI 35-100MG TAB PACK (5)	38
<i>hydromorphone 8mg tab</i>	11	IMBRUVICA 140MG TAB	40	INREBIC 100MG CAP	40
<i>hydroxychloroquine sulfate 200mg tab</i>	36	IMBRUVICA 280MG TAB	40	INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	27
<i>hydroxyurea 500mg cap</i>	43	IMBRUVICA 420MG TAB	40	INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	27
<i>hydroxyzine 10mg tab</i>	14	IMBRUVICA 70MG CAP	40	INSULIN GLARGINE-YFGN 100UNIT/ML INJ	27
<i>hydroxyzine 25mg tab</i>	14	IMBRUVICA 70MG/ML ORAL SUSP	40	INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML)	27
<i>hydroxyzine 2mg/ml oral soln</i>	14	<i>imipramine 10mg tab</i>	24	INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML)	27
<i>hydroxyzine 50mg tab</i>	14	<i>imipramine 25mg tab</i>	24	INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML)	27
<i>hydroxyzine pamoate 25mg cap</i>	14	<i>imipramine 50mg tab</i>	24	INSULIN LISPRO 100UNIT/ML INJ	27
<i>hydroxyzine pamoate 50mg cap</i>	14	<i>imiquimod 5% topical cream</i>	61	INSULIN LISPRO 100UNIT/ML INJ	27
<hr/>					
I		IMKELDI 80MG/ML ORAL SOLN	40	INSULIN LISPRO 100UNIT/ML INJ	27
<i>ibandronate 150mg tab</i>	63	IMOVAX 2.5UNIT/ML INJ	73	INSULIN LISPRO 100UNIT/ML INJ	27
IBRANCE 100MG CAP	39	IMPAVIDO 50MG CAP	35	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	27
IBRANCE 100MG TAB	39	<i>incassia 0.35mg tab 28-day pack</i>	82	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	27
IBRANCE 125MG CAP	39	INCRELEX 40MG/4ML INJ	64	INSULIN LISPRO JUNIOR 100UNIT/ML PEN INJ (3ML)	27
IBRANCE 125MG TAB	39	INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	15	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	27
IBRANCE 75MG CAP	39	<i>indapamide 1.25mg tab</i>	62	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	27
IBRANCE 75MG TAB	39	<i>indapamide 2.5mg tab</i>	62	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	27
IBTROZI 200MG CAP	39	<i>indomethacin 25mg cap</i>	10	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	27
<i>ibu 600mg tab</i>	10	<i>indomethacin 50mg cap</i>	10	INSULIN LISPRO 100UNIT/ML PEN INJ (3ML)	27
<i>ibu 800mg tab</i>	10	<i>indomethacin 75mg er cap</i>	10	INSULIN PEN NEEDLE	74
<i>ibuprofen 400mg tab</i>	10	INFANRIX SYRINGE	73	INSULIN SYRINGE	74
<i>ibuprofen 600mg tab</i>	10	INGREZZA 40MG CAP	83	INSULIN SYRINGE	74
<i>ibuprofen 800mg tab</i>	10	INGREZZA 40MG SPRINKLE CAP	83	INSULIN SYRINGE (DISP) U-100 0.3ML	74
<i>icatibant 30mg/3ml syringe</i>	72	INGREZZA 60MG CAP	83	INSULIN SYRINGE (DISP) U-100 1/2ML	74
<i>iclevia tab 91-day pack</i>	65	INGREZZA 60MG SPRINKLE CAP	83	INSULIN SYRINGE (DISP) U-100 1ML	74
ICLUSIG 10MG TAB	39	INGREZZA 80MG CAP	83	INTELENCE 25MG TAB	50
ICLUSIG 15MG TAB	40				
ICLUSIG 30MG TAB	40				
ICLUSIG 45MG TAB	40				
<i>icosapent ethyl 1000mg cap</i>	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

INTRALIPID	78	<i>isosorbide dinitrate 10mg</i>	13	<i>jantoven 3mg tab</i>	17
20GM/100ML INJ		<i>tab</i>		<i>jantoven 4mg tab</i>	17
INTRALIPID	78	<i>isosorbide dinitrate 20mg</i>	13	<i>jantoven 5mg tab</i>	17
30GM/100ML INJ		<i>tab</i>		<i>jantoven 6mg tab</i>	17
<i>introvale tab 91-day pack</i>	66	<i>isosorbide dinitrate 30mg</i>	13	<i>jantoven 7.5mg tab</i>	17
INVEGA SUSTENNA	46	<i>tab</i>		JANUMET 50-1000MG	25
117MG/0.75ML		<i>isosorbide dinitrate 5mg</i>	13	TAB	
SYRINGE		<i>tab</i>		JANUMET 50-500MG	25
INVEGA SUSTENNA	46	ISOSORBIDE	13	TAB	
156MG/ML SYRINGE		MONONITRATE 10MG		JANUMET XR	25
INVEGA SUSTENNA	46	TAB		100-1000MG TAB	
234MG/1.5ML SYRINGE		<i>isosorbide mononitrate</i>	13	JANUMET XR	25
INVEGA SUSTENNA	46	<i>120mg er tab</i>		50-1000MG TAB	
39MG/0.25ML SYRINGE		ISOSORBIDE	13	JANUMET XR 50-500MG	25
INVEGA SUSTENNA	46	MONONITRATE 20MG		TAB	
78MG/0.5ML SYRINGE		TAB		JANUVIA 100MG TAB	26
IPOL INJ	73	<i>isosorbide mononitrate</i>	13	JANUVIA 25MG TAB	26
<i>ipratropium bromide</i>	15	<i>30mg er tab</i>		JANUVIA 50MG TAB	26
<i>0.02% inh soln</i>		<i>isosorbide mononitrate</i>	13	JARDIANCE 10MG TAB	27
<i>ipratropium bromide</i>	77	<i>60mg er tab</i>		JARDIANCE 25MG TAB	27
<i>0.03% (0.021mg/act)</i>		<i>isotretinoin 10mg cap</i>	58	<i>jasmiel tab 28-day pack</i>	66
<i>nasal inhaler</i>		<i>isotretinoin 20mg cap</i>	58	JAYPIRCA 100MG TAB	40
<i>ipratropium bromide</i>	77	<i>isotretinoin 30mg cap</i>	58	JAYPIRCA 50MG TAB	40
<i>0.06% (0.042mg/act)</i>		<i>isotretinoin 40mg cap</i>	58	JENTADUETO	25
<i>nasal inhaler</i>		ITOVEBI 3MG TAB	40	2.5-1000MG TAB	
<i>ipratropium/albuterol</i>	16	ITOVEBI 9MG TAB	40	JENTADUETO	25
<i>0.5-2.5mg/3ml inh soln</i>		<i>itraconazole 100mg cap</i>	29	2.5-500MG TAB	
<i>irbesartan 150mg tab</i>	32	<i>ivabradine 5mg tab</i>	56	JENTADUETO XR	25
<i>irbesartan 300mg tab</i>	32	<i>ivabradine 7.5mg tab</i>	56	2.5-1000MG TAB	
<i>irbesartan 75mg tab</i>	32	<i>ivermectin 3mg tab</i>	13	JENTADUETO XR	25
ISENTRESS 100MG	50	IWILFIN 192MG TAB	43	5-1000MG TAB	
CHEW TAB		IXIARO 0.006MG/0.5ML	73	<i>jinteli 0.005-1mg tab</i>	66
ISENTRESS 100MG	50	SYRINGE		JUBBONTI 60MG/ML	63
GRANULES FOR ORAL				SYRINGE	
SUSP		J		<i>juleber tab 28-day pack</i>	66
ISENTRESS 25MG	50	<i>jaimiess tab 91-day pack</i>	66	JULUCA 50-25MG TAB	50
CHEW TAB		JAKAFI 10MG TAB	40	<i>junel 1.5/30 tab 21-day</i>	66
ISENTRESS 400MG TAB	50	JAKAFI 15MG TAB	40	<i>pack</i>	
ISENTRESS 600MG TAB	50	JAKAFI 20MG TAB	40	<i>junel 1/20 tab 21-day</i>	66
<i>isibloom tab 28-day pack</i>	66	JAKAFI 25MG TAB	40	<i>pack</i>	
<i>isoniazid 100mg tab</i>	36	JAKAFI 5MG TAB	40	<i>junel fe tab 1.5/30 28-day</i>	66
<i>isoniazid 10mg/ml oral</i>	36	<i>jantoven 10mg tab</i>	17	<i>pack</i>	
<i>soln</i>		<i>jantoven 1mg tab</i>	17	<i>junel fe tab 1/20 28-day</i>	66
<i>isoniazid 300mg tab</i>	36	<i>jantoven 2.5mg tab</i>	17	<i>pack</i>	
		<i>jantoven 2mg tab</i>	17		

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

ALPHABETICAL LISTING OF DRUGS

JYNNEOS 0.5ML INJ	73	KISQALI TAB 400MG	40	<i>lamivudine/zidovudine</i>	51
K		DAILY DOSE PACK (42)		<i>150-300mg tab</i>	
KALETRA 80-20MG/ML	50	KISQALI TAB 600MG	40	<i>lamotrigine 100mg er tab</i>	19
ORAL SOLN		DAILY DOSE PACK (63)		<i>lamotrigine 100mg odt</i>	19
KALYDECO 13.4MG	85	KISQALI/FEMARA 400	38	<i>lamotrigine 100mg tab</i>	19
ORAL GRANULES		CO-PACK (70)		<i>lamotrigine 150mg tab</i>	19
KALYDECO 150MG TAB	85	KISQALI/FEMARA 600	38	<i>lamotrigine 200mg er tab</i>	19
KALYDECO 25MG ORAL	85	CO-PACK (91)		<i>lamotrigine 200mg odt</i>	19
GRANULES		<i>klor-con 10meq er tab</i>	78	<i>lamotrigine 200mg tab</i>	19
KALYDECO 5.8MG	85	<i>klor-con 10meq micro er</i>	78	<i>lamotrigine 250mg er tab</i>	19
ORAL GRANULES		<i>tab</i>		<i>lamotrigine 25mg chew</i>	19
KALYDECO 50MG ORAL	85	<i>klor-con 15meq micro er</i>	78	<i>tab</i>	
GRANULES		<i>tab</i>		<i>lamotrigine 25mg er tab</i>	19
KALYDECO 75MG ORAL	85	<i>klor-con 20meq micro er</i>	78	<i>lamotrigine 25mg odt</i>	19
GRANULES		<i>tab</i>		<i>lamotrigine 25mg tab</i>	19
<i>kariva tab 28-day pack</i>	66	<i>klor-con 20meq powder</i>	78	<i>lamotrigine 300mg er tab</i>	19
KCL/D5W/LR INJ 0.15%	78	<i>for oral soln</i>		<i>lamotrigine 50mg er tab</i>	19
<i>kcl/nacl 20meq-0.45% inj</i>	78	KLOR-CON 8MEQ ER	78	<i>lamotrigine 50mg odt</i>	19
<i>kcl/nacl 20meq-0.9% inj</i>	78	TAB		<i>lamotrigine 5mg chew tab</i>	19
<i>kcl/nacl 40meq-9% inj</i>	78	KLOXXADO 8MG/0.1ML	28	<i>lansoprazole 15mg dr cap</i>	88
<i>kelnor 1mg-35mcg tab</i>	66	NASAL SPRAY		<i>lansoprazole 30mg dr cap</i>	88
<i>28-day pack</i>		KOSELUGO 10MG CAP	40	<i>lapatinib 250mg tab</i>	40
KERENDIA 10MG TAB	64	KOSELUGO 25MG CAP	40	<i>larin 1.5/30 tab 21-day</i>	66
KERENDIA 20MG TAB	64	<i>kourzeq 0.1% oral paste</i>	57	<i>pack</i>	
KERENDIA 40MG TAB	64	KRAZATI 200MG TAB	40	<i>larin 1/20 tab 21-day</i>	66
KESIMPTA 20MG/0.4ML	84	<i>kurvelo tab 28-day pack</i>	66	<i>pack</i>	
PEN INJ		L		<i>larin fe tab 1.5/30 28-day</i>	66
<i>ketoconazole 2%</i>	58	<i>labetalol 100mg tab</i>	53	<i>pack</i>	
<i>shampoo</i>		<i>labetalol 200mg tab</i>	53	<i>larin fe tab 1/20 28-day</i>	66
<i>ketoconazole 2% topical</i>	58	<i>labetalol 300mg tab</i>	53	<i>pack</i>	
<i>cream</i>		<i>lacosamide 100mg tab</i>	19	<i>latanoprost 0.005% ophth</i>	80
<i>ketoconazole 200mg tab</i>	29	<i>lacosamide 10mg/ml oral</i>	19	<i>soln</i>	
<i>ketorolac tromethamine</i>	80	<i>lacosamide 150mg tab</i>	19	LAZCLUZE 240MG TAB	37
<i>0.4% ophth soln</i>		<i>lacosamide 200mg tab</i>	19	LAZCLUZE 80MG TAB	37
<i>ketorolac tromethamine</i>	80	<i>lacosamide 50mg tab</i>	19	<i>leflunomide 10mg tab</i>	9
<i>0.5% ophth soln</i>		<i>lactulose 667mg/ml oral</i>	74	<i>leflunomide 20mg tab</i>	9
<i>ketorolac tromethamine</i>	10	<i>soln</i>		<i>lenalidomide 10mg cap</i>	75
<i>10mg tab</i>		<i>lamivudine 100mg tab</i>	52	<i>lenalidomide 15mg cap</i>	75
KINRIX SYRINGE	73	<i>lamivudine 10mg/ml oral</i>	50	<i>lenalidomide 2.5mg cap</i>	75
<i>kionex 15gm/60ml oral</i>	76	<i>soln</i>		<i>lenalidomide 20mg cap</i>	75
<i>susp</i>		<i>lamivudine 150mg tab</i>	51	<i>lenalidomide 25mg cap</i>	75
KISQALI TAB 200MG	40	<i>lamivudine 300mg tab</i>	51	<i>lenalidomide 5mg cap</i>	75
DAILY DOSE PACK (21)				LENVIMA 10MG DAILY	37
				DOSE PACK (30)	

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

ALPHABETICAL LISTING OF DRUGS

LENVIMA 12MG DAILY DOSE PACK (90)	37	<i>levofloxacin 750mg/150ml inj</i>	68	<i>lidocaine 4% mucous membrane topical soln</i>	61
LENVIMA 14MG DAILY DOSE PACK (60)	37	<i>levonest tab 28-day pack</i>	66	<i>lidocaine 5% patch</i>	61
LENVIMA 18MG DAILY DOSE PACK (90)	37	<i>levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack</i>	66	<i>lidocaine 5% topical ointment</i>	61
LENVIMA 20MG DAILY DOSE PACK (60)	37	<i>levora 0.15/30 tab 28-day pack</i>	66	<i>lidocaine viscous 2% mucous membrane topical soln</i>	57
LENVIMA 24MG DAILY DOSE PACK (90)	37	<i>levothyroxine sodium 100mcg tab</i>	87	<i>lidocaine/prilocaine 2.5-2.5% topical cream</i>	61
LENVIMA 4MG DAILY DOSE PACK (30)	37	<i>levothyroxine sodium 112mcg tab</i>	87	LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	82
LENVIMA 8MG DAILY DOSE PACK (60)	37	<i>levothyroxine sodium 125mcg tab</i>	87	<i>linezolid 100mg/5ml oral susp</i>	35
<i>lessina tab 28-day pack</i>	66	<i>levothyroxine sodium 137mcg tab</i>	87	<i>linezolid 600mg tab</i>	35
<i>letrozole 2.5mg tab</i>	38	<i>levothyroxine sodium 150mcg tab</i>	87	<i>linezolid 600mg/300ml inj</i>	35
<i>leucovorin 10mg tab</i>	43	<i>levothyroxine sodium 175mcg tab</i>	87	LINZESS 145MCG CAP	74
<i>leucovorin 15mg tab</i>	43	<i>levothyroxine sodium 200mcg tab</i>	87	LINZESS 290MCG CAP	74
<i>leucovorin 25mg tab</i>	44	<i>levothyroxine sodium 25mcg tab</i>	87	LINZESS 72MCG CAP	74
<i>leucovorin 5mg tab</i>	44	<i>levothyroxine sodium 300mcg tab</i>	87	<i>liothyronine sodium 25mcg tab</i>	87
LEUKERAN 2MG TAB	36	<i>levothyroxine sodium 50mcg tab</i>	87	<i>liothyronine sodium 50mcg tab</i>	87
<i>levetiracetam 1000mg tab</i>	19	<i>levothyroxine sodium 75mcg tab</i>	87	<i>liothyronine sodium 5mcg tab</i>	87
<i>levetiracetam 100mg/ml oral soln</i>	19	<i>levoxylin 100mcg tab</i>	87	<i>liraglutide 18mg/3ml pen inj</i>	26
<i>levetiracetam 250mg tab</i>	19	<i>levoxylin 112mcg tab</i>	87	<i>lisdexamfetamine</i>	8
<i>levetiracetam 500mg er tab</i>	19	<i>levoxylin 125mcg tab</i>	87	<i>dimesylate 10mg cap</i>	8
<i>levetiracetam 500mg tab</i>	19	<i>levoxylin 137mcg tab</i>	87	<i>lisdexamfetamine</i>	8
<i>levetiracetam 750mg er tab</i>	19	<i>levoxylin 150mcg tab</i>	87	<i>dimesylate 20mg cap</i>	8
<i>levetiracetam 750mg tab</i>	19	<i>levoxylin 175mcg tab</i>	87	<i>lisdexamfetamine</i>	8
LEVOBUNOLOL 0.5% OPHTH SOLN	79	<i>levoxylin 200mcg tab</i>	87	<i>dimesylate 30mg cap</i>	8
<i>levocarnitine 100mg/ml oral soln</i>	63	<i>levoxylin 25mcg tab</i>	87	<i>lisdexamfetamine</i>	8
<i>levocarnitine 330mg tab</i>	63	<i>levoxylin 50mcg tab</i>	87	<i>dimesylate 40mg cap</i>	8
<i>levocetirizine 5mg tab</i>	84	<i>levoxylin 75mcg tab</i>	87	<i>lisdexamfetamine</i>	8
<i>levofloxacin 250mg tab</i>	68	<i>levoxylin 88mcg tab</i>	87	<i>dimesylate 50mg cap</i>	8
<i>levofloxacin 25mg/ml oral soln</i>	68		87	<i>lisdexamfetamine</i>	8
<i>levofloxacin 500mg tab</i>	68		87	<i>dimesylate 60mg cap</i>	8
<i>levofloxacin 500mg/100ml inj</i>	68		87	<i>lisdexamfetamine</i>	8
<i>levofloxacin 750mg tab</i>	68		87	<i>dimesylate 70mg cap</i>	8
			87	<i>lisinopril 10mg tab</i>	31
			87	<i>lisinopril 2.5mg tab</i>	31

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>lisinopril 20mg tab</i>	31	<i>loryna tab 28-day pack</i>	66	LUPRON 3.75MG	38
<i>lisinopril 30mg tab</i>	31	<i>losartan potassium</i>	32	SYRINGE (1 MONTH)	
<i>lisinopril 40mg tab</i>	31	<i>100mg tab</i>		<i>lurasidone 120mg tab</i>	45
<i>lisinopril 5mg tab</i>	31	<i>losartan potassium 25mg</i>	32	<i>lurasidone 20mg tab</i>	45
LITFULO 50MG CAP	61	<i>tab</i>		<i>lurasidone 40mg tab</i>	45
<i>lithium carbonate 150mg</i>	45	<i>losartan potassium 50mg</i>	32	<i>lurasidone 60mg tab</i>	45
<i>cap</i>		<i>tab</i>		<i>lurasidone 80mg tab</i>	45
<i>lithium carbonate 300mg</i>	45	<i>loteprednol etabonate</i>	80	<i>lutera tab 28-day pack</i>	66
<i>cap</i>		<i>0.5% ophth gel</i>		<i>lyleq 0.35mg tab 28-day</i>	82
<i>lithium carbonate 300mg</i>	45	<i>loteprednol etabonate</i>	80	<i>pack</i>	
<i>er tab</i>		<i>0.5% ophth susp</i>		LYNPARZA 100MG TAB	40
<i>lithium carbonate 300mg</i>	45	<i>lovastatin 10mg tab</i>	30	LYNPARZA 150MG TAB	40
<i>tab</i>		<i>lovastatin 20mg tab</i>	30	LYSODREN 500MG TAB	38
<i>lithium carbonate 450mg</i>	45	<i>lovastatin 40mg tab</i>	30	LYTGOBI TAB 12MG	40
<i>er tab</i>		<i>low-ogestrel tab 28-day</i>	66	DAILEY DOSE PACK (21)	
LITHIUM CARBONATE	45	<i>pack</i>		LYTGOBI TAB 16MG	40
600MG CAP		<i>loxapine 10mg cap</i>	47	DAILEY DOSE PACK (28)	
<i>lithium citrate 60mg/ml</i>	45	<i>loxapine 25mg cap</i>	47	LYTGOBI TAB 20MG	40
<i>oral soln</i>		<i>loxapine 50mg cap</i>	47	DAILEY DOSE PACK (35)	
LIVTENCITY 200MG TAE	52	<i>loxapine 5mg cap</i>	47	<i>lyza 0.35mg tab 28-day</i>	82
<i>lo jaimiess tab 91-day</i>	66	<i>lubiprostone 24mcg cap</i>	74	<i>pack</i>	
<i>pack</i>		<i>lubiprostone 8mcg cap</i>	74		
LOKELMA 10GM	76	LUMAKRAS 120MG TAB	40	M	
POWDER FOR ORAL		LUMAKRAS 240MG TAB	40	<i>magnesium sulfate</i>	78
SUSP		LUMAKRAS 320MG TAB	40	<i>500mg/ml inj</i>	
LOKELMA 5GM	76	LUMIGAN 0.01% OPHTH	80	<i>magnesium sulfate</i>	78
POWDER FOR ORAL		SOLN		<i>500mg/ml syringe</i>	
SUSP		LUMRYZ 4.5GM	86	<i>malathion 0.5% topical</i>	61
LONSURF 6.14-15MG	38	GRANULES FOR ORAL		<i>lotion</i>	
TAB		SUSP		<i>maraviroc 150mg tab</i>	51
LONSURF 8.19-20MG	38	LUMRYZ 6GM	86	<i>maraviroc 300mg tab</i>	51
TAB		GRANULES FOR ORAL		<i>marlissa tab 28-day pack</i>	66
<i>loperamide 2mg cap</i>	28	SUSP		MARPLAN 10MG TAB	22
<i>lopinavir/ritonavir</i>	51	LUMRYZ 7.5GM	86	MATULANE 50MG CAP	43
<i>100-25mg tab</i>		GRANULES FOR ORAL		MAVYRET 100-40MG	52
<i>lopinavir/ritonavir</i>	51	SUSP		TAB	
<i>200-50mg tab</i>		LUMRYZ 9GM	86	MAVYRET 50-20MG	52
<i>lorazepam 0.5mg tab</i>	14	GRANULES FOR ORAL		ORAL PELLETT	
<i>lorazepam 1mg tab</i>	14	SUSP		MAYZENT 0.25MG TAB	84
<i>lorazepam 2mg tab</i>	14	LUMRYZ GRANULES	86	MAYZENT 1MG TAB	84
<i>lorazepam 2mg/ml oral</i>	14	FOR ORAL SUSP 28-DAY		MAYZENT 2MG TAB	84
<i>soln</i>		STARTER PACK (28)		MAYZENT TAB STARTEI	84
LORBRENA 100MG TAB	40	LUPRON 11.25MG	38	PACK (12)	
LORBRENA 25MG TAB	40	SYRINGE (3 MONTH)		MAYZENT TAB STARTEI	84
				PACK (7)	

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

ALPHABETICAL LISTING OF DRUGS

<i>meclizine 12.5mg tab</i>	28	<i>meropenem 500mg inj</i>	35	<i>methylphenidate 10mg er tab</i>	9
<i>meclizine 25mg tab</i>	28	<i>mesalamine 1200mg dr tab</i>	69	<i>methylphenidate 10mg tab</i>	9
<i>medroxyprogesterone acetate 10mg tab</i>	82	<i>mesalamine 1gm rectal supp</i>	69	<i>methylphenidate 18mg er osmotic tab</i>	9
<i>medroxyprogesterone acetate 150mg/ml inj</i>	82	<i>mesalamine 375mg er cap</i>	69	<i>methylphenidate 1mg/ml oral soln</i>	9
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	82	<i>mesalamine 400mg dr cap</i>	69	<i>methylphenidate 20mg er tab</i>	9
<i>medroxyprogesterone acetate 2.5mg tab</i>	82	<i>mesalamine 66.7mg/ml enema</i>	69	<i>methylphenidate 20mg tab</i>	9
<i>medroxyprogesterone acetate 5mg tab</i>	82	<i>mesna 400mg tab</i>	44	<i>methylphenidate 27mg er osmotic tab</i>	9
<i>mefloquine 250mg tab</i>	36	<i>metaxalone 800mg tab</i>	49	<i>methylphenidate 27mg er tab</i>	9
MEGESTROL ACETATE 125MG/ML ORAL SUSP	82	<i>metformin 1000mg tab</i>	25	<i>methylphenidate 2mg/ml oral soln</i>	9
<i>megestrol acetate 20mg tab</i>	38	<i>metformin 500mg er tab</i>	25	<i>methylphenidate 36mg er osmotic tab</i>	9
<i>megestrol acetate 40mg tab</i>	38	<i>metformin 500mg tab</i>	25	<i>methylphenidate 36mg er tab</i>	9
<i>megestrol acetate 40mg/ml oral susp</i>	38	<i>metformin 750mg er tab</i>	25	<i>methylphenidate 54mg er osmotic tab</i>	9
MEKINIST 0.05MG/ML ORAL SOLN	40	<i>metformin 850mg tab</i>	25	<i>methylphenidate 54mg er tab</i>	9
MEKINIST 0.5MG TAB	40	<i>metformin/pioglitazone 150-15mg tab</i>	25	<i>methylphenidate 5mg tab</i>	9
MEKINIST 2MG TAB	40	<i>metformin/pioglitazone 850-15mg tab</i>	25	<i>methylprednisolone 16mg tab</i>	71
MEKTOVI 15MG TAB	40	<i>methadone 10mg tab</i>	11	<i>methylprednisolone 32mg tab</i>	71
<i>meleya 0.35mg tab 28-day pack</i>	82	METHADONE 1MG/ML ORAL SOLN	11	<i>methylprednisolone 4mg tab</i>	71
<i>meloxicam 15mg tab</i>	10	METHADONE 2MG/ML ORAL SOLN	11	<i>methylprednisolone 4mg tab pack (21)</i>	71
<i>meloxicam 7.5mg tab</i>	11	<i>methadone 5mg tab</i>	11	<i>methylprednisolone 8mg tab</i>	71
<i>memantine 10mg tab</i>	83	<i>methazolamide 25mg tab</i>	61	<i>metoclopramide 10mg tab</i>	68
<i>memantine 14mg er cap</i>	83	<i>methazolamide 50mg tab</i>	61	<i>metoclopramide 1mg/ml oral soln</i>	68
<i>memantine 21mg er cap</i>	83	<i>methenamine hippurate 1gm tab</i>	35	<i>metoclopramide 5mg tab</i>	68
<i>memantine 28mg er cap</i>	83	<i>methimazole 10mg tab</i>	87	<i>metolazone 10mg tab</i>	62
<i>memantine 2mg/ml oral soln</i>	83	<i>methimazole 5mg tab</i>	87	<i>metolazone 2.5mg tab</i>	62
<i>memantine 5mg tab</i>	83	<i>methocarbamol 500mg tab</i>	49	<i>metolazone 5mg tab</i>	62
<i>memantine 7mg er cap</i>	83	<i>methocarbamol 750mg tab</i>	49		
MENQUADFI INJ	73	<i>methotrexate 2.5mg tab</i>	36		
MENVEO INJ	73	METHOTREXATE 25MG/ML INJ	36		
<i>mercaptopurine 20mg/ml susp</i>	36	<i>methotrexate 50mg/2ml inj</i>	36		
<i>mercaptopurine 50mg tab</i>	36	METHOXSALEN 10MG CAP	59		
<i>meropenem 1gm inj</i>	35	<i>methsuximide 300mg cap</i>	21		

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

ALPHABETICAL LISTING OF DRUGS

<i>metoprolol succinate 100mg er tab</i>	53	<i>microgestin fe tab 1/20 28-day pack</i>	66	<i>morphine sulfate 100mg er tab</i>	11
<i>metoprolol succinate 200mg er tab</i>	53	<i>midodrine 10mg tab</i>	55	<i>morphine sulfate 15mg er tab</i>	11
<i>metoprolol succinate 25mg er tab</i>	53	<i>midodrine 2.5mg tab</i>	55	<i>morphine sulfate 15mg tab</i>	11
<i>metoprolol succinate 50mg er tab</i>	53	<i>midodrine 5mg tab</i>	55	<i>morphine sulfate 200mg er tab</i>	11
<i>metoprolol tartrate 100mg tab</i>	53	MIEBO 1.338GM/ML	80	<i>morphine sulfate 20mg/ml oral soln</i>	11
<i>metoprolol tartrate 25mg tab</i>	53	OPHTH SOLN		MORPHINE SULFATE 2MG/ML ORAL SOLN	11
<i>metoprolol tartrate 37.5mg tab</i>	53	<i>mifepristone 300mg tab</i>	25	<i>morphine sulfate 30mg er tab</i>	11
<i>metoprolol tartrate 50mg tab</i>	53	<i>mili tab 28-day pack</i>	66	<i>morphine sulfate 30mg tab</i>	11
<i>metoprolol tartrate 75mg tab</i>	53	<i>mimvey 28-day pack</i>	66	MORPHINE SULFATE 4MG/ML ORAL SOLN	11
<i>metronidazole 0.75% topical cream</i>	61	<i>minocycline 100mg cap</i>	86	<i>morphine sulfate 60mg er tab</i>	11
<i>metronidazole 0.75% topical gel</i>	61	<i>minocycline 50mg cap</i>	86	MOUNJARO 10MG/0.5ML	26
<i>metronidazole 0.75% vaginal gel</i>	88	<i>minocycline 75mg cap</i>	86	AUTO-INJECTOR	
<i>metronidazole 1% topical gel</i>	61	<i>minoxidil 10mg tab</i>	34	MOUNJARO 12.5MG/0.5ML	26
<i>metronidazole 250mg tab</i>	35	<i>minoxidil 2.5mg tab</i>	34	AUTO-INJECTOR	
<i>metronidazole 500mg tab</i>	35	<i>mirtazapine 15mg odt</i>	22	MOUNJARO 15MG/0.5ML	26
<i>metronidazole 5mg/ml inj</i>	35	<i>mirtazapine 15mg tab</i>	22	AUTO-INJECTOR	
<i>metyrosine 250mg cap</i>	34	<i>mirtazapine 30mg odt</i>	22	MOUNJARO 2.5MG/0.5ML	26
<i>mexiletine 150mg cap</i>	55	<i>mirtazapine 30mg tab</i>	22	AUTO-INJECTOR	
<i>mexiletine 200mg cap</i>	55	<i>mirtazapine 45mg odt</i>	22	MOUNJARO 5MG/0.5ML	26
<i>mexiletine 250mg cap</i>	55	<i>mirtazapine 45mg tab</i>	22	AUTO-INJECTOR	
<i>micafungin sodium 100mg inj</i>	29	<i>mirtazapine 7.5mg tab</i>	22	MOUNJARO 7.5MG/0.5ML	26
<i>micafungin sodium 50mg inj</i>	29	<i>misoprostol 100mcg tab</i>	88	AUTO-INJECTOR	
<i>microgestin 1.5/30 tab 21-day pack</i>	66	<i>misoprostol 200mcg tab</i>	88	MOVANTIK 12.5MG TAB	74
<i>microgestin 1/20 tab 21-day pack</i>	66	M-M-R II INJ	73	MOVANTIK 25MG TAB	74
<i>microgestin fe tab 1.5/30 28-day pack</i>	66	<i>modafinil 100mg tab</i>	9	<i>moxifloxacin 0.5% ophth soln</i>	79
		<i>modafinil 200mg tab</i>	9	MOXIFLOXACIN 1.6MG/ML INJ	68
		MODEYSO 125MG CAP	43	<i>moxifloxacin 400mg tab</i>	68
		<i>moexipril 15mg tab</i>	31		
		<i>moexipril 7.5mg tab</i>	31		
		MOLINDONE 10MG TAB	45		
		MOLINDONE 25MG TAB	45		
		MOLINDONE 5MG TAB	45		
		<i>mometasone furoate 0.1% topical cream</i>	60		
		<i>mometasone furoate 0.1% topical lotion</i>	60		
		<i>mometasone furoate 0.1% topical ointment</i>	61		
		<i>montelukast 10mg tab</i>	15		
		<i>montelukast 4mg chew tab</i>	15		
		<i>montelukast 5mg chew tab</i>	15		

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

ALPHABETICAL LISTING OF DRUGS

MRESVIA 50MCG/0.5ML SYRINGE	73	<i>nateglinide 120mg tab</i>	26	<i>neomycin/polymyxin/hydr</i>	80
MULTAQ 400MG TAB	55	<i>nateglinide 60mg tab</i>	26	<i>ocortisone</i>	
<i>mupirocin 2% topical ointment</i>	58	NAYZILAM 5MG/0.1ML NASAL SPRAY	18	<i>3.5-10000unit-1% otic susp</i>	
<i>mycophenolate mofetil 200mg/ml oral susp</i>	76	<i>nebivolol 10mg tab</i>	53	<i>neo-polycin</i>	79
<i>mycophenolate mofetil 250mg cap</i>	76	<i>nebivolol 2.5mg tab</i>	53	<i>5mg-400unit-10000unit ophth ointment</i>	
<i>mycophenolate mofetil 500mg tab</i>	76	<i>nebivolol 20mg tab</i>	53	<i>neo-polycin hc ophth ointment</i>	80
<i>mycophenolic acid 180mg dr tab</i>	76	<i>nebivolol 5mg tab</i>	53	NERLYNX 40MG TAB	41
<i>mycophenolic acid 360mg dr tab</i>	76	<i>necon 0.5/35 tab 28-day pack</i>	66	NEVIRAPINE 10MG/ML ORAL SUSP	51
MYRBETRIQ 25MG ER TAB	69	NEFAZODONE 100MG TAB	23	<i>nevirapine 200mg tab</i>	51
MYRBETRIQ 50MG ER TAB	69	NEFAZODONE 150MG TAB	23	<i>nevirapine 400mg er tab</i>	51
<hr/>		NEFAZODONE 200MG TAB	23	NEXLETOL 180MG TAB	29
N		NEFAZODONE 250MG TAB	23	NEXLIZET 180-10MG TAB	30
<i>nabumetone 500mg tab</i>	11	NEFAZODONE 250MG TAB	23	NEXPLANON 68MG IMPLANT	82
<i>nabumetone 750mg tab</i>	11	NEFAZODONE 50MG TAB	23	<i>niacin 1000mg er tab</i>	30
<i>nadolol 20mg tab</i>	53	NEMLUVIO 30MG AUTO-INJECTOR	61	<i>niacin 500mg er tab</i>	30
<i>nadolol 40mg tab</i>	53	<i>neomycin sulfate 500mg tab</i>	9	<i>niacin 750mg er tab</i>	30
<i>nadolol 80mg tab</i>	53	<i>neomycin/bacitracin/polymyxin</i>	79	NICOTROL 10MG/ML NASAL INHALER	84
<i>nafcillin 100mg/ml inj</i>	81	<i>5mg-400unit-10000unit ophth ointment</i>		<i>nifedipine 10mg cap</i>	54
<i>nafcillin 1gm inj</i>	82	NEOMYCIN/POLYMYXIN N B/GRAMICIDIN	79	<i>nifedipine 20mg cap</i>	54
<i>nafcillin 2gm inj</i>	82	1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN		<i>nifedipine 30mg er tab</i>	54
NALOXONE 0.4MG/ML CARTRIDGE	28	<i>neomycin/polymyxin/bacitracin/hydrocortisone 1% ophth ointment</i>	80	<i>nifedipine 30mg osmotic er tab</i>	54
<i>naloxone 0.4mg/ml inj</i>	28	<i>neomycin/polymyxin/dexamethasone 0.1% ophth susp</i>	80	<i>nifedipine 60mg er tab</i>	54
<i>naloxone 0.4mg/ml syringe</i>	28	<i>neomycin/polymyxin/hydr ocortisone</i>	80	<i>nifedipine 60mg osmotic er tab</i>	54
<i>naloxone 2mg/2ml syringe</i>	28	<i>3.5-10000unit-1% otic soln</i>		<i>nifedipine 90mg er tab</i>	54
<i>naltrexone 50mg tab</i>	28			<i>nifedipine 90mg osmotic er tab</i>	54
<i>naproxen 250mg tab</i>	11			<i>nikki tab 28-day pack</i>	66
<i>naproxen 375mg dr tab</i>	11			<i>nilotinib 150mg cap</i>	41
<i>naproxen 375mg tab</i>	11			<i>nilotinib 200mg cap</i>	41
<i>naproxen 500mg tab</i>	11			<i>nilotinib 50mg cap</i>	41
<i>naratriptan 1mg tab</i>	75			<i>nilutamide 150mg tab</i>	38
<i>naratriptan 2.5mg tab</i>	75			<i>nimodipine 30mg cap</i>	54
NATACYN 5% OPHTH SUSP	79			NINLARO 2.3MG CAP	41
				NINLARO 3MG CAP	41
				NINLARO 4MG CAP	41

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

ALPHABETICAL LISTING OF DRUGS

<i>nitazoxanide 500mg tab</i>	35	<i>norelgestromin/ethinyl</i>	66	NOVOLOG MIX (70/30)	27
NITRO-BID 2% TOPICAL	13	<i>estradiol 150-35</i>		100UNIT/ML FLEXPEN	
OINTMENT		<i>mcg/24hr patch</i>		(3ML)	
<i>nitrofurantoin</i>	35	<i>norethindrone 0.35mg</i>	82	NOVOLOG MIX (70/30)	27
<i>macro/nitrofurantoin</i>		<i>28-day pack</i>		100UNIT/ML INJ	
<i>mono 100mg cap</i>		<i>norethindrone acetate</i>	82	NUBEQA 300MG TAB	38
<i>nitrofurantoin</i>	35	<i>5mg tab</i>		NUCALA 100MG INJ	14
<i>macrocrystals 100mg cap</i>		<i>nortrel 0.5/35 tab 28-day</i>	66	NUCALA 100MG/ML	14
<i>nitrofurantoin</i>	35	<i>pack</i>		AUTO-INJECTOR	
<i>macrocrystals 50mg cap</i>		<i>nortrel 1/35 tab 21-day</i>	66	NUCALA 100MG/ML	14
<i>nitroglycerin 0.1mg/hr</i>	13	<i>pack</i>		SYRINGE	
<i>patch</i>		<i>nortrel 1/35 tab 28-day</i>	66	NUCALA 40MG/0.4ML	14
<i>nitroglycerin 0.2mg/hr</i>	13	<i>pack</i>		SYRINGE	
<i>patch</i>		<i>nortrel 7/7/7 tab 28-day</i>	66	NUEDEXTA 20-10MG	84
<i>nitroglycerin 0.3mg sl tab</i>	13	<i>pack</i>		CAP	
<i>nitroglycerin 0.4% rectal</i>	13	<i>nortriptyline 10mg cap</i>	24	NUPLAZID 10MG TAB	46
<i>ointment</i>		<i>nortriptyline 25mg cap</i>	24	NUPLAZID 34MG CAP	46
<i>nitroglycerin 0.4mg sl tab</i>	13	<i>nortriptyline 2mg/ml oral</i>	24	NUTRILIPID	78
<i>nitroglycerin 0.4mg/hr</i>	13	<i>soln</i>		20GM/100ML INJ	
<i>patch</i>		<i>nortriptyline 50mg cap</i>	24	<i>nyamyc 100000unit/gm</i>	58
<i>nitroglycerin 0.6mg sl tab</i>	13	<i>nortriptyline 75mg cap</i>	24	<i>topical powder</i>	
<i>nitroglycerin 0.6mg/hr</i>	13	NORVIR 100MG ORAL	51	<i>nylia 1/35 tab 28-day</i>	66
<i>patch</i>		POWDER		<i>pack</i>	
NIVESTYM	71	NOVOLIN MIX (70/30)	27	<i>nylia 7/7/7 tab 28-day</i>	66
300MCG/0.5ML		100UNIT/ML FLEXPEN		<i>pack</i>	
SYRINGE		(3ML)		<i>nystatin 100000 unit/gm</i>	58
NIVESTYM 300MCG/ML	71	NOVOLIN MIX (70/30)	27	<i>topical ointment</i>	
INJ		100UNIT/ML INJ		<i>nystatin 100000unit/gm</i>	59
NIVESTYM	71	NOVOLIN N	27	<i>topical powder</i>	
480MCG/0.8ML		100UNIT/ML INJ		<i>nystatin 100000unit/ml</i>	57
SYRINGE		NOVOLIN N	27	<i>oral susp</i>	
NIVESTYM	71	100UNIT/ML PEN INJ		<i>nystatin 100000unit/ml</i>	59
480MCG/1.6ML INJ		(3ML)		<i>topical cream</i>	
<i>nora-be 0.35mg tab</i>	82	NOVOLIN R	27	<i>nystatin 500000unit tab</i>	29
<i>28-day pack</i>		100UNIT/ML INJ		<i>nystatin/triamcinolone</i>	59
NORDITROPIN	64	NOVOLIN R	27	<i>acetoneide 100000-0.1</i>	
10MG/1.5ML PEN INJ		100UNIT/ML PEN INJ		<i>unit/gm-% topical</i>	
NORDITROPIN	64	(3ML)		<i>ointment</i>	
15MG/1.5ML PEN INJ		NOVOLOG 100UNIT/ML	27	<i>nystatin/triamcinolone</i>	59
NORDITROPIN	64	CARTRIDGE		<i>acetoneide</i>	
30MG/3ML PEN INJ		NOVOLOG 100UNIT/ML	27	<i>100000-0.1unit/gm-%</i>	
NORDITROPIN	64	INJ		<i>topical cream</i>	
5MG/1.5ML PEN INJ		NOVOLOG 100UNIT/ML	27	<i>nystop 100000unit/gm</i>	59
		PEN INJ (3ML)		<i>topical powder</i>	

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ALPHABETICAL LISTING OF DRUGS

NYVEPRIA 6MG/0.6ML SYRINGE	71	<i>olanzapine 5mg odt</i>	47	ORENCIA 125MG/ML AUTO-INJECTOR	76
O		<i>olanzapine 5mg tab</i>	47	ORENCIA 125MG/ML SYRINGE	76
<i>ocella tab 28-day pack</i>	66	<i>olanzapine 7.5mg tab</i>	47	ORENCIA 50MG/0.4ML SYRINGE	76
<i>octreotide 0.05mg/ml inj</i>	63	<i>olmesartan medoxomil 20mg tab</i>	32	ORENCIA 87.5MG/0.7ML SYRINGE	76
<i>octreotide 0.1mg/ml inj</i>	63	<i>olmesartan medoxomil 40mg tab</i>	32	ORGOVYX 120MG TAB	38
<i>octreotide 0.2mg/ml inj</i>	63	<i>olmesartan medoxomil 5mg tab</i>	32	ORKAMBI 125-100MG ORAL GRANULES	85
<i>octreotide 0.5mg/ml inj</i>	63	<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	77	ORKAMBI 125-100MG TAB	85
<i>octreotide 1mg/ml inj</i>	63	OLUMIANT 1MG TAB	9	ORKAMBI 125-200MG TAB	85
ODEFSEY 200-25-25MG TAB	51	OLUMIANT 2MG TAB	9	ORKAMBI 188-150MG ORAL GRANULES	85
ODOMZO 200MG CAP	37	OLUMIANT 4MG TAB	9	ORKAMBI 94-75MG ORAL GRANULES	85
OFEV 100MG CAP	85	<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	30	<i>orphenadrine citrate 100mg er tab</i>	49
OFEV 150MG CAP	85	<i>omeprazole 10mg dr cap</i>	88	<i>orquidea 0.35mg tab 28-day pack</i>	82
<i>ofloxacin 0.3% ophth soln</i>	79	<i>omeprazole 20mg dr cap</i>	88	ORSERDU 345MG TAB	38
<i>ofloxacin 0.3% otic soln</i>	81	<i>omeprazole 40mg dr cap</i>	88	ORSERDU 86MG TAB	38
OGSIVEO 100MG TAB 7-DAY PACK (14)	41	OMNITROPE 10MG/1.5ML CARTRIDGE	64	<i>oseltamivir 30mg cap</i>	52
OGSIVEO 150MG TAB 7-DAY PACK (14)	41	OMNITROPE 5.8MG INJ	64	<i>oseltamivir 45mg cap</i>	52
OGSIVEO 50MG TAB	41	OMNITROPE 5MG/1.5ML CARTRIDGE	64	<i>oseltamivir 6mg/ml oral susp</i>	52
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	41	<i>ondansetron 0.8mg/ml oral soln</i>	28	<i>oseltamivir 75mg cap</i>	52
OJEMDA 100MG TAB PACK (500MG ONCE WEEKLY) (20)	41	<i>ondansetron 4mg odt</i>	28	OTEZLA 10/20/30MG TAB 28-DAY STARTER PACK (55)	59
OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24)	41	<i>ondansetron 4mg tab</i>	28	OTEZLA 10/20MG TAB 28-DAY STARTER PACK (55)	59
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	41	<i>ondansetron 8mg odt</i>	28	OTEZLA 20MG TAB	59
OJJAARA 100MG TAB	41	<i>ondansetron 8mg tab</i>	28	OTEZLA 30MG TAB	59
OJJAARA 150MG TAB	41	ONUREG 200MG TAB	36	<i>oxacillin 100mg/ml inj</i>	82
OJJAARA 200MG TAB	41	ONUREG 300MG TAB	36	<i>oxacillin 1gm inj</i>	82
<i>olanzapine 10mg inj</i>	47	OPIPZA 10MG ORAL FILM	49	<i>oxacillin 2gm inj</i>	82
<i>olanzapine 10mg odt</i>	47	OPIPZA 2MG ORAL FILM	49	<i>oxcarbazepine 150mg tab</i>	19
<i>olanzapine 10mg tab</i>	47	OPIPZA 5MG ORAL FILM	49	<i>oxcarbazepine 300mg tab</i>	19
<i>olanzapine 15mg odt</i>	47	OPSUMIT 10MG TAB	85	<i>oxcarbazepine 600mg tab</i>	19
<i>olanzapine 15mg tab</i>	47	OPVEE 2.7MG/0.1ML NASAL SPRAY	28		
<i>olanzapine 2.5mg tab</i>	47				
<i>olanzapine 20mg odt</i>	47				
<i>olanzapine 20mg tab</i>	47				

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>oxcarbazepine 60mg/ml oral susp</i>	19	OZEMPIC 4MG/3ML PEN INJ	26	<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	74
<i>oxybutynin chloride 10mg er tab</i>	69	OZEMPIC 8MG/3ML PEN INJ	26	PEGASYS 180MCG/ML INJ	52
<i>oxybutynin chloride 15mg er tab</i>	69	P		180MCG/0.5ML SYRINGE	
<i>oxybutynin chloride 1mg/ml oral soln</i>	69	<i>paliperidone 1.5mg er tab</i>	46	PEGASYS 180MCG/ML INJ	52
<i>oxybutynin chloride 5mg er tab</i>	69	<i>paliperidone 3mg er tab</i>	46	PEMAZYRE 13.5MG TAB	41
<i>oxybutynin chloride 5mg tab</i>	69	<i>paliperidone 6mg er tab</i>	46	PEMAZYRE 4.5MG TAB	41
<i>oxycodone 10mg tab</i>	11	<i>paliperidone 9mg er tab</i>	46	PEMAZYRE 9MG TAB	41
<i>oxycodone 15mg tab</i>	11	PANRETIN 0.1% TOPICAL GEL	59	PENBRAYA INJ	73
<i>oxycodone 1mg/ml oral soln</i>	11	<i>pantoprazole 20mg dr tab</i>	88	<i>penicillamine 250mg tab</i>	75
<i>oxycodone 20mg tab</i>	11	<i>pantoprazole 40mg dr tab</i>	88	<i>penicillin g potassium 1000000unit/ml inj</i>	81
<i>oxycodone 30mg tab</i>	11	<i>paricalcitol 1mcg cap</i>	63	PENICILLIN G SODIUM 100000UNIT/ML INJ	81
<i>oxycodone 5mg tab</i>	11	<i>paricalcitol 2mcg cap</i>	63	<i>penicillin v potassium 250mg tab</i>	81
<i>oxycodone/acetaminophen 10-325mg tab</i>	12	<i>paricalcitol 4mcg cap</i>	63	PENICILLIN V	81
<i>oxycodone/acetaminophen 2.5-325mg tab</i>	12	<i>paroxetine 10mg tab</i>	22	POTASSIUM 25MG/ML ORAL SOLN	
<i>oxycodone/acetaminophen 5-325mg tab</i>	12	PAROXETINE 10MG/5ML ORAL SUSP	22	<i>penicillin v potassium 500mg tab</i>	81
<i>oxycodone/acetaminophen 7.5-325mg tab</i>	12	<i>paroxetine 12.5mg er tab</i>	22	PENICILLIN V	81
OXYCONTIN 10MG ER TAB	11	<i>paroxetine 20mg tab</i>	22	POTASSIUM 50MG/ML ORAL SOLN	
OXYCONTIN 15MG ER TAB	11	<i>paroxetine 25mg er tab</i>	22	PENMENVY INJ	73
OXYCONTIN 20MG ER TAB	11	<i>paroxetine 30mg tab</i>	22	PENTACEL 96-30-68UNIT/ML INJ	73
OXYCONTIN 30MG ER TAB	11	<i>paroxetine 37.5mg er tab</i>	22	<i>pentamidine isethionate 300mg inj</i>	35
OXYCONTIN 40MG ER TAB	12	<i>paroxetine 40mg tab</i>	22	<i>pentamidine isethionate 300mg/6ml inh soln</i>	35
OXYCONTIN 60MG ER TAB	12	PAXLOVID 150MG/100MG TAB PACK (20)	52	<i>pentoxifylline 400mg er tab</i>	56
OXYCONTIN 80MG ER TAB	12	PAXLOVID 150MG/100MG TAB PACK (30)	52	<i>perampanel 10mg tab</i>	19
OZEMPIC 2MG/3ML PEN INJ	26	PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)	52	<i>perampanel 12mg tab</i>	19
		<i>pazopanib 200mg tab</i>	41	<i>perampanel 2mg tab</i>	19
		PEDIARIX SYRINGE	73	<i>perampanel 4mg tab</i>	20
		PEDVAXHIB 7.5MCG/0.5ML INJ	73	<i>perampanel 6mg tab</i>	20
		<i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	74	<i>perampanel 8mg tab</i>	20
		<i>peg 3350/electrolyte powder for oral soln</i>	74		

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ALPHABETICAL LISTING OF DRUGS

PERINDOPRIL	31	PIMOZIDE 2MG TAB	84	<i>portia tab 28-day pack</i>	67
ERBUMINE 2MG TAB		<i>pimtreea tab 28-day pack</i>	66	<i>posaconazole 100mg dr</i>	29
<i>perindopril erbumine</i>	31	<i>pindolol 10mg tab</i>	53	<i>tab</i>	
<i>4mg tab</i>		<i>pindolol 5mg tab</i>	53	<i>posaconazole 40mg/ml</i>	29
PERINDOPRIL	31	<i>pioglitazone 15mg tab</i>	26	<i>oral susp</i>	
ERBUMINE 8MG TAB		<i>pioglitazone 30mg tab</i>	26	<i>potassium chloride</i>	78
<i>periogard 0.12%</i>	57	<i>pioglitazone 45mg tab</i>	26	<i>1.33meq/ml oral soln</i>	
<i>mouthwash</i>		<i>piperacillin/tazobactam</i>	81	<i>potassium chloride</i>	78
<i>permethrin 5% topical</i>	61	<i>2000-250mg inj</i>		<i>10meq er cap</i>	
<i>cream</i>		<i>piperacillin/tazobactam</i>	81	<i>potassium chloride</i>	78
<i>perphenazine 16mg tab</i>	48	<i>3000-375mg inj</i>		<i>10meq er tab</i>	
<i>perphenazine 2mg tab</i>	48	<i>piperacillin/tazobactam</i>	81	<i>potassium chloride</i>	78
<i>perphenazine 4mg tab</i>	48	<i>36-4.5gm inj</i>		<i>10meq micro er tab</i>	
<i>perphenazine 8mg tab</i>	48	<i>piperacillin/tazobactam</i>	81	POTASSIUM CHLORIDE	78
PHENELZINE 15MG TAB	22	<i>4000-500mg inj</i>		10MEQ/100ML INJ	
<i>phenobarbital 100mg tab</i>	20	PIQRAY TAB 200MG	41	POTASSIUM CHLORIDE	78
<i>phenobarbital 15mg tab</i>	20	DAILY DOSE PACK (28)		15MEQ ER TAB	
<i>phenobarbital 16.2mg tab</i>	20	PIQRAY TAB 250MG	41	<i>potassium chloride</i>	78
<i>phenobarbital 30mg tab</i>	20	DAILY DOSE PACK (56)		<i>15meq micro er tab</i>	
<i>phenobarbital 32.4mg tab</i>	20	PIQRAY TAB 300MG	41	<i>potassium chloride</i>	78
<i>phenobarbital 4mg/ml</i>	20	DAILY DOSE PACK (56)		<i>2.67meq/ml oral soln</i>	
<i>oral soln</i>		<i>pirfenidone 267mg cap</i>	85	<i>potassium chloride</i>	78
<i>phenobarbital 60mg tab</i>	20	<i>pirfenidone 267mg tab</i>	85	<i>20meq er tab</i>	
<i>phenobarbital 64.8mg tab</i>	20	<i>pirfenidone 801mg tab</i>	85	<i>potassium chloride</i>	78
<i>phenobarbital 97.2mg tab</i>	20	<i>piroxicam 10mg cap</i>	11	<i>20meq micro er tab</i>	
<i>phenytek 200mg er cap</i>	20	<i>piroxicam 20mg cap</i>	11	<i>potassium chloride</i>	78
<i>phenytek 300mg er cap</i>	20	PLEGRIDY	84	<i>20meq powder for oral</i>	
<i>phenytoin 25mg/ml oral</i>	20	125MCG/0.5ML		<i>soln</i>	
<i>susp</i>		AUTO-INJECTOR		POTASSIUM CHLORIDE	78
<i>phenytoin 50mg chew tab</i>	20	PLEGRIDY	84	20MEQ/100ML INJ	
<i>phenytoin sodium 100mg</i>	20	125MCG/0.5ML		<i>potassium chloride</i>	78
<i>er cap</i>		SYRINGE		<i>2meq/ml (20ml) inj</i>	
PIFELTRO 100MG TAB	51	<i>plenamine 15% inj</i>	78	<i>potassium chloride</i>	78
<i>pilocarpine 1% ophth</i>	80	PODOFILOX 0.5%	61	<i>2meq/ml inj</i>	
<i>soln</i>		TOPICAL SOLN		POTASSIUM CHLORIDE	78
<i>pilocarpine 2% ophth</i>	80	<i>polycin 0.5-10unit/mg</i>	79	40MEQ/100ML INJ	
<i>soln</i>		<i>ophth ointment</i>		<i>potassium chloride 8meq</i>	78
<i>pilocarpine 4% ophth</i>	80	<i>polymyxin b/trimethoprim</i>	79	<i>er cap</i>	
<i>soln</i>		<i>10000 unit/ml-0.1%</i>		<i>potassium chloride 8meq</i>	78
<i>pilocarpine 5mg tab</i>	57	<i>ophth soln</i>		<i>er tab</i>	
<i>pilocarpine 7.5mg tab</i>	57	POMALYST 1MG CAP	43	<i>potassium citrate 10meq</i>	70
<i>pimecrolimus 1% topical</i>	61	POMALYST 2MG CAP	43	<i>er tab</i>	
<i>cream</i>		POMALYST 3MG CAP	43	<i>potassium citrate 15meq</i>	70
PIMOZIDE 1MG TAB	84	POMALYST 4MG CAP	43	<i>er tab</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>potassium citrate 5meq er tab</i>	70	<i>prednisone 5mg tab pack (21)</i>	72	PRIMAQUINE	36
<i>pramipexole 0.125mg tab</i>	44	<i>prednisone 5mg tab pack (48)</i>	72	PHOSPHATE 26.3MG	
<i>pramipexole 0.25mg tab</i>	44	<i>pregabalin 100mg cap</i>	20	TAB	
<i>pramipexole 0.5mg tab</i>	44	<i>pregabalin 150mg cap</i>	20	<i>primidone 250mg tab</i>	20
<i>pramipexole 0.75mg tab</i>	44	<i>pregabalin 200mg cap</i>	20	<i>primidone 50mg tab</i>	20
<i>pramipexole 1.5mg tab</i>	44	<i>pregabalin 20mg/ml oral soln</i>	20	PRIORIX INJ	73
<i>prasugrel 10mg tab</i>	70	<i>pregabalin 225mg cap</i>	20	PRIVIGEN 20GM/200ML	72
<i>prasugrel 5mg tab</i>	70	<i>pregabalin 25mg cap</i>	20	INJ	
<i>pravastatin sodium 10mg tab</i>	30	<i>pregabalin 300mg cap</i>	20	<i>probenecid 500mg tab</i>	70
<i>pravastatin sodium 20mg tab</i>	30	<i>pregabalin 50mg cap</i>	20	<i>prochlorperazine 10mg tab</i>	48
<i>pravastatin sodium 40mg tab</i>	30	<i>pregabalin 75mg cap</i>	20	<i>prochlorperazine 25mg rectal supp</i>	48
<i>pravastatin sodium 80mg tab</i>	30	PREMARIN 0.3MG TAB	68	<i>prochlorperazine 5mg tab</i>	48
<i>praziquantel 600mg tab</i>	13	PREMARIN 0.45MG TAB	68	<i>procto-med 2.5% topical cream</i>	13
<i>prazosin 1mg cap</i>	32	PREMARIN 0.625MG TAB	68	<i>proctosol 2.5% topical cream</i>	13
<i>prazosin 2mg cap</i>	32	PREMARIN	88	<i>proctozone hc 2.5% topical cream</i>	13
<i>prazosin 5mg cap</i>	32	0.625MG/GM VAGINAL CREAM		<i>progesterone 100mg cap</i>	82
PREDNISOLONE 1%	80	PREMARIN 0.9MG TAB	68	<i>progesterone 200mg cap</i>	82
OPHTH SOLN		PREMARIN 1.25MG TAB	68	PROGRAF 0.2MG	76
<i>prednisolone 1mg/ml oral soln</i>	71	PREMPHASE 28-DAY PACK	67	GRANULES FOR ORAL SUSP	
<i>prednisolone 3mg/ml oral soln</i>	71	PREMPRO 0.3/1.5MG 28-DAY PACK	67	PROGRAF 1MG	76
<i>prednisolone 5mg/ml oral soln</i>	71	PREMPRO 0.45/1.5MG 28-DAY PACK	67	GRANULES FOR ORAL SUSP	
<i>prednisolone acetate 1% ophth susp</i>	80	PREMPRO 0.625/2.5MG 28-DAY PACK	67	PROLASTIN 1000MG INJ	85
<i>prednisone 10mg tab</i>	71	PREMPRO 0.625/5MG 28-DAY PACK	67	<i>promethazine 1.25mg/ml oral soln</i>	84
<i>prednisone 10mg tab (21)</i>	71	PREMPRO 0.625/5MG 28-DAY PACK	67	<i>promethazine 12.5mg tab</i>	84
<i>prednisone 10mg tab pack (48)</i>	71	PREVYMIS 120MG ORAL PELLET	52	<i>promethazine 25mg tab</i>	84
<i>prednisone 1mg tab</i>	71	PREVYMIS 240MG TAB	52	<i>promethazine 50mg tab</i>	84
PREDNISONE 1MG/ML ORAL SOLN	72	PREVYMIS 480MG TAB	52	<i>propafenone 150mg tab</i>	55
<i>prednisone 2.5mg tab</i>	72	PREZCOBIX 150-800MG TAB	51	<i>propafenone 225mg er cap</i>	55
<i>prednisone 20mg tab</i>	72	PREZISTA 100MG/ML ORAL SUSP	51	<i>propafenone 225mg tab</i>	55
<i>prednisone 50mg tab</i>	72	PREZISTA 150MG TAB	51	<i>propafenone 300mg tab</i>	55
<i>prednisone 5mg tab</i>	72	PREZISTA 75MG TAB	51	<i>propafenone 325mg er cap</i>	55
		PRIFTIN 150MG TAB	36	<i>propafenone 425mg er cap</i>	55
				<i>propranolol 10mg tab</i>	53

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

ALPHABETICAL LISTING OF DRUGS

<i>propranolol 120mg er cap</i>	53	<i>quinapril 5mg tab</i>	31	<i>repaglinide 1mg tab</i>	26
<i>propranolol 160mg er cap</i>	53	QUINIDINE SULFATE	56	<i>repaglinide 2mg tab</i>	26
<i>propranolol 20mg tab</i>	53	200MG TAB		REPATHA 140MG/ML	30
<i>propranolol 40mg tab</i>	53	QUINIDINE SULFATE	56	AUTO-INJECTOR	
PROPRANOLOL	53	300MG TAB		REPATHA 140MG/ML	30
4MG/ML ORAL SOLN		<i>quinine sulfate 324mg cap</i>	36	SYRINGE	
<i>propranolol 60mg er cap</i>	53	QVAR 40MCG	15	RETACRIT	71
<i>propranolol 60mg tab</i>	53	REDIHALER		10000UNIT/ML INJ	
<i>propranolol 80mg er cap</i>	53	QVAR 80MCG	15	RETACRIT	71
<i>propranolol 80mg tab</i>	53	REDIHALER		20000UNIT/2ML INJ	
PROPRANOLOL	53			RETACRIT	71
8MG/ML ORAL SOLN		R		20000UNIT/ML INJ	
<i>propylthiouracil 50mg tab</i>	87	RABAVERT 2.5UNIT/ML INJ	73	RETACRIT 2000UNIT/ML INJ	71
PROQUAD INJ	73	<i>rabeprazole sodium 20mg dr tab</i>	88	RETACRIT 3000UNIT/ML INJ	71
PROSOL 20% INJ	78	RADICAVA 105MG/5ML ORAL SUSP	56	RETACRIT	71
<i>protriptyline 10mg tab</i>	24	RALDESY 10MG/ML ORAL SOLN	23	40000UNIT/ML INJ	
<i>protriptyline 5mg tab</i>	24	<i>raloxifene 60mg tab</i>	63	RETACRIT 4000UNIT/ML INJ	71
PULMOZYME 1MG/ML INH SOLN	85	<i>ramelteon 8mg tab</i>	72	RETEVMO 120MG TAB	41
<i>pyrazinamide 500mg tab</i>	36	<i>ramipril 1.25mg cap</i>	31	RETEVMO 160MG TAB	41
<i>pyridostigmine bromide 60mg tab</i>	49	<i>ramipril 10mg cap</i>	31	RETEVMO 40MG TAB	41
<i>pyrimethamine 25mg tab</i>	36	<i>ramipril 2.5mg cap</i>	31	RETEVMO 80MG TAB	41
		<i>ramipril 5mg cap</i>	31	REVCOSI 2.4MG/1.5ML INJ	63
Q		<i>ranolazine 1000mg er tab</i>	56	REVUFORJ 110MG TAB	43
QINLOCK 50MG TAB	41	<i>ranolazine 500mg er tab</i>	56	REVUFORJ 160MG TAB	43
QUADRACEL INJ	73	<i>rasagiline 0.5mg tab</i>	45	REVUFORJ 25MG TAB	43
QUADRACEL SYRINGE	73	<i>rasagiline 1mg tab</i>	45	REXULTI 0.25MG TAB	49
<i>quetiapine 100mg tab</i>	47	<i>reclipsen tab 28-day pack</i>	67	REXULTI 0.5MG TAB	49
<i>quetiapine 150mg er tab</i>	47	RECOMBIVAX	73	REXULTI 1MG TAB	49
<i>quetiapine 200mg er tab</i>	47	10MCG/ML INJ		REXULTI 2MG TAB	49
<i>quetiapine 200mg tab</i>	47	RECOMBIVAX	73	REXULTI 3MG TAB	49
<i>quetiapine 25mg tab</i>	47	10MCG/ML SYRINGE		REXULTI 4MG TAB	49
<i>quetiapine 300mg er tab</i>	47	RECOMBIVAX	73	REYATAZ 50MG ORAL POWDER	51
<i>quetiapine 300mg tab</i>	47	40MCG/ML INJ		REZDIFFRA 100MG TAB	68
<i>quetiapine 400mg er tab</i>	47	RECOMBIVAX	73	REZDIFFRA 60MG TAB	68
<i>quetiapine 400mg tab</i>	47	5MCG/0.5ML INJ		REZDIFFRA 80MG TAB	68
<i>quetiapine 50mg er tab</i>	47	RECOMBIVAX	73	REZLIDHIA 150MG CAP	41
<i>quetiapine 50mg tab</i>	47	5MCG/0.5ML SYRINGE		REZUROCK 200MG TAB	75
<i>quinapril 10mg tab</i>	31	RELENZA 5MG/BLISTER POWDER INHALER	52	RHOPRESSA 0.02% OPHTH SOLN	79
<i>quinapril 20mg tab</i>	31	<i>repaglinide 0.5mg tab</i>	26		
<i>quinapril 40mg tab</i>	31				

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

RIBAVIRIN 200MG CAP	52	<i>risperidone microspheres</i>	47	<i>rosuvastatin calcium</i>	30
RIBAVIRIN 200MG TAB	52	<i>25mg inj</i>		<i>40mg tab</i>	
<i>rifabutin 150mg cap</i>	36	<i>risperidone microspheres</i>	47	<i>rosuvastatin calcium 5mg</i>	30
<i>rifampin 150mg cap</i>	36	<i>37.5mg inj</i>		<i>tab</i>	
<i>rifampin 300mg cap</i>	36	<i>risperidone microspheres</i>	47	ROTARIX	73
<i>rifampin 600mg inj</i>	36	<i>50mg inj</i>		667000UNIT/ML ORAL	
<i>riluzole 50mg tab</i>	56	<i>ritonavir 100mg tab</i>	51	SUSP	
RIMANTADINE 100MG	52	<i>rivaroxaban 1mg/ml oral</i>	17	ROTATEQ ORAL SUSP	73
TAB		<i>susp</i>		<i>roweepra 500mg tab</i>	20
RINVOQ 15MG ER TAB	9	<i>rivaroxaban 2.5mg tab</i>	17	ROZLYTREK 100MG	41
RINVOQ 1MG/ML ORAL	9	<i>rivastigmine 1.5mg cap</i>	83	CAP	
SOLN		<i>rivastigmine 13.3mg/24hr</i>	83	ROZLYTREK 200MG	41
RINVOQ 30MG ER TAB	9	<i>patch</i>		CAP	
RINVOQ 45MG ER TAB	9	<i>rivastigmine 3mg cap</i>	83	ROZLYTREK 50MG	41
<i>risedronate sodium</i>	63	<i>rivastigmine 4.5mg cap</i>	83	ORAL PELLETT	
<i>150mg tab</i>		<i>rivastigmine 4.6mg/24hr</i>	83	RUBRACA 200MG TAB	41
<i>risedronate sodium 30mg</i>	63	<i>patch</i>		RUBRACA 250MG TAB	41
<i>tab</i>		<i>rivastigmine 6mg cap</i>	83	RUBRACA 300MG TAB	41
<i>risedronate sodium 35mg</i>	63	<i>rivastigmine 9.5mg/24hr</i>	83	<i>rufinamide 200mg tab</i>	20
<i>tab</i>		<i>patch</i>		<i>rufinamide 400mg tab</i>	20
<i>risedronate sodium 35mg</i>	63	<i>rizatriptan 10mg odt</i>	75	<i>rufinamide 40mg/ml oral</i>	20
<i>tab pack (12)</i>		<i>rizatriptan 10mg tab</i>	75	<i>susp</i>	
<i>risedronate sodium 35mg</i>	63	<i>rizatriptan 5mg odt</i>	75	RUKOBIA 600MG ER	51
<i>tab pack (4)</i>		<i>rizatriptan 5mg tab</i>	75	TAB	
<i>risedronate sodium 5mg</i>	63	ROCKLATAN	79	RYBELSUS 14MG TAB	26
<i>tab</i>		0.02-0.005% OPHTH		RYBELSUS 3MG TAB	26
RISPERIDONE 0.25MG	46	SOLN		RYBELSUS 7MG TAB	26
ODT		<i>roflumilast 0.5mg tab</i>	85	RYDAPT 25MG CAP	41
<i>risperidone 0.25mg tab</i>	46	<i>roflumilast 250mcg tab</i>	85		
<i>risperidone 0.5mg odt</i>	46	ROMVIMZA 14MG CAP	41	S	
<i>risperidone 0.5mg tab</i>	46	ROMVIMZA 20MG CAP	41	<i>sacubitril/valsartan</i>	56
<i>risperidone 1mg odt</i>	46	ROMVIMZA 30MG CAP	41	<i>24-26mg tab</i>	
<i>risperidone 1mg tab</i>	46	<i>ropinirole 0.25mg tab</i>	44	<i>sacubitril/valsartan</i>	56
<i>risperidone 1mg/ml oral</i>	46	<i>ropinirole 0.5mg tab</i>	44	<i>49-51mg tab</i>	
<i>soln</i>		<i>ropinirole 1mg tab</i>	44	<i>sacubitril/valsartan</i>	56
<i>risperidone 2mg odt</i>	46	<i>ropinirole 2mg tab</i>	44	<i>97-103mg tab</i>	
<i>risperidone 2mg tab</i>	46	<i>ropinirole 3mg tab</i>	44	<i>salmon calcitonin</i>	63
<i>risperidone 3mg odt</i>	46	<i>ropinirole 4mg tab</i>	44	<i>200unit/act nasal spray</i>	
<i>risperidone 3mg tab</i>	46	<i>ropinirole 5mg tab</i>	45	SANTYL 250UNIT/GM	61
<i>risperidone 4mg odt</i>	46	<i>rosuvastatin calcium</i>	30	TOPICAL OINTMENT	
<i>risperidone 4mg tab</i>	47	<i>10mg tab</i>		<i>sapropterin 100mg</i>	63
<i>risperidone microspheres</i>	47	<i>rosuvastatin calcium</i>	30	<i>powder for oral soln</i>	
<i>12.5mg inj</i>		<i>20mg tab</i>		<i>sapropterin 100mg tab</i>	63
				<i>sapropterin 500mg</i>	63
				<i>powder for oral soln</i>	

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

ALPHABETICAL LISTING OF DRUGS

SCSEMBLIX 100MG TAB	41	SIMLANDI 80MG/0.8ML	10	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	74
SCSEMBLIX 20MG TAB	41	AUTO-INJECTOR		<i>17.5-3.13-1.6 gm/177ml</i>	
SCSEMBLIX 40MG TAB	42	SIMLANDI 80MG/0.8ML	10	<i>oral soln prep kit (480ml)</i>	
<i>scopolamine 1mg/72hr patch</i>	28	SYRINGE		SOFOSBUVIR/VELPATAS	52
SECUADO 3.8MG/24HR PATCH	47	<i>simvastatin 10mg tab</i>	30	VIR 400-100MG TAB	
SECUADO 5.7MG/24HR PATCH	48	<i>simvastatin 20mg tab</i>	30	<i>solifenacin succinate 10mg tab</i>	69
SECUADO 7.6MG/24HR PATCH	48	<i>simvastatin 40mg tab</i>	30	<i>solifenacin succinate 5mg tab</i>	69
<i>selegiline 5mg cap</i>	45	<i>simvastatin 5mg tab</i>	31	SOLTAMOX 10MG/5ML ORAL SOLN	38
<i>selegiline 5mg tab</i>	45	<i>simvastatin 80mg tab</i>	31	SOMAVERT 10MG INJ	64
<i>selenium sulfide 2.5% shampoo</i>	61	<i>sirolimus 0.5mg tab</i>	76	SOMAVERT 15MG INJ	64
SELZENTRY 20MG/ML ORAL SOLN	51	<i>sirolimus 1mg tab</i>	76	SOMAVERT 20MG INJ	64
<i>sertraline 100mg tab</i>	22	<i>sirolimus 1mg/ml oral soln</i>	76	SOMAVERT 25MG INJ	64
<i>sertraline 20mg/ml oral soln</i>	22	<i>sirolimus 2mg tab</i>	76	SOMAVERT 30MG INJ	64
<i>sertraline 25mg tab</i>	22	SIRTURO 100MG TAB	36	<i>sorafenib 200mg tab</i>	42
<i>sertraline 50mg tab</i>	23	SIRTURO 20MG TAB	36	<i>sotalol 120mg tab</i>	53
<i>setlakin tab 91-day pack</i>	67	SKYRIZI 150MG/ML AUTO-INJECTOR	59	<i>sotalol 160mg tab</i>	54
<i>sharobel 0.35mg tab 28-day pack</i>	82	SKYRIZI 150MG/ML SYRINGE	59	<i>sotalol 240mg tab</i>	54
SHINGRIX	73	SKYRIZI 180MG/1.2ML CARTRIDGE	69	<i>sotalol 80mg tab</i>	54
50MCG/0.5ML INJ		SKYRIZI 360MG/2.4ML CARTRIDGE	69	<i>sotalol af 120mg tab</i>	54
SIGNIFOR 0.3MG/ML INJ	64	<i>sodium chloride 0.45% inj</i>	78	<i>sotalol af 160mg tab</i>	54
SIGNIFOR 0.6MG/ML INJ	64	<i>sodium chloride 0.9% irrigation soln</i>	78	<i>sotalol af 80mg tab</i>	54
SIGNIFOR 0.9MG/ML INJ	64	<i>sodium chloride 3% inj</i>	78	SPIRIVA RESPIMAT	15
<i>sildenafil 20mg tab</i>	85	<i>sodium chloride 50mg/ml inj</i>	78	1.25MCG/ACT INHALER	
<i>silodosin 4mg cap</i>	69	SODIUM OXYBATE	86	<i>spironolactone 100mg tab</i>	62
<i>silodosin 8mg cap</i>	70	500MG/ML ORAL SOLN		<i>spironolactone 25mg tab</i>	62
<i>silver sulfadiazine 1% topical cream</i>	61	<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	63	<i>spironolactone 50mg tab</i>	62
SIMBRINZA 0.2-1% OPHTH SUSP	79	<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	76	<i>sprintec tab 28-day pack</i>	67
SIMLANDI 20MG/0.2ML SYRINGE	10	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	74	SPRITAM 250MG TAB FOR ORAL SUSP	20
SIMLANDI 40MG/0.4ML AUTO-INJECTOR	10	<i>17.5-3.13-1.6 gm/177ml oral soln prep kit</i>		SPRITAM 500MG TAB FOR ORAL SUSP	20
SIMLANDI 40MG/0.4ML SYRINGE	10			<i>sps 15gm/60ml oral susp</i>	76
				<i>sronyx tab 28-day pack</i>	67
				<i>ssd 1% topical cream</i>	61
				STELARA 45MG/0.5ML INJ	59
				STELARA 45MG/0.5ML SYRINGE	59
				STELARA 90MG/ML SYRINGE	59

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

STEQEYMA 90MG/ML SYRINGE	59	<i>sumatriptan 4mg/0.5ml cartridge</i>	75	SYNJARDY 5-500MG TAB	25
STIOLTO 2.5-2.5MCG/ACT INHALER	16	<i>sumatriptan 50mg tab</i>	75	SYNJARDY XR 10-1000MG TAB	25
STIVARGA 40MG TAB	42	<i>sumatriptan 5mg/act nasal spray</i>	75	SYNJARDY XR 12.5-1000MG TAB	25
STREPTOMYCIN 1GM INJ	9	<i>sumatriptan 6mg/0.5ml auto-injector</i>	75	SYNJARDY XR 25-1000MG TAB	25
STRIBILD 150-150-200-300MG TAB	51	<i>sumatriptan 6mg/0.5ml cartridge</i>	75	SYNJARDY XR 5-1000MG TAB	87
STRIVERDI 2.5MCG/ACT INHALER	16	<i>sumatriptan 6mg/0.5ml inj</i>	42	SYNTHROID 100MCG TAB	87
<i>sucralfate 1000mg tab</i>	88	<i>sunitinib 12.5mg cap</i>	42	SYNTHROID 112MCG TAB	87
<i>sucralfate 100mg/ml oral susp</i>	88	<i>sunitinib 25mg cap</i>	42	SYNTHROID 125MCG TAB	87
SUFLAVE ORAL SOLN PACK	74	<i>sunitinib 37.5mg cap</i>	42	SYNTHROID 137MCG TAB	87
SULFACETAMIDE SODIUM 10% OPHTH SOLN	79	<i>sunitinib 50mg cap</i>	51	SYNTHROID 150MCG TAB	87
<i>sulfacetamide sodium 10% topical lotion</i>	58	SUNLENCA 300MG TAB	51	SYNTHROID 175MCG TAB	87
SULFACETAMIDE/PRED NISOLONE 10-0.25% OPHTH SOLN	80	SUNLENCA 300MG TAB THERAPY PACK (4)	51	SYNTHROID 200MCG TAB	87
<i>sulfadiazine 500mg tab</i>	86	SUNLENCA 300MG TAB THERAPY PACK (5)	86	SYNTHROID 25MCG TAB	87
<i>sulfamethoxazole/trimeth oprim 200-40mg/5ml oral susp</i>	86	SUNOSI 150MG TAB	86	SYNTHROID 300MCG TAB	87
<i>sulfamethoxazole/trimeth oprim 400-80mg tab</i>	86	SUNOSI 75MG TAB	74	SYNTHROID 50MCG TAB	87
<i>sulfamethoxazole/trimeth oprim 800-160mg tab</i>	86	SUTAB 225-188-1479MG TAB	67	SYNTHROID 75MCG TAB	87
<i>sulfasalazine 500mg dr tab</i>	69	<i>syeda tab 28-day pack</i>	85	SYNTHROID 88MCG TAB	87
<i>sulfasalazine 500mg tab</i>	69	SYMDEKO TAB 4-WEEK PACK (56)	85	SYNTHROID 88MCG TAB	87
<i>sulindac 150mg tab</i>	11	SYMDEKO TAB	18	SYNTHROID 88MCG TAB	87
<i>sulindac 200mg tab</i>	11	50-75MG/75MG PACK (56)	18	SYNTHROID 88MCG TAB	87
<i>sumatriptan 100mg tab</i>	75	SYMPAZAN 10MG ORAL FILM	18	SYNTHROID 88MCG TAB	87
<i>sumatriptan 20mg/act nasal spray</i>	75	SYMPAZAN 20MG ORAL FILM	18	SYNTHROID 88MCG TAB	87
<i>sumatriptan 25mg tab</i>	75	SYMPAZAN 5MG ORAL FILM	18	SYNTHROID 88MCG TAB	87
		SYMTUZA	51	SYNTHROID 88MCG TAB	87
		150-800-200-10MG TAB	25	SYNTHROID 88MCG TAB	87
		SYNJARDY 12.5-1000MG TAB	25	SYNTHROID 88MCG TAB	87
		SYNJARDY 12.5-500MG TAB	25	SYNTHROID 88MCG TAB	87
		SYNJARDY 5-1000MG TAB	25	SYNTHROID 88MCG TAB	87
				T	
				TABLOID 40MG TAB	36
				TABRECTA 150MG TAB	42
				TABRECTA 200MG TAB	42
				<i>tacrolimus 0.03% topical ointment</i>	61
				<i>tacrolimus 0.1% topical ointment</i>	61
				<i>tacrolimus 0.5mg cap</i>	76
				<i>tacrolimus 1mg cap</i>	76

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

ALPHABETICAL LISTING OF DRUGS

<i>tacrolimus 5mg cap</i>	76	<i>terazosin 5mg cap</i>	32	<i>theophylline 300mg er</i>	85
<i>tadalafil 2.5mg tab</i>	70	<i>terbinafine 250mg tab</i>	29	<i>tab</i>	
<i>tadalafil 20mg tab</i>	85	<i>terconazole 0.4% vaginal</i>	88	<i>theophylline 400mg er</i>	86
<i>tadalafil 5mg tab</i>	70	<i>cream</i>		<i>tab</i>	
TAFINLAR 10MG TAB	42	<i>terconazole 0.8% vaginal</i>	88	<i>theophylline 450mg er</i>	86
FOR ORAL SUSP		<i>cream</i>		<i>tab</i>	
TAFINLAR 50MG CAP	42	<i>terconazole 80mg vaginal</i>	88	<i>theophylline 600mg er</i>	86
TAFINLAR 75MG CAP	42	<i>insert</i>		<i>tab</i>	
TAGRISSE 40MG TAB	37	<i>teriflunomide 14mg tab</i>	84	<i>thioridazine 100mg tab</i>	48
TAGRISSE 80MG TAB	37	<i>teriflunomide 7mg tab</i>	84	<i>thioridazine 10mg tab</i>	48
TALZENNA 0.1MG CAP	42	TERIPARATIDE	63	<i>thioridazine 25mg tab</i>	48
TALZENNA 0.25MG CAP	42	620MCG/2.48ML PEN		<i>thioridazine 50mg tab</i>	48
TALZENNA 0.35MG CAP	42	INJ		<i>thiothixene 10mg cap</i>	46
TALZENNA 0.5MG CAP	42	<i>testosterone 1%</i>	12	<i>thiothixene 1mg cap</i>	46
TALZENNA 0.75MG CAP	42	<i>(12.5mg/act) topical gel</i>		<i>thiothixene 2mg cap</i>	46
TALZENNA 1MG CAP	42	<i>pump</i>		<i>thiothixene 5mg cap</i>	46
<i>tamoxifen 10mg tab</i>	38	<i>testosterone 1% (25mg)</i>	12	<i>tiadylt 120mg er (24hr)</i>	55
<i>tamoxifen 20mg tab</i>	38	<i>topical gel packet</i>		<i>cap</i>	
<i>tamsulosin 0.4mg cap</i>	70	<i>testosterone 1% (50mg)</i>	13	<i>tiadylt 180mg er (24hr)</i>	55
<i>tarina fe tab 1/20 28-day</i>	67	<i>topical gel packet</i>		<i>cap</i>	
<i>pack</i>		<i>testosterone 1.62%</i>	13	<i>tiadylt 240mg er (24hr)</i>	55
<i>tazarotene 0.1% topical</i>	59	<i>(20.25mg/act) topical gel</i>		<i>cap</i>	
<i>cream</i>		<i>pump</i>		<i>tiadylt 300mg er (24hr)</i>	55
<i>tazicef 1gm inj</i>	57	<i>testosterone 30mg/act</i>	13	<i>cap</i>	
<i>tazicef 2gm inj</i>	57	<i>topical soln</i>		<i>tiadylt 360mg er (24hr)</i>	55
TAZICEF 6GM INJ	57	<i>testosterone cypionate</i>	13	<i>cap</i>	
TAZVERIK 200MG TAB	42	<i>100mg/ml inj</i>		<i>tiadylt 420mg er (24hr)</i>	55
TEFLARO 400MG INJ	35	<i>testosterone cypionate</i>	13	<i>cap</i>	
TEFLARO 600MG INJ	35	<i>200mg/ml (1ml) inj</i>		<i>tiagabine 12mg tab</i>	21
<i>telmisartan 20mg tab</i>	32	<i>testosterone cypionate</i>	13	<i>tiagabine 16mg tab</i>	21
<i>telmisartan 40mg tab</i>	32	<i>200mg/ml inj</i>		<i>tiagabine 2mg tab</i>	21
<i>telmisartan 80mg tab</i>	32	TESTOSTERONE	13	<i>tiagabine 4mg tab</i>	21
<i>temazepam 15mg cap</i>	72	ENANTHATE 200MG/ML		TIBSOVO 250MG TAB	42
<i>temazepam 30mg cap</i>	72	INJ		<i>ticagrelor 60mg tab</i>	70
TENIVAC 4-10UNIT/ML	73	<i>tetrabenazine 12.5mg tab</i>	83	<i>ticagrelor 90mg tab</i>	70
INJ		<i>tetrabenazine 25mg tab</i>	83	TICOVAC	73
TENIVAC 4-10UNIT/ML	73	<i>tetracycline 250mg cap</i>	86	1.2MCG/0.25ML	
SYRINGE		<i>tetracycline 500mg cap</i>	87	SYRINGE	
<i>tenofovir disoproxil</i>	51	THALOMID 100MG CAP	75	TICOVAC 2.4MCG/0.5ML	73
<i>fumarate 300mg tab</i>		THALOMID 50MG CAP	75	SYRINGE	
TEPMETKO 225MG TAB	42	THEOPHYLLINE 100MG	85	<i>tigecycline 50mg inj</i>	35
<i>terazosin 10mg cap</i>	32	ER TAB		<i>timolol 0.25% ophth gel</i>	79
<i>terazosin 1mg cap</i>	32	THEOPHYLLINE 200MG	85	<i>timolol 0.25% ophth soln</i>	79
<i>terazosin 2mg cap</i>	32	ER TAB		<i>timolol 0.5% ophth gel</i>	79

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

ALPHABETICAL LISTING OF DRUGS

<i>timolol 0.5% ophth soln</i>	79	<i>torse mide 100mg tab</i>	62	TREMFYA 200MG/2ML	69
<i>timolol 10mg tab</i>	54	<i>torse mide 10mg tab</i>	62	AUTO-INJECTOR	
<i>timolol 5mg tab</i>	54	<i>torse mide 20mg tab</i>	62	TREMFYA 200MG/2ML	69
<i>tinidazole 250mg tab</i>	35	<i>torse mide 5mg tab</i>	62	AUTO-INJECTOR	
<i>tinidazole 500mg tab</i>	35	TOUJEO 300UNIT/ML	27	INDUCTION PACK FOR	
TIVICAY 50MG TAB	51	PEN INJ (1.5ML)		CROHNS (2)	
TIVICAY 5MG TAB FOR	51	TOUJEO MAX	27	TREMFYA 200MG/2ML	69
ORAL SUSP		300UNIT/ML PEN INJ		SYRINGE	
<i>tizanidine 2mg tab</i>	49	(3ML)		TRESIBA 100UNIT/ML	27
<i>tizanidine 4mg tab</i>	49	TPN ELECTROLYTES IN.	78	INJ	
<i>tobramycin 0.3% ophth</i>	79	TRADJENTA 5MG TAB	26	TRESIBA 100UNIT/ML	27
<i>soln</i>		<i>tramadol 100mg er tab</i>	12	PEN INJ (3ML)	
TOBRAMYCIN	9	<i>tramadol 200mg er tab</i>	12	TRESIBA 200UNIT/ML	27
10MG/ML INJ		<i>tramadol 300mg er tab</i>	12	PEN INJ (3ML)	
<i>tobramycin 300mg/5ml</i>	9	<i>tramadol 50mg tab</i>	12	<i>tretinoin 0.01% topical</i>	58
<i>inh soln</i>		<i>tramadol/acetaminophen</i>	12	<i>gel</i>	
<i>tobramycin 80mg/2ml inj</i>	9	<i>37.5-325mg tab</i>		<i>tretinoin 0.025% topical</i>	58
<i>tolterodine tartrate 1mg</i>	69	<i>trandolapril 1mg tab</i>	31	<i>cream</i>	
<i>tab</i>		<i>trandolapril 2mg tab</i>	31	<i>tretinoin 0.025% topical</i>	58
<i>tolterodine tartrate 2mg</i>	69	<i>trandolapril 4mg tab</i>	31	<i>gel</i>	
<i>er cap</i>		<i>tranexamic acid 650mg</i>	71	<i>tretinoin 0.05% topical</i>	58
<i>tolterodine tartrate 2mg</i>	69	<i>tab</i>		<i>cream</i>	
<i>tab</i>		<i>tranlycypromine 10mg</i>	22	<i>tretinoin 0.1% topical</i>	58
<i>tolterodine tartrate 4mg</i>	69	<i>tab</i>		<i>cream</i>	
<i>er cap</i>		TRAVASOL 10% INJ	78	<i>tretinoin 10mg cap</i>	43
<i>tolvaptan 15mg tab</i>	64	<i>travoprost 0.004% ophth</i>	80	<i>triamcinolone acetone</i>	61
<i>tolvaptan 15mg tab</i>	64	<i>soln</i>		<i>0.025% topical cream</i>	
<i>therapy pack (56)</i>		<i>trazodone 100mg tab</i>	23	<i>triamcinolone acetone</i>	61
<i>tolvaptan 15mg/30mg tab</i>	64	<i>trazodone 150mg tab</i>	23	<i>0.025% topical lotion</i>	
<i>pack (56)</i>		<i>trazodone 50mg tab</i>	23	<i>triamcinolone acetone</i>	61
<i>tolvaptan 15mg/45mg tab</i>	64	TRELEGY ELLIPTA	16	<i>0.025% topical ointment</i>	
<i>pack (56)</i>		100-62.5-25MCG		<i>triamcinolone acetone</i>	57
<i>tolvaptan 30mg tab</i>	64	POWDER INHALER		<i>0.1% oral paste</i>	
<i>tolvaptan 30mg/60mg tab</i>	64	TRELEGY ELLIPTA	16	<i>triamcinolone acetone</i>	61
<i>pack (56)</i>		200-62.5-25MCG		<i>0.1% topical cream</i>	
<i>topiramate 100mg tab</i>	20	POWDER INHALER		<i>triamcinolone acetone</i>	61
<i>topiramate 15mg cap</i>	20	TRELSTAR 11.25MG INJ	38	<i>0.1% topical lotion</i>	
<i>topiramate 200mg tab</i>	20	TRELSTAR 22.5MG INJ	38	<i>triamcinolone acetone</i>	61
<i>topiramate 25mg cap</i>	20	TRELSTAR 3.75MG INJ	38	<i>0.1% topical ointment</i>	
<i>topiramate 25mg tab</i>	20	TREMFYA 100MG/ML	59	<i>triamcinolone acetone</i>	61
<i>topiramate 25mg/ml oral</i>	20	AUTO-INJECTOR		<i>0.5% topical cream</i>	
<i>soln</i>		TREMFYA 100MG/ML	59	<i>triamcinolone acetone</i>	61
<i>topiramate 50mg tab</i>	20	SYRINGE		<i>0.5% topical ointment</i>	
<i>toemifene 60mg tab</i>	38			<i>trientine 250mg cap</i>	75

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

ALPHABETICAL LISTING OF DRUGS

<i>tri-estarylla tab 28-day pack</i>	67	<i>tri-sprintec tab 28-day pack</i>	67	U	
<i>trifluoperazine 10mg tab</i>	48	TRIUMEQ	51	UBRELVY 100MG TAB	75
<i>trifluoperazine 1mg tab</i>	48	600-50-300MG TAB		UBRELVY 50MG TAB	75
<i>trifluoperazine 2mg tab</i>	48	TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	51	<i>ursodiol 250mg tab</i>	68
<i>trifluoperazine 5mg tab</i>	48	<i>tri-vylibra lo tab 28-day pack</i>	67	<i>ursodiol 300mg cap</i>	68
TRIFLURIDINE 1%	79	<i>tri-vylibra tab 28-day pack</i>	67	<i>ursodiol 500mg tab</i>	68
OPHTH SOLN		<i>trosipium chloride 20mg tab</i>	69	USTEKINUMAB	59
<i>trihexyphenidyl 2mg tab</i>	44	TRULANCE 3MG TAB	74	45MG/0.5ML INJ	
<i>trihexyphenidyl 5mg tab</i>	44	TRULICITY	26	USTEKINUMAB	59
TRIJARDY XR	25	0.75MG/0.5ML		45MG/0.5ML SYRINGE	
10-5-1000MG TAB		AUTO-INJECTOR		USTEKINUMAB	59
TRIJARDY XR	25	TRULICITY	26	90MG/ML SYRINGE	
12.5-2.5-1000MG TAB		1.5MG/0.5ML			
TRIJARDY XR	25	AUTO-INJECTOR		V	
25-5-1000MG TAB		TRULICITY 3MG/0.5ML	26	<i>valacyclovir 1000mg tab</i>	52
TRIJARDY XR	25	AUTO-INJECTOR		<i>valacyclovir 500mg tab</i>	52
5-2.5-1000MG TAB		TRULICITY	26	VALCHLOR 0.016%	59
TRIKAFTA	86	4.5MG/0.5ML		TOPICAL GEL	
100-50-75MG/150MG TAB PACK (84)		AUTO-INJECTOR		<i>valganciclovir 450mg tab</i>	52
TRIKAFTA	86	TRUMENBA SYRINGE	73	<i>valganciclovir 50mg/ml oral soln</i>	52
100-50-75MG/75MG ORAL GRANULES PACK (56)		TRUQAP 160MG TAB	42	<i>valproic acid 250mg cap</i>	21
TRIKAFTA	86	TRUQAP 200MG TAB	42	<i>valproic acid 50mg/ml oral soln</i>	21
50-37.5-25MG/75MG TAB PACK (84)		TUKYSA 150MG TAB	43	<i>valsartan 160mg tab</i>	32
TRIKAFTA	86	TUKYSA 50MG TAB	43	<i>valsartan 320mg tab</i>	32
80-40-60MG/59.5MG ORAL GRANULES PACK (56)		TURALIO 125MG CAP	42	<i>valsartan 40mg tab</i>	32
<i>tri-lo- estarylla tab 28-day pack</i>	67	<i>turqoz tab 28-day pack</i>	67	<i>valsartan 80mg tab</i>	32
<i>tri-lo-sprintec tab 28-day pack</i>	67	TWINRIX SYRINGE	73	VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	18
<i>trimethoprim 100mg tab</i>	35	TYBOST 150MG TAB	51	VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	18
<i>tri-mili tab 28-day pack</i>	67	TYENNE 162MG/0.9ML	76	VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	18
<i>trimipramine 100mg cap</i>	24	AUTO-INJECTOR		VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	18
<i>trimipramine 25mg cap</i>	24	TYENNE 162MG/0.9ML	76	<i>valtya tab 1/50 28-day pack</i>	67
<i>trimipramine 50mg cap</i>	24	SYRINGE		<i>vancomycin 100mg/ml inj</i>	35
TRINTELLIX 10MG TAB	23	TYMLOS	63	<i>vancomycin 125mg cap</i>	35
TRINTELLIX 20MG TAB	23	3120MCG/1.56ML PEN		<i>vancomycin 1gm inj</i>	35
TRINTELLIX 5MG TAB	23	INJ			
		TYPHIM VI	73		
		25MCG/0.5ML INJ			
		TYPHIM VI	73		
		25MCG/0.5ML 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>vancomycin 250mg cap</i>	35	<i>venlafaxine 37.5mg er cap</i>	23	VIREAD 200MG TAB	51
<i>vancomycin 500mg inj</i>	35	<i>venlafaxine 37.5mg tab</i>	23	VIREAD 250MG TAB	51
<i>vancomycin 750mg inj</i>	35	<i>venlafaxine 50mg tab</i>	23	VIREAD 40MG/GM	51
VANFLYTA 17.7MG TAB	42	<i>venlafaxine 75mg er cap</i>	23	ORAL POWDER	
VANFLYTA 26.5MG TAB	42	<i>venlafaxine 75mg tab</i>	23	VITRAKVI 100MG CAP	42
VAQTA 25UNIT/0.5ML INJ	73	VENTOLIN 108MCG HFA INHALER	16	VITRAKVI 20MG/ML	42
VAQTA 25UNIT/0.5ML SYRINGE	73	<i>verapamil 120mg er cap</i>	55	VITRAKVI 25MG CAP	42
VAQTA 50UNIT/ML INJ	74	<i>verapamil 120mg er tab</i>	55	VIVITROL 380MG INJ	28
VAQTA 50UNIT/ML SYRINGE	74	<i>verapamil 120mg tab</i>	55	VIVOTIF DR CAP	74
<i>varenicline 0.5mg tab</i>	84	<i>verapamil 180mg er cap</i>	55	VIZIMPRO 15MG TAB	37
<i>varenicline 0.5mg/1mg first month pack (53)</i>	84	<i>verapamil 180mg er tab</i>	55	VIZIMPRO 30MG TAB	37
<i>varenicline 1mg tab</i>	84	<i>verapamil 240mg er cap</i>	55	VIZIMPRO 45MG TAB	37
<i>varenicline 1mg tab pack (56)</i>	84	<i>verapamil 240mg er tab</i>	55	VONJO 100MG CAP	42
VARIVAX 1350PFU/0.5ML INJ	74	<i>verapamil 40mg tab</i>	55	VORANIGO 10MG TAB	42
VAXCHORA ORAL SUSP	74	<i>verapamil 80mg tab</i>	55	VORANIGO 40MG TAB	42
VELIVET TAB 28-DAY PACK	67	VERQUVO 10MG TAB	56	<i>voriconazole 200mg inj</i>	29
VELTASSA 16.8GM POWDER FOR ORAL SUSP	76	VERQUVO 2.5MG TAB	56	<i>voriconazole 200mg tab</i>	29
VELTASSA 1GM POWDER FOR ORAL SUSP	77	VERQUVO 5MG TAB	56	<i>voriconazole 40mg/ml oral susp</i>	29
VELTASSA 25.2GM POWDER FOR ORAL SUSP	77	VERSACLOZ 50MG/ML ORAL SUSP	48	<i>voriconazole 50mg tab</i>	29
VELTASSA 8.4GM POWDER FOR ORAL SUSP	77	VERZENIO 100MG TAB	42	VOSEVI 400-100-100MG TAB	52
VENCLEXTA 100MG TAB	43	VERZENIO 150MG TAB	42	TAB	
VENCLEXTA 10MG TAB	43	VERZENIO 200MG TAB	42	VOWST 30000000UNIT CAP	69
VENCLEXTA 50MG TAB	43	VERZENIO 50MG TAB	42	VRAYLAR 1.5MG CAP	46
VENCLEXTA TAB STARTER PACK (42)	43	<i>vestura tab 3-0.02mg 28-day pack</i>	67	VRAYLAR 3MG CAP	46
<i>venlafaxine 100mg tab</i>	23	<i>vienva tab 28-day pack</i>	67	VRAYLAR 4.5MG CAP	46
<i>venlafaxine 150mg er cap</i>	23	<i>vigabatrin 500mg powder for oral soln</i>	21	VRAYLAR 6MG CAP	46
<i>venlafaxine 25mg tab</i>	23	<i>vigabatrin 500mg tab</i>	21	<i>vyfemla tab 28-day pack</i>	67
		VIGAFYDE 100MG/ML ORAL SOLN	21	<i>vylibra tab 28-day pack</i>	67
		<i>vigpoder 500mg powder for oral soln</i>	21		
		<i>vilazodone 10mg tab</i>	23	W	
		<i>vilazodone 20mg tab</i>	23	<i>warfarin sodium 10mg tab</i>	17
		<i>vilazodone 40mg tab</i>	23	<i>warfarin sodium 1mg tab</i>	17
		VIMKUNYA 40MCG/0.8ML SYRINGE	74	<i>warfarin sodium 2.5mg tab</i>	17
		VIRACEPT 250MG TAB	51	<i>warfarin sodium 2mg tab</i>	17
		VIRACEPT 625MG TAB	51	<i>warfarin sodium 3mg tab</i>	17
		VIREAD 150MG TAB	51	<i>warfarin sodium 4mg tab</i>	17
				<i>warfarin sodium 5mg tab</i>	17
				<i>warfarin sodium 6mg tab</i>	17
				<i>warfarin sodium 7.5mg tab</i>	17

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

ALPHABETICAL LISTING OF DRUGS

WELIREG 40MG TAB	43	XCOPRI TAB 150/200MG	21	XPOVIO TAB 100MG	43
WINREVAIR 45MG INJ	85	PACK (56)		ONCE WEEKLY CARTON	
WINREVAIR 45MG INJ	85	XCOPRI TAB 150/200MG	21	(8)	
(2 VIAL PACK)		TITRATION PACK (28)		XPOVIO TAB 40MG	43
WINREVAIR 60MG INJ	85	XCOPRI TAB 50/100MG	21	ONCE WEEKLY CARTON	
WINREVAIR 60MG INJ	85	TITRATION PACK (28)		(16)	
(2 VIAL PACK)		XDEMVIY 0.25% OPHTH	79	XPOVIO TAB 40MG	43
<i>wixela 100-50mcg</i>	16	SOLN		ONCE WEEKLY CARTON	
<i>powder inhaler</i>		XELJANZ 10MG TAB	9	(4)	
<i>wixela 250-50mcg</i>	16	XELJANZ 1MG/ML	9	XPOVIO TAB 40MG	43
<i>powder inhaler</i>		ORAL SOLN		TWICE WEEKLY	
<i>wixela 500-50mcg</i>	16	XELJANZ 5MG TAB	9	CARTON (8)	
<i>powder inhaler</i>		XELJANZ XR 11MG TAB	9	XPOVIO TAB 60MG	43
WYOST 120MG/1.7ML	63	XELJANZ XR 22MG TAB	10	ONCE WEEKLY CARTON	
INJ		XERMELO 250MG TAB	28	(4)	
<hr/>					
X		XIFAXAN 550MG TAB	35	XPOVIO TAB 60MG	43
XALKORI 150MG ORAL	42	XIGDUO XR 10-1000MG	25	TWICE WEEKLY	
PELLET		TAB		CARTON (24)	
XALKORI 200MG CAP	42	XIGDUO XR 10-500MG	25	XPOVIO TAB 80MG	43
XALKORI 20MG ORAL	42	TAB		ONCE WEEKLY CARTON	
PELLET		XIGDUO XR	25	(8)	
XALKORI 250MG CAP	42	2.5-1000MG TAB		XPOVIO TAB 80MG	43
XALKORI 50MG ORAL	42	XIGDUO XR 5-1000MG	25	TWICE WEEKLY	
PELLET		TAB		CARTON (32)	
XARELTO 10MG TAB	17	XIGDUO XR 5-500MG	25	XTANDI 40MG CAP	38
XARELTO 15MG TAB	17	TAB		XTANDI 40MG TAB	38
XARELTO 1MG/ML	17	XIIDRA 5% OPHTH	80	XTANDI 80MG TAB	38
ORAL SUSP		SOLN		<i>xulane 150-35mcg/24hr</i>	67
XARELTO 2.5MG TAB	17	XOFLUZA 40MG TAB	52	<i>patch</i>	
XARELTO 20MG TAB	17	XOFLUZA 80MG TAB	52	<hr/>	
XARELTO TAB STARTER	17	XOLAIR 150MG INJ	14	Y	
PACK (51)		XOLAIR 150MG/ML	14	YESINTEK 90MG/ML	60
XATMEP 2.5MG/ML	36	AUTO-INJECTOR		SYRINGE	
ORAL SOLN		XOLAIR 150MG/ML	14	YF-VAX INJ	74
XCOPRI 100MG TAB	21	SYRINGE		<i>yuvafem 10mcg vaginal</i>	88
XCOPRI 150MG TAB	21	XOLAIR 300MG/2ML	14	<i>insert</i>	
XCOPRI 200MG TAB	21	AUTO-INJECTOR		<hr/>	
XCOPRI 25MG TAB	21	XOLAIR 300MG/2ML	14	Z	
XCOPRI 50MG TAB	21	SYRINGE		<i>zafemy 150-35mcg/24hr</i>	67
XCOPRI TAB 100/150MG	21	XOLAIR 75MG/0.5ML	15	<i>patch</i>	
MAINTENANCE PACK		AUTO-INJECTOR		<i>zafirlukast 10mg tab</i>	15
(56)		XOLAIR 75MG/0.5ML	15	<i>zafirlukast 20mg tab</i>	15
XCOPRI TAB 12.5/25MG	21	SYRINGE		<i>zaleplon 10mg cap</i>	72
TITRATION PACK (28)		XOSPATA 40MG TAB	42	<i>zaleplon 5mg cap</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

ZAVZPRET 10MG/ACT NASAL SPRAY	75
ZEJULA 100MG TAB	42
ZEJULA 200MG TAB	42
ZEJULA 300MG TAB	42
ZELBORAF 240MG TAB	43
<i>zenatane 10mg cap</i>	58
<i>zenatane 20mg cap</i>	58
<i>zenatane 30mg cap</i>	58
<i>zenatane 40mg cap</i>	58
<i>zidovudine 100mg cap</i>	51
<i>zidovudine 10mg/ml oral soln</i>	51
<i>zidovudine 300mg tab</i>	51
<i>ziprasidone 20mg cap</i>	46
<i>ziprasidone 20mg inj</i>	46
<i>ziprasidone 40mg cap</i>	46
<i>ziprasidone 60mg cap</i>	46
<i>ziprasidone 80mg cap</i>	46
ZOLINZA 100MG CAP	43
<i>zolmitriptan 2.5mg tab</i>	75
<i>zolmitriptan 5mg tab</i>	75
<i>zolpidem tartrate 10mg tab</i>	72
<i>zolpidem tartrate 12.5mg er tab</i>	72
<i>zolpidem tartrate 5mg tab</i>	72
<i>zolpidem tartrate 6.25mg er tab</i>	72
ZONISADE 100MG/5ML ORAL SUSP	20
<i>zonisamide 100mg cap</i>	20
<i>zonisamide 25mg cap</i>	20
<i>zonisamide 50mg cap</i>	20
<i>zovia 1mg-35mcg tab 28-day pack</i>	67
ZTALMY 50MG/ML ORAL SUSP	21
ZURZUVAE 20MG CAP	22
ZURZUVAE 25MG CAP	22
ZURZUVAE 30MG CAP	22
ZYDELIG 100MG TAB	43
ZYDELIG 150MG TAB	43
ZYKADIA 150MG TAB	43

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. To get an interpreter, just call us at 1-844-206-3719 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. *También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.* Para hablar con un intérprete, por favor llame al 1-844-206-3719 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。如果您需要此翻译服务，请致电 1-844-206-3719 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。如需翻譯服務，請致電 1-844-206-3719 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-206-3719 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-206-3719 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Các dịch vụ và hỗ trợ bổ sung phù hợp nhằm cung cấp thông tin ở định dạng dễ tiếp cận đều có sẵn miễn phí. Nếu quý vị cần thông dịch viên xin gọi 1-844-206-3719 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Unsere Dolmetscher erreichen Sie unter 1-844-206-3719 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 통역 서비스를 이용하려면 전화 1-844-206-3719 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-206-3719 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. كما نتاح الوسائل والخدمات المساعدة اللازمة لتوفير المعلومات بصيغ ميسرة بدون أي تكلفة. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY 711) 1-844-206-3719 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। ज़रूरी टूल्स और सेवाएँ भी बिल्कुल मुफ्त में उपलब्ध कराए जाते हैं, ताकि जानकारी आप तक आसानी से पहुँच पाए। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-206-3719 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari utili a fornire informazioni in formati accessibili. Per un interprete, contattare il numero 1-844-206-3719 (TTY 711). Un nostro incaricato che parla italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Também estão disponíveis gratuitamente recursos e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Para obter um intérprete, contacte-nos através do número 1-844-206-3719 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Èd oksilyè ak sèvis apwopriye pou bay enfòmasyon nan fòm aksesib disponib tou gratis. Pou jwenn yon entèprèt, jis rele nou nan 1-844-206-3719 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Odpowiednie pomoce i usługi pomocnicze zapewniające dostęp do informacji w formatach dostępnych dla osób z niepełnosprawnością są również dostępne bezpłatnie. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-206-3719 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。通訳をご用命になるには、1-844-206-3719 (TTY 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact ProCare Advantage (HMO I-SNP) Member Services at 1-844-206-3719 (TTY 711), or visit: procareadvantageplan.com.

Hours of Operation: 8 a.m to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30 or visit: procareadvantageplan.com.