

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

2026 Formulary

(List of Covered Drugs or "Drug List")

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

Formulary File Submission ID 26171, Version Number 6

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact Our Plan Member Services, at number below or, for TTY/ TDD:1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or Website below.

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

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

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

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

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

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

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

Can the formulary change? Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

Plan Name	Member Services	Website
American Health Advantage of Oklahoma (HMO I-SNP)	866-583-4649	OK.AmHealthPlans.com
American Health Advantage of Utah (HMO I-SNP)	855-521-0627	UT.AmHealthPlans.com
American Health Advantage of Idaho (HMO I-SNP)	855-521-0627	ID.AmHealthPlans.com
American Health Advantage of Missouri (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Missouri Choice (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Florida (HMO I-SNP)	855-521-0626	FL.AmHealthPlans.com
Iowa Health Advantage (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com

Iowa Health Advantage Choice (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com
American Health Advantage of Texas (HMO I-SNP)	855-521-0628	TX.AmHealthPlans.com
American Health Advantage of Tennessee (HMO I-SNP)	844-321-1763	TN.AmHealthPlans.com
Georgia Health Advantage (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
Georgia Health Advantage Choice (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com
American Health Advantage of Indiana (HMO I-SNP)	844-657-0447	IN.AmHealthPlans.com
American Health Advantage of Mississippi (HMO I-SNP)	844-917-0642	MS.AmHealthPlans.com
American Health Advantage of Pennsylvania (HMO I-SNP)	855-239-1022	PA.AmhealthPlans.com

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 09/01/2025. To get updated information about the drugs covered by Our Plan please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

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Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 82. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

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

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

you can ask us to make.

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

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

therapy or are subject to quantity limit restrictions).

For more information

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

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

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

Our Plan's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Our Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

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

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

- Standard Benefits
Drug Tier 1:25%

GUIDE TO ABBREVIATIONS

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam 7.5mg tab</i>	1	
<i>nabumetone 500mg tab</i>	1	QL=120 EA/30 Days
<i>nabumetone 750mg tab</i>	1	QL=60 EA/30 Days
<i>naproxen 250mg tab</i>	1	
<i>naproxen 375mg dr tab</i>	1	QL=120 EA/30 Days
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	QL=60 EA/30 Days
<i>piroxicam 20mg cap</i>	1	QL=30 EA/30 Days
<i>sulindac 150mg tab</i>	1	QL=60 EA/30 Days
<i>sulindac 200mg tab</i>	1	QL=60 EA/30 Days
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl 100mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 12mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 25mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 50mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 75mcg/hr patch</i>	1	QL=10 EA/30 Days
<i>hydromorphone 2mg tab</i>	1	QL=450 EA/30 Days
<i>hydromorphone 4mg tab</i>	1	QL=240 EA/30 Days
<i>hydromorphone 8mg tab</i>	1	QL=120 EA/30 Days
<i>methadone 10mg tab</i>	1	QL=360 EA/30 Days
METHADONE 1MG/ML ORAL SOLN	1	QL=3600 ML/30 Days
METHADONE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>methadone 5mg tab</i>	1	QL=360 EA/30 Days
<i>morphine sulfate 100mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg tab</i>	1	QL=180 EA/30 Days
<i>morphine sulfate 200mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 20mg/ml oral soln</i>	1	QL=180 ML/30 Days
MORPHINE SULFATE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
<i>morphine sulfate 30mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 30mg tab</i>	1	QL=180 EA/30 Days
MORPHINE SULFATE 4MG/ML ORAL SOLN	1	QL=900 ML/30 Days
<i>morphine sulfate 60mg er tab</i>	1	QL=120 EA/30 Days
<i>oxycodone 10mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 15mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 1mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>oxycodone 20mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol 100mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 200mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 300mg er tab</i>	1	QL=30 EA/30 Days
<i>tramadol 50mg tab</i>	1	QL=240 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID COMBINATIONS		
<i>codeine phosphate/acetaminophen 15-300mg tab</i>	1	QL=390 EA/30 Days
CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN	1	QL=4980 ML/30 Days
<i>codeine phosphate/acetaminophen 30-300mg tab</i>	1	QL=390 EA/30 Days
<i>codeine phosphate/acetaminophen 60-300mg tab</i>	1	QL=390 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate/ibuprofen 7.5-200mg tab</i>	1	QL=480 EA/30 Days
<i>oxycodone/acetaminophen 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 2.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>oxycodone/acetaminophen 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol/acetaminophen 37.5-325mg tab</i>	1	QL=360 EA/30 Days
OPIOID PARTIAL AGONISTS		
<i>buprenorphine 10mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 15mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 20mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 2mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine 5mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 7.5mcg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>buprenorphine 8mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 12-3mg sl film</i>	1	
<i>buprenorphine/naloxone 2-0.5mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 2-0.5mg sl tab</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 4-1mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl film</i>	1	QL=120 EA/30 Days
<i>buprenorphine/naloxone 8-2mg sl tab</i>	1	QL=120 EA/30 Days
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol 100mg cap</i>	1	
<i>danazol 200mg cap</i>	1	
<i>danazol 50mg cap</i>	1	
<i>testosterone 1% (12.5mg/act) topical gel pump</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (25mg) topical gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (50mg) topical gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1.62% (20.25mg/act) topical gel pump</i>	1	PA QL=150 GM/30 Days
<i>testosterone 30mg/act topical soln</i>	1	PA QL=180 ML/30 Days
<i>testosterone cypionate 100mg/ml inj</i>	1	
<i>testosterone cypionate 200mg/ml (1ml) inj</i>	1	
<i>testosterone cypionate 200mg/ml inj</i>	1	
TESTOSTERONE ENANTHATE 200MG/ML INJ	1	QL=5 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
<i>hydrocortisone 1.67mg/ml enema</i>	1	
<i>hydrocortisone 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>nitroglycerin 0.4% rectal ointment</i>	1	QL=30 GM/30 Days
<i>procto-med 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctosol 2.5% topical cream</i>	1	QL=60 GM/30 Days
<i>proctozone hc 2.5% topical cream</i>	1	QL=60 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200mg tab</i>	1	QL=672 EA/365 Days
<i>ivermectin 3mg tab</i>	1	PA QL=30 EA/90 Days
<i>praziquantel 600mg tab</i>	1	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 10mg tab</i>	1	
<i>isosorbide dinitrate 20mg tab</i>	1	
<i>isosorbide dinitrate 30mg tab</i>	1	
<i>isosorbide dinitrate 5mg tab</i>	1	
ISOSORBIDE MONONITRATE 10MG TAB	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
ISOSORBIDE MONONITRATE 20MG TAB	1	
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	
NITRO-BID 2% TOPICAL OINTMENT	1	
<i>nitroglycerin 0.1mg/hr patch</i>	1	
<i>nitroglycerin 0.2mg/hr patch</i>	1	
<i>nitroglycerin 0.3mg sl tab</i>	1	
<i>nitroglycerin 0.4mg sl tab</i>	1	
<i>nitroglycerin 0.4mg/hr patch</i>	1	
<i>nitroglycerin 0.6mg sl tab</i>	1	
<i>nitroglycerin 0.6mg/hr patch</i>	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone 10mg tab</i>	1	
<i>buspirone 15mg tab</i>	1	
<i>buspirone 30mg tab</i>	1	
<i>buspirone 5mg tab</i>	1	
<i>buspirone 7.5mg tab</i>	1	
<i>hydroxyzine 10mg tab</i>	1	
<i>hydroxyzine 25mg tab</i>	1	
<i>hydroxyzine 2mg/ml oral soln</i>	1	
<i>hydroxyzine 50mg tab</i>	1	
<i>hydroxyzine pamoate 25mg cap</i>	1	
<i>hydroxyzine pamoate 50mg cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
<i>alprazolam 0.25mg tab</i>	1	
<i>alprazolam 0.5mg tab</i>	1	
<i>alprazolam 1mg tab</i>	1	
<i>alprazolam 2mg tab</i>	1	
<i>chlordiazepoxide 10mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 25mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 5mg cap</i>	1	QL=120 EA/30 Days
<i>clorazepate dipotassium 15mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 3.75mg tab</i>	1	QL=90 EA/30 Days
<i>clorazepate dipotassium 7.5mg tab</i>	1	QL=180 EA/30 Days
<i>diazepam 10mg tab</i>	1	
<i>diazepam 1mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>diazepam 2mg tab</i>	1	
<i>diazepam 5mg tab</i>	1	
<i>diazepam 5mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>lorazepam 0.5mg tab</i>	1	
<i>lorazepam 1mg tab</i>	1	
<i>lorazepam 2mg tab</i>	1	
<i>lorazepam 2mg/ml oral soln</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 200MG/1.14ML SYRINGE	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
DUPIXENT 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
FASENRA 10MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
FASENRA 30MG/ML AUTO-INJECTOR	1	PA QL=1 ML/28 Days
FASENRA 30MG/ML SYRINGE	1	PA QL=1 ML/28 Days
NUCALA 100MG INJ	1	NDS PA QL=3 EA/28 Days
NUCALA 100MG/ML AUTO-INJECTOR	1	NDS PA QL=3 ML/28 Days
NUCALA 100MG/ML SYRINGE	1	NDS PA QL=3 ML/28 Days
NUCALA 40MG/0.4ML SYRINGE	1	NDS PA QL=.40 ML/28 Days
XOLAIR 150MG INJ	1	NDS PA QL=8 EA/28 Days
XOLAIR 150MG/ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
XOLAIR 150MG/ML SYRINGE	1	NDS PA QL=2 ML/28 Days
XOLAIR 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
XOLAIR 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA QL=1 ML/28 Days
XOLAIR 75MG/0.5ML SYRINGE	1	NDS PA QL=1 ML/28 Days
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 10mg/ml inh soln</i>	1	PA_BvD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG HFA INHALER	1	QL=25.80 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	1	QL=30 EA/30 Days
<i>ipratropium bromide 0.02% inh soln</i>	1	PA_BvD
SPIRIVA RESPIMAT 1.25MCG/ACT INHALER	1	QL=4 GM/30 Days
LEUKOTRIENE MODULATORS		
<i>montelukast 10mg tab</i>	1	
<i>montelukast 4mg chew tab</i>	1	
<i>montelukast 5mg chew tab</i>	1	
<i>zafirlukast 10mg tab</i>	1	QL=60 EA/30 Days
<i>zafirlukast 20mg tab</i>	1	QL=60 EA/30 Days
STEROID INHALANTS		
ALVESCO 160MCG INHALER	1	QL=12.20 GM/30 Days
ALVESCO 80MCG INHALER	1	QL=12.20 GM/30 Days
ARNUITY 100MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 200MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 50MCG POWDER INHALER	1	QL=30 EA/30 Days
ASMANEX 100MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 110MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 200MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 220MCG (120ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (60ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 50MCG HFA INHALER	1	QL=13 GM/30 Days
<i>budesonide 0.25mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
<i>budesonide 0.5mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
<i>budesonide 1mg/2ml inh susp</i>	1	PA_BvD QL=120 ML/30 Days
QVAR 40MCG REDIHALER	1	QL=10.60 GM/30 Days
QVAR 80MCG REDIHALER	1	QL=21.20 GM/30 Days
SYMPATHOMIMETICS		
ADVAIR 115-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 230-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	1	PA_BvD
<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	1	
<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	1	PA_BvD
<i>albuterol 1.25mg/3ml neb soln</i>	1	PA_BvD
<i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i>	1	QL=13.40 GM/30 Days
<i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>	1	QL=17 GM/30 Days
<i>albuterol 5mg/ml (0.5%) inh soln</i>	1	PA_BvD
ANORO ELLIPTA 62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>arformoterol tartrate 15mcg/2ml neb soln</i>	1	PA_BvD QL=120 ML/30 Days
BREO ELLIPTA 100-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 200-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 50-25MCG POWDER INHALER	1	QL=60 EA/30 Days
<i>breyna 160-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>breyana 80-4.5mcg/act inhaler</i>	1	QL=10.30 GM/30 Days
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	1	QL=10.70 GM/30 Days
<i>budesonide/formoterol fumarate 160-45mcg inhaler</i>	1	QL=10.20 GM/30 Days
<i>budesonide/formoterol fumarate 80-45mcg inhaler</i>	1	QL=10.20 GM/30 Days
COMBIVENT 20-100MCG/ACT INHALER	1	QL=8 GM/30 Days
DULERA 100-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 200-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 50-5MCG INHALER	1	QL=13 GM/30 Days
<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
<i>fluticasone propionate/salmeterol 100-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	1	QL=60 EA/30 Days
<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	1	PA_BvD
STIOLTO 2.5-2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
STRIVERDI 2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
VENTOLIN 108MCG HFA INHALER	1	QL=36 GM/30 Days
<i>wixela 100-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 250-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
<i>wixela 500-50mcg powder inhaler</i>	1	QL=60 EA/30 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
<i>dabigatran etexilate 110mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate 150mg cap</i>	1	QL=60 EA/30 Days
<i>dabigatran etexilate 75mg cap</i>	1	QL=60 EA/30 Days
ELIQUIS 2.5MG TAB	1	
ELIQUIS 5MG 30-DAY STARTER PACK (74)	1	QL=74 EA/30 Days
ELIQUIS 5MG TAB	1	
<i>enoxaparin sodium 100mg/1ml syringe</i>	1	
<i>enoxaparin sodium 120mg/0.8ml syringe</i>	1	
<i>enoxaparin sodium 150mg/1ml syringe</i>	1	
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	1	
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	1	
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	1	
<i>enoxaparin sodium 80mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	1	
<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	1	
<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	1	
<i>heparin sodium porcine 10000unit/ml inj</i>	1	
<i>heparin sodium porcine 1000unit/ml inj</i>	1	
<i>heparin sodium porcine 20000unit/ml inj</i>	1	
<i>heparin sodium porcine 5000unit/ml inj</i>	1	
<i>jantoven 10mg tab</i>	1	
<i>jantoven 1mg tab</i>	1	
<i>jantoven 2.5mg tab</i>	1	
<i>jantoven 2mg tab</i>	1	
<i>jantoven 3mg tab</i>	1	
<i>jantoven 4mg tab</i>	1	
<i>jantoven 5mg tab</i>	1	
<i>jantoven 6mg tab</i>	1	
<i>jantoven 7.5mg tab</i>	1	
<i>rivaroxaban 2.5mg tab</i>	1	QL=60 EA/30 Days
<i>warfarin sodium 10mg tab</i>	1	
<i>warfarin sodium 1mg tab</i>	1	
<i>warfarin sodium 2.5mg tab</i>	1	
<i>warfarin sodium 2mg tab</i>	1	
<i>warfarin sodium 3mg tab</i>	1	
<i>warfarin sodium 4mg tab</i>	1	
<i>warfarin sodium 5mg tab</i>	1	
<i>warfarin sodium 6mg tab</i>	1	
<i>warfarin sodium 7.5mg tab</i>	1	
XARELTO 10MG TAB	1	QL=30 EA/30 Days
XARELTO 15MG TAB	1	QL=60 EA/30 Days
XARELTO 1MG/ML ORAL SUSP	1	QL=620 ML/30 Days
XARELTO 2.5MG TAB	1	QL=60 EA/30 Days
XARELTO 20MG TAB	1	QL=30 EA/30 Days
XARELTO TAB STARTER PACK (51)	1	QL=51 EA/30 Days
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10mg tab</i>	1	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml oral susp</i>	1	QL=480 ML/30 Days
<i>clobazam 20mg tab</i>	1	QL=60 EA/30 Days
<i>clonazepam 0.125mg odt</i>	1	
<i>clonazepam 0.25mg odt</i>	1	
<i>clonazepam 0.5mg odt</i>	1	
<i>clonazepam 0.5mg tab</i>	1	
<i>clonazepam 1mg odt</i>	1	
<i>clonazepam 1mg tab</i>	1	
<i>clonazepam 2mg odt</i>	1	
<i>clonazepam 2mg tab</i>	1	
<i>diazepam 10mg/2ml rectal gel</i>	1	QL=10 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
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
EPRONTIA 25MG/ML ORAL SOLN	1	PA_NSO QL=480 ML/30 Days
<i>eslicarbazepine acetate 200mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>eslicarbazepine acetate 400mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>eslicarbazepine acetate 600mg tab</i>	1	PA_NSO QL=60 EA/30 Days
<i>eslicarbazepine acetate 800mg tab</i>	1	PA_NSO QL=60 EA/30 Days
FINTEPLA 2.2MG/ML ORAL SOLN	1	NDS PA_NSO QL=360 ML/30 Days
FYCOMPA 0.5MG/ML ORAL SUSP	1	PA_NSO QL=720 ML/30 Days
<i>gabapentin 100mg cap</i>	1	QL=360 EA/30 Days
<i>gabapentin 300mg cap</i>	1	QL=360 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gabapentin 400mg cap</i>	1	QL=270 EA/30 Days
<i>gabapentin 50mg/ml oral soln</i>	1	QL=2160 ML/30 Days
<i>gabapentin 600mg tab (Neurontin equiv)</i>	1	QL=180 EA/30 Days
<i>gabapentin 800mg tab</i>	1	QL=135 EA/30 Days
<i>lacosamide 100mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 10mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>lacosamide 150mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 200mg tab</i>	1	QL=60 EA/30 Days
<i>lacosamide 50mg tab</i>	1	QL=120 EA/30 Days
<i>lamotrigine 100mg er tab</i>	1	
<i>lamotrigine 100mg tab</i>	1	
<i>lamotrigine 150mg tab</i>	1	
<i>lamotrigine 200mg tab</i>	1	
<i>lamotrigine 25mg chew tab</i>	1	
<i>lamotrigine 25mg tab</i>	1	
<i>lamotrigine 50mg er tab</i>	1	
<i>lamotrigine 5mg chew tab</i>	1	
<i>levetiracetam 1000mg tab</i>	1	
<i>levetiracetam 100mg/ml oral soln</i>	1	
<i>levetiracetam 250mg tab</i>	1	
<i>levetiracetam 500mg er tab</i>	1	QL=180 EA/30 Days
<i>levetiracetam 500mg tab</i>	1	
<i>levetiracetam 750mg er tab</i>	1	QL=120 EA/30 Days
<i>levetiracetam 750mg tab</i>	1	
<i>oxcarbazepine 150mg tab</i>	1	
<i>oxcarbazepine 300mg tab</i>	1	
<i>oxcarbazepine 600mg tab</i>	1	
<i>oxcarbazepine 60mg/ml oral susp</i>	1	
<i>perampanel 10mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 12mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 2mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 4mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 6mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>perampanel 8mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>phenobarbital 100mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 15mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 16.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 30mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 32.4mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 4mg/ml oral soln</i>	1	QL=1500 ML/30 Days
<i>phenobarbital 60mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 64.8mg tab</i>	1	QL=120 EA/30 Days
<i>phenobarbital 97.2mg tab</i>	1	QL=120 EA/30 Days
<i>phenytek 200mg er cap</i>	1	
<i>phenytek 300mg er cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytoin 25mg/ml oral susp</i>	1	
<i>phenytoin 50mg chew tab</i>	1	
<i>phenytoin sodium 100mg er cap</i>	1	
<i>pregabalin 100mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 150mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 200mg cap</i>	1	QL=90 EA/30 Days
<i>pregabalin 20mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>pregabalin 225mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 25mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 300mg cap</i>	1	QL=60 EA/30 Days
<i>pregabalin 50mg cap</i>	1	QL=120 EA/30 Days
<i>pregabalin 75mg cap</i>	1	QL=120 EA/30 Days
<i>primidone 250mg tab</i>	1	
<i>primidone 50mg tab</i>	1	
<i>roweepra 500mg tab</i>	1	
<i>rufinamide 200mg tab</i>	1	PA_NSO QL=480 EA/30 Days
<i>rufinamide 400mg tab</i>	1	PA_NSO QL=240 EA/30 Days
<i>rufinamide 40mg/ml oral susp</i>	1	PA_NSO QL=2760 ML/30 Days
SPRITAM 1000MG TAB FOR ORAL SUSP	1	PA_NSO QL=90 EA/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
SPRITAM 750MG TAB FOR ORAL SUSP	1	PA_NSO QL=120 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 50mg tab</i>	1	
ZONISADE 100MG/5ML ORAL SUSP	1	PA_NSO QL=900 ML/30 Days
<i>zonisamide 100mg cap</i>	1	
<i>zonisamide 25mg cap</i>	1	
<i>zonisamide 50mg cap</i>	1	
ZTALMY 50MG/ML ORAL SUSP	1	NDS PA_NSO QL=1100 ML/30 Days
CARBAMATES		
<i>felbamate 120mg/ml oral susp</i>	1	
<i>felbamate 400mg tab</i>	1	
<i>felbamate 600mg tab</i>	1	
XCOPRI 100MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI 150MG TAB	1	PA_NSO QL=60 EA/30 Days
XCOPRI 200MG TAB	1	PA_NSO QL=60 EA/30 Days
XCOPRI 25MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI 50MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI TAB 100/150MG MAINTENANCE PACK (56)	1	PA_NSO QL=56 EA/28 Days
XCOPRI TAB 12.5/25MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
XCOPRI TAB 150/200MG PACK (56)	1	PA_NSO QL=56 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI TAB 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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>sertraline 50mg tab</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE 100MG TAB	1	
NEFAZODONE 150MG TAB	1	
NEFAZODONE 200MG TAB	1	
NEFAZODONE 250MG TAB	1	
NEFAZODONE 50MG TAB	1	
RALDESY 10MG/ML ORAL SOLN	1	PA_NSO QL=1200 ML/30 Days
<i>trazodone 100mg tab</i>	1	
<i>trazodone 150mg tab</i>	1	
<i>trazodone 50mg tab</i>	1	
TRINTELLIX 10MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 20MG TAB	1	ST_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desipramine 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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY 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	
<i>glucagon (rdna) 1mg inj</i>	1	
GVOKE 0.5MG/0.1ML AUTO-INJECTOR	1	QL=.20 ML/7 Days
GVOKE 1MG/0.2ML AUTO-INJECTOR	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML INJ	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML SYRINGE	1	QL=.40 ML/7 Days
<i>metformin 1000mg tab</i>	1	
<i>metformin 500mg er tab</i>	1	
<i>metformin 500mg tab</i>	1	
<i>metformin 750mg er tab</i>	1	
<i>metformin 850mg tab</i>	1	
<i>mifepristone 300mg tab</i>	1	NDS PA QL=120 EA/30 Days
<i>nateglinide 120mg tab</i>	1	QL=90 EA/30 Days
<i>nateglinide 60mg tab</i>	1	QL=90 EA/30 Days
<i>pioglitazone 15mg tab</i>	1	
<i>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	QL=120 EA/30 Days
<i>repaglinide 1mg tab</i>	1	QL=120 EA/30 Days
<i>repaglinide 2mg tab</i>	1	QL=240 EA/30 Days
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA 100MG TAB	1	QL=30 EA/30 Days
JANUVIA 25MG TAB	1	QL=30 EA/30 Days
JANUVIA 50MG TAB	1	QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN LISPRO 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	
<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

You can find information 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>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	
<i>ondansetron 4mg tab</i>	1	
<i>ondansetron 8mg odt</i>	1	
<i>ondansetron 8mg tab</i>	1	
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine 12.5mg tab</i>	1	
<i>meclizine 25mg tab</i>	1	
<i>scopolamine 1mg/72hr patch</i>	1	QL=10 EA/30 Days
ANTIEMETICS - MISCELLANEOUS		
<i>aprepitant 125mg cap</i>	1	PA_BvD QL=3 EA/2 Days
<i>aprepitant 125mg/80mg cap therapy pack (3)</i>	1	PA_BvD QL=6 EA/4 Days
<i>aprepitant 40mg cap</i>	1	PA_BvD QL=3 EA/2 Days
<i>aprepitant 80mg cap</i>	1	PA_BvD QL=6 EA/4 Days
<i>dronabinol 10mg cap</i>	1	PA QL=60 EA/30 Days
<i>dronabinol 2.5mg cap</i>	1	PA QL=60 EA/30 Days
<i>dronabinol 5mg cap</i>	1	PA QL=60 EA/30 Days
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET 5MG/ML INJ	1	PA_BvD
AMPHOTERICIN B 50MG INJ	1	PA_BvD
<i>amphotericin b liposomal 50mg inj</i>	1	PA_BvD
<i>caspofungin acetate 50mg inj</i>	1	
<i>caspofungin acetate 70mg inj</i>	1	
CRESEMBA 186MG CAP	1	NDS PA
CRESEMBA 74.5MG CAP	1	NDS PA
<i>fluconazole 100mg tab</i>	1	
<i>fluconazole 10mg/ml oral susp</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole 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>miconazole sodium 100mg inj</i>	1	
<i>miconazole sodium 50mg inj</i>	1	
<i>nystatin 500000unit tab</i>	1	
<i>posaconazole 100mg dr tab</i>	1	PA QL=96 EA/30 Days
<i>posaconazole 40mg/ml oral susp</i>	1	PA QL=630 ML/30 Days
<i>terbinafine 250mg tab</i>	1	QL=30 EA/30 Days
<i>voriconazole 200mg inj</i>	1	PA
<i>voriconazole 200mg tab</i>	1	PA QL=120 EA/30 Days
<i>voriconazole 40mg/ml oral susp</i>	1	PA QL=400 ML/30 Days
<i>voriconazole 50mg tab</i>	1	PA QL=480 EA/30 Days
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-10mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-20mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-40mg tab</i>	1	QL=30 EA/30 Days
<i>ezetimibe/simvastatin 10-80mg tab</i>	1	QL=30 EA/30 Days
<i>icosapent ethyl 1000mg cap</i>	1	QL=120 EA/30 Days
<i>icosapent ethyl 500mg cap</i>	1	QL=120 EA/30 Days
NEXLETOL 180MG TAB	1	PA QL=30 EA/30 Days
NEXLIZET 180-10MG TAB	1	PA QL=30 EA/30 Days
<i>niacin 1000mg er tab</i>	1	QL=60 EA/30 Days
<i>niacin 500mg er tab</i>	1	QL=60 EA/30 Days
<i>niacin 750mg er tab</i>	1	QL=60 EA/30 Days
<i>omega-3 acid ethyl esters (usp) 1gm cap</i>	1	QL=120 EA/30 Days
REPATHA 140MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
REPATHA 140MG/ML SYRINGE	1	PA QL=2 ML/28 Days
REPATHA 420MG/3.5ML CARTRIDGE	1	PA QL=3.50 ML/28 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin (sugar-free) 4gm powder for oral susp</i>	1	

You can find information 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>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	
<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

You can find information 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>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
<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	

You can find information 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>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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>benazepril/hydrochlorothiazide 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
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydralazine 25mg tab	1	
hydralazine 50mg tab	1	
minoxidil 10mg tab	1	
minoxidil 2.5mg tab	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
atovaquone 750mg/5ml oral susp	1	QL=300 ML/30 Days
azithromycin 20mg/ml oral susp	1	
azithromycin 250mg pack (6)	1	
azithromycin 250mg tab	1	
azithromycin 40mg/ml oral susp	1	
azithromycin 500mg inj	1	
azithromycin 500mg tab	1	
azithromycin 500mg tab pack (3)	1	
azithromycin 600mg tab	1	
aztreonam 1gm inj	1	
aztreonam 2gm inj	1	
cefepime 1000mg inj	1	
cefepime 2000mg inj	1	
CILASTATIN/IMIPENEM 250-250MG INJ	1	
cilastatin/imipenem 500-500mg inj	1	
clarithromycin 250mg tab	1	
CLARITHROMYCIN 25MG/ML ORAL SUSP	1	
clarithromycin 500mg tab	1	
CLARITHROMYCIN 50MG/ML ORAL SUSP	1	
clindamycin 150mg cap	1	
clindamycin 300mg cap	1	
clindamycin 300mg/2ml inj	1	
clindamycin 300mg/50ml inj	1	
clindamycin 600mg/4ml inj	1	
clindamycin 600mg/50ml inj	1	
clindamycin 75mg cap	1	
clindamycin 75mg/5ml oral soln	1	
clindamycin 900mg/50ml inj	1	
clindamycin 900mg/6ml inj	1	
colistin 75mg/ml inj	1	
daptomycin 350mg inj	1	
daptomycin 500mg inj	1	
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
DIFICID 40MG/ML ORAL SUSP	1	PA QL=136 ML/10 Days
ertapenem 1gm inj	1	
erythromycin 250mg dr tab	1	
erythromycin 250mg tab	1	
erythromycin 333mg dr tab	1	
erythromycin 500mg dr 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>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
ZERBAXA 1000-500MG INJ	1	
ANTIMALARIALS		
ANTIMALARIALS		
<i>atovaquone/proguanil 250-100mg tab</i>	1	
<i>atovaquone/proguanil 62.5-25mg tab</i>	1	
CHLOROQUINE PHOSPHATE 250MG TAB	1	
<i>chloroquine phosphate 500mg tab</i>	1	
COARTEM 20-120MG TAB	1	QL=24 EA/3 Days
<i>hydroxychloroquine sulfate 200mg tab</i>	1	QL=90 EA/30 Days
<i>mefloquine 250mg tab</i>	1	
PRIMAQUINE PHOSPHATE 26.3MG TAB	1	
<i>pyrimethamine 25mg tab</i>	1	NDS PA QL=90 EA/30 Days
<i>quinine sulfate 324mg cap</i>	1	PA QL=42 EA/7 Days
ANTIMYCOBACTERIAL AGENTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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		
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA 20MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
LENVIMA 24MG DAILY DOSE PACK (90)	1	NDS PA_NSO QL=90 EA/30 Days
LENVIMA 4MG DAILY DOSE PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
LENVIMA 8MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib 100mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>erlotinib 150mg tab</i>	1	PA_NSO QL=30 EA/30 Days
<i>erlotinib 25mg tab</i>	1	PA_NSO QL=90 EA/30 Days
<i>gefitinib 250mg tab</i>	1	NDS PA_NSO QL=60 EA/30 Days
GILOTRIF 20MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
GILOTRIF 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
GILOTRIF 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LAZCLUZE 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LAZCLUZE 80MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
TAGRISSE 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
TAGRISSE 80MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 15MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 45MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
DAURISMO 25MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ERIVEDGE 150MG CAP	1	NDS PA_NSO QL=28 EA/28 Days
ODOMZO 200MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250mg tab</i>	1	QL=120 EA/30 Days
<i>abirtega 250mg tab</i>	1	QL=120 EA/30 Days
AKEEGA 500-100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
AKEEGA 500-50MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
<i>anastrozole 1mg tab</i>	1	QL=30 EA/30 Days
<i>bicalutamide 50mg tab</i>	1	QL=30 EA/30 Days
ELIGARD 22.5MG SYRINGE	1	QL=1 EA/84 Days
ELIGARD 30MG SYRINGE	1	QL=1 EA/112 Days
ELIGARD 45MG SYRINGE	1	QL=1 EA/168 Days
ELIGARD 7.5MG SYRINGE	1	QL=1 EA/28 Days
ERLEADA 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ERLEADA 60MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
EULEXIN 125MG CAP	1	NDS QL=180 EA/30 Days
<i>exemestane 25mg tab</i>	1	QL=60 EA/30 Days
FIRMAGON 120MG INJ	1	PA_NSO QL=4 EA/365 Days
FIRMAGON 80MG INJ	1	PA_NSO QL=1 EA/28 Days
<i>letrozole 2.5mg tab</i>	1	QL=30 EA/30 Days
LUPRON 11.25MG SYRINGE (3 MONTH)	1	QL=1 EA/84 Days
LUPRON 3.75MG SYRINGE (1 MONTH)	1	NDS QL=1 EA/28 Days
LYSODREN 500MG TAB	1	NDS

You can find information 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>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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
ICLUSIG 10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 15MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 45MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
<i>imatinib 100mg tab</i>	1	QL=90 EA/30 Days
<i>imatinib 400mg tab</i>	1	QL=60 EA/30 Days
IMBRUVICA 140MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
IMBRUVICA 140MG TAB	1	NDS PA_NSO QL=28 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMBRUVICA 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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OGSIVEO 50MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
OJEMDA 100MG TAB 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
SCEMBLIX 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
SCEMBLIX 20MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
SCEMBLIX 40MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>sorafenib 200mg tab</i>	1	NDS PA_NSO QL=120 EA/30 Days
STIVARGA 40MG TAB	1	NDS PA_NSO QL=84 EA/28 Days
<i>sunitinib 12.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 25mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 37.5mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
<i>sunitinib 50mg cap</i>	1	NDS PA_NSO QL=28 EA/28 Days
TABRECTA 150MG TAB	1	NDS PA_NSO QL=112 EA/28 Days
TABRECTA 200MG TAB	1	NDS PA_NSO QL=112 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAFINLAR 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 PELLE	1	NDS PA_NSO QL=180 EA/30 Days
XALKORI 200MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
XALKORI 20MG ORAL PELLE	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 250MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 50MG ORAL PELLE	1	NDS PA_NSO QL=120 EA/30 Days
XOSPATA 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ZEJULA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZELBORAF 240MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
ZOLINZA 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
ZYDELIG 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYDELIG 150MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYKADIA 150MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	1	NDS PA_NSO
AYVAKIT 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AYVAKIT 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
<i>hydroxyurea 500mg cap</i>	1	
MATULANE 50MG CAP	1	NDS
POMALYST 1MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 2MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 3MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 4MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
REVUFORJ 110MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
REVUFORJ 160MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
REVUFORJ 25MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>tretinoin 10mg cap</i>	1	
TUKYSA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TUKYSA 50MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
VENCLEXTA 100MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
VENCLEXTA 10MG TAB	1	PA_NSO QL=60 EA/30 Days
VENCLEXTA 50MG TAB	1	PA_NSO QL=30 EA/30 Days
VENCLEXTA TAB STARTER PACK (42)	1	NDS PA_NSO QL=42 EA/28 Days
WELIREG 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
XPOVIO TAB 100MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (16)	1	NDS PA_NSO QL=16 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 40MG TWICE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)	1	NDS PA_NSO QL=24 EA/28 Days
XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)	1	NDS PA_NSO QL=32 EA/28 Days
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
<i>leucovorin 10mg tab</i>	1	
<i>leucovorin 15mg tab</i>	1	
<i>leucovorin 25mg tab</i>	1	
<i>leucovorin 5mg tab</i>	1	
<i>mesna 400mg tab</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25mg tab</i>	1	
<i>entacapone 200mg tab</i>	1	QL=300 EA/30 Days
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg tab</i>	1	
<i>benztropine mesylate 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>trihexyphenidyl 2mg tab</i>	1	
<i>trihexyphenidyl 5mg tab</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine 100mg cap</i>	1	
<i>amantadine 10mg/ml oral soln</i>	1	
<i>bromocriptine 2.5mg tab</i>	1	
<i>bromocriptine 5mg cap</i>	1	
<i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 25-200-100mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i>	1	
<i>carbidopa/entacapone/levodopa 50-200-200mg tab</i>	1	
CARBIDOPA/LEVODOPA 10-100MG ODT	1	
<i>carbidopa/levodopa 10-100mg tab</i>	1	
<i>carbidopa/levodopa 25-100mg er tab</i>	1	
CARBIDOPA/LEVODOPA 25-100MG ODT	1	
<i>carbidopa/levodopa 25-100mg tab</i>	1	
CARBIDOPA/LEVODOPA 25-250MG ODT	1	
<i>carbidopa/levodopa 25-250mg tab</i>	1	
<i>carbidopa/levodopa 50-200mg er tab</i>	1	
<i>pramipexole 0.125mg tab</i>	1	
<i>pramipexole 0.25mg tab</i>	1	
<i>pramipexole 0.5mg tab</i>	1	
<i>pramipexole 0.75mg tab</i>	1	
<i>pramipexole 1.5mg tab</i>	1	
<i>pramipexole 1mg tab</i>	1	
<i>ropinirole 0.25mg tab</i>	1	
<i>ropinirole 0.5mg tab</i>	1	
<i>ropinirole 1mg tab</i>	1	
<i>ropinirole 2mg tab</i>	1	
<i>ropinirole 3mg tab</i>	1	
<i>ropinirole 4mg tab</i>	1	
<i>ropinirole 5mg tab</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>rasagiline 1mg tab</i>	1	QL=30 EA/30 Days
<i>selegiline 5mg cap</i>	1	
<i>selegiline 5mg tab</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>divalproex sodium 250mg er tab</i>	1	
<i>divalproex sodium 500mg er tab</i>	1	
<i>lithium carbonate 150mg 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>lithium carbonate 300mg cap</i>	1	
<i>lithium carbonate 300mg er tab</i>	1	
<i>lithium carbonate 300mg tab</i>	1	
<i>lithium carbonate 450mg er tab</i>	1	
LITHIUM CARBONATE 600MG CAP	1	
<i>lithium citrate 60mg/ml oral soln</i>	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5MG CAP	1	PA_NSO QL=30 EA/30 Days
CAPLYTA 21MG CAP	1	PA_NSO QL=30 EA/30 Days
CAPLYTA 42MG CAP	1	PA_NSO QL=30 EA/30 Days
COBENFY 20-100MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 20-50MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 30-125MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY CAP 28-DAY STARTER KIT PACK (56)	1	PA_NSO QL=56 EA/28 Days
<i>haloperidol 0.5mg tab</i>	1	
<i>haloperidol 10mg tab</i>	1	
<i>haloperidol 1mg tab</i>	1	
<i>haloperidol 20mg tab</i>	1	
<i>haloperidol 2mg tab</i>	1	
<i>haloperidol 2mg/ml oral soln</i>	1	
<i>haloperidol 5mg tab</i>	1	
<i>haloperidol 5mg/ml inj</i>	1	
<i>haloperidol decanoate 100mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 100mg/ml (5ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml (5ml) inj</i>	1	
<i>lurasidone 120mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 20mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 40mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 60mg tab</i>	1	QL=30 EA/30 Days
<i>lurasidone 80mg tab</i>	1	QL=60 EA/30 Days
MOLINDONE 10MG TAB	1	
MOLINDONE 25MG TAB	1	
MOLINDONE 5MG TAB	1	
NUPLAZID 10MG TAB	1	PA_NSO QL=30 EA/30 Days
NUPLAZID 34MG CAP	1	PA_NSO QL=30 EA/30 Days
<i>thiothixene 10mg cap</i>	1	
<i>thiothixene 1mg cap</i>	1	
<i>thiothixene 2mg cap</i>	1	
<i>thiothixene 5mg cap</i>	1	
VRAYLAR 1.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 3MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 4.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 6MG CAP	1	PA_NSO QL=30 EA/30 Days
<i>ziprasidone 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>ziprasidone 20mg inj</i>	1	QL=6 EA/3 Days
<i>ziprasidone 40mg cap</i>	1	
<i>ziprasidone 60mg cap</i>	1	
<i>ziprasidone 80mg cap</i>	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 12MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 1MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 2MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 4MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 6MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 8MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT TAB TITRATION PACK (8)	1	PA_NSO QL=60 EA/30 Days
INVEGA HAFYERA 1092MG/3.5ML SYRINGE	1	QL=3.50 ML/166 Days
INVEGA HAFYERA 1560MG/5ML SYRINGE	1	QL=5 ML/166 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	1	NDS QL=.75 ML/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	1	NDS QL=1 ML/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	1	NDS QL=1.50 ML/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	1	QL=.25 ML/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	1	NDS QL=.50 ML/28 Days
INVEGA TRINZA 273MG/0.88ML SYRINGE	1	QL=.88 ML/70 Days
INVEGA TRINZA 410MG/1.32ML SYRINGE	1	QL=1.32 ML/70 Days
INVEGA TRINZA 546MG/1.75ML SYRINGE	1	QL=1.75 ML/70 Days
INVEGA TRINZA 819MG/2.63ML SYRINGE	1	QL=2.63 ML/70 Days
<i>paliperidone 1.5mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 3mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 6mg er tab</i>	1	QL=60 EA/30 Days
<i>paliperidone 9mg er tab</i>	1	QL=30 EA/30 Days
RISPERIDONE 0.25MG ODT	1	QL=60 EA/30 Days
<i>risperidone 0.25mg tab</i>	1	
<i>risperidone 0.5mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 0.5mg tab</i>	1	
<i>risperidone 1mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 1mg tab</i>	1	
<i>risperidone 1mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>risperidone 2mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 2mg tab</i>	1	
<i>risperidone 3mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 3mg tab</i>	1	
<i>risperidone 4mg odt</i>	1	QL=60 EA/30 Days
<i>risperidone 4mg tab</i>	1	
<i>risperidone microspheres 12.5mg inj</i>	1	QL=2 EA/28 Days
<i>risperidone microspheres 25mg inj</i>	1	QL=2 EA/28 Days
<i>risperidone microspheres 37.5mg inj</i>	1	QL=2 EA/28 Days
<i>risperidone microspheres 50mg inj</i>	1	QL=2 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIBENZAPINES		
<i>asenapine 10mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 2.5mg sl tab</i>	1	QL=60 EA/30 Days
<i>asenapine 5mg sl tab</i>	1	QL=60 EA/30 Days
<i>clozapine 100mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 100mg tab</i>	1	
CLOZAPINE 12.5MG ODT	1	QL=90 EA/30 Days
<i>clozapine 150mg odt</i>	1	QL=180 EA/30 Days
<i>clozapine 200mg odt</i>	1	QL=120 EA/30 Days
<i>clozapine 200mg tab</i>	1	
<i>clozapine 25mg odt</i>	1	QL=270 EA/30 Days
<i>clozapine 25mg tab</i>	1	
<i>clozapine 50mg tab</i>	1	
<i>loxapine 10mg cap</i>	1	
<i>loxapine 25mg cap</i>	1	
<i>loxapine 50mg cap</i>	1	
<i>loxapine 5mg cap</i>	1	
<i>olanzapine 10mg inj</i>	1	QL=3 EA/1 Days
<i>olanzapine 10mg odt</i>	1	
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg odt</i>	1	
<i>olanzapine 15mg tab</i>	1	
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg odt</i>	1	
<i>olanzapine 20mg tab</i>	1	
<i>olanzapine 5mg odt</i>	1	
<i>olanzapine 5mg tab</i>	1	
<i>olanzapine 7.5mg tab</i>	1	
<i>quetiapine 100mg tab</i>	1	
<i>quetiapine 150mg er tab</i>	1	QL=30 EA/30 Days
<i>quetiapine 200mg er tab</i>	1	QL=30 EA/30 Days
<i>quetiapine 200mg tab</i>	1	
<i>quetiapine 25mg tab</i>	1	
<i>quetiapine 300mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 300mg tab</i>	1	
<i>quetiapine 400mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 400mg tab</i>	1	
<i>quetiapine 50mg er tab</i>	1	QL=60 EA/30 Days
<i>quetiapine 50mg tab</i>	1	
SECUADO 3.8MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
SECUADO 5.7MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
SECUADO 7.6MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
VERSACLOZ 50MG/ML ORAL SUSP	1	PA_NSO QL=600 ML/30 Days
PHENOTHIAZINES		
<i>chlorpromazine 100mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHLORPROMAZINE 100MG/ML ORAL SOLN	1	
<i>chlorpromazine 10mg tab</i>	1	
<i>chlorpromazine 200mg tab</i>	1	
<i>chlorpromazine 25mg tab</i>	1	
CHLORPROMAZINE 30MG/ML ORAL SOLN	1	
<i>chlorpromazine 50mg tab</i>	1	
<i>compro 25mg rectal supp</i>	1	
FLUPHENAZINE 0.5MG/ML ORAL SOLN	1	
<i>fluphenazine 10mg tab</i>	1	
<i>fluphenazine 1mg tab</i>	1	
<i>fluphenazine 2.5mg tab</i>	1	
FLUPHENAZINE 2.5MG/ML INJ	1	
<i>fluphenazine 5mg tab</i>	1	
FLUPHENAZINE 5MG/ML ORAL SOLN	1	
<i>fluphenazine decanoate 25mg/ml inj</i>	1	
<i>perphenazine 16mg tab</i>	1	
<i>perphenazine 2mg tab</i>	1	
<i>perphenazine 4mg tab</i>	1	
<i>perphenazine 8mg tab</i>	1	
<i>prochlorperazine 10mg tab</i>	1	
<i>prochlorperazine 25mg rectal supp</i>	1	
<i>prochlorperazine 5mg tab</i>	1	
<i>thioridazine 100mg tab</i>	1	
<i>thioridazine 10mg tab</i>	1	
<i>thioridazine 25mg tab</i>	1	
<i>thioridazine 50mg tab</i>	1	
<i>trifluoperazine 10mg tab</i>	1	
<i>trifluoperazine 1mg tab</i>	1	
<i>trifluoperazine 2mg tab</i>	1	
<i>trifluoperazine 5mg tab</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA 300MG INJ	1	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	1	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 400MG INJ	1	NDS QL=1 EA/28 Days
ABILIFY MAINTENA 400MG/2ML SYRINGE	1	NDS QL=1 EA/28 Days
<i>aripiprazole 10mg odt</i>	1	PA_NSO QL=60 EA/30 Days
<i>aripiprazole 10mg tab</i>	1	
<i>aripiprazole 15mg odt</i>	1	PA_NSO QL=60 EA/30 Days
<i>aripiprazole 15mg tab</i>	1	
<i>aripiprazole 1mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>aripiprazole 20mg tab</i>	1	
<i>aripiprazole 2mg tab</i>	1	
<i>aripiprazole 30mg tab</i>	1	
<i>aripiprazole 5mg tab</i>	1	
ARISTADA 1064MG/3.9ML SYRINGE	1	QL=3.90 ML/56 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
ARISTADA 441MG/1.6ML SYRINGE	1	NDS QL=1.60 ML/28 Days
ARISTADA 662MG/2.4ML SYRINGE	1	NDS QL=2.40 ML/28 Days
ARISTADA 675MG/2.4ML SYRINGE	1	QL=2.40 ML/42 Days
ARISTADA 882MG/3.2ML SYRINGE	1	QL=3.20 ML/28 Days
OPIPZA 10MG ORAL FILM	1	PA_NSO QL=90 EA/30 Days
OPIPZA 2MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
OPIPZA 5MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.25MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.5MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 1MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 2MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 3MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 4MG TAB	1	PA_NSO QL=30 EA/30 Days
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>baclofen 5mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	
<i>chlorzoxazone 500mg tab</i>	1	QL=180 EA/30 Days
<i>cyclobenzaprine 10mg tab</i>	1	
<i>cyclobenzaprine 5mg tab</i>	1	
<i>dantrolene sodium 100mg cap</i>	1	
<i>dantrolene sodium 25mg cap</i>	1	
<i>dantrolene sodium 50mg cap</i>	1	
<i>metaxalone 800mg tab</i>	1	
<i>methocarbamol 500mg tab</i>	1	
<i>methocarbamol 750mg tab</i>	1	
<i>orphenadrine citrate 100mg er tab</i>	1	
<i>pyridostigmine bromide 60mg tab</i>	1	
<i>tizanidine 2mg tab</i>	1	
<i>tizanidine 4mg tab</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir 20mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>abacavir 300mg tab</i>	1	QL=60 EA/30 Days
<i>abacavir/lamivudine 600-300mg tab</i>	1	QL=30 EA/30 Days
APTIVUS 250MG CAP	1	QL=120 EA/30 Days
<i>atazanavir 150mg cap</i>	1	QL=30 EA/30 Days
<i>atazanavir 200mg cap</i>	1	QL=60 EA/30 Days
<i>atazanavir 300mg cap</i>	1	QL=30 EA/30 Days
BIKTARVY 30-120-15MG TAB	1	QL=30 EA/30 Days
BIKTARVY 50-200-25MG TAB	1	QL=30 EA/30 Days
CIMDUO 300-300MG TAB	1	QL=30 EA/30 Days
<i>darunavir 600mg 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>darunavir 800mg tab</i>	1	QL=30 EA/30 Days
DELSTRIGO 100-300-300MG TAB	1	QL=30 EA/30 Days
DESCOVY 120-15MG TAB	1	QL=30 EA/30 Days
DESCOVY 200-25MG TAB	1	QL=30 EA/30 Days
DOVATO 50-300MG TAB	1	QL=30 EA/30 Days
EDURANT 25MG TAB	1	QL=30 EA/30 Days
<i>efavirenz 600mg tab</i>	1	QL=30 EA/30 Days
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i>	1	QL=30 EA/30 Days
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300MG TAB	1	QL=30 EA/30 Days
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine 200mg cap</i>	1	QL=30 EA/30 Days
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i>	1	QL=30 EA/30 Days
<i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i>	1	QL=30 EA/30 Days
EMTRIVA 10MG/ML ORAL SOLN	1	QL=850 ML/30 Days
<i>etravirine 100mg tab</i>	1	QL=60 EA/30 Days
<i>etravirine 200mg tab</i>	1	QL=60 EA/30 Days
EVOTAZ 300-150MG TAB	1	QL=30 EA/30 Days
<i>fosamprenavir 700mg tab</i>	1	QL=120 EA/30 Days
GENVOYA 150-150-200-10MG TAB	1	QL=30 EA/30 Days
INTELENCE 25MG TAB	1	QL=120 EA/30 Days
ISENTRESS 100MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 100MG GRANULES FOR ORAL SUSP	1	QL=60 EA/30 Days
ISENTRESS 25MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 400MG TAB	1	QL=60 EA/30 Days
ISENTRESS 600MG TAB	1	QL=60 EA/30 Days
JULUCA 50-25MG TAB	1	QL=30 EA/30 Days
KALETRA 80-20MG/ML ORAL SOLN	1	QL=480 ML/30 Days
<i>lamivudine 10mg/ml oral soln</i>	1	QL=960 ML/30 Days
<i>lamivudine 150mg tab</i>	1	QL=60 EA/30 Days
<i>lamivudine 300mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine/zidovudine 150-300mg tab</i>	1	QL=60 EA/30 Days
<i>lopinavir/ritonavir 100-25mg tab</i>	1	QL=300 EA/30 Days
<i>lopinavir/ritonavir 200-50mg tab</i>	1	QL=120 EA/30 Days
<i>maraviroc 150mg 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>maraviroc 300mg tab</i>	1	QL=120 EA/30 Days
NEVIRAPINE 10MG/ML ORAL SUSP	1	QL=1200 ML/30 Days
<i>nevirapine 200mg tab</i>	1	QL=60 EA/30 Days
<i>nevirapine 400mg er tab</i>	1	QL=30 EA/30 Days
NORVIR 100MG ORAL POWDER	1	QL=360 EA/30 Days
ODEFSEY 200-25-25MG TAB	1	QL=30 EA/30 Days
PIFELTRO 100MG TAB	1	QL=30 EA/30 Days
PREZCOBIX 150-800MG TAB	1	QL=30 EA/30 Days
PREZISTA 100MG/ML ORAL SUSP	1	QL=400 ML/30 Days
PREZISTA 150MG TAB	1	QL=240 EA/30 Days
PREZISTA 75MG TAB	1	QL=480 EA/30 Days
REYATAZ 50MG ORAL POWDER	1	QL=240 EA/30 Days
<i>ritonavir 100mg tab</i>	1	QL=360 EA/30 Days
RUKOBIA 600MG ER TAB	1	QL=60 EA/30 Days
SELZENTRY 20MG/ML ORAL SOLN	1	QL=1840 ML/30 Days
STRIBILD 150-150-200-300MG TAB	1	QL=30 EA/30 Days
SUNLENCA 300MG TAB	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB THERAPY PACK (4)	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB THERAPY PACK (5)	1	QL=5 EA/28 Days
SYMTUZA 150-800-200-10MG TAB	1	QL=30 EA/30 Days
<i>tenofovir disoproxil fumarate 300mg tab</i>	1	QL=30 EA/30 Days
TIVICAY 50MG TAB	1	QL=60 EA/30 Days
TIVICAY 5MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 600-50-300MG TAB	1	QL=30 EA/30 Days
TYBOST 150MG TAB	1	QL=30 EA/30 Days
VIRACEPT 250MG TAB	1	QL=300 EA/30 Days
VIRACEPT 625MG TAB	1	QL=120 EA/30 Days
VIREAD 150MG TAB	1	QL=30 EA/30 Days
VIREAD 200MG TAB	1	QL=30 EA/30 Days
VIREAD 250MG TAB	1	QL=30 EA/30 Days
VIREAD 40MG/GM ORAL POWDER	1	QL=240 GM/30 Days
<i>zidovudine 100mg cap</i>	1	QL=180 EA/30 Days
<i>zidovudine 10mg/ml oral soln</i>	1	QL=1920 ML/30 Days
<i>zidovudine 300mg tab</i>	1	QL=60 EA/30 Days
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 0.5mg tab</i>	1	QL=30 EA/30 Days
<i>entecavir 1mg tab</i>	1	QL=30 EA/30 Days
<i>lamivudine 100mg tab</i>	1	QL=90 EA/30 Days
MAVYRET 100-40MG TAB	1	NDS PA QL=84 EA/28 Days
MAVYRET 50-20MG ORAL PELLET	1	NDS PA QL=140 EA/28 Days
PEGASYS 180MCG/0.5ML SYRINGE	1	NDS QL=2 ML/28 Days
PEGASYS 180MCG/ML INJ	1	NDS QL=4 ML/28 Days
RIBAVIRIN 200MG CAP	1	QL=210 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
RIBAVIRIN 200MG TAB	1	QL=210 EA/30 Days
SOFOSBUVIR/VELPATASVIR 400-100MG TAB	1	NDS PA QL=28 EA/28 Days
VOSEVI 400-100-100MG TAB	1	NDS PA QL=28 EA/28 Days
HERPES AGENTS		
<i>acyclovir 200mg cap</i>	1	
<i>acyclovir 400mg tab</i>	1	
<i>acyclovir 40mg/ml oral susp</i>	1	
<i>acyclovir 50mg/ml inj</i>	1	PA_BvD
<i>acyclovir 800mg tab</i>	1	
<i>famciclovir 125mg tab</i>	1	QL=60 EA/30 Days
<i>famciclovir 250mg tab</i>	1	QL=60 EA/30 Days
<i>famciclovir 500mg tab</i>	1	QL=90 EA/30 Days
<i>valacyclovir 1000mg tab</i>	1	QL=120 EA/30 Days
<i>valacyclovir 500mg tab</i>	1	QL=60 EA/30 Days
INFLUENZA AGENTS		
<i>oseltamivir 30mg cap</i>	1	QL=84 EA/180 Days
<i>oseltamivir 45mg cap</i>	1	QL=42 EA/180 Days
<i>oseltamivir 6mg/ml oral susp</i>	1	QL=540 ML/180 Days
<i>oseltamivir 75mg cap</i>	1	QL=42 EA/180 Days
RELENZA 5MG/BLISTER POWDER INHALER	1	QL=120 EA/365 Days
RIMANTADINE 100MG TAB	1	
XOFLUZA 40MG TAB	1	QL=2 EA/30 Days
XOFLUZA 80MG TAB	1	QL=1 EA/30 Days
MISC. ANTIVIRALS		
LIVTENCITY 200MG TAB	1	NDS PA QL=120 EA/30 Days
PAXLOVID 150MG/100MG TAB PACK (20)	1	QL=20 EA/5 Days
PAXLOVID 150MG/100MG TAB PACK (30)	1	QL=30 EA/5 Days
PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)	1	QL=11 EA/5 Days
PREVYMIS 120MG ORAL PELLETT	1	NDS PA QL=120 EA/30 Days
PREVYMIS 240MG TAB	1	NDS PA QL=28 EA/28 Days
PREVYMIS 480MG TAB	1	NDS PA QL=30 EA/30 Days
<i>valganciclovir 450mg tab</i>	1	QL=120 EA/30 Days
<i>valganciclovir 50mg/ml oral soln</i>	1	QL=1056 ML/30 Days
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol 12.5mg tab</i>	1	
<i>carvedilol 25mg tab</i>	1	
<i>carvedilol 3.125mg tab</i>	1	
<i>carvedilol 6.25mg tab</i>	1	
<i>labetalol 100mg tab</i>	1	
<i>labetalol 200mg tab</i>	1	
<i>labetalol 300mg tab</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol 200mg 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>acebutolol 400mg cap</i>	1	
<i>atenolol 100mg tab</i>	1	
<i>atenolol 25mg tab</i>	1	
<i>atenolol 50mg tab</i>	1	
<i>betaxolol 10mg tab</i>	1	
<i>betaxolol 20mg tab</i>	1	
<i>bisoprolol fumarate 10mg tab</i>	1	
<i>bisoprolol fumarate 5mg tab</i>	1	
<i>metoprolol succinate 100mg er tab</i>	1	
<i>metoprolol succinate 200mg er tab</i>	1	
<i>metoprolol succinate 25mg er tab</i>	1	
<i>metoprolol succinate 50mg er tab</i>	1	
<i>metoprolol tartrate 100mg tab</i>	1	
<i>metoprolol tartrate 25mg tab</i>	1	
<i>metoprolol tartrate 37.5mg tab</i>	1	
<i>metoprolol tartrate 50mg tab</i>	1	
<i>metoprolol tartrate 75mg tab</i>	1	
<i>nebivolol 10mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 2.5mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 20mg tab</i>	1	QL=60 EA/30 Days
<i>nebivolol 5mg tab</i>	1	QL=60 EA/30 Days
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20mg tab</i>	1	
<i>nadolol 40mg tab</i>	1	
<i>nadolol 80mg tab</i>	1	
<i>pindolol 10mg tab</i>	1	
<i>pindolol 5mg tab</i>	1	
<i>propranolol 10mg tab</i>	1	
<i>propranolol 120mg er cap</i>	1	
<i>propranolol 160mg er cap</i>	1	
<i>propranolol 20mg tab</i>	1	
<i>propranolol 40mg tab</i>	1	
PROPRANOLOL 4MG/ML ORAL SOLN	1	
<i>propranolol 60mg er cap</i>	1	
<i>propranolol 60mg tab</i>	1	
<i>propranolol 80mg er cap</i>	1	
<i>propranolol 80mg tab</i>	1	
PROPRANOLOL 8MG/ML ORAL SOLN	1	
<i>sotalol 120mg tab</i>	1	
<i>sotalol 160mg tab</i>	1	
<i>sotalol 240mg tab</i>	1	
<i>sotalol 80mg tab</i>	1	
<i>sotalol af 120mg tab</i>	1	
<i>sotalol af 160mg tab</i>	1	
<i>sotalol af 80mg tab</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>verapamil 120mg er cap</i>	1	
<i>verapamil 120mg er tab</i>	1	
<i>verapamil 120mg tab</i>	1	
<i>verapamil 180mg er cap</i>	1	
<i>verapamil 180mg er tab</i>	1	
<i>verapamil 240mg er cap</i>	1	
<i>verapamil 240mg er tab</i>	1	
VERAPAMIL 360MG ER CAP	1	
<i>verapamil 40mg tab</i>	1	
<i>verapamil 80mg tab</i>	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>droxidopa 100mg cap</i>	1	PA QL=90 EA/30 Days
<i>droxidopa 200mg cap</i>	1	PA QL=180 EA/30 Days
<i>droxidopa 300mg cap</i>	1	PA QL=180 EA/30 Days
<i>midodrine 10mg tab</i>	1	
<i>midodrine 2.5mg tab</i>	1	
<i>midodrine 5mg tab</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone 100mg tab</i>	1	
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
<i>disopyramide 100mg cap</i>	1	
<i>disopyramide 150mg cap</i>	1	
<i>dofetilide 0.125mg cap</i>	1	
<i>dofetilide 0.25mg cap</i>	1	
<i>dofetilide 0.5mg cap</i>	1	
<i>flecainide acetate 100mg tab</i>	1	
<i>flecainide acetate 150mg tab</i>	1	
<i>flecainide acetate 50mg tab</i>	1	
<i>mexiletine 150mg cap</i>	1	
<i>mexiletine 200mg cap</i>	1	
<i>mexiletine 250mg cap</i>	1	
MULTAQ 400MG TAB	1	QL=60 EA/30 Days
<i>propafenone 150mg tab</i>	1	
<i>propafenone 225mg er cap</i>	1	
<i>propafenone 225mg tab</i>	1	
<i>propafenone 300mg tab</i>	1	
<i>propafenone 325mg er cap</i>	1	
<i>propafenone 425mg er cap</i>	1	
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG TAB	1	
CARDIOVASCULAR AGENTS, OTHER		
<i>digoxin 0.125mg tab</i>	1	
<i>digoxin 0.25mg 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
ENTRESTO 15-16MG ORAL PELLET	1	QL=240 EA/30 Days
ENTRESTO 6-6MG ORAL PELLET	1	QL=240 EA/30 Days
<i>ivabradine 5mg tab</i>	1	PA QL=60 EA/30 Days
<i>ivabradine 7.5mg tab</i>	1	PA QL=60 EA/30 Days
<i>pentoxifylline 400mg er tab</i>	1	
<i>ranolazine 1000mg er tab</i>	1	QL=60 EA/30 Days
<i>ranolazine 500mg er tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 24-26mg tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 49-51mg tab</i>	1	QL=60 EA/30 Days
<i>sacubitril/valsartan 97-103mg tab</i>	1	QL=60 EA/30 Days
VERQUVO 10MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 2.5MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 5MG TAB	1	PA QL=30 EA/30 Days
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
EVRYSDI 0.75MG/ML ORAL SOLN	1	NDS PA QL=240 ML/30 Days
EVRYSDI 5MG TAB	1	NDS PA QL=30 EA/30 Days
RADICAVA 105MG/5ML ORAL SUSP	1	NDS PA QL=70 ML/28 Days
<i>riluzole 50mg tab</i>	1	QL=60 EA/30 Days
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil 100mg/ml oral susp</i>	1	
<i>cefadroxil 500mg cap</i>	1	
<i>cefadroxil 50mg/ml oral susp</i>	1	
<i>cefazolin 1000mg inj</i>	1	
<i>cefazolin 200mg/ml inj</i>	1	
<i>cefazolin 500mg inj</i>	1	
<i>cephalexin 250mg cap</i>	1	
<i>cephalexin 25mg/ml oral susp</i>	1	
<i>cephalexin 500mg cap</i>	1	
<i>cephalexin 50mg/ml oral susp</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250MG CAP	1	
CEFACLOR 500MG CAP	1	
<i>cefoxitin 1gm inj</i>	1	
<i>cefoxitin 200mg/ml inj</i>	1	
<i>cefoxitin 2gm inj</i>	1	
<i>cefprozil 250mg tab</i>	1	
<i>cefprozil 25mg/ml oral susp</i>	1	
<i>cefprozil 500mg tab</i>	1	
<i>cefprozil 50mg/ml oral susp</i>	1	
<i>cefuroxime 1500mg inj</i>	1	
<i>cefuroxime 250mg tab</i>	1	
<i>cefuroxime 500mg tab</i>	1	
<i>cefuroxime 750mg 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
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 25mg/ml oral susp</i>	1	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml oral susp</i>	1	
<i>cefixime 400mg cap</i>	1	
<i>cefpodoxime 100mg tab</i>	1	
CEFPODOXIME 10MG/ML ORAL SUSP	1	
<i>cefpodoxime 200mg tab</i>	1	
CEFPODOXIME 20MG/ML ORAL SUSP	1	
<i>ceftazidime 1gm inj</i>	1	
CEFTAZIDIME 200MG/ML INJ	1	
<i>ceftazidime 2gm inj</i>	1	
<i>ceftriaxone 10gm inj</i>	1	
<i>ceftriaxone 1gm inj</i>	1	
<i>ceftriaxone 250mg inj</i>	1	
<i>ceftriaxone 2gm inj</i>	1	
<i>ceftriaxone 500mg inj</i>	1	
<i>tazicef 1gm inj</i>	1	
<i>tazicef 2gm inj</i>	1	
TAZICEF 6GM INJ	1	
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline 30mg cap</i>	1	
<i>chlorhexidine gluconate 0.12% mouthwash</i>	1	
<i>clotrimazole 10mg lozenge</i>	1	
<i>kourzeq 0.1% oral paste</i>	1	
<i>lidocaine viscous 2% mucous membrane topical soln</i>	1	
<i>nystatin 100000unit/ml oral susp</i>	1	
<i>periogard 0.12% mouthwash</i>	1	
<i>pilocarpine 5mg tab</i>	1	
<i>pilocarpine 7.5mg tab</i>	1	
<i>triamcinolone acetonide 0.1% oral paste</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane 10mg cap</i>	1	
<i>accutane 20mg cap</i>	1	
<i>accutane 40mg cap</i>	1	
<i>amnesteem 10mg cap</i>	1	
<i>amnesteem 20mg cap</i>	1	
<i>amnesteem 30mg cap</i>	1	
<i>amnesteem 40mg cap</i>	1	
<i>claravis 10mg cap</i>	1	
<i>claravis 20mg cap</i>	1	
<i>claravis 30mg cap</i>	1	
<i>claravis 40mg 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>clindamycin 1% pad</i>	1	QL=60 EA/30 Days
<i>clindamycin 1% topical gel (once-daily)</i>	1	QL=75 ML/30 Days
<i>clindamycin 1% topical gel (twice-daily)</i>	1	QL=75 GM/30 Days
<i>clindamycin 1% topical lotion</i>	1	QL=60 ML/30 Days
<i>clindamycin 1% topical soln</i>	1	QL=60 ML/30 Days
ERY 2% PAD	1	QL=60 EA/30 Days
<i>erythromycin 2% topical gel</i>	1	QL=60 GM/30 Days
<i>erythromycin 2% topical soln</i>	1	QL=60 ML/30 Days
<i>isotretinoin 10mg cap</i>	1	
<i>isotretinoin 20mg cap</i>	1	
<i>isotretinoin 30mg cap</i>	1	
<i>isotretinoin 40mg cap</i>	1	
<i>sulfacetamide sodium 10% topical lotion</i>	1	QL=118 ML/30 Days
<i>tretinoin 0.01% topical gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% topical gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.05% topical cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.1% topical cream</i>	1	PA QL=45 GM/30 Days
<i>zenatane 10mg cap</i>	1	
<i>zenatane 20mg cap</i>	1	
<i>zenatane 30mg cap</i>	1	
<i>zenatane 40mg cap</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin 0.1% topical cream</i>	1	QL=30 GM/30 Days
<i>gentamicin 0.1% topical ointment</i>	1	QL=30 GM/30 Days
<i>mupirocin 2% topical ointment</i>	1	QL=220 GM/30 Days
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77% topical cream</i>	1	QL=90 GM/30 Days
<i>ciclopirox 0.77% topical gel</i>	1	QL=100 GM/30 Days
<i>ciclopirox 0.77% topical lotion</i>	1	QL=60 ML/30 Days
<i>ciclopirox 1% shampoo</i>	1	QL=120 ML/30 Days
<i>ciclopirox 8% topical soln</i>	1	QL=13.20 ML/30 Days
<i>clotrimazole 1% topical cream</i>	1	QL=45 GM/30 Days
<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	1	QL=90 GM/30 Days
<i>econazole nitrate 1% topical cream</i>	1	QL=85 GM/30 Days
<i>ketoconazole 2% shampoo</i>	1	QL=240 ML/30 Days
<i>ketoconazole 2% topical cream</i>	1	QL=120 GM/30 Days
<i>nyamyc 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000 unit/gm topical ointment</i>	1	QL=30 GM/30 Days
<i>nystatin 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000unit/ml topical cream</i>	1	QL=30 GM/30 Days
<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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone 0.05% aug topical lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% aug topical ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% topical cream</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.05% topical lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% topical ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.1% topical cream</i>	1	QL=135 GM/30 Days
BETAMETHASONE 0.1% TOPICAL LOTION	1	QL=120 ML/30 Days
<i>betamethasone 0.1% topical ointment</i>	1	QL=135 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% topical cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical e cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical foam</i>	1	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% topical gel</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical lotion</i>	1	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% topical ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>desonide 0.05% topical cream</i>	1	QL=60 GM/30 Days
<i>desonide 0.05% topical ointment</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% topical cream</i>	1	QL=100 GM/30 Days
<i>desoximetasone 0.25% topical ointment</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% topical oil</i>	1	QL=120 ML/30 Days
<i>fluocinolone acetonide 0.01% topical soln</i>	1	QL=90 ML/30 Days
<i>fluocinolone acetonide 0.025% topical cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.025% topical ointment</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical cream</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical e cream</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% topical ointment</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical soln</i>	1	QL=60 ML/30 Days
<i>fluocinonide 0.1% topical cream</i>	1	QL=60 GM/30 Days
<i>fluticasone propionate 0.005% topical ointment</i>	1	QL=240 GM/30 Days
<i>fluticasone propionate 0.05% topical cream</i>	1	QL=240 GM/30 Days
<i>halobetasol propionate 0.05% topical cream</i>	1	QL=50 GM/30 Days
<i>halobetasol propionate 0.05% topical ointment</i>	1	QL=50 GM/30 Days
<i>hydrocortisone 1% topical cream</i>	1	QL=240 GM/30 Days
HYDROCORTISONE 2.5% TOPICAL LOTION	1	QL=118 ML/30 Days
<i>hydrocortisone 2.5% topical ointment</i>	1	QL=240 GM/30 Days
<i>mometasone furoate 0.1% topical cream</i>	1	QL=180 GM/30 Days
<i>mometasone furoate 0.1% topical lotion</i>	1	QL=180 ML/30 Days
<i>mometasone furoate 0.1% topical ointment</i>	1	QL=180 GM/30 Days
<i>triamcinolone acetonide 0.025% topical cream</i>	1	QL=454 GM/30 Days
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide 0.1% topical ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% topical ointment</i>	1	QL=120 GM/30 Days
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 4% mucous membrane topical soln</i>	1	QL=50 ML/30 Days
<i>lidocaine 5% patch</i>	1	PA QL=90 EA/30 Days
<i>lidocaine 5% topical ointment</i>	1	PA QL=107 GM/30 Days
<i>lidocaine/prilocaine 2.5-2.5% topical cream</i>	1	QL=30 GM/30 Days
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5% topical ointment</i>	1	QL=30 GM/30 Days
<i>ammonium lactate 12% topical cream</i>	1	
<i>ammonium lactate 12% topical lotion</i>	1	
EUCRISA 2% TOPICAL OINTMENT	1	PA QL=100 GM/30 Days
<i>imiquimod 5% topical cream</i>	1	QL=24 EA/30 Days
LITFULO 50MG CAP	1	NDS PA QL=28 EA/28 Days
<i>malathion 0.5% topical lotion</i>	1	
NEMLUVIO 30MG AUTO-INJECTOR	1	NDS PA QL=2 EA/28 Days
<i>permethrin 5% topical cream</i>	1	
<i>pimecrolimus 1% topical cream</i>	1	QL=100 GM/30 Days
PODOFILOX 0.5% TOPICAL SOLN	1	QL=7 ML/30 Days
<i>selenium sulfide 2.5% shampoo</i>	1	QL=120 ML/30 Days
<i>tacrolimus 0.03% topical ointment</i>	1	QL=100 GM/30 Days
<i>tacrolimus 0.1% topical ointment</i>	1	QL=100 GM/30 Days
ROSACEA AGENTS		
<i>azelaic acid 15% topical gel</i>	1	QL=50 GM/30 Days
<i>metronidazole 0.75% topical cream</i>	1	QL=45 GM/30 Days
<i>metronidazole 0.75% topical gel</i>	1	QL=45 GM/30 Days
<i>metronidazole 1% topical gel</i>	1	QL=60 GM/30 Days
WOUND CARE PRODUCTS		
REGRANEX 0.01% TOPICAL GEL	1	PA QL=30 GM/15 Days
SANTYL 250UNIT/GM TOPICAL OINTMENT	1	PA QL=90 GM/30 Days
<i>silver sulfadiazine 1% topical cream</i>	1	
<i>ssd 1% topical cream</i>	1	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125mg tab</i>	1	
<i>acetazolamide 250mg tab</i>	1	
<i>acetazolamide 500mg er cap</i>	1	
<i>methazolamide 25mg tab</i>	1	
<i>methazolamide 50mg tab</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	1	
<i>hydrochlorothiazide/spironolactone 25-25mg tab</i>	1	
<i>hydrochlorothiazide/triamterene 25-37.5mg cap</i>	1	

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

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

You can find information 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>risedronate sodium 35mg tab</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (12)</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 35mg tab pack (4)</i>	1	QL=4 EA/28 Days
<i>risedronate sodium 5mg tab</i>	1	QL=30 EA/30 Days
<i>salmon calcitonin 200unit/act nasal spray</i>	1	QL=3.70 ML/28 Days
TERIPARATIDE 620MCG/2.48ML PEN INJ	1	NDS QL=2.48 ML/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	1	NDS QL=1.56 ML/30 Days
WYOST 120MG/1.7ML INJ	1	NDS PA QL=1.70 ML/28 Days
METABOLIC MODIFIERS		
<i>calcitriol 0.25mcg cap</i>	1	
<i>calcitriol 0.5mcg cap</i>	1	
<i>calcitriol 1mcg/ml oral soln</i>	1	
<i>carglumic acid 200mg tab for oral susp</i>	1	NDS PA
<i>cinacalcet 30mg tab</i>	1	QL=60 EA/30 Days
<i>cinacalcet 60mg tab</i>	1	QL=60 EA/30 Days
<i>cinacalcet 90mg tab</i>	1	QL=120 EA/30 Days
CYSTADANE 1GM POWDER FOR ORAL SOLN	1	NDS
<i>glutamine 5000mg powder for oral soln</i>	1	NDS PA QL=180 EA/30 Days
<i>levocarnitine 100mg/ml oral soln</i>	1	
<i>levocarnitine 330mg tab</i>	1	
<i>paricalcitol 1mcg cap</i>	1	
<i>paricalcitol 2mcg cap</i>	1	
<i>paricalcitol 4mcg cap</i>	1	
REVCovi 2.4MG/1.5ML INJ	1	NDS PA
<i>sapropterin 100mg powder for oral soln</i>	1	NDS PA
<i>sapropterin 100mg tab</i>	1	NDS PA
<i>sapropterin 500mg powder for oral soln</i>	1	NDS PA
<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide 0.05mg/ml inj</i>	1	PA
<i>octreotide 0.1mg/ml inj</i>	1	PA
<i>octreotide 0.2mg/ml inj</i>	1	PA
<i>octreotide 0.5mg/ml inj</i>	1	PA
<i>octreotide 1mg/ml inj</i>	1	PA
SIGNIFOR 0.3MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.6MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.9MG/ML INJ	1	NDS PA QL=60 ML/30 Days
VASOPRESSIN RECEPTOR ANTAGONISTS		
<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		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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 lo tab 0.5/0.1mg 28-day pack</i>	1	
<i>altavera tab 28-day pack</i>	1	
<i>alyacen 1/35 tab 28-day pack</i>	1	
<i>apri tab 28-day pack</i>	1	
<i>aranelle tab 28-day pack</i>	1	
<i>ashlyna tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>aubra tab 28-day pack</i>	1	
<i>aviane tab 28-day pack</i>	1	
<i>azurette 28-day pack</i>	1	
<i>balziva tab 28-day pack</i>	1	
<i>blisovi 21 fe tab 1.5/30 28-day pack</i>	1	
<i>briellyn tab 28-day pack</i>	1	
<i>camreselo tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>cryselle tab 28-day pack</i>	1	
<i>cyred tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients</i> <i>3-0.02-1mg tab 28-day pack</i>	1	
<i>drospirenone/ethinyl estradiol/inert ingredients</i> <i>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	

You can find information 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/norethindrone acetate 0.5-0.1mg 28-day pack</i>	1	
<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	1	
<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	1	
<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	1	
<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25mg-mcg tab 28-day pack</i>	1	
<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35mg-mcg tab 28-day pack</i>	1	
<i>falmina tab 28-day pack</i>	1	
<i>feirza 1.5/30 28-day pack</i>	1	
<i>feirza 1/20 28-day pack</i>	1	
<i>fyavolv 0.0025-0.5mg tab</i>	1	
<i>fyavolv 0.005-1mg tab</i>	1	
<i>haloette 0.120-0.015mg/24hr vaginal system</i>	1	QL=1 EA/28 Days
<i>iclevia tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>introvale tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>isibloom tab 28-day pack</i>	1	
<i>jaimiess tab 91-day pack</i>	1	QL=91 EA/91 Days
<i>jasmiel tab 28-day pack</i>	1	
<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>kelnor tab 1/50 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>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>pimtrea tab 28-day pack</i>	1	
<i>portia tab 28-day pack</i>	1	
PREMPHASE 28-DAY PACK	1	
PREMPRO 0.3/1.5MG 28-DAY PACK	1	
PREMPRO 0.45/1.5MG 28-DAY PACK	1	
PREMPRO 0.625/2.5MG 28-DAY PACK	1	
PREMPRO 0.625/5MG 28-DAY PACK	1	
<i>reclipsen tab 28-day pack</i>	1	
<i>setlakin tab 91-day pack</i>	1	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-estarylla tab 28-day pack</i>	1	
<i>tri-lo- estarylla tab 28-day pack</i>	1	
<i>tri-lo-sprintec tab 28-day pack</i>	1	
<i>tri-mili tab 28-day pack</i>	1	
<i>tri-sprintec tab 28-day pack</i>	1	
<i>tri-vylibra lo tab 28-day pack</i>	1	
<i>tri-vylibra tab 28-day pack</i>	1	
<i>turqoz tab 28-day pack</i>	1	
<i>valtya tab 1/50 28-day pack</i>	1	
VELIVET TAB 28-DAY PACK	1	
<i>vestura tab 3-0.02mg 28-day pack</i>	1	
<i>vienva tab 28-day pack</i>	1	
<i>vyfemla tab 28-day pack</i>	1	
<i>vylibra tab 28-day pack</i>	1	
<i>xulane 150-35mcg/24hr patch</i>	1	QL=3 EA/28 Days
<i>zafemy 150-35mcg/24hr patch</i>	1	QL=3 EA/28 Days
<i>zovia 1mg-35mcg tab 28-day pack</i>	1	
ESTROGENS		
<i>dotti 0.025mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.0375mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.05mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.075mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>dotti 0.1mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.0025mg/hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.01mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.01mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.025mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.025mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.0375mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.0375mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.05mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.05mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.075mg/24hr twice weekly patch</i>	1	QL=8 EA/28 Days
<i>estradiol 0.075mg/24hr weekly patch</i>	1	QL=4 EA/28 Days
<i>estradiol 0.5mg tab</i>	1	
<i>estradiol 1mg tab</i>	1	
<i>estradiol 2mg tab</i>	1	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ciprofloxacin 250mg tab</i>	1	
CIPROFLOXACIN 2MG/ML INJ	1	
<i>ciprofloxacin 500mg tab</i>	1	
<i>ciprofloxacin 750mg tab</i>	1	
<i>levofloxacin 250mg tab</i>	1	
<i>levofloxacin 25mg/ml oral soln</i>	1	
<i>levofloxacin 500mg tab</i>	1	
<i>levofloxacin 500mg/100ml inj</i>	1	
<i>levofloxacin 750mg tab</i>	1	
<i>levofloxacin 750mg/150ml inj</i>	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
<i>moxifloxacin 400mg tab</i>	1	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
CREON 120000-24000-76000UNIT DR CAP	1	
CREON 15000-3000-9500UNIT DR CAP	1	
CREON 180000-36000-114000UNIT DR CAP	1	
CREON 30000-6000-19000UNIT DR CAP	1	
CREON 60000-12000-38000UNIT DR CAP	1	
<i>cromolyn sodium 20mg/ml oral soln</i>	1	
<i>enulose 10gm/15ml oral soln</i>	1	
<i>generlac 10gm/15ml oral soln</i>	1	
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 1mg/ml oral soln</i>	1	
<i>metoclopramide 5mg tab</i>	1	
REZDIFFRA 100MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 60MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 80MG TAB	1	NDS PA QL=30 EA/30 Days
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 300mg cap</i>	1	
<i>ursodiol 500mg tab</i>	1	
VOWST 30000000UNIT CAP	1	PA QL=12 EA/90 Days
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium 750mg cap</i>	1	
<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	

You can find information 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>sulfasalazine 500mg tab</i>	1	
TREMFYA 200MG/2ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	1	NDS PA QL=4 ML/28 Days
TREMFYA 200MG/2ML SYRINGE	1	NDS PA QL=2 ML/28 Days
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride 10mg tab</i>	1	
<i>bethanechol chloride 25mg tab</i>	1	
<i>bethanechol chloride 50mg tab</i>	1	
<i>bethanechol chloride 5mg tab</i>	1	
<i>fesoterodine fumarate 4mg er tab</i>	1	QL=30 EA/30 Days
<i>fesoterodine fumarate 8mg er tab</i>	1	QL=30 EA/30 Days
GEMTESA 75MG TAB	1	QL=30 EA/30 Days
MYRBETRIQ 25MG ER TAB	1	QL=30 EA/30 Days
MYRBETRIQ 50MG ER TAB	1	QL=30 EA/30 Days
<i>oxybutynin chloride 10mg er tab</i>	1	
<i>oxybutynin chloride 15mg er tab</i>	1	
<i>oxybutynin chloride 1mg/ml oral soln</i>	1	QL=600 ML/30 Days
<i>oxybutynin chloride 5mg er tab</i>	1	
<i>oxybutynin chloride 5mg tab</i>	1	
<i>solifenacin succinate 10mg tab</i>	1	
<i>solifenacin succinate 5mg tab</i>	1	
<i>tolterodine tartrate 1mg tab</i>	1	QL=60 EA/30 Days
<i>tolterodine tartrate 2mg er cap</i>	1	QL=30 EA/30 Days
<i>tolterodine tartrate 2mg tab</i>	1	QL=60 EA/30 Days
<i>tolterodine tartrate 4mg er cap</i>	1	QL=30 EA/30 Days
<i>tropium chloride 20mg tab</i>	1	QL=60 EA/30 Days
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	QL=30 EA/30 Days
<i>finasteride 5mg tab</i>	1	
<i>silodosin 4mg cap</i>	1	QL=30 EA/30 Days
<i>silodosin 8mg cap</i>	1	QL=30 EA/30 Days
<i>tadalafil 2.5mg tab</i>	1	PA QL=30 EA/30 Days
<i>tadalafil 5mg tab</i>	1	PA QL=30 EA/30 Days
<i>tamsulosin 0.4mg cap</i>	1	
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		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GOUT AGENTS		
<i>allopurinol 100mg tab</i>	1	
<i>allopurinol 300mg tab</i>	1	
<i>colchicine 0.6mg tab</i>	1	
<i>colchicine/probenecid 0.5-500mg tab</i>	1	
<i>febuxostat 40mg tab</i>	1	ST QL=30 EA/30 Days
<i>febuxostat 80mg tab</i>	1	ST QL=30 EA/30 Days
<i>probenecid 500mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide 0.5mg cap</i>	1	
<i>anagrelide 1mg cap</i>	1	
<i>aspirin/dipyridamole 25-200mg er cap</i>	1	QL=60 EA/30 Days
<i>cilostazol 100mg tab</i>	1	
<i>cilostazol 50mg tab</i>	1	
<i>clopidogrel 75mg tab</i>	1	
<i>dipyridamole 25mg tab</i>	1	
<i>dipyridamole 50mg tab</i>	1	
<i>dipyridamole 75mg tab</i>	1	
<i>prasugrel 10mg tab</i>	1	QL=30 EA/30 Days
<i>prasugrel 5mg tab</i>	1	QL=30 EA/30 Days
<i>ticagrelor 60mg tab</i>	1	QL=60 EA/30 Days
<i>ticagrelor 90mg tab</i>	1	QL=60 EA/30 Days
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET 20MG TAB	1	NDS PA QL=60 EA/30 Days
DOPTELET TAB 40MG DAILY DOSE PACK (10)	1	NDS PA QL=10 EA/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK (15)	1	NDS PA QL=15 EA/5 Days
<i>eltrombopag 12.5mg powder for oral susp</i>	1	NDS PA QL=90 EA/30 Days
<i>eltrombopag 12.5mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag 25mg powder for oral susp</i>	1	NDS PA QL=180 EA/30 Days
<i>eltrombopag 25mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>eltrombopag 50mg tab</i>	1	NDS PA QL=60 EA/30 Days
<i>eltrombopag 75mg tab</i>	1	NDS PA QL=60 EA/30 Days
FULPHILA 6MG/0.6ML SYRINGE	1	NDS
NIVESTYM 300MCG/0.5ML SYRINGE	1	NDS
NIVESTYM 300MCG/ML INJ	1	NDS
NIVESTYM 480MCG/0.8ML SYRINGE	1	NDS
NIVESTYM 480MCG/1.6ML INJ	1	NDS
NYVEPRIA 6MG/0.6ML SYRINGE	1	NDS
PROCRIT 10000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRIT 20000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRIT 2000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRIT 3000UNIT/ML INJ	1	PA QL=12 ML/28 Days
PROCRIT 40000UNIT/ML INJ	1	PA QL=4 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
PROCRT 4000UNIT/ML INJ	1	PA QL=12 ML/28 Days
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
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone 5mg tab pack (48)</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone 1mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 2mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 3mg tab</i>	1	QL=30 EA/30 Days
<i>ramelteon 8mg tab</i>	1	QL=30 EA/30 Days
<i>temazepam 15mg cap</i>	1	QL=30 EA/30 Days
<i>temazepam 30mg cap</i>	1	QL=30 EA/30 Days
<i>zaleplon 10mg cap</i>	1	QL=30 EA/30 Days
<i>zaleplon 5mg cap</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 10mg tab</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 12.5mg er tab</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 5mg tab</i>	1	QL=60 EA/30 Days
<i>zolpidem tartrate 6.25mg er tab</i>	1	QL=30 EA/30 Days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
HAEGARDA 2000UNIT INJ	1	NDS PA QL=30 EA/30 Days
HAEGARDA 3000UNIT INJ	1	NDS PA QL=20 EA/30 Days
icatibant 30mg/3ml syringe	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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HIBERIX 10MCG INJ	1	
IMOVAX 2.5UNIT/ML INJ	1	PA_BvD VAC
INFANRIX SYRINGE	1	
IPOL INJ	1	VAC
IXCHIQ 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
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	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YF-VAX INJ	1	VAC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C POWDER FOR ORAL SOLN	1	
<i>gavilyte-g powder for oral soln</i>	1	
<i>gavilyte-n powder for oral soln</i>	1	
<i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	1	
<i>peg 3350/electrolyte powder for oral soln</i>	1	
<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i>	1	
SUFLAVE ORAL SOLN PACK	1	
SUTAB 225-188-1479MG TAB	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10gm/15ml oral soln</i>	1	
<i>lactulose 667mg/ml oral soln</i>	1	
LINZESS 145MCG CAP	1	QL=30 EA/30 Days
LINZESS 290MCG CAP	1	QL=30 EA/30 Days
LINZESS 72MCG CAP	1	QL=30 EA/30 Days
<i>lubiprostone 24mcg cap</i>	1	QL=60 EA/30 Days
<i>lubiprostone 8mcg cap</i>	1	QL=60 EA/30 Days
MOVANTIK 12.5MG TAB	1	QL=30 EA/30 Days
MOVANTIK 25MG TAB	1	QL=30 EA/30 Days
TRULANCE 3MG TAB	1	QL=30 EA/30 Days
MEDICAL DEVICES AND SUPPLIES		
PARENTERAL THERAPY SUPPLIES		
ALCOHOL SWAB 1X1 (DIABETIC)	1	
GAUZE PAD (2 X 2)	1	
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE	1	
INSULIN SYRINGE (DISP) U-100 0.3ML	1	
INSULIN SYRINGE (DISP) U-100 1/2ML	1	
INSULIN SYRINGE (DISP) U-100 1ML	1	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
AIMOVIG 140MG/ML AUTO-INJECTOR	1	PA QL=1 ML/30 Days
AIMOVIG 70MG/ML AUTO-INJECTOR	1	PA QL=1 ML/30 Days
<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	1	PA QL=16 ML/30 Days
EMGALITY 100MG/ML SYRINGE	1	PA QL=3 ML/30 Days
EMGALITY 120MG/ML AUTO-INJECTOR	1	PA QL=2 ML/30 Days
EMGALITY 120MG/ML SYRINGE	1	PA QL=2 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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		
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

You can find information 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>cyclosporine modified 100mg cap</i>	1	PA_BvD
<i>cyclosporine modified 100mg/ml oral soln</i>	1	PA_BvD
<i>cyclosporine modified 25mg cap</i>	1	PA_BvD
<i>cyclosporine modified 50mg cap</i>	1	PA_BvD
ENVARUSUS XR 0.75MG TAB	1	PA_BvD
ENVARUSUS XR 1MG TAB	1	PA_BvD
ENVARUSUS XR 4MG TAB	1	PA_BvD
<i>everolimus 0.25mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>everolimus 0.5mg tab</i>	1	PA_BvD QL=120 EA/30 Days
<i>everolimus 0.75mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>everolimus 1mg tab</i>	1	PA_BvD QL=60 EA/30 Days
<i>mycophenolate mofetil 200mg/ml oral susp</i>	1	PA_BvD
<i>mycophenolate mofetil 250mg cap</i>	1	PA_BvD
<i>mycophenolate mofetil 500mg tab</i>	1	PA_BvD
<i>mycophenolic acid 180mg dr tab</i>	1	PA_BvD
<i>mycophenolic acid 360mg dr tab</i>	1	PA_BvD
ORENCIA 125MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
ORENCIA 125MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
ORENCIA 50MG/0.4ML SYRINGE	1	NDS PA QL=1.60 ML/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	1	NDS PA QL=2.80 ML/28 Days
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	1	PA_BvD
PROGRAF 1MG GRANULES FOR ORAL SUSP	1	PA_BvD
<i>sirolimus 0.5mg tab</i>	1	PA_BvD
<i>sirolimus 1mg tab</i>	1	PA_BvD
<i>sirolimus 1mg/ml oral soln</i>	1	PA_BvD
<i>sirolimus 2mg tab</i>	1	PA_BvD
<i>tacrolimus 0.5mg cap</i>	1	PA_BvD
<i>tacrolimus 1mg cap</i>	1	PA_BvD
<i>tacrolimus 5mg cap</i>	1	PA_BvD
TYENNE 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
TYENNE 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 ML/28 Days
POTASSIUM REMOVING AGENTS		
<i>kionex 15gm/60ml oral susp</i>	1	
LOKELMA 10GM POWDER FOR ORAL SUSP	1	QL=90 EA/30 Days
LOKELMA 5GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	1	
<i>sps 15gm/60ml oral susp</i>	1	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
VELTASSA 1GM POWDER FOR ORAL SUSP	1	QL=120 EA/30 Days
VELTASSA 25.2GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
VELTASSA 8.4GM POWDER FOR ORAL SUSP	1	QL=30 EA/30 Days
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg/act) nasal inhaler</i>	1	QL=60 ML/30 Days

You can find information 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>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
ELECTROLYTE-148 INJ	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	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	
<i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>	1	
GLUCOSE/SODIUM CHLORIDE 25MG/ML-4.5MG/ML INJ	1	
KCL/D5W/LR INJ 0.15%	1	
<i>kcl/nacl 20meq-0.45% inj</i>	1	

You can find information 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>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	
<i>klor-con 8meq er tab</i>	1	
<i>magnesium sulfate 500mg/ml inj</i>	1	
<i>magnesium sulfate 500mg/ml syringe</i>	1	
<i>plenamine 15% inj</i>	1	PA_BvD
<i>potassium chloride 1.33meq/ml oral soln</i>	1	
<i>potassium chloride 10meq er cap</i>	1	
<i>potassium chloride 10meq er tab</i>	1	
<i>potassium chloride 10meq micro er tab</i>	1	
POTASSIUM CHLORIDE 10MEQ/100ML INJ	1	
POTASSIUM CHLORIDE 15MEQ ER TAB	1	
<i>potassium chloride 15meq micro er tab</i>	1	
<i>potassium chloride 2.67meq/ml oral soln</i>	1	
<i>potassium chloride 20meq er tab</i>	1	
<i>potassium chloride 20meq micro er tab</i>	1	
<i>potassium chloride 20meq powder for oral soln</i>	1	
POTASSIUM CHLORIDE 20MEQ/100ML INJ	1	
<i>potassium chloride 2meq/ml (20ml) inj</i>	1	
<i>potassium chloride 2meq/ml inj</i>	1	
POTASSIUM CHLORIDE 40MEQ/100ML INJ	1	
<i>potassium chloride 8meq er cap</i>	1	
<i>potassium chloride 8meq er tab</i>	1	
PROSOL 20% INJ	1	PA_BvD
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride 0.9% inj</i>	1	
<i>sodium chloride 3% inj</i>	1	
<i>sodium chloride 50mg/ml inj</i>	1	
TPN ELECTROLYTES INJ	1	PA_BvD
TRAVASOL 10% INJ	1	PA_BvD
OPHTHALMIC AGENTS		
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol 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
<i>sulfacetamide sodium 10% ophth soln</i>	1	QL=15 ML/7 Days
<i>tobramycin 0.3% ophth soln</i>	1	QL=30 ML/30 Days
TRIFLURIDINE 1% OPHTH SOLN	1	QL=15 ML/7 Days
XDEMVIY 0.25% OPHTH SOLN	1	PA QL=10 ML/42 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.02-0.005% OPHTH SOLN	1	QL=5 ML/30 Days
OPHTHALMIC STEROIDS		
DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN	1	
<i>dexamethasone/neomycin/polymyxin b 0.1% ophth ointment</i>	1	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

You can find information 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>amoxicillin 80mg/ml oral susp</i>	1	
<i>amoxicillin 875mg tab</i>	1	
<i>ampicillin 1000mg inj</i>	1	
<i>ampicillin 100mg/ml inj</i>	1	
<i>ampicillin 500mg cap</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A 1200000UNIT/2ML SYRINGE	1	
BICILLIN L-A 2400000UNIT/4ML SYRINGE	1	
BICILLIN L-A 600000UNIT/ML SYRINGE	1	
<i>penicillin g potassium 1000000unit/ml inj</i>	1	
PENICILLIN G SODIUM 100000UNIT/ML INJ	1	
<i>penicillin v potassium 250mg tab</i>	1	
PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN	1	
<i>penicillin v potassium 500mg tab</i>	1	
PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin/clavulanate 250-125mg tab</i>	1	
<i>amoxicillin/clavulanate 500-125mg tab</i>	1	
<i>amoxicillin/clavulanate 875-125mg tab</i>	1	
<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	1	
<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	1	
<i>ampicillin/sulbactam 100-50mg/ml inj</i>	1	
<i>ampicillin/sulbactam 1000-500mg inj</i>	1	
<i>ampicillin/sulbactam 2000-1000mg inj</i>	1	
BICILLIN C-R 900000-300000UNIT/2ML SYRINGE	1	
<i>piperacillin/tazobactam 2000-250mg inj</i>	1	
<i>piperacillin/tazobactam 3000-375mg inj</i>	1	
<i>piperacillin/tazobactam 36-4.5gm inj</i>	1	
<i>piperacillin/tazobactam 4000-500mg inj</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250mg cap</i>	1	
<i>dicloxacillin 500mg cap</i>	1	
<i>nafcillin 100mg/ml inj</i>	1	
<i>nafcillin 1gm inj</i>	1	
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>progesterone 100mg cap</i>	1	
<i>progesterone 200mg cap</i>	1	
<i>sharobel 0.35mg tab 28-day pack</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium 333mg dr tab</i>	1	
<i>disulfiram 250mg tab</i>	1	
ANTIDEMENTIA AGENTS		
<i>donepezil 10mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 10mg tab</i>	1	
<i>donepezil 23mg tab</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg odt</i>	1	QL=30 EA/30 Days
<i>donepezil 5mg tab</i>	1	
<i>galantamine 12mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 4mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine 8mg tab</i>	1	QL=60 EA/30 Days
<i>galantamine hydrobromide 16mg er cap</i>	1	QL=30 EA/30 Days
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAYZENT 0.25MG TAB	1	NDS QL=112 EA/28 Days
MAYZENT 1MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT 2MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT TAB STARTER PACK (12)	1	NDS QL=12 EA/28 Days
MAYZENT TAB STARTER PACK (7)	1	QL=7 EA/28 Days
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 ML/28 Days
PLEGRIDY 125MCG/0.5ML SYRINGE	1	NDS QL=1 ML/28 Days
<i>teriflunomide 14mg tab</i>	1	QL=30 EA/30 Days
<i>teriflunomide 7mg tab</i>	1	QL=30 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
NUEDEXTA 20-10MG CAP	1	PA QL=60 EA/30 Days
PIMOZIDE 1MG TAB	1	
PIMOZIDE 2MG TAB	1	
SMOKING DETERRENTS		
<i>bupropion 150mg sr (12hr) tab</i>	1	
NICOTROL 10MG/ML NASAL INHALER	1	
<i>varenicline 0.5mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline 0.5mg/1mg first month pack (53)</i>	1	QL=53 EA/28 Days
<i>varenicline 1mg tab</i>	1	QL=56 EA/28 Days
<i>varenicline 1mg tab pack (56)</i>	1	QL=56 EA/28 Days
RESPIRATORY TRACT AGENTS		
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 rectal supp</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg rectal supp</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg tab</i>	1	
<i>promethegan 25mg rectal supp</i>	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2MG TAB	1	NDS PA QL=90 EA/30 Days
<i>alyq 20mg tab</i>	1	PA QL=60 EA/30 Days
<i>ambrisentan 10mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>ambrisentan 5mg tab</i>	1	NDS PA QL=30 EA/30 Days
<i>bosentan 125mg tab</i>	1	NDS PA QL=60 EA/30 Days
<i>bosentan 62.5mg tab</i>	1	NDS PA QL=60 EA/30 Days
OPSUMIT 10MG TAB	1	NDS PA QL=30 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA 80-40-60MG/59.5MG ORAL GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 6GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 9GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28)	1	NDS PA QL=28 EA/28 Days
SODIUM OXYBATE 500MG/ML ORAL SOLN	1	NDS PA QL=540 ML/30 Days
SUNOSI 150MG TAB	1	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	1	PA QL=30 EA/30 Days
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine 500mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp</i>	1	
<i>sulfamethoxazole/trimethoprim 400-80mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline 150mg tab</i>	1	
<i>demeclocycline 300mg tab</i>	1	
<i>doxy 100mg inj</i>	1	
<i>doxycycline hyclate 100mg cap</i>	1	
<i>doxycycline hyclate 100mg inj</i>	1	
<i>doxycycline hyclate 100mg tab</i>	1	
<i>doxycycline hyclate 20mg tab</i>	1	
<i>doxycycline hyclate 50mg cap</i>	1	
<i>doxycycline monohydrate 100mg cap</i>	1	
<i>doxycycline monohydrate 100mg tab</i>	1	
<i>doxycycline monohydrate 50mg cap</i>	1	
<i>doxycycline monohydrate 50mg tab</i>	1	
<i>doxycycline monohydrate 5mg/ml oral susp</i>	1	
<i>doxycycline monohydrate 75mg tab</i>	1	
<i>minocycline 100mg cap</i>	1	
<i>minocycline 50mg cap</i>	1	
<i>minocycline 75mg cap</i>	1	
<i>tetracycline 250mg cap</i>	1	
<i>tetracycline 500mg cap</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	

You can find information 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>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	
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	

You can find information 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>glycopyrrolate 1mg tab</i>	1	
<i>glycopyrrolate 1mg/5ml oral soln</i>	1	
<i>glycopyrrolate 2mg tab</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine 200mg tab</i>	1	
<i>cimetidine 300mg tab</i>	1	
<i>cimetidine 400mg tab</i>	1	
<i>cimetidine 800mg tab</i>	1	
<i>famotidine 20mg tab</i>	1	
<i>famotidine 40mg tab</i>	1	
MISC. ANTI-ULCER		
<i>misoprostol 100mcg tab</i>	1	
<i>misoprostol 200mcg tab</i>	1	
<i>sucralfate 1000mg tab</i>	1	
<i>sucralfate 100mg/ml oral susp</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole 10mg granules for oral susp</i>	1	QL=30 EA/30 Days
<i>esomeprazole 20mg dr cap</i>	1	
<i>esomeprazole 20mg granules for oral susp</i>	1	QL=30 EA/30 Days
<i>esomeprazole 40mg dr cap</i>	1	
<i>esomeprazole 40mg granules for oral susp</i>	1	QL=60 EA/30 Days
<i>lansoprazole 15mg dr cap</i>	1	
<i>lansoprazole 30mg dr cap</i>	1	
<i>omeprazole 10mg dr cap</i>	1	
<i>omeprazole 20mg dr cap</i>	1	
<i>omeprazole 40mg dr cap</i>	1	
<i>pantoprazole 20mg dr tab</i>	1	
<i>pantoprazole 40mg dr tab</i>	1	
<i>rabeprazole sodium 20mg dr tab</i>	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin 2% vaginal cream</i>	1	
<i>metronidazole 0.75% vaginal gel</i>	1	
<i>terconazole 0.4% vaginal cream</i>	1	
<i>terconazole 0.8% vaginal cream</i>	1	
<i>terconazole 80mg vaginal insert</i>	1	
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>	42	<i>acitretin 25mg cap</i>	52	<i>albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)</i>	8
<i>abacavir 300mg tab</i>	42	ACTHIB INJ	65	<i>albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)</i>	8
<i>abacavir/lamivudine 600-300mg tab</i>	42	ACTIMMUNE	35	<i>albuterol 5mg/ml (0.5%) inh soln</i>	8
ABELCET 5MG/ML INJ	21	2000000UNIT/0.5ML INJ		<i>alclometasone dipropionate 0.05% topical cream</i>	52
<i>abigale lo tab 0.5/0.1mg 28-day pack</i>	57	<i>acyclovir 200mg cap</i>	45	ALCLOMETASONE	52
ABILIFY MAINTENA 300MG INJ	41	<i>acyclovir 400mg tab</i>	45	DIPROPIONATE 0.05%	
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	41	<i>acyclovir 40mg/ml oral susp</i>	45	TOPICAL OINTMENT	
ABILIFY MAINTENA 400MG INJ	41	<i>acyclovir 5% topical ointment</i>	54	ALCOHOL SWAB 1X1 (DIABETIC)	67
ABILIFY MAINTENA 400MG/2ML SYRINGE	41	<i>acyclovir 50mg/ml inj</i>	45	ALECENSA 150MG CAP	31
<i>abiraterone acetate 250mg tab</i>	30	<i>acyclovir 800mg tab</i>	45	<i>alendronate sodium 10mg tab</i>	55
<i>abirtega 250mg tab</i>	30	ADACEL INJ	65	<i>alendronate sodium 35mg tab</i>	55
ABRYSVO	65	ADACEL SYRINGE	65	<i>alendronate sodium 70mg tab</i>	55
120MCG/0.5ML INJ		<i>adefovir dipivoxil 10mg tab</i>	44	<i>alfuzosin 10mg er tab</i>	62
<i>acamprosate calcium 333mg dr tab</i>	75	ADEMPAS 0.5MG TAB	77	<i>aliskiren 150mg tab</i>	26
<i>acarbose 100mg tab</i>	18	ADEMPAS 1.5MG TAB	77	<i>aliskiren 300mg tab</i>	26
<i>acarbose 25mg tab</i>	18	ADEMPAS 1MG TAB	77	<i>allopurinol 100mg tab</i>	63
<i>acarbose 50mg tab</i>	18	ADEMPAS 2.5MG TAB	77	<i>allopurinol 300mg tab</i>	63
<i>accutane 10mg cap</i>	50	ADEMPAS 2MG TAB	77	<i>alosetron 0.5mg tab</i>	20
<i>accutane 20mg cap</i>	50	ADVAIR 115-21MCG HFA INHALER	8	<i>alosetron 1mg tab</i>	21
<i>accutane 40mg cap</i>	50	ADVAIR 230-21MCG HFA INHALER	8	<i>alprazolam 0.25mg tab</i>	7
<i>acebutolol 200mg cap</i>	45	ADVAIR 45-21MCG/ACT HFA INHALER	8	<i>alprazolam 0.5mg tab</i>	7
<i>acebutolol 400mg cap</i>	46	AIMOVIG 140MG/ML AUTO-INJECTOR	67	<i>alprazolam 1mg tab</i>	7
<i>acetazolamide 125mg tab</i>	54	AIMOVIG 70MG/ML AUTO-INJECTOR	67	<i>alprazolam 2mg tab</i>	7
<i>acetazolamide 250mg tab</i>	54	AKEEGA 500-100MG TAB	30	<i>altavera tab 28-day pack</i>	57
<i>acetazolamide 500mg er cap</i>	54	AKEEGA 500-50MG TAB	30	ALUNBRIG 180MG TAB	31
<i>acetic acid 2% otic soln</i>	73	<i>albendazole 200mg tab</i>	6	ALUNBRIG 30MG TAB	31
<i>acetylcysteine 100mg/ml inh soln</i>	78	<i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i>	8	ALUNBRIG 90MG TAB	31
<i>acetylcysteine 200mg/ml inh soln</i>	78	<i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i>	8	ALUNBRIG TAB	31
<i>acitretin 10mg cap</i>	52	<i>albuterol 0.83mg/ml (0.083%) inh soln</i>	8	INITIATION PACK (30)	
<i>acitretin 17.5mg cap</i>	52	<i>albuterol 1.25mg/3ml neb soln</i>	8	ALVESCO 160MCG	8
				INHALER	
				ALVESCO 80MCG	8
				INHALER	

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

ALPHABETICAL LISTING OF DRUGS

<i>alyacen 1/35 tab 28-day pack</i>	57	<i>amlodipine/olmesartan medoxomil 10-40mg tab</i>	25	<i>amoxicillin/clavulanate 500-125mg tab</i>	74
ALYFTREK 10-50-125MG TAB	78	<i>amlodipine/olmesartan medoxomil 5-20mg tab</i>	25	<i>amoxicillin/clavulanate 875-125mg tab</i>	74
ALYFTREK 4-20-50MG TAB	78	<i>amlodipine/olmesartan medoxomil 5-40mg tab</i>	25	<i>amoxicillin/k clavulanate 200-28.5mg/5ml oral susp</i>	74
<i>alyq 20mg tab</i>	77	<i>amlodipine/valsartan 10-160mg tab</i>	25	<i>amoxicillin/k clavulanate 250-62.5mg/5ml oral susp</i>	74
<i>amantadine 100mg cap</i>	37	<i>amlodipine/valsartan 10-320mg tab</i>	25	<i>amoxicillin/k clavulanate 400-57mg/5ml oral susp</i>	74
<i>amantadine 10mg/ml oral soln</i>	37	<i>amlodipine/valsartan 5-160mg tab</i>	25	<i>amoxicillin/k clavulanate 600-42.9mg/5ml oral susp</i>	74
<i>ambrisentan 10mg tab</i>	77	<i>amlodipine/valsartan 5-320mg tab</i>	25	<i>amphetamine/dextroamph etamine 10mg er cap</i>	1
<i>ambrisentan 5mg tab</i>	77	<i>ammonium lactate 12% topical cream</i>	54	<i>amphetamine/dextroamph etamine 10mg tab</i>	1
<i>amikacin 250mg/ml inj</i>	2	<i>ammonium lactate 12% topical lotion</i>	54	<i>amphetamine/dextroamph etamine 12.5mg tab</i>	1
<i>amiloride 5mg tab</i>	55	<i>amnestem 10mg cap</i>	50	<i>amphetamine/dextroamph etamine 15mg er cap</i>	1
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	54	<i>amnestem 20mg cap</i>	50	<i>amphetamine/dextroamph etamine 15mg tab</i>	1
<i>amiodarone 100mg tab</i>	48	<i>amnestem 30mg cap</i>	50	<i>amphetamine/dextroamph etamine 20mg er cap</i>	1
<i>amiodarone 200mg tab</i>	48	<i>amnestem 40mg cap</i>	50	<i>amphetamine/dextroamph etamine 20mg tab</i>	1
<i>amiodarone 400mg tab</i>	48	<i>amoxapine 100mg tab</i>	16	<i>amphetamine/dextroamph etamine 25mg er cap</i>	1
<i>amitriptyline 100mg tab</i>	16	<i>amoxapine 150mg tab</i>	16	<i>amphetamine/dextroamph etamine 30mg er cap</i>	1
<i>amitriptyline 10mg tab</i>	16	<i>amoxapine 25mg tab</i>	16	<i>amphetamine/dextroamph etamine 30mg tab</i>	1
<i>amitriptyline 150mg tab</i>	16	<i>amoxapine 50mg tab</i>	16	<i>amphetamine/dextroamph etamine 5mg er cap</i>	1
<i>amitriptyline 25mg tab</i>	16	AMOXICILLIN 125MG CHEW TAB	73	<i>amphetamine/dextroamph etamine 5mg tab</i>	1
<i>amitriptyline 50mg tab</i>	16	<i>amoxicillin 250mg cap</i>	73	<i>amphetamine/dextroamph etamine 7.5mg tab</i>	1
<i>amitriptyline 75mg tab</i>	16	AMOXICILLIN 250MG CHEW TAB	73	AMPHOTERICIN B 50MG INJ	21
<i>amlodipine 10mg tab</i>	47	<i>amoxicillin 25mg/ml oral susp</i>	73		
<i>amlodipine 2.5mg tab</i>	47	<i>amoxicillin 40mg/ml oral susp</i>	73		
<i>amlodipine 5mg tab</i>	47	<i>amoxicillin 500mg cap</i>	73		
<i>amlodipine/benazepril 10-20mg cap</i>	25	<i>amoxicillin 500mg tab</i>	73		
<i>amlodipine/benazepril 10-40mg cap</i>	25	<i>amoxicillin 50mg/ml oral susp</i>	73		
<i>amlodipine/benazepril 2.5-10mg cap</i>	25	<i>amoxicillin 80mg/ml oral susp</i>	74		
<i>amlodipine/benazepril 5-10mg cap</i>	25	<i>amoxicillin 875mg tab</i>	74		
<i>amlodipine/benazepril 5-20mg cap</i>	25	<i>amoxicillin/clavulanate 250-125mg tab</i>	74		
<i>amlodipine/benazepril 5-40mg cap</i>	25				
<i>amlodipine/olmesartan medoxomil 10-20mg tab</i>	25				

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

ALPHABETICAL LISTING OF DRUGS

<i>amphotericin b liposomal</i>	21	ARISTADA	41	<i>atenolol 100mg tab</i>	46
<i>50mg inj</i>		1064MG/3.9ML		<i>atenolol 25mg tab</i>	46
<i>ampicillin 1000mg inj</i>	74	SYRINGE		<i>atenolol 50mg tab</i>	46
<i>ampicillin 100mg/ml inj</i>	74	ARISTADA	42	<i>atenolol/chlorthalidone</i>	25
<i>ampicillin 500mg cap</i>	74	441MG/1.6ML SYRINGE		<i>100-25mg tab</i>	
<i>ampicillin/sulbactam</i>	74	ARISTADA	42	<i>atenolol/chlorthalidone</i>	25
<i>1000-500mg inj</i>		662MG/2.4ML SYRINGE		<i>50-25mg tab</i>	
<i>ampicillin/sulbactam</i>	74	ARISTADA	42	<i>atomoxetine 100mg cap</i>	1
<i>100-50mg/ml inj</i>		675MG/2.4ML SYRINGE		<i>atomoxetine 10mg cap</i>	1
<i>ampicillin/sulbactam</i>	74	ARISTADA	42	<i>atomoxetine 18mg cap</i>	1
<i>2000-1000mg inj</i>		882MG/3.2ML SYRINGE		<i>atomoxetine 25mg cap</i>	1
<i>anagrelide 0.5mg cap</i>	63	<i>armodafinil 150mg tab</i>	1	<i>atomoxetine 40mg cap</i>	1
<i>anagrelide 1mg cap</i>	63	<i>armodafinil 200mg tab</i>	1	<i>atomoxetine 60mg cap</i>	1
<i>anastrozole 1mg tab</i>	30	<i>armodafinil 250mg tab</i>	1	<i>atomoxetine 80mg cap</i>	1
ANORO ELLIPTA	8	<i>armodafinil 50mg tab</i>	1	<i>atorvastatin 10mg tab</i>	23
62.5-25MCG POWDER		ARNUITY 100MCG	8	<i>atorvastatin 20mg tab</i>	23
INHALER		POWDER INHALER		<i>atorvastatin 40mg tab</i>	23
APRACLOPIDINE 0.5%	72	ARNUITY 200MCG	8	<i>atorvastatin 80mg tab</i>	23
OPHTH SOLN		POWDER INHALER		<i>atovaquone 750mg/5ml</i>	27
<i>aprepitant 125mg cap</i>	21	ARNUITY 50MCG	8	<i>oral susp</i>	
<i>aprepitant 125mg/80mg</i>	21	POWDER INHALER		<i>atovaquone/proguanil</i>	28
<i>cap therapy pack (3)</i>		<i>asenapine 10mg sl tab</i>	40	<i>250-100mg tab</i>	
<i>aprepitant 40mg cap</i>	21	<i>asenapine 2.5mg sl tab</i>	40	<i>atovaquone/proguanil</i>	28
<i>aprepitant 80mg cap</i>	21	<i>asenapine 5mg sl tab</i>	40	<i>62.5-25mg tab</i>	
<i>apri tab 28-day pack</i>	57	<i>ashlyna tab 91-day pack</i>	57	<i>atropine sulfate 1% ophth</i>	73
APTIVUS 250MG CAP	42	ASMANEX 100MCG HFA	8	<i>soln</i>	
<i>aranelle tab 28-day pack</i>	57	INHALER		<i>atropine</i>	21
ARCALYST 220MG INJ	68	ASMANEX 110MCG	8	<i>sulfate/diphenoxylate</i>	
AREXVY 120MCG/0.5ML	65	(30ACT) TWISTHALER		<i>0.025-2.5mg tab</i>	
INJ		ASMANEX 200MCG HFA	8	ATROVENT 17MCG HFA	7
<i>arformoterol tartrate</i>	8	INHALER		INHALER	
<i>15mcg/2ml neb soln</i>		ASMANEX 220MCG	8	<i>aubra tab 28-day pack</i>	57
ARIKAYCE	2	(120ACT) TWISTHALER		AUGTYRO 160MG CAP	31
590MG/8.4ML INH SUSP		ASMANEX 220MCG	8	AUGTYRO 40MG CAP	31
<i>aripiprazole 10mg odt</i>	41	(30ACT) TWISTHALER		AUSTEDO 12MG TAB	76
<i>aripiprazole 10mg tab</i>	41	ASMANEX 220MCG	8	AUSTEDO 30MG ER TAB	76
<i>aripiprazole 15mg odt</i>	41	(60ACT) TWISTHALER		AUSTEDO 36MG ER TAB	76
<i>aripiprazole 15mg tab</i>	41	ASMANEX 50MCG HFA	8	AUSTEDO 42MG ER TAB	76
<i>aripiprazole 1mg/ml oral</i>	41	INHALER		AUSTEDO 48MG ER TAB	76
<i>soln</i>		<i>aspirin/dipyridamole</i>	63	AUSTEDO 6MG TAB	76
<i>aripiprazole 20mg tab</i>	41	<i>25-200mg er cap</i>		AUSTEDO 9MG TAB	76
<i>aripiprazole 2mg tab</i>	41	<i>atazanavir 150mg cap</i>	42	AUSTEDO XR 12MG TAE	76
<i>aripiprazole 30mg tab</i>	41	<i>atazanavir 200mg cap</i>	42	AUSTEDO XR 18MG TAE	76
<i>aripiprazole 5mg tab</i>	41	<i>atazanavir 300mg cap</i>	42	AUSTEDO XR 24MG TAE	76

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

ALPHABETICAL LISTING OF DRUGS

AUSTEDO XR 6MG TAB	76	BACITRACIN	72	betamethasone 0.05%	52
AUSTEDO XR TAB ONCE	76	500UNIT/GM OPHTH		aug topical cream	
DAILY 4 WEEK		OINTMENT		betamethasone 0.05%	53
TITRATION PACK (28)		bacitracin/polymyxin b	72	aug topical lotion	
AUVELITY 105-45MG ER	14	0.5-10unit/mg ophth		betamethasone 0.05%	53
TAB		ointment		aug topical ointment	
aviane tab 28-day pack	57	baclofen 10mg tab	42	betamethasone 0.05%	53
AVMAPKI/FAKZYNJA	31	baclofen 20mg tab	42	topical cream	
CO-PACK (66)		baclofen 5mg tab	42	betamethasone 0.05%	53
AVONEX 30MCG/0.5ML	76	balsalazide disodium	61	topical lotion	
AUTO-INJECTOR		750mg cap		betamethasone 0.05%	53
AVONEX 30MCG/0.5ML	76	BALVERSA 3MG TAB	31	topical ointment	
SYRINGE		BALVERSA 4MG TAB	31	betamethasone 0.1%	53
AYVAKIT 100MG TAB	35	BALVERSA 5MG TAB	31	topical cream	
AYVAKIT 200MG TAB	35	balziva tab 28-day pack	57	BETAMETHASONE 0.1%	53
AYVAKIT 25MG TAB	36	BAQSIMI 3MG/DOSE	18	TOPICAL LOTION	
AYVAKIT 300MG TAB	36	NASAL POWDER		betamethasone 0.1%	53
AYVAKIT 50MG TAB	36	BCG LIVE TICE STRAIN	65	topical ointment	
azathioprine 50mg tab	68	50MG INJ		BETASERON 0.3MG INJ	76
azelaic acid 15% topical	54	benazepril 10mg tab	23	BETAXOLOL 0.5%	71
gel		benazepril 20mg tab	23	OPHTH SOLN	
azelastine 0.05% ophth	73	benazepril 40mg tab	23	betaxolol 10mg tab	46
soln		benazepril 5mg tab	23	betaxolol 20mg tab	46
azelastine 0.1%	69	benazepril/hydrochloroth	25	bethanechol chloride	62
(137mcg/act) nasal		iazide 10-12.5mg tab		10mg tab	
inhaler		benazepril/hydrochloroth	26	bethanechol chloride	62
azithromycin 20mg/ml	27	iazide 20-12.5mg tab		25mg tab	
oral susp		benazepril/hydrochloroth	26	bethanechol chloride	62
azithromycin 250mg pack	27	iazide 20-25mg tab		50mg tab	
(6)		benazepril/hydrochloroth	26	bethanechol chloride 5mg	62
azithromycin 250mg tab	27	iazide 5-6.25mg tab		tab	
azithromycin 40mg/ml	27	BENLYSTA 200MG/ML	68	bexarotene 1% topical gel	52
oral susp		AUTO-INJECTOR		bexarotene 75mg cap	36
azithromycin 500mg inj	27	BENLYSTA 200MG/ML	68	BEXSERO SYRINGE	65
azithromycin 500mg tab	27	SYRINGE		bicalutamide 50mg tab	30
azithromycin 500mg tab	27	benztropine mesylate	36	BICILLIN C-R	74
pack (3)		0.5mg tab		900000-300000UNIT/2M	
azithromycin 600mg tab	27	benztropine mesylate 1mg	36	L SYRINGE	
aztreonam 1gm inj	27	tab		BICILLIN L-A	74
aztreonam 2gm inj	27	benztropine mesylate 2mg	36	1200000UNIT/2ML	
azurette 28-day pack	57	tab		SYRINGE	
		BESREMI 500MCG/ML	36	BICILLIN L-A	74
		SYRINGE		2400000UNIT/4ML	
				SYRINGE	

B

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

ALPHABETICAL LISTING OF DRUGS

BICILLIN L-A 600000UNIT/ML SYRINGE	74	<i>brey</i> na 160-4.5mcg/act inhaler	8	<i>bumetanide</i> 2mg tab	55
BIKTARVY 30-120-15MG TAB	42	<i>brey</i> na 80-4.5mcg/act inhaler	9	<i>buprenorphine</i> 10mcg/hr weekly patch	5
BIKTARVY 50-200-25MG TAB	42	BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	9	<i>buprenorphine</i> 15mcg/hr weekly patch	5
<i>bimatoprost</i> 0.03% ophth soln	73	<i>briellyn</i> tab 28-day pack	57	<i>buprenorphine</i> 20mcg/hr weekly patch	5
<i>bisoprolol fumarate</i> 10mg tab	46	<i>brimonidine</i> tartrate	72	<i>buprenorphine</i> 2mg sl tab	5
<i>bisoprolol fumarate</i> 5mg tab	46	0.1% ophth soln		<i>buprenorphine</i> 5mcg/hr weekly patch	5
<i>bisoprolol</i>	26	<i>brimonidine</i> tartrate	72	<i>buprenorphine</i> 7.5mcg/hr weekly patch	5
<i>fumarate/hydrochlorothia</i> <i>zide</i> 10-6.25mg tab		0.15% ophth soln		<i>buprenorphine</i> 8mg sl tab	5
<i>bisoprolol</i>	26	<i>brimonidine</i> tartrate	72	<i>buprenorphine/naloxone</i>	5
<i>fumarate/hydrochlorothia</i> <i>zide</i> 2.5-6.25mg tab		<i>brimonidine</i>	71	12-3mg sl film	
<i>bisoprolol</i>	26	tartrate/timolol 0.2-0.5% ophth soln		<i>buprenorphine/naloxone</i> 2-0.5mg sl film	5
<i>fumarate/hydrochlorothia</i> <i>zide</i> 5-6.25mg tab		BRIVIACT 100MG TAB	11	<i>buprenorphine/naloxone</i> 2-0.5mg sl tab	5
<i>blisovi</i> 21 fe tab 1.5/30 28-day pack	57	BRIVIACT 10MG TAB	11	<i>buprenorphine/naloxone</i>	5
BOOSTRIX INJ	65	BRIVIACT 10MG/ML	11	4-1mg sl film	
BOOSTRIX SYRINGE	65	ORAL SOLN		<i>buprenorphine/naloxone</i>	5
<i>bosentan</i> 125mg tab	77	BRIVIACT 25MG TAB	11	<i>buprenorphine/naloxone</i> 8-2mg sl film	5
<i>bosentan</i> 62.5mg tab	77	BRIVIACT 50MG TAB	11	<i>buprenorphine/naloxone</i> 8-2mg sl tab	14
BOSULIF 100MG CAP	31	BRIVIACT 75MG TAB	11	<i>bupropion</i> 100mg sr (12hr) tab	14
BOSULIF 100MG TAB	31	<i>bromocriptine</i> 2.5mg tab	37	<i>bupropion</i> 100mg tab	14
BOSULIF 400MG TAB	31	<i>bromocriptine</i> 5mg cap	37	<i>bupropion</i> 150mg sr (12 hr) tab	77
BOSULIF 500MG TAB	31	BRUKINSA 80MG CAP	31	<i>bupropion</i> 150mg sr	14
BOSULIF 50MG CAP	31	<i>budesonide</i> 0.25mg/2ml inh susp	8	<i>bupropion</i> 200mg sr (12hr) tab	14
BRAFTOVI 75MG CAP	31	<i>budesonide</i> 0.5mg/2ml inh susp	8	<i>bupropion</i> 75mg tab	14
BREO ELLIPTA	8	<i>budesonide</i> 1mg/2ml inh susp	8	<i>bupropion xl</i> 150mg (24 hr) tab	14
100-25MCG POWDER INHALER		<i>budesonide</i> 3mg dr cap	64	<i>bupropion xl</i> 300mg (24hr) tab	14
BREO ELLIPTA	8	<i>budesonide</i> 9mg er tab	64	<i>buspirone</i> 10mg tab	6
200-25MCG POWDER INHALER		<i>budesonide/formoterol</i> <i>fumarate</i> 160-45mcg inhaler	9	<i>buspirone</i> 15mg tab	6
BREO ELLIPTA	8	<i>budesonide/formoterol</i> <i>fumarate</i> 80-45mcg inhaler		<i>buspirone</i> 30mg tab	6
50-25MCG POWDER INHALER		<i>bumetanide</i> 0.25mg/ml inj	55	<i>buspirone</i> 5mg tab	6
		<i>bumetanide</i> 0.5mg tab	55	<i>buspirone</i> 7.5mg tab	6
		<i>bumetanide</i> 1mg tab	55		

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

ALPHABETICAL LISTING OF DRUGS

C		<i>carbamazepine 200mg er</i>	11	<i>carbidopa/levodopa</i>	37
<i>cabergoline 0.5mg tab</i>	57	<i>cap</i>		<i>25-250mg tab</i>	
CABOMETYX 20MG TAE	31	<i>carbamazepine 200mg er</i>	11	<i>carbidopa/levodopa</i>	37
CABOMETYX 40MG TAE	31	<i>tab</i>		<i>50-200mg er tab</i>	
CABOMETYX 60MG TAE	32	<i>carbamazepine 200mg</i>	11	<i>carglumic acid 200mg tab</i>	56
<i>calcipotriene 0.005%</i>	52	<i>tab</i>		<i>for oral susp</i>	
<i>topical cream</i>		<i>carbamazepine 20mg/ml</i>	11	<i>carisoprodol 350mg tab</i>	42
<i>calcipotriene 0.005%</i>	52	<i>oral susp</i>		CARTEOLOL 1% OPHTH	71
<i>topical ointment</i>		<i>carbamazepine 300mg er</i>	11	SOLN	
CALCIPOTRIENE 0.005%	52	<i>cap</i>		<i>cartia 120mg er (24hr)</i>	47
TOPICAL SOLN		<i>carbamazepine 400mg er</i>	11	<i>cap</i>	
<i>calcitriol 0.25mcg cap</i>	56	<i>tab</i>		<i>cartia 180mg er (24hr)</i>	47
<i>calcitriol 0.5mcg cap</i>	56	<i>carbidopa 25mg tab</i>	36	<i>cap</i>	
<i>calcitriol 1mcg/ml oral</i>	56	<i>carbidopa/entacapone/le</i>	37	<i>cartia 240mg er (24hr)</i>	47
<i>soln</i>		<i>vodopa 12.5-200-50mg</i>		<i>cap</i>	
CALQUENCE 100MG	32	<i>tab</i>		<i>cartia 300mg er (24hr)</i>	47
TAB		<i>carbidopa/entacapone/le</i>	37	<i>cap</i>	
<i>camila 0.35mg tab 28-day</i>	74	<i>vodopa 18.75-200-75mg</i>		<i>carvedilol 12.5mg tab</i>	45
<i>pack</i>		<i>tab</i>		<i>carvedilol 25mg tab</i>	45
<i>camreselo tab 91-day</i>	57	<i>carbidopa/entacapone/le</i>	37	<i>carvedilol 3.125mg tab</i>	45
<i>pack</i>		<i>vodopa 25-200-100mg</i>		<i>carvedilol 6.25mg tab</i>	45
<i>candesartan cilexetil</i>	24	<i>tab</i>		<i>caspofungin acetate 50mg</i>	21
<i>16mg tab</i>		<i>carbidopa/entacapone/le</i>	37	<i>inj</i>	
<i>candesartan cilexetil</i>	24	<i>vodopa 31.25-200-125mg</i>		<i>caspofungin acetate 70mg</i>	21
<i>32mg tab</i>		<i>tab</i>		<i>inj</i>	
<i>candesartan cilexetil 4mg</i>	24	<i>carbidopa/entacapone/le</i>	37	CAYSTON 75MG/ML INH	78
<i>tab</i>		<i>vodopa 37.5-200-150mg</i>		SOLN	
<i>candesartan cilexetil 8mg</i>	24	<i>tab</i>		CEFACLOR 250MG CAP	49
<i>tab</i>		<i>carbidopa/entacapone/le</i>	37	CEFACLOR 500MG CAP	49
CAPLYTA 10.5MG CAP	38	<i>vodopa 50-200-200mg</i>		<i>cefadroxil 100mg/ml oral</i>	49
CAPLYTA 21MG CAP	38	<i>tab</i>		<i>susp</i>	
CAPLYTA 42MG CAP	38	CARBIDOPA/LEVODOPA	37	<i>cefadroxil 500mg cap</i>	49
CAPRELSA 100MG TAB	32	10-100MG ODT		<i>cefadroxil 50mg/ml oral</i>	49
CAPRELSA 300MG TAB	32	<i>carbidopa/levodopa</i>	37	<i>susp</i>	
<i>captopril 100mg tab</i>	23	<i>10-100mg tab</i>		<i>cefazolin 1000mg inj</i>	49
<i>captopril 12.5mg tab</i>	23	<i>carbidopa/levodopa</i>	37	<i>cefazolin 200mg/ml inj</i>	49
<i>captopril 25mg tab</i>	24	<i>25-100mg er tab</i>		<i>cefazolin 500mg inj</i>	49
<i>captopril 50mg tab</i>	24	CARBIDOPA/LEVODOPA	37	<i>cefdinir 25mg/ml oral</i>	50
<i>carbamazepine 100mg</i>	11	25-100MG ODT		<i>susp</i>	
<i>chew tab</i>		<i>carbidopa/levodopa</i>	37	<i>cefdinir 300mg cap</i>	50
<i>carbamazepine 100mg er</i>	11	<i>25-100mg tab</i>		<i>cefdinir 50mg/ml oral</i>	50
<i>cap</i>		CARBIDOPA/LEVODOPA	37	<i>susp</i>	
<i>carbamazepine 100mg er</i>	11	25-250MG ODT		<i>cefepime 1000mg inj</i>	27
<i>tab</i>				<i>cefepime 2000mg inj</i>	27

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

ALPHABETICAL LISTING OF DRUGS

<i>cefixime 400mg cap</i>	50	<i>chlordiazepoxide 5mg cap</i>	7	<i>cimetidine 400mg tab</i>	81
<i>cefoxitin 1gm inj</i>	49	<i>chlorhexidine gluconate</i>	50	<i>cimetidine 800mg tab</i>	81
<i>cefoxitin 200mg/ml inj</i>	49	<i>0.12% mouthwash</i>		CIMZIA 200MG INJ	3
<i>cefoxitin 2gm inj</i>	49	CHLOROQUINE	28	CIMZIA 200MG/ML	3
<i>cefpodoxime 100mg tab</i>	50	PHOSPHATE 250MG TAB		SYRINGE	
CEFPODOXIME	50	<i>chloroquine phosphate</i>	28	<i>cinacalcet 30mg tab</i>	56
10MG/ML ORAL SUSP		<i>500mg tab</i>		<i>cinacalcet 60mg tab</i>	56
<i>cefpodoxime 200mg tab</i>	50	<i>chlorpromazine 100mg</i>	40	<i>cinacalcet 90mg tab</i>	56
CEFPODOXIME	50	<i>tab</i>		<i>ciprofloxacin 0.3% ophth</i>	72
20MG/ML ORAL SUSP		CHLORPROMAZINE	41	<i>soln</i>	
<i>cefprozil 250mg tab</i>	49	100MG/ML ORAL SOLN		<i>ciprofloxacin 250mg tab</i>	61
<i>cefprozil 25mg/ml oral</i>	49	<i>chlorpromazine 10mg tab</i>	41	CIPROFLOXACIN	61
<i>susp</i>		<i>chlorpromazine 200mg</i>	41	2MG/ML INJ	
<i>cefprozil 500mg tab</i>	49	<i>tab</i>		<i>ciprofloxacin 500mg tab</i>	61
<i>cefprozil 50mg/ml oral</i>	49	<i>chlorpromazine 25mg tab</i>	41	<i>ciprofloxacin 750mg tab</i>	61
<i>susp</i>		CHLORPROMAZINE	41	<i>ciprofloxacin/dexamethas</i>	73
<i>ceftazidime 1gm inj</i>	50	30MG/ML ORAL SOLN		<i>one 0.3-0.1% otic susp</i>	
CEFTAZIDIME	50	<i>chlorpromazine 50mg tab</i>	41	<i>citalopram 10mg tab</i>	15
200MG/ML INJ		<i>chlorthalidone 25mg tab</i>	55	<i>citalopram 20mg tab</i>	15
<i>ceftazidime 2gm inj</i>	50	<i>chlorthalidone 50mg tab</i>	55	<i>citalopram 2mg/ml oral</i>	15
<i>ceftriaxone 10gm inj</i>	50	<i>chlorzoxazone 500mg tab</i>	42	<i>soln</i>	
<i>ceftriaxone 1gm inj</i>	50	<i>cholestyramine resin</i>	22	<i>citalopram 40mg tab</i>	15
<i>ceftriaxone 250mg inj</i>	50	<i>(sugar-free) 4gm powder</i>		<i>claravis 10mg cap</i>	50
<i>ceftriaxone 2gm inj</i>	50	<i>for oral susp</i>		<i>claravis 20mg cap</i>	50
<i>ceftriaxone 500mg inj</i>	50	<i>cholestyramine resin 4gm</i>	23	<i>claravis 30mg cap</i>	50
<i>cefuroxime 1500mg inj</i>	49	<i>powder for oral susp</i>		<i>claravis 40mg cap</i>	50
<i>cefuroxime 250mg tab</i>	49	<i>ciclopirox 0.77% topical</i>	51	<i>clarithromycin 250mg tab</i>	27
<i>cefuroxime 500mg tab</i>	49	<i>cream</i>		CLARITHROMYCIN	27
<i>cefuroxime 750mg inj</i>	49	<i>ciclopirox 0.77% topical</i>	51	25MG/ML ORAL SUSP	
<i>celecoxib 100mg cap</i>	3	<i>gel</i>		<i>clarithromycin 500mg tab</i>	27
<i>celecoxib 200mg cap</i>	3	<i>ciclopirox 0.77% topical</i>	51	CLARITHROMYCIN	27
<i>celecoxib 400mg cap</i>	3	<i>lotion</i>		50MG/ML ORAL SUSP	
<i>celecoxib 50mg cap</i>	3	<i>ciclopirox 1% shampoo</i>	51	<i>clindamycin 1% pad</i>	51
<i>cephalexin 250mg cap</i>	49	<i>ciclopirox 8% topical soln</i>	51	<i>clindamycin 1% topical</i>	51
<i>cephalexin 25mg/ml oral</i>	49	CILASTATIN/IMIPENEM	27	<i>gel (once-daily)</i>	
<i>susp</i>		250-250MG INJ		<i>clindamycin 1% topical</i>	51
<i>cephalexin 500mg cap</i>	49	<i>cilastatin/imipenem</i>	27	<i>gel (twice-daily)</i>	
<i>cephalexin 50mg/ml oral</i>	49	<i>500-500mg inj</i>		<i>clindamycin 1% topical</i>	51
<i>susp</i>		<i>cilostazol 100mg tab</i>	63	<i>lotion</i>	
<i>cevimeline 30mg cap</i>	50	<i>cilostazol 50mg tab</i>	63	<i>clindamycin 1% topical</i>	51
<i>chlordiazepoxide 10mg</i>	7	CIMDUO 300-300MG	42	<i>soln</i>	
<i>cap</i>		TAB		<i>clindamycin 150mg cap</i>	27
<i>chlordiazepoxide 25mg</i>	7	<i>cimetidine 200mg tab</i>	81	<i>clindamycin 2% vaginal</i>	81
<i>cap</i>		<i>cimetidine 300mg tab</i>	81	<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>	27	<i>clonazepam 0.125mg odt</i>	10	COBENFY 20-100MG	38
<i>clindamycin 300mg/2ml inj</i>	27	<i>clonazepam 0.25mg odt</i>	10	CAP	
<i>clindamycin 300mg/50ml inj</i>	27	<i>clonazepam 0.5mg odt</i>	10	COBENFY 20-50MG CAP	38
<i>clindamycin 600mg/4ml inj</i>	27	<i>clonazepam 0.5mg tab</i>	10	COBENFY 30-125MG	38
<i>clindamycin 600mg/50ml inj</i>	27	<i>clonazepam 1mg odt</i>	10	CAP	
<i>clindamycin 75mg cap</i>	27	<i>clonazepam 1mg tab</i>	10	COBENFY CAP 28-DAY	38
<i>clindamycin 75mg/5ml oral soln</i>	27	<i>clonazepam 2mg odt</i>	10	STARTER KIT PACK (56)	
<i>clindamycin 900mg/50ml inj</i>	27	<i>clonazepam 2mg tab</i>	10	<i>codeine</i>	5
<i>clindamycin 900mg/6ml inj</i>	27	<i>clonidine 0.1mg er tab</i>	1	<i>phosphate/acetaminophen 15-300mg tab</i>	
CLINIMIX 4.25/10 INJ	70	<i>clonidine 0.1mg tab</i>	25	CODEINE	5
CLINIMIX 4.25/5 INJ	70	<i>clonidine 0.1mg/24hr weekly patch</i>	25	PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML	
CLINIMIX 5/15 INJ	70	<i>clonidine 0.2mg tab</i>	25	OPHEN 2.4-24MG/ML	
CLINIMIX 5/20 INJ	70	<i>clonidine 0.2mg/24hr weekly patch</i>	25	ORAL SOLN	
<i>clinsol 15% inj</i>	70	<i>clonidine 0.3mg tab</i>	25	<i>codeine</i>	5
<i>clobazam 10mg tab</i>	10	<i>clonidine 0.3mg/24hr weekly patch</i>	25	<i>phosphate/acetaminophen 30-300mg tab</i>	
<i>clobazam 2.5mg/ml oral susp</i>	10	<i>clopidogrel 75mg tab</i>	63	<i>codeine</i>	5
<i>clobazam 20mg tab</i>	10	<i>clorazepate dipotassium 15mg tab</i>	7	<i>phosphate/acetaminophen 60-300mg tab</i>	
<i>clobetasol propionate 0.05% shampoo</i>	53	<i>clorazepate dipotassium 3.75mg tab</i>	7	<i>colchicine 0.6mg tab</i>	63
<i>clobetasol propionate 0.05% topical cream</i>	53	<i>clorazepate dipotassium 7.5mg tab</i>	7	<i>colchicine/probenecid 0.5-500mg tab</i>	63
<i>clobetasol propionate 0.05% topical e cream</i>	53	<i>clotrimazole 1% topical cream</i>	51	<i>colesevelam 625mg tab</i>	23
<i>clobetasol propionate 0.05% topical foam</i>	53	<i>clotrimazole 10mg lozenge</i>	50	<i>colestipol 1gm tab</i>	23
<i>clobetasol propionate 0.05% topical gel</i>	53	<i>clotrimazole/betamethasone 1-0.05% topical cream</i>	51	<i>colestipol 5000mg granules for oral susp</i>	23
<i>clobetasol propionate 0.05% topical lotion</i>	53	<i>clozapine 100mg odt</i>	40	<i>colistin 75mg/ml inj</i>	27
<i>clobetasol propionate 0.05% topical ointment</i>	53	<i>clozapine 100mg tab</i>	40	COMBIVENT	9
<i>clobetasol propionate 0.05% topical soln</i>	53	CLOZAPINE 12.5MG ODT	40	20-100MCG/ACT INHALER	
<i>clomipramine 25mg cap</i>	16	<i>clozapine 150mg odt</i>	40	COMETRIQ CAP 100MG	32
<i>clomipramine 50mg cap</i>	16	<i>clozapine 200mg odt</i>	40	DAILY DOSE PACK (56)	
<i>clomipramine 75mg cap</i>	16	<i>clozapine 200mg tab</i>	40	COMETRIQ CAP 140MG	32
		<i>clozapine 25mg odt</i>	40	DAILY DOSE PACK (112)	
		<i>clozapine 25mg tab</i>	40	COMETRIQ CAP 60MG	32
		<i>clozapine 50mg tab</i>	40	DAILY DOSE PACK (84)	
		COARTEM 20-120MG TAB	28	<i>compro 25mg rectal supp</i>	41
				<i>constulose 10gm/15ml oral soln</i>	67
				COPIKTRA 15MG CAP	32
				COPIKTRA 25MG CAP	32
				COSENTYX 150MG/ML AUTO-INJECTOR	52

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 SYRINGE	52	<i>cyclosporine 0.05% ophth susp</i>	73	DAPAGLIFLOZIN 5MG TAB	20
COSENTYX 75MG/0.5ML SYRINGE	52	<i>cyclosporine 100mg cap</i>	68	<i>dapsone 100mg tab</i>	29
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	52	<i>cyclosporine 25mg cap</i>	68	<i>dapsone 25mg tab</i>	29
COTELLIC 20MG TAB	32	<i>cyclosporine modified 100mg cap</i>	69	DAPTACEL INJ	65
CREON 120000-24000-76000UNIT DR CAP	61	<i>cyclosporine modified 100mg/ml oral soln</i>	69	<i>daptomycin 350mg inj</i>	27
CREON 15000-3000-9500UNIT DR CAP	61	<i>cyclosporine modified 25mg cap</i>	69	<i>daptomycin 500mg inj</i>	27
CREON 180000-36000-114000U NIT DR CAP	61	<i>cyclosporine modified 50mg cap</i>	69	<i>darunavir 600mg tab</i>	42
CREON 30000-6000-19000UNIT DR CAP	61	<i>cyproheptadine 0.4mg/ml oral soln</i>	77	<i>darunavir 800mg tab</i>	43
CREON 60000-12000-38000UNIT DR CAP	61	<i>cyproheptadine 4mg tab</i>	77	<i>dasatinib 100mg tab</i>	32
CRESEMBA 186MG CAP	21	<i>cyred tab 28-day pack</i>	57	<i>dasatinib 140mg tab</i>	32
CRESEMBA 74.5MG CAP	21	CYSTADANE 1GM POWDER FOR ORAL SOLN	56	<i>dasatinib 20mg tab</i>	32
<i>cromolyn sodium 10mg/ml inh soln</i>	7	CYSTADROPS 0.37% OPTH SOLN	73	<i>dasatinib 50mg tab</i>	32
<i>cromolyn sodium 20mg/ml oral soln</i>	61	CYSTAGON 150MG CAP	62	<i>dasatinib 70mg tab</i>	32
CROMOLYN SODIUM 4% OPTH SOLN	73	CYSTAGON 50MG CAP	62	<i>dasatinib 80mg tab</i>	32
<i>cryselle tab 28-day pack</i>	57	D		DAURISMO 100MG TAB	30
<i>cyclobenzaprine 10mg tab</i>	42	<i>dabigatran etexilate 110mg cap</i>	9	DAURISMO 25MG TAB	30
<i>cyclobenzaprine 5mg tab</i>	42	<i>dabigatran etexilate 150mg cap</i>	9	<i>deblitane 0.35mg tab 28-day pack</i>	74
<i>cyclophosphamide 25mg cap</i>	29	<i>dabigatran etexilate 75mg cap</i>	9	<i>deferasirox 180mg tab</i>	68
CYCLOPHOSPHAMIDE 25MG TAB	29	<i>dalfampridine 10mg er tab</i>	76	<i>deferasirox 360mg tab</i>	68
<i>cyclophosphamide 50mg cap</i>	29	<i>danazol 100mg cap</i>	5	<i>deferasirox 90mg tab</i>	68
CYCLOPHOSPHAMIDE 50MG TAB	29	<i>danazol 200mg cap</i>	5	DELSTRIGO 100-300-300MG TAB	43
		<i>danazol 50mg cap</i>	5	<i>demeclocycline 150mg tab</i>	79
		<i>dantrolene sodium 100mg cap</i>	42	<i>demeclocycline 300mg tab</i>	79
		<i>dantrolene sodium 25mg cap</i>	42	DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	74
		<i>dantrolene sodium 50mg cap</i>	42	DESCOVY 120-15MG TAB	43
		DAPAGLIFLOZIN 10MG TAB	20	DESCOVY 200-25MG TAB	43
				<i>desipramine 100mg tab</i>	16
				<i>desipramine 10mg tab</i>	16
				<i>desipramine 150mg tab</i>	16
				<i>desipramine 25mg tab</i>	17
				<i>desipramine 50mg tab</i>	17
				<i>desipramine 75mg tab</i>	17
				<i>desloratadine 5mg tab</i>	77

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>	57	<i>dexmethylphenidate 5mg</i>	1	<i>diclofenac sodium 50mg</i>	3
<i>0.01% (0.01mg/act) nasal</i>		<i>tab</i>		<i>dr tab</i>	
<i>spray</i>		<i>dextroamphetamine</i>	1	<i>diclofenac sodium 75mg</i>	3
<i>desmopressin acetate</i>	57	<i>sulfate 10mg tab</i>		<i>dr tab</i>	
<i>0.1mg tab</i>		<i>dextroamphetamine</i>	1	<i>dicloxacillin 250mg cap</i>	74
<i>desmopressin acetate</i>	57	<i>sulfate 5mg tab</i>		<i>dicloxacillin 500mg cap</i>	74
<i>0.2mg tab</i>		DEXTROSE 10% INJ	70	<i>dicyclomine 10mg cap</i>	80
<i>desonide 0.05% topical</i>	53	DIACOMIT 250MG CAP	11	<i>dicyclomine 20mg tab</i>	80
<i>cream</i>		DIACOMIT 250MG	11	<i>dicyclomine 2mg/ml oral</i>	80
<i>desonide 0.05% topical</i>	53	POWDER FOR ORAL		<i>soln</i>	
<i>ointment</i>		SUSP		DIFICID 200MG TAB	27
<i>desoximetasone 0.25%</i>	53	DIACOMIT 500MG CAP	11	DIFICID 40MG/ML ORAL	27
<i>topical cream</i>		DIACOMIT 500MG	11	SUSP	
<i>desoximetasone 0.25%</i>	53	POWDER FOR ORAL		<i>diflunisal 500mg tab</i>	3
<i>topical ointment</i>		SUSP		<i>difluprednate 0.05%</i>	72
<i>desvenlafaxine succinate</i>	16	<i>diazepam 10mg tab</i>	7	<i>ophth susp</i>	
<i>100mg er tab</i>		<i>diazepam 10mg/2ml</i>	10	<i>digoxin 0.125mg tab</i>	48
<i>desvenlafaxine succinate</i>	16	<i>rectal gel</i>		<i>digoxin 0.25mg tab</i>	48
<i>25mg er tab</i>		<i>diazepam 1mg/ml oral</i>	7	<i>dihydroergotamine</i>	67
<i>desvenlafaxine succinate</i>	16	<i>soln</i>		<i>mesylate 0.5mg/act nasal</i>	
<i>50mg er tab</i>		DIAZEPAM	11	<i>inhaler</i>	
DEXAMETHASONE	64	2.5MG/0.5ML RECTAL		DILANTIN 30MG ER	11
0.1MG/ML ORAL SOLN		GEL		CAP	
<i>dexamethasone 0.5mg tab</i>	64	<i>diazepam 20mg/4ml</i>	11	<i>dilt 120mg er (24hr) cap</i>	47
<i>dexamethasone 0.75mg</i>	64	<i>rectal gel</i>		<i>dilt 180mg er (24hr) cap</i>	47
<i>tab</i>		<i>diazepam 2mg tab</i>	7	<i>dilt 240mg er (24hr) cap</i>	47
<i>dexamethasone 1.5mg tab</i>	64	<i>diazepam 5mg tab</i>	7	<i>diltiazem 120mg er (12hr)</i>	47
<i>dexamethasone 1mg tab</i>	64	<i>diazepam 5mg/ml oral</i>	7	<i>cap</i>	
<i>dexamethasone 2mg tab</i>	64	<i>soln</i>		<i>diltiazem 120mg er (24hr)</i>	47
<i>dexamethasone 4mg tab</i>	64	<i>diazoxide 50mg/ml oral</i>	18	<i>cap</i>	
<i>dexamethasone 6mg tab</i>	64	<i>susp</i>		<i>diltiazem 120mg tab</i>	47
DEXAMETHASONE	72	<i>diclofenac potassium</i>	3	<i>diltiazem 180mg er (24hr)</i>	47
PHOSPHATE 0.1%		<i>50mg tab</i>		<i>cap</i>	
OPHTH SOLN		<i>diclofenac sodium 0.1%</i>	73	<i>diltiazem 240mg er (24hr)</i>	47
<i>dexamethasone/neomycin</i>	72	<i>ophth soln</i>		<i>cap</i>	
<i>/polymyxin b 0.1% ophth</i>		<i>diclofenac sodium 1.5%</i>	3	<i>diltiazem 300mg er (24hr)</i>	47
<i>ointment</i>		<i>topical soln</i>		<i>cap</i>	
<i>dexamethasone/tobramyc</i>	72	<i>diclofenac sodium 100mg</i>	3	<i>diltiazem 30mg tab</i>	47
<i>in 0.3-0.1% ophth susp</i>		<i>er tab</i>		<i>diltiazem 360mg er (24hr)</i>	47
<i>dexmethylphenidate</i>	1	<i>diclofenac sodium 25mg</i>	3	<i>cap</i>	
<i>10mg tab</i>		<i>dr tab</i>		<i>diltiazem 420mg er (24hr)</i>	47
<i>dexmethylphenidate</i>	1	<i>diclofenac sodium 3%</i>	52	<i>cap</i>	
<i>2.5mg tab</i>		<i>topical gel</i>		<i>diltiazem 60mg er (12hr)</i>	47
				<i>cap</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>diltiazem 60mg tab</i>	47	<i>dorzolamide/timolol</i>	71	<i>doxycycline monohydrate</i>	79
<i>diltiazem 90mg er (12hr)</i>	47	<i>22.3-6.8mg/ml ophth soln</i>		<i>5mg/ml oral susp</i>	
<i>cap</i>		<i>dotti 0.025mg/24hr twice</i>	60	<i>doxycycline monohydrate</i>	79
<i>diltiazem 90mg tab</i>	47	<i>weekly patch</i>		<i>75mg tab</i>	
<i>dimethyl fumarate 120mg</i>	76	<i>dotti 0.0375mg/24hr</i>	60	<i>DRIZALMA 20MG DR</i>	16
<i>dr cap</i>		<i>twice weekly patch</i>		<i>SPRINKLE CAP</i>	
<i>dimethyl fumarate</i>	76	<i>dotti 0.05mg/24hr twice</i>	60	<i>DRIZALMA 30MG DR</i>	16
<i>120mg/240mg cap starter</i>		<i>weekly patch</i>		<i>SPRINKLE CAP</i>	
<i>pack (60)</i>		<i>dotti 0.075mg/24hr twice</i>	60	<i>DRIZALMA 40MG DR</i>	16
<i>dimethyl fumarate 240mg</i>	76	<i>weekly patch</i>		<i>SPRINKLE CAP</i>	
<i>dr cap</i>		<i>dotti 0.1mg/24hr twice</i>	60	<i>DRIZALMA 60MG DR</i>	16
<i>dipyridamole 25mg tab</i>	63	<i>weekly patch</i>		<i>SPRINKLE CAP</i>	
<i>dipyridamole 50mg tab</i>	63	<i>DOVATO 50-300MG TAB</i>	43	<i>dronabinol 10mg cap</i>	21
<i>dipyridamole 75mg tab</i>	63	<i>doxazosin 1mg tab</i>	25	<i>dronabinol 2.5mg cap</i>	21
<i>disopyramide 100mg cap</i>	48	<i>doxazosin 2mg tab</i>	25	<i>dronabinol 5mg cap</i>	21
<i>disopyramide 150mg cap</i>	48	<i>doxazosin 4mg tab</i>	25	<i>drospirenone/ethinyl</i>	57
<i>disulfiram 250mg tab</i>	75	<i>doxazosin 8mg tab</i>	25	<i>estradiol/inert</i>	
<i>divalproex sodium 125mg</i>	14	<i>doxepin 100mg cap</i>	17	<i>ingredients 3-0.02-1mg</i>	
<i>dr cap</i>		<i>doxepin 10mg cap</i>	17	<i>tab 28-day pack</i>	
<i>divalproex sodium 125mg</i>	14	<i>doxepin 10mg/ml oral</i>	17	<i>drospirenone/ethinyl</i>	57
<i>dr tab</i>		<i>soln</i>		<i>estradiol/inert</i>	
<i>divalproex sodium 250mg</i>	14	<i>doxepin 150mg cap</i>	17	<i>ingredients 3-0.03-1mg</i>	
<i>dr tab</i>		<i>doxepin 25mg cap</i>	17	<i>tab 28-day pack</i>	
<i>divalproex sodium 250mg</i>	37	<i>doxepin 50mg cap</i>	17	<i>droxidopa 100mg cap</i>	48
<i>er tab</i>		<i>doxepin 75mg cap</i>	17	<i>droxidopa 200mg cap</i>	48
<i>divalproex sodium 500mg</i>	14	<i>doxy 100mg inj</i>	79	<i>droxidopa 300mg cap</i>	48
<i>dr tab</i>		<i>doxycycline hyclate</i>	79	<i>DULERA 100-5MCG</i>	9
<i>divalproex sodium 500mg</i>	37	<i>100mg cap</i>		<i>INHALER</i>	
<i>er tab</i>		<i>doxycycline hyclate</i>	79	<i>DULERA 200-5MCG</i>	9
<i>dofetilide 0.125mg cap</i>	48	<i>100mg inj</i>		<i>INHALER</i>	
<i>dofetilide 0.25mg cap</i>	48	<i>doxycycline hyclate</i>	79	<i>DULERA 50-5MCG</i>	9
<i>dofetilide 0.5mg cap</i>	48	<i>100mg tab</i>		<i>INHALER</i>	
<i>donepezil 10mg odt</i>	75	<i>doxycycline hyclate 20mg</i>	79	<i>duloxetine 20mg dr cap</i>	16
<i>donepezil 10mg tab</i>	75	<i>tab</i>		<i>duloxetine 30mg dr cap</i>	16
<i>donepezil 23mg tab</i>	75	<i>doxycycline hyclate 50mg</i>	79	<i>duloxetine 60mg dr cap</i>	16
<i>donepezil 5mg odt</i>	75	<i>cap</i>		<i>DUPIXENT</i>	7
<i>donepezil 5mg tab</i>	75	<i>doxycycline monohydrate</i>	79	<i>200MG/1.14ML</i>	
<i>DOPTELET 20MG TAB</i>	63	<i>100mg cap</i>		<i>AUTO-INJECTOR</i>	
<i>DOPTELET TAB 40MG</i>	63	<i>doxycycline monohydrate</i>	79	<i>DUPIXENT</i>	7
<i>DAILY DOSE PACK (10)</i>		<i>100mg tab</i>		<i>200MG/1.14ML</i>	
<i>DOPTELET TAB 60MG</i>	63	<i>doxycycline monohydrate</i>	79	<i>SYRINGE</i>	
<i>DAILY DOSE PACK (15)</i>		<i>50mg cap</i>		<i>DUPIXENT 300MG/2ML</i>	7
<i>dorzolamide 2% ophth</i>	73	<i>doxycycline monohydrate</i>	79	<i>AUTO-INJECTOR</i>	
<i>soln</i>		<i>50mg 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

DUPIXENT 300MG/2ML SYRINGE	7	EMGALITY 100MG/ML SYRINGE	67	enalapril maleate/hydrochlorothiazide 5-12.5mg tab	26
dutasteride 0.5mg cap	62	EMGALITY 120MG/ML AUTO-INJECTOR	67	ENBREL 25MG/0.5ML INJ	3
E		EMGALITY 120MG/ML SYRINGE	67	ENBREL 25MG/0.5ML SYRINGE	3
econazole nitrate 1% topical cream	51	EMSAM 12MG/24HR PATCH	14	ENBREL 50MG/ML AUTO-INJECTOR	3
EDURANT 25MG TAB	43	EMSAM 6MG/24HR PATCH	14	ENBREL 50MG/ML CARTRIDGE	3
efavirenz 600mg tab	43	EMSAM 9MG/24HR PATCH	15	ENBREL 50MG/ML SYRINGE	3
efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab	43	emtricitabine 200mg cap	43	ENERGIX-B 10MCG/0.5ML SYRINGE	65
EFAVIRENZ/LAMIVUDINE/TENOFOVIR	43	emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab	43	ENERGIX-B 20MCG/ML INJ	65
DISOPROXIL FUMARATE 400-300-300MG TAB		emtricitabine/tenofovir disoproxil fumarate 100-150mg tab	43	ENERGIX-B 20MCG/ML SYRINGE	65
efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab	43	emtricitabine/tenofovir disoproxil fumarate 133-200mg tab	43	enilloring 0.120-0.015mg/24hr vaginal system	57
ELECTROLYTE-148 INJ	70	emtricitabine/tenofovir disoproxil fumarate 167-250mg tab	43	enoxaparin sodium 100mg/1ml syringe	9
ELIGARD 22.5MG SYRINGE	30	emtricitabine/tenofovir disoproxil fumarate 200-300mg tab	43	enoxaparin sodium 120mg/0.8ml syringe	9
ELIGARD 30MG SYRINGE	30	EMTRIVA 10MG/ML ORAL SOLN	43	enoxaparin sodium 150mg/1ml syringe	9
ELIGARD 45MG SYRINGE	30	enalapril maleate 10mg tab	24	enoxaparin sodium 30mg/0.3ml syringe	9
ELIGARD 7.5MG SYRINGE	30	enalapril maleate 2.5mg tab	24	enoxaparin sodium 40mg/0.4ml syringe	9
ELIQUIS 2.5MG TAB	9	enalapril maleate 20mg tab	24	enoxaparin sodium 60mg/0.6ml syringe	9
ELIQUIS 5MG 30-DAY STARTER PACK (74)	9	enalapril maleate 5mg tab	24	enoxaparin sodium 80mg/0.8ml syringe	9
ELIQUIS 5MG TAB	9	enalapril maleate/hydrochlorothiazide 10-25mg tab	26	enskyce tab 28-day pack	57
eltrombopag 12.5mg powder for oral susp	63			entacapone 200mg tab	36
eltrombopag 12.5mg tab	63			entecavir 0.5mg tab	44
eltrombopag 25mg powder for oral susp	63			entecavir 1mg tab	44
eltrombopag 25mg tab	63			ENTRESTO 15-16MG ORAL PELLETT	49
eltrombopag 50mg tab	63			ENTRESTO 6-6MG ORAL PELLETT	49
eltrombopag 75mg tab	63				
eluryng 0.120-0.015mg/24hr vaginal system	57				

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

ALPHABETICAL LISTING OF DRUGS

<i>enulose 10gm/15ml oral soln</i>	61	<i>escitalopram 20mg tab</i>	15	<i>estradiol 0.075mg/24hr twice weekly patch</i>	60
ENVARUSUS XR 0.75MG TAB	69	<i>escitalopram 5mg tab</i>	15	<i>estradiol 0.075mg/24hr weekly patch</i>	60
ENVARUSUS XR 1MG TAB	69	<i>eslicarbazepine acetate 200mg tab</i>	11	<i>estradiol 0.5mg tab</i>	60
ENVARUSUS XR 4MG TAB	69	<i>eslicarbazepine acetate 400mg tab</i>	11	<i>estradiol 1mg tab</i>	60
EPIDIOLEX 100MG/ML ORAL SOLN	11	<i>eslicarbazepine acetate 600mg tab</i>	11	<i>estradiol 2mg tab</i>	60
<i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i>	9	<i>eslicarbazepine acetate 800mg tab</i>	11	<i>estradiol valerate 10mg/ml inj</i>	60
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	9	<i>esomeprazole 10mg granules for oral susp</i>	81	<i>estradiol valerate 20mg/ml inj</i>	60
<i>eplerenone 25mg tab</i>	26	<i>esomeprazole 20mg dr cap</i>	81	<i>estradiol/norethindrone acetate 0.5-0.1mg 28-day pack</i>	58
<i>eplerenone 50mg tab</i>	26	<i>esomeprazole 20mg granules for oral susp</i>	81	<i>estradiol/norethindrone acetate 1-0.5mg 28-day pack</i>	58
EPRONTIA 25MG/ML ORAL SOLN	11	<i>esomeprazole 40mg dr cap</i>	81	<i>eszopiclone 1mg tab</i>	65
ERIVEDGE 150MG CAP	30	<i>esomeprazole 40mg granules for oral susp</i>	81	<i>eszopiclone 2mg tab</i>	65
ERLEADA 240MG TAB	30	<i>estarylla tab 28-day pack</i>	57	<i>eszopiclone 3mg tab</i>	65
ERLEADA 60MG TAB	30	<i>estradiol 0.0025mg/hr weekly patch</i>	60	<i>ethambutol 100mg tab</i>	29
<i>erlotinib 100mg tab</i>	30	<i>estradiol 0.01% vaginal cream</i>	81	<i>ethambutol 400mg tab</i>	29
<i>erlotinib 150mg tab</i>	30	<i>estradiol 0.01mg vaginal insert</i>	81	<i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack</i>	58
<i>erlotinib 25mg tab</i>	30	<i>estradiol 0.01mg/24hr twice weekly patch</i>	60	<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	58
<i>errin 0.35mg tab 28-day pack</i>	75	<i>estradiol 0.01mg/24hr weekly patch</i>	60	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack</i>	58
<i>ertapenem 1gm inj</i>	27	<i>estradiol 0.025mg/24hr twice weekly patch</i>	60	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack</i>	58
ERY 2% PAD	51	<i>estradiol 0.025mg/24hr weekly patch</i>	60	<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack</i>	58
<i>erythromycin 0.5% ophthalm ointment</i>	72	<i>estradiol 0.0375mg/24hr twice weekly patch</i>	60		
<i>erythromycin 2% topical gel</i>	51	<i>estradiol 0.0375mg/24hr weekly patch</i>	60		
<i>erythromycin 2% topical soln</i>	51	<i>estradiol 0.05mg/24hr twice weekly patch</i>	60		
<i>erythromycin 250mg dr tab</i>	27	<i>estradiol 0.05mg/24hr weekly patch</i>	60		
<i>erythromycin 250mg tab</i>	27				
<i>erythromycin 333mg dr tab</i>	27				
<i>erythromycin 500mg dr tab</i>	27				
<i>erythromycin 500mg tab</i>	28				
<i>escitalopram 10mg tab</i>	15				
<i>escitalopram 1mg/ml oral 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>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack</i>	58	<i>everolimus 3mg tab for oral susp</i>	32	FASENRA 30MG/ML SYRINGE	7
<i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i>	58	<i>everolimus 5mg tab</i>	32	<i>febuxostat 40mg tab</i>	63
<i>ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack</i>	58	<i>everolimus 5mg tab for oral susp</i>	32	<i>febuxostat 80mg tab</i>	63
<i>ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack</i>	58	<i>everolimus 7.5mg tab</i>	32	<i>feirza 1.5/30 28-day pack</i>	58
<i>ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25 mg-mcg tab 28-day pack</i>	58	EVOTAZ 300-150MG TAB	43	<i>feirza 1/20 28-day pack</i>	58
<i>ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35 mg-mcg tab 28-day pack</i>	58	EVRYSDI 0.75MG/ML ORAL SOLN	49	<i>felbamate 120mg/ml oral susp</i>	13
<i>ethosuximide 250mg cap</i>	14	EVRYSDI 5MG TAB	49	<i>felbamate 400mg tab</i>	13
<i>ethosuximide 50mg/ml oral soln</i>	14	<i>exemestane 25mg tab</i>	30	<i>felbamate 600mg tab</i>	13
<i>etodolac 200mg cap</i>	3	<i>ezetimibe 10mg tab</i>	22	<i>felodipine 10mg er tab</i>	47
<i>etodolac 300mg cap</i>	3	<i>ezetimibe/simvastatin 10-10mg tab</i>	22	<i>felodipine 2.5mg er tab</i>	47
<i>etodolac 400mg tab</i>	3	<i>ezetimibe/simvastatin 10-20mg tab</i>	22	<i>felodipine 5mg er tab</i>	47
<i>etodolac 500mg tab</i>	3	<i>ezetimibe/simvastatin 10-40mg tab</i>	22	<i>fenofibrate 134mg cap</i>	23
<i>etravirine 100mg tab</i>	43	<i>ezetimibe/simvastatin 10-80mg tab</i>	22	<i>fenofibrate 145mg tab</i>	23
<i>etravirine 200mg tab</i>	43			<i>fenofibrate 160mg tab</i>	23
EUCRISA 2% TOPICAL OINTMENT	54	F		<i>fenofibrate 200mg cap</i>	23
EULEXIN 125MG CAP	30	<i>falmina tab 28-day pack</i>	58	<i>fenofibrate 43mg cap</i>	23
<i>everolimus 0.25mg tab</i>	69	<i>famciclovir 125mg tab</i>	45	<i>fenofibrate 48mg tab</i>	23
<i>everolimus 0.5mg tab</i>	69	<i>famciclovir 250mg tab</i>	45	<i>fenofibrate 54mg tab</i>	23
<i>everolimus 0.75mg tab</i>	69	<i>famciclovir 500mg tab</i>	45	<i>fenofibrate 67mg cap</i>	23
<i>everolimus 10mg tab</i>	32	<i>famotidine 20mg tab</i>	81	<i>fenofibric acid 135mg dr cap</i>	23
<i>everolimus 1mg tab</i>	69	<i>famotidine 40mg tab</i>	81	<i>fenofibric acid 45mg dr cap</i>	23
<i>everolimus 2.5mg tab</i>	32	FANAPT 10MG TAB	39	<i>fentanyl 100mcg/hr patch</i>	4
<i>everolimus 2mg tab for oral susp</i>	32	FANAPT 12MG TAB	39	<i>fentanyl 12mcg/hr patch</i>	4
		FANAPT 1MG TAB	39	<i>fentanyl 25mcg/hr patch</i>	4
		FANAPT 2MG TAB	39	<i>fentanyl 50mcg/hr patch</i>	4
		FANAPT 4MG TAB	39	<i>fentanyl 75mcg/hr patch</i>	4
		FANAPT 6MG TAB	39	<i>fesoterodine fumarate 4mg er tab</i>	62
		FANAPT 8MG TAB	39	<i>fesoterodine fumarate 8mg er tab</i>	62
		FANAPT TAB TITRATION PACK (8)	39	FETZIMA 120MG ER CAP	16
		FARXIGA 10MG TAB	20	FETZIMA 20MG ER CAP	16
		FARXIGA 5MG TAB	20	FETZIMA 40MG ER CAP	16
		FASENRA 10MG/0.5ML SYRINGE	7	FETZIMA 80MG ER CAP	16
		FASENRA 30MG/ML AUTO-INJECTOR	7	FETZIMA ER CAP TITRATION PACK (28)	16
				FIASP 100UNIT/ML CARTRIDGE	19
				FIASP 100UNIT/ML INJ	19

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

ALPHABETICAL LISTING OF DRUGS

FIASP 100UNIT/ML PEN INJ (3ML)	19	<i>fluocinonide 0.05% topical cream</i>	53	<i>fluticasone propionate 0.05% topical cream</i>	53
<i>finasteride 5mg tab</i>	62	<i>fluocinonide 0.05% topical e cream</i>	53	<i>fluticasone propionate 50mcg/act nasal inhaler</i>	70
<i>fingolimod 0.5mg cap</i>	76	<i>fluocinonide 0.05% topical ointment</i>	53	<i>fluticasone propionate/salmeterol 100-50mcg/act powder inhaler</i>	9
FINTEPLA 2.2MG/ML ORAL SOLN	11	<i>fluocinonide 0.05% topical soln</i>	53	<i>fluticasone propionate/salmeterol 250-50mcg/act powder inhaler</i>	9
FIRMAGON 120MG INJ	30	<i>fluocinonide 0.1% topical cream</i>	53	<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	9
FIRMAGON 80MG INJ	30	<i>fluorometholone 0.1% ophth susp</i>	72	<i>fluticasone propionate/salmeterol 500-50mcg/act powder inhaler</i>	9
<i>flecainide acetate 100mg tab</i>	48	FLUOROURACIL 2% TOPICAL SOLN	52	<i>fluvoxamine maleate 100mg tab</i>	15
<i>flecainide acetate 150mg tab</i>	48	<i>fluorouracil 5% topical cream</i>	52	<i>fluvoxamine maleate 25mg tab</i>	15
<i>flecainide acetate 50mg tab</i>	48	<i>fluorouracil 5% topical soln</i>	52	<i>fluvoxamine maleate 50mg tab</i>	15
<i>fluconazole 100mg tab</i>	21	<i>fluoxetine 10mg cap</i>	15	<i>fondaparinux sodium 10mg/0.8ml syringe</i>	9
<i>fluconazole 10mg/ml oral susp</i>	21	<i>fluoxetine 20mg cap</i>	15	<i>fondaparinux sodium 2.5mg/0.5ml syringe</i>	9
<i>fluconazole 150mg tab</i>	22	<i>fluoxetine 40mg cap</i>	15	<i>fondaparinux sodium 5mg/0.4ml syringe</i>	10
<i>fluconazole 200mg tab</i>	22	<i>fluoxetine 4mg/ml oral soln</i>	15	<i>fondaparinux sodium 7.5mg/0.6ml syringe</i>	10
<i>fluconazole 200mg/100ml inj</i>	22	<i>fluoxetine 60mg tab</i>	15	<i>fosamprenavir 700mg tab</i>	43
<i>fluconazole 400mg/200ml inj</i>	22	FLUPHENAZINE 0.5MG/ML ORAL SOLN	41	<i>fosfomycin 3gm powder for oral soln</i>	28
<i>fluconazole 40mg/ml oral susp</i>	22	<i>fluphenazine 10mg tab</i>	41	<i>fosinopril sodium 10mg tab</i>	24
<i>fluconazole 50mg tab</i>	22	<i>fluphenazine 1mg tab</i>	41	<i>fosinopril sodium 20mg tab</i>	24
<i>flucytosine 250mg cap</i>	22	<i>fluphenazine 2.5mg tab</i>	41	<i>fosinopril sodium 40mg tab</i>	24
<i>flucytosine 500mg cap</i>	22	FLUPHENAZINE 2.5MG/ML INJ	41	<i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i>	26
<i>fludrocortisone acetate 0.1mg tab</i>	64	<i>fluphenazine 5mg tab</i>	41		
<i>flunisolide 25% (25mcg/act) nasal inhaler</i>	70	FLUPHENAZINE 5MG/ML ORAL SOLN	41		
<i>fluocinolone acetate 0.01% otic soln</i>	73	<i>fluphenazine decanoate 25mg/ml inj</i>	41		
<i>fluocinolone acetate 0.01% topical cream</i>	53	FLURBIPROFEN 100MG TAB	3		
<i>fluocinolone acetate 0.01% topical oil</i>	53	FLURBIPROFEN SODIUM 0.03% OPTH SOLN	73		
<i>fluocinolone acetate 0.01% topical soln</i>	53	<i>fluticasone propionate 0.005% topical ointment</i>	53		
<i>fluocinolone acetate 0.025% topical cream</i>	53				
<i>fluocinolone acetate 0.025% topical ointment</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>fosinopril</i>	26	<i>galantamine</i>	75	<i>glatiramer acetate</i>	76
<i>sodium/hydrochlorothiazide 20-12.5mg tab</i>		<i>hydrobromide 8mg er cap</i>		<i>20mg/ml syringe</i>	
FOTIVDA 0.89MG CAP	32	<i>gallifrey 5mg tab</i>	75	<i>glatiramer acetate</i>	76
FOTIVDA 1.34MG CAP	32	GAMMAGARD 10GM	65	<i>40mg/ml syringe</i>	
FRUZAQLA 1MG CAP	29	INJ		<i>glatopa 20mg/ml syringe</i>	76
FRUZAQLA 5MG CAP	29	GAMMAGARD	65	<i>glatopa 40mg/ml syringe</i>	76
FULPHILA 6MG/0.6ML	63	2.5GM/25ML INJ		GLEOSTINE 100MG CAP	29
SYRINGE		GAMMAGARD 5GM INJ	65	GLEOSTINE 10MG CAP	29
FUROSCIX 80MG/10ML	55	GAMUNEX 1GM/10ML	65	GLEOSTINE 40MG CAP	29
CARTRIDGE		INJ		<i>glimepiride 1mg tab</i>	20
<i>furosemide 10mg/ml inj</i>	55	GARDASIL 9 INJ	65	<i>glimepiride 2mg tab</i>	20
<i>furosemide 10mg/ml oral soln</i>	55	GARDASIL 9 SYRINGE	65	<i>glimepiride 4mg tab</i>	20
<i>furosemide 20mg tab</i>	55	GAUZE PAD (2 X 2)	67	<i>glipizide 10mg er tab</i>	20
<i>furosemide 40mg tab</i>	55	GAVILYTE-C POWDER	67	<i>glipizide 10mg tab</i>	20
<i>furosemide 80mg tab</i>	55	FOR ORAL SOLN		<i>glipizide 2.5mg er tab</i>	20
FUROSEMIDE 8MG/ML	55	<i>gavilyte-g powder for oral soln</i>	67	<i>glipizide 5mg er tab</i>	20
ORAL SOLN		<i>gavilyte-n powder for oral soln</i>	67	<i>glipizide 5mg tab</i>	20
<i>fyavolv 0.0025-0.5mg tab</i>	58	GAVRETO 100MG CAP	32	<i>glipizide/metformin 2.5-250mg tab</i>	17
<i>fyavolv 0.005-1mg tab</i>	58	<i>gefitinib 250mg tab</i>	30	<i>glipizide/metformin 2.5-500mg tab</i>	17
FYCOMPA 0.5MG/ML	11	<i>gemfibrozil 600mg tab</i>	23	<i>glipizide/metformin 5-500mg tab</i>	17
ORAL SUSP		GEMTESA 75MG TAB	62	<i>glucagon (rdna) 1mg inj</i>	18
G		<i>generlac 10gm/15ml oral soln</i>	61	GLUCOSE	70
<i>gabapentin 100mg cap</i>	11	<i>gentamicin 0.1% topical cream</i>	51	100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	
<i>gabapentin 300mg cap</i>	11	<i>gentamicin 0.1% topical ointment</i>	51	GLUCOSE	70
<i>gabapentin 400mg cap</i>	12	<i>gentamicin 0.3% ophth soln</i>	72	100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	
<i>gabapentin 50mg/ml oral soln</i>	12	GENTAMICIN 0.8MG/ML	2	<i>glucose 50mg/ml inj</i>	70
<i>gabapentin 600mg tab (Neurontin equiv)</i>	12	INJ		<i>glucose</i>	70
<i>gabapentin 800mg tab</i>	12	<i>gentamicin 1.2mg/ml inj</i>	2	<i>50mg/ml/potassium chloride</i>	
<i>galantamine 12mg tab</i>	75	GENTAMICIN 1.6MG/ML	2	<i>0.01meq/ml/sodium chloride 4.5mg/ml inj</i>	
<i>galantamine 4mg tab</i>	75	INJ		<i>glucose</i>	70
<i>galantamine 8mg tab</i>	75	GENTAMICIN 1MG/ML	2	<i>50mg/ml/potassium chloride 0.02meq/ml inj</i>	
<i>galantamine hydrobromide 16mg er cap</i>	75	INJ			
<i>galantamine hydrobromide 24mg er cap</i>	75	<i>gentamicin 40mg/ml inj</i>	2		
GALANTAMINE	75	GENVOYA	43		
HYDROBROMIDE		150-150-200-10MG TAB			
4MG/ML ORAL SOLN		GILOTRIF 20MG TAB	30		
		GILOTRIF 30MG TAB	30		
		GILOTRIF 40MG TAB	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

<i>glucose</i>	70	<i>glutamine 5000mg</i>	56	HADLIMA 40MG/0.4ML	3
<i>50mg/ml/potassium</i>		<i>powder for oral soln</i>		SYRINGE	
<i>chloride</i>		<i>glyburide 1.25mg tab</i>	20	HADLIMA 40MG/0.8ML	3
<i>0.02meq/ml/sodium</i>		<i>glyburide 2.5mg tab</i>	20	AUTO-INJECTOR	
<i>chloride 2.25mg/ml inj</i>		<i>glyburide 5mg tab</i>	20	HADLIMA 40MG/0.8ML	3
<i>glucose</i>	70	<i>glyburide/metformin</i>	17	SYRINGE	
<i>50mg/ml/potassium</i>		<i>1.25-250mg tab</i>		HAEGARDA 2000UNIT	65
<i>chloride</i>		<i>glyburide/metformin</i>	17	INJ	
<i>0.02meq/ml/sodium</i>		<i>2.5-500mg tab</i>		HAEGARDA 3000UNIT	65
<i>chloride 4.5mg/ml inj</i>		<i>glyburide/metformin</i>	17	INJ	
<i>glucose</i>	70	<i>5-500mg tab</i>		<i>halobetasol propionate</i>	53
<i>50mg/ml/potassium</i>		<i>glycopyrrolate 1mg tab</i>	81	<i>0.05% topical cream</i>	
<i>chloride</i>		<i>glycopyrrolate 1mg/5ml</i>	81	<i>halobetasol propionate</i>	53
<i>0.02meq/ml/sodium</i>		<i>oral soln</i>		<i>0.05% topical ointment</i>	
<i>chloride 9mg/ml inj</i>		<i>glycopyrrolate 2mg tab</i>	81	<i>haloette</i>	58
<i>glucose</i>	70	GLYXAMBI 10-5MG TAB	17	<i>0.120-0.015mg/24hr</i>	
<i>50mg/ml/potassium</i>		GLYXAMBI 25-5MG TAB	17	<i>vaginal system</i>	
<i>chloride</i>		GOMEKLI 1MG CAP	32	<i>haloperidol 0.5mg tab</i>	38
<i>0.03meq/ml/sodium</i>		GOMEKLI 1MG TAB	32	<i>haloperidol 10mg tab</i>	38
<i>chloride 4.5mg/ml inj</i>		FOR ORAL SUSP		<i>haloperidol 1mg tab</i>	38
<i>glucose</i>	70	GOMEKLI 2MG CAP	32	<i>haloperidol 20mg tab</i>	38
<i>50mg/ml/potassium</i>		<i>granisetron 1mg tab</i>	21	<i>haloperidol 2mg tab</i>	38
<i>chloride</i>		<i>griseofulvin 125mg tab</i>	22	<i>haloperidol 2mg/ml oral</i>	38
<i>0.04meq/ml/sodium</i>		<i>griseofulvin 250mg tab</i>	22	<i>soln</i>	
<i>chloride 4.5mg/ml inj</i>		<i>griseofulvin 25mg/ml oral</i>	22	<i>haloperidol 5mg tab</i>	38
<i>glucose</i>	70	<i>susp</i>		<i>haloperidol 5mg/ml inj</i>	38
<i>50mg/ml/potassium</i>		<i>griseofulvin 500mg tab</i>	22	<i>haloperidol decanoate</i>	38
<i>chloride</i>		<i>guanfacine 1mg er tab</i>	1	<i>100mg/ml (1ml) inj</i>	
<i>0.04meq/ml/sodium</i>		<i>guanfacine 1mg tab</i>	25	<i>haloperidol decanoate</i>	38
<i>chloride 9mg/ml inj</i>		<i>guanfacine 2mg er tab</i>	1	<i>100mg/ml (5ml) inj</i>	
GLUCOSE	70	<i>guanfacine 2mg tab</i>	25	<i>haloperidol decanoate</i>	38
50MG/ML/SODIUM		<i>guanfacine 3mg er tab</i>	1	<i>50mg/ml (1ml) inj</i>	
CHLORIDE 2MG/ML INJ		<i>guanfacine 4mg er tab</i>	1	<i>haloperidol decanoate</i>	38
GLUCOSE	70	GVOKE 0.5MG/0.1ML	18	<i>50mg/ml (5ml) inj</i>	
50MG/ML/SODIUM		AUTO-INJECTOR		HAVRIX 1440ELU/ML	65
CHLORIDE 4.5MG/ML		GVOKE 1MG/0.2ML	18	SYRINGE	
INJ		AUTO-INJECTOR		HAVRIX 720ELU/0.5ML	65
<i>glucose 50mg/ml/sodium</i>	70	GVOKE 1MG/0.2ML INJ	18	SYRINGE	
<i>chloride 9mg/ml inj</i>		GVOKE 1MG/0.2ML	18	<i>heather 0.35mg 28-day</i>	75
GLUCOSE/SODIUM	70	SYRINGE		<i>pack</i>	
CHLORIDE				<i>heparin sodium porcine</i>	10
25MG/ML-4.5MG/ML		H		<i>10000unit/ml inj</i>	
INJ		HADLIMA 40MG/0.4ML	3	<i>heparin sodium porcine</i>	10
		AUTO-INJECTOR		<i>1000unit/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>heparin sodium porcine</i>	10	<i>hydralazine 50mg tab</i>	27	<i>hydrochlorothiazide/olme</i>	26
<i>20000unit/ml inj</i>		<i>hydrochlorothiazide</i>	55	<i>sartan medoxomil</i>	
<i>heparin sodium porcine</i>	10	<i>12.5mg cap</i>		<i>25-40mg tab</i>	
<i>5000unit/ml inj</i>		<i>hydrochlorothiazide</i>	55	<i>hydrochlorothiazide/spiro</i>	54
HEPLISAV-B	65	<i>12.5mg tab</i>		<i>nolactone 25-25mg tab</i>	
20MCG/0.5ML SYRINGE		<i>hydrochlorothiazide</i>	55	<i>hydrochlorothiazide/tria</i>	54
HIBERIX 10MCG INJ	66	<i>25mg tab</i>		<i>nterene 25-37.5mg cap</i>	
HUMALOG 100UNIT/ML	19	<i>hydrochlorothiazide</i>	55	<i>hydrochlorothiazide/tria</i>	55
CARTRIDGE		<i>50mg tab</i>		<i>nterene 25-37.5mg tab</i>	
HUMALOG 100UNIT/ML	19	<i>hydrochlorothiazide/irbes</i>	26	<i>hydrochlorothiazide/tria</i>	55
KWIKPEN (3ML)		<i>artan 12.5-150mg tab</i>		<i>nterene 50-75mg tab</i>	
HUMALOG 200UNIT/ML	19	<i>hydrochlorothiazide/irbes</i>	26	<i>hydrochlorothiazide/vals</i>	26
KWIKPEN (3ML)		<i>artan 12.5-300mg tab</i>		<i>artan 12.5-160mg tab</i>	
HUMALOG JUNIOR	19	<i>hydrochlorothiazide/lisin</i>	26	<i>hydrochlorothiazide/vals</i>	26
100UNIT/ML PEN INJ		<i>opril 12.5-10mg tab</i>		<i>artan 12.5-320mg tab</i>	
(3ML)		<i>hydrochlorothiazide/lisin</i>	26	<i>hydrochlorothiazide/vals</i>	26
HUMALOG MIX (50/50)	19	<i>opril 12.5-20mg tab</i>		<i>artan 12.5-80mg tab</i>	
100UNIT/ML PEN INJ		<i>hydrochlorothiazide/lisin</i>	26	<i>hydrochlorothiazide/vals</i>	26
(3ML)		<i>opril 25-20mg tab</i>		<i>artan 25-160mg tab</i>	
HUMALOG MIX (75/25)	19	<i>hydrochlorothiazide/losar</i>	26	<i>hydrochlorothiazide/vals</i>	26
100UNIT/ML INJ		<i>tan potassium</i>		<i>artan 25-320mg tab</i>	
HUMALOG MIX (75/25)	19	<i>12.5-100mg tab</i>		<i>hydrocodone</i>	5
100UNIT/ML KWIKPEN		<i>hydrochlorothiazide/losar</i>	26	<i>bitartrate/acetaminophen</i>	
(3ML)		<i>tan potassium 12.5-50mg</i>		<i>0.5-21.7mg/ml oral soln</i>	
HUMULIN (70/30)	19	<i>tab</i>		<i>hydrocodone</i>	5
100UNIT/ML INJ		<i>hydrochlorothiazide/losar</i>	26	<i>bitartrate/acetaminophen</i>	
HUMULIN (70/30)	19	<i>tan potassium 25-100mg</i>		<i>10-325mg tab</i>	
100UNIT/ML PEN INJ		<i>tab</i>		<i>hydrocodone</i>	5
(3ML)		<i>hydrochlorothiazide/meto</i>	26	<i>bitartrate/acetaminophen</i>	
HUMULIN N	19	<i>prolol tartrate 25-100mg</i>		<i>5-325mg tab</i>	
100UNIT/ML INJ		<i>tab</i>		<i>hydrocodone</i>	5
HUMULIN N	19	<i>hydrochlorothiazide/meto</i>	26	<i>bitartrate/acetaminophen</i>	
100UNIT/ML PEN INJ		<i>prolol tartrate 25-50mg</i>		<i>7.5-325mg tab</i>	
(3ML)		<i>tab</i>		<i>hydrocodone</i>	5
HUMULIN R	19	<i>hydrochlorothiazide/meto</i>	26	<i>bitartrate/ibuprofen</i>	
100UNIT/ML INJ		<i>prolol tartrate 50-100mg</i>		<i>7.5-200mg tab</i>	
HUMULIN R	19	<i>tab</i>		<i>hydrocortisone 1%</i>	53
500UNIT/ML INJ		<i>hydrochlorothiazide/olme</i>	26	<i>topical cream</i>	
HUMULIN R	19	<i>sartan medoxomil</i>		<i>hydrocortisone 1.67mg/ml</i>	6
500UNIT/ML PEN INJ		<i>12.5-20mg tab</i>		<i>enema</i>	
(3ML)		<i>hydrochlorothiazide/olme</i>	26	<i>hydrocortisone 10mg tab</i>	64
<i>hydralazine 100mg tab</i>	26	<i>sartan medoxomil</i>		<i>hydrocortisone 2.5%</i>	6
<i>hydralazine 10mg tab</i>	26	<i>12.5-40mg tab</i>		<i>topical cream</i>	
<i>hydralazine 25mg tab</i>	27				

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

ALPHABETICAL LISTING OF DRUGS

HYDROCORTISONE	53	<i>icosapent ethyl 500mg</i>	22	INGREZZA 80MG	76
2.5% TOPICAL LOTION		<i>cap</i>		SPRINKLE CAP	
<i>hydrocortisone 2.5%</i>	53	IDHIFA 100MG TAB	32	INGREZZA CAP	76
<i>topical ointment</i>		IDHIFA 50MG TAB	32	THERAPY PACK (28)	
<i>hydrocortisone 20mg tab</i>	64	<i>imatinib 100mg tab</i>	32	INLYTA 1MG TAB	29
<i>hydrocortisone 5mg tab</i>	64	<i>imatinib 400mg tab</i>	32	INLYTA 5MG TAB	29
<i>hydromorphone 2mg tab</i>	4	IMBRUVICA 140MG CAP	32	INQOVI 35-100MG TAB	31
<i>hydromorphone 4mg tab</i>	4	IMBRUVICA 140MG TAB	32	PACK (5)	
<i>hydromorphone 8mg tab</i>	4	IMBRUVICA 280MG TAB	33	INREBIC 100MG CAP	33
<i>hydroxychloroquine</i>	28	IMBRUVICA 420MG TAB	33	INSULIN GLARGINE	19
<i>sulfate 200mg tab</i>		IMBRUVICA 70MG CAP	33	300UNIT/ML PEN INJ	
<i>hydroxyurea 500mg cap</i>	36	IMBRUVICA 70MG/ML	33	(1.5ML)	
<i>hydroxyzine 10mg tab</i>	6	ORAL SUSP		INSULIN GLARGINE	19
<i>hydroxyzine 25mg tab</i>	6	<i>imipramine 10mg tab</i>	17	300UNIT/ML PEN INJ	
<i>hydroxyzine 2mg/ml oral</i>	6	<i>imipramine 25mg tab</i>	17	(3ML)	
<i>soln</i>		<i>imipramine 50mg tab</i>	17	INSULIN	19
<i>hydroxyzine 50mg tab</i>	6	<i>imiquimod 5% topical</i>	54	GLARGINE-YFGN	
<i>hydroxyzine pamoate</i>	6	<i>cream</i>		100UNIT/ML INJ	
<i>25mg cap</i>		IMKELDI 80MG/ML	33	INSULIN	19
<i>hydroxyzine pamoate</i>	6	ORAL SOLN		GLARGINE-YFGN	
<i>50mg cap</i>		IMOVAX 2.5UNIT/ML INJ	66	100UNIT/ML PEN INJ	
		IMPAVIDO 50MG CAP	28	(3ML)	
I		<i>incassia 0.35mg tab</i>	75	INSULIN LISPRO	19
<i>ibandronate 150mg tab</i>	55	<i>28-day pack</i>		100UNIT/ML INJ	
IBRANCE 100MG CAP	32	INCRELEX 40MG/4ML	57	INSULIN LISPRO	20
IBRANCE 100MG TAB	32	INJ		100UNIT/ML PEN INJ	
IBRANCE 125MG CAP	32	INCRUSE ELLIPTA	8	(3ML)	
IBRANCE 125MG TAB	32	62.5MCG/INH POWDER		INSULIN LISPRO	20
IBRANCE 75MG CAP	32	INHALER		JUNIOR 100UNIT/ML	
IBRANCE 75MG TAB	32	<i>indapamide 1.25mg tab</i>	55	PEN INJ (3ML)	
<i>ibu 600mg tab</i>	3	<i>indapamide 2.5mg tab</i>	55	INSULIN LISPRO	20
<i>ibu 800mg tab</i>	3	<i>indomethacin 25mg cap</i>	3	PROTAMINE HUMAN	
<i>ibuprofen 400mg tab</i>	3	<i>indomethacin 50mg cap</i>	3	(75/25) 100UNIT/ML	
<i>ibuprofen 600mg tab</i>	3	<i>indomethacin 75mg er</i>	3	PEN INJ (3ML)	
<i>ibuprofen 800mg tab</i>	3	<i>cap</i>		INSULIN PEN NEEDLE	67
<i>icatibant 30mg/3ml</i>	65	INFANRIX SYRINGE	66	INSULIN SYRINGE	67
<i>syringe</i>		INGREZZA 40MG CAP	76	INSULIN SYRINGE	67
<i>iclevia tab 91-day pack</i>	58	INGREZZA 40MG	76	(DISP) U-100 0.3ML	
ICLUSIG 10MG TAB	32	SPRINKLE CAP		INSULIN SYRINGE	67
ICLUSIG 15MG TAB	32	INGREZZA 60MG CAP	76	(DISP) U-100 1/2ML	
ICLUSIG 30MG TAB	32	INGREZZA 60MG	76	INSULIN SYRINGE	67
ICLUSIG 45MG TAB	32	SPRINKLE CAP		(DISP) U-100 1ML	
<i>icosapent ethyl 1000mg</i>	22	INGREZZA 80MG CAP	76	INTELENCE 25MG TAB	43
<i>cap</i>				<i>introvale tab 91-day pack</i>	58

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

ALPHABETICAL LISTING OF DRUGS

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

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

ALPHABETICAL LISTING OF DRUGS

<i>jinteli 0.005-1mg tab</i>	58	<i>ketoconazole 2% topical cream</i>	51	<i>lacosamide 10mg/ml oral soln</i>	12
JUBBONTI 60MG/ML SYRINGE	55	<i>ketoconazole 200mg tab</i>	22	<i>lacosamide 150mg tab</i>	12
<i>juleber tab 28-day pack</i>	58	<i>ketorolac tromethamine 0.4% ophth soln</i>	73	<i>lacosamide 200mg tab</i>	12
JULUCA 50-25MG TAB	43	<i>ketorolac tromethamine 0.5% ophth soln</i>	73	<i>lacosamide 50mg tab</i>	12
<i>junel 1.5/30 tab 21-day pack</i>	58	<i>ketorolac tromethamine 10mg tab</i>	3	<i>lactulose 667mg/ml oral soln</i>	67
<i>junel 1/20 tab 21-day pack</i>	58	KINRIX SYRINGE	66	<i>lamivudine 100mg tab</i>	44
<i>junel fe tab 1.5/30 28-day pack</i>	58	<i>kionex 15gm/60ml oral susp</i>	69	<i>lamivudine 10mg/ml oral soln</i>	43
<i>junel fe tab 1/20 28-day pack</i>	58	KISQALI TAB 200MG DAILY DOSE PACK (21)	33	<i>lamivudine 150mg tab</i>	43
JYNNEOS 0.5ML INJ	66	KISQALI TAB 400MG DAILY DOSE PACK (42)	33	<i>lamivudine 300mg tab</i>	43
K		KISQALI TAB 600MG DAILY DOSE PACK (63)	33	<i>lamivudine/zidovudine 150-300mg tab</i>	43
KALETRA 80-20MG/ML ORAL SOLN	43	KISQALI/FEMARA 400 CO-PACK (70)	31	<i>lamotrigine 100mg er tab</i>	12
KALYDECO 13.4MG ORAL GRANULES	78	KISQALI/FEMARA 600 CO-PACK (91)	31	<i>lamotrigine 100mg tab</i>	12
KALYDECO 150MG TAB	78	<i>klor-con 10meq er tab</i>	71	<i>lamotrigine 150mg tab</i>	12
KALYDECO 25MG ORAL GRANULES	78	<i>klor-con 10meq micro er tab</i>	71	<i>lamotrigine 200mg tab</i>	12
KALYDECO 5.8MG ORAL GRANULES	78	<i>klor-con 15meq micro er tab</i>	71	<i>lamotrigine 25mg chew tab</i>	12
KALYDECO 50MG ORAL GRANULES	78	<i>klor-con 20meq micro er tab</i>	71	<i>lamotrigine 25mg tab</i>	12
KALYDECO 75MG ORAL GRANULES	78	<i>klor-con 20meq powder for oral soln</i>	71	<i>lamotrigine 50mg er tab</i>	12
<i>kariva tab 28-day pack</i>	58	<i>klor-con 8meq er tab</i>	71	<i>lamotrigine 5mg chew tab</i>	12
KCL/D5W/LR INJ 0.15%	70	KLOXXADO 8MG/0.1ML NASAL SPRAY	21	<i>lansoprazole 15mg dr cap</i>	81
<i>kcl/nacl 20meq-0.45% inj</i>	70	KOSELUGO 10MG CAP	33	<i>lansoprazole 30mg dr cap</i>	81
<i>kcl/nacl 20meq-0.9% inj</i>	71	KOSELUGO 25MG CAP	33	<i>lapatinib 250mg tab</i>	33
<i>kcl/nacl 40meq-9% inj</i>	71	<i>kourzeq 0.1% oral paste</i>	50	<i>larin 1.5/30 tab 21-day pack</i>	59
<i>kelnor 1mg-35mcg tab 28-day pack</i>	58	KRAZATI 200MG TAB	33	<i>larin 1/20 tab 21-day pack</i>	59
<i>kelnor tab 1/50 28-day pack</i>	58	<i>kurvelo tab 28-day pack</i>	59	<i>larin fe tab 1.5/30 28-day pack</i>	59
KERENDIA 10MG TAB	57	L		<i>larin fe tab 1/20 28-day pack</i>	59
KERENDIA 20MG TAB	57	<i>labetalol 100mg tab</i>	45	<i>latanoprost 0.005% ophth soln</i>	73
KESIMPTA 20MG/0.4ML PEN INJ	76	<i>labetalol 200mg tab</i>	45	LAZCLUZE 240MG TAB	30
<i>ketoconazole 2% shampoo</i>	51	<i>labetalol 300mg tab</i>	45	LAZCLUZE 80MG TAB	30
		<i>lacosamide 100mg tab</i>	12	<i>leflunomide 10mg tab</i>	2
				<i>leflunomide 20mg tab</i>	2
				<i>lenalidomide 10mg cap</i>	68
				<i>lenalidomide 15mg cap</i>	68
				<i>lenalidomide 2.5mg cap</i>	68
				<i>lenalidomide 20mg cap</i>	68

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

ALPHABETICAL LISTING OF DRUGS

<i>lenalidomide 25mg cap</i>	68	<i>levofloxacin 500mg tab</i>	61	<i>levoxyl 25mcg tab</i>	80
<i>lenalidomide 5mg cap</i>	68	<i>levofloxacin</i>	61	<i>levoxyl 50mcg tab</i>	80
LENVIMA 10MG DAILY	29	<i>500mg/100ml inj</i>		<i>levoxyl 75mcg tab</i>	80
DOSE PACK (30)		<i>levofloxacin 750mg tab</i>	61	<i>levoxyl 88mcg tab</i>	80
LENVIMA 12MG DAILY	29	<i>levofloxacin</i>	61	<i>lidocaine 4% mucous</i>	54
DOSE PACK (90)		<i>750mg/150ml inj</i>		<i>membrane topical soln</i>	
LENVIMA 14MG DAILY	29	<i>levonest tab 28-day pack</i>	59	<i>lidocaine 5% patch</i>	54
DOSE PACK (60)		<i>levonorgestrel/ethinyl</i>	59	<i>lidocaine 5% topical</i>	54
LENVIMA 18MG DAILY	29	<i>estradiol</i>		<i>ointment</i>	
DOSE PACK (90)		<i>0.05-30/0.075-40/0.125-3</i>		<i>lidocaine viscous 2%</i>	50
LENVIMA 20MG DAILY	30	<i>0mg-mcg tab 28-day pack</i>		<i>mucous membrane topical</i>	
DOSE PACK (60)		<i>levora 0.15/30 tab 28-day</i>	59	<i>soln</i>	
LENVIMA 24MG DAILY	30	<i>pack</i>		<i>lidocaine/prilocaine</i>	54
DOSE PACK (90)		<i>levothyroxine sodium</i>	80	<i>2.5-2.5% topical cream</i>	
LENVIMA 4MG DAILY	30	<i>100mcg tab</i>		LILETTA 20.1MCG/DAY	75
DOSE PACK (30)		<i>levothyroxine sodium</i>	80	INTRAUTERINE SYSTEM	
LENVIMA 8MG DAILY	30	<i>112mcg tab</i>		<i>linezolid 100mg/5ml oral</i>	28
DOSE PACK (60)		<i>levothyroxine sodium</i>	80	<i>susp</i>	
<i>lessina tab 28-day pack</i>	59	<i>125mcg tab</i>		<i>linezolid 600mg tab</i>	28
<i>letrozole 2.5mg tab</i>	30	<i>levothyroxine sodium</i>	80	<i>linezolid 600mg/300ml</i>	28
<i>leucovorin 10mg tab</i>	36	<i>137mcg tab</i>		<i>inj</i>	
<i>leucovorin 15mg tab</i>	36	<i>levothyroxine sodium</i>	80	LINZESS 145MCG CAP	67
<i>leucovorin 25mg tab</i>	36	<i>150mcg tab</i>		LINZESS 290MCG CAP	67
<i>leucovorin 5mg tab</i>	36	<i>levothyroxine sodium</i>	80	LINZESS 72MCG CAP	67
LEUKERAN 2MG TAB	29	<i>175mcg tab</i>		<i>liothyronine sodium</i>	80
<i>levetiracetam 1000mg tab</i>	12	<i>levothyroxine sodium</i>	80	<i>25mcg tab</i>	
<i>levetiracetam 100mg/ml</i>	12	<i>200mcg tab</i>		<i>liothyronine sodium</i>	80
<i>oral soln</i>		<i>levothyroxine sodium</i>	80	<i>50mcg tab</i>	
<i>levetiracetam 250mg tab</i>	12	<i>25mcg tab</i>		<i>liothyronine sodium 5mcg</i>	80
<i>levetiracetam 500mg er</i>	12	<i>levothyroxine sodium</i>	80	<i>tab</i>	
<i>tab</i>		<i>300mcg tab</i>		<i>liraglutide 18mg/3ml pen</i>	19
<i>levetiracetam 500mg tab</i>	12	<i>levothyroxine sodium</i>	80	<i>inj</i>	
<i>levetiracetam 750mg er</i>	12	<i>50mcg tab</i>		<i>lisdexamfetamine</i>	1
<i>tab</i>		<i>levothyroxine sodium</i>	80	<i>dimesylate 10mg cap</i>	
<i>levetiracetam 750mg tab</i>	12	<i>75mcg tab</i>		<i>lisdexamfetamine</i>	1
LEVOBUNOLOL 0.5%	71	<i>levothyroxine sodium</i>	80	<i>dimesylate 20mg cap</i>	
OPHTH SOLN		<i>88mcg tab</i>		<i>lisdexamfetamine</i>	1
<i>levocarnitine 100mg/ml</i>	56	<i>levoxyl 100mcg tab</i>	80	<i>dimesylate 30mg cap</i>	
<i>oral soln</i>		<i>levoxyl 112mcg tab</i>	80	<i>lisdexamfetamine</i>	1
<i>levocarnitine 330mg tab</i>	56	<i>levoxyl 125mcg tab</i>	80	<i>dimesylate 40mg cap</i>	
<i>levocetirizine 5mg tab</i>	77	<i>levoxyl 137mcg tab</i>	80	<i>lisdexamfetamine</i>	1
<i>levofloxacin 250mg tab</i>	61	<i>levoxyl 150mcg tab</i>	80	<i>dimesylate 50mg cap</i>	
<i>levofloxacin 25mg/ml</i>	61	<i>levoxyl 175mcg tab</i>	80	<i>lisdexamfetamine</i>	1
<i>oral soln</i>		<i>levoxyl 200mcg tab</i>	80	<i>dimesylate 60mg cap</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>lisdexamfetamine</i>	1	<i>lorazepam 2mg/ml oral soln</i>	7	LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28)	79
<i>dimesylate 70mg cap</i>		LORBRENA 100MG TAB	33	LUPRON 11.25MG SYRINGE (3 MONTH)	30
<i>lisinopril 10mg tab</i>	24	LORBRENA 25MG TAB	33	LUPRON 3.75MG SYRINGE (1 MONTH)	30
<i>lisinopril 2.5mg tab</i>	24	<i>loryna tab 28-day pack</i>	59	<i>lurasidone 120mg tab</i>	38
<i>lisinopril 20mg tab</i>	24	<i>losartan potassium 100mg tab</i>	24	<i>lurasidone 20mg tab</i>	38
<i>lisinopril 30mg tab</i>	24	<i>losartan potassium 25mg tab</i>	24	<i>lurasidone 40mg tab</i>	38
<i>lisinopril 40mg tab</i>	24	<i>losartan potassium 50mg tab</i>	24	<i>lurasidone 60mg tab</i>	38
<i>lisinopril 5mg tab</i>	24	<i>loteprednol etabonate 0.5% ophth gel</i>	72	<i>lurasidone 80mg tab</i>	38
LITFULO 50MG CAP	54	<i>loteprednol etabonate 0.5% ophth susp</i>	72	<i>lutra tab 28-day pack</i>	59
<i>lithium carbonate 150mg cap</i>	37	<i>lovastatin 10mg tab</i>	23	<i>lyleq 0.35mg tab 28-day pack</i>	75
<i>lithium carbonate 300mg cap</i>	38	<i>lovastatin 20mg tab</i>	23	LYNPARZA 100MG TAB	33
<i>lithium carbonate 300mg er tab</i>	38	<i>lovastatin 40mg tab</i>	23	LYNPARZA 150MG TAB	33
<i>lithium carbonate 300mg tab</i>	38	<i>low-ogestrel tab 28-day pack</i>	59	LYSODREN 500MG TAB	30
<i>lithium carbonate 450mg er tab</i>	38	<i>loxapine 10mg cap</i>	40	LYTGOBI TAB 12MG DAILEY DOSE PACK (21)	33
LITHIUM CARBONATE 600MG CAP	38	<i>loxapine 25mg cap</i>	40	LYTGOBI TAB 16MG DAILEY DOSE PACK (28)	33
<i>lithium citrate 60mg/ml oral soln</i>	38	<i>loxapine 50mg cap</i>	40	LYTGOBI TAB 20MG DAILEY DOSE PACK (35)	33
LIVTENCITY 200MG TAE	45	<i>loxapine 5mg cap</i>	40	<i>lyza 0.35mg tab 28-day pack</i>	75
<i>lo jaimiess tab 91-day pack</i>	59	<i>lubiprostone 24mcg cap</i>	67		
LOKELMA 10GM POWDER FOR ORAL SUSP	69	<i>lubiprostone 8mcg cap</i>	67	M	
LOKELMA 5GM POWDER FOR ORAL SUSP	69	LUMAKRAS 120MG TAB	33	<i>magnesium sulfate 500mg/ml inj</i>	71
LONSURF 6.14-15MG TAB	31	LUMAKRAS 240MG TAB	33	<i>magnesium sulfate 500mg/ml syringe</i>	71
LONSURF 8.19-20MG TAB	31	LUMAKRAS 320MG TAB	33	<i>malathion 0.5% topical lotion</i>	54
<i>loperamide 2mg cap</i>	21	LUMIGAN 0.01% OPTH SOLN	73	<i>maraviroc 150mg tab</i>	43
<i>lopinavir/ritonavir 100-25mg tab</i>	43	LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	79	<i>maraviroc 300mg tab</i>	44
<i>lopinavir/ritonavir 200-50mg tab</i>	43	LUMRYZ 6GM GRANULES FOR ORAL SUSP	79	<i>marlissa tab 28-day pack</i>	59
<i>lorazepam 0.5mg tab</i>	7	LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	79	MARPLAN 10MG TAB	15
<i>lorazepam 1mg tab</i>	7	LUMRYZ 9GM GRANULES FOR ORAL SUSP	79	MATULANE 50MG CAP	36
<i>lorazepam 2mg tab</i>	7			MAVYRET 100-40MG TAB	44
				MAVYRET 50-20MG ORAL PELLET	44
				MAYZENT 0.25MG TAB	77
				MAYZENT 1MG TAB	77

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

ALPHABETICAL LISTING OF DRUGS

MAYZENT 2MG TAB	77	MENVEO INJ	66	methotrexate 50mg/2ml	29
MAYZENT TAB STARTEI	77	mercaptapurine 20mg/ml	29	inj	
PACK (12)		susp		METHOXSALEN 10MG	52
MAYZENT TAB STARTEI	77	mercaptapurine 50mg tab	29	CAP	
PACK (7)		meropenem 1gm inj	28	methsuximide 300mg cap	14
meclizine 12.5mg tab	21	meropenem 500mg inj	28	methylphenidate 10mg er	2
meclizine 25mg tab	21	mesalamine 1200mg dr	61	tab	
medroxyprogesterone	75	tab		methylphenidate 10mg	2
acetate 10mg tab		mesalamine 1gm rectal	61	tab	
medroxyprogesterone	75	supp		methylphenidate 18mg er	2
acetate 150mg/ml inj		mesalamine 375mg er cap	61	osmotic tab	
medroxyprogesterone	75	mesalamine 400mg dr cap	61	methylphenidate 1mg/ml	2
acetate 150mg/ml syringe		mesalamine 66.7mg/ml	61	oral soln	
medroxyprogesterone	75	enema		methylphenidate 20mg er	2
acetate 2.5mg tab		mesna 400mg tab	36	tab	
medroxyprogesterone	75	metaxalone 800mg tab	42	methylphenidate 20mg	2
acetate 5mg tab		metformin 1000mg tab	18	tab	
mefloquine 250mg tab	28	metformin 500mg er tab	18	methylphenidate 27mg er	2
MEGESTROL ACETATE	75	metformin 500mg tab	18	osmotic tab	
125MG/ML ORAL SUSP		metformin 750mg er tab	18	methylphenidate 27mg er	2
megestrol acetate 20mg	31	metformin 850mg tab	18	tab	
tab		metformin/pioglitazone	17	methylphenidate 2mg/ml	2
megestrol acetate 40mg	31	150-15mg tab		oral soln	
tab		metformin/pioglitazone	17	methylphenidate 36mg er	2
megestrol acetate	31	850-15mg tab		osmotic tab	
40mg/ml oral susp		methadone 10mg tab	4	methylphenidate 36mg er	2
MEKINIST 0.05MG/ML	33	METHADONE 1MG/ML	4	tab	
ORAL SOLN		ORAL SOLN		methylphenidate 54mg er	2
MEKINIST 0.5MG TAB	33	METHADONE 2MG/ML	4	osmotic tab	
MEKINIST 2MG TAB	33	ORAL SOLN		methylphenidate 54mg er	2
MEKTOVI 15MG TAB	33	methadone 5mg tab	4	tab	
meleya 0.35mg tab	75	methazolamide 25mg tab	54	methylphenidate 5mg tab	2
28-day pack		methazolamide 50mg tab	54	methylprednisolone 16mg	64
meloxicam 15mg tab	3	methenamine hippurate	28	tab	
meloxicam 7.5mg tab	4	1gm tab		methylprednisolone 32mg	64
memantine 10mg tab	75	methimazole 10mg tab	79	tab	
memantine 14mg er cap	75	methimazole 5mg tab	79	methylprednisolone 4mg	64
memantine 21mg er cap	75	methocarbamol 500mg	42	tab	
memantine 28mg er cap	75	tab		methylprednisolone 4mg	64
memantine 2mg/ml oral	75	methocarbamol 750mg	42	tab pack (21)	
soln		tab		methylprednisolone 8mg	64
memantine 5mg tab	75	methotrexate 2.5mg tab	29	tab	
memantine 7mg er cap	76	METHOTREXATE	29	metoclopramide 10mg tab	61
MENQUADFI INJ	66	25MG/ML INJ			

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

ALPHABETICAL LISTING OF DRUGS

<i>metoclopramide 1mg/ml oral soln</i>	61	<i>microgestin 1.5/30 tab 21-day pack</i>	59	<i>montelukast 10mg tab</i>	8
<i>metoclopramide 5mg tab</i>	61	<i>microgestin 1/20 tab 21-day pack</i>	59	<i>montelukast 4mg chew tab</i>	8
<i>metolazone 10mg tab</i>	55	<i>microgestin fe tab 1.5/30 28-day pack</i>	59	<i>montelukast 5mg chew tab</i>	8
<i>metolazone 2.5mg tab</i>	55	<i>microgestin fe tab 1/20 28-day pack</i>	59	<i>morphine sulfate 100mg er tab</i>	4
<i>metoprolol succinate 100mg er tab</i>	46	<i>midodrine 10mg tab</i>	48	<i>morphine sulfate 15mg er tab</i>	4
<i>metoprolol succinate 200mg er tab</i>	46	<i>midodrine 2.5mg tab</i>	48	<i>morphine sulfate 15mg tab</i>	4
<i>metoprolol succinate 25mg er tab</i>	46	<i>midodrine 5mg tab</i>	48	<i>morphine sulfate 200mg er tab</i>	4
<i>metoprolol succinate 50mg er tab</i>	46	MIEBO 1.338GM/ML OPTH SOLN	73	<i>morphine sulfate 20mg/ml oral soln</i>	4
<i>metoprolol tartrate 100mg tab</i>	46	<i>mifepristone 300mg tab</i>	18	MORPHINE SULFATE 2MG/ML ORAL SOLN	4
<i>metoprolol tartrate 25mg tab</i>	46	<i>mili tab 28-day pack</i>	59	<i>morphine sulfate 30mg er tab</i>	4
<i>metoprolol tartrate 37.5mg tab</i>	46	<i>mimvey 28-day pack</i>	59	<i>morphine sulfate 30mg tab</i>	4
<i>metoprolol tartrate 50mg tab</i>	46	<i>minocycline 100mg cap</i>	79	MORPHINE SULFATE 4MG/ML ORAL SOLN	4
<i>metoprolol tartrate 75mg tab</i>	46	<i>minocycline 50mg cap</i>	79	<i>morphine sulfate 60mg er tab</i>	4
<i>metronidazole 0.75% topical cream</i>	54	<i>minocycline 75mg cap</i>	79	MOUNJARO 10MG/0.5ML AUTO-INJECTOR	19
<i>metronidazole 0.75% topical gel</i>	54	<i>minoxidil 10mg tab</i>	27	MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR	19
<i>metronidazole 0.75% vaginal gel</i>	81	<i>minoxidil 2.5mg tab</i>	27	MOUNJARO 15MG/0.5ML AUTO-INJECTOR	19
<i>metronidazole 1% topical gel</i>	54	<i>mirtazapine 15mg odt</i>	14	MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR	19
<i>metronidazole 250mg tab</i>	28	<i>mirtazapine 15mg tab</i>	14	MOUNJARO 5MG/0.5ML AUTO-INJECTOR	19
<i>metronidazole 500mg tab</i>	28	<i>mirtazapine 30mg odt</i>	14	MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR	19
<i>metronidazole 5mg/ml inj</i>	28	<i>mirtazapine 30mg tab</i>	14	MOVANTIK 12.5MG TAB	67
<i>metyrosine 250mg cap</i>	26	<i>mirtazapine 45mg odt</i>	14	MOVANTIK 25MG TAB	67
<i>mexiletine 150mg cap</i>	48	<i>mirtazapine 45mg tab</i>	14		
<i>mexiletine 200mg cap</i>	48	<i>mirtazapine 7.5mg tab</i>	14		
<i>mexiletine 250mg cap</i>	48	<i>misoprostol 100mcg tab</i>	81		
<i>micafungin sodium 100mg inj</i>	22	<i>misoprostol 200mcg tab</i>	81		
<i>micafungin sodium 50mg inj</i>	22	M-M-R II INJ	66		
		<i>modafinil 100mg tab</i>	2		
		<i>modafinil 200mg tab</i>	2		
		<i>moexipril 15mg tab</i>	24		
		<i>moexipril 7.5mg tab</i>	24		
		MOLINDONE 10MG TAB	38		
		MOLINDONE 25MG TAB	38		
		MOLINDONE 5MG TAB	38		
		<i>mometasone furoate 0.1% topical cream</i>	53		
		<i>mometasone furoate 0.1% topical lotion</i>	53		
		<i>mometasone furoate 0.1% topical ointment</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

moxifloxacin 0.5% ophth soln	72	naproxen 500mg tab	4	neomycin/polymyxin/hydr	73
MOXIFLOXACIN	61	naratriptan 1mg tab	68	ocortisone	
1.6MG/ML INJ		naratriptan 2.5mg tab	68	3.5-10000unit-1% otic soln	
moxifloxacin 400mg tab	61	NATACYN 5% OPTH SUSP	72	neomycin/polymyxin/hydr	73
MRESVIA 50MCG/0.5ML SYRINGE	66	nateglinide 120mg tab	18	ocortisone	
MULTAQ 400MG TAB	48	nateglinide 60mg tab	18	3.5-10000unit-1% otic susp	
mupirocin 2% topical ointment	51	NAYZILAM 5MG/0.1ML	11	neo-polycin	72
mycophenolate mofetil 200mg/ml oral susp	69	NASAL SPRAY		5mg-400unit-10000unit ophth ointment	
mycophenolate mofetil 250mg cap	69	nebivolol 10mg tab	46	neo-polycin hc ophth ointment	72
mycophenolate mofetil 500mg tab	69	nebivolol 2.5mg tab	46	NERLYNX 40MG TAB	33
mycophenolic acid 180mg dr tab	69	nebivolol 20mg tab	46	NEVIRAPINE 10MG/ML ORAL SUSP	44
mycophenolic acid 360mg dr tab	69	nebivolol 5mg tab	46	nevirapine 200mg tab	44
MYRBETRIQ 25MG ER TAB	62	necon 0.5/35 tab 28-day pack	59	nevirapine 400mg er tab	44
MYRBETRIQ 50MG ER TAB	62	NEFAZODONE 100MG TAB	15	NEXLETOL 180MG TAB	22
		NEFAZODONE 150MG TAB	15	NEXLIZET 180-10MG TAB	22
		NEFAZODONE 200MG TAB	15	NEXPLANON 68MG IMPLANT	75
		NEFAZODONE 250MG TAB	15	niacin 1000mg er tab	22
		NEFAZODONE 50MG TAB	15	niacin 500mg er tab	22
		NEMLUVIO 30MG AUTO-INJECTOR	54	niacin 750mg er tab	22
		neomycin sulfate 500mg tab	2	NICOTROL 10MG/ML NASAL INHALER	77
		neomycin/bacitracin/polymyxin	72	nifedipine 10mg cap	47
		5mg-400unit-10000unit ophth ointment		nifedipine 20mg cap	47
		NEOMYCIN/POLYMYXI N B/GRAMICIDIN	72	nifedipine 30mg er tab	47
		1.75-10000-0.025MG-UNT-MG/ML OPTH SOLN		nifedipine 30mg osmotic er tab	47
		neomycin/polymyxin/bacitracin/hydrocortisone 1% ophth ointment	72	nifedipine 60mg er tab	47
		neomycin/polymyxin/dexamethasone 0.1% ophth susp	72	nifedipine 60mg osmotic er tab	47
				nifedipine 90mg er tab	47
				nifedipine 90mg osmotic er tab	47
				nikki tab 28-day pack	59
				nilotinib 150mg cap	33
				nilotinib 200mg cap	33
				nilotinib 50mg cap	33
				nilutamide 150mg tab	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>nimodipine 30mg cap</i>	47	NORDITROPIN	57	NOVOLOG 100UNIT/ML	20
NINLARO 2.3MG CAP	33	30MG/3ML PEN INJ		INJ	
NINLARO 3MG CAP	33	NORDITROPIN	57	NOVOLOG 100UNIT/ML	20
NINLARO 4MG CAP	33	5MG/1.5ML PEN INJ		PEN INJ (3ML)	
<i>nitazoxanide 500mg tab</i>	28	<i>norelgestromin/ethinyl</i>	59	NOVOLOG MIX (70/30)	20
NITRO-BID 2% TOPICAL	6	<i>estradiol 150-35</i>		100UNIT/ML FLEXPEN	
OINTMENT		<i>mcg/24hr patch</i>		(3ML)	
<i>nitrofurantoin</i>	28	<i>norethindrone 0.35mg</i>	75	NOVOLOG MIX (70/30)	20
<i>macro/nitrofurantoin</i>		<i>28-day pack</i>		100UNIT/ML INJ	
<i>mono 100mg cap</i>		<i>norethindrone acetate</i>	75	NUBEQA 300MG TAB	31
<i>nitrofurantoin</i>	28	<i>5mg tab</i>		NUCALA 100MG INJ	7
<i>macrocrystals 100mg cap</i>		<i>nortrel 0.5/35 tab 28-day</i>	59	NUCALA 100MG/ML	7
<i>nitrofurantoin</i>	28	<i>pack</i>		AUTO-INJECTOR	
<i>macrocrystals 50mg cap</i>		<i>nortrel 1/35 tab 21-day</i>	59	NUCALA 100MG/ML	7
<i>nitroglycerin 0.1mg/hr</i>	6	<i>pack</i>		SYRINGE	
<i>patch</i>		<i>nortrel 1/35 tab 28-day</i>	59	NUCALA 40MG/0.4ML	7
<i>nitroglycerin 0.2mg/hr</i>	6	<i>pack</i>		SYRINGE	
<i>patch</i>		<i>nortrel 7/7/7 tab 28-day</i>	59	NUDEXTA 20-10MG	77
<i>nitroglycerin 0.3mg sl tab</i>	6	<i>pack</i>		CAP	
<i>nitroglycerin 0.4% rectal</i>	6	<i>nortriptyline 10mg cap</i>	17	NUPLAZID 10MG TAB	38
<i>ointment</i>		<i>nortriptyline 25mg cap</i>	17	NUPLAZID 34MG CAP	38
<i>nitroglycerin 0.4mg sl tab</i>	6	<i>nortriptyline 2mg/ml oral</i>	17	<i>nyamyc 100000unit/gm</i>	51
<i>nitroglycerin 0.4mg/hr</i>	6	<i>soln</i>		<i>topical powder</i>	
<i>patch</i>		<i>nortriptyline 50mg cap</i>	17	<i>nylia 1/35 tab 28-day</i>	59
<i>nitroglycerin 0.6mg sl tab</i>	6	<i>nortriptyline 75mg cap</i>	17	<i>pack</i>	
<i>nitroglycerin 0.6mg/hr</i>	6	NORVIR 100MG ORAL	44	<i>nylia 7/7/7 tab 28-day</i>	59
<i>patch</i>		POWDER		<i>pack</i>	
NIVESTYM	63	NOVOLIN MIX (70/30)	20	<i>nystatin 100000 unit/gm</i>	51
300MCG/0.5ML		100UNIT/ML FLEXPEN		<i>topical ointment</i>	
SYRINGE		(3ML)		<i>nystatin 100000unit/gm</i>	51
NIVESTYM 300MCG/ML	63	NOVOLIN MIX (70/30)	20	<i>topical powder</i>	
INJ		100UNIT/ML INJ		<i>nystatin 100000unit/ml</i>	50
NIVESTYM	63	NOVOLIN N	20	<i>oral susp</i>	
480MCG/0.8ML		100UNIT/ML INJ		<i>nystatin 100000unit/ml</i>	51
SYRINGE		NOVOLIN N	20	<i>topical cream</i>	
NIVESTYM	63	100UNIT/ML PEN INJ		<i>nystatin 500000unit tab</i>	22
480MCG/1.6ML INJ		(3ML)		<i>nystatin/triamcinolone</i>	51
<i>nora-be 0.35mg tab</i>	75	NOVOLIN R	20	<i>acetonide 100000-0.1</i>	
<i>28-day pack</i>		100UNIT/ML INJ		<i>unit/gm-% topical</i>	
NORDITROPIN	57	NOVOLIN R	20	<i>ointment</i>	
10MG/1.5ML PEN INJ		100UNIT/ML PEN INJ		<i>nystatin/triamcinolone</i>	51
NORDITROPIN	57	(3ML)		<i>acetonide</i>	
15MG/1.5ML PEN INJ		NOVOLOG 100UNIT/ML	20	<i>100000-0.1unit/gm-%</i>	
		CARTRIDGE		<i>topical 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>nystop 100000unit/gm</i>	52	<i>olanzapine 20mg odt</i>	40	OPVEE 2.7MG/0.1ML	21
<i>topical powder</i>		<i>olanzapine 20mg tab</i>	40	NASAL SPRAY	
NYVEPRIA 6MG/0.6ML	63	<i>olanzapine 5mg odt</i>	40	ORENCIA 125MG/ML	69
SYRINGE		<i>olanzapine 5mg tab</i>	40	AUTO-INJECTOR	
O		<i>olanzapine 7.5mg tab</i>	40	ORENCIA 125MG/ML	69
<i>ocella tab 28-day pack</i>	59	<i>olmesartan medoxomil</i>	24	SYRINGE	
<i>octreotide 0.05mg/ml inj</i>	56	<i>20mg tab</i>		ORENCIA 50MG/0.4ML	69
<i>octreotide 0.1mg/ml inj</i>	56	<i>olmesartan medoxomil</i>	24	SYRINGE	
<i>octreotide 0.2mg/ml inj</i>	56	<i>40mg tab</i>		ORENCIA 87.5MG/0.7ML	69
<i>octreotide 0.5mg/ml inj</i>	56	<i>olmesartan medoxomil</i>	24	SYRINGE	
<i>octreotide 1mg/ml inj</i>	56	<i>5mg tab</i>		ORGOVYX 120MG TAB	31
ODEFSEY 200-25-25MG	44	<i>olopatadine 0.6%</i>	70	ORKAMBI 125-100MG	78
TAB		<i>(0.665mg/act) nasal</i>		ORAL GRANULES	
ODOMZO 200MG CAP	30	<i>inhaler</i>		ORKAMBI 125-100MG	78
OFEV 100MG CAP	78	OLUMIANT 1MG TAB	2	TAB	
OFEV 150MG CAP	78	OLUMIANT 2MG TAB	2	ORKAMBI 125-200MG	78
<i>ofloxacin 0.3% ophth soln</i>	72	OLUMIANT 4MG TAB	2	TAB	
<i>ofloxacin 0.3% otic soln</i>	73	<i>omega-3 acid ethyl esters</i>	22	ORKAMBI 188-150MG	78
OGSIVEO 100MG TAB	33	<i>(usp) 1gm cap</i>		ORAL GRANULES	
7-DAY PACK (14)		<i>omeprazole 10mg dr cap</i>	81	ORKAMBI 94-75MG	78
OGSIVEO 150MG TAB	33	<i>omeprazole 20mg dr cap</i>	81	ORAL GRANULES	
7-DAY PACK (14)		<i>omeprazole 40mg dr cap</i>	81	<i>orphenadrine citrate</i>	42
OGSIVEO 50MG TAB	34	OMNITROPE	57	<i>100mg er tab</i>	
OJEMDA 100MG TAB	34	10MG/1.5ML		ORSERDU 345MG TAB	31
PACK (400MG ONCE		CARTRIDGE		ORSERDU 86MG TAB	31
WEEKLY) (16)		OMNITROPE 5.8MG INJ	57	<i>oseltamivir 30mg cap</i>	45
OJEMDA 100MG TAB	34	OMNITROPE	57	<i>oseltamivir 45mg cap</i>	45
PACK (500MG ONCE		5MG/1.5ML CARTRIDGE		<i>oseltamivir 6mg/ml oral</i>	45
WEEKLY) (20)		<i>ondansetron 0.8mg/ml</i>	21	<i>susp</i>	
OJEMDA 100MG TAB	34	<i>oral soln</i>		<i>oseltamivir 75mg cap</i>	45
PACK (600MG ONCE		<i>ondansetron 4mg odt</i>	21	OTEZLA 10/20/30MG	52
WEEKLY) (24)		<i>ondansetron 4mg tab</i>	21	TAB 28-DAY STARTER	
OJEMDA 25MG/ML	34	<i>ondansetron 8mg odt</i>	21	PACK (55)	
POWDER FOR ORAL		<i>ondansetron 8mg tab</i>	21	OTEZLA 10/20MG TAB	52
SUSP		ONUREG 200MG TAB	29	28-DAY STARTER PACK	
OJJAARA 100MG TAB	34	ONUREG 300MG TAB	29	(55)	
OJJAARA 150MG TAB	34	OPIPZA 10MG ORAL	42	OTEZLA 20MG TAB	52
OJJAARA 200MG TAB	34	FILM		OTEZLA 30MG TAB	52
<i>olanzapine 10mg inj</i>	40	OPIPZA 2MG ORAL	42	<i>oxacillin 100mg/ml inj</i>	74
<i>olanzapine 10mg odt</i>	40	FILM		<i>oxacillin 1gm inj</i>	74
<i>olanzapine 10mg tab</i>	40	OPIPZA 5MG ORAL	42	<i>oxacillin 2gm inj</i>	74
<i>olanzapine 15mg odt</i>	40	FILM		<i>oxcarbazepine 150mg tab</i>	12
<i>olanzapine 15mg tab</i>	40	OPSUMIT 10MG TAB	77	<i>oxcarbazepine 300mg tab</i>	12
<i>olanzapine 2.5mg tab</i>	40			<i>oxcarbazepine 600mg tab</i>	12

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

ALPHABETICAL LISTING OF DRUGS

<i>oxcarbazepine 60mg/ml oral susp</i>	12	<i>paricalcitol 4mcg cap</i>	56	<i>penicillin g potassium 1000000unit/ml inj</i>	74
<i>oxybutynin chloride 10mg er tab</i>	62	<i>paroxetine 10mg tab</i>	15	PENICILLIN G SODIUM 100000UNIT/ML INJ	74
<i>oxybutynin chloride 15mg er tab</i>	62	PAROXETINE 10MG/5ML ORAL SUSP	15	<i>penicillin v potassium 250mg tab</i>	74
<i>oxybutynin chloride 1mg/ml oral soln</i>	62	<i>paroxetine 12.5mg er tab</i>	15	PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN	74
<i>oxybutynin chloride 5mg er tab</i>	62	<i>paroxetine 20mg tab</i>	15	<i>penicillin v potassium 500mg tab</i>	74
<i>oxybutynin chloride 5mg tab</i>	62	<i>paroxetine 25mg er tab</i>	15	PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	74
<i>oxycodone 10mg tab</i>	4	<i>paroxetine 30mg tab</i>	15	PENTACEL 96-30-68UNIT/ML INJ	66
<i>oxycodone 15mg tab</i>	4	<i>paroxetine 37.5mg er tab</i>	15	<i>pentamidine isethionate 300mg inj</i>	28
<i>oxycodone 1mg/ml oral soln</i>	4	<i>paroxetine 40mg tab</i>	15	<i>pentamidine isethionate 300mg/6ml inh soln</i>	28
<i>oxycodone 20mg tab</i>	4	PAXLOVID 150MG/100MG TAB	45	<i>pentoxifylline 400mg er tab</i>	49
<i>oxycodone 30mg tab</i>	4	PACK (20)		<i>perampanel 10mg tab</i>	12
<i>oxycodone 5mg tab</i>	4	PAXLOVID 150MG/100MG TAB	45	<i>perampanel 12mg tab</i>	12
<i>oxycodone/acetaminophen 10-325mg tab</i>	5	PACK (30)		<i>perampanel 2mg tab</i>	12
<i>oxycodone/acetaminophen 2.5-325mg tab</i>	5	PAXLOVID 300MG/100MG AND 150MG/100MG TAB	45	<i>perampanel 4mg tab</i>	12
<i>oxycodone/acetaminophen 5-325mg tab</i>	5	DOSE PACK (11)		<i>perampanel 6mg tab</i>	12
<i>oxycodone/acetaminophen 7.5-325mg tab</i>	5	<i>pazopanib 200mg tab</i>	34	<i>perampanel 8mg tab</i>	12
OZEMPIC 2MG/3ML PEN INJ	19	PEDIARIX SYRINGE	66	PERINDOPRIL ERBUMINE 2MG TAB	24
OZEMPIC 4MG/3ML PEN INJ	19	PEDVAXHIB 7.5MCG/0.5ML INJ	66	<i>perindopril erbumine 4mg tab</i>	24
OZEMPIC 8MG/3ML PEN INJ	19	<i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i>	67	PERINDOPRIL ERBUMINE 8MG TAB	24
P		<i>peg 3350/electrolyte powder for oral soln</i>	67	<i>periogard 0.12% mouthwash</i>	50
<i>paliperidone 1.5mg er tab</i>	39	<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	67	<i>permethrin 5% topical cream</i>	54
<i>paliperidone 3mg er tab</i>	39	PEGASYS 180MCG/0.5ML SYRINGE	44	<i>perphenazine 16mg tab</i>	41
<i>paliperidone 6mg er tab</i>	39	PEGASYS 180MCG/ML INJ	44	<i>perphenazine 2mg tab</i>	41
<i>paliperidone 9mg er tab</i>	39	PEMAZYRE 13.5MG TAB	34	<i>perphenazine 4mg tab</i>	41
PANRETIN 0.1% TOPICAL GEL	52	PEMAZYRE 4.5MG TAB	34	<i>perphenazine 8mg tab</i>	41
<i>pantoprazole 20mg dr tab</i>	81	PEMAZYRE 9MG TAB	34	PHENELZINE 15MG TAB	15
<i>pantoprazole 40mg dr tab</i>	81	PENBRAYA INJ	66	<i>phenobarbital 100mg tab</i>	12
<i>paricalcitol 1mcg cap</i>	56	<i>penicillamine 250mg tab</i>	68		
<i>paricalcitol 2mcg cap</i>	56				

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

ALPHABETICAL LISTING OF DRUGS

<i>phenobarbital 15mg tab</i>	12	PIQRAY TAB 200MG	34	POTASSIUM CHLORIDE	71
<i>phenobarbital 16.2mg tab</i>	12	DAILY DOSE PACK (28)		15MEQ ER TAB	
<i>phenobarbital 30mg tab</i>	12	PIQRAY TAB 250MG	34	<i>potassium chloride</i>	71
<i>phenobarbital 32.4mg tab</i>	12	DAILY DOSE PACK (56)		<i>15meq micro er tab</i>	
<i>phenobarbital 4mg/ml</i>	12	PIQRAY TAB 300MG	34	<i>potassium chloride</i>	71
<i>oral soln</i>		DAILY DOSE PACK (56)		<i>2.67meq/ml oral soln</i>	
<i>phenobarbital 60mg tab</i>	12	<i>pirfenidone 267mg cap</i>	78	<i>potassium chloride</i>	71
<i>phenobarbital 64.8mg tab</i>	12	<i>pirfenidone 267mg tab</i>	78	<i>20meq er tab</i>	
<i>phenobarbital 97.2mg tab</i>	12	<i>pirfenidone 801mg tab</i>	78	<i>potassium chloride</i>	71
<i>phenytek 200mg er cap</i>	12	<i>piroxicam 10mg cap</i>	4	<i>20meq micro er tab</i>	
<i>phenytek 300mg er cap</i>	12	<i>piroxicam 20mg cap</i>	4	<i>potassium chloride</i>	71
<i>phenytoin 25mg/ml oral</i>	13	PLEGRIDY	77	<i>20meq powder for oral</i>	
<i>susp</i>		125MCG/0.5ML		<i>soln</i>	
<i>phenytoin 50mg chew tab</i>	13	AUTO-INJECTOR		POTASSIUM CHLORIDE	71
<i>phenytoin sodium 100mg</i>	13	PLEGRIDY	77	20MEQ/100ML INJ	
<i>er cap</i>		125MCG/0.5ML		<i>potassium chloride</i>	71
PIFELTRO 100MG TAB	44	SYRINGE		<i>2meq/ml (20ml) inj</i>	
<i>pilocarpine 1% ophth</i>	73	<i>plenamine 15% inj</i>	71	<i>potassium chloride</i>	71
<i>soln</i>		PODOFILOX 0.5%	54	<i>2meq/ml inj</i>	
<i>pilocarpine 2% ophth</i>	73	TOPICAL SOLN		POTASSIUM CHLORIDE	71
<i>soln</i>		<i>polycin 0.5-10unit/mg</i>	72	40MEQ/100ML INJ	
<i>pilocarpine 4% ophth</i>	73	<i>ophth ointment</i>		<i>potassium chloride 8meq</i>	71
<i>soln</i>		<i>polymyxin b/trimethoprim</i>	72	<i>er cap</i>	
<i>pilocarpine 5mg tab</i>	50	<i>10000 unit/ml-0.1%</i>		<i>potassium chloride 8meq</i>	71
<i>pilocarpine 7.5mg tab</i>	50	<i>ophth soln</i>		<i>er tab</i>	
<i>pimecrolimus 1% topical</i>	54	POMALYST 1MG CAP	36	<i>potassium citrate 10meq</i>	62
<i>cream</i>		POMALYST 2MG CAP	36	<i>er tab</i>	
PIMOZIDE 1MG TAB	77	POMALYST 3MG CAP	36	<i>potassium citrate 15meq</i>	62
PIMOZIDE 2MG TAB	77	POMALYST 4MG CAP	36	<i>er tab</i>	
<i>pimtrea tab 28-day pack</i>	59	<i>portia tab 28-day pack</i>	59	<i>potassium citrate 5meq er</i>	62
<i>pindolol 10mg tab</i>	46	<i>posaconazole 100mg dr</i>	22	<i>tab</i>	
<i>pindolol 5mg tab</i>	46	<i>tab</i>		<i>pramipexole 0.125mg tab</i>	37
<i>pioglitazone 15mg tab</i>	18	<i>posaconazole 40mg/ml</i>	22	<i>pramipexole 0.25mg tab</i>	37
<i>pioglitazone 30mg tab</i>	18	<i>oral susp</i>		<i>pramipexole 0.5mg tab</i>	37
<i>pioglitazone 45mg tab</i>	18	<i>potassium chloride</i>	71	<i>pramipexole 0.75mg tab</i>	37
<i>piperacillin/tazobactam</i>	74	<i>1.33meq/ml oral soln</i>		<i>pramipexole 1.5mg tab</i>	37
<i>2000-250mg inj</i>		<i>potassium chloride</i>	71	<i>pramipexole 1mg tab</i>	37
<i>piperacillin/tazobactam</i>	74	<i>10meq er cap</i>		<i>prasugrel 10mg tab</i>	63
<i>3000-375mg inj</i>		<i>potassium chloride</i>	71	<i>prasugrel 5mg tab</i>	63
<i>piperacillin/tazobactam</i>	74	<i>10meq er tab</i>		<i>pravastatin sodium 10mg</i>	23
<i>36-4.5gm inj</i>		<i>potassium chloride</i>	71	<i>tab</i>	
<i>piperacillin/tazobactam</i>	74	<i>10meq micro er tab</i>		<i>pravastatin sodium 20mg</i>	23
<i>4000-500mg inj</i>		POTASSIUM CHLORIDE	71	<i>tab</i>	
		10MEQ/100ML INJ			

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

ALPHABETICAL LISTING OF DRUGS

<i>pravastatin sodium 40mg tab</i>	23	PREMARIN 0.45MG TAB	60	PROCRIT 10000UNIT/ML	63
<i>pravastatin sodium 80mg tab</i>	23	PREMARIN 0.625MG TAB	60	INJ	
<i>praziquantel 600mg tab</i>	6	PREMARIN 0.625MG/GM VAGINAL	81	PROCRIT 20000UNIT/ML	63
<i>prazosin 1mg cap</i>	25	CREAM		INJ	
<i>prazosin 2mg cap</i>	25	PREMARIN 0.9MG TAB	60	PROCRIT 3000UNIT/ML	63
<i>prazosin 5mg cap</i>	25	PREMARIN 1.25MG TAB	60	INJ	
PREDNISOLONE 1% OPTH SOLN	73	PREMPHASE 28-DAY PACK	59	PROCRIT 40000UNIT/ML	63
<i>prednisolone 1mg/ml oral soln</i>	64	PREMPRO 0.3/1.5MG 28-DAY PACK	59	PROCRIT 4000UNIT/ML	64
<i>prednisolone 3mg/ml oral soln</i>	64	PREMPRO 0.45/1.5MG 28-DAY PACK	59	<i>procto-med 2.5% topical cream</i>	6
<i>prednisolone 5mg/ml oral soln</i>	64	PREMPRO 0.625/2.5MG 28-DAY PACK	59	<i>proctosol 2.5% topical cream</i>	6
<i>prednisolone acetate 1% ophth susp</i>	73	PREMPRO 0.625/5MG 28-DAY PACK	59	<i>proctozone hc 2.5% topical cream</i>	6
<i>prednisone 10mg tab</i>	64	PREVYMIS 120MG ORAL PELLET	45	<i>progesterone 100mg cap</i>	75
<i>prednisone 10mg tab (21)</i>	64	PREVYMIS 240MG TAB	45	<i>progesterone 200mg cap</i>	75
<i>prednisone 10mg tab pack (48)</i>	64	PREVYMIS 480MG TAB	45	PROGRAF 0.2MG GRANULES FOR ORAL SUSP	69
<i>prednisone 1mg tab</i>	64	PREZCOBIX 150-800MG TAB	44	PROGRAF 1MG GRANULES FOR ORAL SUSP	69
PREDNISONE 1MG/ML ORAL SOLN	64	PREZISTA 100MG/ML ORAL SUSP	44	PROLASTIN 1000MG INJ	78
<i>prednisone 2.5mg tab</i>	64	PREZISTA 150MG TAB	44	<i>promethazine 1.25mg/ml oral soln</i>	77
<i>prednisone 20mg tab</i>	64	PREZISTA 75MG TAB	44	<i>promethazine 12.5mg rectal supp</i>	77
<i>prednisone 50mg tab</i>	64	PRIFTIN 150MG TAB	29	<i>promethazine 12.5mg tab</i>	77
<i>prednisone 5mg tab pack (21)</i>	64	PRIMAQUINE PHOSPHATE 26.3MG TAB	28	<i>promethazine 25mg rectal supp</i>	77
<i>prednisone 5mg tab pack (48)</i>	65	<i>primidone 250mg tab</i>	13	<i>promethazine 25mg tab</i>	77
<i>pregabalin 100mg cap</i>	13	<i>primidone 50mg tab</i>	13	<i>promethazine 50mg tab</i>	77
<i>pregabalin 150mg cap</i>	13	PRIORIX INJ	66	<i>promethegan 25mg rectal supp</i>	77
<i>pregabalin 200mg cap</i>	13	PRIVIGEN 20GM/200ML INJ	65	<i>propafenone 150mg tab</i>	48
<i>pregabalin 20mg/ml oral soln</i>	13	<i>probenecid 500mg tab</i>	63	<i>propafenone 225mg er cap</i>	48
<i>pregabalin 225mg cap</i>	13	<i>prochlorperazine 10mg tab</i>	41	<i>propafenone 225mg tab</i>	48
<i>pregabalin 25mg cap</i>	13	<i>prochlorperazine 25mg rectal supp</i>	41	<i>propafenone 300mg tab</i>	48
<i>pregabalin 300mg cap</i>	13	<i>prochlorperazine 5mg tab</i>	41		
<i>pregabalin 50mg cap</i>	13				
<i>pregabalin 75mg cap</i>	13				
PREMARIN 0.3MG TAB	60				

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

ALPHABETICAL LISTING OF DRUGS

<i>propafenone 325mg er cap</i>	48	<i>quetiapine 50mg er tab</i>	40	RECOMBIVAX	66
<i>propafenone 425mg er cap</i>	48	<i>quetiapine 50mg tab</i>	40	5MCG/0.5ML SYRINGE	
<i>propranolol 10mg tab</i>	46	<i>quinapril 10mg tab</i>	24	REGRANEX 0.01%	54
<i>propranolol 120mg er cap</i>	46	<i>quinapril 20mg tab</i>	24	TOPICAL GEL	
<i>propranolol 160mg er cap</i>	46	<i>quinapril 40mg tab</i>	24	RELENZA 5MG/BLISTER	45
<i>propranolol 20mg tab</i>	46	<i>quinapril 5mg tab</i>	24	POWDER INHALER	
<i>propranolol 40mg tab</i>	46	QUINIDINE SULFATE	48	<i>repaglinide 0.5mg tab</i>	18
PROPRANOLOL	46	200MG TAB		<i>repaglinide 1mg tab</i>	18
4MG/ML ORAL SOLN		QUINIDINE SULFATE	48	<i>repaglinide 2mg tab</i>	18
<i>propranolol 60mg er cap</i>	46	300MG TAB		REPATHA 140MG/ML	22
<i>propranolol 60mg tab</i>	46	<i>quinine sulfate 324mg cap</i>	28	AUTO-INJECTOR	
<i>propranolol 80mg er cap</i>	46	QVAR 40MCG	8	REPATHA 140MG/ML	22
<i>propranolol 80mg tab</i>	46	REDIHALER		SYRINGE	
PROPRANOLOL	46	QVAR 80MCG	8	REPATHA 420MG/3.5ML	22
8MG/ML ORAL SOLN		REDIHALER		CARTRIDGE	
<i>propylthiouracil 50mg tab</i>	80	R		RETACRIT	64
PROQUAD INJ	66	RABAVER 2.5UNIT/ML INJ	66	10000UNIT/ML INJ	
PROSOL 20% INJ	71	<i>rabeprazole sodium 20mg dr tab</i>	81	RETACRIT	64
<i>protriptyline 10mg tab</i>	17	RADICAVA 105MG/5ML	49	20000UNIT/2ML INJ	
<i>protriptyline 5mg tab</i>	17	ORAL SUSP		RETACRIT	64
PULMOZYME 1MG/ML	78	RALDESY 10MG/ML	15	20000UNIT/ML INJ	
INH SOLN		ORAL SOLN		RETACRIT 2000UNIT/ML	64
<i>pyrazinamide 500mg tab</i>	29	<i>raloxifene 60mg tab</i>	55	INJ	
<i>pyridostigmine bromide 60mg tab</i>	42	<i>ramelteon 8mg tab</i>	65	RETACRIT 3000UNIT/ML	64
<i>pyrimethamine 25mg tab</i>	28	<i>ramipril 1.25mg cap</i>	24	INJ	
Q		<i>ramipril 10mg cap</i>	24	RETACRIT	64
QINLOCK 50MG TAB	34	<i>ramipril 2.5mg cap</i>	24	40000UNIT/ML INJ	
QUADRACEL INJ	66	<i>ramipril 5mg cap</i>	24	RETACRIT 4000UNIT/ML	64
QUADRACEL SYRINGE	66	<i>ranolazine 1000mg er tab</i>	49	INJ	
<i>quetiapine 100mg tab</i>	40	<i>ranolazine 500mg er tab</i>	49	RETEVMO 120MG TAB	34
<i>quetiapine 150mg er tab</i>	40	<i>rasagiline 0.5mg tab</i>	37	RETEVMO 160MG TAB	34
<i>quetiapine 200mg er tab</i>	40	<i>rasagiline 1mg tab</i>	37	RETEVMO 40MG TAB	34
<i>quetiapine 200mg tab</i>	40	<i>reclipsen tab 28-day pack</i>	59	RETEVMO 80MG TAB	34
<i>quetiapine 25mg tab</i>	40	RECOMBIVAX	66	REVCovi 2.4MG/1.5ML	56
<i>quetiapine 300mg er tab</i>	40	10MCG/ML INJ		INJ	
<i>quetiapine 300mg tab</i>	40	RECOMBIVAX	66	REVUFORJ 110MG TAB	36
<i>quetiapine 400mg er tab</i>	40	10MCG/ML SYRINGE		REVUFORJ 160MG TAB	36
<i>quetiapine 400mg tab</i>	40	RECOMBIVAX	66	REVUFORJ 25MG TAB	36
		40MCG/ML INJ		REXULTI 0.25MG TAB	42
		RECOMBIVAX	66	REXULTI 0.5MG TAB	42
		5MCG/0.5ML INJ		REXULTI 1MG TAB	42
				REXULTI 2MG TAB	42
				REXULTI 3MG TAB	42
				REXULTI 4MG TAB	42

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

ALPHABETICAL LISTING OF DRUGS

REYATAZ 50MG ORAL POWDER	44	<i>risperidone 2mg odt</i>	39	<i>ropinirole 5mg tab</i>	37
REZDIFFRA 100MG TAB	61	<i>risperidone 2mg tab</i>	39	<i>rosuvastatin calcium 10mg tab</i>	23
REZDIFFRA 60MG TAB	61	<i>risperidone 3mg odt</i>	39	<i>rosuvastatin calcium 20mg tab</i>	23
REZDIFFRA 80MG TAB	61	<i>risperidone 3mg tab</i>	39	<i>rosuvastatin calcium 40mg tab</i>	23
REZLIDHIA 150MG CAP	34	<i>risperidone 4mg odt</i>	39	<i>rosuvastatin calcium 5mg tab</i>	23
REZUROCK 200MG TAB	68	<i>risperidone 4mg tab</i>	39	ROTARIX	66
RHOPRESSA 0.02% OPTH SOLN	72	<i>risperidone microspheres 25mg inj</i>	39	667000UNIT/ML ORAL SUSP	
RIBAVIRIN 200MG CAP	44	<i>risperidone microspheres 37.5mg inj</i>	39	ROTATEQ ORAL SUSP	66
RIBAVIRIN 200MG TAB	45	<i>risperidone microspheres 50mg inj</i>	39	<i>roweepra 500mg tab</i>	13
<i>rifabutin 150mg cap</i>	29	<i>ritonavir 100mg tab</i>	44	ROZLYTREK 100MG CAP	34
<i>rifampin 150mg cap</i>	29	<i>rivaroxaban 2.5mg tab</i>	10	ROZLYTREK 200MG CAP	34
<i>rifampin 300mg cap</i>	29	<i>rivastigmine 1.5mg cap</i>	76	ROZLYTREK 50MG ORAL PELLET	34
<i>rifampin 600mg inj</i>	29	<i>rivastigmine 13.3mg/24hr patch</i>	76	RUBRACA 200MG TAB	34
<i>riluzole 50mg tab</i>	49	<i>rivastigmine 3mg cap</i>	76	RUBRACA 250MG TAB	34
RIMANTADINE 100MG TAB	45	<i>rivastigmine 4.5mg cap</i>	76	RUBRACA 300MG TAB	34
RINVOQ 15MG ER TAB	2	<i>rivastigmine 4.6mg/24hr patch</i>	76	<i>rufinamide 200mg tab</i>	13
RINVOQ 1MG/ML ORAL SOLN	2	<i>rivastigmine 6mg cap</i>	76	<i>rufinamide 400mg tab</i>	13
RINVOQ 30MG ER TAB	2	<i>rivastigmine 9.5mg/24hr patch</i>	76	<i>rufinamide 40mg/ml oral susp</i>	13
RINVOQ 45MG ER TAB	2	<i>rizatriptan 10mg odt</i>	68	RUKOBIA 600MG ER TAB	44
<i>risedronate sodium 150mg tab</i>	55	<i>rizatriptan 10mg tab</i>	68	RYBELSUS 14MG TAB	19
<i>risedronate sodium 30mg tab</i>	55	<i>rizatriptan 5mg odt</i>	68	RYBELSUS 3MG TAB	19
<i>risedronate sodium 35mg tab</i>	56	<i>rizatriptan 5mg tab</i>	68	RYBELSUS 7MG TAB	19
<i>risedronate sodium 35mg tab pack (12)</i>	56	ROCKLATAN	72	RYDAPT 25MG CAP	34
<i>risedronate sodium 35mg tab pack (4)</i>	56	0.02-0.005% OPTH SOLN		S	
<i>risedronate sodium 5mg tab</i>	56	<i>roflumilast 0.5mg tab</i>	78	<i>sacubitril/valsartan 24-26mg tab</i>	49
RISPERIDONE 0.25MG ODT	39	<i>roflumilast 250mcg tab</i>	78	<i>sacubitril/valsartan 49-51mg tab</i>	49
<i>risperidone 0.25mg tab</i>	39	ROMVIMZA 14MG CAP	34	<i>sacubitril/valsartan 97-103mg tab</i>	49
<i>risperidone 0.5mg odt</i>	39	ROMVIMZA 20MG CAP	34	<i>salmon calcitonin 200unit/act nasal spray</i>	56
<i>risperidone 0.5mg tab</i>	39	ROMVIMZA 30MG CAP	34	SANTYL 250UNIT/GM TOPICAL OINTMENT	54
<i>risperidone 1mg odt</i>	39	<i>ropinirole 0.25mg tab</i>	37		
<i>risperidone 1mg tab</i>	39	<i>ropinirole 0.5mg tab</i>	37		
<i>risperidone 1mg/ml oral soln</i>	39	<i>ropinirole 1mg tab</i>	37		
		<i>ropinirole 2mg tab</i>	37		
		<i>ropinirole 3mg tab</i>	37		
		<i>ropinirole 4mg tab</i>	37		

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

ALPHABETICAL LISTING OF DRUGS

<i>sapropterin 100mg powder for oral soln</i>	56	SIMLANDI 40MG/0.4ML AUTO-INJECTOR	3	<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit</i>	67
<i>sapropterin 100mg tab</i>	56	SIMLANDI 40MG/0.4ML SYRINGE	3	<i>sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)</i>	67
<i>sapropterin 500mg powder for oral soln</i>	56	SIMLANDI 80MG/0.8ML AUTO-INJECTOR	3	<i>SOFOSBUVIR/VELPATAS VIR 400-100MG TAB</i>	45
SCSEMBLIX 100MG TAB	34	SIMLANDI 80MG/0.8ML SYRINGE	3	<i>solifenacin succinate 10mg tab</i>	62
SCSEMBLIX 20MG TAB	34	<i>simvastatin 10mg tab</i>	23	<i>solifenacin succinate 5mg tab</i>	62
SCSEMBLIX 40MG TAB	34	<i>simvastatin 20mg tab</i>	23	SOLTAMOX 10MG/5ML ORAL SOLN	31
<i>scopolamine 1mg/72hr patch</i>	21	<i>simvastatin 40mg tab</i>	23	SOMAVERT 10MG INJ	57
SECUADO 3.8MG/24HR PATCH	40	<i>simvastatin 5mg tab</i>	23	SOMAVERT 15MG INJ	57
SECUADO 5.7MG/24HR PATCH	40	<i>simvastatin 80mg tab</i>	23	SOMAVERT 20MG INJ	57
SECUADO 7.6MG/24HR PATCH	40	<i>sirolimus 0.5mg tab</i>	69	SOMAVERT 25MG INJ	57
<i>selegiline 5mg cap</i>	37	<i>sirolimus 1mg tab</i>	69	SOMAVERT 30MG INJ	57
<i>selegiline 5mg tab</i>	37	<i>sirolimus 1mg/ml oral soln</i>	69	<i>sorafenib 200mg tab</i>	34
<i>selenium sulfide 2.5% shampoo</i>	54	<i>sirolimus 2mg tab</i>	69	<i>sotalol 120mg tab</i>	46
SELZENTRY 20MG/ML ORAL SOLN	44	SIRTURO 100MG TAB	29	<i>sotalol 160mg tab</i>	46
<i>sertraline 100mg tab</i>	15	SIRTURO 20MG TAB	29	<i>sotalol 240mg tab</i>	46
<i>sertraline 20mg/ml oral soln</i>	15	SKYRIZI 150MG/ML AUTO-INJECTOR	52	<i>sotalol 80mg tab</i>	46
<i>sertraline 25mg tab</i>	15	SKYRIZI 150MG/ML SYRINGE	52	<i>sotalol af 120mg tab</i>	46
<i>sertraline 50mg tab</i>	15	SKYRIZI 180MG/1.2ML CARTRIDGE	61	<i>sotalol af 160mg tab</i>	46
<i>setlakin tab 91-day pack</i>	59	SKYRIZI 360MG/2.4ML CARTRIDGE	61	<i>sotalol af 80mg tab</i>	46
<i>sharobel 0.35mg tab 28-day pack</i>	75	<i>sodium chloride 0.45% inj</i>	71	SPIRIVA RESPIMAT	8
SHINGRIX	66	<i>sodium chloride 0.9% inj</i>	71	1.25MCG/ACT INHALER	
50MCG/0.5ML INJ		<i>sodium chloride 0.9% irrigation soln</i>	62	<i>spironolactone 100mg tab</i>	55
SIGNIFOR 0.3MG/ML INJ	56	<i>sodium chloride 3% inj</i>	71	<i>spironolactone 25mg tab</i>	55
SIGNIFOR 0.6MG/ML INJ	56	<i>sodium chloride 50mg/ml inj</i>	71	<i>spironolactone 50mg tab</i>	55
SIGNIFOR 0.9MG/ML INJ	56	SODIUM OXYBATE	79	<i>sprintec tab 28-day pack</i>	59
<i>sildenafil 20mg tab</i>	78	500MG/ML ORAL SOLN		SPRITAM 1000MG TAB	13
<i>silodosin 4mg cap</i>	62	<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	56	FOR ORAL SUSP	
<i>silodosin 8mg cap</i>	62	<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	69	SPRITAM 250MG TAB	13
<i>silver sulfadiazine 1% topical cream</i>	54			FOR ORAL SUSP	
SIMBRINZA 0.2-1% OPTH SUSP	72			SPRITAM 500MG TAB	13
SIMLANDI 20MG/0.2ML SYRINGE	3			FOR ORAL SUSP	
				SPRITAM 750MG TAB	13
				FOR ORAL SUSP	
				<i>sps 15gm/60ml oral susp</i>	69

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

ALPHABETICAL LISTING OF DRUGS

<i>sronyx tab 28-day pack</i>	59	<i>sulindac 150mg tab</i>	4	SYNJARDY	17
<i>ssd 1% topical cream</i>	54	<i>sulindac 200mg tab</i>	4	12.5-1000MG TAB	
STELARA 45MG/0.5ML	52	<i>sumatriptan 100mg tab</i>	68	SYNJARDY 12.5-500MG	18
INJ		<i>sumatriptan 20mg/act</i>	68	TAB	
STELARA 45MG/0.5ML	52	<i>nasal spray</i>		SYNJARDY 5-1000MG	18
SYRINGE		<i>sumatriptan 25mg tab</i>	68	TAB	
STELARA 90MG/ML	52	<i>sumatriptan 4mg/0.5ml</i>	68	SYNJARDY 5-500MG	18
SYRINGE		<i>cartridge</i>		TAB	
STEQEYMA 90MG/ML	52	<i>sumatriptan 50mg tab</i>	68	SYNJARDY XR	18
SYRINGE		<i>sumatriptan 5mg/act</i>	68	10-1000MG TAB	
STIOLTO	9	<i>nasal spray</i>		SYNJARDY XR	18
2.5-2.5MCG/ACT		<i>sumatriptan 6mg/0.5ml</i>	68	12.5-1000MG TAB	
INHALER		<i>auto-injector</i>		SYNJARDY XR	18
STIVARGA 40MG TAB	34	<i>sumatriptan 6mg/0.5ml</i>	68	25-1000MG TAB	
STREPTOMYCIN 1GM	2	<i>cartridge</i>		SYNJARDY XR	18
INJ		<i>sumatriptan 6mg/0.5ml</i>	68	5-1000MG TAB	
STRIBILD	44	<i>inj</i>		SYNTHROID 100MCG	80
150-150-200-300MG		<i>sunitinib 12.5mg cap</i>	34	TAB	
TAB		<i>sunitinib 25mg cap</i>	34	SYNTHROID 112MCG	80
STRIVERDI 2.5MCG/ACT	9	<i>sunitinib 37.5mg cap</i>	34	TAB	
INHALER		<i>sunitinib 50mg cap</i>	34	SYNTHROID 125MCG	80
<i>sucralfate 1000mg tab</i>	81	SUNLENCA 300MG TAB	44	TAB	
<i>sucralfate 100mg/ml oral</i>	81	SUNLENCA 300MG TAB	44	SYNTHROID 137MCG	80
<i>susp</i>		THERAPY PACK (4)		TAB	
SUFLAVE ORAL SOLN	67	SUNLENCA 300MG TAB	44	SYNTHROID 150MCG	80
PACK		THERAPY PACK (5)		TAB	
<i>sulfacetamide sodium</i>	72	SUNOSI 150MG TAB	79	SYNTHROID 175MCG	80
<i>10% ophth soln</i>		SUNOSI 75MG TAB	79	TAB	
<i>sulfacetamide sodium</i>	51	SUTAB 225-188-1479MG	67	SYNTHROID 200MCG	80
<i>10% topical lotion</i>		TAB		TAB	
SULFACETAMIDE/PRED	73	<i>syeda tab 28-day pack</i>	59	SYNTHROID 25MCG	80
NISOLONE 10-0.25%		SYMDEKO TAB 4-WEEK	78	TAB	
OPHTH SOLN		PACK (56)		SYNTHROID 300MCG	80
<i>sulfadiazine 500mg tab</i>	79	SYMDEKO TAB	78	TAB	
<i>sulfamethoxazole/trimeth</i>	79	50-75MG/75MG PACK		SYNTHROID 50MCG	80
<i>oprim 200-40mg/5ml oral</i>		(56)		TAB	
<i>susp</i>		SYMPAZAN 10MG ORAL	11	SYNTHROID 75MCG	80
<i>sulfamethoxazole/trimeth</i>	79	FILM		TAB	
<i>oprim 400-80mg tab</i>		SYMPAZAN 20MG ORAL	11	SYNTHROID 88MCG	80
<i>sulfamethoxazole/trimeth</i>	79	FILM		TAB	
<i>oprim 800-160mg tab</i>		SYMPAZAN 5MG ORAL	11		
<i>sulfasalazine 500mg dr</i>	61	FILM		T	
<i>tab</i>		SYMTUZA	44	TABLOID 40MG TAB	29
<i>sulfasalazine 500mg tab</i>	62	150-800-200-10MG TAB		TABRECTA 150MG TAB	34
				TABRECTA 200MG TAB	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>tacrolimus 0.03% topical ointment</i>	54	<i>tenofovir disoproxil fumarate 300mg tab</i>	44	THALOMID 100MG CAP	68
<i>tacrolimus 0.1% topical ointment</i>	54	TEPMETKO 225MG TAB	35	THALOMID 50MG CAP	68
<i>tacrolimus 0.5mg cap</i>	69	<i>terazosin 10mg cap</i>	25	THEOPHYLLINE 100MG ER TAB	78
<i>tacrolimus 1mg cap</i>	69	<i>terazosin 1mg cap</i>	25	THEOPHYLLINE 200MG ER TAB	78
<i>tacrolimus 5mg cap</i>	69	<i>terazosin 2mg cap</i>	25	<i>theophylline 300mg er tab</i>	78
<i>tadalafil 2.5mg tab</i>	62	<i>terazosin 5mg cap</i>	25	<i>theophylline 400mg er tab</i>	78
<i>tadalafil 20mg tab</i>	78	<i>terbinafine 250mg tab</i>	22	<i>theophylline 450mg er tab</i>	78
<i>tadalafil 5mg tab</i>	62	<i>terconazole 0.4% vaginal cream</i>	81	<i>theophylline 600mg er tab</i>	78
TAFINLAR 10MG TAB FOR ORAL SUSP	35	<i>terconazole 0.8% vaginal cream</i>	81	<i>thioridazine 100mg tab</i>	41
TAFINLAR 50MG CAP	35	<i>terconazole 80mg vaginal insert</i>	81	<i>thioridazine 10mg tab</i>	41
TAFINLAR 75MG CAP	35	<i>teriflunomide 14mg tab</i>	77	<i>thioridazine 25mg tab</i>	41
TAGRISSO 40MG TAB	30	<i>teriflunomide 7mg tab</i>	77	<i>thioridazine 50mg tab</i>	41
TAGRISSO 80MG TAB	30	TERIPARATIDE	56	<i>thiothixene 10mg cap</i>	38
TALZENNA 0.1MG CAP	35	620MCG/2.48ML PEN INJ		<i>thiothixene 1mg cap</i>	38
TALZENNA 0.25MG CAP	35	<i>testosterone 1% (12.5mg/act) topical gel pump</i>	5	<i>thiothixene 2mg cap</i>	38
TALZENNA 0.35MG CAP	35	<i>testosterone 1% (25mg) topical gel packet</i>	5	<i>thiothixene 5mg cap</i>	38
TALZENNA 0.5MG CAP	35	<i>testosterone 1% (50mg) topical gel packet</i>	5	<i>tiadylt 120mg er (24hr) cap</i>	47
TALZENNA 1MG CAP	35	<i>testosterone 1.62% (20.25mg/act) topical gel pump</i>	5	<i>tiadylt 180mg er (24hr) cap</i>	47
<i>tamoxifen 10mg tab</i>	31	<i>testosterone 30mg/act topical soln</i>	5	<i>tiadylt 240mg er (24hr) cap</i>	47
<i>tamoxifen 20mg tab</i>	31	<i>testosterone cypionate 100mg/ml inj</i>	5	<i>tiadylt 300mg er (24hr) cap</i>	47
<i>tamsulosin 0.4mg cap</i>	62	<i>testosterone cypionate 200mg/ml (1ml) inj</i>	5	<i>tiagabine 12mg tab</i>	14
<i>tarina fe tab 1/20 28-day pack</i>	59	<i>testosterone cypionate 200mg/ml inj</i>	5	<i>tiagabine 16mg tab</i>	14
<i>tazarotene 0.1% topical cream</i>	52	TESTOSTERONE	5	<i>tiagabine 2mg tab</i>	14
<i>tazicef 1gm inj</i>	50	ENANTHATE 200MG/ML INJ		<i>tiagabine 4mg tab</i>	14
<i>tazicef 2gm inj</i>	50	<i>tetrabenazine 12.5mg tab</i>	76	TIBSOVO 250MG TAB	35
TAZICEF 6GM INJ	50	<i>tetrabenazine 25mg tab</i>	76	<i>ticagrelor 60mg tab</i>	63
TAZVERIK 200MG TAB	35	<i>tetracycline 250mg cap</i>	79	<i>ticagrelor 90mg tab</i>	63
TEFLARO 400MG INJ	28	<i>tetracycline 500mg cap</i>	79	TICOVAC	66
TEFLARO 600MG INJ	28			1.2MCG/0.25ML SYRINGE	
<i>telmisartan 20mg tab</i>	25				
<i>telmisartan 40mg tab</i>	25				
<i>telmisartan 80mg tab</i>	25				
<i>temazepam 15mg cap</i>	65				
<i>temazepam 30mg cap</i>	65				
TENIVAC 4-10UNIT/ML INJ	66				
TENIVAC 4-10UNIT/ML SYRINGE	66				

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

ALPHABETICAL LISTING OF DRUGS

TICOVAC 2.4MCG/0.5ML SYRINGE	66	<i>topiramate 25mg cap</i>	13	TREMFYA 100MG/ML AUTO-INJECTOR	52
<i>tigecycline 50mg inj</i>	28	<i>topiramate 25mg tab</i>	13	TREMFYA 100MG/ML SYRINGE	52
<i>timolol 0.25% ophth gel</i>	71	<i>topiramate 50mg tab</i>	13	TREMFYA 200MG/2ML AUTO-INJECTOR	62
<i>timolol 0.25% ophth soln</i>	71	<i>toremifene 60mg tab</i>	31	TREMFYA 200MG/2ML AUTO-INJECTOR	62
<i>timolol 0.5% ophth gel</i>	71	<i>torsemide 100mg tab</i>	55	TREMFYA 200MG/2ML SYRINGE	62
<i>timolol 0.5% ophth soln</i>	72	<i>torsemide 10mg tab</i>	55	TRESIBA 100UNIT/ML INJ	20
<i>timolol 10mg tab</i>	47	<i>torsemide 20mg tab</i>	55	TRESIBA 100UNIT/ML PEN INJ (3ML)	20
<i>timolol 5mg tab</i>	47	<i>torsemide 5mg tab</i>	55	TRESIBA 200UNIT/ML PEN INJ (3ML)	20
<i>tinidazole 250mg tab</i>	28	TOUJEO 300UNIT/ML PEN INJ (1.5ML)	20	<i>tretinoin 0.01% topical gel</i>	51
<i>tinidazole 500mg tab</i>	28	TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	20	<i>tretinoin 0.025% topical cream</i>	51
TIVICAY 50MG TAB	44	TPN ELECTROLYTES INJ	71	<i>tretinoin 0.025% topical gel</i>	51
TIVICAY 5MG TAB FOR ORAL SUSP	44	TRADJENTA 5MG TAB	19	<i>tretinoin 0.05% topical cream</i>	51
<i>tizanidine 2mg tab</i>	42	<i>tramadol 100mg er tab</i>	4	<i>tretinoin 0.1% topical cream</i>	51
<i>tizanidine 4mg tab</i>	42	<i>tramadol 200mg er tab</i>	4	<i>tretinoin 10mg cap</i>	36
<i>tobramycin 0.3% ophth soln</i>	72	<i>tramadol 300mg er tab</i>	4	<i>triamcinolone acetonide 0.025% topical cream</i>	53
TOBRAMYCIN 10MG/ML INJ	2	<i>tramadol 50mg tab</i>	4	<i>triamcinolone acetonide 0.025% topical lotion</i>	53
<i>tobramycin 300mg/5ml inh soln</i>	2	<i>tramadol/acetaminophen 37.5-325mg tab</i>	5	<i>triamcinolone acetonide 0.025% topical ointment</i>	53
<i>tobramycin 80mg/2ml inj</i>	2	<i>trandolapril 1mg tab</i>	24	<i>triamcinolone acetonide 0.1% oral paste</i>	50
<i>tolterodine tartrate 1mg tab</i>	62	<i>trandolapril 2mg tab</i>	24	<i>triamcinolone acetonide 0.1% topical cream</i>	53
<i>tolterodine tartrate 2mg er cap</i>	62	<i>trandolapril 4mg tab</i>	24	<i>triamcinolone acetonide 0.1% topical lotion</i>	53
<i>tolterodine tartrate 2mg tab</i>	62	<i>tranexamic acid 650mg tab</i>	64	<i>triamcinolone acetonide 0.1% topical ointment</i>	54
<i>tolterodine tartrate 4mg er cap</i>	62	<i>tranylcypromine 10mg tab</i>	15		
<i>tolvaptan 15mg tab</i>	56	TRAVASOL 10% INJ	71		
<i>tolvaptan 15mg tab therapy pack (56)</i>	56	<i>travoprost 0.004% ophth soln</i>	73		
<i>tolvaptan 15mg/30mg tab pack (56)</i>	56	<i>trazodone 100mg tab</i>	15		
<i>tolvaptan 15mg/45mg tab pack (56)</i>	56	<i>trazodone 150mg tab</i>	15		
<i>tolvaptan 30mg tab</i>	56	<i>trazodone 50mg tab</i>	15		
<i>tolvaptan 30mg/60mg tab pack (56)</i>	56	TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	9		
<i>topiramate 100mg tab</i>	13	TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	9		
<i>topiramate 15mg cap</i>	13	TRELSTAR 11.25MG INJ	31		
<i>topiramate 200mg tab</i>	13	TRELSTAR 22.5MG INJ	31		
		TRELSTAR 3.75MG INJ	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>triamcinolone acetonide</i>	54	<i>trimipramine 25mg cap</i>	17	TYMLOS	56
<i>0.5% topical cream</i>		<i>trimipramine 50mg cap</i>	17	3120MCG/1.56ML PEN	
<i>triamcinolone acetonide</i>	54	TRINTELLIX 10MG TAB	15	INJ	
<i>0.5% topical ointment</i>		TRINTELLIX 20MG TAB	15	TYPHIM VI	66
<i>trientine 250mg cap</i>	68	TRINTELLIX 5MG TAB	16	25MCG/0.5ML INJ	
<i>tri-estarylla tab 28-day</i>	60	<i>tri-sprintec tab 28-day</i>	60	TYPHIM VI	66
<i>pack</i>		<i>pack</i>		25MCG/0.5ML SYRINGE	
<i>trifluoperazine 10mg tab</i>	41	TRIUMEQ	44	U	
<i>trifluoperazine 1mg tab</i>	41	600-50-300MG TAB		UBRELVY 100MG TAB	68
<i>trifluoperazine 2mg tab</i>	41	TRIUMEQ 60-5-30MG	44	UBRELVY 50MG TAB	68
<i>trifluoperazine 5mg tab</i>	41	TAB FOR ORAL SUSP		<i>ursodiol 250mg tab</i>	61
TRIFLURIDINE 1%	72	<i>tri-vylibra lo tab 28-day</i>	60	<i>ursodiol 300mg cap</i>	61
OPHTH SOLN		<i>pack</i>		<i>ursodiol 500mg tab</i>	61
<i>trihexyphenidyl 2mg tab</i>	37	<i>tri-vylibra tab 28-day</i>	60	USTEKINUMAB	52
<i>trihexyphenidyl 5mg tab</i>	37	<i>pack</i>		45MG/0.5ML INJ	
TRIJARDY XR	18	<i>trospium chloride 20mg</i>	62	USTEKINUMAB	52
10-5-1000MG TAB		<i>tab</i>		45MG/0.5ML SYRINGE	
TRIJARDY XR	18	TRULANCE 3MG TAB	67	USTEKINUMAB	52
12.5-2.5-1000MG TAB		TRULICITY	19	90MG/ML SYRINGE	
TRIJARDY XR	18	0.75MG/0.5ML		V	
25-5-1000MG TAB		AUTO-INJECTOR		<i>valacyclovir 1000mg tab</i>	45
TRIJARDY XR	18	TRULICITY	19	<i>valacyclovir 500mg tab</i>	45
5-2.5-1000MG TAB		1.5MG/0.5ML		VALCHLOR 0.016%	52
TRIKAFTA	78	AUTO-INJECTOR		TOPICAL GEL	
100-50-75MG/150MG		TRULICITY 3MG/0.5ML	19	<i>valganciclovir 450mg tab</i>	45
TAB PACK (84)		AUTO-INJECTOR		<i>valganciclovir 50mg/ml</i>	45
TRIKAFTA	78	TRULICITY	19	<i>oral soln</i>	
100-50-75MG/75MG		4.5MG/0.5ML		<i>valproic acid 250mg cap</i>	14
ORAL GRANULES PACK		AUTO-INJECTOR		<i>valproic acid 50mg/ml</i>	14
(56)		TRUMENBA SYRINGE	66	<i>oral soln</i>	
TRIKAFTA	78	TRUQAP 160MG TAB	35	<i>valsartan 160mg tab</i>	25
50-37.5-25MG/75MG		TRUQAP 200MG TAB	35	<i>valsartan 320mg tab</i>	25
TAB PACK (84)		TUKYSA 150MG TAB	36	<i>valsartan 40mg tab</i>	25
TRIKAFTA	79	TUKYSA 50MG TAB	36	<i>valsartan 80mg tab</i>	25
80-40-60MG/59.5MG		TURALIO 125MG CAP	35	VALTOCO 10MG	11
ORAL GRANULES PACK		<i>turqoz tab 28-day pack</i>	60	(10MG/0.1ML) NASAL	
(56)		TWINRIX SYRINGE	66	SPRAY DOSE PACK	
<i>tri-lo- estarylla tab</i>	60	TYBOST 150MG TAB	44	VALTOCO 15MG	11
<i>28-day pack</i>		TYENNE 162MG/0.9ML	69	(7.5MG/0.1ML) NASAL	
<i>tri-lo-sprintec tab 28-day</i>	60	AUTO-INJECTOR		SPRAY DOSE PACK	
<i>pack</i>		TYENNE 162MG/0.9ML	69	VALTOCO 20MG	11
<i>trimethoprim 100mg tab</i>	28	SYRINGE		(10MG/0.1ML) NASAL	
<i>tri-mili tab 28-day pack</i>	60			SPRAY DOSE PACK	
<i>trimipramine 100mg cap</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

VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	11	VENCLEXTA 100MG TAB	36	VIGAFYDE 100MG/ML ORAL SOLN	14
<i>valtya tab 1/50 28-day pack</i>	60	VENCLEXTA 10MG TAB	36	<i>vigpoder 500mg powder for oral soln</i>	14
<i>vancomycin 100mg/ml inj</i>	28	VENCLEXTA 50MG TAB	36	<i>vilazodone 10mg tab</i>	16
<i>vancomycin 125mg cap</i>	28	VENCLEXTA TAB	36	<i>vilazodone 20mg tab</i>	16
<i>vancomycin 1gm inj</i>	28	STARTER PACK (42)		<i>vilazodone 40mg tab</i>	16
<i>vancomycin 250mg cap</i>	28	<i>venlafaxine 100mg tab</i>	16	VIMKUNYA	66
<i>vancomycin 500mg inj</i>	28	<i>venlafaxine 150mg er cap</i>	16	40MCG/0.8ML SYRINGE	
<i>vancomycin 750mg inj</i>	28	<i>venlafaxine 25mg tab</i>	16	VIRACEPT 250MG TAB	44
VANFLYTA 17.7MG TAB	35	<i>venlafaxine 37.5mg er cap</i>	16	VIRACEPT 625MG TAB	44
VANFLYTA 26.5MG TAB	35	<i>venlafaxine 37.5mg tab</i>	16	VIREAD 150MG TAB	44
VAQTA 25UNIT/0.5ML INJ	66	<i>venlafaxine 50mg tab</i>	16	VIREAD 200MG TAB	44
VAQTA 25UNIT/0.5ML SYRINGE	66	<i>venlafaxine 75mg er cap</i>	16	VIREAD 250MG TAB	44
VAQTA 50UNIT/ML INJ	66	<i>venlafaxine 75mg tab</i>	16	VIREAD 40MG/GM	44
VAQTA 50UNIT/ML SYRINGE	66	VENTOLIN 108MCG HFA INHALER	9	ORAL POWDER	
<i>varenicline 0.5mg tab</i>	77	<i>verapamil 120mg er cap</i>	48	VITRAKVI 100MG CAP	35
<i>varenicline 0.5mg/1mg first month pack (53)</i>	77	<i>verapamil 120mg er tab</i>	48	VITRAKVI 20MG/ML	35
<i>varenicline 1mg tab</i>	77	<i>verapamil 120mg tab</i>	48	ORAL SOLN	
<i>varenicline 1mg tab pack (56)</i>	77	<i>verapamil 180mg er cap</i>	48	VITRAKVI 25MG CAP	35
VARIVAX	66	<i>verapamil 180mg er tab</i>	48	VIVITROL 380MG INJ	21
1350PFU/0.5ML INJ		<i>verapamil 240mg er cap</i>	48	VIVOTIF DR CAP	66
VAXCHORA ORAL SUSP	66	<i>verapamil 240mg er tab</i>	48	VIZIMPRO 15MG TAB	30
VELIVET TAB 28-DAY PACK	60	VERAPAMIL 360MG ER CAP	48	VIZIMPRO 30MG TAB	30
VELTASSA 16.8GM	69	<i>verapamil 40mg tab</i>	48	VIZIMPRO 45MG TAB	30
POWDER FOR ORAL SUSP		<i>verapamil 80mg tab</i>	48	VONJO 100MG CAP	35
VELTASSA 1GM	69	VERQUVO 10MG TAB	49	VORANIGO 10MG TAB	35
POWDER FOR ORAL SUSP		VERQUVO 2.5MG TAB	49	VORANIGO 40MG TAB	35
VELTASSA 25.2GM	69	VERQUVO 5MG TAB	49	<i>voriconazole 200mg inj</i>	22
POWDER FOR ORAL SUSP		VERSACLOZ 50MG/ML ORAL SUSP	40	<i>voriconazole 200mg tab</i>	22
VELTASSA 8.4GM	69	VERZENIO 100MG TAB	35	<i>voriconazole 40mg/ml oral susp</i>	22
POWDER FOR ORAL SUSP		VERZENIO 150MG TAB	35	<i>voriconazole 50mg tab</i>	22
		VERZENIO 200MG TAB	35	VOSEVI 400-100-100MG TAB	45
		VERZENIO 50MG TAB	35	VOWST 30000000UNIT CAP	61
		<i>vestura tab 3-0.02mg 28-day pack</i>	60	VRAYLAR 1.5MG CAP	38
		<i>vienva tab 28-day pack</i>	60	VRAYLAR 3MG CAP	38
		<i>vigabatrin 500mg powder for oral soln</i>	14	VRAYLAR 4.5MG CAP	38
		<i>vigabatrin 500mg tab</i>	14	VRAYLAR 6MG CAP	38
				<i>vyfemla tab 28-day pack</i>	60
				<i>vylibra tab 28-day pack</i>	60

W

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>warfarin sodium 10mg tab</i>	10	XATMEP 2.5MG/ML ORAL SOLN	29	XOLAIR 150MG/ML AUTO-INJECTOR	7
<i>warfarin sodium 1mg tab</i>	10	XCOPRI 100MG TAB	13	XOLAIR 150MG/ML	7
<i>warfarin sodium 2.5mg tab</i>	10	XCOPRI 150MG TAB	13	SYRINGE	
<i>warfarin sodium 2mg tab</i>	10	XCOPRI 200MG TAB	13	XOLAIR 300MG/2ML	7
<i>warfarin sodium 3mg tab</i>	10	XCOPRI 25MG TAB	13	AUTO-INJECTOR	
<i>warfarin sodium 4mg tab</i>	10	XCOPRI 50MG TAB	13	XOLAIR 300MG/2ML	7
<i>warfarin sodium 5mg tab</i>	10	XCOPRI TAB 100/150MG	13	SYRINGE	
<i>warfarin sodium 6mg tab</i>	10	MAINTENANCE PACK (56)		XOLAIR 75MG/0.5ML	7
<i>warfarin sodium 7.5mg tab</i>	10	XCOPRI TAB 12.5/25MG	13	AUTO-INJECTOR	
		TITRATION PACK (28)		XOLAIR 75MG/0.5ML	7
WELIREG 40MG TAB	36	XCOPRI TAB 150/200MG	13	SYRINGE	
WINREVAIR 45MG INJ	78	PACK (56)		XOSPATA 40MG TAB	35
WINREVAIR 45MG INJ (2 VIAL PACK)	78	XCOPRI TAB 150/200MG	14	XPOVIO TAB 100MG	36
WINREVAIR 60MG INJ	78	TITRATION PACK (28)		ONCE WEEKLY CARTON (8)	
WINREVAIR 60MG INJ (2 VIAL PACK)	78	XCOPRI TAB 50/100MG	14	XPOVIO TAB 40MG	36
<i>wixela 100-50mcg powder inhaler</i>	9	TITRATION PACK (28)		ONCE WEEKLY CARTON (16)	
<i>wixela 250-50mcg powder inhaler</i>	9	XDEMVIY 0.25% OPHTH SOLN	72	XPOVIO TAB 40MG	36
<i>wixela 500-50mcg powder inhaler</i>	9	XELJANZ 10MG TAB	2	ONCE WEEKLY CARTON (4)	
WYOST 120MG/1.7ML INJ	56	XELJANZ 1MG/ML ORAL SOLN	2	XPOVIO TAB 40MG	36
X		XELJANZ 5MG TAB	2	TWICE WEEKLY	
XALKORI 150MG ORAL PELLET	35	XELJANZ XR 11MG TAB	2	CARTON (8)	
XALKORI 200MG CAP	35	XELJANZ XR 22MG TAB	3	XPOVIO TAB 60MG	36
XALKORI 20MG ORAL PELLET	35	XERMELO 250MG TAB	21	ONCE WEEKLY CARTON (4)	
XALKORI 250MG CAP	35	XIFAXAN 550MG TAB	28	XPOVIO TAB 60MG	36
XALKORI 50MG ORAL PELLET	35	XIGDUO XR 10-1000MG TAB	18	TWICE WEEKLY	
XARELTO 10MG TAB	10	XIGDUO XR 10-500MG	18	CARTON (24)	
XARELTO 15MG TAB	10	TAB		XPOVIO TAB 80MG	36
XARELTO 1MG/ML ORAL SUSP	10	XIGDUO XR	18	ONCE WEEKLY CARTON (8)	
XARELTO 2.5MG TAB	10	2.5-1000MG TAB		XPOVIO TAB 80MG	36
XARELTO 20MG TAB	10	XIGDUO XR 5-1000MG	18	TWICE WEEKLY	
XARELTO TAB STARTER PACK (51)	10	TAB		CARTON (32)	
		XIIDRA 5% OPHTH SOLN	73	XTANDI 40MG CAP	31
		XOFLUZA 40MG TAB	45	XTANDI 40MG TAB	31
		XOFLUZA 80MG TAB	45	XTANDI 80MG TAB	31
		XOLAIR 150MG INJ	7	<i>xulane 150-35mcg/24hr patch</i>	60
				Y	

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

YESINTEK 90MG/ML SYRINGE	52	ZONISADE 100MG/5ML ORAL SUSP	13
YF-VAX INJ	67	<i>zonisamide 100mg cap</i>	13
<i>yuvaferm 10mcg vaginal insert</i>	81	<i>zonisamide 25mg cap</i>	13
		<i>zonisamide 50mg cap</i>	13
Z		<i>zovia 1mg-35mcg tab</i>	60
<i>zafemy 150-35mcg/24hr patch</i>	60	<i>28-day pack</i>	
<i>zafirlukast 10mg tab</i>	8	ZTALMY 50MG/ML	13
<i>zafirlukast 20mg tab</i>	8	ORAL SUSP	
<i>zaleplon 10mg cap</i>	65	ZURZUVAE 20MG CAP	14
<i>zaleplon 5mg cap</i>	65	ZURZUVAE 25MG CAP	14
ZAVZPRET 10MG/ACT NASAL SPRAY	68	ZURZUVAE 30MG CAP	14
ZEJULA 100MG TAB	35	ZYDELIG 100MG TAB	35
ZEJULA 200MG TAB	35	ZYDELIG 150MG TAB	35
ZEJULA 300MG TAB	35	ZYKADIA 150MG TAB	35
ZELBORAF 240MG TAB	35		
<i>zenatane 10mg cap</i>	51		
<i>zenatane 20mg cap</i>	51		
<i>zenatane 30mg cap</i>	51		
<i>zenatane 40mg cap</i>	51		
ZERBAXA 1000-500MG INJ	28		
<i>zidovudine 100mg cap</i>	44		
<i>zidovudine 10mg/ml oral soln</i>	44		
<i>zidovudine 300mg tab</i>	44		
<i>ziprasidone 20mg cap</i>	38		
<i>ziprasidone 20mg inj</i>	39		
<i>ziprasidone 40mg cap</i>	39		
<i>ziprasidone 60mg cap</i>	39		
<i>ziprasidone 80mg cap</i>	39		
ZOLINZA 100MG CAP	35		
<i>zolmitriptan 2.5mg tab</i>	68		
<i>zolmitriptan 5mg tab</i>	68		
<i>zolpidem tartrate 10mg tab</i>	65		
<i>zolpidem tartrate 12.5mg er tab</i>	65		
<i>zolpidem tartrate 5mg tab</i>	65		
<i>zolpidem tartrate 6.25mg er tab</i>	65		

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

2026 Contract Disclaimers:

- American Health Advantage of Florida (HMO I-SNP), offered by American Health Plan of Florida, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Florida (HMO I-SNP) depends on contract renewal.
- Georgia Health Advantage (HMO I-SNP), offered by Georgia Assurance, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Georgia Health Advantage (HMO I-SNP) depends on contract renewal.
- Georgia Health Advantage Choice (HMO I-SNP), offered by Georgia Assurance, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Georgia Health Advantage Choice (HMO I-SNP) depends on contract renewal.
- Iowa Health Advantage (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Iowa Health Advantage (HMO I-SNP) depends on contract renewal.
- Iowa Health Advantage Choice (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Iowa Health Advantage Choice (HMO I-SNP) depends on contract renewal.
- American Health Advantage of Idaho (HMO I-SNP), offered by American Health Plan of Utah, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Idaho (HMO I-SNP) depends on contract renewal.
- American Health Advantage of Indiana (HMO I-SNP), offered by American Health Plan of Indiana, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Indiana (HMO I-SNP) depends on contract renewal.
- American Health Advantage of Louisiana (HMO I-SNP), offered by Dignity Care Corporation, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Louisiana (HMO I-SNP) depends on contract renewal.
- American Health Advantage of Missouri American Health Advantage of Missouri (HMO I-SNP), offered by American Health Plan of Missouri, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Missouri (HMO I-SNP) depends on contract renewal.
- American Health Advantage of Missouri Choice (HMO I-SNP), offered by American Health Plan of Missouri, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Missouri Choice (HMO I-SNP) depends on contract renewal.
- American Health Advantage of Mississippi (HMO I-SNP), offered by American Health Plan of Mississippi, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Mississippi (HMO I-SNP) depends on contract renewal.

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

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact Our Plan Member Services, at number below or, for TTY/ TDD:1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or Website below.

Plan Name	Member Services	Website
American Health Advantage of Oklahoma (HMO I-SNP)	866-583-4649	OK.AmHealthPlans.com
American Health Advantage of Utah (HMO I-SNP)	855-521-0627	UT.AmHealthPlans.com
American Health Advantage of Idaho (HMO I-SNP)	855-521-0627	ID.AmHealthPlans.com
American Health Advantage of Missouri (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com

American Health Advantage of Missouri Choice (HMO I-SNP)	844-228-7934	MO.AmHealthPlans.com
American Health Advantage of Florida (HMO I-SNP)	855-521-0626	FL.AmHealthPlans.com
Iowa Health Advantage (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com
Iowa Health Advantage Choice (HMO I-SNP)	866-327-0523	IowaHealthAdvantage.com
American Health Advantage of Texas (HMO I-SNP)	855-521-0628	TX.AmHealthPlans.com
American Health Advantage of Tennessee (HMO I-SNP)	844-321-1763	TN.AmHealthPlans.com
Georgia Health Advantage (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
Georgia Health Advantage Choice (HMO I-SNP)	844-917-0645	GeorgiaHealthAdvantage.com
American Health Advantage of Louisiana (HMO I-SNP)	866-266-6010	LA.AmHealthPlans.com
American Health Advantage of Indiana (HMO I-SNP)	844-657-0447	IN.AmHealthPlans.com
American Health Advantage of Mississippi (HMO I-SNP)	844-917-0642	MS.AmHealthPlans.com
American Health Advantage of Pennsylvania (HMO I-SNP)	855-239-1022	PA.AmHealthPlans.com