



A MEDICARE AND MEDICAID PACE PROGRAM

A Program of All-Inclusive Care for Adults 55+
by CenterLight Healthcare

CenterLight Teamcare

A Program of All-Inclusive Care for the Elderly

FORMULARY

List of Covered Drugs | January 1, 2022 - December 31, 2022

FORMULARIO

Lista de medicamentos
cubiertos

Del 1.º de enero 2022 al 31 de
diciembre de 2022

处方集

承保药物名单

2022年1月1日 - 2022年12
月31日)

CenterLight Teamcare

2022 Formulary

(List of Covered Drugs)

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

Formulary ID 00022109, Version 15

This formulary was updated as of August 1, 2022. For more recent information or other questions, please contact us, CenterLight Teamcare, at 1-833-CL-CARES (1-833-252-2737) or, for TTY users, 711, Monday-Friday from 8:00AM through 8:00PM, or visit <http://www.centerlightteamcare.org>.

Note to existing participants: 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 CenterLight Teamcare . When it refers to “plan” or “our plan,” it means CenterLight Teamcare .

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2023, and from time to time during the year.

What is the CenterLight Teamcare Formulary?

A formulary is a list of covered drugs selected by CenterLight Teamcare 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. CenterLight Teamcare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CenterLight Teamcare network pharmacy, and other plan rules are followed.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. 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 CenterLight Teamcare’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to participants who take the drug.
- **Other changes.** We may make other changes that affect participants currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. We may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected participants of the change at least 30 days before the change becomes effective, or at the time the participant requests a refill of the drug, at which time the participant will receive a 30-day, (or 31-day supply if you reside in long term care LTC facilities) of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 CenterLight Teamcare’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 participants taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect

2022 Part D Formulary (Comprehensive)

you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/01/2022. To get updated information about the drugs covered by CenterLight Teamcare, please contact us. Our contact information appears on the front and back cover pages. In the event that CenterLight Teamcare has CMS-approved non-maintenance changes to the formulary throughout the plan year (i.e., remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug), CenterLight Teamcare will update our formulary and post it on our website. We also maintain and update our online formulary on a monthly basis.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 24. 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 - MISC”. If you know what your drug is used for, look for the category name in the list that begins on page number 119. 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 119. 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?

CenterLight Teamcare 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 cost less than brand name drugs.

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:** CenterLight Teamcare requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from CenterLight Teamcare before you fill your prescriptions. If you don't get approval, CenterLight Teamcare may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD):** This drug may

2022 Part D Formulary (Comprehensive)

be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from CenterLight Teamcare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CenterLight Teamcare may not cover this drug.

- **Prior Authorization Restriction for New Starts Only (PA_NSO):** If this drug is new to the participant, you (or your physician) are required to get prior authorization from CenterLight Teamcare before you fill your prescription for this drug. Without prior approval, CenterLight Teamcare may not cover this drug.
- **Quantity Limits:** For certain drugs, CenterLight Teamcare limits the amount of the drug that CenterLight Teamcare will cover. For example, CenterLight Teamcare provides 30 units per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CenterLight Teamcare 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, CenterLight Teamcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CenterLight Teamcare will then cover Drug B.
- **Step Therapy for New Starts Only (ST_NSO):** If this drug is new to the participant, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **Limited Distribution (LD):** The symbol [LD] next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.
- **Non-Extended Day Supply (NDS):** Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.

CenterLight Teamcare limits coverage of blood glucose meters, test strips, and Continuous Glucose Monitoring (CGM) to the following Abbott Diabetes Care products:

- | | |
|----------------------------------|--------------------------------------|
| • FreeStyle Lite® meters | Freestyle Precision Neo Test Strips |
| • FreeStyle Freedom Lite® meter | Freestyle Precision Xtra Test Strips |
| • Freestyle Precision Neo meter | Freestyle Insulinx Test Strips |
| • Freestyle Precision Xtra meter | Freestyle Test Strips |
| • Freestyle Insulinx Meter | Freestyle Lancet |
| • FreeStyle Lite® test strips | FreeStyle Libre |
| | FreeStyle Libre 2 |

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 CenterLight Teamcare 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 CenterLight Teamcare’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Participant 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 CenterLight Teamcare does not cover your drug, you have two options:

- You can ask Participant Services for a list of similar drugs that are covered by CenterLight Teamcare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CenterLight Teamcare.
- You can ask CenterLight Teamcare 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 CenterLight Teamcare’s Formulary?

You can ask CenterLight Teamcare 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CenterLight Teamcare 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, CenterLight Teamcare will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing participant 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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a participant of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day (or 31-day supply if you reside in long term care LTC facilities). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply (or 31-day supply if you reside in long term care LTC facilities) of medication. After your first 30-day (or 31-day) supply, we will not pay for these drugs, even if you have been a participant of the plan less than 90 days.

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

We will provide a one-time 31-day transition supply per drug, which will cover a temporary supply if you have a change in your medications due to a level-of-care change. A level-of-care change may include:

- Entering or leaving an LTC facility
- Discharged from a hospital to a home
- End a Medicare Part A skilled nursing facility stay
- End an LTC facility stay and return to home

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

For more information

If you have questions about CenterLight Teamcare, 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>.

CenterLight Teamcare Formulary

The formulary below provides coverage information about the drugs covered by CenterLight Teamcare. If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

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

2022 Part D Formulary (Comprehensive)

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

GUIDE TO ABBREVIATIONS

- The symbol LD in the Notes column next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs. For more information, consult your Pharmacy Directory or call Participant Services at 1-833-CL-CARES (1-833-252-2737), Monday-Friday from 8:00AM through 8:00PM. TTY users should call 711.
- The symbol PA in the Notes column indicates that prior authorization may apply.
- The symbol PA BvD in the Notes column indicates that prior authorization may apply for medications that could be eligible for payment under either Medicare Part B or Part D.
- The symbol PA NSO in the Notes column indicates that prior authorization may apply on certain medications for new participants of the plan.
- The symbol QL in the Notes column indicates that quantities dispensed may be limited.
- The symbol ST in the Notes column indicates that step therapy may apply.
- The symbol ST NSO in the Notes column indicates that step therapy may apply on certain medications for new participants of the plan.
- The symbol NDS in the Notes column indicates that the drug is limited to a 30-day supply for Retail and Mail Order.

Notice About Non-Discrimination

CenterLight Teamcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CenterLight Teamcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. CenterLight Teamcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Participant Services at 1-833-CL-CARES (1-833-252-2737), Monday-Friday from 8:00 a.m. through 8:00 p.m. TTY users should call 711. If you believe that CenterLight Teamcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with CenterLight Teamcare Participant Services, 136-65 37th Ave., Flushing, NY 11354, 1-833-CL-CARES (1-833-252-2737), or by fax 718-944-1235 or email customerserviceteam@centerlight.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please contact Participant Services 1-833-CL-CARES (1-833-252-2737), Monday-Friday from 8:00 a.m. through 8:00 p.m. TTY users should call 711.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

CenterLight Teamcare

Formulario de 2022

(Lista de medicamentos cubiertos)

**TENGA EN CUENTA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE
LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Formulario 00021532 Version numero 15

Este formulario se actualizó el 1 de agosto 2022. Para obtener información más reciente o realizar otras preguntas, comuníquese con el Servicio de atención para miembros del CenterLight Teamcare al 1-833-CL-CARES (1-833-252-2737) o, para usuarios de TTY al 711, de lunes a viernes de 8:00 a. m. a 8:00 p. m., o visite www.centerlightteamcare.org/direct.

Nota para miembros actuales: este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que usted toma.

Cuando en esta lista de medicamentos (formulario) se hace referencia a “nosotros” o “nuestro,” se refiere al plan CenterLight Teamcare. Cuando se hace referencia al “plan” o “nuestro plan”, se refiere al plan CenterLight Teamcare.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que rige a partir el 1 de agosto 2022. Para acceder a un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la última fecha de actualización del formulario, aparece en las páginas de portada y contratapa.

Por lo general, debe usar farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, los formularios, la red de farmacias o los copagos/coseguros pueden cambiar a partir del 1.º de enero de 2023, y de vez en cuando durante el año.

¿Qué es el formulario del plan CenterLight Teamcare?

Un formulario es una lista de medicamentos cubiertos seleccionados por el plan CenterLight Teamcare y un equipo de proveedores de atención médica, y constituye los tratamientos recetados que se consideran una parte necesaria de un programa de tratamiento de calidad. El CenterLight Teamcare generalmente cubrirá los medicamentos de la lista de nuestro formulario siempre que el medicamento sea necesario, que la receta se llene en una farmacia de la red del CenterLight Teamcare y que se sigan otras normas del plan.

¿El formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.º de enero pero podemos agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o menor y con las mismas restricciones o menos. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de hacer ese cambio, pero luego le brindaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos dicho cambio, usted o quien receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación, titulada "¿Cómo solicitar una excepción al Formulario del plan CenterLight Teamcare?".
- **Medicamentos quitados del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) considera que algún medicamento del formulario no es seguro o si el fabricante del medicamento lo retira del mercado, nosotros lo retiraremos del formulario inmediatamente y lo comunicaremos a aquellos miembros que toman el medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente incluido en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O podemos hacer cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorizaciones previas, límites de cantidad o restricciones en un medicamento, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicita el medicamento nuevamente, en cuyo momento el miembro recibirá un suministro de 30 días o de 31 días (si reside en centros de atención a largo plazo) del medicamento.
 - Si realizamos estos otros cambios, usted o quien receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación, titulada "¿Cómo solicitar una excepción al Formulario del plan CenterLight Teamcare?".

Cambios que no le afectarán si actualmente está tomando el medicamento. Generalmente, si usted está tomando un medicamento en nuestro formulario 2022 que estaba cubierto al comienzo del año, no

Formulario modelo de la Parte D para 2022

descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2022 excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura.

El formulario adjunto rige a partir del 08/01/2022. Comuníquese con nosotros para obtener información actualizada acerca de los medicamentos que cubre el plan CenterLight Teamcare. Nuestra información de contacto aparece en las páginas de portada y contratapa. En caso de que el plan CenterLight Teamcare haya aprobado por el CMS cambios no relacionados con el mantenimiento del formulario a lo largo del año del plan (es decir, eliminar medicamentos de nuestro formulario, agregar autorización previa, límites de cantidad o restricciones de tratamiento escalonado a un medicamento), el plan CenterLight Teamcare actualizará nuestro formulario y lo publicará en nuestro sitio web. Además, mantendremos y actualizaremos nuestro formulario en línea mensualmente.

¿Cómo se usa el formulario?

Hay dos formas de encontrar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 24. Los medicamentos de este formulario están agrupados en categorías de acuerdo con el tipo de afecciones médicas para las que se usan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se encuentran en la categoría “AGENTES CARDIOVASCULARES - VARIOS”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 24. Luego busque su medicamento bajo el nombre de la categoría.

Lista alfabética

Si no está seguro bajo qué categoría buscar, deberá buscar su medicamento en el índice de la página 119. El índice proporciona una lista alfabética de todos los medicamentos que están incluidos en este documento. En el índice aparecen tanto los medicamentos de marca como los genéricos. Busque en el índice y encuentre su medicamento. Al lado del nombre de su medicamento, encontrará el número de página en la que hay información sobre la cobertura. Diríjase a la página que indica el índice y encuentre el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

El plan CenterLight Teamcare cubre medicamentos de marca y genéricos. La FDA aprueba un medicamento genérico que tenga el mismo ingrediente activo que un medicamento de marca. Por lo general, el costo de los medicamentos genéricos es menor al de los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos especiales o límites de cobertura. Estos requisitos y

Formulario modelo de la Parte D para 2022

límites pueden incluir:

- **Autorización previa:** el plan CenterLight Teamcare requiere que usted (o su médico) obtenga una autorización previa para ciertos medicamentos. Esto significa que necesitará obtener la aprobación del plan CenterLight Teamcare antes de surtir sus recetas. Si no recibe la aprobación, es posible que el plan CenterLight Teamcare no cubra el medicamento.
- **Autorización previa - Restricción en las determinaciones de la Parte B con respecto a la Parte D (PA_BvD):** este medicamento puede ser elegible para el pago según la Parte B o Parte D de Medicare. Usted (o su médico) debe obtener una autorización previa del plan CenterLight Teamcare para determinar si este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, el plan CenterLight Teamcare no puede cobrar este medicamento.
- **Autorización previa - Restricción para nuevos miembros solamente (PA_NS0):** si este medicamento es nuevo para el miembro, usted (o su médico) debe obtener autorización previa de CenterLightTeamcare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que el plan CenterLight Teamcare no cubra este medicamento.
- **Límites de cantidad:** para ciertos medicamentos, el plan CenterLight Teamcare limita la cantidad del medicamento que el plan CenterLight Teamcare cubrirá. Por ejemplo, el plan CenterLight Teamcare proporciona 30 unidades por receta de JANUVIA. Esto puede sumarse al suministro estándar de uno o tres meses.
- **Tratamiento escalonado:** en algunos casos, el plan CenterLight Teamcare requiere que usted pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección médica, el plan CenterLight Teamcare puede no cubrir el Medicamento B a menos que pruebe el Medicamento A primero. Si el Medicamento A no funciona para usted, el plan CenterLight Teamcare cubrirá el Medicamento B.
- **Tratamiento escalonado para nuevos miembros solamente (ST_NS0):** si este medicamento es nuevo para el miembro, se le requiere que usted pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección.
- **Distribución limitada (LD):** el símbolo [LD] al lado del nombre del medicamento indica que ha sido restringido en ciertas farmacias por la Administración de Alimentos y Medicamentos. Estos medicamentos solo pueden obtenerse en farmacias designadas como de especialidad que son capaces de manipular apropiadamente los medicamentos.
- **Sin suministro extendido (NDS):** los medicamentos que se indiquen como “NDS” están limitados a un suministro de 1 mes tanto para minoristas como para el envío por correo.

El plan CenterLight Teamcare limita la cobertura de los medidores de glucosa en sangre y las tiras de prueba a los siguientes productos de Abbott Diabetes Care:

- | | |
|------------------------------------|--|
| • Medidores FreeStyle Lite® | Tiras de prueba Freestyle Precision Neo |
| • Medidor FreeStyle Freedom Lite® | Tiras de prueba Freestyle Precision Xtra |
| • Medidor Freestyle Precision Neo | Tiras de prueba Freestyle Insulinx |
| • Medidor Freestyle Precision Xtra | Tiras de prueba Freestyle |
| | Tiras de prueba Freestyle 2 |

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- Medidor Freestyle Insulinx
compatible con cualquier medidor Lite

Tiras de prueba Freestyle Lancet FreeStyle Lite®
Freestyle Libre Sistema flash de monitoreo de glucosa

Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando el formulario que comienza en la página 9. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos al visitar nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones al tratamiento escalonado. Podrá solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la última fecha de actualización del formulario, aparece en las páginas de portada y contratapa.

Puede solicitar al plan CenterLight Teamcare que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que puedan tratar su estado de salud. Consulte la sección "¿Cómo solicitar una excepción al Formulario del plan CenterLight Teamcare?" en la página 5 para obtener información sobre cómo solicitar una excepción.

¿Qué sucede en caso de que mi medicamento no esté en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), debe ponerse en contacto con el Servicio de atención para miembros a fin de consultar si su medicamento está cubierto.

Si sabe que el plan CenterLight Teamcare no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar al Servicio de atención para miembros una lista de medicamentos similares cubiertos por el plan CenterLight Teamcare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar cubierto por el plan CenterLight Teamcare.
- Puede solicitar que el plan CenterLight Teamcare haga una excepción y cubra su medicamento. A continuación, encontrará información sobre cómo solicitar una excepción.

¿Cómo solicitar una excepción al Formulario del plan CenterLight Teamcare?

Puede solicitar que el plan CenterLight Teamcare haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos la cobertura de un medicamento incluso si no está en el formulario.
- Puede solicitarnos que no apliquemos una restricción a la cobertura o limitaciones a su medicamento. Por ejemplo, para ciertos medicamentos, el plan CenterLight Teamcare

Formulario modelo de la Parte D para 2022

limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que anulemos ese límite y cubramos una mayor cantidad.

Generalmente, el plan CenterLight Teamcare solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan, [el medicamento de costo compartido más bajo] o las restricciones adicionales de utilización no fueran tan efectivos en el tratamiento de su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitar una decisión de cobertura inicial para un formulario, o una excepción de restricción de utilización. **Cuando solicita un formulario o una excepción a la restricción de utilización, debería solicitar una declaración de quien realiza la receta o de un médico que respalde su solicitud.** Generalmente, debemos decidirnos dentro de las 72 horas de haber recibido la declaración de la persona autorizada. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud puede verse seriamente afectada por una espera de hasta 72 horas. Si se concede la solicitud de excepción acelerada, debemos comunicarle nuestra decisión 24 horas después de recibir la declaración de la persona o médico autorizado.

¿Qué debo hacer antes de hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o permanente de nuestro plan, puede estar tomando medicamentos que no están en el formulario. O, puede estar tomando un medicamento que está en el formulario, pero tiene capacidad limitada para obtenerlo. Por ejemplo, puede necesitar nuestra autorización previa antes de que pueda surtir su receta. Debe hablar con su médico para decidir si debe cambiarse a un medicamento determinado que esté cubierto o solicitar una excepción al formulario para que cubramos el medicamento que está tomando. Mientras habla con su médico para determinar la medida correcta para usted, cubriremos su medicamento en ciertos casos durante los primeros 90 días que es miembro del plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporario de 30 días o 31 días (si reside en centros de atención a largo plazo). Si su receta ha sido expedida para menos días, permitiremos que las recetas adicionales proporcionen hasta un suministro de medicamentos de un máximo de 30 días o 31 días (si reside en centros de atención a largo plazo). Después de su suministro de 30 o 31 días, no cubriremos esos medicamentos, aunque haya sido miembro del plan durante menos de 90 días.

Si reside en un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtenerlo es limitada, pero han pasado los primeros 90 días de afiliación a nuestro plan, cubriremos un suministro de emergencia por 31 días mientras solicita una excepción de formulario.

Le proporcionaremos un suministro de transición de 31 días por medicamento, que cubrirá un suministro temporario si tiene que cambiar de medicamento debido a un cambio de nivel de atención. Un cambio de nivel de atención puede incluir lo siguiente:

- Ingresar o abandonar un centro de atención a largo plazo
- Ser dado de alta de un hospital a un hogar
- Concluir una estadía en un Centro de enfermería especializada de la Parte A.
- Dejar el estado de uso de cuidados paliativos y volver a utilizar los beneficios estándares de Medicare.

Formulario modelo de la Parte D para 2022

- Terminar una estadía en un centro de atención a largo plazo y regresar a su hogar.

Durante el período que recibe el suministro temporario de un medicamento, debe hablar con su médico para decidir qué hacer cuando se agote su suministro temporario. Usted puede cambiar a un medicamento distinto cubierto por el plan o pedirle al plan que haga una excepción y cubra su medicamento actual.

Para obtener más información

Comuníquese con nosotros si tiene preguntas sobre el plan CenterLight Teamcare. Nuestra información de contacto, junto con la última fecha de actualización del formulario, aparece en las páginas de portada y contratapa.

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800- MEDICARE (1-800-633-4227), los 7 días de la semana, las 24 horas del día. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario del plan CenterLight Teamcare

El formulario a continuación proporciona información de cobertura sobre los medicamentos cubiertos por el plan CenterLight Teamcare. Si tiene dificultades para encontrar su medicamento en la lista, diríjase al índice de la página 110.

En la primera columna de la tabla, encontrará la lista con los nombres de los medicamentos. Los medicamentos de marca están en mayúscula (por ejemplo, SYNTHROID) y los medicamentos genéricos están incluidos en minúscula cursiva (por ejemplo, *evothyroxine*).

La información en la columna Requisitos/Límites indica si el plan CenterLight Teamcare tiene algún requisito especial de cobertura para su medicamento.

GUÍA DE ABREVIATURAS

- El símbolo LD en la columna Notas al lado del nombre del medicamento indica que ha sido restringido en ciertas farmacias por la Administración de Alimentos y Medicamentos. Estos medicamentos solo pueden obtenerse en farmacias designadas como de especialidad que son capaces de manipular apropiadamente los medicamentos. Para obtener más información, consulte su Directorio de farmacias o llame al Servicio de atención para miembros al 1- 833-CL-CARES (1-833-252-2737), de lunes a viernes de 8:00 a. m. a 8:00 p. m., Los usuarios de TTY deben llamar al 711.
- El símbolo PA en la columna Notas indica que puede aplicarse autorización previa.
- El símbolo PA BvD en la columna Notas indica que puede aplicarse autorización previa para medicamentos que podrían ser elegibles para pago según la Parte B o la Parte D de Medicare.
- El símbolo PA NSO en la columna Notas indica que se puede aplicar autorización previa en ciertos medicamentos para nuevos miembros del plan.
- El símbolo QL en la columna Notas indica que las cantidades proporcionadas pueden ser limitadas.
- El símbolo ST en la columna Notas indica que puede aplicarse un tratamiento escalonado.

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- El símbolo ST NSO en la columna Notas indica que el tratamiento escalonado puede aplicarse a ciertos medicamentos para los nuevos miembros del plan.
- El símbolo NDS en la columna Notas indica que el medicamento está limitado a un suministro de 30 días para minoristas y envío por correo postal.

Aviso de no discriminación

El plan CenterLight Teamcare cumple con las leyes federales sobre los derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo. El plan CenterLight Teamcare no excluye a personas ni las trata diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

El plan CenterLight Teamcare:

- proporciona ayuda y servicios gratuitos a personas con discapacidades para comunicarse de manera efectiva con nosotros, como:
 - Intérpretes de lenguaje de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

- proporciona servicios de lenguaje gratuitos a personas cuya lengua materna sea distinta del inglés, como:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con el Servicio de atención para miembros de CenterLight Teamcare. Si considera que el plan CenterLight Teamcare no ha proporcionado estos servicios o que ha discriminado de otra forma por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una demanda ante: Servicio de atención para miembros de CenterLight Teamcare, 136-65 37th Ave., Flushing, NY 11354, número de teléfono 1-833-CL-CARES (1-833-252-2737), fax 718-944-1645, correo electrónico customerserviceteam@centerlight.org. Puede presentar un reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una demanda, el Servicio de atención para miembros está disponible para ayudarlo. También puede presentar una queja sobre los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos de manera electrónica en el portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o por teléfono al: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868- 1019, 800-537-7697 (TDD). Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

CenterLight Teamcare

2022 年处方集

(承保药物名单)

请阅读： 本文档包含有关我们在本计划中承保的药物的信息

Formulary ID 00022109, Version 15

本处方集于 2022 年 8 月 1 日更新。如欲了解更多最新信息或有其他问题，请致电给 **CenterLight Teamcare**，电话号码是 **1-833-CL-CARES (1-833-252-2737)**，TTY 用户电话号码是 **711**，联系时间为周一至周五上午 **8:00** 至晚上 **8:00**，或访问 <http://www.centerlightteamcare.org>。

现有参保人注意事项： 自去年以来，此处方集已发生了更改。请仔细阅读本文件，确保它仍包含您服用的药物。

当本药物名单（处方集）提到“我们”或“我们的”时，所指的是 CenterLight Teamcare。当它提到“计划”或“我们的计划”时，所指的也是 CenterLight Teamcare。

本文件包含我们计划的承保药物名单（处方集），提供了截至 2022 年 8 月 1 日的最新信息。如需获取经过更新的处方集，请联系我们。本文件正面和背面印有我们的联系信息和上次更新处方集的时间。

通常情况下，您必须在网络药房取药，才能使用您的处方药福利。福利、处方集、药房网络和/或共付额/共同保险金，可能会在 2023 年 1 月 1 日发生更改，并且在全年中的任何时刻均可能发生更改。

什么是 CenterLight Teamcare 处方集？

处方集是 CenterLight Teamcare 与医疗保健提供商团队协商后选择的承保药物的名单，它提供了被认为是高质量治疗所必不可少的一部分的处方药。CenterLight Teamcare 通常会承保我们的处方集中所列示的药物，只要该药物属于医疗必需药物、您在 CenterLight Teamcare 网络药房持处方配药，并且您遵守了计划的其他规定。

处方集（药物名单）会不会更改？

药物承保的大多数变更发生在 1 月 1 日，但是我们可能会在年度内在药物名单上添加药物，或从中删除药物，也有可能将某种药物移至不同的费用分摊等级，或添加新的限制。进行这些更改时我们必须遵循 Medicare 规则。

今年可能对您造成影响的变化：在下列情况下，您会受到发生在本年度内的承保变化的影响：

- **新的副厂药。**如果我们用一种将出现在相同或更低费用分担层级并且具有相同或更少的限制的新的副厂药来替代一种原厂药，我们可能立即在我们的药物名单上删除该原厂药。此外，在添加该新副厂药时，我们也可能决定将原厂药保留在我们的药物名单上，但会立即将其移至不同的成本分摊层级或添加新的限制。如果您目前正在使用该原厂药，我们可能不会在进行更改之前提前告知您，但我们稍后会向您提供有关我们所做出的具体更改的信息。
 - 或者，您和您的提供者可以要求保健计划做出例外处理，以继续承保您的原厂药。我们为您提供的通知还将包含关于如何申请“例外处理”的信息，您还可以在以下的标题为“如何申请 CenterLight Teamcare 处方集的例外处理”部分找到相关信息。
- **药物从市场上撤下。**如果食品药品监督管理局认为我们的处方集中的某种药物不安全，或者药物的制造商停止向市场出售该药物，我们会立即将该药物从我们的处方集中移除并通知服用该药物的参保人。
- **其他变化。**我们可能会做出影响目前服用药物的参保人的其他变化。例如，我们可能会添加一种新的副厂药，用来替代目前处方集中的某种原厂药，或者对该原厂药添加新的限制，或将其转移到不同的成本分摊等级。我们可能会添加一种对于市场来说并非新的副厂药，用以取代目前处方集中的某种原厂药，或者对该原厂药添加新的限制，或将其转移到不同的成本分摊等级。或者，我们可能会根据新的临床指南来进行更改。如果我们移除了处方集中的药物，或者添加了药物的事先授权、数量限制和/或阶梯疗法限制条件，我们必须在更改生效至少 30 天前通知受该更改影响的参保人，或者在受该更改影响的参保人申请续领该药物时通知该参保人，此时，该参保人将获得至少 30 天的药物供应量；如果您居住在长期护理 LTC 设施，就会提供 31 天的供应量。
 - 如果我们进行其他更改，您和您的提供者可以要求保健计划做出例外处理，以继续承保您的原厂药。我们为您提供的通知还将包含关于如何申请“例外处理”的信息，您还可以在以下的标题为“如何申请 CenterLight Teamcare 处方集的例外处理”部分找到相关信息。

如果您目前正在服用某种药物，即使出现更改也不会对您造成影响的变化。通常来说，如果您正在服用年初确定承保的 2022 处方集中的某种药物，除非有上述说明的情形，否则我们不会在 2022 保险年度内终止或减少该药物的保险。也就是说在承保年度的剩余时间内，我们会继续为服用该药物的参保人以同样的分摊费用承保该药物，并且没有新的限制。您不会收到关于今年出现的不影响您的用药的变更的通知。但是，在下一年的 1 月 1 日，此类变更将会影响您，请务必检查新福利年度的药品名单，以了解药品方面的任何政策变更。

随附的处方集提供了截至 08/01/2022 的信息。如需获取 CenterLight Teamcare 承保的药物的更新信息，请联系我们。本文件正面和背面印有我们的联系信息。如果 CenterLight Teamcare 在计划年度内对处方集进行了 CMS 批准的非维护性变更（即从我们的处方集中删除药物、添加药物的事先授权、数量限制和/或阶梯疗法限制等规定），CenterLight

Teamcare 将更新我们的处方集并将其发布在我们的网站上。我们还会每月维护和更新我们的在线处方集。

如何使用处方集？

您可以通过两种方式在处方集中查找您的药物：

按病症列出的药物名单

此名单从第 24 页开始。此名单中的药物会按照药物治疗的病症类型进行分类。例如，用于治疗心脏疾病的药物均列于“心血管药物 - 各类”的类别中。如果您知道药物的用途，请在第 24 页开始的名单中查找该用途类别名称。然后在该类别名称下查找您的药物。

按字母顺序列出的药物名单

如果您不确定在哪一类别下查找您的药物，则应在第 119 页开始的索引中查找您的药物。该索引提供了本文件中包含的所有药物的按字母顺序排列的名单。该索引列示了原厂药和副厂药。查看该索引，找到您的药物。在药物的旁边，您将看到对应页码，翻到该页即可以找到承保信息。翻到该索引中列示的页码，在名单的第一列找到您药物的名称。

什么是副厂药？

CenterLight Teamcare 承保原厂药和副厂药。副厂药由 FDA 批准，与原厂药具有相同的活性成分。副厂药的费用通常低于原厂药。

我的承保是否有任何限制？

某些承保药物可能会有额外的承保要求或限制。这些要求和限制可能包括：

- **事先授权：**CenterLight Teamcare 要求您或您的医生在使用某些药物前获得我们的事先授权。这意味着在配领您的处方药前，您必须获得 CenterLight Teamcare 的批准。如果您未获得批准，CenterLight Teamcare 可能不会承保该药物。
- **与 B 部分与 D 部分承保决定相关的事先授权限制 (PA_BvD)：**该药物可能符合 Medicare B 部分或 D 部分的付款条件。您（或您的医生）需要事先获得 CenterLight Teamcare 的授权，以确定该药物在 Medicare D 部分的承保范围内，然后才能按处方配药。未经事先批准，CenterLight Teamcare 可能不承保此药物。
- **仅限起始用药者的事先授权限制(PA_NS0)：**如果该药物对参保者来说是新的，您（或您的医生）需要事先获得 CenterLight Teamcare 的授权，然后才能按处方配药。未经事先批准，CenterLight Teamcare 可能不承保此药物。
- **数量限制：**对于某些药物，CenterLight Teamcare 对 CenterLight Teamcare 将承保的药物数量设有限制。例如，CenterLight Teamcare 为每个处方提供 30 个单位的 JANUVIA。这可能是除了标准的一个月或三个月供应量以外的供应量。
- **阶梯疗法：**在某些情况下，CenterLight Teamcare 要求您必须首先尝试使用某些药物来治疗您的病症，然后我们才会为您承保治疗该病症的其他药物。例如，如果药物 A 和药物 B 都能治疗您的病症，CenterLight Teamcare 可能不会承保药物 B，除非您首先尝试使用药物 A。如果药物 A 对您不见效，CenterLight Teamcare 才会承保药物 B。

- **仅限起始用药者的阶梯疗法 (ST_NSO):** 如果某种药物对于参保人是新药，我们要求您必须首先尝试使用某些药物来治疗您的病症，然后我们才会为您承保治疗该病症的另一种药物。
- **发售地点限制(LD):** 药品名称旁边的符号 [LD] 表示该药品已被美国食品和药品管理局标记为仅限某些药房发售。这些药物仅可在能够适当处理这些药物的专科指定药房发售。
- **非延长供应 (NDS):** 对于零售药店和邮购配药，标有“NDS”的药物仅提供 1 个月的供应量。

CenterLight Teamcare 将血糖仪、试纸和连续血糖监测 (CGM) 的承保范围限制在以下 Abbott Diabetes Care 糖尿病护理产品：

- FreeStyle Lite® meters
- FreeStyle Freedom Lite® meter
- Freestyle Precision Neo meter
- Freestyle Precision Xtra meter
- Freestyle Insulinx Meter
- FreeStyle Lite® test strips
- Freestyle Precision Neo Test Strips
- Freestyle Precision Xtra Test Strips
- Freestyle Insulinx Test Strips
- Freestyle Test Strips
- Freestyle Lancet
- FreeStyle Libre
- FreeStyle Libre 2

您可以在第 24 页开始的处方集中查找您的药物是否有任何额外要求或限制。您也可以访问我们的网站，获取有关特定承保药物限制的更多信息。我们已经发布了解释事先授权和阶梯疗法限制的在线文件。您也可以要求我们为您寄送该文件的一份副本。本文件正面和背面印有我们的联系信息和上次更新处方集的信息。

您可以要求 CenterLight Teamcare 对这些限制或限量或者对可治疗您的健康状况的一系列其他类似药物作出例外处理。请参见第 5 页中的“如何申请对 CenterLight Teamcare 的处方集作出例外处理”部分，了解如何申请例外处理的相关信息。

如果我的药物未包含在处方集中怎么办？

如果您的药物未包含在此处方集（承保药物名单）中，您应首先联系参保人服务部，咨询您的药物是否受到承保。欲了解更多信息，请联系我们。本文件正面和背面印有我们的联系信息和上次更新处方集的信息。

如果得知 CenterLight Teamcare 不承保您的药物，您有两个选择：

- 您可以向参保人服务部索要 CenterLight Teamcare 包付的类似药物的名单。收到该名单后，请将其出示给您的医生，要求他/她为您开具 CenterLight Teamcare 所承保的类似药物的处方。
- 或者，您可以要求 CenterLight Teamcare 做出例外处理并对药物提供承保。请参见下文，了解如何申请例外处理的相关信息。

我如何申请 CenterLight Teamcare 处方集的例外处理？

您可申请 CenterLight Teamcare 对于承保规则进行例外处理。以下是您可以要求我们作出的几种例外处理的类型。

- 您可以要求我们承保某一药物，即使该药物未包含在我们的处方集中。
- 您可以要求我们免除对您药物的限制或限量。例如，对于某些药物，CenterLight Teamcare 对承保的药物的数量设有限制。如果您的药物有数量限制，您可以要求我们免除该限制，以承保更多的药量。

通常情况下，仅在本计划的处方集中的替代药物（或对于您需要的药施加使用限制）对于治疗您的病症不是很有效，并且/或者会使您产生不良医疗反应时，CenterLight Teamcare 才会批准您的例外处理申请。

您应联系我们，要求我们对处方集或使用限制例外处理作出初步承保决定。**在申请处方集或使用限制例外处理时，您应提交一份由开药者或医生出具的声明，用以支持您的申请。**通常情况下，我们必须在收到您的医生出具的支持声明后的 72 小时内作出我们的决定。如果您或您的医生认为，长达 72 小时的决定等待时间可严重危害您的健康，您可以申请加急（快速）作出例外处理。如果您的加急申请获得了批准，我们必须在收到您的医生或其他开药者出具的支持声明后的 24 小时内作出决定。

与我的医生探讨更改药物的问题或者申请例外处理之前，我该怎么做？

作为我们计划的新参保人或续约参保人，您可能正在服用未包含在我们处方集中的药物。或者，您可能正在服用我们处方集中的药物，但是您获得该药物的能力受到限制。例如，您可能需要我们的事先授权才能持处方配药。您应与您的医生沟通，确定您应转而服用我们承保的合适的药物，还是申请处方集例外处理，以便我们为您服用的药物提供承保。在您与医生沟通以确定适合您的治疗方案时，在某些情况下，我们可以在您成为我们计划参保人后的首个 90 天承保您的药物。

对于每一种您使用的、但未包含在我们处方集中的药物，或者如果您获得药物的能力受到限制，我们将承保 30 天的临时供应量；如果您居住在长期护理 LTC 设施，就会提供 31 天的供应量。如果您的处方规定的天数较短，我们将允许您多次配领，最多提供 30 天的药物配给（如果您居住在长期护理 LTC 设施，就会提供 31 天的供应量）。在首个 30 或 31 天的供应量后，我们将不再支付这些药物的费用，即使您成为本计划参保人的天数不足 90 天。

如果您需要的药物未包含在我们的处方集中，或者您获得药物的能力有限，但是您加入我们计划已超过 90 天，在您申请处方集例外处理时，我们将承保该药物 31 天的紧急供应。

如果您的药物因护理级别变更而发生变化，我们将为每种药物提供一次性 31 天的过渡供应，将作为一次临时的应急供应。护理级别变更可包括：

- 进入或离开长期护理（LTC）设施
- 出院回家
- 结束在 Medicare Part A 专业护理机构的住院
- 结束 LTC 设施住院并返回家中

在您领取药物的临时配给期间，您应与您的提供商沟通，以决定在临时配给用尽后应该怎么做。您可以更换为计划承保的另一药物，或要求计划为您破例承保您当前服用的药物。

若需了解更多信息

如果您有关于 CenterLight Teamcare 的问题，请与我们联系。本文件正面和背面印有我们的联系信息和上次更新处方集的日期。

如果您对 Medicare 处方药承保范围有一般性疑问，请于每周 7 天每天 24 小时致电 1-800-MEDICARE (1-800-633-4227) 联系 Medicare。TTY 用户应拨打 1-877-486-2048。也可浏览 <http://www.medicare.gov>。

CenterLight Teamcare 处方集

下面的处方集提供了有关 CenterLight Teamcare 承保的药物的承保信息。如果您在名单内查找您的药物时遇到困难，请翻至从第 102 页开始的索引部分。

图表第一列列出了药物名称。原厂药以大写形式列出（例如 SYNTHROID），副厂药以小写斜体形式列出（例如 *simvastatin*）。

“要求/限制”一栏中的信息显示 CenterLight Teamcare 对您的药物是否有任何特殊的承保要求。

缩写指南

- 药品名称旁边的符号 LD 表示该药品已被美国食品和药品管理局标记为仅限某些药房发售。这些药物仅可在能够适当处理这些药物的专科指定药房发售。欲了解更多信息，请查阅您的药房目录或致电参保人服务部，电话：1-833-CL-CARES (1-833-252-2737)，周一至周五上午 8:00 至晚上 8:00。TTY 用户应拨打 711。
- 备注栏中的符号 PA 表示可能会要求事先授权。
- 注释栏中的符号 PA BVD 表示可能符合 Medicare B 部分或 D 部分支付条件的药物也许需要事先授权。
- 注释栏中的符号“PA NSO”表示计划的新参保人的某些药物可能需要事先授权。
- 注释栏中的符号 QL 表示配给的数量可能受到限制。
- 注释栏中的符号 ST 表示可能需要阶梯疗法。
- 注释栏中的符号“PA NSO”表示计划的新参保人的某些药物可能需要事先授权。
- 注释栏中的符号 NDS 表示该药物的零售和邮购限量为 30 天供应量。

十三. 不歧视通告

CenterLight Teamcare 作为 CenterLight Healthcare 的一项计划，遵守适用的联邦民权法律，且不会因种族、肤色、原国籍、年龄、残疾或性别而歧视。CenterLight TeamCare 不因种族、肤色、原国籍、年龄、残疾或性别而排斥或有差别对待任何人。

CenterLight TeamCare:

- 向残障人士提供免费援助和服务，以与我们有效沟通，例如：
 - 合格的手语翻译员
 - 其他格式的书面信息（大字体、音频、便于存取的电子格式、其他格式）
- 向主要语言不是英语的人士提供免费语言服务，比如：
 - 合格的口译员
 - 以其他语言书写的信息

如果您需要这些服务，请联系 CenterLight TeamCare 参保者服务部。

如果您认为 CenterLight TeamCare 未能提供这些服务，或者因种族、肤色、原国籍、年龄、残疾或性别而以其他方式歧视您，则您可以提出申诉至：CenterLight Teamcare Participant Services, 136-65 37th Ave., Flushing, NY 11354, 在星期一至星期五早 8 点至晚 8 点拨打 1-833-CL-CARES (1-833-252-2737) (TTY 711)，传真号码为 718-944-1235。您可以本人当面或通过邮件、传真或电子邮件提出申诉。如果您在提出申诉过程中需要帮助，CenterLight TeamCare 参保者服务部可以帮助您。您也可以向美国卫生与公众服务部 (U. S. Department of Health and Human Services) 民权办公室提出民权投诉，方式为通过民权办公室投诉门户 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 在线提交，或通过邮件或电话：美国卫生与公众服务部，200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019、800-537-7697 (TDD)。

投诉表见于 <http://www.hhs.gov/ocr/office/file/index.html>。

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 er cap</i>	1	
<i>dextroamphetamine sulfate 10mg tab</i>	1	
<i>dextroamphetamine sulfate 15mg er cap</i>	1	
<i>dextroamphetamine sulfate 5mg er cap</i>	1	
<i>dextroamphetamine sulfate 5mg tab</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine 100mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 10mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 18mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 25mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 40mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 60mg cap</i>	1	QL=60 EA/30 Days
<i>atomoxetine 80mg cap</i>	1	QL=60 EA/30 Days
<i>clonidine 0.1mg er tab</i>	1	
<i>guanfacine 1mg er tab</i>	1	
<i>guanfacine 2mg er tab</i>	1	
<i>guanfacine 3mg er tab</i>	1	
<i>guanfacine 4mg er tab</i>	1	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI 150MG TAB	2	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	2	PA QL=30 EA/30 Days
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX 17.8MG TAB	2	NDS PA QL=60 EA/30 Days
WAKIX 4.45MG TAB	2	NDS PA QL=60 EA/30 Days
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 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>dexmethylphenidate 10mg tab</i>	1	
<i>dexmethylphenidate 15mg er cap</i>	1	
<i>dexmethylphenidate 2.5mg tab</i>	1	
<i>dexmethylphenidate 20mg er cap</i>	1	
<i>dexmethylphenidate 25mg er cap</i>	1	
<i>dexmethylphenidate 30mg er cap</i>	1	
<i>dexmethylphenidate 35mg er cap</i>	1	
<i>dexmethylphenidate 40mg er cap</i>	1	
<i>dexmethylphenidate 5mg er cap</i>	1	
<i>dexmethylphenidate 5mg tab</i>	1	
<i>methylphenidate 10mg cr cap</i>	1	
<i>methylphenidate 10mg er tab</i>	1	
<i>methylphenidate 10mg la cap</i>	1	
<i>methylphenidate 10mg tab</i>	1	
METHYLPHENIDATE 18MG ER TAB	2	
<i>methylphenidate 18mg er tab</i>	1	
<i>methylphenidate 1mg/ml oral soln</i>	1	
<i>methylphenidate 20mg cr cap</i>	1	
<i>methylphenidate 20mg er tab</i>	1	
<i>methylphenidate 20mg la cap</i>	1	
<i>methylphenidate 20mg tab</i>	1	
<i>methylphenidate 27mg er tab</i>	1	
<i>methylphenidate 27mg sr tab</i>	1	
<i>methylphenidate 2mg/ml oral soln</i>	1	
<i>methylphenidate 30mg cr cap</i>	1	
<i>methylphenidate 30mg la cap</i>	1	
<i>methylphenidate 36mg er tab</i>	1	
<i>methylphenidate 36mg sr tab</i>	1	
<i>methylphenidate 40mg cr cap</i>	1	
<i>methylphenidate 40mg la cap</i>	1	
<i>methylphenidate 50mg cr cap</i>	1	
<i>methylphenidate 54mg er tab</i>	1	
<i>methylphenidate 54mg sr tab</i>	1	
<i>methylphenidate 5mg tab</i>	1	
<i>methylphenidate 60mg cr cap</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	2	NDS PA QL=252 ML/30 Days
GENTAMICIN 0.8MG/ML INJ	1	
<i>gentamicin 1.2mg/ml inj</i>	1	
GENTAMICIN 1.6MG/ML INJ	1	
GENTAMICIN 1MG/ML INJ	1	

You can find information 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>gentamicin 40mg/ml inj</i>	1	
<i>neomycin sulfate 500mg tab</i>	1	
<i>paromomycin 250mg cap</i>	2	
STREPTOMYCIN 1000MG INJ	2	
TOBRAMYCIN 10MG/ML INJ	1	
<i>tobramycin 40mg/ml inj</i>	1	
<i>tobramycin 60mg/ml inh soln</i>	1	NDS PA QL=300 ML/30 Days
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT 1MG TAB	2	NDS PA QL=30 EA/30 Days
OLUMIANT 2MG TAB	2	NDS PA QL=30 EA/30 Days
RINVOQ 15MG ER TAB	2	NDS PA QL=30 EA/30 Days
RINVOQ 30MG ER TAB	2	NDS PA QL=30 EA/30 Days
RINVOQ 45MG ER TAB	2	NDS PA QL=30 EA/30 Days
XELJANZ 10MG TAB	2	NDS PA QL=60 EA/30 Days
XELJANZ 11MG ER TAB	2	NDS PA QL=30 EA/30 Days
XELJANZ 1MG/ML ORAL SOLN	2	NDS PA QL=300 ML/30 Days
XELJANZ 22MG ER TAB	2	NDS PA QL=30 EA/30 Days
XELJANZ 5MG TAB	2	NDS PA QL=60 EA/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA 10MG/0.1ML SYRINGE	2	NDS PA QL=2 EA/28 Days
HUMIRA 20MG/0.2ML SYRINGE	2	NDS PA QL=2 EA/28 Days
HUMIRA 40MG/0.4ML AUTO-INJECTOR	2	NDS PA QL=6 EA/28 Days
HUMIRA 40MG/0.4ML SYRINGE	2	NDS PA QL=6 EA/28 Days
HUMIRA 40MG/0.8ML AUTO-INJECTOR	2	NDS PA QL=6 EA/28 Days
HUMIRA 40MG/0.8ML SYRINGE	2	NDS PA QL=6 EA/28 Days
HUMIRA 80MG/0.8ML AUTO-INJECTOR	2	NDS PA QL=2 EA/28 Days
HUMIRA PEDIATRIC CROHN'S STARTER PACK SYRINGE (2) 40MG/0.4ML, 80MG/0.8ML	2	NDS PA QL=2 EA/180 Days
HUMIRA PEN - CROHN'S STARTER PACK 40MG/0.8ML INJ	2	PA QL=6 EA/180 Days
HUMIRA PEN - CROHN'S STARTER PACK 80MG/0.8ML INJ	2	PA QL=3 EA/180 Days
HUMIRA PEN - PEDIATRIC UC STARTER PACK 80MG/0.8ML INJ	2	PA QL=4 EA/180 Days
HUMIRA PEN - PSORIASIS STARTER PACK 40MG/0.8ML	2	PA QL=4 EA/180 Days
HUMIRA PEN 80MG/0.8ML AND 40MG/0.4ML - PSORIASIS/UEVITIS STARTER PACK	2	NDS PA QL=3 EA/180 Days
HUMIRA PREFILLED SYRINGE 80MG/0.8ML STARTER PACK - PEDIATRIC CROHN'S DISEASE	2	NDS PA QL=3 EA/180 Days
SIMPONI 100MG/ML AUTO-INJECTOR	2	NDS PA QL=1 ML/28 Days
SIMPONI 100MG/ML SYRINGE	2	NDS PA QL=1 ML/28 Days
SIMPONI 50MG/0.5ML AUTO-INJECTOR	2	NDS PA QL=.50 ML/28 Days
SIMPONI 50MG/0.5ML SYRINGE	2	NDS PA QL=.50 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
GOLD COMPOUNDS		
RIDAURA 3MG CAP	2	
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220MG INJ	2	NDS PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162MG/0.9ML AUTO-INJECTOR	2	NDS PA QL=3.60 ML/28 Days
ACTEMRA 162MG/0.9ML SYRINGE	2	NDS PA QL=3.60 ML/28 Days
KEVZARA 150MG/1.14ML AUTO-INJECTOR	2	NDS PA QL=2.28 ML/28 Days
KEVZARA 150MG/1.14ML SYRINGE	2	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML AUTO-INJECTOR	2	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML SYRINGE	2	NDS PA QL=2.28 ML/28 Days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib 100mg cap</i>	1	QL=60 EA/30 Days
<i>celecoxib 200mg cap</i>	1	QL=60 EA/30 Days
<i>celecoxib 400mg cap</i>	1	QL=60 EA/30 Days
<i>celecoxib 50mg cap</i>	1	QL=60 EA/30 Days
<i>diclofenac potassium 50mg tab</i>	1	
<i>diclofenac sodium 100mg er tab</i>	1	
<i>diclofenac sodium 25mg dr tab</i>	1	
<i>diclofenac sodium 50mg dr tab</i>	1	
<i>diclofenac sodium 50mg/misoprostol 0.2mg dr tab</i>	1	
<i>diclofenac sodium 75mg dr tab</i>	1	
<i>diclofenac sodium 75mg/misoprostol 0.2mg dr tab</i>	1	
<i>etodolac 200mg cap</i>	1	
<i>etodolac 300mg cap</i>	1	
<i>etodolac 400mg er tab</i>	1	
<i>etodolac 400mg tab</i>	1	
<i>etodolac 500mg er tab</i>	1	
<i>etodolac 500mg tab</i>	1	
<i>etodolac 600mg er tab</i>	1	
<i>flurbiprofen 100mg tab</i>	1	
<i>ibu 600mg tab</i>	1	
<i>ibu 800mg tab</i>	1	
<i>ibuprofen 20mg/ml susp</i>	1	
<i>ibuprofen 400mg tab</i>	1	
<i>ibuprofen 600mg tab</i>	1	
<i>ibuprofen 800mg tab</i>	1	
INDOCIN 50MG RECTAL SUPP	2	
<i>indomethacin 25mg cap</i>	1	
<i>indomethacin 50mg cap</i>	1	
<i>indomethacin 75mg er cap</i>	1	
<i>ketorolac tromethamine 10mg tab</i>	1	QL=20 EA/5 Days
<i>meloxicam 15mg tab</i>	1	
<i>meloxicam 7.5mg tab</i>	1	
<i>nabumetone 500mg tab</i>	1	

You can find information 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>nabumetone 750mg tab</i>	1	
<i>naproxen 250mg tab</i>	1	
<i>naproxen 375mg dr tab</i>	1	
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg dr tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>naproxen sodium 275mg tab</i>	1	
<i>naproxen sodium 550mg tab</i>	1	
<i>oxaprozin 600mg tab</i>	1	
<i>piroxicam 10mg cap</i>	1	
<i>piroxicam 20mg cap</i>	1	
<i>sulindac 150mg tab</i>	1	
<i>sulindac 200mg tab</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 28-DAY STARTER PACK	2	NDS PA QL=55 EA/28 Days
OTEZLA 30MG TAB	2	NDS PA QL=60 EA/30 Days
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide 10mg tab</i>	1	
<i>leflunomide 20mg tab</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125MG/ML AUTO-INJECTOR	2	NDS PA QL=4 ML/28 Days
ORENCIA 125MG/ML SYRINGE	2	NDS PA QL=4 ML/28 Days
ORENCIA 50MG/0.4ML SYRINGE	2	NDS PA QL=1.60 ML/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	2	NDS PA QL=2.80 ML/28 Days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL 25MG INJ	2	NDS PA QL=8 ML/28 Days
ENBREL 25MG/0.5ML INJ	2	NDS PA QL=8 ML/28 Days
ENBREL 25MG/0.5ML SYRINGE	2	NDS PA QL=8.16 ML/28 Days
ENBREL 50MG/ML AUTO-INJECTOR	2	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML CARTRIDGE	2	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML SYRINGE	2	NDS PA QL=8 ML/28 Days
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>diflunisal 500mg tab</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE 15MG TAB	2	QL=240 EA/30 Days
CODEINE SULFATE 30MG TAB	2	QL=240 EA/30 Days
CODEINE SULFATE 60MG TAB	2	QL=180 EA/30 Days
<i>fentanyl 0.012mg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 0.025mg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 0.05mg/hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 0.075mg/hr patch</i>	1	QL=10 EA/30 Days
FENTANYL 0.1MG BUCCAL TAB	2	PA QL=120 EA/30 Days
<i>fentanyl 0.1mg/hr patch</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
FENTANYL 0.2MG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTANYL 0.4MG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTANYL 0.6MG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTANYL 0.8MG BUCCAL TAB	2	PA QL=120 EA/30 Days
<i>fentanyl 1200mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 1600mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 200mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 400mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 600mcg lozenge</i>	1	PA QL=120 EA/30 Days
<i>fentanyl 800mcg lozenge</i>	1	PA QL=120 EA/30 Days
FENTORA 100MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 200MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 400MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 600MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 800MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
<i>hydrocodone bitartrate 10mg er cap</i>	2	QL=60 EA/30 Days
<i>hydrocodone bitartrate 15mg er cap</i>	2	QL=60 EA/30 Days
<i>hydrocodone bitartrate 20mg er cap</i>	2	QL=60 EA/30 Days
<i>hydrocodone bitartrate 30mg er cap</i>	2	QL=60 EA/30 Days
<i>hydrocodone bitartrate 40mg er cap</i>	2	QL=60 EA/30 Days
<i>hydrocodone bitartrate 50mg er cap</i>	2	QL=60 EA/30 Days
<i>hydromorphone 1mg/ml oral soln</i>	1	QL=2400 ML/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
<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
MORPHINE SULFATE 15MG TAB	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
<i>morphine sulfate 2mg/ml oral soln</i>	1	QL=1800 ML/30 Days
<i>morphine sulfate 30mg er tab</i>	1	QL=120 EA/30 Days
MORPHINE SULFATE 30MG TAB	1	QL=180 EA/30 Days
<i>morphine sulfate 4mg/ml oral soln</i>	1	QL=900 ML/30 Days
<i>morphine sulfate 60mg er tab</i>	1	QL=120 EA/30 Days
NUCYNTA 100MG ER TAB	2	QL=60 EA/30 Days
NUCYNTA 150MG ER TAB	2	QL=60 EA/30 Days
NUCYNTA 200MG ER TAB	2	QL=60 EA/30 Days
NUCYNTA 250MG ER TAB	2	QL=60 EA/30 Days
NUCYNTA 50MG ER TAB	2	QL=60 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

You can find information 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>oxycodone 20mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 20mg/ml oral soln</i>	1	QL=270 ML/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 5mg cap</i>	1	QL=360 EA/30 Days
<i>oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
<i>oxymorphone 10mg tab</i>	1	QL=360 EA/30 Days
<i>oxymorphone 5mg tab</i>	1	QL=360 EA/30 Days
<i>tramadol 100mg er tab</i>	1	QL=60 EA/30 Days
<i>tramadol 100mg er tab (matrix delivery)</i>	1	QL=60 EA/30 Days
<i>tramadol 200mg er tab</i>	1	QL=60 EA/30 Days
<i>tramadol 200mg er tab (matrix delivery)</i>	1	QL=60 EA/30 Days
<i>tramadol 300mg er tab</i>	1	QL=60 EA/30 Days
<i>tramadol 300mg er tab (matrix delivery)</i>	1	QL=60 EA/30 Days
<i>tramadol 50mg tab</i>	1	QL=240 EA/30 Days
XTAMPZA 13.5MG ER CAP	2	QL=120 EA/30 Days
XTAMPZA 18MG ER CAP	2	QL=120 EA/30 Days
XTAMPZA 27MG ER CAP	2	QL=120 EA/30 Days
XTAMPZA 36MG ER CAP	2	QL=120 EA/30 Days
XTAMPZA 9MG ER CAP	2	QL=120 EA/30 Days
OPIOID COMBINATIONS		
<i>acetaminophen 300mg/codeine phosphate 15mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/codeine phosphate 30mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/codeine phosphate 60mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/hydrocodone bitartrate 10mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/hydrocodone bitartrate 5mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/hydrocodone bitartrate 7.5mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 325mg/hydrocodone bitartrate 10mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/hydrocodone bitartrate 5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/hydrocodone bitartrate 7.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/oxycodone 10mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/oxycodone 2.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/oxycodone 7.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/tramadol 37.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen/codeine phosphate 24mg-2.4mg/ml oral soln</i>	1	QL=4980 ML/30 Days
<i>acetaminophen/hydrocodone bitartrate 21.7mg-0.5mg/ml oral soln</i>	1	QL=5400 ML/30 Days
<i>endocet 325-10mg tab</i>	1	QL=360 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>endocet 325-5mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 325-7.5mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate 10mg/ibuprofen 200mg tab</i>	1	QL=480 EA/30 Days
<i>hydrocodone bitartrate 5mg/ibuprofen 200mg tab</i>	1	QL=480 EA/30 Days
<i>hydrocodone bitartrate 7.5mg/ibuprofen 200mg tab</i>	1	QL=480 EA/30 Days
OXYCODONE/ACETAMINOPHEN 5-325MG/5ML ORAL SOLN	2	QL=1800 ML/30 Days
OPIOID PARTIAL AGONISTS		
<i>buprenorphine 12mg/naloxone 3mg sublingual film</i>	1	QL=60 EA/30 Days
<i>buprenorphine 2mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine 2mg/naloxone 0.5mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine 2mg/naloxone 0.5mg sublingual film</i>	1	QL=90 EA/30 Days
<i>buprenorphine 4mg/naloxone 1mg sublingual film</i>	1	QL=90 EA/30 Days
<i>buprenorphine 8mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine 8mg/naloxone 2mg sl tab</i>	1	QL=90 EA/30 Days
<i>buprenorphine 8mg/naloxone 2mg sublingual film</i>	1	QL=90 EA/30 Days
<i>butorphanol tartrate 1mg/act nasal inhaler</i>	1	QL=10 ML/30 Days
ZUBSOLV 1.4-0.36MG SL TAB	2	QL=90 EA/30 Days
ZUBSOLV 11.4-2.9MG SL TAB	2	QL=60 EA/30 Days
ZUBSOLV 2.9-0.71MG SL TAB	2	QL=90 EA/30 Days
ZUBSOLV 5.7-1.4MG SL TAB	2	QL=90 EA/30 Days
ZUBSOLV 8.6-2.1MG SL TAB	2	QL=60 EA/30 Days
ANDROGENS-ANABOLIC ANABOLIC STEROIDS		
<i>oxandrolone 10mg tab</i>	1	PA QL=60 EA/30 Days
<i>oxandrolone 2.5mg tab</i>	1	PA QL=120 EA/30 Days
ANDROGENS		
ANDRODERM 2MG/24HR PATCH	2	PA QL=60 EA/30 Days
ANDRODERM 4MG/24HR PATCH	2	PA QL=30 EA/30 Days
<i>danazol 100mg cap</i>	1	
<i>danazol 200mg cap</i>	1	
<i>danazol 50mg cap</i>	1	
<i>testosterone 1% (12.5mg/act) gel pump</i>	2	PA QL=300 GM/30 Days
<i>testosterone 1% (25mg) gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1% (50mg) gel packet</i>	1	PA QL=300 GM/30 Days
<i>testosterone 1.62% (1.25gm) gel packet</i>	1	PA QL=75 GM/30 Days
<i>testosterone 1.62% (2.5gm) gel packet</i>	1	PA QL=150 GM/30 Days
<i>testosterone 1.62% (20.25mg/act) gel pump</i>	1	PA QL=150 GM/30 Days
<i>testosterone 30mg/act topical soln</i>	1	PA QL=180 ML/30 Days
<i>testosterone cypionate 100mg/ml inj</i>	1	
<i>testosterone cypionate 200mg/ml (1ml) inj</i>	1	
<i>testosterone cypionate 200mg/ml inj</i>	1	
TESTOSTERONE ENANTHATE 200MG/ML INJ	1	
ANORECTAL AND RELATED PRODUCTS INTRARECTAL STEROIDS		

You can find information 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>hydrocortisone 1.67mg/ml enema</i>	1	
UCERIS 2MG/ACT RECTAL FOAM	2	PA
RECTAL COMBINATIONS		
<i>hydrocortisone acetate/pramoxine 1-1% rectal cream</i>	1	
RECTAL STEROIDS		
<i>hydrocortisone 2.5% cream</i>	1	
<i>procto-med 2.5% cream</i>	1	
<i>procto-pak 1% rectal cream</i>	1	
<i>proctosol 2.5% cream</i>	1	
<i>proctozone hc 2.5% cream</i>	1	
VASODILATING AGENTS		
RECTIV 0.4% RECTAL OINTMENT	2	QL=30 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200mg tab</i>	1	
BENZNIDAZOLE 100MG TAB	2	PA
BENZNIDAZOLE 12.5MG TAB	2	PA
<i>ivermectin 3mg tab</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine 1000mg er tab</i>	1	
<i>ranolazine 500mg er tab</i>	1	
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	
<i>isosorbide mononitrate 10mg tab</i>	1	
<i>isosorbide mononitrate 120mg er tab</i>	1	
<i>isosorbide mononitrate 20mg tab</i>	1	
<i>isosorbide mononitrate 30mg er tab</i>	1	
<i>isosorbide mononitrate 60mg er tab</i>	1	
NITRO-BID 2% OINTMENT	2	
NITRO-DUR 0.3MG/HR PATCH	2	
NITRO-DUR 0.8MG/HR PATCH	2	
<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/act spray</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	
ANTIANGIETY AGENTS		
ANTIANGIETY AGENTS - MISC.		

You can find information 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>bupirone 10mg tab</i>	1	
<i>bupirone 15mg tab</i>	1	
<i>bupirone 30mg tab</i>	1	
<i>bupirone 5mg tab</i>	1	
<i>bupirone 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	
HYDROXYZINE PAMOATE 100MG CAP	1	
<i>hydroxyzine pamoate 25mg cap</i>	1	
<i>hydroxyzine pamoate 50mg cap</i>	1	
BENZODIAZEPINES		
<i>alprazolam 0.25mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 0.5mg er tab</i>	1	QL=30 EA/30 Days
<i>alprazolam 0.5mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 1mg er tab</i>	1	QL=30 EA/30 Days
<i>alprazolam 1mg tab</i>	1	QL=120 EA/30 Days
<i>alprazolam 2mg er tab</i>	1	QL=90 EA/30 Days
<i>alprazolam 2mg tab</i>	1	QL=150 EA/30 Days
<i>alprazolam 3mg er tab</i>	1	QL=90 EA/30 Days
<i>chlordiazepoxide 10mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 25mg cap</i>	1	QL=120 EA/30 Days
<i>chlordiazepoxide 5mg cap</i>	1	QL=120 EA/30 Days
<i>clorazepate dipotassium 15mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 3.75mg tab</i>	1	QL=180 EA/30 Days
<i>clorazepate dipotassium 7.5mg tab</i>	1	QL=180 EA/30 Days
<i>diazepam 10mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 1mg/ml oral soln</i>	1	QL=1200 ML/30 Days
<i>diazepam 2mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg tab</i>	1	QL=120 EA/30 Days
<i>diazepam 5mg/ml oral soln</i>	1	QL=240 ML/30 Days
<i>lorazepam 0.5mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 1mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg tab</i>	1	QL=150 EA/30 Days
<i>lorazepam 2mg/ml oral soln</i>	1	QL=150 ML/30 Days
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide 100mg cap</i>	1	PA
<i>disopyramide 150mg cap</i>	1	PA
NORPACE 100MG ER CAP	2	PA
NORPACE 150MG ER CAP	2	PA
<i>quinidine gluconate 324mg er tab</i>	1	
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG 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
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine 150mg cap</i>	2	
<i>mexiletine 200mg cap</i>	2	
<i>mexiletine 250mg cap</i>	2	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate 100mg tab</i>	1	
<i>flecainide acetate 150mg tab</i>	1	
<i>flecainide acetate 50mg tab</i>	1	
<i>propafenone 150mg tab</i>	1	
<i>propafenone 225mg er cap</i>	1	
<i>propafenone 225mg tab</i>	1	
<i>propafenone 300mg tab</i>	1	
<i>propafenone 325mg er cap</i>	1	
<i>propafenone 425mg er cap</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
<i>dofetilide 0.125mg cap</i>	1	
<i>dofetilide 0.25mg cap</i>	1	
<i>dofetilide 0.5mg cap</i>	1	
MULTAQ 400MG TAB	2	
<i>pacerone 200mg tab</i>	1	
<i>pacerone 400mg tab</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 30MG/ML AUTO-INJECTOR	2	PA
FASENRA 30MG/ML SYRINGE	2	PA
NUCALA 100MG INJ	2	NDS PA
NUCALA 100MG/ML AUTO-INJECTOR	2	NDS PA
NUCALA 100MG/ML SYRINGE	2	NDS PA
XOLAIR 150MG INJ	2	NDS PA
XOLAIR 150MG/ML SYRINGE	2	NDS PA
XOLAIR 75MG/0.5ML SYRINGE	2	NDS PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG INHALER	2	
INCRUSE 62.5MCG/INH INHALER	2	
<i>ipratropium bromide 0.2mg/ml inh soln</i>	1	PA BvD
LONHALA 25MCG/ML INH SOLN	2	ST QL=60 ML/30 Days
SPIRIVA RESPIMAT 1.25MCG/ACT INH	2	ST QL=4 GM/30 Days
LEUKOTRIENE MODULATORS		
<i>montelukast 10mg tab</i>	1	
<i>montelukast 4mg chew tab</i>	1	
<i>montelukast 4mg granules</i>	1	
<i>montelukast 5mg chew tab</i>	1	
<i>zafirlukast 10mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zafirlukast 20mg tab</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP 250MCG TAB	2	
DALIRESP 500MCG TAB	2	
STEROID INHALANTS		
ARNUITY 100MCG INHALER	2	QL=30 EA/30 Days
ARNUITY 200MCG INHALER	2	QL=30 EA/30 Days
ARNUITY 50MCG INHALER	2	QL=30 EA/30 Days
ASMANEX 100MCG INHALER	2	QL=13 GM/30 Days
ASMANEX 110MCG/INH INHALER	2	QL=1 EA/30 Days
ASMANEX 200MCG INHALER	2	QL=13 GM/30 Days
ASMANEX 220MCG (120ACT) INHALER	2	QL=1 EA/30 Days
ASMANEX 220MCG (30ACT) INHALER	2	QL=1 EA/30 Days
ASMANEX 220MCG (60ACT) INHALER	2	QL=1 EA/30 Days
ASMANEX 50MCG INHALER	2	QL=13 GM/30 Days
<i>budesonide 0.125mg/ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 0.25mg/ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 0.5mg/ml inh susp</i>	1	PA BvD QL=120 ML/30 Days
FLOVENT 100MCG DISKUS	2	QL=60 EA/30 Days
FLOVENT 110MCG HFA INHALER	2	QL=24 GM/30 Days
FLOVENT 220MCG HFA INHALER	2	QL=24 GM/30 Days
FLOVENT 250MCG DISKUS	2	QL=60 EA/30 Days
FLOVENT 44MCG HFA INHALER	2	QL=21.20 GM/30 Days
FLOVENT 50MCG DISKUS	2	QL=60 EA/30 Days
SYMPATHOMIMETICS		
ADVAIR 100-50MCG DISKUS	1	QL=60 EA/30 Days
ADVAIR 115-21MCG HFA INHALER	2	QL=12 GM/30 Days
ADVAIR 230-21MCG HFA INHALER	2	QL=12 GM/30 Days
ADVAIR 250-50MCG DISKUS	1	QL=60 EA/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	2	QL=12 GM/30 Days
ADVAIR 500-50MCG DISKUS	1	QL=60 EA/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 2mg tab</i>	1	
<i>albuterol 4mg tab</i>	1	
<i>albuterol 5mg/ml inh soln</i>	1	PA BvD
<i>albuterol neb soln 1.25mg/3ml</i>	1	PA BvD
ANORO ELLIPTA 62.5-25MCG INHALER	2	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 INHALER	2	QL=60 EA/30 Days
BREO ELLIPTA 200-25MCG INHALER	2	QL=60 EA/30 Days
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	2	QL=10.70 GM/30 Days
COMBIVENT 20-100MCG/ACT INH	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DULERA 100-5MCG INHALER	2	QL=13 GM/30 Days
DULERA 200-5MCG INHALER	2	QL=13 GM/30 Days
DULERA 50-5MCG INHALER	2	QL=13 GM/30 Days
<i>formoterol fumarate neb soln 20mcg/2ml</i>	1	PA BvD QL=120 ML/30 Days
<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	1	PA BvD
<i>levalbuterol 0.21mg/ml inh soln</i>	1	PA BvD
LEVALBUTEROL 45MCG INHALER	2	ST QL=30 GM/30 Days
<i>levalbuterol neb soln 0.31mg/3ml</i>	1	PA BvD
<i>levalbuterol neb soln 1.25mg/0.5ml</i>	1	PA BvD
<i>levalbuterol neb soln 1.25mg/3ml</i>	1	PA BvD
SEREVENT 50MCG/DOSE INHALER	2	
STIOLTO 2.5-2.5MCG/ACT INH	2	QL=4 GM/30 Days
SYMBICORT 160-4.5MCG INHALER	2	QL=10.20 GM/30 Days
SYMBICORT 80-4.5MCG INHALER	2	QL=10.20 GM/30 Days
<i>terbutaline sulfate 2.5mg tab</i>	1	
<i>terbutaline sulfate 5mg tab</i>	1	
TRELEGY ELLIPTA 100-62.5-25MCG INHALER	2	QL=60 EA/30 Days
TRELEGY ELLIPTA 200-62.5-25 MCG INHALER	2	QL=60 EA/30 Days
VENTOLIN 108MCG HFA INHALER	2	QL=36 GM/30 Days
XOPENEX 45MCG INHALER	2	ST QL=30 GM/30 Days
XANTHINES		
THEOPHYLLINE 300MG ER TAB	2	
<i>theophylline 400mg er tab</i>	1	
THEOPHYLLINE 450MG ER TAB	2	
<i>theophylline 5.33mg/ml oral soln</i>	1	
<i>theophylline 600mg er tab</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven 10mg tab</i>	1	
<i>jantoven 1mg tab</i>	1	
<i>jantoven 2.5mg tab</i>	1	
<i>jantoven 2mg tab</i>	1	
<i>jantoven 3mg tab</i>	1	
<i>jantoven 4mg tab</i>	1	
<i>jantoven 5mg tab</i>	1	
<i>jantoven 6mg tab</i>	1	
<i>jantoven 7.5mg tab</i>	1	
<i>warfarin sodium 10mg tab</i>	1	
<i>warfarin sodium 1mg tab</i>	1	
<i>warfarin sodium 2.5mg tab</i>	1	
<i>warfarin sodium 2mg tab</i>	1	
<i>warfarin sodium 3mg tab</i>	1	
<i>warfarin sodium 4mg tab</i>	1	
<i>warfarin sodium 5mg tab</i>	1	
<i>warfarin sodium 6mg tab</i>	1	

You can find information 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>warfarin sodium 7.5mg tab</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5MG TAB	2	
ELIQUIS 30-DAY STARTER PACK 5MG	2	
ELIQUIS 5MG TAB	2	
XARELTO 10MG TAB	2	
XARELTO 15MG TAB	2	
XARELTO 1MG/ML SUSP	2	
XARELTO 2.5MG TAB	2	
XARELTO 20MG TAB	2	
XARELTO KIT PACK	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium 100mg/ml (0.3ml) syringe</i>	1	
<i>enoxaparin sodium 100mg/ml (0.4ml) syringe</i>	1	
<i>enoxaparin sodium 100mg/ml (0.6ml) syringe</i>	1	
<i>enoxaparin sodium 100mg/ml (0.8ml) syringe</i>	1	
<i>enoxaparin sodium 100mg/ml (1ml) syringe</i>	1	
<i>enoxaparin sodium 150mg/ml (0.8ml) syringe</i>	1	
<i>enoxaparin sodium 150mg/ml (1ml) syringe</i>	1	
<i>fondaparinux sodium 12.5mg/ml (0.4ml) syringe</i>	1	
<i>fondaparinux sodium 12.5mg/ml (0.6ml) syringe</i>	1	
<i>fondaparinux sodium 12.5mg/ml (0.8ml) syringe</i>	1	
<i>fondaparinux sodium 5mg/ml syringe</i>	1	
FRAGMIN 10000UNIT/ML SYRINGE	2	
FRAGMIN 12500UNIT/0.5ML SYRINGE	2	
FRAGMIN 15000UNIT/0.6ML SYRINGE	2	
FRAGMIN 18000UNT/0.72ML SYRINGE	2	
FRAGMIN 2500UNIT/0.2ML SYRINGE	2	
FRAGMIN 5000UNIT/0.2ML SYRINGE	2	
FRAGMIN 7500UNIT/0.3ML SYRINGE	2	
FRAGMIN 95000UNIT/3.8ML INJ	2	
<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	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA 0.5MG/ML SUSP	2	PA NSO
FYCOMPA 10MG TAB	2	PA NSO
FYCOMPA 12MG TAB	2	PA NSO
FYCOMPA 2MG TAB	2	PA NSO
FYCOMPA 4MG TAB	2	PA NSO
FYCOMPA 6MG TAB	2	PA NSO
FYCOMPA 8MG TAB	2	PA NSO
ANTICONVULSANTS - BENZODIAZEPINES		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobazam 10mg tab</i>	1	QL=60 EA/30 Days
<i>clobazam 2.5mg/ml susp</i>	1	QL=480 ML/30 Days
<i>clobazam 20mg tab</i>	1	QL=60 EA/30 Days
<i>clonazepam 0.125mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.25mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 0.5mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg odt</i>	1	QL=90 EA/30 Days
<i>clonazepam 1mg tab</i>	1	QL=90 EA/30 Days
<i>clonazepam 2mg odt</i>	1	QL=300 EA/30 Days
<i>clonazepam 2mg tab</i>	1	QL=300 EA/30 Days
DIASTAT 10MG RECTAL GEL	2	QL=10 EA/30 Days
DIASTAT 2.5MG RECTAL GEL	2	QL=10 EA/30 Days
DIASTAT 20MG RECTAL GEL	2	QL=10 EA/30 Days
DIAZEPAM 10MG/2ML RECTAL GEL	2	QL=10 EA/30 Days
DIAZEPAM 2.5MG/0.5ML RECTAL GEL	2	QL=10 EA/30 Days
DIAZEPAM 20MG/4ML RECTAL GEL	2	QL=10 EA/30 Days
NAYZILAM 5MG/0.1ML NASAL SPRAY	2	QL=10 EA/30 Days
SYMPAZAN 10MG ORAL FILM	2	ST_NSO QL=60 EA/30 Days
SYMPAZAN 20MG ORAL FILM	2	ST_NSO QL=60 EA/30 Days
SYMPAZAN 5MG ORAL FILM	2	ST_NSO QL=60 EA/30 Days
VALTOCO 10MG DOSE KIT 10MG/0.1ML PACK	2	QL=10 EA/30 Days
VALTOCO 15MG DOSE KIT 7.5MG/0.1ML PACK	2	QL=10 EA/30 Days
VALTOCO 20MG DOSE KIT 10MG/0.1ML PACK	2	QL=10 EA/30 Days
VALTOCO 5MG DOSE KIT 5MG/0.1ML PACK	2	QL=10 EA/30 Days
ANTICONVULSANTS - MISC.		
APTIOM 200MG TAB	2	PA NSO
APTIOM 400MG TAB	2	PA NSO
APTIOM 600MG TAB	2	PA NSO
APTIOM 800MG TAB	2	PA NSO
BRIVIACT 100MG TAB	2	PA NSO QL=60 EA/30 Days
BRIVIACT 10MG TAB	2	PA NSO QL=60 EA/30 Days
BRIVIACT 10MG/ML ORAL SOLN	2	PA NSO
BRIVIACT 25MG TAB	2	PA NSO QL=60 EA/30 Days
BRIVIACT 50MG TAB	2	PA NSO QL=60 EA/30 Days
BRIVIACT 75MG TAB	2	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 susp</i>	1	
<i>carbamazepine 300mg er cap</i>	1	
<i>carbamazepine 400mg er tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIACOMIT 250MG CAP	2	NDS PA NSO
DIACOMIT 250MG POWDER FOR ORAL SUSP	2	NDS PA NSO
DIACOMIT 500MG CAP	2	NDS PA NSO
DIACOMIT 500MG POWDER FOR ORAL SUSP	2	NDS PA NSO
EPIDIOLEX 100MG/ML ORAL SOLN	2	PA NSO
<i>epitol 200mg tab</i>	1	
EPRONTIA 25MG/ML ORAL SOLN	2	
FINTEPLA 2.2MG/ML ORAL SOLN	2	NDS PA NSO QL=360 ML/30 Days
<i>gabapentin 100mg cap</i>	1	
<i>gabapentin 300mg cap</i>	1	
<i>gabapentin 400mg cap</i>	1	
<i>gabapentin 50mg/ml oral soln</i>	1	
<i>gabapentin 600mg tab</i>	1	
<i>gabapentin 800mg tab</i>	1	
<i>lacosamide 100mg tab</i>	1	
<i>lacosamide 10mg/ml oral soln</i>	1	
<i>lacosamide 150mg tab</i>	1	
<i>lacosamide 200mg tab</i>	1	
<i>lacosamide 50mg tab</i>	1	
<i>lamotrigine 100mg er tab</i>	1	
<i>lamotrigine 100mg odt</i>	1	
<i>lamotrigine 100mg tab</i>	1	
<i>lamotrigine 150mg tab</i>	1	
<i>lamotrigine 200mg er tab</i>	1	
<i>lamotrigine 200mg odt</i>	1	
<i>lamotrigine 200mg tab</i>	1	
<i>lamotrigine 250mg er tab</i>	1	
<i>lamotrigine 25mg chew tab</i>	1	
<i>lamotrigine 25mg er tab</i>	1	
<i>lamotrigine 25mg odt</i>	1	
<i>lamotrigine 25mg tab</i>	1	
<i>lamotrigine 300mg er tab</i>	1	
<i>lamotrigine 50mg er tab</i>	1	
<i>lamotrigine 50mg odt</i>	1	
<i>lamotrigine 5mg chew tab</i>	1	
<i>levetiracetam 1000mg tab</i>	1	
<i>levetiracetam 100mg/ml oral soln</i>	1	
<i>levetiracetam 250mg tab</i>	1	
<i>levetiracetam 500mg er tab</i>	1	
<i>levetiracetam 500mg tab</i>	1	
<i>levetiracetam 750mg er tab</i>	1	
<i>levetiracetam 750mg tab</i>	1	
<i>oxcarbazepine 150mg tab</i>	1	
<i>oxcarbazepine 300mg tab</i>	1	
<i>oxcarbazepine 600mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxcarbazepine 60mg/ml susp</i>	1	
<i>pregabalin 100mg cap</i>	1	
<i>pregabalin 150mg cap</i>	1	
<i>pregabalin 200mg cap</i>	1	
<i>pregabalin 20mg/ml oral soln</i>	1	
<i>pregabalin 225mg cap</i>	1	
<i>pregabalin 25mg cap</i>	1	
<i>pregabalin 300mg cap</i>	1	
<i>pregabalin 50mg cap</i>	1	
<i>pregabalin 75mg cap</i>	1	
<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
<i>rufinamide 400mg tab</i>	1	PA NSO
<i>rufinamide 40mg/ml susp</i>	1	PA NSO
SPRITAM 1000MG TAB FOR ORAL SUSP	2	PA NSO
SPRITAM 250MG TAB FOR ORAL SUSP	2	PA NSO
SPRITAM 500MG TAB FOR ORAL SUSP	2	PA NSO
SPRITAM 750MG TAB FOR ORAL SUSP	2	PA NSO
<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	
<i>zonisamide 100mg cap</i>	1	
<i>zonisamide 25mg cap</i>	1	
<i>zonisamide 50mg cap</i>	1	
CARBAMATES		
<i>felbamate 120mg/ml susp</i>	1	
<i>felbamate 400mg tab</i>	1	
<i>felbamate 600mg tab</i>	1	
XCOPRI 100MG TAB	2	
XCOPRI 12.5/25MG TITRATION PACK	2	
XCOPRI 150/200MG PACK TAB	2	
XCOPRI 150/200MG TITRATION PACK	2	
XCOPRI 150MG TAB	2	
XCOPRI 200MG TAB	2	
XCOPRI 50/100MG TITRATION PACK	2	
XCOPRI 50MG TAB	2	
XCOPRI TAB 100/150MG MAINTENANCE PACK	2	
GABA MODULATORS		
<i>tiagabine 12mg tab</i>	1	
<i>tiagabine 16mg 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>tiagabine 2mg tab</i>	1	
<i>tiagabine 4mg tab</i>	1	
<i>vigabatrin 500mg powder for oral soln</i>	1	NDS PA NSO
<i>vigabatrin 500mg tab</i>	1	NDS PA NSO
<i>vigadrone 500mg powder for oral soln</i>	1	NDS PA NSO
HYDANTOINS		
<i>DILANTIN 30MG ER CAP</i>	2	
<i>phenytoin 25mg/ml susp</i>	1	
<i>phenytoin 50mg chew tab</i>	1	
<i>phenytoin sodium 100mg er cap</i>	1	
<i>phenytoin sodium 200mg er cap</i>	1	
<i>phenytoin sodium 300mg er cap</i>	1	
SUCCINIMIDES		
<i>CELONTIN 300MG CAP</i>	2	
<i>ethosuximide 250mg cap</i>	1	
<i>ethosuximide 50mg/ml oral soln</i>	1	
VALPROIC ACID		
<i>divalproex sodium 125mg dr cap</i>	1	
<i>divalproex sodium 125mg dr tab</i>	1	
<i>divalproex sodium 250mg dr tab</i>	1	
<i>divalproex sodium 250mg er tab</i>	1	
<i>divalproex sodium 500mg dr tab</i>	1	
<i>divalproex sodium 500mg er tab</i>	1	
<i>valproic acid 250mg cap</i>	1	
<i>valproic acid 50mg/ml oral soln</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<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	
ANTIDEPRESSANTS - MISC.		
<i>bupropion 100mg er tab</i>	1	
<i>bupropion 100mg tab</i>	1	
<i>bupropion 150mg sr (12 hr) tab</i>	1	
<i>bupropion 150mg xl (24 hr) tab</i>	1	
<i>bupropion 200mg er tab</i>	1	
<i>bupropion 300mg er tab</i>	1	
<i>bupropion 75mg tab</i>	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>EMSAM 12MG/24HR PATCH</i>	2	ST_NSO QL=30 EA/30 Days
<i>EMSAM 6MG/24HR PATCH</i>	2	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
EMSAM 9MG/24HR PATCH	2	ST_NSO QL=30 EA/30 Days
MARPLAN 10MG TAB	2	
<i>phenelzine 15mg tab</i>	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	
<i>citalopram 40mg tab</i>	1	
<i>escitalopram 10mg tab</i>	1	
<i>escitalopram 1mg/ml oral soln</i>	1	
<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	
<i>fluoxetine 60mg tab</i>	1	
<i>fluvoxamine maleate 100mg tab</i>	1	
<i>fluvoxamine maleate 25mg tab</i>	1	
<i>fluvoxamine maleate 50mg tab</i>	1	
<i>paroxetine 10mg tab</i>	1	PA NSO
<i>paroxetine 12.5mg er tab</i>	1	PA NSO
<i>paroxetine 20mg tab</i>	1	PA NSO
<i>paroxetine 25mg er tab</i>	1	PA NSO
<i>paroxetine 2mg/ml susp</i>	1	PA NSO
<i>paroxetine 30mg tab</i>	1	PA NSO
<i>paroxetine 37.5mg er tab</i>	1	PA NSO
<i>paroxetine 40mg tab</i>	1	PA NSO
PAXIL 10MG/5ML SUSP	2	PA NSO
<i>sertraline 100mg tab</i>	1	
<i>sertraline 20mg/ml oral soln</i>	1	
<i>sertraline 25mg tab</i>	1	
<i>sertraline 50mg tab</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE 100MG TAB	2	
NEFAZODONE 150MG TAB	2	
NEFAZODONE 200MG TAB	2	
NEFAZODONE 250MG TAB	2	
NEFAZODONE 50MG TAB	2	
<i>trazodone 100mg tab</i>	1	
<i>trazodone 150mg tab</i>	1	
<i>trazodone 50mg tab</i>	1	
TRINTELLIX 10MG TAB	2	ST_NSO QL=30 EA/30 Days
TRINTELLIX 20MG TAB	2	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	2	ST_NSO QL=30 EA/30 Days
VIIBRYD 10/20MG STARTER PACK	2	ST_NSO QL=30 EA/30 Days
<i>vilazodone hcl 10mg tab</i>	2	ST_NSO QL=30 EA/30 Days
<i>vilazodone hcl 20mg tab</i>	2	ST_NSO QL=30 EA/30 Days
<i>vilazodone hcl 40mg tab</i>	2	ST_NSO QL=30 EA/30 Days
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate 100mg er tab</i>	1	
<i>desvenlafaxine succinate 25mg er tab</i>	1	
<i>desvenlafaxine succinate 50mg er tab</i>	1	
DRIZALMA 20MG DR CAP	2	ST_NSO QL=60 EA/30 Days
DRIZALMA 30MG DR CAP	2	ST_NSO QL=60 EA/30 Days
DRIZALMA 40MG DR CAP	2	ST_NSO QL=60 EA/30 Days
DRIZALMA 60MG DR CAP	2	ST_NSO QL=60 EA/30 Days
<i>duloxetine 20mg dr cap</i>	1	
<i>duloxetine 30mg dr cap</i>	1	
<i>duloxetine 60mg dr cap</i>	1	
FETZIMA 120MG ER CAP	2	ST_NSO QL=30 EA/30 Days
FETZIMA 20MG ER CAP	2	ST_NSO QL=30 EA/30 Days
FETZIMA 40MG ER CAP	2	ST_NSO QL=30 EA/30 Days
FETZIMA 80MG ER CAP	2	ST_NSO QL=30 EA/30 Days
FETZIMA PACK	2	ST_NSO QL=30 EA/30 Days
<i>venlafaxine 100mg tab</i>	1	
<i>venlafaxine 150mg er cap</i>	1	
<i>venlafaxine 25mg tab</i>	1	
<i>venlafaxine 37.5mg er cap</i>	1	
<i>venlafaxine 37.5mg tab</i>	1	
<i>venlafaxine 50mg tab</i>	1	
<i>venlafaxine 75mg er cap</i>	1	
<i>venlafaxine 75mg tab</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline 100mg tab</i>	1	PA NSO
<i>amitriptyline 10mg tab</i>	1	PA NSO
<i>amitriptyline 150mg tab</i>	1	PA NSO
<i>amitriptyline 25mg tab</i>	1	PA NSO
<i>amitriptyline 50mg tab</i>	1	PA NSO
<i>amitriptyline 75mg tab</i>	1	PA NSO
AMOXAPINE 100MG TAB	2	PA NSO
AMOXAPINE 150MG TAB	2	PA NSO
AMOXAPINE 25MG TAB	2	PA NSO
AMOXAPINE 50MG TAB	2	PA NSO
<i>clomipramine 25mg cap</i>	1	PA NSO
<i>clomipramine 50mg cap</i>	1	PA NSO
<i>clomipramine 75mg cap</i>	1	PA NSO
<i>desipramine 100mg tab</i>	1	PA NSO
<i>desipramine 10mg tab</i>	1	PA NSO

You can find information 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 150mg tab</i>	1	PA NSO
<i>desipramine 25mg tab</i>	1	PA NSO
<i>desipramine 50mg tab</i>	1	PA NSO
<i>desipramine 75mg tab</i>	1	PA NSO
<i>doxepin 100mg cap</i>	1	PA NSO
<i>doxepin 10mg cap</i>	1	PA NSO
<i>doxepin 10mg/ml oral soln</i>	1	PA NSO
<i>doxepin 150mg cap</i>	1	PA NSO
<i>doxepin 25mg cap</i>	1	PA NSO
<i>doxepin 50mg cap</i>	1	PA NSO
<i>doxepin 75mg cap</i>	1	PA NSO
<i>imipramine 10mg tab</i>	1	PA NSO
<i>imipramine 25mg tab</i>	1	PA NSO
<i>imipramine 50mg tab</i>	1	PA NSO
<i>nortriptyline 10mg cap</i>	1	
<i>nortriptyline 25mg cap</i>	1	
NORTRIPTYLINE 2MG/ML ORAL SOLN	2	
<i>nortriptyline 50mg cap</i>	1	
<i>nortriptyline 75mg cap</i>	1	
<i>protriptyline 10mg tab</i>	1	PA NSO
<i>protriptyline 5mg tab</i>	1	PA NSO
<i>trimipramine 100mg cap</i>	1	PA NSO
<i>trimipramine 25mg cap</i>	1	PA NSO
<i>trimipramine 50mg cap</i>	1	PA NSO
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100mg tab</i>	1	
<i>acarbose 25mg tab</i>	1	
<i>acarbose 50mg tab</i>	1	
<i>miglitol 100mg tab</i>	1	
<i>miglitol 25mg tab</i>	1	
<i>miglitol 50mg tab</i>	1	
ANTIDIABETIC COMBINATIONS		
<i>glipizide 2.5mg/metformin 250mg tab</i>	1	
<i>glipizide 2.5mg/metformin 500mg tab</i>	1	
<i>glipizide 5mg/metformin 500mg tab</i>	1	
<i>glyburide 1.25mg/metformin 250mg tab</i>	1	PA
<i>glyburide 2.5mg/metformin 500mg tab</i>	1	PA
<i>glyburide 5mg/metformin 500mg tab</i>	1	PA
GLYXAMBI 10-5MG TAB	2	QL=30 EA/30 Days
GLYXAMBI 25-5MG TAB	2	QL=30 EA/30 Days
JANUMET 1000-100MG ER TAB	2	QL=30 EA/30 Days
JANUMET 1000-50MG ER TAB	2	QL=60 EA/30 Days
JANUMET 1000-50MG TAB	2	QL=60 EA/30 Days
JANUMET 500-50MG ER TAB	2	QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUMET 500-50MG TAB	2	QL=60 EA/30 Days
JENTADUETO 2.5-1000MG ER TAB	2	QL=30 EA/30 Days
JENTADUETO 2.5-1000MG TAB	2	QL=60 EA/30 Days
JENTADUETO 2.5-500MG TAB	2	QL=60 EA/30 Days
JENTADUETO 2.5-850MG TAB	2	QL=60 EA/30 Days
JENTADUETO 5-1000MG ER TAB	2	QL=30 EA/30 Days
SOLIQUA PEN INJ	2	PA QL=15 ML/25 Days
SYNJARDY 10-1000MG ER TAB	2	QL=30 EA/30 Days
SYNJARDY 12.5-1000MG ER TAB	2	QL=60 EA/30 Days
SYNJARDY 12.5-1000MG TAB	2	QL=60 EA/30 Days
SYNJARDY 12.5-500MG TAB	2	QL=60 EA/30 Days
SYNJARDY 25-1000MG ER TAB	2	QL=30 EA/30 Days
SYNJARDY 5-1000MG ER TAB	2	QL=60 EA/30 Days
SYNJARDY 5-1000MG TAB	2	QL=60 EA/30 Days
SYNJARDY 5-500MG TAB	2	QL=60 EA/30 Days
TRIJARDY 10-5-1000MG ER TAB	2	QL=30 EA/30 Days
TRIJARDY 12.5-2.5-1000MG ER TAB	2	QL=60 EA/30 Days
TRIJARDY 25-5-1000MG ER TAB	2	QL=30 EA/30 Days
TRIJARDY 5-2.5-1000MG ER TAB	2	QL=60 EA/30 Days
XIGDUO 10-1000MG ER TAB	2	QL=30 EA/30 Days
XIGDUO 10-500MG ER TAB	2	QL=30 EA/30 Days
XIGDUO 2.5-1000MG ER TAB	2	QL=60 EA/30 Days
XIGDUO 5-1000MG ER TAB	2	QL=60 EA/30 Days
XIGDUO 5-500MG ER TAB	2	QL=30 EA/30 Days
XULTOPHY 100UNIT-3.6MG/ML PEN INJ	2	PA QL=15 ML/30 Days
BIGUANIDES		
<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	
DIABETIC OTHER		
BAQSIMI 3MG/DOSE NASAL POWDER	2	QL=2 EA/7 Days
<i>diazoxide 50mg/ml susp</i>	1	
GLUCAGEN 1MG INJ	2	QL=2 EA/7 Days
GLUCAGON (RDNA) 1MG INJ	2	QL=2 EA/7 Days
GVOKE 0.5MG/0.1ML AUTO-INJECTOR	2	QL=.20 ML/7 Days
GVOKE 0.5MG/0.1ML SYRINGE	2	QL=.20 ML/7 Days
GVOKE 1MG/0.2ML AUTO-INJECTOR	2	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML INJ	2	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML SYRINGE	2	QL=.40 ML/7 Days
KORLYM 300MG TAB	2	NDS PA
ZEGALOGUE 0.6MG/0.6ML AUTO-INJECTOR	2	QL=1.20 ML/7 Days
ZEGALOGUE 0.6MG/0.6ML SYRINGE	2	QL=1.20 ML/7 Days
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUVIA 100MG TAB	2	QL=30 EA/30 Days
JANUVIA 25MG TAB	2	QL=30 EA/30 Days
JANUVIA 50MG TAB	2	QL=30 EA/30 Days
TRADJENTA 5MG TAB	2	QL=30 EA/30 Days
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON 2MG/0.85ML AUTO-INJECTOR	2	QL=3.40 ML/28 Days
OZEMPIC 2.68MG/ML PEN INJ	2	QL=3 ML/28 Days
OZEMPIC 2MG/1.5ML PEN INJ	2	QL=1.50 ML/28 Days
OZEMPIC 4MG/3ML PEN INJ	2	QL=3 ML/28 Days
RYBELSUS 14MG TAB	2	QL=30 EA/30 Days
RYBELSUS 3MG TAB	2	QL=30 EA/30 Days
RYBELSUS 7MG TAB	2	QL=30 EA/30 Days
TRULICITY 0.75MG/0.5ML AUTO-INJECTOR	2	QL=2 ML/28 Days
TRULICITY 1.5MG/0.5ML AUTO-INJECTOR	2	QL=2 ML/28 Days
TRULICITY 3MG/0.5ML AUTO-INJECTOR	2	QL=2 ML/28 Days
TRULICITY 4.5MG/0.5ML AUTO-INJECTOR	2	QL=2 ML/28 Days
VICTOZA 18MG/3ML PEN INJ	2	QL=9 ML/30 Days
INSULIN		
FIASP 100UNIT/ML CARTRIDGE	2	
FIASP 100UNIT/ML INJ	2	PA BvD
FIASP 100UNIT/ML PEN INJ	2	
HUMULIN R 500UNIT/ML INJ	2	PA BvD
HUMULIN R 500UNIT/ML PEN INJ	2	
LANTUS 100UNIT/ML INJ	2	
LANTUS 100UNIT/ML PEN INJ	2	
LEVEMIR 100UNIT/ML INJ	2	
LEVEMIR 100UNIT/ML PEN INJ	2	
NOVOLIN 70-30UNIT/ML INJ	2	
NOVOLIN 70-30UNIT/ML PEN INJ	2	
NOVOLIN N 100UNIT/ML INJ	2	
NOVOLIN N 100UNIT/ML PEN INJ	2	
NOVOLIN R 100UNIT/ML INJ	2	
NOVOLIN R 100UNIT/ML PEN INJ	2	
NOVOLOG 100UNIT/ML CARTRIDGE	2	
NOVOLOG 100UNIT/ML INJ	2	PA BvD
NOVOLOG 100UNIT/ML PEN INJ	2	
NOVOLOG MIX 70-30UNIT/ML INJ	2	
NOVOLOG MIX 70-30UNIT/ML PEN INJ	2	
TOUJEO 300UNIT/ML PEN INJ	2	
TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	2	
TRESIBA 100UNIT/ML INJ	2	
TRESIBA 100UNIT/ML PEN INJ	2	
TRESIBA 200UNIT/ML PEN INJ	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone 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>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide 120mg tab</i>	1	
<i>nateglinide 60mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	
<i>repaglinide 1mg tab</i>	1	
<i>repaglinide 2mg tab</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA 10MG TAB	2	QL=30 EA/30 Days
FARXIGA 5MG TAB	2	QL=30 EA/30 Days
JARDIANCE 10MG TAB	2	QL=30 EA/30 Days
JARDIANCE 25MG TAB	2	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	PA
<i>glyburide 1.5mg tab</i>	1	PA
<i>glyburide 2.5mg tab</i>	1	PA
<i>glyburide 3mg tab</i>	1	PA
<i>glyburide 5mg tab</i>	1	PA
<i>glyburide 6mg tab</i>	1	PA
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
ATROPINE SULFATE 0.005MG/ML/DIPHENOXYLATE 0.5MG/ML ORAL SOLN	1	
<i>atropine sulfate 0.025mg/diphenoxylate 2.5mg tab</i>	1	
<i>loperamide 2mg cap</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET 100MG CAP	2	
<i>deferasirox 125mg tab for oral susp</i>	1	
<i>deferasirox 180mg granules</i>	1	NDS
<i>deferasirox 180mg tab</i>	1	
<i>deferasirox 250mg tab for oral susp</i>	1	
<i>deferasirox 360mg granules</i>	1	NDS
<i>deferasirox 360mg tab</i>	1	
<i>deferasirox 500mg tab 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>deferasirox 90mg granules</i>	1	NDS
<i>deferasirox 90mg tab</i>	1	
<i>deferiprone 1000mg tab</i>	1	NDS PA
<i>deferiprone 500mg tab</i>	1	NDS PA
FERRIPROX 1000MG TAB	2	NDS PA
FERRIPROX 100MG/ML ORAL SOLN	2	NDS PA
OPIOID ANTAGONISTS		
KLOXXADO 8MG/0.1ML NASAL SPRAY	1	
NALOXONE 0.4MG/ML CARTRIDGE	1	QL=2 ML/2 Days
<i>naloxone 0.4mg/ml inj</i>	1	QL=2 ML/2 Days
<i>naloxone 1mg/ml syringe</i>	1	
<i>naloxone 40mg/ml nasal spray</i>	1	
<i>naltrexone 50mg tab</i>	1	
NARCAN 4MG/0.1ML NASAL SPRAY	1	
VIVITROL 380MG INJ	2	NDS
ZIMHI 5MG/0.5ML SYRINGE	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron 1mg tab</i>	1	PA BvD QL=60 EA/30 Days
<i>ondansetron 0.8mg/ml oral soln</i>	1	PA BvD
<i>ondansetron 4mg odt</i>	1	PA BvD
<i>ondansetron 4mg tab</i>	1	PA BvD
<i>ondansetron 8mg odt</i>	1	PA BvD
<i>ondansetron 8mg tab</i>	1	PA BvD
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine 12.5mg tab</i>	1	
<i>meclizine 25mg tab</i>	1	
<i>scopolamine 0.0139mg/hr patch</i>	1	
<i>trimethobenzamide 300mg cap</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine succinate 10mg/pyridoxine 10mg dr tab</i>	1	QL=120 EA/30 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
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant 125mg cap</i>	1	PA BvD QL=3 EA/2 Days
<i>aprepitant 125mg/aprepitant 80mg pack</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
VARUBI 90MG TAB	2	PA BvD QL=4 EA/28 Days
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
<i>casprofungin acetate 50mg inj</i>	1	NDS
<i>casprofungin acetate 70mg inj</i>	1	NDS
ERAXIS 100MG INJ	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERAXIS 50MG INJ	2	
<i>micafungin sodium 100mg inj</i>	1	
<i>micafungin sodium 50mg inj</i>	1	
ANTIFUNGALS		
ABELCET 5MG/ML INJ	2	PA BvD
AMBISOME 50MG INJ	2	PA BvD
AMPHOTERICIN B 50MG INJ	2	PA BvD
<i>flucytosine 250mg cap</i>	1	
<i>flucytosine 500mg cap</i>	1	
<i>griseofulvin 125mg tab</i>	1	
<i>griseofulvin 250mg tab</i>	1	
<i>griseofulvin 25mg/ml susp</i>	1	
<i>griseofulvin 500mg tab</i>	1	
<i>nystatin 500000unit tab</i>	1	
<i>terbinafine 250mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole 100mg tab</i>	1	
<i>fluconazole 10mg/ml susp</i>	1	
<i>fluconazole 150mg tab</i>	1	
<i>fluconazole 200mg tab</i>	1	
<i>fluconazole 2mg/ml (100ml) inj</i>	1	
<i>fluconazole 2mg/ml (200ml) inj</i>	1	
<i>fluconazole 40mg/ml susp</i>	1	
<i>fluconazole 50mg tab</i>	1	
<i>itraconazole 100mg cap</i>	1	
<i>ketoconazole 200mg tab</i>	1	
NOXAFIL 40MG/ML SUSP	2	PA
<i>posaconazole 100mg dr tab</i>	1	PA
<i>voriconazole 200mg inj</i>	1	PA
<i>voriconazole 200mg tab</i>	1	PA
<i>voriconazole 40mg/ml susp</i>	1	PA
<i>voriconazole 50mg tab</i>	1	PA
ANTI-HISTAMINES		
ANTI-HISTAMINES - NON-SEDATING		
<i>cetirizine 1mg/ml oral soln</i>	1	
<i>desloratadine 5mg tab</i>	1	
<i>levocetirizine 0.5mg/ml oral soln</i>	1	
<i>levocetirizine 5mg tab</i>	1	
ANTI-HISTAMINES - PHENOTHIAZINES		
<i>promethazine 1.25mg/ml oral soln</i>	1	PA
<i>promethazine 12.5mg rectal supp</i>	1	
<i>promethazine 12.5mg tab</i>	1	PA
<i>promethazine 25mg rectal supp</i>	1	
<i>promethazine 25mg tab</i>	1	PA
<i>promethazine 50mg tab</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethegan 25mg rectal supp</i>	1	
PROMETHEGAN 50MG RECTAL SUPP	2	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine 0.4mg/ml oral soln</i>	1	PA
<i>cyproheptadine 4mg tab</i>	1	PA
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3 acid ethyl esters (usp) 1000mg cap</i>	1	
VASCEPA 0.5GM CAP	2	QL=120 EA/30 Days
VASCEPA 1GM CAP	2	QL=120 EA/30 Days
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin (sugar-free) 4000mg powder for oral susp</i>	1	
<i>cholestyramine resin 4000mg powder for oral susp</i>	1	
<i>colesevelam 3750mg powder for oral susp</i>	1	
<i>colesevelam 625mg tab</i>	1	
<i>colestipol 1000mg tab</i>	1	
<i>colestipol 5000mg granules for oral susp</i>	1	
<i>prevalite 4gm powder for oral susp</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 134mg cap</i>	1	
<i>fenofibrate 145mg tab</i>	1	
FENOFIBRATE 150MG CAP	2	
<i>fenofibrate 160mg tab</i>	1	
<i>fenofibrate 200mg cap</i>	1	
<i>fenofibrate 48mg tab</i>	1	
FENOFIBRATE 50MG CAP	2	
<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>fluvastatin 20mg cap</i>	1	
<i>fluvastatin 40mg cap</i>	1	
<i>fluvastatin 80mg er 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	

You can find information 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>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	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe 10mg tab</i>	1	QL=30 EA/30 Days
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID 10MG CAP	2	NDS PA
JUXTAPID 20MG CAP	2	NDS PA
JUXTAPID 30MG CAP	2	NDS PA
JUXTAPID 5MG CAP	2	NDS PA
NICOTINIC ACID DERIVATIVES		
<i>niacin 1000mg er tab</i>	1	
<i>niacin 500mg er tab</i>	1	
<i>niacin 750mg er tab</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT 150MG/ML AUTO-INJECTOR	2	PA QL=2 ML/28 Days
PRALUENT 75MG/ML AUTO-INJECTOR	2	PA QL=2 ML/28 Days
REPATHA 140MG/ML AUTO-INJECTOR	2	PA QL=2 ML/28 Days
REPATHA 140MG/ML SYRINGE	2	PA QL=2 ML/28 Days
REPATHA 420MG/3.5ML CARTRIDGE	2	PA QL=3.50 ML/28 Days
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril 10mg tab</i>	1	
<i>benazepril 20mg tab</i>	1	
<i>benazepril 40mg tab</i>	1	
<i>benazepril 5mg tab</i>	1	
<i>captopril 100mg tab</i>	1	
<i>captopril 12.5mg tab</i>	1	
<i>captopril 25mg tab</i>	1	
<i>captopril 50mg tab</i>	1	
<i>enalapril maleate 10mg tab</i>	1	
<i>enalapril maleate 2.5mg tab</i>	1	
<i>enalapril maleate 20mg tab</i>	1	
<i>enalapril maleate 5mg tab</i>	1	
<i>fosinopril sodium 10mg tab</i>	1	
<i>fosinopril sodium 20mg tab</i>	1	
<i>fosinopril sodium 40mg tab</i>	1	

You can find information 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>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	
<i>perindopril erbumine 2mg tab</i>	1	
<i>perindopril erbumine 4mg tab</i>	1	
<i>perindopril erbumine 8mg tab</i>	1	
QBRELIS 1MG/ML ORAL SOLN	2	PA
<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	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine 250mg cap</i>	1	NDS
<i>phenoxybenzamine 10mg cap</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16mg tab</i>	1	
<i>candesartan cilexetil 32mg tab</i>	1	
<i>candesartan cilexetil 4mg tab</i>	1	
<i>candesartan cilexetil 8mg tab</i>	1	
<i>irbesartan 150mg tab</i>	1	
<i>irbesartan 300mg tab</i>	1	
<i>irbesartan 75mg tab</i>	1	
<i>losartan potassium 100mg tab</i>	1	
<i>losartan potassium 25mg tab</i>	1	
<i>losartan potassium 50mg tab</i>	1	
<i>olmesartan medoxomil 20mg tab</i>	1	
<i>olmesartan medoxomil 40mg tab</i>	1	
<i>olmesartan medoxomil 5mg tab</i>	1	
<i>telmisartan 20mg tab</i>	1	
<i>telmisartan 40mg tab</i>	1	
<i>telmisartan 80mg tab</i>	1	
<i>valsartan 160mg tab</i>	1	
<i>valsartan 320mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valsartan 40mg tab</i>	1	
<i>valsartan 80mg tab</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine 0.00417mg/hr weekly patch</i>	1	
<i>clonidine 0.00833mg/hr weekly patch</i>	1	
<i>clonidine 0.0125mg/hr weekly patch</i>	1	
<i>clonidine 0.1mg tab</i>	1	
<i>clonidine 0.2mg tab</i>	1	
<i>clonidine 0.3mg tab</i>	1	
<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>methyldopa 250mg tab</i>	1	
<i>methyldopa 500mg 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 10mg/benazepril 20mg cap</i>	1	
<i>amlodipine 10mg/benazepril 40mg cap</i>	1	
<i>amlodipine 10mg/olmesartan medoxomil 20mg tab</i>	1	
<i>amlodipine 10mg/olmesartan medoxomil 40mg tab</i>	1	
<i>amlodipine 10mg/valsartan 160mg tab</i>	1	
<i>amlodipine 10mg/valsartan 320mg tab</i>	1	
<i>amlodipine 2.5mg/benazepril 10mg cap</i>	1	
<i>amlodipine 5mg/benazepril 10mg cap</i>	1	
<i>amlodipine 5mg/benazepril 20mg cap</i>	1	
<i>amlodipine 5mg/benazepril 40mg cap</i>	1	
<i>amlodipine 5mg/olmesartan medoxomil 20mg tab</i>	1	
<i>amlodipine 5mg/olmesartan medoxomil 40mg tab</i>	1	
<i>amlodipine 5mg/valsartan 160mg tab</i>	1	
<i>amlodipine 5mg/valsartan 320mg tab</i>	1	
<i>atenolol 100mg/chlorthalidone 25mg tab</i>	1	
<i>atenolol 50mg/chlorthalidone 25mg tab</i>	1	
<i>benazepril 10mg/hydrochlorothiazide 12.5mg tab</i>	1	
<i>benazepril 20mg/hydrochlorothiazide 12.5mg tab</i>	1	
<i>benazepril 20mg/hydrochlorothiazide 25mg tab</i>	1	
<i>benazepril 5mg/hydrochlorothiazide 6.25mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bisoprolol fumarate 10mg/hydrochlorothiazide 6.25mg tab</i>	1	
<i>bisoprolol fumarate 2.5mg/hydrochlorothiazide 6.25mg tab</i>	1	
<i>bisoprolol fumarate 5mg/hydrochlorothiazide 6.25mg tab</i>	1	
<i>enalapril maleate 10mg/hydrochlorothiazide 25mg tab</i>	1	
<i>enalapril maleate 5mg/hydrochlorothiazide 12.5mg tab</i>	1	
<i>fosinopril sodium 10mg/hydrochlorothiazide 12.5mg tab</i>	1	
<i>fosinopril sodium 20mg/hydrochlorothiazide 12.5mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/irbesartan 150mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/irbesartan 300mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/lisinopril 10mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/lisinopril 20mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/losartan potassium 100mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/losartan potassium 50mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/olmesartan medoxomil 20mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/olmesartan medoxomil 40mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/quinapril 10mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/quinapril 20mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/valsartan 160mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/valsartan 320mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/valsartan 80mg tab</i>	1	
<i>hydrochlorothiazide 25mg/lisinopril 20mg tab</i>	1	
<i>hydrochlorothiazide 25mg/losartan potassium 100mg tab</i>	1	
<i>hydrochlorothiazide 25mg/metoprolol tartrate 100mg tab</i>	1	
<i>hydrochlorothiazide 25mg/metoprolol tartrate 50mg tab</i>	1	
<i>hydrochlorothiazide 25mg/olmesartan medoxomil 40mg tab</i>	1	
<i>hydrochlorothiazide 25mg/quinapril 20mg tab</i>	1	
<i>hydrochlorothiazide 25mg/valsartan 160mg tab</i>	1	
<i>hydrochlorothiazide 25mg/valsartan 320mg tab</i>	1	
HYDROCHLOROTHIAZIDE 50MG/METOPROLOL TARTRATE 100MG TAB	1	
TRANDOLAPRIL 1MG/VERAPAMIL 240MG ER TAB	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trandolapril 2mg/verapamil 180mg er tab</i>	1	
<i>trandolapril 2mg/verapamil 240mg er tab</i>	1	
<i>trandolapril 4mg/verapamil 240mg er tab</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren 150mg tab</i>	1	
<i>aliskiren 300mg tab</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone 25mg tab</i>	1	
<i>eplerenone 50mg tab</i>	1	
VASODILATORS		
<i>hydralazine 100mg tab</i>	1	
<i>hydralazine 10mg tab</i>	1	
<i>hydralazine 25mg tab</i>	1	
<i>hydralazine 50mg tab</i>	1	
<i>minoxidil 10mg tab</i>	1	
<i>minoxidil 2.5mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
IMPAVIDO 50MG CAP	2	NDS PA QL=84 EA/28 Days
<i>metronidazole 250mg tab</i>	1	
<i>metronidazole 500mg tab</i>	1	
<i>metronidazole 5mg/ml inj</i>	1	
<i>pentamidine isethionate 300mg inj</i>	1	
<i>pentamidine isethionate 50mg/ml inh soln</i>	1	PA BvD QL=1 EA/28 Days
<i>tinidazole 250mg tab</i>	1	
<i>tinidazole 500mg tab</i>	1	
<i>trimethoprim 100mg tab</i>	1	
XIFAXAN 200MG TAB	2	QL=9 EA/3 Days
XIFAXAN 550MG TAB	2	PA QL=60 EA/30 Days
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole 400mg/trimethoprim 80mg tab</i>	1	
<i>sulfamethoxazole 800mg/trimethoprim 160mg tab</i>	1	
<i>sulfamethoxazole/trimethoprim 200-40mg/5ml susp</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 150mg/ml susp</i>	1	
<i>nitazoxanide 500mg tab</i>	1	PA QL=6 EA/3 Days
CARBAPENEMS		
CILASTATIN 250MG/IMIPENEM 250MG INJ	1	
<i>cilastatin 500mg/imipenem 500mg inj</i>	1	
<i>ertapenem 1000mg inj</i>	1	
<i>meropenem 1000mg inj</i>	1	
<i>meropenem 500mg inj</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin 500mg inj</i>	1	NDS
GLYCOPEPTIDES		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DALVANCE 500MG INJ	2	NDS
FIRVANQ 25MG/ML ORAL SOLN	1	
FIRVANQ 50MG/ML ORAL SOLN	1	
<i>vancomycin 1000mg inj</i>	1	
<i>vancomycin 100mg/ml inj</i>	1	
<i>vancomycin 125mg cap</i>	1	QL=120 EA/30 Days
<i>vancomycin 250mg cap</i>	1	QL=120 EA/30 Days
<i>vancomycin 500mg inj</i>	1	
<i>vancomycin 750mg inj</i>	1	
LEPROSTATICS		
<i>dapsone 100mg tab</i>	1	
<i>dapsone 25mg tab</i>	1	
LINCOSAMIDES		
<i>clindamycin 12mg/ml inj</i>	1	
<i>clindamycin 150mg cap</i>	1	
<i>clindamycin 150mg/ml (2ml) inj</i>	1	
<i>clindamycin 150mg/ml (4ml) inj</i>	1	
<i>clindamycin 150mg/ml (6ml) inj</i>	1	
<i>clindamycin 15mg/ml oral soln</i>	1	
<i>clindamycin 18mg/ml inj</i>	1	
<i>clindamycin 300mg cap</i>	1	
<i>clindamycin 6mg/ml inj</i>	1	
<i>clindamycin 75mg cap</i>	1	
MONOBACTAMS		
<i>aztreonam 1000mg inj</i>	1	
<i>aztreonam 2000mg inj</i>	1	
CAYSTON 75MG INH SOLN	2	NDS PA QL=84 ML/28 Days
OXAZOLIDINONES		
<i>linezolid 20mg/ml susp</i>	1	
<i>linezolid 2mg/ml inj</i>	1	
<i>linezolid 600mg tab</i>	1	
SIVEXTRO 200MG INJ	2	NDS PA QL=6 EA/6 Days
SIVEXTRO 200MG TAB	2	NDS PA QL=6 EA/6 Days
POLYMYXINS		
<i>colistin 75mg/ml inj</i>	1	
<i>polymyxin b 250000unit/ml inj</i>	1	
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1000mg tab</i>	1	
<i>nitrofurantoin macro 25mg/nitrofurantoin mono 75mg cap</i>	1	
<i>nitrofurantoin macrocrystals 100mg cap</i>	1	
<i>nitrofurantoin macrocrystals 50mg cap</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone 250mg/proguanil 100mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atovaquone 62.5mg/proguanil 25mg tab</i>	1	
COARTEM 20-120MG TAB	2	
ANTIMALARIALS		
<i>chloroquine phosphate 250mg tab</i>	2	
CHLOROQUINE PHOSPHATE 500MG TAB	1	
HYDROXYCHLOROQUINE SULFATE 100MG TAB	2	QL=30 EA/30 Days
<i>hydroxychloroquine sulfate 200mg tab</i>	1	
KRINTAFEL 150MG TAB	2	
MEFLOQUINE 250MG TAB	2	
PRIMAQUINE PHOSPHATE 26.3MG TAB	1	
<i>quinine sulfate 324mg cap</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10MG TAB	2	NDS PA
<i>pyridostigmine bromide 180mg er tab</i>	1	
<i>pyridostigmine bromide 60mg tab</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol 100mg tab</i>	1	
<i>ethambutol 400mg tab</i>	1	
ISONIAZID 100MG TAB	1	
ISONIAZID 10MG/ML ORAL SOLN	2	
<i>isoniazid 300mg tab</i>	1	
PASER D/R 4GM GRANULES	2	
PRETOMANID 200MG TAB	2	QL=30 EA/30 Days
PRIFTIN 150MG TAB	2	
PYRAZINAMIDE 500MG TAB	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	2	NDS PA
SIRTURO 20MG TAB	2	NDS PA
TRECTOR 250MG TAB	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25MG CAP	2	PA BvD
CYCLOPHOSPHAMIDE 25MG TAB	2	PA BvD
CYCLOPHOSPHAMIDE 50MG CAP	2	PA BvD
CYCLOPHOSPHAMIDE 50MG TAB	2	PA BvD
LEUKERAN 2MG TAB	2	
ANTIMETABOLITES		
<i>mercaptopurine 50mg tab</i>	1	
<i>methotrexate 2.5mg tab</i>	1	
<i>methotrexate 25mg/ml (2ml) 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>methotrexate 25mg/ml inj</i>	1	
ONUREG 200MG TAB	2	NDS PA NSO QL=14 EA/28 Days
ONUREG 300MG TAB	2	NDS PA NSO QL=14 EA/28 Days
PURIXAN 2000MG/100ML SUSP	2	
TABLOID 40MG TAB	2	
XATMEP 2.5MG/ML ORAL SOLN	2	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA 1MG TAB	2	NDS PA NSO
INLYTA 5MG TAB	2	NDS PA NSO
LENVIMA 10 10MG PACK	2	NDS PA NSO QL=30 EA/30 Days
LENVIMA 12 4MG PACK	2	NDS PA NSO QL=90 EA/30 Days
LENVIMA 14 PACK	2	NDS PA NSO QL=60 EA/30 Days
LENVIMA 18 PACK	2	NDS PA NSO QL=90 EA/30 Days
LENVIMA 20 10MG PACK	2	NDS PA NSO QL=60 EA/30 Days
LENVIMA 24 PACK	2	NDS PA NSO QL=90 EA/30 Days
LENVIMA 4 4MG PACK	2	NDS PA NSO QL=30 EA/30 Days
LENVIMA 8 4MG PACK	2	NDS PA NSO QL=60 EA/30 Days
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA 150MG TAB	2	NDS PA NSO QL=120 EA/30 Days
TUKYSA 50MG TAB	2	NDS PA NSO QL=120 EA/30 Days
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 100MG TAB	2	NDS PA NSO
VENCLEXTA 10MG TAB	2	PA NSO
VENCLEXTA 50MG TAB	2	PA NSO
VENCLEXTA STARTING PACK	2	NDS PA NSO
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib 100mg tab</i>	1	PA NSO
<i>erlotinib 150mg tab</i>	1	PA NSO
<i>erlotinib 25mg tab</i>	1	PA NSO
EXKIVITY 40MG CAP	2	NDS PA NSO QL=120 EA/30 Days
GILOTRIF 20MG TAB	2	NDS PA NSO QL=30 EA/30 Days
GILOTRIF 30MG TAB	2	NDS PA NSO QL=30 EA/30 Days
GILOTRIF 40MG TAB	2	NDS PA NSO QL=30 EA/30 Days
IRESSA 250MG TAB	2	NDS PA NSO
TAGRISSE 40MG TAB	2	NDS PA NSO
TAGRISSE 80MG TAB	2	NDS PA NSO
VIZIMPRO 15MG TAB	2	NDS PA NSO QL=30 EA/30 Days
VIZIMPRO 30MG TAB	2	NDS PA NSO QL=30 EA/30 Days
VIZIMPRO 45MG TAB	2	NDS PA NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100MG TAB	2	NDS PA NSO
DAURISMO 25MG TAB	2	NDS PA NSO
ERIVEDGE 150MG CAP	2	NDS PA NSO
ODOMZO 200MG CAP	2	NDS PA NSO
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abiraterone acetate 250mg tab</i>	1	QL=120 EA/30 Days
<i>anastrozole 1mg tab</i>	1	
<i>bicalutamide 50mg tab</i>	1	
ELIGARD 22.5MG SYRINGE	2	QL=1 EA/84 Days
ELIGARD 30MG SYRINGE	2	QL=1 EA/112 Days
ELIGARD 45MG SYRINGE	2	QL=1 EA/168 Days
ELIGARD 7.5MG SYRINGE	2	QL=1 EA/28 Days
EMCYT 140MG CAP	2	
ERLEADA 60MG TAB	2	NDS PA NSO QL=120 EA/30 Days
<i>exemestane 25mg tab</i>	1	
FIRMAGON 120MG/VIAL INJ	2	PA NSO
FIRMAGON 80MG INJ	2	PA NSO
FLUTAMIDE 125MG CAP	1	
<i>letrozole 2.5mg tab</i>	1	
<i>leuprolide acetate 5mg/ml inj</i>	1	
LUPRON 11.25MG SYRINGE	2	QL=1 EA/84 Days
LUPRON 22.5MG SYRINGE	2	QL=1 EA/84 Days
LUPRON 3.75MG SYRINGE	2	QL=1 EA/28 Days
LUPRON 30MG SYRINGE	2	QL=1 EA/112 Days
LUPRON 45MG SYRINGE	2	QL=1 EA/168 Days
LUPRON 7.5MG SYRINGE	2	QL=1 EA/28 Days
LYSODREN 500MG TAB	2	
<i>megestrol acetate 20mg tab</i>	1	PA NSO
<i>megestrol acetate 40mg tab</i>	1	PA NSO
<i>megestrol acetate 40mg/ml susp</i>	1	PA
<i>nilutamide 150mg tab</i>	1	NDS
NUBEQA 300MG TAB	2	NDS PA NSO QL=120 EA/30 Days
ORGOVYX 120MG TAB	2	NDS PA NSO QL=30 EA/28 Days
SOLTAMOX 10MG/5ML ORAL SOLN	2	PA NSO
<i>tamoxifen 10mg tab</i>	1	
<i>tamoxifen 20mg tab</i>	1	
<i>toremifene 60mg tab</i>	1	
TRELSTAR 11.25MG INJ	2	QL=1 EA/84 Days
TRELSTAR 22.5MG INJ	2	QL=1 EA/168 Days
TRELSTAR 3.75MG INJ	2	QL=1 EA/28 Days
XTANDI 40MG CAP	2	NDS PA NSO QL=120 EA/30 Days
XTANDI 40MG TAB	2	NDS PA NSO QL=120 EA/30 Days
XTANDI 80MG TAB	2	NDS PA NSO QL=60 EA/30 Days
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40MG TAB	2	NDS PA NSO QL=90 EA/30 Days
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST 1MG CAP	2	NDS PA NSO
POMALYST 2MG CAP	2	NDS PA NSO
POMALYST 3MG CAP	2	NDS PA NSO
POMALYST 4MG CAP	2	NDS PA NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT 100MG TAB	2	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	2	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 25MG TAB	2	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 300MG TAB	2	NDS PA NSO QL=30 EA/30 Days
AYVAKIT 50MG TAB	2	NDS PA NSO QL=30 EA/30 Days
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO 100MG ONCE WEEKLY CARTON (8-PACK)	2	NDS PA NSO QL=8 EA/28 Days
XPOVIO 40MG ONCE WEEKLY CARTON (4-PACK)	2	NDS PA NSO QL=4 EA/28 Days
XPOVIO 40MG TWICE WEEKLY CARTON (8-PACK)	2	NDS PA NSO QL=8 EA/28 Days
XPOVIO 60MG ONCE WEEKLY CARTON (4-PACK)	2	NDS PA NSO QL=4 EA/28 Days
XPOVIO 60MG TWICE WEEKLY PACK	2	NDS PA NSO QL=24 EA/28 Days
XPOVIO 80 MG TWICE WEEKLY	2	NDS PA NSO QL=32 EA/28 Days
XPOVIO 80MG ONCE WEEKLY CARTON (8-PACK)	2	NDS PA NSO QL=8 EA/28 Days
ANTINEOPLASTIC COMBINATIONS		
INQOVI 5 TABLET PACK	2	NDS PA NSO QL=5 EA/28 Days
KISQALI FEMARA CO-PACK 200 PACK	2	NDS PA NSO QL=49 EA/28 Days
KISQALI FEMARA CO-PACK 400 PACK	2	NDS PA NSO QL=70 EA/28 Days
KISQALI FEMARA CO-PACK 600 PACK	2	NDS PA NSO QL=91 EA/28 Days
LONSURF 6.14-15MG TAB	2	NDS PA NSO
LONSURF 8.19-20MG TAB	2	NDS PA NSO
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150MG CAP	2	NDS PA NSO QL=240 EA/30 Days
ALUNBRIG 180MG TAB	2	NDS PA NSO QL=30 EA/30 Days
ALUNBRIG 30MG TAB	2	NDS PA NSO QL=120 EA/30 Days
ALUNBRIG 90MG TAB	2	NDS PA NSO QL=30 EA/30 Days
ALUNBRIG INITIATION PACK	2	NDS PA NSO QL=30 EA/30 Days
BALVERSA 3MG TAB	2	NDS PA NSO QL=60 EA/30 Days
BALVERSA 4MG TAB	2	NDS PA NSO QL=60 EA/30 Days
BALVERSA 5MG TAB	2	NDS PA NSO QL=30 EA/30 Days
BOSULIF 100MG TAB	2	NDS PA NSO
BOSULIF 400MG TAB	2	NDS PA NSO
BOSULIF 500MG TAB	2	NDS PA NSO
BRAFTOVI 75MG CAP	2	NDS PA NSO QL=180 EA/30 Days
BRUKINSA 80MG CAP	2	NDS PA NSO QL=120 EA/30 Days
CABOMETYX 20MG TAB	2	NDS PA NSO
CABOMETYX 40MG TAB	2	NDS PA NSO
CABOMETYX 60MG TAB	2	NDS PA NSO
CALQUENCE 100MG CAP	2	NDS PA NSO QL=60 EA/30 Days
CAPRELSA 100MG TAB	2	NDS PA NSO QL=60 EA/30 Days
CAPRELSA 300MG TAB	2	NDS PA NSO QL=30 EA/30 Days
COMETRIQ CAP 100MG DAILY DOSE CARTON PACK	2	NDS PA NSO
COMETRIQ CAP 140MG DAILY DOSE CARTON PACK	2	NDS PA NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMETRIQ CAP 60MG DAILY DOSE CARTON PACK	2	NDS PA NSO
COTELLIC 20MG TAB	2	NDS PA NSO QL=63 EA/28 Days
<i>everolimus 10mg tab</i>	1	NDS PA NSO QL=30 EA/30 Days
<i>everolimus 2.5mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>everolimus 2mg tab for oral susp</i>	1	NDS PA NSO
<i>everolimus 3mg tab for oral susp</i>	1	NDS PA NSO
<i>everolimus 5mg tab</i>	1	PA NSO QL=30 EA/30 Days
<i>everolimus 5mg tab for oral susp</i>	1	NDS PA NSO
<i>everolimus 7.5mg tab</i>	1	PA NSO QL=30 EA/30 Days
FOTIVDA 0.89MG CAP	2	NDS PA NSO QL=21 EA/28 Days
FOTIVDA 1.34MG CAP	2	NDS PA NSO QL=21 EA/28 Days
GAVRETO 100MG CAP	2	NDS PA NSO QL=120 EA/30 Days
IBRANCE 100MG CAP	2	NDS PA NSO QL=21 EA/28 Days
IBRANCE 100MG TAB	2	NDS PA NSO QL=21 EA/28 Days
IBRANCE 125MG CAP	2	NDS PA NSO QL=21 EA/28 Days
IBRANCE 125MG TAB	2	NDS PA NSO QL=21 EA/28 Days
IBRANCE 75MG CAP	2	NDS PA NSO QL=21 EA/28 Days
IBRANCE 75MG TAB	2	NDS PA NSO QL=21 EA/28 Days
ICLUSIG 10MG TAB	2	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 15MG TAB	2	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 30MG TAB	2	NDS PA NSO QL=30 EA/30 Days
ICLUSIG 45MG TAB	2	NDS PA NSO QL=30 EA/30 Days
IDHIFA 100MG TAB	2	NDS PA NSO QL=30 EA/30 Days
IDHIFA 50MG TAB	2	NDS PA NSO QL=30 EA/30 Days
<i>imatinib 100mg tab</i>	1	
<i>imatinib 400mg tab</i>	1	
IMBRUVICA 140MG CAP	2	NDS PA NSO QL=90 EA/30 Days
IMBRUVICA 140MG TAB	2	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 280MG TAB	2	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 420MG TAB	2	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 560MG TAB	2	NDS PA NSO QL=30 EA/30 Days
IMBRUVICA 70MG CAP	2	NDS PA NSO QL=30 EA/30 Days
INREBIC 100MG CAP	2	NDS PA NSO QL=120 EA/30 Days
JAKAFI 10MG TAB	2	NDS PA NSO QL=60 EA/30 Days
JAKAFI 15MG TAB	2	NDS PA NSO QL=60 EA/30 Days
JAKAFI 20MG TAB	2	NDS PA NSO QL=60 EA/30 Days
JAKAFI 25MG TAB	2	NDS PA NSO QL=60 EA/30 Days
JAKAFI 5MG TAB	2	NDS PA NSO QL=60 EA/30 Days
KISQALI 200MG DAILY DOSE PACK	2	NDS PA NSO QL=21 EA/28 Days
KISQALI 400MG DAILY DOSE PACK	2	NDS PA NSO QL=42 EA/28 Days
KISQALI 600MG DAILY DOSE PACK	2	NDS PA NSO QL=63 EA/28 Days
KOSELUGO 10MG CAP	2	NDS PA NSO QL=120 EA/30 Days
KOSELUGO 25MG CAP	2	NDS PA NSO QL=120 EA/30 Days
<i>lapatinib 250mg tab</i>	1	NDS PA NSO
LORBRENA 100MG TAB	2	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
LORBRENA 25MG TAB	2	NDS PA NSO QL=90 EA/30 Days
LUMAKRAS 120MG TAB	2	NDS PA NSO QL=240 EA/30 Days
LYNPARZA 100MG TAB	2	NDS PA NSO QL=120 EA/30 Days
LYNPARZA 150MG TAB	2	NDS PA NSO QL=120 EA/30 Days
MEKINIST 0.5MG TAB	2	NDS PA NSO QL=90 EA/30 Days
MEKINIST 2MG TAB	2	NDS PA NSO QL=30 EA/30 Days
MEKTOVI 15MG TAB	2	NDS PA NSO QL=180 EA/30 Days
NERLYNX 40MG TAB	2	NDS PA NSO
NINLARO 2.3MG CAP	2	NDS PA NSO
NINLARO 3MG CAP	2	NDS PA NSO
NINLARO 4MG CAP	2	NDS PA NSO
PEMAZYRE 13.5MG TAB	2	NDS PA NSO QL=14 EA/21 Days
PEMAZYRE 4.5MG TAB	2	NDS PA NSO QL=14 EA/21 Days
PEMAZYRE 9MG TAB	2	NDS PA NSO QL=14 EA/21 Days
PIQRAY 200MG DAILY DOSE PACK	2	NDS PA NSO QL=30 EA/30 Days
PIQRAY 250MG DAILY DOSE PACK	2	NDS PA NSO QL=60 EA/30 Days
PIQRAY 300MG DAILY DOSE 150MG PACK	2	NDS PA NSO QL=60 EA/30 Days
QINLOCK 50MG TAB	2	NDS PA NSO QL=90 EA/30 Days
RETEVMO 40MG CAP	2	NDS PA NSO QL=120 EA/30 Days
RETEVMO 80MG CAP	2	NDS PA NSO QL=120 EA/30 Days
ROZLYTREK 100MG CAP	2	NDS PA NSO QL=150 EA/30 Days
ROZLYTREK 200MG CAP	2	NDS PA NSO QL=90 EA/30 Days
RUBRACA 200MG TAB	2	NDS PA NSO QL=120 EA/30 Days
RUBRACA 250MG TAB	2	NDS PA NSO QL=120 EA/30 Days
RUBRACA 300MG TAB	2	NDS PA NSO QL=120 EA/30 Days
RYDAPT 25MG CAP	2	NDS PA NSO
SCEMBLIX 20MG TAB	2	NDS PA NSO QL=60 EA/30 Days
SCEMBLIX 40MG TAB	2	NDS PA NSO QL=300 EA/30 Days
<i>sorafenib 200mg tab</i>	2	NDS PA NSO
SPRYCEL 100MG TAB	2	NDS PA NSO
SPRYCEL 140MG TAB	2	NDS PA NSO
SPRYCEL 20MG TAB	2	NDS PA NSO
SPRYCEL 50MG TAB	2	NDS PA NSO
SPRYCEL 70MG TAB	2	NDS PA NSO
SPRYCEL 80MG TAB	2	NDS PA NSO
STIVARGA 40MG TAB	2	NDS PA NSO QL=84 EA/28 Days
<i>sunitinib 12.5mg cap</i>	2	NDS PA NSO
<i>sunitinib 25mg cap</i>	2	NDS PA NSO
<i>sunitinib 37.5mg cap</i>	2	NDS PA NSO
<i>sunitinib 50mg cap</i>	2	NDS PA NSO
TABRECTA 150MG TAB	2	NDS PA NSO QL=120 EA/30 Days
TABRECTA 200MG TAB	2	NDS PA NSO QL=120 EA/30 Days
TAFINLAR 50MG CAP	2	NDS PA NSO QL=120 EA/30 Days
TAFINLAR 75MG CAP	2	NDS PA NSO QL=120 EA/30 Days
TALZENNA 0.25MG CAP	2	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
TALZENNA 0.5MG CAP	2	NDS PA NSO QL=30 EA/30 Days
TALZENNA 0.75MG CAP	2	NDS PA NSO QL=30 EA/30 Days
TALZENNA 1MG CAP	2	NDS PA NSO QL=30 EA/30 Days
TASIGNA 150MG CAP	2	NDS PA NSO
TASIGNA 200MG CAP	2	NDS PA NSO
TASIGNA 50MG CAP	2	NDS PA NSO
TAZVERIK 200MG TAB	2	NDS PA NSO QL=240 EA/30 Days
TEPMETKO 225MG TAB	2	NDS PA NSO QL=60 EA/30 Days
TIBSOVO 250MG TAB	2	NDS PA NSO QL=60 EA/30 Days
TRUSELTIQ 100MG DAILY DOSE CARTON (21)	2	NDS PA NSO QL=21 EA/28 Days
TRUSELTIQ 125MG DAILY DOSE CARTON (42)	2	NDS PA NSO QL=42 EA/28 Days
TRUSELTIQ 50MG DAILY DOSE CARTON (42)	2	NDS PA NSO QL=42 EA/28 Days
TRUSELTIQ 75MG DAILY DOSE CARTON (63)	2	NDS PA NSO QL=63 EA/28 Days
TURALIO 200MG CAP	2	NDS PA NSO QL=120 EA/30 Days
VERZENIO 100MG TAB	2	NDS PA NSO QL=56 EA/28 Days
VERZENIO 150MG TAB	2	NDS PA NSO QL=56 EA/28 Days
VERZENIO 200MG TAB	2	NDS PA NSO QL=56 EA/28 Days
VERZENIO 50MG TAB	2	NDS PA NSO QL=56 EA/28 Days
VITRAKVI 100MG CAP	2	NDS PA NSO
VITRAKVI 20MG/ML ORAL SOLN	2	NDS PA NSO
VITRAKVI 25MG CAP	2	NDS PA NSO
VONJO 100MG CAP	2	NDS PA NSO QL=120 EA/30 Days
VOTRIENT 200MG TAB	2	NDS PA NSO
XALKORI 200MG CAP	2	NDS PA NSO QL=60 EA/30 Days
XALKORI 250MG CAP	2	NDS PA NSO QL=120 EA/30 Days
XOSPATA 40MG TAB	2	NDS PA NSO
ZEJULA 100MG CAP	2	NDS PA NSO QL=90 EA/30 Days
ZELBORAF 240MG TAB	2	NDS PA NSO QL=240 EA/30 Days
ZOLINZA 100MG CAP	2	NDS PA NSO
ZYDELIG 100MG TAB	2	NDS PA NSO QL=60 EA/30 Days
ZYDELIG 150MG TAB	2	NDS PA NSO QL=60 EA/30 Days
ZYKADIA 150MG TAB	2	NDS PA NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	2	NDS PA NSO
BESREMI 500MCG/ML SYRINGE	2	NDS PA NSO QL=2 ML/28 Days
<i>bexarotene 75mg cap</i>	1	PA NSO
<i>hydroxyurea 500mg cap</i>	1	
INTRON A 10MU INJ	2	
INTRON A 18MU INJ	2	NDS
INTRON A 50MU INJ	2	NDS
MATULANE 50MG CAP	2	NDS
SYNRIBO 3.5MG INJ	2	NDS PA NSO
<i>tretinoin 10mg cap</i>	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin 10mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin 15mg tab</i>	1	
<i>leucovorin 25mg tab</i>	1	
<i>leucovorin 5mg tab</i>	1	
MESNEX 400MG TAB	2	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25mg tab</i>	1	
NOURIANZ 20MG TAB	2	PA QL=30 EA/30 Days
NOURIANZ 40MG TAB	2	PA QL=30 EA/30 Days
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg tab</i>	1	
<i>benztropine mesylate 2mg tab</i>	1	
<i>trihexyphenidyl 0.4mg/ml oral soln</i>	1	
<i>trihexyphenidyl 2mg tab</i>	1	
<i>trihexyphenidyl 5mg tab</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone 200mg tab</i>	1	
<i>tolcapone 100mg tab</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine 100mg cap</i>	1	
<i>amantadine 100mg tab</i>	1	
<i>amantadine 10mg/ml oral soln</i>	1	
<i>bromocriptine 2.5mg tab</i>	1	
<i>bromocriptine 5mg cap</i>	1	
<i>carbidopa 10mg/levodopa 100mg odt</i>	1	
<i>carbidopa 10mg/levodopa 100mg tab</i>	1	
<i>carbidopa 12.5mg/entacapone 200mg/levodopa 50mg tab</i>	1	
<i>carbidopa 18.75mg/entacapone 200mg/levodopa 75mg tab</i>	1	
<i>carbidopa 25mg/entacapone 200mg/levodopa 100mg tab</i>	1	
<i>carbidopa 25mg/levodopa 100mg er tab</i>	1	
<i>carbidopa 25mg/levodopa 100mg odt</i>	1	
<i>carbidopa 25mg/levodopa 100mg tab</i>	1	
<i>carbidopa 25mg/levodopa 250mg odt</i>	1	
<i>carbidopa 25mg/levodopa 250mg tab</i>	1	
<i>carbidopa 31.25mg/entacapone 200mg/levodopa 125mg tab</i>	1	
<i>carbidopa 37.5mg/entacapone 200mg/levodopa 150mg tab</i>	1	
<i>carbidopa 50mg/entacapone 200mg/levodopa 200mg tab</i>	1	
<i>carbidopa 50mg/levodopa 200mg er tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KYNMOBI 10MG SUBLINGUAL FILM	2	NDS PA
KYNMOBI 15MG SUBLINGUAL FILM	2	NDS PA
KYNMOBI 20MG SUBLINGUAL FILM	2	NDS PA
KYNMOBI 25MG SUBLINGUAL FILM	2	NDS PA
KYNMOBI 30MG SUBLINGUAL FILM	2	NDS PA
NEUPRO 1MG/24HR PATCH	2	
NEUPRO 2MG/24HR PATCH	2	
NEUPRO 3MG/24HR PATCH	2	
NEUPRO 4MG/24HR PATCH	2	
NEUPRO 6MG/24HR PATCH	2	
NEUPRO 8MG/24HR PATCH	2	
<i>pramipexole 0.125mg tab</i>	1	
<i>pramipexole 0.25mg tab</i>	1	
<i>pramipexole 0.375mg er tab</i>	1	
<i>pramipexole 0.5mg tab</i>	1	
<i>pramipexole 0.75mg er tab</i>	1	
<i>pramipexole 0.75mg tab</i>	1	
<i>pramipexole 1.5mg er tab</i>	1	
<i>pramipexole 1.5mg tab</i>	1	
<i>pramipexole 1mg tab</i>	1	
<i>pramipexole 2.25mg er tab</i>	1	
<i>pramipexole 3.75mg er tab</i>	1	
<i>pramipexole 3mg er tab</i>	1	
<i>pramipexole 4.5mg er tab</i>	1	
<i>ropinirole 0.25mg tab</i>	1	
<i>ropinirole 0.5mg tab</i>	1	
<i>ropinirole 12mg er tab</i>	1	
<i>ropinirole 1mg tab</i>	1	
<i>ropinirole 2mg er tab</i>	1	
<i>ropinirole 2mg tab</i>	1	
<i>ropinirole 3mg tab</i>	1	
<i>ropinirole 4mg er tab</i>	1	
<i>ropinirole 4mg tab</i>	1	
<i>ropinirole 5mg tab</i>	1	
<i>ropinirole 6mg er tab</i>	1	
<i>ropinirole 8mg er tab</i>	1	
STALEVO 12.5-200-50MG TAB	2	
STALEVO 18.75-200-75MG TAB	2	
STALEVO 25-200-100MG TAB	2	
STALEVO 31.25-200-125MG TAB	2	
STALEVO 37.5-200-150MG TAB	2	
STALEVO 50-200-200MG TAB	2	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline 0.5mg tab</i>	1	
<i>rasagiline 1mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>selegiline 5mg cap</i>	1	
SELEGILINE 5MG TAB	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate 150mg cap</i>	1	
<i>lithium carbonate 300mg cap</i>	1	
<i>lithium carbonate 300mg er tab</i>	1	
<i>lithium carbonate 300mg tab</i>	1	
<i>lithium carbonate 450mg er tab</i>	1	
LITHIUM CARBONATE 600MG CAP	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 42MG CAP	2	PA NSO QL=30 EA/30 Days
LATUDA 120MG TAB	2	QL=30 EA/30 Days
LATUDA 20MG TAB	2	QL=30 EA/30 Days
LATUDA 40MG TAB	2	QL=30 EA/30 Days
LATUDA 60MG TAB	2	QL=30 EA/30 Days
LATUDA 80MG TAB	2	QL=60 EA/30 Days
NUPLAZID 10MG TAB	2	PA NSO QL=30 EA/30 Days
NUPLAZID 34MG CAP	2	PA NSO QL=30 EA/30 Days
VRAYLAR 1.5/3MG MIXED PACK	2	PA NSO QL=30 EA/30 Days
VRAYLAR 1.5MG CAP	2	PA NSO QL=30 EA/30 Days
VRAYLAR 3MG CAP	2	PA NSO QL=30 EA/30 Days
VRAYLAR 4.5MG CAP	2	PA NSO QL=30 EA/30 Days
VRAYLAR 6MG CAP	2	PA NSO QL=30 EA/30 Days
<i>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 20mg inj</i>	1	QL=60 EA/30 Days
<i>ziprasidone 40mg cap</i>	1	
<i>ziprasidone 60mg cap</i>	1	
<i>ziprasidone 80mg cap</i>	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 12MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 1MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 2MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 4MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 6MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 8MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT TITRATION PACK	2	PA NSO QL=60 EA/30 Days
INVEGA 1092MG/3.5ML SYRINGE	2	QL=3.50 ML/180 Days
INVEGA 117MG/0.75ML SYRINGE	2	QL=.75 ML/28 Days
INVEGA 1560MG/5ML SYRINGE	2	QL=5 ML/180 Days
INVEGA 156MG/ML SYRINGE	2	QL=1 ML/28 Days
INVEGA 234MG/1.5ML SYRINGE	2	QL=1.50 ML/28 Days
INVEGA 273MG/0.875ML SYRINGE	2	QL=.88 ML/84 Days
INVEGA 39MG/0.25ML SYRINGE	2	QL=.25 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
INVEGA 410MG/1.315ML SYRINGE	2	QL=1.32 ML/84 Days
INVEGA 546MG/1.75ML SYRINGE	2	QL=1.75 ML/84 Days
INVEGA 78MG/0.5ML SYRINGE	2	QL=.50 ML/28 Days
INVEGA 819MG/2.625ML SYRINGE	2	QL=2.63 ML/84 Days
<i>paliperidone 1.5mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 3mg er tab</i>	1	QL=30 EA/30 Days
<i>paliperidone 6mg er tab</i>	1	QL=60 EA/30 Days
<i>paliperidone 9mg er tab</i>	1	QL=30 EA/30 Days
PERSERIS 120MG SYRINGE	2	NDS QL=1 EA/28 Days
PERSERIS 90MG SYRINGE	2	NDS QL=1 EA/28 Days
RISPERDAL 12.5MG INJ	2	QL=2 EA/28 Days
RISPERDAL 25MG INJ	2	QL=2 EA/28 Days
RISPERDAL 37.5MG INJ	2	QL=2 EA/28 Days
RISPERDAL 50MG INJ	2	QL=2 EA/28 Days
RISPERIDONE 0.25MG ODT	1	
<i>risperidone 0.25mg tab</i>	1	
<i>risperidone 0.5mg odt</i>	1	
<i>risperidone 0.5mg tab</i>	1	
<i>risperidone 1mg odt</i>	1	
<i>risperidone 1mg tab</i>	1	
<i>risperidone 1mg/ml oral soln</i>	1	
<i>risperidone 2mg odt</i>	1	
<i>risperidone 2mg tab</i>	1	
<i>risperidone 3mg odt</i>	1	
<i>risperidone 3mg tab</i>	1	
<i>risperidone 4mg odt</i>	1	
<i>risperidone 4mg tab</i>	1	
BUTYROPHENONES		
<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 inj</i>	1	
<i>haloperidol decanoate 50mg/ml (1ml) inj</i>	1	
<i>haloperidol decanoate 50mg/ml inj</i>	1	
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	

You can find information 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>clozapine 100mg tab</i>	1	
CLOZAPINE 12.5MG ODT	1	
CLOZAPINE 150MG ODT	2	
CLOZAPINE 200MG ODT	2	
<i>clozapine 200mg tab</i>	1	
<i>clozapine 25mg odt</i>	1	
<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	
<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	
<i>quetiapine 200mg er tab</i>	1	
<i>quetiapine 200mg tab</i>	1	
<i>quetiapine 25mg tab</i>	1	
<i>quetiapine 300mg er tab</i>	1	
<i>quetiapine 300mg tab</i>	1	
<i>quetiapine 400mg er tab</i>	1	
<i>quetiapine 400mg tab</i>	1	
<i>quetiapine 50mg er tab</i>	1	
<i>quetiapine 50mg tab</i>	1	
SECUADO 3.8MG/24HR PATCH	2	PA NSO QL=30 EA/30 Days
SECUADO 5.7MG/24HR PATCH	2	PA NSO QL=30 EA/30 Days
SECUADO 7.6MG/24HR PATCH	2	PA NSO QL=30 EA/30 Days
VERSACLOZ 50MG/ML SUSP	2	
ZYPREXA 210MG INJ	2	QL=2 EA/28 Days
DIHYDROINDOLONES		
MOLINDONE 10MG TAB	2	
MOLINDONE 25MG TAB	2	
MOLINDONE 5MG TAB	2	
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	2	
<i>chlorpromazine 10mg tab</i>	1	
<i>chlorpromazine 200mg tab</i>	1	
<i>chlorpromazine 25mg tab</i>	1	
CHLORPROMAZINE 30MG/ML ORAL SOLN	2	
<i>chlorpromazine 50mg tab</i>	1	
<i>compro 25mg rectal supp</i>	1	
FLUPHENAZINE 0.5MG/ML ORAL SOLN	2	
<i>fluphenazine 10mg tab</i>	2	
<i>fluphenazine 1mg tab</i>	2	
<i>fluphenazine 2.5mg tab</i>	2	
FLUPHENAZINE 2.5MG/ML INJ	2	
<i>fluphenazine 5mg tab</i>	2	
FLUPHENAZINE 5MG/ML ORAL SOLN	2	
<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 300MG INJ	2	NDS QL=1 EA/28 Days
ABILIFY 300MG SYRINGE	2	NDS QL=1 EA/28 Days
ABILIFY 400MG INJ	2	NDS QL=1 EA/28 Days
ABILIFY 400MG SYRINGE	2	NDS QL=1 EA/28 Days
<i>aripiprazole 10mg odt</i>	1	QL=60 EA/30 Days
<i>aripiprazole 10mg tab</i>	1	
<i>aripiprazole 15mg odt</i>	1	QL=60 EA/30 Days
<i>aripiprazole 15mg tab</i>	1	
<i>aripiprazole 1mg/ml oral soln</i>	1	
<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	2	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	2	NDS QL=1.60 ML/28 Days
ARISTADA 662MG/2.4ML SYRINGE	2	NDS QL=2.40 ML/28 Days
ARISTADA 675MG/2.4ML SYRINGE	2	NDS QL=2.40 ML/42 Days
ARISTADA 882MG/3.2ML SYRINGE	2	QL=3.20 ML/28 Days
REXULTI 0.25MG TAB	2	PA NSO QL=30 EA/30 Days
REXULTI 0.5MG TAB	2	PA NSO QL=30 EA/30 Days
REXULTI 1MG TAB	2	PA NSO QL=30 EA/30 Days
REXULTI 2MG TAB	2	PA NSO QL=30 EA/30 Days
REXULTI 3MG TAB	2	PA NSO QL=30 EA/30 Days
REXULTI 4MG TAB	2	PA NSO QL=30 EA/30 Days
THIOXANTHENES		
<i>thiothixene 10mg cap</i>	1	
<i>thiothixene 1mg cap</i>	1	
<i>thiothixene 2mg cap</i>	1	
<i>thiothixene 5mg cap</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir 20mg/ml oral soln</i>	1	
<i>abacavir 300mg tab</i>	1	
<i>abacavir 600mg/lamivudine 300mg tab</i>	1	
APTIVUS 250MG CAP	2	NDS
<i>atazanavir 150mg cap</i>	1	
<i>atazanavir 200mg cap</i>	1	
<i>atazanavir 300mg cap</i>	1	
BIKTARVY 30-120-15MG TAB	2	NDS
BIKTARVY 50-200-25MG TAB	2	NDS
CIMDUO 300-300MG TAB	2	NDS
COMPLERA 200-25-300MG TAB	2	NDS
DELSTRIGO 100-300-300MG TAB	2	NDS
DESCOVY 200-25MG TAB	2	NDS QL=30 EA/30 Days
DOVATO 50-300MG TAB	2	NDS
EDURANT 25MG TAB	2	NDS
<i>efavirenz 200mg cap</i>	1	
<i>efavirenz 400mg/lamivudine 300mg/tenofovir disoproxil fumarate 300mg tab</i>	1	
<i>efavirenz 50mg cap</i>	1	
<i>efavirenz 600mg tab</i>	1	
<i>efavirenz 600mg/emtricitabine 200mg/tenofovir disoproxil fumarate 300mg tab</i>	1	NDS
<i>efavirenz 600mg/lamivudine 300mg/tenofovir disoproxil fumarate 300mg tab</i>	1	
<i>emtricitabine 100mg/tenofovir disoproxil fumarate 150mg tab</i>	1	NDS QL=30 EA/30 Days
<i>emtricitabine 133mg/tenofovir disoproxil fumarate 200mg tab</i>	1	NDS QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>emtricitabine 167mg/tenofovir disoproxil fumarate 250mg tab</i>	1	NDS QL=30 EA/30 Days
<i>emtricitabine 200mg cap</i>	1	
<i>emtricitabine 200mg/tenofovir disoproxil fumarate 300mg tab</i>	1	NDS QL=30 EA/30 Days
EMTRIVA 10MG/ML ORAL SOLN	2	
<i>etravirine 100mg tab</i>	1	
<i>etravirine 200mg tab</i>	1	
EVOTAZ 300-150MG TAB	2	NDS
<i>fosamprenavir 700mg tab</i>	1	NDS
FUZEON 90MG INJ	2	NDS
GENVOYA 150-150-200-10MG TAB	2	NDS
INTELENCE 25MG TAB	2	NDS
ISENTRESS 100MG CHEW TAB	2	
ISENTRESS 100MG GRANULES FOR ORAL SUSP	2	
ISENTRESS 25MG CHEW TAB	2	
ISENTRESS 400MG TAB	2	
ISENTRESS 600MG TAB	2	
JULUCA 50-25MG TAB	2	NDS
<i>lamivudine 10mg/ml oral soln</i>	1	
<i>lamivudine 150mg tab</i>	1	
<i>lamivudine 150mg/zidovudine 300mg tab</i>	1	
<i>lamivudine 300mg tab</i>	1	
LEXIVA 50MG/ML SUSP	2	
<i>lopinavir 80mg/ml/ritonavir 20mg/ml oral soln</i>	1	NDS
<i>lopinavir/ritonavir 100-25mg tab</i>	1	
<i>lopinavir/ritonavir 200-50mg tab</i>	1	
<i>maraviroc 150mg tab</i>	1	
<i>maraviroc 300mg tab</i>	1	
NEVIRAPINE 100MG ER TAB	2	
<i>nevirapine 10mg/ml susp</i>	1	
<i>nevirapine 200mg tab</i>	1	
<i>nevirapine 400mg er tab</i>	1	
NORVIR 100MG ORAL POWDER	2	
NORVIR 80MG/ML ORAL SOLN	2	
ODEFSEY 200-25-25MG TAB	2	NDS
PIFELTRO 100MG TAB	2	NDS
PREZCOBIX 150-800MG TAB	2	NDS
PREZISTA 100MG/ML SUSP	2	
PREZISTA 150MG TAB	2	
PREZISTA 600MG TAB	2	NDS
PREZISTA 75MG TAB	2	
PREZISTA 800MG TAB	2	NDS
REYATAZ 50MG ORAL POWDER	2	NDS
<i>ritonavir 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
RUKOBIA 600MG ER TAB	2	NDS
SELZENTRY 150MG TAB	2	NDS
SELZENTRY 20MG/ML ORAL SOLN	2	NDS
SELZENTRY 25MG TAB	2	
SELZENTRY 300MG TAB	2	NDS
SELZENTRY 75MG TAB	2	NDS
STRIBILD 150-150-200-300MG TAB	2	NDS
SYMTUZA 150-800-200-10MG TAB	2	NDS
<i>tenofovir disoproxil fumarate 300mg tab</i>	1	
TIVICAY 10MG TAB	2	
TIVICAY 25MG TAB	2	
TIVICAY 50MG TAB	2	NDS
TIVICAY 5MG TAB FOR ORAL SUSP	2	
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	2	NDS
TRIUMEQ 600-50-300MG TAB	2	NDS
TRIZIVIR 300-150-300MG TAB	2	NDS
TYBOST 150MG TAB	2	
VIRACEPT 250MG TAB	2	NDS
VIRACEPT 625MG TAB	2	NDS
VIREAD 150MG TAB	2	NDS
VIREAD 200MG TAB	2	NDS
VIREAD 250MG TAB	2	NDS
VIREAD 40MG/GM ORAL POWDER	2	
<i>zidovudine 100mg cap</i>	1	
<i>zidovudine 10mg/ml oral soln</i>	1	
<i>zidovudine 300mg tab</i>	1	
CMV AGENTS		
PREVYMIS 240MG TAB	2	NDS PA QL=30 EA/30 Days
PREVYMIS 480MG TAB	2	NDS PA QL=30 EA/30 Days
<i>valganciclovir 450mg tab</i>	1	NDS
<i>valganciclovir 50mg/ml oral soln</i>	1	NDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10mg tab</i>	1	
<i>entecavir 0.5mg tab</i>	1	
<i>entecavir 1mg tab</i>	1	
EPIVIR HBV 5MG/ML ORAL SOLN	2	
<i>lamivudine 100mg tab</i>	1	
MAVYRET 100-40MG TAB	2	NDS PA QL=90 EA/30 Days
MAVYRET 50-20MG ORAL PELLETT	2	NDS PA QL=150 EA/30 Days
PEGASYS 180MCG/0.5ML SYRINGE	2	NDS
PEGASYS 180MCG/ML INJ	2	NDS
<i>ribavirin 200mg cap</i>	1	
<i>ribavirin 200mg tab</i>	1	
SOFOSBUVIR 400MG/VELPATASVIR 100MG TAB	2	NDS PA QL=30 EA/30 Days
VEMLIDY 25MG TAB	2	NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOSEVI 400-100-100MG TAB	2	NDS PA QL=30 EA/30 Days
HERPES AGENTS		
<i>acyclovir 200mg cap</i>	1	
<i>acyclovir 400mg tab</i>	1	
<i>acyclovir 40mg/ml susp</i>	1	
<i>acyclovir 50mg/ml inj</i>	1	PA BvD
<i>acyclovir 800mg tab</i>	1	
<i>famciclovir 125mg tab</i>	1	
<i>famciclovir 250mg tab</i>	1	
<i>famciclovir 500mg tab</i>	1	
<i>valacyclovir 1000mg tab</i>	1	
<i>valacyclovir 500mg tab</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir 30mg cap</i>	1	QL=84 EA/180 Days
<i>oseltamivir 45mg cap</i>	1	QL=42 EA/180 Days
<i>oseltamivir 6mg/ml susp</i>	1	QL=540 ML/180 Days
<i>oseltamivir 75mg cap</i>	1	QL=42 EA/180 Days
RELENZA 5MG/BLISTER INHALER	2	QL=120 EA/30 Days
RIMANTADINE 100MG TAB	2	
XOFLUZA 40MG TAB	2	QL=2 EA/30 Days
XOFLUZA 80MG TAB	2	QL=1 EA/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	
<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	

You can find information 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>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	
<i>nebivolol 2.5mg tab</i>	1	
<i>nebivolol 20mg tab</i>	1	
<i>nebivolol 5mg tab</i>	1	
BETA BLOCKERS NON-SELECTIVE		
INDERAL 120MG ER CAP	2	
INNOPRAN 120MG ER CAP	2	
INNOPRAN 80MG ER CAP	2	
<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>sorine 120mg tab</i>	1	
<i>sorine 160mg tab</i>	1	
<i>sorine 240mg tab</i>	1	
<i>sorine 80mg tab</i>	1	
<i>sotalol 120mg tab</i>	1	
<i>sotalol 160mg tab</i>	1	
<i>sotalol 240mg tab</i>	1	
<i>sotalol 80mg tab</i>	1	
<i>sotalol af 120mg tab</i>	1	
<i>sotalol af 160mg tab</i>	1	
<i>sotalol af 80mg tab</i>	1	
<i>timolol 10mg tab</i>	1	
<i>timolol 20mg tab</i>	1	
<i>timolol 5mg tab</i>	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine 10mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine 2.5mg tab</i>	1	
<i>amlodipine 5mg tab</i>	1	
<i>cartia 120mg er cap</i>	1	
<i>cartia 180mg er cap</i>	1	
<i>cartia 240mg er cap</i>	1	
<i>cartia 300mg er cap</i>	1	
<i>dilt 120mg er cap</i>	1	
<i>dilt 180mg er cap</i>	1	
<i>dilt 240mg er cap</i>	1	
<i>diltiazem 120mg er (12 hr) cap</i>	1	
<i>diltiazem 120mg er (24 hr) cap</i>	1	
<i>diltiazem 120mg tab</i>	1	
<i>diltiazem 180mg er cap</i>	1	
<i>diltiazem 180mg er tab</i>	1	
<i>diltiazem 240mg er cap</i>	1	
<i>diltiazem 240mg er tab</i>	1	
<i>diltiazem 300mg er cap</i>	1	
<i>diltiazem 300mg er tab</i>	1	
<i>diltiazem 30mg tab</i>	1	
<i>diltiazem 360mg er cap</i>	1	
<i>diltiazem 360mg er tab</i>	1	
<i>diltiazem 420mg er cap</i>	1	
<i>diltiazem 60mg er cap</i>	1	
<i>diltiazem 60mg tab</i>	1	
<i>diltiazem 90mg er cap</i>	1	
<i>diltiazem 90mg tab</i>	1	
<i>felodipine 10mg er tab</i>	1	
<i>felodipine 2.5mg er tab</i>	1	
<i>felodipine 5mg er tab</i>	1	
<i>isradipine 2.5mg cap</i>	1	
<i>isradipine 5mg cap</i>	1	
<i>matzim 180mg er tab</i>	1	
<i>matzim 240mg er tab</i>	1	
<i>matzim 300mg er tab</i>	1	
<i>matzim 360mg er tab</i>	1	
<i>matzim 420mg er tab</i>	1	
<i>nicardipine 20mg cap</i>	1	
<i>nicardipine 30mg 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	

You can find information 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>nisoldipine 17mg er tab</i>	1	
NISOLDIPINE 20MG ER TAB	1	
NISOLDIPINE 25.5MG ER TAB	1	
NISOLDIPINE 30MG ER TAB	1	
<i>nisoldipine 34mg er tab</i>	1	
NISOLDIPINE 40MG ER TAB	1	
<i>nisoldipine 8.5mg er tab</i>	1	
<i>taztia 120mg er cap</i>	1	
<i>taztia 180mg er cap</i>	1	
<i>taztia 240mg er cap</i>	1	
<i>taztia 300mg er cap</i>	1	
<i>taztia 360mg er cap</i>	1	
<i>tiadylt 120mg er cap</i>	1	
<i>tiadylt 180mg er cap</i>	1	
<i>tiadylt 240mg er cap</i>	1	
<i>tiadylt 300mg er cap</i>	1	
<i>tiadylt 360mg er cap</i>	1	
<i>tiadylt 420mg er cap</i>	1	
VERAPAMIL 100MG ER CAP	1	
<i>verapamil 120mg er cap</i>	1	
<i>verapamil 120mg er tab</i>	1	
<i>verapamil 120mg tab</i>	1	
<i>verapamil 180mg er cap</i>	1	
<i>verapamil 180mg er tab</i>	1	
VERAPAMIL 200MG ER CAP	1	
<i>verapamil 240mg er cap</i>	1	
<i>verapamil 240mg er tab</i>	1	
VERAPAMIL 300MG ER CAP	1	
VERAPAMIL 360MG ER CAP	1	
<i>verapamil 40mg tab</i>	1	
<i>verapamil 80mg tab</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digitek 0.125mg tab</i>	1	
<i>digitek 0.25mg tab</i>	1	
<i>digox 125mcg tab</i>	1	
<i>digox 250mcg tab</i>	1	
DIGOXIN 0.05MG/ML ORAL SOLN	1	
<i>digoxin 0.125mg tab</i>	1	
<i>digoxin 0.25mg tab</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine 10mg/atorvastatin 10mg tab</i>	1	
<i>amlodipine 10mg/atorvastatin 20mg tab</i>	1	
<i>amlodipine 10mg/atorvastatin 40mg 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>amlodipine 10mg/atorvastatin 80mg tab</i>	1	
<i>amlodipine 2.5mg/atorvastatin 10mg tab</i>	1	
<i>amlodipine 2.5mg/atorvastatin 20mg tab</i>	1	
<i>amlodipine 2.5mg/atorvastatin 40mg tab</i>	1	
<i>amlodipine 5mg/atorvastatin 10mg tab</i>	1	
<i>amlodipine 5mg/atorvastatin 20mg tab</i>	1	
<i>amlodipine 5mg/atorvastatin 40mg tab</i>	1	
<i>amlodipine 5mg/atorvastatin 80mg tab</i>	1	
BIDIL 37.5-20MG TAB	2	
ENTRESTO 24-26MG TAB	2	QL=60 EA/30 Days
ENTRESTO 49-51MG TAB	2	QL=60 EA/30 Days
ENTRESTO 97-103MG TAB	2	QL=60 EA/30 Days
<i>hydralazine/isosorbide dinitrate 37.5-20mg tab</i>	1	
PROSTAGLANDIN VASODILATORS		
ORENITRAM 0.125MG ER TAB	2	PA
ORENITRAM 0.25MG ER TAB	2	NDS PA
ORENITRAM 1MG ER TAB	2	NDS PA
ORENITRAM 2.5MG ER TAB	2	NDS PA
ORENITRAM 5MG ER TAB	2	NDS PA
VENTAVIS 10MCG/ML INH SOLN	2	NDS PA QL=270 ML/30 Days
VENTAVIS 20MCG/ML INH SOLN	2	NDS PA QL=270 ML/30 Days
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan 10mg tab</i>	1	PA QL=30 EA/30 Days
<i>ambrisentan 5mg tab</i>	1	PA QL=30 EA/30 Days
<i>bosentan 125mg tab</i>	1	PA QL=60 EA/30 Days
<i>bosentan 62.5mg tab</i>	1	PA QL=60 EA/30 Days
OPSUMIT 10MG TAB	2	NDS PA QL=30 EA/30 Days
TRACLEER 32MG TAB FOR ORAL SUSP	2	NDS PA QL=120 EA/30 Days
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq 20mg tab</i>	1	PA
<i>sildenafil 20mg tab</i>	1	PA
<i>tadalafil 20mg tab</i>	1	PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI 1000MCG TAB	2	NDS PA
UPTRAVI 1200MCG TAB	2	NDS PA
UPTRAVI 1400MCG TAB	2	NDS PA
UPTRAVI 1600MCG TAB	2	NDS PA
UPTRAVI 200MCG TAB	2	NDS PA
UPTRAVI 400MCG TAB	2	NDS PA
UPTRAVI 600MCG TAB	2	NDS PA
UPTRAVI 800MCG TAB	2	NDS PA
UPTRAVI TITRATION PACK	2	NDS PA QL=200 EA/28 Days
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS 0.5MG TAB	2	NDS PA
ADEMPAS 1.5MG TAB	2	NDS PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADEMPAS 1MG TAB	2	NDS PA
ADEMPAS 2.5MG TAB	2	NDS PA
ADEMPAS 2MG TAB	2	NDS PA
SINUS NODE INHIBITORS		
CORLANOR 5MG TAB	2	PA
CORLANOR 5MG/5ML ORAL SOLN	2	PA
CORLANOR 7.5MG TAB	2	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61MG CAP	2	NDS PA QL=30 EA/30 Days
VYNDAQEL 20MG CAP	2	NDS PA QL=120 EA/30 Days
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO 10MG TAB	2	PA QL=30 EA/30 Days
VERQUVO 2.5MG TAB	2	PA QL=30 EA/30 Days
VERQUVO 5MG TAB	2	PA QL=30 EA/30 Days
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ 500-2000MG INJ	2	NDS
ZERBAXA 1000-500MG INJ	2	NDS
CEPHALOSPORINS - 1ST GENERATION		
CEFADROXIL 1000MG TAB	1	
<i>cefadroxil 100mg/ml susp</i>	1	
<i>cefadroxil 500mg cap</i>	1	
<i>cefadroxil 50mg/ml 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 susp</i>	1	
<i>cephalexin 500mg cap</i>	1	
<i>cephalexin 50mg/ml susp</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250MG CAP	1	
CEFACLOR 500MG CAP	1	
<i>cefotetan 1000mg inj</i>	1	
<i>cefotetan 2000mg inj</i>	1	
<i>cefoxitin 1000mg inj</i>	1	
<i>cefoxitin 2000mg inj</i>	1	
<i>cefoxitin 200mg/ml inj</i>	1	
<i>cefprozil 250mg tab</i>	1	
<i>cefprozil 25mg/ml susp</i>	1	
<i>cefprozil 500mg tab</i>	1	
<i>cefprozil 50mg/ml susp</i>	1	
<i>cefuroxime 1500mg inj</i>	1	
<i>cefuroxime 250mg tab</i>	1	
<i>cefuroxime 500mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefuroxime 750mg inj</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 25mg/ml susp</i>	1	
<i>cefdinir 300mg cap</i>	1	
<i>cefdinir 50mg/ml susp</i>	1	
<i>cefixime 20mg/ml susp</i>	1	
<i>cefixime 400mg cap</i>	1	
<i>cefixime 40mg/ml susp</i>	1	
<i>cefpodoxime 100mg tab</i>	1	
<i>cefpodoxime 10mg/ml susp</i>	1	
<i>cefpodoxime 200mg tab</i>	1	
<i>cefpodoxime 20mg/ml susp</i>	1	
<i>ceftazidime 1000mg inj</i>	1	
<i>ceftazidime 2000mg inj</i>	1	
<i>ceftazidime 200mg/ml inj</i>	1	
<i>ceftriaxone 1000mg inj</i>	1	
<i>ceftriaxone 100mg/ml inj</i>	1	
<i>ceftriaxone 2000mg inj</i>	1	
<i>ceftriaxone 250mg inj</i>	1	
<i>ceftriaxone 500mg inj</i>	1	
<i>tazicef 1gm inj</i>	1	
<i>tazicef 2gm inj</i>	1	
<i>tazicef 6gm inj</i>	1	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime 1000mg inj</i>	1	
<i>cefepime 2000mg inj</i>	1	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO 400MG INJ	2	NDS
TEFLARO 600MG INJ	2	NDS
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>altavera 28 day pack</i>	1	
<i>alyacen 1/35 pack</i>	1	
<i>amethia 91 day pack</i>	1	
<i>apri 28 day pack</i>	1	
<i>aranelle 28 pack</i>	1	
<i>ashlyna 91 day pack</i>	1	
<i>aubra 28 day pack</i>	1	
<i>aviane 28 pack</i>	1	
<i>balziva 28 day pack</i>	1	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	1	
<i>blisovi 24 fe 1/20 28 day pack</i>	1	
<i>briellyn 28 day pack</i>	1	
<i>camreselo 91 day pack</i>	1	
<i>caziant 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>cryselle 28 pack</i>	1	
<i>cyred 28 day pack</i>	1	
<i>desogestrel 0.15mg/ethinyl estradiol 0.01mg/ethinyl estradiol 0.02mg 28 day pack</i>	1	
<i>desogestrel/ethinyl estradiol/inert ingredients 0.15mg-0.03mg-1mg pack</i>	1	
<i>dolishale 28 day pack</i>	1	
<i>drospirenone 3mg/ethinyl estradiol 0.02mg/inert ingredients 1mg pack</i>	1	
<i>drospirenone 3mg/ethinyl estradiol 0.03mg/inert ingredients 1mg pack</i>	1	
<i>drospirenone/ethinyl estradiol/levomefolate calcium 3-0.02-0.451mg pack</i>	1	
<i>emoquette pack</i>	1	
<i>enpresse 28 day pack</i>	1	
<i>enskyce 28 day pack</i>	1	
<i>estarylla 28 day pack</i>	1	
<i>ethinyl estradiol 0.01mg/ethinyl estradiol 0.02mg/levonorgestrel 0.1mg 91 day pack</i>	1	
<i>ethinyl estradiol 0.01mg/ethinyl estradiol 0.03mg/levonorgestrel 0.15mg 91 day pack</i>	1	
<i>ethinyl estradiol 0.025mg/ferrous fumarate 75mg/norethindrone 0.8mg pack</i>	1	
<i>ethinyl estradiol 0.025mg/inert/norgestimate 0.18mg/0.215mg/0.25mg pack</i>	1	
<i>ethinyl estradiol 0.02mg/ferrous fumarate 75mg/norethindrone acetate 1mg 21 day pack</i>	1	
<i>ethinyl estradiol 0.02mg/inert ingredients 1mg/levonorgestrel 0.1mg pack</i>	1	
<i>ethinyl estradiol 0.02mg/norethindrone acetate 1mg pack</i>	1	
<i>ethinyl estradiol 0.035mg/ethynodiol diacetate 1mg/inert ingredients 1mg pack</i>	1	
<i>ethinyl estradiol 0.035mg/ferrous fumarate 75mg/norethindrone 0.4mg pack</i>	1	
<i>ethinyl estradiol 0.035mg/inert ingredients 1mg/norgestimate 0.25mg pack</i>	1	
<i>ethinyl estradiol 0.035mg/inert/norgestimate 0.18mg/0.215mg/0.25mg pack</i>	1	
<i>ethinyl estradiol 0.03mg/inert ingredients 1mg/levonorgestrel 0.15mg pack</i>	1	
<i>ethinyl estradiol 0.05mg/ethynodiol diacetate 1mg/inert ingredients 1mg pack</i>	1	
<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg pack(84)</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>ethinyl estradiol/levonorgestrel 91 day pack</i>	1	
<i>falmina 28 day pack</i>	1	
<i>femynor 28 day pack</i>	1	
<i>gemmily 28 day pack</i>	1	
<i>hailey 24 fe 28 day pack</i>	1	
<i>iclevia 91 day pack</i>	1	
<i>introvale 91 day pack</i>	1	
<i>isibloom 28 day pack</i>	1	
<i>jasmiel 28 day pack</i>	1	
<i>juleber 28 day pack</i>	1	
<i>junel 1.5/30 21 day pack</i>	1	
<i>junel 1/20 21 day pack</i>	1	
<i>junel fe 1.5/30 28 day pack</i>	1	
<i>junel fe 1/20 28 day pack</i>	1	
<i>junel fe 24 1/20 28 day pack</i>	1	
<i>kaitlib fe 28 day pack</i>	1	
<i>kariva 28 day pack</i>	1	
<i>kelnor 1/35 28 day pack</i>	1	
<i>kelnor 1/50 28 day pack</i>	1	
<i>kurvelo pack</i>	1	
<i>larin 1.5/30 pack</i>	1	
<i>larin 1/20 pack</i>	1	
<i>larin fe 1.5/30 pack</i>	1	
<i>larin fe 1/20 pack</i>	1	
<i>larissia 28 day pack</i>	1	
<i>layolis fe 28 pack</i>	1	
<i>leena 28 day pack</i>	1	
<i>lessina 28 day pack</i>	1	
<i>levonest 28 day pack</i>	1	
<i>levonorgestrel-ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg pack</i>	1	
<i>levora 0.15/30 28 day pack</i>	1	
<i>loestrin fe 1/20 28 day pack</i>	1	
<i>loryna 28 day pack</i>	1	
<i>low-ogestrel 28 day pack</i>	1	
<i>luteru 28 day pack</i>	1	
<i>marlissa 28 day pack</i>	1	
<i>merzee 28 day pack</i>	1	
<i>microgestin 1.5/30 21 day pack</i>	1	
<i>microgestin 1/20 21 day pack</i>	1	
<i>microgestin 24 fe 28 day pack</i>	1	
<i>microgestin fe 1.5/30 28 day pack</i>	1	
<i>microgestin fe 1/20 28 day pack</i>	1	
<i>mili 28 day pack</i>	1	
NATAZIA 28 DAY PACK	2	

You can find information 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>necon 0.5/35 28 day pack</i>	1	
<i>nikki 28 day pack</i>	1	
<i>nortrel 0.5/35 28 day pack</i>	1	
<i>nortrel 1/35 21 day pack</i>	1	
<i>nortrel 1/35 28 day pack</i>	1	
<i>nortrel 7/7/7 28 day pack</i>	1	
<i>nylia 1/35 28 day pack</i>	1	
<i>nylia 7/7/7 28 day pack</i>	1	
<i>nymyo 28 day pack</i>	1	
<i>ocella 28 day pack</i>	1	
<i>orsythia 28 day pack</i>	1	
<i>pimtrea pack</i>	1	
<i>pirmella 1/35 28 day pack</i>	1	
<i>portia 28 day pack</i>	1	
<i>reclipsen 28 day pack</i>	1	
<i>rivelsa 91 day pack</i>	1	
<i>setlakin 91 day pack</i>	1	
<i>sprintec 28 day pack</i>	1	
<i>sronyx 28 day pack</i>	1	
<i>syeda 28 day pack</i>	1	
<i>tarina 24 fe 1/20 28 day pack</i>	1	
<i>tarina fe 1/20 28 day pack</i>	1	
<i>taysofy 28 day pack</i>	1	
<i>tilia fe pack</i>	1	
<i>tri-estarylla 28 day pack</i>	1	
<i>tri-legest 28 day pack</i>	1	
<i>tri-lo- estarylla 28 day pack</i>	1	
<i>tri-lo-sprintec 28 day pack</i>	1	
<i>tri-mili 28 day pack</i>	1	
<i>tri-nymyo 28 day pack</i>	1	
<i>tri-sprintec 28 day pack</i>	1	
<i>tri-vylibra 28 day pack</i>	1	
<i>tri-vylibra lo 28 day pack</i>	1	
<i>trivora 28 day pack</i>	1	
<i>velivet 28 day pack</i>	1	
<i>vestura 3-0.02mg pack</i>	1	
<i>vienva 28 day pack</i>	1	
<i>vyfemla 28 day pack</i>	1	
<i>vylibra 28 day pack</i>	1	
<i>wymzya fe 28 day pack</i>	1	
<i>zovia 1/35e 28 day pack</i>	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane 150-35mcg/24hr patch</i>	1	
<i>zafemy 150-35mcg/24hr patch</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		

You can find information 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>eluryng 0.120-0.015mg/24hr vaginal system</i>	1	
<i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>	1	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate 150mg/ml inj</i>	1	
<i>medroxyprogesterone acetate 150mg/ml syringe</i>	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila 28 day 0.35mg pack</i>	1	
<i>deblitane 28 day 0.35mg pack</i>	1	
<i>errin 28 day 0.35mg pack</i>	1	
<i>incassia 28 day 0.35mg pack</i>	1	
<i>lyleq 28 day 0.35mg pack</i>	1	
<i>lyza 0.35mg pack</i>	1	
<i>nora-be 28 day 0.35mg pack</i>	1	
<i>norethindrone 0.35mg pack</i>	1	
<i>sharobel 28 day 0.35mg pack</i>	1	
SLYND 4MG PACK	2	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3mg dr cap</i>	1	
<i>budesonide 9mg er tab</i>	1	PA QL=30 EA/30 Days
<i>dexamethasone 0.1mg/ml oral soln</i>	1	
DEXAMETHASONE 0.5MG TAB	1	
<i>dexamethasone 0.75mg tab</i>	1	
<i>dexamethasone 1.5mg tab</i>	1	
DEXAMETHASONE 1MG TAB	1	
DEXAMETHASONE 2MG TAB	1	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>hydrocortisone 10mg tab</i>	1	
<i>hydrocortisone 20mg tab</i>	1	
<i>hydrocortisone 5mg tab</i>	1	
MEDROL 2MG TAB	2	PA BvD
<i>methylprednisolone 16mg tab</i>	1	PA BvD
<i>methylprednisolone 32mg tab</i>	1	PA BvD
<i>methylprednisolone 4mg pack</i>	1	
<i>methylprednisolone 4mg tab</i>	1	PA BvD
<i>methylprednisolone 8mg tab</i>	1	PA BvD
<i>prednisolone 10mg odt</i>	1	PA BvD
<i>prednisolone 15mg odt</i>	1	PA BvD
<i>prednisolone 1mg/ml oral soln</i>	1	PA BvD
<i>prednisolone 30mg odt</i>	1	PA BvD
PREDNISOLONE 3MG/ML ORAL SOLN	1	PA BvD
<i>prednisone 10mg tab</i>	1	PA BvD
<i>prednisone 1mg tab</i>	1	PA BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREDNISONE 1MG/ML ORAL SOLN	1	PA BvD
<i>prednisone 2.5mg tab</i>	1	PA BvD
<i>prednisone 20mg tab</i>	1	PA BvD
<i>prednisone 50mg tab</i>	1	PA BvD
<i>prednisone 5mg tab</i>	1	PA BvD
PREDNISONE 5MG/ML ORAL SOLN	2	PA BvD
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1mg tab</i>	1	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
<i>acetylcysteine 100mg/ml inh soln</i>	1	PA BvD
<i>acetylcysteine 200mg/ml inh soln</i>	1	PA BvD
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>acutane 10mg cap</i>	1	
<i>acutane 20mg cap</i>	1	
<i>acutane 30mg cap</i>	1	
<i>acutane 40mg cap</i>	1	
<i>adapalene 0.1% cream</i>	1	PA QL=45 GM/30 Days
<i>adapalene 0.3% gel</i>	1	PA QL=45 GM/30 Days
<i>adapalene/benzoyl peroxide 0.1-2.5% gel</i>	1	PA QL=45 GM/30 Days
<i>amneesteem 10mg cap</i>	1	
<i>amneesteem 20mg cap</i>	1	
<i>amneesteem 40mg cap</i>	1	
<i>avita 0.025% cream</i>	1	PA QL=45 GM/30 Days
<i>avita 0.025% gel</i>	1	PA QL=45 GM/30 Days
<i>claravis 10mg cap</i>	1	
<i>claravis 20mg cap</i>	1	
<i>claravis 30mg cap</i>	1	
<i>claravis 40mg cap</i>	1	
<i>clindacin 1% pad</i>	1	QL=120 EA/30 Days
<i>clindamycin 1% gel</i>	1	QL=75 GM/30 Days
<i>clindamycin 1% lotion</i>	1	QL=60 ML/30 Days
<i>clindamycin 1% pad</i>	1	QL=120 EA/30 Days
<i>clindamycin 1% topical soln</i>	1	QL=60 ML/30 Days
<i>clindamycin/benzoyl peroxide 1-5% gel</i>	1	QL=100 GM/30 Days
EPIDUO 0.3-2.5% GEL	2	PA QL=60 GM/30 Days
ERY 2% PAD	1	QL=60 EA/30 Days
<i>erythromycin 2% gel</i>	1	QL=60 GM/30 Days
<i>erythromycin 2% topical soln</i>	1	QL=60 ML/30 Days
<i>erythromycin/benzoyl peroxide 5-3% gel</i>	1	QL=46.60 GM/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	

You can find information 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>myorisan 10mg cap</i>	1	
<i>myorisan 20mg cap</i>	1	
<i>myorisan 30mg cap</i>	1	
<i>myorisan 40mg cap</i>	1	
<i>sulfacetamide sodium 10% lotion</i>	1	
<i>tretinoin 0.01% gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.025% gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.04% gel</i>	1	PA QL=50 GM/30 Days
<i>tretinoin 0.05% cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.05% gel</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.1% cream</i>	1	PA QL=45 GM/30 Days
<i>tretinoin 0.1% gel</i>	1	PA QL=50 GM/30 Days
<i>zenatane 10mg cap</i>	1	
<i>zenatane 20mg cap</i>	1	
<i>zenatane 30mg cap</i>	1	
<i>zenatane 40mg cap</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin 0.1% cream</i>	1	QL=30 GM/30 Days
<i>gentamicin 0.1% ointment</i>	1	QL=120 GM/30 Days
<i>mupirocin 2% ointment</i>	1	QL=220 GM/30 Days
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77% cream</i>	1	QL=90 GM/30 Days
<i>ciclopirox 0.77% gel</i>	1	QL=100 GM/30 Days
<i>ciclopirox 0.77% 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% cream</i>	1	QL=45 GM/30 Days
<i>clotrimazole 1% topical soln</i>	1	QL=30 ML/30 Days
<i>clotrimazole/betamethasone 1-0.05% cream</i>	1	QL=90 GM/30 Days
<i>clotrimazole/betamethasone 1-0.05% lotion</i>	1	QL=60 ML/30 Days
<i>econazole nitrate 1% cream</i>	1	QL=85 GM/30 Days
<i>ketoconazole 2% cream</i>	1	QL=120 GM/30 Days
<i>ketoconazole 2% shampoo</i>	1	QL=240 ML/30 Days
NAFTIFINE 1% CREAM	2	QL=60 GM/30 Days
<i>naftifine 2% cream</i>	1	QL=60 GM/30 Days
<i>nyamyc 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000 unit/gm ointment</i>	1	QL=30 GM/30 Days
<i>nystatin 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days
<i>nystatin 100000unit/ml cream</i>	1	QL=30 GM/30 Days
<i>nystatin/triamcinolone acetone 100000-0.1 unit/gm-% ointment</i>	1	QL=60 GM/30 Days
<i>nystatin/triamcinolone acetone 100000-0.1unit/gm-% cream</i>	1	QL=60 GM/30 Days
<i>nystop 100000unit/gm topical powder</i>	1	QL=60 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium 1% gel</i>	1	QL=1000 GM/30 Days
<i>diclofenac sodium 1.5% topical soln</i>	1	QL=300 ML/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1% gel</i>	2	NDS PA NSO QL=60 GM/30 Days
<i>diclofenac sodium 3% gel</i>	1	PA QL=100 GM/30 Days
FLUOROURACIL 2% TOPICAL SOLN	2	QL=10 ML/30 Days
<i>fluorouracil 5% cream</i>	1	QL=40 GM/30 Days
FLUOROURACIL 5% TOPICAL SOLN	2	QL=10 ML/30 Days
PANRETIN 0.1% GEL	2	NDS PA NSO
VALCHLOR 0.016% GEL	2	NDS PA NSO QL=240 GM/30 Days
ANTIPSORIATICS		
<i>acitretin 10mg cap</i>	1	
<i>acitretin 17.5mg cap</i>	1	
<i>acitretin 25mg cap</i>	1	
<i>calcipotriene 0.005% cream</i>	1	PA QL=120 GM/30 Days
<i>calcipotriene 0.005% ointment</i>	1	PA QL=120 GM/30 Days
<i>calcipotriene 0.005% topical soln</i>	1	PA QL=120 ML/30 Days
<i>methoxsalen 10mg cap</i>	1	
SKYRIZI 150MG DOSE PACK 75MG/0.83ML	2	PA QL=7 EA/365 Days
SKYRIZI 150MG/ML AUTO-INJECTOR	2	PA QL=7 ML/365 Days
SKYRIZI 150MG/ML SYRINGE	2	PA QL=7 ML/365 Days
STELARA 45MG/0.5ML INJ	2	PA QL=.50 ML/28 Days
STELARA 45MG/0.5ML SYRINGE	2	PA QL=.50 ML/28 Days
STELARA 90MG/ML SYRINGE	2	PA QL=1 ML/28 Days
TALTZ 80MG/ML AUTO-INJECTOR	2	NDS PA QL=3 ML/28 Days
TALTZ 80MG/ML SYRINGE	2	NDS PA QL=3 ML/28 Days
<i>tazarotene 0.1% cream</i>	1	PA QL=60 GM/30 Days
TAZORAC 0.05% CREAM	2	PA QL=60 GM/30 Days
TREMFYA 100MG/ML AUTO-INJECTOR	2	NDS PA QL=2 ML/28 Days
TREMFYA 100MG/ML SYRINGE	2	NDS PA QL=2 ML/28 Days
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5% shampoo</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5% ointment</i>	1	QL=30 GM/30 Days
BURN PRODUCTS		
<i>silver sulfadiazine 1% cream</i>	1	
<i>ssd 1% cream</i>	1	
SULFAMYLON 85MG/GM CREAM	2	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort 1% cream</i>	1	QL=240 GM/30 Days
<i>ala-cort 2.5% cream</i>	1	QL=454 GM/30 Days
<i>alclometasone dipropionate 0.05% cream</i>	1	QL=120 GM/30 Days
<i>alclometasone dipropionate 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>betamethasone 0.05% aug cream</i>	1	QL=100 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>betamethasone 0.05% aug lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% aug ointment</i>	1	QL=100 GM/30 Days
<i>betamethasone 0.05% cream</i>	1	QL=90 GM/30 Days
BETAMETHASONE 0.05% GEL	1	QL=100 GM/30 Days
<i>betamethasone 0.05% lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.05% ointment</i>	1	QL=90 GM/30 Days
<i>betamethasone 0.1% cream</i>	1	QL=180 GM/30 Days
<i>betamethasone 0.1% lotion</i>	1	QL=120 ML/30 Days
<i>betamethasone 0.1% ointment</i>	1	QL=180 GM/30 Days
<i>clobetasol propionate 0.05% cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% e cream</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% foam</i>	1	QL=100 GM/30 Days
<i>clobetasol propionate 0.05% gel</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% lotion</i>	1	QL=118 ML/30 Days
<i>clobetasol propionate 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>clobetasol propionate 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>clobetasol propionate 0.05% spray</i>	1	QL=125 ML/30 Days
<i>clobetasol propionate 0.05% topical soln</i>	1	QL=100 ML/30 Days
<i>clodan 0.05% shampoo</i>	1	QL=236 ML/30 Days
<i>desonide 0.05% ointment</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% cream</i>	1	QL=120 GM/30 Days
<i>desoximetasone 0.25% ointment</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.01% oil</i>	1	QL=120 ML/30 Days
<i>fluocinolone acetonide 0.01% topical soln</i>	1	QL=90 ML/30 Days
<i>fluocinolone acetonide 0.025% cream</i>	1	QL=120 GM/30 Days
<i>fluocinolone acetonide 0.025% ointment</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% cream</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% e cream</i>	1	QL=120 GM/30 Days
<i>fluocinonide 0.05% gel</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% ointment</i>	1	QL=60 GM/30 Days
<i>fluocinonide 0.05% topical soln</i>	1	QL=60 ML/30 Days
<i>fluocinonide 0.1% cream</i>	1	QL=60 GM/30 Days
<i>fluticasone propionate 0.005% ointment</i>	1	QL=240 GM/30 Days
<i>fluticasone propionate 0.05% cream</i>	1	QL=240 GM/30 Days
<i>halobetasol propionate 0.05% cream</i>	1	QL=50 GM/30 Days
<i>halobetasol propionate 0.05% ointment</i>	1	QL=50 GM/30 Days
<i>hydrocortisone 1% cream</i>	1	QL=240 GM/30 Days
<i>hydrocortisone 2.5% lotion</i>	1	QL=118 ML/30 Days
<i>hydrocortisone 2.5% ointment</i>	1	QL=240 GM/30 Days
<i>mometasone furoate 0.1% cream</i>	1	QL=180 GM/30 Days
<i>mometasone furoate 0.1% lotion</i>	1	QL=180 ML/30 Days
<i>mometasone furoate 0.1% ointment</i>	1	QL=180 GM/30 Days
PREDNICARBATE 0.1% OINTMENT	2	QL=120 GM/30 Days
<i>triamcinolone acetonide 0.025% cream</i>	1	QL=454 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide 0.025% lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.025% ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.1% lotion</i>	1	QL=120 ML/30 Days
<i>triamcinolone acetonide 0.1% ointment</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% cream</i>	1	QL=454 GM/30 Days
<i>triamcinolone acetonide 0.5% ointment</i>	1	QL=120 GM/30 Days
<i>triderm 0.1% cream</i>	1	QL=454 GM/30 Days
<i>triderm 0.5% cream</i>	1	QL=454 GM/30 Days
ECZEMA AGENTS		
DUPIXENT 100MG/0.67ML SYRINGE	2	NDS PA
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	2	NDS PA
DUPIXENT 200MG/1.14ML SYRINGE	2	NDS PA
DUPIXENT 300MG/2ML AUTO-INJECTOR	2	NDS PA
DUPIXENT 300MG/2ML SYRINGE	2	NDS PA
EMOLLIENTS		
<i>ammonium lactate 12% cream</i>	1	
<i>ammonium lactate 12% lotion</i>	1	
ENZYMES - TOPICAL		
SANTYL 250UNIT/GM OINTMENT	2	QL=90 GM/30 Days
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5% cream</i>	1	QL=24 EA/30 Days
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus 1% cream</i>	1	QL=100 GM/30 Days
<i>tacrolimus 0.03% ointment</i>	1	QL=100 GM/30 Days
<i>tacrolimus 0.1% ointment</i>	1	QL=100 GM/30 Days
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox 0.5% topical soln</i>	1	QL=7 ML/30 Days
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 4% topical soln</i>	1	QL=50 ML/30 Days
<i>lidocaine 5% ointment</i>	1	PA QL=107 GM/30 Days
<i>lidocaine 5% patch</i>	1	PA QL=90 EA/30 Days
<i>lidocaine/prilocaine 2.5-2.5% cream</i>	1	QL=30 GM/30 Days
ROSACEA AGENTS		
<i>azelaic acid 15% gel</i>	1	QL=50 GM/30 Days
FINACEA 15% FOAM	2	QL=50 GM/30 Days
<i>metronidazole 0.75% cream</i>	1	QL=45 GM/30 Days
<i>metronidazole 0.75% gel</i>	1	QL=45 GM/30 Days
<i>metronidazole 0.75% lotion</i>	1	QL=59 ML/30 Days
<i>metronidazole 1% gel</i>	1	QL=60 GM/30 Days
SCABICIDES & PEDICULICIDES		
LINDANE 1% SHAMPOO	1	
<i>malathion 0.5% lotion</i>	1	
<i>permethrin 5% cream</i>	1	
WOUND CARE PRODUCTS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REGRANEX 0.01% GEL	2	PA QL=30 GM/15 Days
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON 120000-24000-76000UNIT DR CAP	2	
CREON 15000-3000-9500UNIT DR CAP	2	
CREON 180000-36000-114000UNIT DR CAP	2	
CREON 30000-6000-19000UNIT DR CAP	2	
CREON 60000-12000-38000UNIT DR CAP	2	
SUCRAID 8500UNIT/ML ORAL SOLN	2	NDS PA
ZENPEP 105000-25000-79000UNIT DR CAP	2	ST
ZENPEP 14000-3000-10000UNIT DR CAP	2	ST
ZENPEP 24000-5000-17000UNIT DR CAP	2	ST
ZENPEP 40000-126000-168000UNIT DR CAP	2	ST
ZENPEP 42000-10000-32000UNIT DR CAP	2	ST
ZENPEP 63000-15000-47000UNIT DR CAP	2	ST
ZENPEP 84000-20000-63000UNIT DR CAP	2	ST
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		
<i>amiloride 5mg/hydrochlorothiazide 50mg tab</i>	1	
<i>hydrochlorothiazide 25mg/spironolactone 25mg tab</i>	1	
<i>hydrochlorothiazide 25mg/triamterene 37.5mg cap</i>	1	
<i>hydrochlorothiazide 25mg/triamterene 37.5mg tab</i>	1	
<i>hydrochlorothiazide 50mg/triamterene 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	
<i>ethacrynic acid 25mg tab</i>	1	
<i>furosemide 10mg/ml inj</i>	1	
<i>furosemide 10mg/ml oral soln</i>	1	
<i>furosemide 10mg/ml syringe</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>torseamide 100mg tab</i>	1	
<i>torseamide 10mg tab</i>	1	
<i>torseamide 20mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>torse mide 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	
<i>triamterene 100mg cap</i>	1	
<i>triamterene 50mg cap</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone 25mg tab</i>	1	
<i>chlorthalidone 50mg tab</i>	1	
DIURIL 250MG/5ML SUSP	2	
<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.		
ADRENAL STEROID INHIBITORS		
ISTURISA 10MG TAB	2	NDS PA QL=180 EA/30 Days
ISTURISA 1MG TAB	2	NDS PA QL=240 EA/30 Days
ISTURISA 5MG TAB	2	NDS PA QL=60 EA/30 Days
BONE DENSITY REGULATORS		
ALENDRONATE 70MG/75ML SOLN	1	
<i>alendronate sodium 10mg tab</i>	1	
<i>alendronate sodium 35mg tab</i>	1	
<i>alendronate sodium 70mg tab</i>	1	
FORTEO 600MCG/2.4ML PEN INJ	2	NDS QL=2.40 ML/28 Days
<i>ibandronic acid 150mg tab</i>	1	QL=1 EA/30 Days
NATPARA 100MCG CARTRIDGE	2	NDS PA
NATPARA 25MCG CARTRIDGE	2	NDS PA
NATPARA 50MCG CARTRIDGE	2	NDS PA
NATPARA 75MCG CARTRIDGE	2	NDS PA
PROLIA 60MG/ML SYRINGE	2	PA QL=1 ML/168 Days
<i>risedronate sodium 150mg tab</i>	1	
<i>risedronate sodium 30mg tab</i>	1	
<i>risedronate sodium 35mg (12) pack</i>	1	
<i>risedronate sodium 35mg (4) pack</i>	1	
<i>risedronate sodium 35mg tab</i>	1	
<i>risedronate sodium 5mg tab</i>	1	
<i>salmon calcitonin 200unit/act nasal spray</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYMLOS 3120MCG/1.56ML PEN INJ	2	NDS QL=1.56 ML/30 Days
XGEVA 120MG/1.7ML INJ	2	NDS PA QL=1.70 ML/28 Days
GNRH/LHRH ANTAGONISTS		
ORLISSA 150MG TAB	2	PA QL=30 EA/30 Days
ORLISSA 200MG TAB	2	PA QL=60 EA/30 Days
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT 10MG INJ	2	NDS PA
SOMAVERT 15MG INJ	2	NDS PA
SOMAVERT 20MG INJ	2	NDS PA
SOMAVERT 25MG INJ	2	NDS PA
SOMAVERT 30MG INJ	2	NDS PA
GROWTH HORMONES		
GENOTROPIN 0.2MG SYRINGE	2	NDS PA
GENOTROPIN 0.4MG SYRINGE	2	NDS PA
GENOTROPIN 0.6MG SYRINGE	2	NDS PA
GENOTROPIN 0.8MG SYRINGE	2	NDS PA
GENOTROPIN 1.2MG SYRINGE	2	NDS PA
GENOTROPIN 1.4MG SYRINGE	2	NDS PA
GENOTROPIN 1.6MG SYRINGE	2	NDS PA
GENOTROPIN 1.8MG SYRINGE	2	NDS PA
GENOTROPIN 12MG CARTRIDGE	2	NDS PA
GENOTROPIN 1MG SYRINGE	2	NDS PA
GENOTROPIN 2MG SYRINGE	2	NDS PA
GENOTROPIN 5MG CARTRIDGE	2	NDS PA
HORMONE RECEPTOR MODULATORS		
OSPHENA 60MG TAB	2	PA
<i>raltaxifene 60mg tab</i>	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX 40MG/4ML INJ	2	NDS PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL 2MG/ML NASAL INHALER	2	NDS PA
METABOLIC MODIFIERS		
<i>betaine 1000mg powder for oral soln</i>	1	NDS
<i>calcitriol 0.00025mg cap</i>	1	
<i>calcitriol 0.0005mg cap</i>	1	
<i>calcitriol 0.001mg/ml oral soln</i>	1	
CARBAGLU 200MG TAB FOR ORAL SUSP	2	PA
<i>carglumic acid 200mg tab for oral susp</i>	1	PA
<i>cinacalcet 30mg tab</i>	1	
<i>cinacalcet 60mg tab</i>	1	
<i>cinacalcet 90mg tab</i>	1	
<i>doxercalciferol 0.0005mg cap</i>	1	
<i>doxercalciferol 0.001mg cap</i>	1	
<i>doxercalciferol 0.0025mg cap</i>	1	
GALAFOLD 28 DAY WALLET 123MG PACK	2	NDS PA QL=15 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocarnitine 100mg/ml oral soln</i>	1	
<i>levocarnitine 330mg tab</i>	1	
<i>nitisinone 10mg cap</i>	1	NDS PA
<i>nitisinone 2mg cap</i>	1	NDS PA
<i>nitisinone 5mg cap</i>	1	NDS PA
ORFADIN 20MG CAP	2	NDS PA
ORFADIN 4MG/ML SUSP	2	NDS PA
PALYNZIQ 10MG/0.5ML SYRINGE	2	NDS PA
PALYNZIQ 2.5MG/0.5ML SYRINGE	2	NDS PA
PALYNZIQ 20MG/ML SYRINGE	2	NDS PA
<i>paricalcitol 0.001mg cap</i>	1	
<i>paricalcitol 0.002mg cap</i>	1	
<i>paricalcitol 0.004mg cap</i>	1	
RAVICTI 1.1GM/ML ORAL SOLN	2	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	
NATRIURETIC PEPTIDES		
VOXZOGO 0.4MG INJ	2	NDS PA QL=30 EA/30 Days
VOXZOGO 0.56MG INJ	2	NDS PA QL=30 EA/30 Days
VOXZOGO 1.2MG INJ	2	NDS PA QL=30 EA/30 Days
POSTERIOR PITUITARY HORMONES		
<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	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5mg tab</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	2	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.6MG/ML INJ	2	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.9MG/ML INJ	2	NDS PA QL=60 ML/30 Days
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE 15MG TAB	2	NDS PA QL=120 EA/30 Days
JYNARQUE 30MG TAB	2	NDS PA QL=120 EA/30 Days
JYNARQUE TAB 15/15 CARTON 15MG PACK	2	NDS PA QL=60 EA/30 Days
JYNARQUE TAB 30/15 CARTON PACK	2	NDS PA QL=60 EA/30 Days
JYNARQUE TAB 45/15 CARTON PACK	2	NDS PA QL=60 EA/30 Days
JYNARQUE TAB 60/30 CARTON PACK	2	NDS PA QL=60 EA/30 Days
JYNARQUE TAB 90/30 CARTON PACK	2	NDS PA QL=60 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz 0.5/0.1mg 28 day pack</i>	1	
<i>amabelz 1/0.5mg 28 day pack</i>	1	
COMBIPATCH 0.00208-0.00583MG/HR PATCH	2	
COMBIPATCH 0.00208-0.0104MG/HR PATCH	2	
<i>estradiol 0.5mg/norethindrone acetate 0.1mg pack</i>	1	
<i>estradiol 1mg/norethindrone acetate 0.5mg pack</i>	1	
<i>ethinyl estradiol 0.0025mg/norethindrone acetate 0.5mg pack</i>	1	
<i>ethinyl estradiol 0.005mg/norethindrone acetate 1mg pack</i>	1	
<i>fyavolv 0.0025-0.5mg tab</i>	1	
<i>fyavolv 0.005-1mg tab</i>	1	
<i>jinteli 0.005-1mg tab</i>	1	
<i>mimvey pack</i>	1	
MYFEMBREE 1-0.5-40MG TAB	2	PA QL=30 EA/30 Days
ORIAHNN 28 DAY KIT PACK	2	PA QL=56 EA/28 Days
PREMPHASE 28 DAY PACK	2	
PREMPRO 0.3/1.5MG 28 DAY PACK	2	
PREMPRO 0.45/1.5MG 28 DAY PACK	2	
PREMPRO 0.625/2.5MG 28 DAY PACK	2	
PREMPRO 0.625/5MG 28 DAY PACK	2	
ESTROGENS		
<i>dotti 0.025mg/24hr patch</i>	1	
<i>dotti 0.0375mg/24hr patch</i>	1	
<i>dotti 0.05mg/24hr patch</i>	1	
<i>dotti 0.075mg/24hr patch</i>	1	
<i>dotti 0.1mg/24hr patch</i>	1	
<i>estradiol 0.00104mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00104mg/hr weekly patch</i>	1	
<i>estradiol 0.00156mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00156mg/hr weekly patch</i>	1	
<i>estradiol 0.00208mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00208mg/hr weekly patch</i>	1	
<i>estradiol 0.0025mg/hr weekly patch</i>	1	
<i>estradiol 0.00312mg/hr weekly patch</i>	1	
<i>estradiol 0.00313mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00417mg/hr twice weekly patch</i>	1	
<i>estradiol 0.00417mg/hr weekly patch</i>	1	
<i>estradiol 0.5mg tab</i>	1	
<i>estradiol 1mg tab</i>	1	
<i>estradiol 2mg tab</i>	1	
<i>estradiol valerate 20mg/ml inj</i>	1	
<i>estradiol valerate 40mg/ml inj</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lyllana 0.025mg/24hr patch</i>	1	
<i>lyllana 0.0375mg/24hr patch</i>	1	
<i>lyllana 0.05mg/24hr patch</i>	1	
<i>lyllana 0.075mg/24hr patch</i>	1	
<i>lyllana 0.1mg/24hr patch</i>	1	
PREMARIN 0.3MG TAB	2	
PREMARIN 0.45MG TAB	2	
PREMARIN 0.625MG TAB	2	
PREMARIN 0.9MG TAB	2	
PREMARIN 1.25MG TAB	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA 450MG TAB	2	PA QL=60 EA/30 Days
<i>ciprofloxacin 250mg tab</i>	1	
<i>ciprofloxacin 2mg/ml inj</i>	1	
<i>ciprofloxacin 500mg tab</i>	1	
<i>ciprofloxacin 750mg tab</i>	1	
<i>levofloxacin 250mg tab</i>	1	
<i>levofloxacin 25mg/ml inj</i>	1	
<i>levofloxacin 25mg/ml oral soln</i>	1	
<i>levofloxacin 500mg tab</i>	1	
<i>levofloxacin 5mg/ml (100ml) inj</i>	1	
<i>levofloxacin 5mg/ml (150ml) inj</i>	1	
<i>levofloxacin 750mg tab</i>	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
<i>moxifloxacin 400mg tab</i>	1	
<i>ofloxacin 400mg tab</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE 3MG TAB	2	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250MG CAP	2	NDS PA
CHOLBAM 50MG CAP	2	NDS PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA 10MG TAB	2	NDS PA QL=30 EA/30 Days
OCALIVA 5MG TAB	2	NDS PA QL=30 EA/30 Days
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL 250MG TAB	2	NDS
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 300mg cap</i>	1	
<i>ursodiol 500mg tab</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 20mg/ml oral soln</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide 10mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoclopramide 1mg/ml oral soln</i>	1	
<i>metoclopramide 5mg tab</i>	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY 1200MCG CAP	2	NDS PA QL=150 EA/30 Days
BYLVAY 200MCG ORAL PELLETT	2	NDS PA QL=240 EA/30 Days
BYLVAY 400MCG CAP	2	NDS PA QL=450 EA/30 Days
LIVMARLI 9.5MG/ML ORAL SOLN	2	NDS PA QL=90 ML/30 Days
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium 750mg cap</i>	1	
CIMZIA 200MG INJ	2	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	2	NDS PA QL=2 EA/28 Days
DIPENTUM 250MG CAP	2	
<i>mesalamine 1000mg rectal supp</i>	1	
<i>mesalamine 1200mg dr tab</i>	1	
<i>mesalamine 375mg er cap</i>	1	
<i>mesalamine 400mg dr cap</i>	1	
<i>mesalamine 66.7mg/ml enema</i>	1	
<i>mesalamine 800mg dr tab</i>	1	
<i>sulfasalazine 500mg dr tab</i>	1	
<i>sulfasalazine 500mg tab</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose 10gm/15ml oral soln</i>	1	
<i>generlac 10gm/15ml oral soln</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron 0.5mg tab</i>	1	
<i>alosetron 1mg tab</i>	1	
VIBERZI 100MG TAB	2	PA
VIBERZI 75MG TAB	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK 12.5MG TAB	2	PA
MOVANTIK 25MG TAB	2	PA
RELISTOR 12MG/0.6ML INJ	2	PA
RELISTOR 12MG/0.6ML SYRINGE	2	PA
RELISTOR 8MG/0.4ML SYRINGE	2	PA
SYMPROIC 0.2MG TAB	2	PA
PHOSPHATE BINDER AGENTS		
AURYXIA 210MG TAB	2	PA
<i>calcium acetate 667mg cap</i>	1	
<i>calcium acetate 667mg tab</i>	1	
FOSRENOL 1000MG ORAL POWDER	2	
FOSRENOL 750MG ORAL POWDER	2	
<i>lanthanum carbonate 1000mg chew tab</i>	1	
<i>lanthanum carbonate 500mg chew tab</i>	1	
<i>lanthanum carbonate 750mg chew tab</i>	1	
PHOSLYRA 667MG/5ML ORAL SOLN	2	

You can find information 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>sevelamer carbonate 2400mg powder for oral susp</i>	1	
<i>sevelamer carbonate 800mg powder for oral susp</i>	1	
<i>sevelamer carbonate 800mg tab</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5MG INJ	2	NDS PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250MG TAB	2	NDS PA QL=90 EA/30 Days
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate 10meq er tab</i>	1	
<i>potassium citrate 15meq er tab</i>	1	
<i>potassium citrate 5meq er tab</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON 150MG CAP	2	
CYSTAGON 50MG CAP	2	
GENITOURINARY IRRIGANTS		
<i>sodium chloride 0.9% irrigation soln</i>	1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100MG CAP	2	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin 10mg er tab</i>	1	
<i>dutasteride 0.5mg cap</i>	1	
<i>dutasteride 0.5mg/tamsulosin 0.4mg cap</i>	1	
<i>finasteride 5mg tab</i>	1	
<i>silodosin 4mg cap</i>	1	
<i>silodosin 8mg cap</i>	1	
<i>tamsulosin 0.4mg cap</i>	1	
URINARY STONE AGENTS		
LITHOSTAT 250MG TAB	2	
THIOLA 100MG DR TAB	2	
THIOLA 300MG DR TAB	2	
<i>tiopronin 100mg tab</i>	1	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine 0.5mg/probenecid 500mg tab</i>	1	
GOUT AGENTS		
<i>allopurinol 100mg tab</i>	1	
<i>allopurinol 300mg tab</i>	1	
<i>colchicine 0.6mg tab</i>	1	
<i>febuxostat 40mg tab</i>	1	ST
<i>febuxostat 80mg tab</i>	1	ST
URICOSURICS		
<i>probenecid 500mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>icatibant 10mg/ml syringe</i>	1	NDS PA
<i>sajazir 30mg/3ml syringe</i>	1	NDS PA
COMPLEMENT INHIBITORS		
BERINERT 500UNIT INJ	2	NDS PA
CINRYZE 500UNIT INJ	2	NDS PA
HAEGARDA 2000UNIT INJ	2	NDS PA
HAEGARDA 3000UNIT INJ	2	NDS PA
RUCONEST 2100UNIT INJ	2	NDS PA
TAVNEOS 10MG CAP	2	NDS PA QL=180 EA/30 Days
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE 100MG TAB	2	NDS PA QL=60 EA/30 Days
TAVALISSE 150MG TAB	2	NDS PA QL=60 EA/30 Days
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline 400mg er tab</i>	1	
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO 300MG/2ML INJ	2	NDS PA QL=4 ML/28 Days
TAKHZYRO 300MG/2ML SYRINGE	2	NDS PA QL=4 ML/28 Days
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide 0.5mg cap</i>	1	
<i>anagrelide 1mg cap</i>	1	
<i>aspirin 25mg/dipyridamole 200mg er cap</i>	1	
BRILINTA 60MG TAB	2	
BRILINTA 90MG TAB	2	
CABLIVI 11MG INJ	2	NDS PA QL=30 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	
<i>prasugrel 5mg tab</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA 84MG CAP	2	NDS PA QL=60 EA/30 Days
<i>miglustat 100mg cap</i>	1	NDS PA
AGENTS FOR SICKLE CELL DISEASE		
DROXIA 200MG CAP	2	
DROXIA 300MG CAP	2	
DROXIA 400MG CAP	2	
ENDARI 5GM POWDER FOR ORAL SOLN	2	NDS PA QL=180 EA/30 Days
OXBRYTA 300MG TAB FOR ORAL SUSP	2	NDS PA QL=150 EA/30 Days
OXBRYTA 500MG TAB	2	NDS PA QL=150 EA/30 Days
HEMATOPOIETIC GROWTH FACTORS		
ARANESP 100MCG/0.5ML SYRINGE	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP 100MCG/ML INJ	2	PA
ARANESP 10MCG/0.4ML SYRINGE	2	PA
ARANESP 150MCG/0.3ML SYRINGE	2	PA
ARANESP 200MCG/0.4ML SYRINGE	2	PA
ARANESP 200MCG/ML INJ	2	PA
ARANESP 25MCG/0.42ML SYRINGE	2	PA
ARANESP 25MCG/ML INJ	2	PA
ARANESP 300MCG/0.6ML SYRINGE	2	PA
ARANESP 40MCG/0.4ML SYRINGE	2	PA
ARANESP 40MCG/ML INJ	2	PA
ARANESP 500MCG/ML SYRINGE	2	PA
ARANESP 60MCG/0.3ML SYRINGE	2	PA
ARANESP 60MCG/ML INJ	2	PA
DOPTELET 20MG TAB	2	NDS PA QL=60 EA/30 Days
DOPTELET TAB 40MG DAILY DOSE PACK	2	NDS PA QL=10 EA/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK	2	NDS PA QL=15 EA/5 Days
EPOGEN 10000UNIT/ML INJ	2	PA
EPOGEN 20000UNIT/ML INJ	2	PA
EPOGEN 2000UNIT/ML INJ	2	PA
EPOGEN 3000UNIT/ML INJ	2	PA
EPOGEN 4000UNIT/ML INJ	2	PA
FULPHILA 6MG/0.6ML SYRINGE	2	NDS
NIVESTYM 300MCG/0.5ML SYRINGE	2	NDS
NIVESTYM 300MCG/ML INJ	2	NDS
NIVESTYM 480MCG/0.8ML SYRINGE	2	NDS
NIVESTYM 480MCG/1.6ML INJ	2	NDS
PROMACTA 12.5MG POWDER FOR ORAL SUSP	2	NDS PA
PROMACTA 12.5MG TAB	2	NDS PA
PROMACTA 25MG POWDER FOR ORAL SUSP	2	NDS PA
PROMACTA 25MG TAB	2	NDS PA
PROMACTA 50MG TAB	2	NDS PA
PROMACTA 75MG TAB	2	NDS PA
RETACRIT 10000UNIT/ML INJ	2	PA
RETACRIT 20000UNIT/2ML INJ	2	PA
RETACRIT 20000UNIT/ML INJ	2	PA
RETACRIT 2000UNIT/ML INJ	2	PA
RETACRIT 3000UNIT/ML INJ	2	PA
RETACRIT 40000UNIT/ML INJ	2	PA
RETACRIT 4000UNIT/ML INJ	2	PA
ZARXIO 300MCG/0.5ML SYRINGE	2	NDS
ZARXIO 480MCG/0.8ML SYRINGE	2	NDS
ZIEXTENZO 6MG/0.6ML SYRINGE	2	NDS

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>tranexamic acid 650mg tab</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital 100mg tab</i>	1	
<i>phenobarbital 15mg tab</i>	1	
<i>phenobarbital 16.2mg tab</i>	1	
<i>phenobarbital 30mg tab</i>	1	
<i>phenobarbital 32.4mg tab</i>	1	
<i>phenobarbital 4mg/ml oral soln</i>	1	
<i>phenobarbital 60mg tab</i>	1	
<i>phenobarbital 64.8mg tab</i>	1	
<i>phenobarbital 97.2mg tab</i>	1	
NON-BARBITURATE HYPNOTICS		
<i>estazolam 1mg tab</i>	1	QL=30 EA/30 Days
<i>estazolam 2mg tab</i>	1	QL=30 EA/30 Days
<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
FLURAZEPAM 15MG CAP	2	QL=30 EA/30 Days
FLURAZEPAM 30MG CAP	2	QL=30 EA/30 Days
<i>temazepam 15mg cap</i>	1	QL=30 EA/30 Days
<i>temazepam 30mg cap</i>	1	QL=30 EA/30 Days
<i>triazolam 0.125mg tab</i>	1	QL=30 EA/30 Days
<i>triazolam 0.25mg tab</i>	1	QL=60 EA/30 Days
<i>zaleplon 10mg cap</i>	1	QL=30 EA/30 Days
<i>zaleplon 5mg cap</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 10mg tab</i>	1	PA QL=30 EA/30 Days
<i>zolpidem tartrate 12.5mg er tab</i>	1	PA QL=30 EA/30 Days
<i>zolpidem tartrate 5mg tab</i>	1	PA QL=60 EA/30 Days
<i>zolpidem tartrate 6.25mg er tab</i>	1	PA QL=30 EA/30 Days
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ 20MG CAP	2	NDS PA QL=30 EA/30 Days
HETLIOZ 4MG/ML SUSP	2	NDS PA QL=158 ML/30 Days
<i>ramelteon 8mg tab</i>	1	QL=30 EA/30 Days
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ 75-21.9-0.0625MG/ML ORAL SOLN	2	
GAVILYTE-C POWDER FOR ORAL SOLN	1	
<i>gavilyte-g powder for oral soln</i>	1	
<i>peg 3350/electrolyte oral soln</i>	1	
<i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i>	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10gm/15ml oral soln</i>	1	
<i>lactulose 667mg/ml oral soln</i>	1	
MACROLIDES		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZITHROMYCIN		
<i>azithromycin 20mg/ml susp</i>	1	
<i>azithromycin 250mg pack</i>	1	
<i>azithromycin 250mg tab</i>	1	
<i>azithromycin 40mg/ml susp</i>	1	
<i>azithromycin 500mg inj</i>	1	
<i>azithromycin 500mg pack</i>	1	
<i>azithromycin 500mg tab</i>	1	
<i>azithromycin 600mg tab</i>	1	
CLARITHROMYCIN		
<i>clarithromycin 250mg tab</i>	1	
CLARITHROMYCIN 25MG/ML SUSP	2	
<i>clarithromycin 500mg er tab</i>	1	
<i>clarithromycin 500mg tab</i>	1	
CLARITHROMYCIN 50MG/ML SUSP	2	
ERYTHROMYCINS		
ERYTHROCIN 500MG INJ	2	
ERYTHROMYCIN 250MG DR CAP	1	
<i>erythromycin 250mg tab</i>	1	
<i>erythromycin 500mg tab</i>	1	
<i>erythromycin ethylsuccinate 40mg/ml susp</i>	1	
<i>erythromycin ethylsuccinate 80mg/ml susp</i>	1	
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS & DRESSINGS - PADS 2 X 2	1	
MISC. DEVICES		
ALCOHOL SWAB 1"x1" (DIABETIC)	1	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (DISP) U-100 0.3ML	1	
INSULIN SYRINGE (DISP) U-100 1/2ML	1	
INSULIN SYRINGE (DISP) U-100 1ML	1	
NEEDLES INSULIN DISP. SAFETY	1	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG 140MG/ML AUTO-INJECTOR	2	PA
AIMOVIG 70MG/ML AUTO-INJECTOR	2	PA
EMGALITY 100MG/ML SYRINGE	2	PA
EMGALITY 120MG/ML AUTO-INJECTOR	2	PA
EMGALITY 120MG/ML SYRINGE	2	PA
NURTEC 75MG ODT	2	PA QL=16 EA/30 Days
UBRELVY 100MG TAB	2	PA QL=16 EA/30 Days
UBRELVY 50MG TAB	2	PA QL=16 EA/30 Days
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i>	1	PA QL=16 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
SEROTONIN AGONISTS		
<i>eletriptan 20mg tab</i>	1	QL=18 EA/30 Days
<i>eletriptan 40mg tab</i>	1	QL=18 EA/30 Days
<i>naratriptan 1mg tab</i>	1	QL=18 EA/30 Days
<i>naratriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
REYVOW 100MG TAB	2	PA QL=8 EA/30 Days
REYVOW 50MG TAB	2	PA QL=8 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 12mg/ml auto-injector</i>	1	QL=5 ML/30 Days
<i>sumatriptan 12mg/ml cartridge</i>	1	QL=5 ML/30 Days
<i>sumatriptan 12mg/ml inj</i>	1	QL=5 ML/30 Days
<i>sumatriptan 20mg/act nasal spray</i>	1	QL=12 EA/30 Days
<i>sumatriptan 25mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 50mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 5mg/act nasal spray</i>	1	QL=12 EA/30 Days
<i>sumatriptan 8mg/ml auto-injector</i>	1	QL=5 ML/30 Days
<i>sumatriptan 8mg/ml cartridge</i>	1	QL=5 ML/30 Days
<i>zolmitriptan 2.5mg odt</i>	1	QL=18 EA/30 Days
<i>zolmitriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
<i>zolmitriptan 5mg odt</i>	1	QL=18 EA/30 Days
<i>zolmitriptan 5mg tab</i>	1	QL=18 EA/30 Days
<i>zolmitriptan 5mg/act nasal spray</i>	1	QL=12 EA/30 Days
ZOMIG 2.5MG NASAL SPRAY	2	QL=16 EA/30 Days
ZOMIG 5MG NASAL SPRAY	2	QL=12 EA/30 Days
MINERALS & ELECTROLYTES		
ELECTROLYTE MIXTURES		
GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	1	PA BvD
GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	PA BvD
GLUCOSE 25MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glucose 50mg/ml/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	
GLUCOSE 50MG/ML/POTASSIUM CHLORIDE 0.04MEQ/ML/SODIUM CHLORIDE 9MG/ML INJ	1	
<i>glucose 50mg/ml/sodium chloride 2mg/ml inj</i>	1	
<i>glucose 50mg/ml/sodium chloride 4.5mg/ml inj</i>	1	
<i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i>	1	
ISOLYTE P INJ	2	
ISOLYTE S INJ	2	
KCL/D5W/LR INJ 0.15%	2	
PLASMA-LYTE 148 INJ	2	
PLASMALYTE A INJ	2	
POTASSIUM CHLORIDE 0.02MEQ/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	
<i>potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj</i>	1	
POTASSIUM CHLORIDE 0.04MEQ/ML/SODIUM CHLORIDE 9MG/ML INJ	1	
MAGNESIUM		
<i>magnesium sulfate 500mg/ml inj</i>	1	
<i>magnesium sulfate 500mg/ml syringe</i>	1	
POTASSIUM		
<i>klor-con 10meq er tab</i>	1	
<i>klor-con 10meq micro er tab</i>	1	
KLOR-CON 15MEQ MICRO ER TAB	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	
POTASSIUM CHLORIDE 0.1MEQ/ML INJ	1	
POTASSIUM CHLORIDE 0.2MEQ/ML INJ	1	
POTASSIUM CHLORIDE 0.4MEQ/ML INJ	1	
<i>potassium chloride 1.33meq/ml oral soln</i>	1	
<i>potassium chloride 10meq er cap</i>	1	
<i>potassium chloride 10meq er tab</i>	1	
<i>potassium chloride 10meq micro er tab</i>	1	
<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	
<i>potassium chloride 2meq/ml (20ml) inj</i>	1	
<i>potassium chloride 2meq/ml inj</i>	1	
<i>potassium chloride 8meq er cap</i>	1	

You can find information 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>potassium chloride 8meq er tab</i>	1	
SODIUM		
<i>sodium chloride 30mg/ml inj</i>	1	
<i>sodium chloride 4.5mg/ml inj</i>	1	
<i>sodium chloride 50mg/ml inj</i>	1	
<i>sodium chloride 9mg/ml inj</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine 250mg tab</i>	1	
<i>trientine 250mg cap</i>	1	PA
IMMUNOMODULATORS		
<i>lenalidomide 10mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 15mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 25mg cap</i>	1	PA NSO QL=30 EA/30 Days
<i>lenalidomide 5mg cap</i>	1	PA NSO QL=30 EA/30 Days
REVLIMID 10MG CAP	2	NDS PA NSO QL=30 EA/30 Days
REVLIMID 15MG CAP	2	NDS PA NSO QL=30 EA/30 Days
REVLIMID 2.5MG CAP	2	NDS PA NSO QL=30 EA/30 Days
REVLIMID 20MG CAP	2	NDS PA NSO QL=30 EA/30 Days
REVLIMID 25MG CAP	2	NDS PA NSO QL=30 EA/30 Days
REVLIMID 5MG CAP	2	NDS PA NSO QL=30 EA/30 Days
THALOMID 100MG CAP	2	NDS PA NSO
THALOMID 150MG CAP	2	NDS PA NSO
THALOMID 200MG CAP	2	NDS PA NSO
THALOMID 50MG CAP	2	NDS PA NSO
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF 0.5MG ER CAP	2	PA BvD
ASTAGRAF 1MG ER CAP	2	PA BvD
ASTAGRAF 5MG ER CAP	2	PA BvD
<i>azathioprine 100mg tab</i>	1	PA BvD
<i>azathioprine 50mg tab</i>	1	PA BvD
<i>azathioprine 75mg tab</i>	1	PA BvD
<i>cyclosporine 100mg cap</i>	1	PA BvD
<i>cyclosporine 25mg cap</i>	1	PA BvD
<i>cyclosporine modified 100mg cap</i>	1	PA BvD
<i>cyclosporine modified 100mg/ml oral soln</i>	1	PA BvD
<i>cyclosporine modified 25mg cap</i>	1	PA BvD
<i>cyclosporine modified 50mg cap</i>	1	PA BvD
ENSPRYNG 120MG/ML SYRINGE	2	NDS PA QL=2 ML/28 Days
ENVARUSUS 0.75MG ER TAB	2	PA BvD
ENVARUSUS 1MG ER TAB	2	PA BvD
ENVARUSUS 4MG ER TAB	2	PA BvD
<i>everolimus 0.25mg tab</i>	1	PA BvD
<i>everolimus 0.5mg tab</i>	1	PA BvD
<i>everolimus 0.75mg tab</i>	1	PA BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus 1mg tab</i>	1	PA BvD
<i>gengraf 100mg cap</i>	1	PA BvD
<i>gengraf 100mg/ml oral soln</i>	1	PA BvD
<i>gengraf 25mg cap</i>	1	PA BvD
LUPKYNIS 7.9MG CAP	2	NDS PA QL=180 EA/30 Days
<i>mycophenolate mofetil 200mg/ml susp</i>	1	PA BvD
<i>mycophenolate mofetil 250mg cap</i>	1	PA BvD
<i>mycophenolate mofetil 500mg tab</i>	1	PA BvD
<i>mycophenolic acid 180mg dr tab</i>	1	PA BvD
<i>mycophenolic acid 360mg dr tab</i>	1	PA BvD
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	2	PA BvD
PROGRAF 1MG GRANULES FOR ORAL SUSP	2	PA BvD
REZUROCK 200MG TAB	2	NDS PA QL=30 EA/30 Days
SANDIMMUNE 100MG/ML ORAL SOLN	2	PA BvD
<i>sirolimus 0.5mg tab</i>	1	PA BvD
<i>sirolimus 1mg tab</i>	1	PA BvD
<i>sirolimus 1mg/ml oral soln</i>	1	PA BvD
<i>sirolimus 2mg tab</i>	1	PA BvD
<i>tacrolimus 0.5mg cap</i>	1	PA BvD
<i>tacrolimus 1mg cap</i>	1	PA BvD
<i>tacrolimus 5mg cap</i>	1	PA BvD
POTASSIUM REMOVING AGENTS		
LOKELMA 10GM POWDER FOR ORAL SUSP	2	PA
LOKELMA 5GM POWDER FOR ORAL SUSP	2	PA
<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	1	
SPS 15GM/60ML SUSP	1	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	2	PA
VELTASSA 25.2GM POWDER FOR ORAL SUSP	2	PA
VELTASSA 8.4GM POWDER FOR ORAL SUSP	2	PA
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA 200MG/ML AUTO-INJECTOR	2	NDS PA QL=4 ML/28 Days
BENLYSTA 200MG/ML SYRINGE	2	NDS PA QL=4 ML/28 Days
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine viscous 2% topical soln</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10mg lozenge</i>	1	
<i>nystatin 100000unit/ml susp</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12% mouthwash</i>	1	
<i>periogard 0.12% mouthwash</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide 0.1% oral paste</i>	1	
THROAT PRODUCTS - MISC.		

You can find information 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>cevimeline 30mg cap</i>	1	
<i>pilocarpine 5mg tab</i>	1	
<i>pilocarpine 7.5mg tab</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	PA
<i>chlorzoxazone 500mg tab</i>	2	PA
<i>cyclobenzaprine 10mg tab</i>	1	PA
<i>cyclobenzaprine 5mg tab</i>	1	PA
<i>metaxalone 800mg tab</i>	1	PA
<i>methocarbamol 500mg tab</i>	1	PA
<i>methocarbamol 750mg tab</i>	1	PA
<i>orphenadrine citrate 100mg er tab</i>	1	PA
<i>tizanidine 2mg tab</i>	1	
<i>tizanidine 4mg tab</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 100mg cap</i>	1	
<i>dantrolene sodium 25mg cap</i>	1	
<i>dantrolene sodium 50mg cap</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine 0.15% (206mcg/act) nasal inhaler</i>	1	
<i>azelastine 1% (137mcg/act) nasal inhaler</i>	1	
<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i>	1	
<i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i>	1	
NASAL STEROIDS		
FLUNISOLIDE 0.025MG/ACT NASAL INHALER	2	QL=50 ML/30 Days
<i>fluticasone propionate 50mcg/act nasal inhaler</i>	1	QL=32 GM/30 Days
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole 50mg tab</i>	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75MG/ML ORAL SOLN	2	NDS PA QL=200 ML/30 Days
NUTRIENTS		
CARBOHYDRATES		
<i>glucose 100mg/ml inj</i>	1	PA BvD
<i>glucose 50mg/ml inj</i>	1	
LIPIDS		
INTRALIPID 20GM/100ML INJ	1	PA BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUTRILIPID 20GM/100ML INJ	1	PA BvD
PROTEINS		
CLINIMIX 4.25/10 INJ	2	PA BvD
CLINIMIX 4.25/5 INJ	2	PA BvD
CLINIMIX 5/15 INJ	2	PA BvD
CLINIMIX 5/20 INJ	2	PA BvD
CLINIMIX E 2.75/5 INJ	2	PA BvD
CLINIMIX E 4.25/10 INJ	2	PA BvD
CLINIMIX E 4.25/5 INJ	2	PA BvD
CLINIMIX E 5/15 INJ	2	PA BvD
CLINIMIX E 5/20 INJ	2	PA BvD
<i>clinisol 15 inj</i>	1	PA BvD
<i>plenamine 15% inj</i>	1	PA BvD
PREMASOL 10% INJ	2	PA BvD
PROCALAMINE 3% INJ	2	PA BvD
PROSOL 20% INJ	2	PA BvD
TRAVASOL 10% INJ	2	PA BvD
TROPHAMINE 10% INJ	2	PA BvD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
<i>betaxolol 0.5% ophth soln</i>	1	
BETIMOL 0.25% OPTH SOLN	2	
BETIMOL 0.5% OPTH SOLN	2	
BETOPTIC S 0.25% OPTH SUSP	2	
CARTEOLOL 1% OPTH SOLN	1	
COMBIGAN 2-5MG/ML OPTH SOLN	2	
<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	1	
<i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i>	1	
LEVOBUNOLOL 0.5% OPTH SOLN	1	
<i>timolol 0.25% ophth gel</i>	1	
<i>timolol 0.25% ophth soln</i>	1	
<i>timolol 0.5% 24hr ophth soln</i>	1	
<i>timolol 0.5% ophth gel</i>	1	
<i>timolol 0.5% ophth soln</i>	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1% OPTH SOLN	1	
MIOTICS		
<i>pilocarpine 1% ophth soln</i>	1	
<i>pilocarpine 2% ophth soln</i>	1	
<i>pilocarpine 4% ophth soln</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN 0.1% OPTH SOLN	2	
<i>apraclonidine 0.5% ophth soln</i>	1	
<i>brimonidine tartrate 0.15% ophth soln</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine tartrate 0.2% ophth soln</i>	1	
IOPIDINE 1% OPHTH SOLN	2	
SIMBRINZA 0.2-1% OPHTH SUSP	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1% OPHTH SOLN	2	
BACITRACIN 500UNIT/GM OPHTH OINTMENT	1	
<i>bacitracin/polymyxin B 0.5-10unit/mg ophth ointment</i>	1	QL=7 GM/7 Days
<i>ciprofloxacin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
<i>erythromycin 0.5% ophth ointment</i>	1	QL=7 GM/7 Days
<i>gatifloxacin 0.5% ophth soln</i>	1	QL=5 ML/7 Days
GENTAK 0.3% OPHTH OINTMENT	1	QL=7 GM/7 Days
<i>gentamicin 0.3% ophth soln</i>	1	QL=10 ML/7 Days
<i>levofloxacin 0.5% ophth soln</i>	1	QL=60 ML/30 Days
<i>moxifloxacin 0.5% ophth soln</i>	1	QL=6 ML/7 Days
NATACYN 5% OPHTH SUSP	2	QL=15 ML/7 Days
<i>neomycin/bacitracin/polymyxin ophth ointment</i> <i>5(3.5)mg-400unit-10000unit</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>polymyxin b/trimethoprim 10000 Unit/ML-0.1% ophth soln</i>	1	QL=10 ML/7 Days
SULFACETAMIDE SODIUM 10% OPHTH OINTMENT	1	QL=7 GM/7 Days
<i>sulfacetamide sodium 10% ophth soln</i>	1	QL=15 ML/7 Days
<i>tobramycin 0.3% ophth soln</i>	1	QL=60 ML/30 Days
TRIFLURIDINE 1% OPHTH SOLN	1	QL=15 ML/7 Days
ZIRGAN 0.15% OPHTH GEL	2	QL=10 GM/7 Days
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS 0.05% OPHTH SUSP (MULTI-USE VIAL)	2	QL=60 EA/30 Days
RESTASIS 0.05% OPHTH SUSP (SINGLE USE VIAL)	2	QL=60 EA/30 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	2	QL=5 ML/30 Days
ROCKLATAN 0.05-0.2MG/ML OPHTH SOLN	2	QL=5 ML/30 Days
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002% OPHTH SOLN	2	NDS PA QL=112 ML/365 Days
OPHTHALMIC STEROIDS		
ALREX 0.2% OPHTH SUSP	2	
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	
LOTEMAX 0.5% OPHTH OINTMENT	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loteprednol etabonate 0.5% ophth gel</i>	1	
<i>loteprednol etabonate 0.5% ophth susp</i>	1	
MAXIDEX 0.1% OPHTH SUSP	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophth 1% ointment</i>	1	
<i>neomycin/polymyxin/dexamethasone 0.1% ophth susp</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE 3.5-10000UNIT-10MG/ML OPHTH SUSP	1	
PRED MILD 0.12% OPHTH SUSP	2	
PRED-G 0.3-1% OPHTH SUSP	2	
PREDNISOLONE 1% OPHTH SOLN	1	
PREDNISOLONE ACETATE 1% OPHTH SUSP	1	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN	1	
TOBRADEX 0.1-0.3% OPHTH OINTMENT	2	
ZYLET 0.5-0.3% OPHTH SUSP	2	
OPHTHALMICS - MISC.		
ALOCRIAL 2% OPHTH SOLN	2	
ALOMIDE 0.1% OPHTH SOLN	2	
<i>azelastine 0.05% ophth soln</i>	1	
<i>bepotastine besilate 1.5% ophth soln</i>	1	
<i>brinzolamide 1% ophth susp</i>	1	
<i>bromfenac 0.09% ophth soln</i>	1	QL=6.80 ML/365 Days
<i>cromolyn sodium 4% ophth soln</i>	1	
CYSTADROPS 0.37% OPHTH SOLN	2	NDS PA QL=20 ML/28 Days
CYSTARAN 0.44% OPHTH SOLN	2	NDS PA QL=60 ML/28 Days
<i>diclofenac sodium 0.1% ophth soln</i>	1	QL=20 ML/365 Days
<i>dorzolamide 2% ophth soln</i>	1	
<i>epinastine 0.05% ophth soln</i>	1	
FLURBIPROFEN SODIUM 0.03% OPHTH SOLN	2	
ILEVRO 0.3% OPHTH SUSP	2	QL=12 ML/365 Days
<i>ketorolac tromethamine 0.4% ophth soln</i>	1	QL=20 ML/365 Days
<i>ketorolac tromethamine 0.5% ophth soln</i>	1	
NEVANAC 0.1% OPHTH SUSP	2	QL=12 ML/365 Days
<i>olopatadine 0.1% ophth soln</i>	1	
<i>olopatadine 0.2% ophth soln</i>	1	
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	2	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	
OTIC ANTI-INFECTIVES		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CETRAXAL 0.2% OTIC SOLN	2	
CIPROFLOXACIN 0.2% OTIC SOLN	2	
<i>ofloxacin 0.3% otic soln</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	1	
<i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln</i>	1	
<i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp</i>	1	
OTIC STEROIDS		
<i>flac 0.01% otic soln</i>	1	
<i>fluocinolone acetonide 0.01% otic soln</i>	1	
<i>hydrocortisone/acetic acid 1-2% otic soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
BIVIGAM 5GM/50ML INJ	2	NDS PA
FLEBOGAMMA 5GM/50ML INJ	2	NDS PA
GAMMAGARD 10GM INJ	2	NDS PA
GAMMAGARD 2.5GM/25ML INJ	2	NDS PA
GAMMAGARD 5GM INJ	2	NDS PA
GAMMAKED 1GM/10ML INJ	2	NDS PA
GAMMAPLEX 10GM/100ML INJ	2	NDS PA
GAMMAPLEX 10GM/200ML INJ	2	NDS PA
GAMMAPLEX 20GM/200ML INJ	2	NDS PA
GAMMAPLEX 5GM/50ML INJ	2	NDS PA
GAMUNEX 1GM/10ML INJ	2	NDS PA
OCTAGAM 1GM/20ML INJ	2	NDS PA
OCTAGAM 2GM/20ML INJ	2	NDS PA
PANZYGA 10GM/100ML INJ	2	NDS PA
PANZYGA 1GM/10ML INJ	2	NDS PA
PANZYGA 2.5GM/25ML INJ	2	NDS PA
PANZYGA 20GM/200ML INJ	2	NDS PA
PANZYGA 30GM/300ML INJ	2	NDS PA
PANZYGA 5GM/50ML INJ	2	NDS PA
PRIVIGEN 20GM/200ML INJ	2	NDS PA
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125MG CHEW TAB	1	
<i>amoxicillin 250mg cap</i>	1	
AMOXICILLIN 250MG CHEW TAB	1	
<i>amoxicillin 25mg/ml susp</i>	1	
<i>amoxicillin 40mg/ml susp</i>	1	
<i>amoxicillin 500mg cap</i>	1	
<i>amoxicillin 500mg tab</i>	1	
<i>amoxicillin 50mg/ml 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 susp</i>	1	
<i>amoxicillin 875mg tab</i>	1	
<i>ampicillin 1000mg inj</i>	1	
<i>ampicillin 100mg/ml inj</i>	1	
AMPICILLIN 125MG INJ	2	
AMPICILLIN 500MG CAP	1	
NATURAL PENICILLINS		
BICILLIN L-A 1200000UNIT/2ML SYRINGE	2	
BICILLIN L-A 2400000UNIT/4ML SYRINGE	2	
BICILLIN L-A 600000UNIT/ML SYRINGE	2	
<i>penicillin g potassium 1000000unit/ml inj</i>	1	
PENICILLIN G POTASSIUM 40000UNIT/ML INJ	1	
PENICILLIN G POTASSIUM 60000UNIT/ML INJ	1	
PENICILLIN G PROCAINE 600000UNIT/ML SYRINGE	2	
PENICILLIN G SODIUM 100000UNIT/ML INJ	2	
<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		
AMOXICILLIN 1000MG/CLAVULANATE 62.5MG ER TAB	2	
AMOXICILLIN 200MG/CLAVULANATE 28.5MG CHEW TAB	2	
<i>amoxicillin 250mg/clavulanate 125mg tab</i>	1	
AMOXICILLIN 400MG/CLAVULANATE 57MG CHEW TAB	2	
<i>amoxicillin 500mg/clavulanate 125mg tab</i>	1	
<i>amoxicillin 875mg/clavulanate 125mg tab</i>	1	
<i>amoxicillin/k clavulanate 200-28.5mg/5ml susp</i>	1	
<i>amoxicillin/k clavulanate 250-62.5mg/5ml susp</i>	1	
<i>amoxicillin/k clavulanate 400-57mg/5ml susp</i>	1	
<i>amoxicillin/k clavulanate 600-42.9mg/5ml susp</i>	1	
<i>ampicillin 1000mg/sulbactam 500mg inj</i>	1	
<i>ampicillin 100mg/ml/sulbactam 50mg/ml inj</i>	1	
<i>ampicillin 2000mg/sulbactam 1000mg inj</i>	1	
BICILLIN 300000-300000UNIT/ML SYRINGE	2	
BICILLIN 450000-150000UNIT/ML SYRINGE	2	
<i>piperacillin 2000mg/tazobactam 250mg inj</i>	1	
<i>piperacillin 200mg/ml/tazobactam 25mg/ml inj</i>	1	
<i>piperacillin 3000mg/tazobactam 375mg inj</i>	1	
<i>piperacillin 4000mg/tazobactam 500mg inj</i>	1	
ZOSYN 2000-250MG INJ	2	
ZOSYN 3000-375MG INJ	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250mg cap</i>	1	
<i>dicloxacillin 500mg cap</i>	1	
<i>nafcillin 1000mg inj</i>	1	
<i>nafcillin 100mg/ml inj</i>	1	
<i>nafcillin 2000mg inj</i>	1	
<i>oxacillin 1000mg inj</i>	1	
<i>oxacillin 100mg/ml inj</i>	1	
<i>oxacillin 2000mg inj</i>	1	
OXACILLIN 20MG/ML INJ	2	
OXACILLIN 40MG/ML INJ	2	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate 10mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
<i>megestrol acetate 125mg/ml susp</i>	1	PA
<i>norethindrone acetate 5mg tab</i>	1	
<i>progesterone 100mg cap</i>	1	
<i>progesterone 200mg cap</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium 333mg dr tab</i>	1	
<i>disulfiram 250mg tab</i>	1	
<i>disulfiram 500mg tab</i>	1	
ANTI-CATAPLECTIC AGENTS		
XYREM 500MG/ML ORAL SOLN	2	NDS PA QL=540 ML/30 Days
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	
<i>galantamine 4mg tab</i>	1	
<i>galantamine 8mg tab</i>	1	
<i>galantamine hydrobromide 16mg er cap</i>	1	
<i>galantamine hydrobromide 24mg er cap</i>	1	
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	2	
<i>galantamine hydrobromide 8mg er cap</i>	1	
<i>memantine 10mg tab</i>	1	
<i>memantine 10mg/memantine 5mg pack</i>	1	
<i>memantine 14mg er cap</i>	1	
<i>memantine 21mg 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>memantine 28mg er cap</i>	1	
<i>memantine 2mg/ml oral soln</i>	1	
<i>memantine 5mg tab</i>	1	
<i>memantine 7mg er cap</i>	1	
<i>rivastigmine 0.192mg/hr patch</i>	1	
<i>rivastigmine 0.396mg/hr patch</i>	1	
<i>rivastigmine 0.554mg/hr patch</i>	1	
<i>rivastigmine 1.5mg cap</i>	1	
<i>rivastigmine 3mg cap</i>	1	
<i>rivastigmine 4.5mg cap</i>	1	
<i>rivastigmine 6mg cap</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
LYBALVI 10-10MG TAB	2	NDS PA NSO QL=30 EA/30 Days
LYBALVI 15-10MG TAB	2	NDS PA NSO QL=30 EA/30 Days
LYBALVI 20-10MG TAB	2	NDS PA NSO QL=30 EA/30 Days
LYBALVI 5-10MG TAB	2	NDS PA NSO QL=30 EA/30 Days
FIBROMYALGIA AGENTS		
SAVELLA 100MG TAB	2	QL=60 EA/30 Days
SAVELLA 12.5MG TAB	2	QL=60 EA/30 Days
SAVELLA 25MG TAB	2	QL=60 EA/30 Days
SAVELLA 4-WEEK TITRATION PACK	2	
SAVELLA 50MG TAB	2	QL=60 EA/30 Days
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12MG TAB	2	NDS PA
AUSTEDO 6MG TAB	2	NDS PA
AUSTEDO 9MG TAB	2	NDS PA
INGREZZA 40MG CAP	2	NDS PA
INGREZZA 60MG CAP	2	NDS PA
INGREZZA 80MG CAP	2	NDS PA
<i>tetrabenazine 12.5mg tab</i>	1	PA
<i>tetrabenazine 25mg tab</i>	1	PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO 14MG TAB	2	NDS
AUBAGIO 7MG TAB	2	NDS
AVONEX 30MCG/0.5ML AUTO-INJECTOR	2	NDS
AVONEX 30MCG/0.5ML SYRINGE	2	NDS
<i>dalfampridine 10mg er tab</i>	1	QL=60 EA/30 Days
<i>dimethyl fumarate 120mg dr cap</i>	1	
<i>dimethyl fumarate 120mg/dimethyl fumarate 240mg pack</i>	1	NDS
<i>dimethyl fumarate 240mg dr cap</i>	1	
EXTAVIA 0.3MG INJ	2	NDS
GILENYA 0.5MG CAP	2	NDS
<i>glatiramer acetate 20mg/ml syringe</i>	1	
<i>glatiramer acetate 40mg/ml 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>glatopa 20mg/ml syringe</i>	1	
<i>glatopa 40mg/ml syringe</i>	1	
KESIMPTA 20MG/0.4ML PEN INJ	2	NDS
MAYZENT 0.25MG TAB	2	NDS
MAYZENT 2MG TAB	2	NDS
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	2	NDS
PLEGRIDY 125MCG/0.5ML SYRINGE	2	NDS
REBIF 22MCG/0.5ML AUTO-INJECTOR	2	NDS
REBIF 22MCG/0.5ML SYRINGE	2	NDS
REBIF 44MCG/0.5ML AUTO-INJECTOR	2	NDS
REBIF 44MCG/0.5ML SYRINGE	2	NDS
REBIF REBIDOSE PACK	2	NDS
REBIF TITRATION PACK	2	NDS
ZEPOSIA 0.92MG CAP	2	NDS PA
ZEPOSIA 7-DAY STARTER PACK	2	NDS PA
ZEPOSIA STARTER KIT PACK	2	NDS PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA 20-10MG CAP	2	PA QL=60 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES USP 1MG TAB	2	
PIMOZIDE 1MG TAB	2	
PIMOZIDE 2MG TAB	2	
SMOKING DETERRENTS		
<i>bupropion 150mg sr tab</i>	1	
NICOTROL 10MG INH SOLN	2	
NICOTROL 10MG/ML NASAL INHALER	2	
VARENICLINE 0.5MG TAB	1	
VARENICLINE 0.5MG/1MG FIRST MONTH PACK	2	
VARENICLINE 1MG TAB	1	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI 284MG/1.5ML SYRINGE	2	NDS PA QL=6 ML/28 Days
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST 1000MG INJ	2	NDS PA
GLASSIA 1000MG/50ML INJ	2	NDS PA
PROLASTIN 1000MG INJ	2	NDS PA
ZEMAIRA 1000MG INJ	2	NDS PA
CYSTIC FIBROSIS AGENTS		
KALYDECO 150MG TAB	2	NDS PA QL=60 EA/30 Days
KALYDECO 25MG GRANULES	2	NDS PA QL=60 EA/30 Days
KALYDECO 50MG GRANULES	2	NDS PA QL=60 EA/30 Days
KALYDECO 75MG GRANULES	2	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG GRANULES	2	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG TAB	2	NDS PA QL=120 EA/30 Days
ORKAMBI 125-200MG TAB	2	NDS PA QL=120 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORKAMBI 188-150MG GRANULES	2	NDS PA QL=60 EA/30 Days
PULMOZYME 1MG/ML INH SOLN	2	NDS PA BvD QL=150 ML/30 Days
SYMDEKO 50-75MG/75MG PACK	2	NDS PA QL=60 EA/30 Days
SYMDEKO TAB 4-WEEK PACK	2	NDS PA QL=60 EA/30 Days
TRIKAFTA 100-50-75MG/150MG PACK	2	NDS PA QL=90 EA/30 Days
TRIKAFTA 50-37.5-25MG/75MG TAB PACK	2	NDS PA QL=84 EA/28 Days
PULMONARY FIBROSIS AGENTS		
ESBRIET 267MG CAP	2	NDS PA
ESBRIET 267MG TAB	2	NDS PA
ESBRIET 801MG TAB	2	NDS PA
OFEV 100MG CAP	2	NDS PA
OFEV 150MG CAP	2	NDS PA
<i>pirfenidone 267mg tab</i>	1	PA
<i>pirfenidone 801mg tab</i>	1	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE 500MG TAB	2	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 150MG TAB	2	NDS PA QL=30 EA/14 Days
GLYCYLCYCLINES		
TIGECYCLINE 50MG INJ	2	NDS
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 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 susp</i>	1	
<i>minocycline 100mg cap</i>	1	
<i>minocycline 100mg tab</i>	1	
<i>minocycline 50mg cap</i>	1	
<i>minocycline 50mg tab</i>	1	
<i>minocycline 75mg cap</i>	1	
<i>minocycline 75mg tab</i>	1	
<i>tetracycline 250mg cap</i>	1	
<i>tetracycline 500mg cap</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	
<i>propylthiouracil 50mg tab</i>	1	
THYROID HORMONES		
<i>euthyrox 100mcg tab</i>	1	
<i>euthyrox 112mcg tab</i>	1	
<i>euthyrox 125mcg tab</i>	1	
<i>euthyrox 137mcg tab</i>	1	
<i>euthyrox 150mcg tab</i>	1	
<i>euthyrox 175mcg tab</i>	1	
<i>euthyrox 200mcg tab</i>	1	
<i>euthyrox 25mcg tab</i>	1	
<i>euthyrox 50mcg tab</i>	1	
<i>euthyrox 75mcg tab</i>	1	
<i>euthyrox 88mcg tab</i>	1	
<i>levo-t 100mcg tab</i>	1	
<i>levo-t 112mcg tab</i>	1	
<i>levo-t 125mcg tab</i>	1	
<i>levo-t 137mcg tab</i>	1	
<i>levo-t 150mcg tab</i>	1	
<i>levo-t 175mcg tab</i>	1	
<i>levo-t 200mcg tab</i>	1	
<i>levo-t 25mcg tab</i>	1	
<i>levo-t 300mcg tab</i>	1	
<i>levo-t 50mcg tab</i>	1	
<i>levo-t 75mcg tab</i>	1	
<i>levo-t 88mcg tab</i>	1	
<i>levothyroxine sodium 0.025mg tab</i>	1	
<i>levothyroxine sodium 0.05mg tab</i>	1	
<i>levothyroxine sodium 0.075mg tab</i>	1	
<i>levothyroxine sodium 0.088mg tab</i>	1	
<i>levothyroxine sodium 0.112mg tab</i>	1	
<i>levothyroxine sodium 0.125mg tab</i>	1	
<i>levothyroxine sodium 0.137mg tab</i>	1	
<i>levothyroxine sodium 0.15mg tab</i>	1	
<i>levothyroxine sodium 0.175mg tab</i>	1	
<i>levothyroxine sodium 0.1mg tab</i>	1	
<i>levothyroxine sodium 0.2mg tab</i>	1	
<i>levothyroxine sodium 0.3mg 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levoxyl 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 0.005mg tab</i>	1	
<i>liothyronine sodium 0.025mg tab</i>	1	
<i>liothyronine sodium 0.05mg tab</i>	1	
SYNTHROID 100MCG TAB	2	
SYNTHROID 112MCG TAB	2	
SYNTHROID 125MCG TAB	2	
SYNTHROID 137MCG TAB	2	
SYNTHROID 150MCG TAB	2	
SYNTHROID 175MCG TAB	2	
SYNTHROID 200MCG TAB	2	
SYNTHROID 25MCG TAB	2	
SYNTHROID 300MCG TAB	2	
SYNTHROID 50MCG TAB	2	
SYNTHROID 75MCG TAB	2	
SYNTHROID 88MCG TAB	2	
<i>unithroid 100mcg tab</i>	1	
<i>unithroid 112mcg tab</i>	1	
<i>unithroid 125mcg tab</i>	1	
<i>unithroid 137mcg tab</i>	1	
<i>unithroid 150mcg tab</i>	1	
<i>unithroid 175mcg tab</i>	1	
<i>unithroid 200mcg tab</i>	1	
<i>unithroid 25mcg tab</i>	1	
<i>unithroid 300mcg tab</i>	1	
<i>unithroid 50mcg tab</i>	1	
<i>unithroid 75mcg tab</i>	1	
<i>unithroid 88mcg tab</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ	2	
ADACEL SYRINGE	2	
BOOSTRIX INJ	2	
BOOSTRIX SYRINGE	2	
DAPTACEL INJ	2	
DIPHThERIA/TETANUS TOXOID INJ	2	PA BvD
INFANRIX SYRINGE	2	
KINRIX SYRINGE	2	
PEDIARIX SYRINGE	2	
PENTACEL 96-30-68UNIT/ML INJ	2	
QUADRACEL 0.5ML INJ	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUADRACEL INJ	2	
TDVAX 4-4UNIT/ML INJ	2	PA BvD
TENIVAC 4-10UNIT/ML SYRINGE	2	PA BvD
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine 10mg cap</i>	1	
<i>dicyclomine 20mg tab</i>	1	
<i>dicyclomine 2mg/ml oral soln</i>	1	
<i>glycopyrrolate 1mg tab</i>	1	
<i>glycopyrrolate 2mg tab</i>	1	
<i>methscopolamine bromide 2.5mg tab</i>	1	
<i>methscopolamine bromide 5mg 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 60mg/ml oral soln</i>	1	
<i>cimetidine 800mg tab</i>	1	
<i>famotidine 20mg tab</i>	1	
<i>famotidine 40mg tab</i>	1	
<i>famotidine 8mg/ml susp</i>	1	
NIZATIDINE 150MG CAP	1	
NIZATIDINE 300MG CAP	1	
MISC. ANTI-ULCER		
<i>sucralfate 1000mg tab</i>	1	
<i>sucralfate 100mg/ml susp</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole 20mg dr cap</i>	1	
<i>esomeprazole 40mg dr cap</i>	1	
<i>lansoprazole 15mg dr cap</i>	1	
<i>lansoprazole 30mg dr cap</i>	1	
<i>omeprazole 10mg dr cap</i>	1	
<i>omeprazole 20mg dr cap</i>	1	
<i>omeprazole 40mg dr cap</i>	1	
<i>pantoprazole 20mg dr tab</i>	1	
<i>pantoprazole 40mg dr tab</i>	1	
<i>rabeprazole sodium 20mg dr tab</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol 0.1mg tab</i>	1	
<i>misoprostol 0.2mg tab</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin 500mg/clarithromycin 500mg/lansoprazole 30mg pack</i>	1	
PYLERA 140-125-125MG CAP	2	
URINARY ANTISPASMODICS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>oxybutynin chloride 10mg er tab</i>	1	
<i>oxybutynin chloride 15mg er tab</i>	1	
<i>oxybutynin chloride 1mg/ml oral soln</i>	1	
<i>oxybutynin chloride 5mg er tab</i>	1	
<i>oxybutynin chloride 5mg tab</i>	1	
<i>solifenacin succinate 10mg tab</i>	1	
<i>solifenacin succinate 5mg tab</i>	1	
<i>tolterodine tartrate 1mg tab</i>	1	
<i>tolterodine tartrate 2mg er cap</i>	1	
<i>tolterodine tartrate 2mg tab</i>	1	
<i>tolterodine tartrate 4mg er cap</i>	1	
<i>tropium chloride 20mg tab</i>	1	
<i>tropium chloride 60mg er cap</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ 25MG ER TAB	2	
MYRBETRIQ 50MG ER TAB	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<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	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate 100mg tab</i>	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	2	
BCG LIVE TICE STRAIN 50MG INJ	2	
BEXSERO SYRINGE	2	
HIBERIX 10MCG INJ	2	
MENACTRA INJ	2	
MENQUADFI INJ	2	
MENVEO INJ	2	
PEDVAXHIB 7.5MCG/0.5ML INJ	2	
TRUMENBA SYRINGE	2	
TYPHIM VI 25MCG/0.5ML INJ	2	
TYPHIM VI 25MCG/0.5ML SYRINGE	2	
VIRAL VACCINES		
ENGERIX-B 10MCG/0.5ML SYRINGE	2	PA BvD
ENGERIX-B 20MCG/ML SYRINGE	2	PA BvD
GARDASIL 9 INJ	2	
GARDASIL 9 SYRINGE	2	
HAVRIX 1440ELU/ML SYRINGE	2	
HAVRIX 720ELU/0.5ML SYRINGE	2	
IMOVAX 2.5UNIT/ML INJ	2	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
IPOL INJ	2	
IXIARO 0.012MG/ML SYRINGE	2	
M-M-R II INJ	2	
PREHEVBRIO 10MCG/ML INJ	2	PA BvD
PROQUAD INJ	2	
RABAVERT 2.5UNIT/ML INJ	2	PA BvD
RECOMBIVAX 10MCG/ML INJ	2	PA BvD
RECOMBIVAX 10MCG/ML SYRINGE	2	PA BvD
RECOMBIVAX 40MCG/ML INJ	2	PA BvD
RECOMBIVAX 5MCG/0.5ML SYRINGE	2	PA BvD
ROTARIX SUSP	2	
ROTATEQ SUSP	2	
SHINGRIX 50MCG/0.5ML INJ	2	QL=2 EA/365 Days
TICOVAC 2.4MCG/0.5ML SYRINGE	2	
TWINRIX SYRINGE	2	
VAQTA 25UNIT/0.5ML INJ	2	
VAQTA 25UNIT/0.5ML SYRINGE	2	
VAQTA 50UNIT/ML INJ	2	
VAQTA 50UNIT/ML SYRINGE	2	
VARIVAX 1350PFU/0.5ML INJ	2	
YF-VAX INJ	2	
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	
<i>vandazole 0.75% vaginal gel</i>	1	
VAGINAL ESTROGENS		
<i>estradiol 0.01% vaginal cream</i>	1	
ESTRING 2MG (7.5 MCG/24HR) VAGINAL SYSTEM	2	ST
PREMARIN 0.625MG/GM VAGINAL CREAM	2	
VAGINAL PROGESTINS		
CRINONE 4% VAGINAL GEL	2	PA
CRINONE 8% VAGINAL GEL	2	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine 0.15mg/0.3ml auto-injector (2 pack)</i>	1	QL=2 EA/15 Days
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	1	QL=2 EA/15 Days
SYMJEPI 0.15MG/0.3ML SYRINGE	1	QL=2 EA/15 Days
SYMJEPI 0.3MG/0.3ML SYRINGE	1	QL=2 EA/15 Days
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa 100mg cap</i>	1	PA
<i>droxidopa 200mg cap</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>droxidopa 300mg cap</i>	1	PA
VASOPRESSORS		
<i>midodrine 10mg tab</i>	1	
<i>midodrine 2.5mg tab</i>	1	
<i>midodrine 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.

ALPHABETICAL LISTING OF DRUGS

A					
<i>abacavir 20mg/ml oral soln</i>	70	<i>acetaminophen 300mg/hydrocodone bitartrate 7.5mg tab</i>	30	<i>acitretin 17.5mg cap</i>	86
<i>abacavir 300mg tab</i>	70	<i>acetaminophen 325mg/hydrocodone bitartrate 10mg tab</i>	30	<i>acitretin 25mg cap</i>	86
<i>abacavir 600mg/lamivudine 300mg tab</i>	70	<i>acetaminophen 325mg/hydrocodone bitartrate 5mg tab</i>	30	ACTEMRA	27
ABELCET 5MG/ML INJ	49	<i>acetaminophen 325mg/hydrocodone bitartrate 7.5mg tab</i>	30	162MG/0.9ML	
ABILIFY 300MG INJ	69	<i>acetaminophen 325mg/oxycodone 10mg tab</i>	30	AUTO-INJECTOR	
ABILIFY 300MG SYRINGE	69	<i>acetaminophen 325mg/oxycodone 2.5mg tab</i>	30	ACTEMRA	27
ABILIFY 400MG INJ	69	<i>acetaminophen 325mg/oxycodone 5mg tab</i>	30	162MG/0.9ML SYRINGE	
ABILIFY 400MG SYRINGE	69	<i>acetaminophen 325mg/oxycodone 7.5mg tab</i>	30	ACTHIB INJ	118
<i>abiraterone acetate 250mg tab</i>	59	<i>acetaminophen 325mg/oxycodone 7.5mg tab</i>	30	ACTIMMUNE	63
<i>acamprosate calcium 333mg dr tab</i>	111	<i>acetaminophen 325mg/oxycodone 10mg tab</i>	30	2000000UNIT/0.5ML INJ	
<i>acarbose 100mg tab</i>	44	<i>acetaminophen 325mg/oxycodone 2.5mg tab</i>	30	<i>acyclovir 200mg cap</i>	73
<i>acarbose 25mg tab</i>	44	<i>acetaminophen 325mg/oxycodone 5mg tab</i>	30	<i>acyclovir 400mg tab</i>	73
<i>acarbose 50mg tab</i>	44	<i>acetaminophen 325mg/oxycodone 7.5mg tab</i>	30	<i>acyclovir 40mg/ml susp</i>	73
<i>accutane 10mg cap</i>	84	<i>acetaminophen 325mg/tramadol 37.5mg tab</i>	30	<i>acyclovir 5% ointment</i>	86
<i>accutane 20mg cap</i>	84	<i>acetaminophen/codeine phosphate 24mg-2.4mg/ml oral soln</i>	30	<i>acyclovir 50mg/ml inj</i>	73
<i>accutane 30mg cap</i>	84	<i>acetaminophen/hydrocodone one bitartrate 21.7mg-0.5mg/ml oral soln</i>	30	<i>acyclovir 800mg tab</i>	73
<i>accutane 40mg cap</i>	84	<i>acetazolamide 125mg tab</i>	89	ADACEL INJ	116
<i>acebutolol 200mg cap</i>	73	<i>acetazolamide 250mg tab</i>	89	ADACEL SYRINGE	116
<i>acebutolol 400mg cap</i>	73	<i>acetazolamide 500mg er cap</i>	89	<i>adapalene 0.1% cream</i>	84
<i>acetaminophen 300mg/codeine phosphate 15mg tab</i>	30	<i>acetic acid 2% otic soln</i>	108	<i>adapalene 0.3% gel</i>	84
<i>acetaminophen 300mg/codeine phosphate 30mg tab</i>	30	<i>acetylcysteine 100mg/ml inh soln</i>	84	<i>adapalene/benzoyl peroxide 0.1-2.5% gel</i>	84
<i>acetaminophen 300mg/codeine phosphate 60mg tab</i>	30	<i>acetylcysteine 200mg/ml inh soln</i>	84	<i>adefovir dipivoxil 10mg tab</i>	72
<i>acetaminophen 300mg/hydrocodone bitartrate 10mg tab</i>	30	<i>acitretin 10mg cap</i>	86	ADEMPAS 0.5MG TAB	77
<i>acetaminophen 300mg/hydrocodone bitartrate 5mg tab</i>	30			ADEMPAS 1.5MG TAB	77
				ADEMPAS 1MG TAB	78
				ADEMPAS 2.5MG TAB	78
				ADEMPAS 2MG TAB	78
				ADVAIR 100-50MCG	35
				ADVAIR 115-21MCG HFA	35
				ADVAIR 230-21MCG	35
				ADVAIR 250-50MCG	35
				ADVAIR 45-21MCG/ACT	35
				ADVAIR 500-50MCG	35
				AIMOVIG 140MG/ML	100
				AUTO-INJECTOR	

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

ALPHABETICAL LISTING OF DRUGS

AIMOVIG 70MG/ML	100	ALPHAGAN 0.1%	106	<i>amitriptyline 75mg tab</i>	43
AUTO-INJECTOR		OPHTH SOLN		<i>amlodipine 10mg tab</i>	74
<i>ala-cort 1% cream</i>	86	<i>alprazolam 0.25mg tab</i>	33	<i>amlodipine</i>	76
<i>ala-cort 2.5% cream</i>	86	<i>alprazolam 0.5mg er tab</i>	33	<i>10mg/atorvastatin 10mg</i>	
<i>albendazole 200mg tab</i>	32	<i>alprazolam 0.5mg tab</i>	33	<i>tab</i>	
<i>albuterol 0.21mg/ml</i>	35	<i>alprazolam 1mg er tab</i>	33	<i>amlodipine</i>	76
<i>(0.63mg/3ml) inh soln</i>		<i>alprazolam 1mg tab</i>	33	<i>10mg/atorvastatin 20mg</i>	
<i>albuterol 0.4mg/ml</i>	35	<i>alprazolam 2mg er tab</i>	33	<i>tab</i>	
<i>(2mg/5ml) oral soln</i>		<i>alprazolam 2mg tab</i>	33	<i>amlodipine</i>	76
<i>albuterol 0.83mg/ml</i>	35	<i>alprazolam 3mg er tab</i>	33	<i>10mg/atorvastatin 40mg</i>	
<i>(0.083%) inh soln</i>		ALREX 0.2% OPTH	107	<i>tab</i>	
<i>albuterol 2mg tab</i>	35	SUSP		<i>amlodipine</i>	77
<i>albuterol 4mg tab</i>	35	<i>altavera 28 day pack</i>	79	<i>10mg/atorvastatin 80mg</i>	
<i>albuterol 5mg/ml inh soln</i>	35	ALUNBRIG 180MG TAB	60	<i>tab</i>	
<i>albuterol neb soln</i>	35	ALUNBRIG 30MG TAB	60	<i>amlodipine</i>	53
<i>1.25mg/3ml</i>		ALUNBRIG 90MG TAB	60	<i>10mg/benazepril 20mg</i>	
<i>alclometasone</i>	86	ALUNBRIG INITIATION	60	<i>cap</i>	
<i>dipropionate 0.05%</i>		PACK		<i>amlodipine</i>	53
<i>cream</i>		<i>alyacen 1/35 pack</i>	79	<i>10mg/benazepril 40mg</i>	
<i>alclometasone</i>	86	<i>alyq 20mg tab</i>	77	<i>cap</i>	
<i>dipropionate 0.05%</i>		<i>amabelz 0.5/0.1mg 28 day</i>	93	<i>amlodipine</i>	53
<i>ointment</i>		<i>pack</i>		<i>10mg/olmesartan</i>	
ALCOHOL SWAB 1"x1"	100	<i>amabelz 1/0.5mg 28 day</i>	93	<i>medoxomil 20mg tab</i>	
(DIABETIC)		<i>pack</i>		<i>amlodipine</i>	53
ALECENSA 150MG CAP	60	<i>amantadine 100mg cap</i>	64	<i>10mg/olmesartan</i>	
ALENDRONATE	90	<i>amantadine 100mg tab</i>	64	<i>medoxomil 40mg tab</i>	
70MG/75ML SOLN		<i>amantadine 10mg/ml oral</i>	64	<i>amlodipine</i>	53
<i>alendronate sodium 10mg</i>	90	<i>soln</i>		<i>10mg/valsartan 160mg</i>	
<i>tab</i>		AMBISOME 50MG INJ	49	<i>tab</i>	
<i>alendronate sodium 35mg</i>	90	<i>ambrisentan 10mg tab</i>	77	<i>amlodipine</i>	53
<i>tab</i>		<i>ambrisentan 5mg tab</i>	77	<i>10mg/valsartan 320mg</i>	
<i>alendronate sodium 70mg</i>	90	<i>amethia 91 day pack</i>	79	<i>tab</i>	
<i>tab</i>		<i>amikacin 250mg/ml inj</i>	25	<i>amlodipine 2.5mg tab</i>	75
<i>alfuzosin 10mg er tab</i>	96	<i>amiloride 5mg tab</i>	90	<i>amlodipine</i>	77
<i>aliskiren 150mg tab</i>	55	<i>amiloride</i>	89	<i>2.5mg/atorvastatin 10mg</i>	
<i>aliskiren 300mg tab</i>	55	<i>5mg/hydrochlorothiazide</i>		<i>tab</i>	
<i>allopurinol 100mg tab</i>	96	<i>50mg tab</i>		<i>amlodipine</i>	77
<i>allopurinol 300mg tab</i>	96	<i>amiodarone 200mg tab</i>	34	<i>2.5mg/atorvastatin 20mg</i>	
ALOCRI 2% OPTH	108	<i>amiodarone 400mg tab</i>	34	<i>tab</i>	
SOLN		<i>amitriptyline 100mg tab</i>	43	<i>amlodipine</i>	77
ALOMIDE 0.1% OPTH	108	<i>amitriptyline 10mg tab</i>	43	<i>2.5mg/atorvastatin 40mg</i>	
SOLN		<i>amitriptyline 150mg tab</i>	43	<i>tab</i>	
<i>alose tron 0.5mg tab</i>	95	<i>amitriptyline 25mg tab</i>	43		
<i>alose tron 1mg tab</i>	95	<i>amitriptyline 50mg tab</i>	43		

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

ALPHABETICAL LISTING OF DRUGS

<i>amlodipine</i>	53	AMOXAPINE 50MG TAB	43	<i>amphetamine-dextroamph</i>	24
<i>2.5mg/benazepril 10mg cap</i>		AMOXICILLIN	110	<i>etamine 10mg ER cap</i>	
<i>amlodipine 5mg tab</i>	75	1000MG/CLAVULANATE		<i>amphetamine-dextroamph</i>	24
<i>amlodipine</i>	77	62.5MG ER TAB		<i>etamine 10mg tab</i>	
<i>5mg/atorvastatin 10mg tab</i>		AMOXICILLIN 125MG	109	<i>amphetamine-dextroamph</i>	24
<i>amlodipine</i>	77	CHEW TAB		<i>etamine 12.5mg tab</i>	
<i>5mg/atorvastatin 20mg tab</i>		AMOXICILLIN	110	<i>amphetamine-dextroamph</i>	24
<i>amlodipine</i>	77	200MG/CLAVULANATE		<i>etamine 15mg ER cap</i>	
<i>5mg/atorvastatin 40mg tab</i>		28.5MG CHEW TAB		<i>amphetamine-dextroamph</i>	24
<i>amlodipine</i>	77	<i>amoxicillin 250mg cap</i>	109	<i>etamine 15mg tab</i>	
<i>5mg/atorvastatin 80mg tab</i>		AMOXICILLIN 250MG	109	<i>amphetamine-dextroamph</i>	24
<i>amlodipine</i>	77	CHEW TAB		<i>etamine 20mg ER cap</i>	
<i>5mg/benazepril 10mg cap</i>		<i>amoxicillin</i>	110	<i>amphetamine-dextroamph</i>	24
<i>amlodipine</i>	53	<i>250mg/clavulanate</i>		<i>etamine 20mg tab</i>	
<i>amlodipine</i>	53	<i>125mg tab</i>		<i>amphetamine-dextroamph</i>	24
<i>5mg/benazepril 20mg cap</i>		<i>amoxicillin 25mg/ml susp</i>	109	<i>etamine 25mg ER cap</i>	
<i>amlodipine</i>	53	AMOXICILLIN	110	<i>amphetamine-dextroamph</i>	24
<i>5mg/benazepril 40mg cap</i>		400MG/CLAVULANATE		<i>etamine 30mg ER cap</i>	
<i>amlodipine</i>	53	57MG CHEW TAB		<i>amphetamine-dextroamph</i>	24
<i>5mg/olmesartan medoxomil 20mg tab</i>		<i>amoxicillin 40mg/ml susp</i>	109	<i>etamine 30mg tab</i>	
<i>amlodipine</i>	53	<i>amoxicillin 500mg cap</i>	109	<i>amphetamine-dextroamph</i>	24
<i>5mg/olmesartan medoxomil 40mg tab</i>		<i>amoxicillin 500mg tab</i>	109	<i>etamine 5mg ER cap</i>	
<i>amlodipine</i>	53	<i>amoxicillin</i>	117	<i>amphetamine-dextroamph</i>	24
<i>5mg/valsartan 160mg tab</i>		<i>500mg/clarithromycin</i>		<i>etamine 5mg tab</i>	
<i>amlodipine</i>	53	<i>500mg/lansoprazole</i>		<i>amphetamine-dextroamph</i>	24
<i>5mg/valsartan 320mg tab</i>		<i>30mg pack</i>		<i>etamine 7.5mg tab</i>	
<i>ammonium lactate 12% cream</i>	88	<i>amoxicillin</i>	110	AMPHOTERICIN B	49
<i>ammonium lactate 12% lotion</i>	88	<i>500mg/clavulanate</i>		50MG INJ	
<i>amnesteem 10mg cap</i>	84	<i>125mg tab</i>		<i>ampicillin 1000mg inj</i>	110
<i>amnesteem 20mg cap</i>	84	<i>amoxicillin 50mg/ml susp</i>	109	<i>ampicillin</i>	110
<i>amnesteem 40mg cap</i>	84	<i>amoxicillin 80mg/ml susp</i>	110	<i>1000mg/sulbactam</i>	
AMOXAPINE 100MG TAB	43	<i>amoxicillin 875mg tab</i>	110	<i>500mg inj</i>	
AMOXAPINE 150MG TAB	43	<i>amoxicillin</i>	110	<i>ampicillin 100mg/ml inj</i>	110
AMOXAPINE 25MG TAB	43	<i>875mg/clavulanate</i>		<i>ampicillin</i>	110
		<i>125mg tab</i>		<i>100mg/ml/sulbactam</i>	
		<i>amoxicillin/k clavulanate</i>	110	<i>50mg/ml inj</i>	
		<i>200-28.5mg/5ml susp</i>		AMPICILLIN 125MG INJ	110
		<i>amoxicillin/k clavulanate</i>	110	<i>ampicillin</i>	110
		<i>250-62.5mg/5ml susp</i>		<i>2000mg/sulbactam</i>	
		<i>amoxicillin/k clavulanate</i>	110	<i>1000mg inj</i>	
		<i>400-57mg/5ml susp</i>		AMPICILLIN 500MG	110
		<i>amoxicillin/k clavulanate</i>	110	CAP	
		<i>600-42.9mg/5ml susp</i>		<i>anagrelide 0.5mg cap</i>	97
				<i>anagrelide 1mg cap</i>	97

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>anastrozole 1mg tab</i>	59	ARANESP	98	ARNUITY 100MCG	35
ANDRODERM	31	300MCG/0.6ML		INHALER	
2MG/24HR PATCH		SYRINGE		ARNUITY 200MCG	35
ANDRODERM	31	ARANESP 40MCG/0.4ML	98	INHALER	
4MG/24HR PATCH		SYRINGE		ARNUITY 50MCG	35
ANORO ELLIPTA	35	ARANESP 40MCG/ML	98	INHALER	
62.5-25MCG INHALER		INJ		<i>asenapine 10mg sl tab</i>	67
<i>apraclonidine 0.5% ophth soln</i>	106	ARANESP 500MCG/ML	98	<i>asenapine 2.5mg sl tab</i>	67
		SYRINGE		<i>asenapine 5mg sl tab</i>	67
<i>aprepitant 125mg cap</i>	48	ARANESP 60MCG/0.3ML	98	<i>ashlyna 91 day pack</i>	79
<i>aprepitant</i>	48	SYRINGE		ASMANEX 100MCG	35
<i>125mg/aprepitant 80mg pack</i>		ARANESP 60MCG/ML	98	INHALER	
		INJ		ASMANEX 110MCG/INH	35
<i>aprepitant 40mg cap</i>	48	ARCALYST 220MG INJ	27	INHALER	
<i>aprepitant 80mg cap</i>	48	<i>arformoterol tartrate</i>	35	ASMANEX 200MCG	35
<i>apri 28 day pack</i>	79	<i>15mcg/2ml neb soln</i>		INHALER	
APTIOM 200MG TAB	38	ARIKAYCE	25	ASMANEX 220MCG	35
APTIOM 400MG TAB	38	590MG/8.4ML INH SUSP		(120ACT) INHALER	
APTIOM 600MG TAB	38	<i>aripiprazole 10mg odt</i>	69	ASMANEX 220MCG	35
APTIOM 800MG TAB	38	<i>aripiprazole 10mg tab</i>	69	(30ACT) INHALER	
APTIVUS 250MG CAP	70	<i>aripiprazole 15mg odt</i>	69	ASMANEX 220MCG	35
ARALAST 1000MG INJ	113	<i>aripiprazole 15mg tab</i>	69	(60ACT) INHALER	
<i>aranelle 28 pack</i>	79	<i>aripiprazole 1mg/ml oral soln</i>	69	ASMANEX 50MCG	35
ARANESP	97			INHALER	
100MCG/0.5ML		<i>aripiprazole 20mg tab</i>	69	<i>aspirin</i>	97
SYRINGE		<i>aripiprazole 2mg tab</i>	69	<i>25mg/dipyridamole</i>	
ARANESP 100MCG/ML	98	<i>aripiprazole 30mg tab</i>	69	<i>200mg er cap</i>	
INJ		<i>aripiprazole 5mg tab</i>	69	ASTAGRAF 0.5MG ER	103
ARANESP 10MCG/0.4ML	98	ARISTADA	69	CAP	
SYRINGE		1064MG/3.9ML		ASTAGRAF 1MG ER CAF	103
ARANESP	98	SYRINGE		ASTAGRAF 5MG ER CAF	103
150MCG/0.3ML		ARISTADA	70	<i>atazanavir 150mg cap</i>	70
SYRINGE		441MG/1.6ML SYRINGE		<i>atazanavir 200mg cap</i>	70
ARANESP	98	ARISTADA	70	<i>atazanavir 300mg cap</i>	70
200MCG/0.4ML		662MG/2.4ML SYRINGE		<i>atenolol 100mg tab</i>	73
SYRINGE		ARISTADA	70	<i>atenolol</i>	53
ARANESP 200MCG/ML	98	675MG/2.4ML SYRINGE		<i>100mg/chlorthalidone</i>	
INJ		ARISTADA	70	<i>25mg tab</i>	
ARANESP	98	882MG/3.2ML SYRINGE		<i>atenolol 25mg tab</i>	73
25MCG/0.42ML		<i>armodafinil 150mg tab</i>	24	<i>atenolol 50mg tab</i>	73
SYRINGE		<i>armodafinil 200mg tab</i>	24	<i>atenolol</i>	53
ARANESP 25MCG/ML	98	<i>armodafinil 250mg tab</i>	24	<i>50mg/chlorthalidone</i>	
INJ		<i>armodafinil 50mg tab</i>	24	<i>25mg tab</i>	
				<i>atomoxetine 100mg cap</i>	24

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

ALPHABETICAL LISTING OF DRUGS

<i>atomoxetine 10mg cap</i>	24	AVYCAZ 500-2000MG	78	BALVERSA 3MG TAB	60
<i>atomoxetine 18mg cap</i>	24	INJ		BALVERSA 4MG TAB	60
<i>atomoxetine 25mg cap</i>	24	AYVAKIT 100MG TAB	60	BALVERSA 5MG TAB	60
<i>atomoxetine 40mg cap</i>	24	AYVAKIT 200MG TAB	60	<i>balziva 28 day pack</i>	79
<i>atomoxetine 60mg cap</i>	24	AYVAKIT 25MG TAB	60	BAQSIMI 3MG/DOSE	45
<i>atomoxetine 80mg cap</i>	24	AYVAKIT 300MG TAB	60	NASAL POWDER	
<i>atorvastatin 10mg tab</i>	50	AYVAKIT 50MG TAB	60	BAXDELA 450MG TAB	94
<i>atorvastatin 20mg tab</i>	50	AZASITE 1% OPHTH	107	BCG LIVE TICE STRAIN	118
<i>atorvastatin 40mg tab</i>	50	SOLN		50MG INJ	
<i>atorvastatin 80mg tab</i>	50	<i>azathioprine 100mg tab</i>	103	<i>benazepril 10mg tab</i>	51
<i>atovaquone 150mg/ml</i>	55	<i>azathioprine 50mg tab</i>	103	<i>benazepril</i>	53
<i>susp</i>		<i>azathioprine 75mg tab</i>	103	<i>10mg/hydrochlorothiazid</i>	
<i>atovaquone</i>	56	<i>azelaic acid 15% gel</i>	88	<i>e 12.5mg tab</i>	
<i>250mg/proguanil 100mg</i>		<i>azelastine 0.05% ophth</i>	108	<i>benazepril 20mg tab</i>	51
<i>tab</i>		<i>soln</i>		<i>benazepril</i>	53
<i>atovaquone</i>	57	<i>azelastine 0.15%</i>	105	<i>20mg/hydrochlorothiazid</i>	
<i>62.5mg/proguanil 25mg</i>		<i>(206mcg/act) nasal</i>		<i>e 12.5mg tab</i>	
<i>tab</i>		<i>inhaler</i>		<i>benazepril</i>	53
ATROPINE SULFATE	47	<i>azelastine 1%</i>	105	<i>20mg/hydrochlorothiazid</i>	
0.005MG/ML/DIPHENO		<i>(137mcg/act) nasal</i>		<i>e 25mg tab</i>	
XYLATE 0.5MG/ML		<i>inhaler</i>		<i>benazepril 40mg tab</i>	51
ORAL SOLN		<i>azithromycin 20mg/ml</i>	100	<i>benazepril 5mg tab</i>	51
<i>atropine sulfate</i>	47	<i>susp</i>		<i>benazepril</i>	53
<i>0.025mg/diphenoxylate</i>		<i>azithromycin 250mg pack</i>	100	<i>5mg/hydrochlorothiazide</i>	
<i>2.5mg tab</i>		<i>azithromycin 250mg tab</i>	100	<i>6.25mg tab</i>	
ATROPINE SULFATE 1%	106	<i>azithromycin 40mg/ml</i>	100	BENLYSTA 200MG/ML	104
OPHTH SOLN		<i>susp</i>		AUTO-INJECTOR	
ATROVENT 17MCG	34	<i>azithromycin 500mg inj</i>	100	BENLYSTA 200MG/ML	104
INHALER		<i>azithromycin 500mg pack</i>	100	SYRINGE	
AUBAGIO 14MG TAB	112	<i>azithromycin 500mg tab</i>	100	BENZNIDAZOLE 100MG	32
AUBAGIO 7MG TAB	112	<i>azithromycin 600mg tab</i>	100	TAB	
<i>aubra 28 day pack</i>	79	<i>aztreonam 1000mg inj</i>	56	BENZNIDAZOLE	32
AURYXIA 210MG TAB	95	<i>aztreonam 2000mg inj</i>	56	12.5MG TAB	
AUSTEDO 12MG TAB	112			<i>benztropine mesylate</i>	64
AUSTEDO 6MG TAB	112	B		<i>0.5mg tab</i>	
AUSTEDO 9MG TAB	112	BACITRACIN	107	<i>benztropine mesylate 1mg</i>	64
<i>aviane 28 pack</i>	79	500UNIT/GM OPHTH		<i>tab</i>	
<i>avita 0.025% cream</i>	84	OINTMENT		<i>benztropine mesylate 2mg</i>	64
<i>avita 0.025% gel</i>	84	<i>bacitracin/polymyxin B</i>	107	<i>tab</i>	
AVONEX 30MCG/0.5ML	112	<i>0.5-10unit/mg ophth</i>		<i>bepotastine besilate 1.5%</i>	108
AUTO-INJECTOR		<i>ointment</i>		<i>ophth soln</i>	
AVONEX 30MCG/0.5ML	112	<i>baclofen 10mg tab</i>	105	BERINERT 500UNIT INJ	97
SYRINGE		<i>baclofen 20mg tab</i>	105	BESREMI 500MCG/ML	63
		<i>balsalazide disodium</i>	95	SYRINGE	
		<i>750mg 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>betaine 1000mg powder for oral soln</i>	91	BICILLIN 300000-300000UNIT/ML	110	BOSULIF 100MG TAB	60
<i>betamethasone 0.05% aug cream</i>	86	SYRINGE		BOSULIF 400MG TAB	60
<i>betamethasone 0.05% aug lotion</i>	87	BICILLIN 450000-150000UNIT/ML	110	BOSULIF 500MG TAB	60
<i>betamethasone 0.05% aug ointment</i>	87	SYRINGE		BRAFTOVI 75MG CAP	60
<i>betamethasone 0.05% cream</i>	87	BICILLIN L-A 1200000UNIT/2ML	110	BREO ELLIPTA 100-25MCG INHALER	35
BETAMETHASONE 0.05% GEL	87	SYRINGE		BREO ELLIPTA 200-25MCG INHALER	35
<i>betamethasone 0.05% lotion</i>	87	BICILLIN L-A 600000UNIT/ML	110	BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	
<i>betamethasone 0.05% ointment</i>	87	SYRINGE		<i>briellyn 28 day pack</i>	79
<i>betamethasone 0.1% cream</i>	87	BIDIL 37.5-20MG TAB	77	BRILINTA 60MG TAB	97
<i>betamethasone 0.1% lotion</i>	87	BIKTARVY 30-120-15MG TAB	70	BRILINTA 90MG TAB	97
<i>betamethasone 0.1% ointment</i>	87	BIKTARVY 50-200-25MG TAB	70	<i>brimonidine tartrate 0.15% ophth soln</i>	106
<i>betaxolol 0.5% ophth soln</i>	106	<i>bimatoprost 0.03% ophth soln</i>	108	<i>brimonidine tartrate 0.2% ophth soln</i>	107
<i>betaxolol 10mg tab</i>	73	<i>bisoprolol fumarate 10mg tab</i>	73	<i>brinzolamide 1% ophth susp</i>	108
<i>betaxolol 20mg tab</i>	73	<i>bisoprolol fumarate 10mg/hydrochlorothiazid e 6.25mg tab</i>	54	BRIVIACT 100MG TAB	38
<i>bethanechol chloride 10mg tab</i>	118	<i>bisoprolol fumarate 2.5mg/hydrochlorothiazid e 6.25mg tab</i>	54	BRIVIACT 10MG TAB	38
<i>bethanechol chloride 25mg tab</i>	118	<i>bisoprolol fumarate 5mg tab</i>	73	BRIVIACT 10MG/ML ORAL SOLN	38
<i>bethanechol chloride 50mg tab</i>	118	<i>bisoprolol fumarate 5mg/hydrochlorothiazide 6.25mg tab</i>	54	BRIVIACT 25MG TAB	38
<i>bethanechol chloride 5mg tab</i>	118	BIVIGAM 5GM/50ML INJ	109	BRIVIACT 50MG TAB	38
BETIMOL 0.25% OPHTH SOLN	106	<i>blisovi 21 fe 1.5/30 28 day pack</i>	79	BRIVIACT 75MG TAB	38
BETIMOL 0.5% OPHTH SOLN	106	<i>blisovi 24 fe 1/20 28 day pack</i>	79	<i>bromfenac 0.09% ophth soln</i>	108
BETOPTIC S 0.25% OPHTH SUSP	106	BOOSTRIX INJ	116	<i>bromocriptine 2.5mg tab</i>	64
<i>bexarotene 1% gel</i>	86	BOOSTRIX SYRINGE	116	<i>bromocriptine 5mg cap</i>	64
<i>bexarotene 75mg cap</i>	63	<i>bosentan 125mg tab</i>	77	BRUKINSA 80MG CAP	60
BEXSERO SYRINGE	118	<i>bosentan 62.5mg tab</i>	77	<i>budesonide 0.125mg/ml inh susp</i>	35
<i>bicalutamide 50mg tab</i>	59			<i>budesonide 0.25mg/ml inh susp</i>	35
				<i>budesonide 0.5mg/ml inh susp</i>	35
				<i>budesonide 3mg dr cap</i>	83
				<i>budesonide 9mg er tab</i>	83
				<i>bumetanide 0.25mg/ml inj</i>	89
				<i>bumetanide 0.5mg tab</i>	89
				<i>bumetanide 1mg tab</i>	89
				<i>bumetanide 2mg tab</i>	89

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>buprenorphine</i>	31	<i>cabergoline 0.5mg tab</i>	92	<i>carbamazepine 100mg er</i>	38
<i>12mg/naloxone 3mg</i>		CABLIVI 11MG INJ	97	<i>cap</i>	
<i>sublingual film</i>		CABOMETYX 20MG TAE	60	<i>carbamazepine 100mg er</i>	38
<i>buprenorphine 2mg sl tab</i>	31	CABOMETYX 40MG TAE	60	<i>tab</i>	
<i>buprenorphine</i>	31	CABOMETYX 60MG TAE	60	<i>carbamazepine 200mg er</i>	38
<i>2mg/naloxone 0.5mg sl</i>		<i>calcipotriene 0.005%</i>	86	<i>cap</i>	
<i>tab</i>		<i>cream</i>		<i>carbamazepine 200mg er</i>	38
<i>buprenorphine</i>	31	<i>calcipotriene 0.005%</i>	86	<i>tab</i>	
<i>2mg/naloxone 0.5mg</i>		<i>ointment</i>		<i>carbamazepine 200mg</i>	38
<i>sublingual film</i>		<i>calcipotriene 0.005%</i>	86	<i>tab</i>	
<i>buprenorphine</i>	31	<i>topical soln</i>		<i>carbamazepine 20mg/ml</i>	38
<i>4mg/naloxone 1mg</i>		<i>calcitriol 0.00025mg cap</i>	91	<i>susp</i>	
<i>sublingual film</i>		<i>calcitriol 0.0005mg cap</i>	91	<i>carbamazepine 300mg er</i>	38
<i>buprenorphine 8mg sl tab</i>	31	<i>calcitriol 0.001mg/ml oral</i>	91	<i>cap</i>	
<i>buprenorphine</i>	31	<i>soln</i>		<i>carbamazepine 400mg er</i>	38
<i>8mg/naloxone 2mg sl tab</i>		<i>calcium acetate 667mg</i>	95	<i>tab</i>	
<i>buprenorphine</i>	31	<i>cap</i>		<i>carbidopa</i>	64
<i>8mg/naloxone 2mg</i>		<i>calcium acetate 667mg</i>	95	<i>10mg/levodopa 100mg</i>	
<i>sublingual film</i>		<i>tab</i>		<i>odt</i>	
<i>bupropion 100mg er tab</i>	41	CALQUENCE 100MG	60	<i>carbidopa</i>	64
<i>bupropion 100mg tab</i>	41	CAP		<i>10mg/levodopa 100mg</i>	
<i>bupropion 150mg sr (12</i>	41	<i>camila 28 day 0.35mg</i>	83	<i>tab</i>	
<i>hr) tab</i>		<i>pack</i>		<i>carbidopa</i>	64
<i>bupropion 150mg sr tab</i>	113	<i>camreselo 91 day pack</i>	79	<i>12.5mg/entacapone</i>	
<i>bupropion 150mg xl (24</i>	41	<i>candesartan cilexetil</i>	52	<i>200mg/levodopa 50mg</i>	
<i>hr) tab</i>		<i>16mg tab</i>		<i>tab</i>	
<i>bupropion 200mg er tab</i>	41	<i>candesartan cilexetil</i>	52	<i>carbidopa</i>	64
<i>bupropion 300mg er tab</i>	41	<i>32mg tab</i>		<i>18.75mg/entacapone</i>	
<i>bupropion 75mg tab</i>	41	<i>candesartan cilexetil 4mg</i>	52	<i>200mg/levodopa 75mg</i>	
<i>bupropion 10mg tab</i>	33	<i>tab</i>		<i>tab</i>	
<i>bupropion 15mg tab</i>	33	<i>candesartan cilexetil 8mg</i>	52	<i>carbidopa 25mg tab</i>	64
<i>bupropion 30mg tab</i>	33	<i>tab</i>		<i>carbidopa</i>	64
<i>bupropion 5mg tab</i>	33	CAPLYTA 42MG CAP	66	<i>25mg/entacapone</i>	
<i>bupropion 7.5mg tab</i>	33	CAPRELSA 100MG TAB	60	<i>200mg/levodopa 100mg</i>	
<i>butorphanol tartrate</i>	31	CAPRELSA 300MG TAB	60	<i>tab</i>	
<i>1mg/act nasal inhaler</i>		<i>captopril 100mg tab</i>	51	<i>carbidopa</i>	64
BYDUREON	46	<i>captopril 12.5mg tab</i>	51	<i>25mg/levodopa 100mg er</i>	
2MG/0.85ML		<i>captopril 25mg tab</i>	51	<i>tab</i>	
AUTO-INJECTOR		<i>captopril 50mg tab</i>	51	<i>carbidopa</i>	64
BYLVAY 1200MCG CAP	95	CARBAGLU 200MG TAB	91	<i>25mg/levodopa 100mg</i>	
BYLVAY 200MCG ORAL	95	FOR ORAL SUSP		<i>odt</i>	
PELLET		<i>carbamazepine 100mg</i>	38	<i>carbidopa</i>	64
BYLVAY 400MCG CAP	95	<i>chew tab</i>		<i>25mg/levodopa 100mg</i>	
				<i>tab</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>carbidopa</i>	64	CEFADROXIL 1000MG	78	<i>celecoxib 200mg cap</i>	27
<i>25mg/levodopa 250mg</i>		TAB		<i>celecoxib 400mg cap</i>	27
<i>odt</i>		<i>cefadroxil 100mg/ml susp</i>	78	<i>celecoxib 50mg cap</i>	27
<i>carbidopa</i>	64	<i>cefadroxil 500mg cap</i>	78	CELONTIN 300MG CAP	41
<i>25mg/levodopa 250mg</i>		<i>cefadroxil 50mg/ml susp</i>	78	<i>cephalexin 250mg cap</i>	78
<i>tab</i>		<i>cefazolin 1000mg inj</i>	78	<i>cephalexin 25mg/ml susp</i>	78
<i>carbidopa</i>	64	<i>cefazolin 200mg/ml inj</i>	78	<i>cephalexin 500mg cap</i>	78
<i>31.25mg/entacapone</i>		<i>cefazolin 500mg inj</i>	78	<i>cephalexin 50mg/ml susp</i>	78
<i>200mg/levodopa 125mg</i>		<i>cefdinir 25mg/ml susp</i>	79	CERDELGA 84MG CAP	97
<i>tab</i>		<i>cefdinir 300mg cap</i>	79	<i>cetirizine 1mg/ml oral</i>	49
<i>carbidopa</i>	64	<i>cefdinir 50mg/ml susp</i>	79	<i>soln</i>	
<i>37.5mg/entacapone</i>		<i>cefepime 1000mg inj</i>	79	CETRAXAL 0.2% OTIC	109
<i>200mg/levodopa 150mg</i>		<i>cefepime 2000mg inj</i>	79	SOLN	
<i>tab</i>		<i>cefixime 20mg/ml susp</i>	79	<i>cevimeline 30mg cap</i>	105
<i>carbidopa</i>	64	<i>cefixime 400mg cap</i>	79	CHEMET 100MG CAP	47
<i>50mg/entacapone</i>		<i>cefixime 40mg/ml susp</i>	79	CHENODAL 250MG TAB	94
<i>200mg/levodopa 200mg</i>		<i>cefotetan 1000mg inj</i>	78	<i>chlordiazepoxide 10mg</i>	33
<i>tab</i>		<i>cefotetan 2000mg inj</i>	78	<i>cap</i>	
<i>carbidopa</i>	64	<i>cefoxitin 1000mg inj</i>	78	<i>chlordiazepoxide 25mg</i>	33
<i>50mg/levodopa 200mg er</i>		<i>cefoxitin 2000mg inj</i>	78	<i>cap</i>	
<i>tab</i>		<i>cefoxitin 200mg/ml inj</i>	78	<i>chlordiazepoxide 5mg cap</i>	33
<i>carglumic acid 200mg tab</i>	91	<i>cefpodoxime 100mg tab</i>	79	<i>chlorhexidine gluconate</i>	104
<i>for oral susp</i>		<i>cefpodoxime 10mg/ml</i>	79	<i>0.12% mouthwash</i>	
<i>carisoprodol 350mg tab</i>	105	<i>susp</i>		<i>chloroquine phosphate</i>	57
CARTEOLOL 1% OPHTH	106	<i>cefpodoxime 200mg tab</i>	79	<i>250mg tab</i>	
SOLN		<i>cefpodoxime 20mg/ml</i>	79	CHLOROQUINE	57
<i>cartia 120mg er cap</i>	75	<i>susp</i>		PHOSPHATE 500MG TAB	
<i>cartia 180mg er cap</i>	75	<i>cefprozil 250mg tab</i>	78	<i>chlorpromazine 100mg</i>	68
<i>cartia 240mg er cap</i>	75	<i>cefprozil 25mg/ml susp</i>	78	<i>tab</i>	
<i>cartia 300mg er cap</i>	75	<i>cefprozil 500mg tab</i>	78	CHLORPROMAZINE	69
<i>carvedilol 12.5mg tab</i>	73	<i>cefprozil 50mg/ml susp</i>	78	100MG/ML ORAL SOLN	
<i>carvedilol 25mg tab</i>	73	<i>ceftazidime 1000mg inj</i>	79	<i>chlorpromazine 10mg tab</i>	69
<i>carvedilol 3.125mg tab</i>	73	<i>ceftazidime 2000mg inj</i>	79	<i>chlorpromazine 200mg</i>	69
<i>carvedilol 6.25mg tab</i>	73	<i>ceftazidime 200mg/ml inj</i>	79	<i>tab</i>	
<i>casprofungin acetate 50mg</i>	48	<i>ceftriaxone 1000mg inj</i>	79	<i>chlorpromazine 25mg tab</i>	69
<i>inj</i>		<i>ceftriaxone 100mg/ml inj</i>	79	CHLORPROMAZINE	69
<i>casprofungin acetate 70mg</i>	48	<i>ceftriaxone 2000mg inj</i>	79	30MG/ML ORAL SOLN	
<i>inj</i>		<i>ceftriaxone 250mg inj</i>	79	<i>chlorpromazine 50mg tab</i>	69
CAYSTON 75MG INH	56	<i>ceftriaxone 500mg inj</i>	79	<i>chlorthalidone 25mg tab</i>	90
SOLN		<i>cefuroxime 1500mg inj</i>	78	<i>chlorthalidone 50mg tab</i>	90
<i>caziant 28 day pack</i>	79	<i>cefuroxime 250mg tab</i>	78	<i>chlorzoxazone 500mg tab</i>	105
CEFACLOR 250MG CAP	78	<i>cefuroxime 500mg tab</i>	78	CHOLBAM 250MG CAP	94
CEFACLOR 500MG CAP	78	<i>cefuroxime 750mg inj</i>	79	CHOLBAM 50MG CAP	94
		<i>celecoxib 100mg cap</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>cholestyramine resin (sugar-free) 4000mg powder for oral susp</i>	50	<i>citalopram 10mg tab</i>	42	CLINIMIX 4.25/10 INJ	106
<i>cholestyramine resin 4000mg powder for oral susp</i>	50	<i>citalopram 20mg tab</i>	42	CLINIMIX 4.25/5 INJ	106
<i>ciclopirox 0.77% cream</i>	85	<i>citalopram 2mg/ml oral soln</i>	42	CLINIMIX 5/15 INJ	106
<i>ciclopirox 0.77% gel</i>	85	<i>citalopram 40mg tab</i>	42	CLINIMIX 5/20 INJ	106
<i>ciclopirox 0.77% lotion</i>	85	<i>claravis 10mg cap</i>	84	CLINIMIX E 2.75/5 INJ	106
<i>ciclopirox 1% shampoo</i>	85	<i>claravis 20mg cap</i>	84	CLINIMIX E 4.25/10 INJ	106
<i>ciclopirox 8% topical soln</i>	85	<i>claravis 30mg cap</i>	84	CLINIMIX E 4.25/5 INJ	106
CILASTATIN	55	<i>claravis 40mg cap</i>	84	CLINIMIX E 5/15 INJ	106
250MG/IMIPENEM		<i>clarithromycin 250mg tab</i>	100	CLINIMIX E 5/20 INJ	106
250MG INJ		CLARITHROMYCIN	100	<i>clinisol 15 inj</i>	106
<i>cilastatin</i>	55	25MG/ML SUSP		<i>clobazam 10mg tab</i>	38
<i>500mg/imipenem 500mg inj</i>		<i>clarithromycin 500mg er tab</i>	100	<i>clobazam 2.5mg/ml susp</i>	38
<i>cilostazol 100mg tab</i>	97	<i>clarithromycin 500mg tab</i>	100	<i>clobazam 20mg tab</i>	38
<i>cilostazol 50mg tab</i>	97	CLARITHROMYCIN	100	<i>clobetasol propionate 0.05% cream</i>	87
CIMDUO 300-300MG TAB	70	50MG/ML SUSP		<i>clobetasol propionate 0.05% e cream</i>	87
<i>cimetidine 200mg tab</i>	117	CLENPIQ	99	<i>clobetasol propionate 0.05% foam</i>	87
<i>cimetidine 300mg tab</i>	117	75-21.9-0.0625MG/ML		<i>clobetasol propionate 0.05% gel</i>	87
<i>cimetidine 400mg tab</i>	117	ORAL SOLN		<i>clobetasol propionate 0.05% lotion</i>	87
<i>cimetidine 60mg/ml oral soln</i>	117	<i>clindacin 1% pad</i>	84	<i>clobetasol propionate 0.05% ointment</i>	87
<i>cimetidine 800mg tab</i>	117	<i>clindamycin 1% gel</i>	84	<i>clobetasol propionate 0.05% shampoo</i>	87
CIMZIA 200MG INJ	95	<i>clindamycin 1% lotion</i>	84	<i>clobetasol propionate 0.05% spray</i>	87
CIMZIA 200MG/ML	95	<i>clindamycin 1% pad</i>	84	<i>clobetasol propionate 0.05% topical soln</i>	87
SYRINGE		<i>clindamycin 1% topical soln</i>	84	<i>clodan 0.05% shampoo</i>	87
<i>cinacalcet 30mg tab</i>	91	<i>clindamycin 12mg/ml inj</i>	56	<i>clomipramine 25mg cap</i>	43
<i>cinacalcet 60mg tab</i>	91	<i>clindamycin 150mg cap</i>	56	<i>clomipramine 50mg cap</i>	43
<i>cinacalcet 90mg tab</i>	91	<i>clindamycin 150mg/ml (2ml) inj</i>	56	<i>clomipramine 75mg cap</i>	43
CINRYZE 500UNIT INJ	97	<i>clindamycin 150mg/ml (4ml) inj</i>	56	<i>clonazepam 0.125mg odt</i>	38
CIPROFLOXACIN 0.2% OTIC SOLN	109	<i>clindamycin 150mg/ml (6ml) inj</i>	56	<i>clonazepam 0.25mg odt</i>	38
<i>ciprofloxacin 0.3% ophth soln</i>	107	<i>clindamycin 15mg/ml oral soln</i>	56	<i>clonazepam 0.5mg odt</i>	38
<i>ciprofloxacin 250mg tab</i>	94	<i>clindamycin 18mg/ml inj</i>	56	<i>clonazepam 0.5mg tab</i>	38
<i>ciprofloxacin 2mg/ml inj</i>	94	<i>clindamycin 2% vaginal cream</i>	119	<i>clonazepam 1mg odt</i>	38
<i>ciprofloxacin 500mg tab</i>	94	<i>clindamycin 300mg cap</i>	56	<i>clonazepam 1mg tab</i>	38
<i>ciprofloxacin 750mg tab</i>	94	<i>clindamycin 6mg/ml inj</i>	56	<i>clonazepam 2mg odt</i>	38
<i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i>	109	<i>clindamycin 75mg cap</i>	56	<i>clonazepam 2mg tab</i>	38
		<i>clindamycin/benzoyl peroxide 1-5% gel</i>	84		

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

ALPHABETICAL LISTING OF DRUGS

<i>clonidine 0.00417mg/hr weekly patch</i>	53	CODEINE SULFATE 60MG TAB	28	CREON 120000-24000-76000UNI	89
<i>clonidine 0.00833mg/hr weekly patch</i>	53	<i>colchicine 0.5mg/probenecid 500mg tab</i>	96	T DR CAP	
<i>clonidine 0.0125mg/hr weekly patch</i>	53	<i>colchicine 0.6mg tab</i>	96	CREON 15000-3000-9500UNIT	89
<i>clonidine 0.1mg er tab</i>	24	<i>colesevelam 3750mg powder for oral susp</i>	50	DR CAP	
<i>clonidine 0.1mg tab</i>	53	<i>colesevelam 625mg tab</i>	50	CREON 180000-36000-114000U	89
<i>clonidine 0.2mg tab</i>	53	<i>colestipol 1000mg tab</i>	50	NIT DR CAP	
<i>clonidine 0.3mg tab</i>	53	<i>colestipol 5000mg granules for oral susp</i>	50	CREON 30000-6000-19000UNIT	89
<i>clopidogrel 75mg tab</i>	97	<i>colistin 75mg/ml inj</i>	56	DR CAP	
<i>clorazepate dipotassium 15mg tab</i>	33	COMBIGAN 2-5MG/ML	106	CREON 60000-12000-38000UNIT	89
<i>clorazepate dipotassium 3.75mg tab</i>	33	OPHTH SOLN		DR CAP	
<i>clorazepate dipotassium 7.5mg tab</i>	33	COMBIPATCH 0.00208-0.00583MG/HR	93	CRINONE 4% VAGINAL GEL	119
<i>clotrimazole 1% cream</i>	85	PATCH		CRINONE 8% VAGINAL GEL	119
<i>clotrimazole 1% topical soln</i>	85	COMBIPATCH 0.00208-0.0104MG/HR	93	<i>cromolyn sodium 20mg/ml oral soln</i>	94
<i>clotrimazole 10mg lozenge</i>	104	PATCH		<i>cromolyn sodium 4% ophth soln</i>	108
<i>clotrimazole/betamethasone 1-0.05% cream</i>	85	COMBIVENT 20-100MCG/ACT INH	35	<i>cryselles 28 pack</i>	80
<i>clotrimazole/betamethasone 1-0.05% lotion</i>	85	COMETRIQ CAP 100MG	60	<i>cyclobenzaprine 10mg tab</i>	105
<i>clozapine 100mg odt</i>	67	DAILY DOSE CARTON PACK		<i>cyclobenzaprine 5mg tab</i>	105
<i>clozapine 100mg tab</i>	68	COMETRIQ CAP 140MG	60	CYCLOPHOSPHAMIDE 25MG CAP	57
CLOZAPINE 12.5MG ODT	68	DAILY DOSE CARTON PACK		CYCLOPHOSPHAMIDE 25MG TAB	57
CLOZAPINE 150MG ODT	68	COMETRIQ CAP 60MG	61	CYCLOPHOSPHAMIDE 50MG CAP	57
CLOZAPINE 200MG ODT	68	DAILY DOSE CARTON PACK		CYCLOPHOSPHAMIDE 50MG TAB	57
<i>clozapine 200mg tab</i>	68	COMPLERA 200-25-300MG TAB	70	<i>cyclosporine 100mg cap</i>	103
<i>clozapine 25mg odt</i>	68	<i>compro 25mg rectal supp</i>	69	<i>cyclosporine 25mg cap</i>	103
<i>clozapine 25mg tab</i>	68	<i>constulose 10gm/15ml oral soln</i>	99	<i>cyclosporine modified 100mg cap</i>	103
<i>clozapine 50mg tab</i>	68	CORLANOR 5MG TAB	78	<i>cyclosporine modified 100mg/ml oral soln</i>	103
COARTEM 20-120MG TAB	57	CORLANOR 5MG/5ML	78	<i>cyclosporine modified 25mg cap</i>	103
CODEINE SULFATE 15MG TAB	28	ORAL SOLN			
CODEINE SULFATE 30MG TAB	28	CORLANOR 7.5MG TAB	78		
		COTELLIC 20MG TAB	61		

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

ALPHABETICAL LISTING OF DRUGS

<i>cyclosporine modified</i>	103	<i>deferasirox 360mg tab</i>	47	<i>desvenlafaxine succinate</i>	43
<i>50mg cap</i>		<i>deferasirox 500mg tab for</i>	47	<i>100mg er tab</i>	
<i>ciproheptadine 0.4mg/ml</i>	50	<i>oral susp</i>		<i>desvenlafaxine succinate</i>	43
<i>oral soln</i>		<i>deferasirox 90mg</i>	48	<i>25mg er tab</i>	
<i>ciproheptadine 4mg tab</i>	50	<i>granules</i>		<i>desvenlafaxine succinate</i>	43
<i>cyred 28 day pack</i>	80	<i>deferasirox 90mg tab</i>	48	<i>50mg er tab</i>	
CYSTADROPS 0.37%	108	<i>deferiprone 1000mg tab</i>	48	<i>dexamethasone 0.1mg/ml</i>	83
OPHTH SOLN		<i>deferiprone 500mg tab</i>	48	<i>oral soln</i>	
CYSTAGON 150MG CAP	96	DELSTRIGO	70	DEXAMETHASONE	83
CYSTAGON 50MG CAP	96	100-300-300MG TAB		0.5MG TAB	
CYSTARAN 0.44%	108	<i>demeclocycline 150mg</i>	114	<i>dexamethasone 0.75mg</i>	83
OPHTH SOLN		<i>tab</i>		<i>tab</i>	
D		<i>demeclocycline 300mg</i>	114	<i>dexamethasone 1.5mg tab</i>	83
<i>dalfampridine 10mg er</i>	112	<i>tab</i>		DEXAMETHASONE 1MG	83
<i>tab</i>		DESCOVY 200-25MG	70	TAB	
DALIRESP 250MCG TAB	35	TAB		DEXAMETHASONE 2MG	83
DALIRESP 500MCG TAB	35	<i>desipramine 100mg tab</i>	43	TAB	
DALVANCE 500MG INJ	56	<i>desipramine 10mg tab</i>	43	<i>dexamethasone 4mg tab</i>	83
<i>danazol 100mg cap</i>	31	<i>desipramine 150mg tab</i>	44	<i>dexamethasone 6mg tab</i>	83
<i>danazol 200mg cap</i>	31	<i>desipramine 25mg tab</i>	44	DEXAMETHASONE	107
<i>danazol 50mg cap</i>	31	<i>desipramine 50mg tab</i>	44	PHOSPHATE 0.1%	
<i>dantrolene sodium 100mg</i>	105	<i>desipramine 75mg tab</i>	44	OPHTH SOLN	
<i>cap</i>		<i>desloratadine 5mg tab</i>	49	<i>dexamethasone/neomycin</i>	107
<i>dantrolene sodium 25mg</i>	105	<i>desmopressin acetate</i>	92	<i>/polymyxin b 0.1% ophth</i>	
<i>cap</i>		<i>0.01% (0.01mg/act) nasal</i>		<i>ointment</i>	
<i>dantrolene sodium 50mg</i>	105	<i>spray</i>		<i>dexamethasone/tobramyc</i>	107
<i>cap</i>		<i>desmopressin acetate</i>	92	<i>in 0.3-0.1% ophth susp</i>	
<i>dapsone 100mg tab</i>	56	<i>0.1mg tab</i>		<i>dexmethylphenidate</i>	24
<i>dapsone 25mg tab</i>	56	<i>desmopressin acetate</i>	92	<i>10mg er cap</i>	
DAPTACEL INJ	116	<i>0.2mg tab</i>		<i>dexmethylphenidate</i>	25
<i>daptomycin 500mg inj</i>	55	<i>desogestrel</i>	80	<i>10mg tab</i>	
DAURISMO 100MG TAB	58	<i>0.15mg/ethinyl estradiol</i>		<i>dexmethylphenidate</i>	25
DAURISMO 25MG TAB	58	<i>0.01mg/ethinyl estradiol</i>		<i>15mg er cap</i>	
<i>deblitane 28 day 0.35mg</i>	83	<i>0.02mg 28 day pack</i>		<i>dexmethylphenidate</i>	25
<i>pack</i>		<i>desogestrel/ethinyl</i>	80	<i>2.5mg tab</i>	
<i>deferasirox 125mg tab for</i>	47	<i>estradiol/inert</i>		<i>dexmethylphenidate</i>	25
<i>oral susp</i>		<i>ingredients</i>		<i>20mg er cap</i>	
<i>deferasirox 180mg</i>	47	<i>0.15mg-0.03mg-1mg pack</i>		<i>dexmethylphenidate</i>	25
<i>granules</i>		<i>desonide 0.05% ointment</i>	87	<i>25mg er cap</i>	
<i>deferasirox 180mg tab</i>	47	<i>desoximetasonone 0.25%</i>	87	<i>dexmethylphenidate</i>	25
<i>deferasirox 250mg tab for</i>	47	<i>cream</i>		<i>30mg er cap</i>	
<i>oral susp</i>		<i>desoximetasonone 0.25%</i>	87	<i>dexmethylphenidate</i>	25
<i>deferasirox 360mg</i>	47	<i>ointment</i>		<i>35mg er cap</i>	
<i>granules</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>dexmethylphenidate</i>	25	<i>diazoxide 50mg/ml susp</i>	45	DILANTIN 30MG ER	41
<i>40mg er cap</i>		<i>diclofenac potassium</i>	27	CAP	
<i>dexmethylphenidate 5mg</i>	25	<i>50mg tab</i>		<i>dilt 120mg er cap</i>	75
<i>er cap</i>		<i>diclofenac sodium 0.1%</i>	108	<i>dilt 180mg er cap</i>	75
<i>dexmethylphenidate 5mg</i>	25	<i>ophth soln</i>		<i>dilt 240mg er cap</i>	75
<i>tab</i>		<i>diclofenac sodium 1% gel</i>	86	<i>diltiazem 120mg er (12</i>	75
<i>dextroamphetamine</i>	24	<i>diclofenac sodium 1.5%</i>	86	<i>hr) cap</i>	
<i>sulfate 10mg er cap</i>		<i>topical soln</i>		<i>diltiazem 120mg er (24</i>	75
<i>dextroamphetamine</i>	24	<i>diclofenac sodium 100mg</i>	27	<i>hr) cap</i>	
<i>sulfate 10mg tab</i>		<i>er tab</i>		<i>diltiazem 120mg tab</i>	75
<i>dextroamphetamine</i>	24	<i>diclofenac sodium 25mg</i>	27	<i>diltiazem 180mg er cap</i>	75
<i>sulfate 15mg er cap</i>		<i>dr tab</i>		<i>diltiazem 180mg er tab</i>	75
<i>dextroamphetamine</i>	24	<i>diclofenac sodium 3% gel</i>	86	<i>diltiazem 240mg er cap</i>	75
<i>sulfate 5mg er cap</i>		<i>diclofenac sodium 50mg</i>	27	<i>diltiazem 240mg er tab</i>	75
<i>dextroamphetamine</i>	24	<i>dr tab</i>		<i>diltiazem 300mg er cap</i>	75
<i>sulfate 5mg tab</i>		<i>diclofenac sodium</i>	27	<i>diltiazem 300mg er tab</i>	75
DIACOMIT 250MG CAP	39	<i>50mg/misoprostol 0.2mg</i>		<i>diltiazem 30mg tab</i>	75
DIACOMIT 250MG	39	<i>dr tab</i>		<i>diltiazem 360mg er cap</i>	75
POWDER FOR ORAL		<i>diclofenac sodium 75mg</i>	27	<i>diltiazem 360mg er tab</i>	75
SUSP		<i>dr tab</i>		<i>diltiazem 420mg er cap</i>	75
DIACOMIT 500MG CAP	39	<i>diclofenac sodium</i>	27	<i>diltiazem 60mg er cap</i>	75
DIACOMIT 500MG	39	<i>75mg/misoprostol 0.2mg</i>		<i>diltiazem 60mg tab</i>	75
POWDER FOR ORAL		<i>dr tab</i>		<i>diltiazem 90mg er cap</i>	75
SUSP		<i>dicloxacillin 250mg cap</i>	111	<i>diltiazem 90mg tab</i>	75
DIASTAT 10MG RECTAL	38	<i>dicloxacillin 500mg cap</i>	111	<i>dimethyl fumarate 120mg</i>	112
GEL		<i>dicyclomine 10mg cap</i>	117	<i>dr cap</i>	
DIASTAT 2.5MG RECTAL	38	<i>dicyclomine 20mg tab</i>	117	<i>dimethyl fumarate</i>	112
GEL		<i>dicyclomine 2mg/ml oral</i>	117	<i>120mg/dimethyl fumarate</i>	
DIASTAT 20MG RECTAL	38	<i>soln</i>		<i>240mg pack</i>	
GEL		<i>diflunisal 500mg tab</i>	28	<i>dimethyl fumarate 240mg</i>	112
<i>diazepam 10mg tab</i>	33	<i>difluprednate 0.05%</i>	107	<i>dr cap</i>	
DIAZEPAM 10MG/2ML	38	<i>ophth susp</i>		DIPENTUM 250MG CAP	95
RECTAL GEL		<i>digitek 0.125mg tab</i>	76	DIPHThERIA/TETANUS	116
<i>diazepam 1mg/ml oral</i>	33	<i>digitek 0.25mg tab</i>	76	TOXOID INJ	
<i>soln</i>		<i>digox 125mcg tab</i>	76	<i>dipyridamole 25mg tab</i>	97
DIAZEPAM	38	<i>digox 250mcg tab</i>	76	<i>dipyridamole 50mg tab</i>	97
2.5MG/0.5ML RECTAL		DIGOXIN 0.05MG/ML	76	<i>dipyridamole 75mg tab</i>	97
GEL		ORAL SOLN		<i>disopyramide 100mg cap</i>	33
DIAZEPAM 20MG/4ML	38	<i>digoxin 0.125mg tab</i>	76	<i>disopyramide 150mg cap</i>	33
RECTAL GEL		<i>digoxin 0.25mg tab</i>	76	<i>disulfiram 250mg tab</i>	111
<i>diazepam 2mg tab</i>	33	<i>dihydroergotamine</i>	100	<i>disulfiram 500mg tab</i>	111
<i>diazepam 5mg tab</i>	33	<i>mesylate 0.5mg/act nasal</i>		DIURIL 250MG/5ML	90
<i>diazepam 5mg/ml oral</i>	33	<i>inhaler</i>		SUSP	
<i>soln</i>					

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

ALPHABETICAL LISTING OF DRUGS

<i>divalproex sodium 125mg dr cap</i>	41	<i>doxepin 100mg cap</i>	44	<i>dronabinol 10mg cap</i>	48
<i>divalproex sodium 125mg dr tab</i>	41	<i>doxepin 10mg cap</i>	44	<i>dronabinol 2.5mg cap</i>	48
<i>divalproex sodium 250mg dr tab</i>	41	<i>doxepin 10mg/ml oral soln</i>	44	<i>dronabinol 5mg cap</i>	48
<i>divalproex sodium 250mg er tab</i>	41	<i>doxepin 150mg cap</i>	44	<i>drospirenone 3mg/ethinyl ingredients 1mg pack</i>	80
<i>divalproex sodium 500mg dr tab</i>	41	<i>doxepin 25mg cap</i>	44	<i>drospirenone 3mg/ethinyl ingredients 1mg pack</i>	80
<i>divalproex sodium 500mg er tab</i>	41	<i>doxepin 50mg cap</i>	44	<i>drospirenone/ethinyl ingredients 1mg pack</i>	80
<i>dofetilide 0.125mg cap</i>	34	<i>doxepin 75mg cap</i>	44	<i>estradiol 0.02mg/inert ingredients 1mg pack</i>	80
<i>dofetilide 0.25mg cap</i>	34	<i>doxercalciferol 0.0005mg cap</i>	91	<i>estradiol/levomefolate calcium 3-0.02-0.451mg pack</i>	97
<i>dofetilide 0.5mg cap</i>	34	<i>doxercalciferol 0.001mg cap</i>	91	<i>DROXIA 200MG CAP</i>	97
<i>dolishale 28 day pack</i>	80	<i>doxercalciferol 0.0025mg cap</i>	91	<i>DROXIA 300MG CAP</i>	97
<i>donepezil 10mg odt</i>	111	<i>doxy 100mg inj</i>	114	<i>DROXIA 400MG CAP</i>	97
<i>donepezil 10mg tab</i>	111	<i>doxycycline hyclate 100mg cap</i>	114	<i>droxidopa 100mg cap</i>	119
<i>donepezil 23mg tab</i>	111	<i>doxycycline hyclate 100mg tab</i>	114	<i>droxidopa 200mg cap</i>	119
<i>donepezil 5mg odt</i>	111	<i>doxycycline hyclate 20mg tab</i>	114	<i>droxidopa 300mg cap</i>	120
<i>donepezil 5mg tab</i>	111	<i>doxycycline hyclate 50mg cap</i>	114	<i>DULERA 100-5MCG INHALER</i>	36
<i>DOPTELET 20MG TAB</i>	98	<i>doxycycline monohydrate 100mg cap</i>	114	<i>DULERA 200-5MCG INHALER</i>	36
<i>DOPTELET TAB 40MG</i>	98	<i>doxycycline monohydrate 100mg tab</i>	114	<i>DULERA 50-5MCG INHALER</i>	36
<i>DAILY DOSE PACK</i>		<i>doxycycline monohydrate 50mg cap</i>	114	<i>duloxetine 20mg dr cap</i>	43
<i>DOPTELET TAB 60MG</i>	98	<i>doxycycline monohydrate 50mg tab</i>	114	<i>duloxetine 30mg dr cap</i>	43
<i>DAILY DOSE PACK</i>		<i>doxycycline monohydrate 5mg/ml susp</i>	114	<i>duloxetine 60mg dr cap</i>	43
<i>dorzolamide 2% ophth soln</i>	108	<i>doxylamine succinate 10mg/pyridoxine 10mg dr tab</i>	48	<i>DUPIXENT 100MG/0.67ML SYRINGE</i>	88
<i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i>	106	<i>DRIZALMA 20MG DR CAP</i>	43	<i>DUPIXENT 200MG/1.14ML AUTO-INJECTOR</i>	88
<i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i>	106	<i>DRIZALMA 30MG DR CAP</i>	43	<i>DUPIXENT 200MG/1.14ML SYRINGE</i>	88
<i>dotti 0.025mg/24hr patch</i>	93	<i>DRIZALMA 40MG DR CAP</i>	43	<i>DUPIXENT 300MG/2ML AUTO-INJECTOR</i>	88
<i>dotti 0.0375mg/24hr patch</i>	93	<i>DRIZALMA 60MG DR CAP</i>	43	<i>DUPIXENT 300MG/2ML SYRINGE</i>	88
<i>dotti 0.05mg/24hr patch</i>	93			<i>dutasteride 0.5mg cap</i>	96
<i>dotti 0.075mg/24hr patch</i>	93				
<i>dotti 0.1mg/24hr patch</i>	93				
<i>DOVATO 50-300MG TAB</i>	70				
<i>doxazosin 1mg tab</i>	53				
<i>doxazosin 2mg tab</i>	53				
<i>doxazosin 4mg tab</i>	53				
<i>doxazosin 8mg tab</i>	53				

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

ALPHABETICAL LISTING OF DRUGS

<i>dutasteride</i>	96	EMGALITY 100MG/ML	100	<i>enalapril maleate</i>	54
<i>0.5mg/tamsulosin 0.4mg</i>		SYRINGE		<i>5mg/hydrochlorothiazide</i>	
<i>cap</i>		EMGALITY 120MG/ML	100	<i>12.5mg tab</i>	
E		AUTO-INJECTOR		ENBREL 25MG INJ	28
<i>econazole nitrate 1%</i>	85	EMGALITY 120MG/ML	100	ENBREL 25MG/0.5ML	28
<i>cream</i>		SYRINGE		INJ	
EDURANT 25MG TAB	70	<i>emoquette pack</i>	80	ENBREL 25MG/0.5ML	28
<i>efavirenz 200mg cap</i>	70	EMSAM 12MG/24HR	41	SYRINGE	
<i>efavirenz</i>	70	PATCH		ENBREL 50MG/ML	28
<i>400mg/lamivudine</i>		EMSAM 6MG/24HR	41	AUTO-INJECTOR	
<i>300mg/tenofovir</i>		PATCH		ENBREL 50MG/ML	28
<i>disoproxil fumarate</i>		EMSAM 9MG/24HR	42	CARTRIDGE	
<i>300mg tab</i>		PATCH		ENBREL 50MG/ML	28
<i>efavirenz 50mg cap</i>	70	<i>emtricitabine</i>	70	SYRINGE	
<i>efavirenz 600mg tab</i>	70	<i>100mg/tenofovir</i>		ENDARI 5GM POWDER	97
<i>efavirenz</i>	70	<i>disoproxil fumarate</i>		FOR ORAL SOLN	
<i>600mg/emtricitabine</i>		<i>150mg tab</i>		<i>endocet 325-10mg tab</i>	30
<i>200mg/tenofovir</i>		<i>emtricitabine</i>	70	<i>endocet 325-5mg tab</i>	31
<i>disoproxil fumarate</i>		<i>133mg/tenofovir</i>		<i>endocet 325-7.5mg tab</i>	31
<i>300mg tab</i>		<i>disoproxil fumarate</i>		ENGERIX-B	118
<i>efavirenz</i>	70	<i>200mg tab</i>		10MCG/0.5ML SYRINGE	
<i>600mg/lamivudine</i>		<i>emtricitabine</i>	71	ENGERIX-B 20MCG/ML	118
<i>300mg/tenofovir</i>		<i>167mg/tenofovir</i>		SYRINGE	
<i>disoproxil fumarate</i>		<i>disoproxil fumarate</i>		<i>enoxaparin sodium</i>	37
<i>300mg tab</i>		<i>250mg tab</i>		<i>100mg/ml (0.3ml) syringe</i>	
<i>efavirenz</i>	70	<i>emtricitabine 200mg cap</i>	71	<i>enoxaparin sodium</i>	37
<i>600mg/lamivudine</i>		<i>emtricitabine</i>	71	<i>100mg/ml (0.4ml) syringe</i>	
<i>300mg/tenofovir</i>		<i>200mg/tenofovir</i>		<i>enoxaparin sodium</i>	37
<i>disoproxil fumarate</i>		<i>disoproxil fumarate</i>		<i>100mg/ml (0.6ml) syringe</i>	
<i>300mg tab</i>		<i>300mg tab</i>		<i>enoxaparin sodium</i>	37
<i>eletriptan 20mg tab</i>	101	EMTRIVA 10MG/ML	71	<i>100mg/ml (0.8ml) syringe</i>	
<i>eletriptan 40mg tab</i>	101	ORAL SOLN		<i>enoxaparin sodium</i>	37
ELIGARD 22.5MG	59	<i>enalapril maleate 10mg</i>	51	<i>100mg/ml (1ml) syringe</i>	
SYRINGE		<i>tab</i>		<i>enoxaparin sodium</i>	37
ELIGARD 30MG	59	<i>enalapril maleate</i>	54	<i>150mg/ml (0.8ml) syringe</i>	
SYRINGE		<i>10mg/hydrochlorothiazid</i>		<i>enoxaparin sodium</i>	37
ELIGARD 45MG	59	<i>e 25mg tab</i>		<i>150mg/ml (1ml) syringe</i>	
SYRINGE		<i>enalapril maleate 2.5mg</i>	51	<i>enpresse 28 day pack</i>	80
ELIGARD 7.5MG	59	<i>tab</i>		<i>enskyce 28 day pack</i>	80
SYRINGE		<i>enalapril maleate 20mg</i>	51	ENSPRYNG 120MG/ML	103
ELIQUIS 2.5MG TAB	37	<i>tab</i>		SYRINGE	
ELIQUIS 30-DAY	37	<i>enalapril maleate 5mg</i>	51	<i>entacapone 200mg tab</i>	64
STARTER PACK 5MG		<i>tab</i>		<i>entecavir 0.5mg tab</i>	72
ELIQUIS 5MG TAB	37			<i>entecavir 1mg tab</i>	72
ELMIRON 100MG CAP	96				
<i>eluryng</i>	83				
<i>0.120-0.015mg/24hr</i>					
<i>vaginal system</i>					
EMCYT 140MG CAP	59				

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

ALPHABETICAL LISTING OF DRUGS

ENTRESTO 24-26MG TAB	77	ERLEADA 60MG TAB	59	<i>estradiol 0.00104mg/hr weekly patch</i>	93
ENTRESTO 49-51MG TAB	77	<i>erlotinib 100mg tab</i>	58	<i>estradiol 0.00156mg/hr twice weekly patch</i>	93
ENTRESTO 97-103MG TAB	77	<i>erlotinib 150mg tab</i>	58	<i>estradiol 0.00156mg/hr weekly patch</i>	93
<i>enulose 10gm/15ml oral soln</i>	95	<i>erlotinib 25mg tab</i>	58	<i>estradiol 0.00208mg/hr twice weekly patch</i>	93
ENVARUSUS 0.75MG ER TAB	103	<i>errin 28 day 0.35mg pack</i>	83	<i>estradiol 0.00208mg/hr weekly patch</i>	93
ENVARUSUS 1MG ER TAB	103	<i>ertapenem 1000mg inj</i>	55	<i>estradiol 0.0025mg/hr weekly patch</i>	93
ENVARUSUS 4MG ER TAB	103	ERY 2% PAD	84	<i>estradiol 0.00312mg/hr weekly patch</i>	93
EPIDIOLEX 100MG/ML ORAL SOLN	39	ERYTHROCIN 500MG INJ	100	<i>estradiol 0.00313mg/hr twice weekly patch</i>	93
EPIDUO 0.3-2.5% GEL	84	<i>erythromycin 0.5% ophth ointment</i>	107	<i>estradiol 0.00417mg/hr twice weekly patch</i>	93
<i>epinastine 0.05% ophth soln</i>	108	<i>erythromycin 2% gel</i>	84	<i>estradiol 0.00417mg/hr weekly patch</i>	93
<i>epinephrine 0.15mg/0.3ml auto-injector (2 pack)</i>	119	<i>erythromycin 2% topical soln</i>	84	<i>estradiol 0.01% vaginal cream</i>	119
<i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i>	119	ERYTHROMYCIN 250MG DR CAP	100	<i>estradiol 0.5mg tab</i>	93
<i>epitol 200mg tab</i>	39	<i>erythromycin 250mg tab</i>	100	<i>estradiol</i>	93
EPIVIR HBV 5MG/ML ORAL SOLN	72	<i>erythromycin 500mg tab</i>	100	<i>0.5mg/norethindrone acetate 0.1mg pack</i>	
<i>eplerenone 25mg tab</i>	55	<i>erythromycin</i>	100	<i>estradiol 1mg tab</i>	93
<i>eplerenone 50mg tab</i>	55	<i>ethylsuccinate 40mg/ml susp</i>		<i>estradiol</i>	93
EPOGEN 10000UNIT/ML INJ	98	<i>erythromycin</i>	100	<i>0.5mg/norethindrone acetate 0.5mg pack</i>	
EPOGEN 20000UNIT/ML INJ	98	<i>ethylsuccinate 80mg/ml susp</i>		<i>estradiol 2mg tab</i>	93
EPOGEN 2000UNIT/ML INJ	98	<i>erythromycin/benzoyl peroxide 5-3% gel</i>	84	<i>estradiol valerate</i>	93
EPOGEN 3000UNIT/ML INJ	98	ESBRIET 267MG CAP	114	<i>20mg/ml inj</i>	
EPOGEN 4000UNIT/ML INJ	98	ESBRIET 267MG TAB	114	<i>estradiol valerate</i>	93
EPRONTIA 25MG/ML ORAL SOLN	39	ESBRIET 801MG TAB	114	<i>40mg/ml inj</i>	
ERAXIS 100MG INJ	48	<i>escitalopram 10mg tab</i>	42	ESTRING 2MG (7.5 MCG/24HR) VAGINAL SYSTEM	119
ERAXIS 50MG INJ	49	<i>escitalopram 1mg/ml oral soln</i>	42	<i>eszopiclone 1mg tab</i>	99
ERGOLOID MESYLATES USP 1MG TAB	113	<i>escitalopram 20mg tab</i>	42	<i>eszopiclone 2mg tab</i>	99
ERIVEDGE 150MG CAP	58	<i>escitalopram 5mg tab</i>	42	<i>eszopiclone 3mg tab</i>	99
		<i>esomeprazole 20mg dr cap</i>	117	<i>ethacrynic acid 25mg tab</i>	89
		<i>esomeprazole 40mg dr cap</i>	117	<i>ethambutol 100mg tab</i>	57
		<i>estarylla 28 day pack</i>	80	<i>ethambutol 400mg tab</i>	57
		<i>estazolam 1mg tab</i>	99		
		<i>estazolam 2mg tab</i>	99		
		<i>estradiol 0.00104mg/hr twice weekly patch</i>	93		

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</i>	93	<i>ethinyl estradiol</i>	80	<i>euthyrox 175mcg tab</i>	115
<i>0.0025mg/norethindrone acetate 0.5mg pack</i>		<i>0.035mg/inert ingredients 1mg/norgestimate 0.25mg pack</i>		<i>euthyrox 200mcg tab</i>	115
<i>ethinyl estradiol</i>	93	<i>ethinyl estradiol</i>	80	<i>euthyrox 25mcg tab</i>	115
<i>0.005mg/norethindrone acetate 1mg pack</i>		<i>0.035mg/inert/norgestimate</i>		<i>euthyrox 50mcg tab</i>	115
<i>ethinyl estradiol</i>	80	<i>te</i>		<i>euthyrox 75mcg tab</i>	115
<i>0.01mg/ethinyl estradiol 0.02mg/levonorgestrel 0.1mg 91 day pack</i>		<i>0.18mg/0.215mg/0.25mg pack</i>		<i>euthyrox 88mcg tab</i>	115
<i>ethinyl estradiol</i>	80	<i>ethinyl estradiol</i>	80	<i>everolimus 0.25mg tab</i>	103
<i>0.01mg/ethinyl estradiol 0.03mg/levonorgestrel 0.15mg 91 day pack</i>		<i>0.03mg/inert ingredients 1mg/levonorgestrel 0.15mg pack</i>		<i>everolimus 0.5mg tab</i>	103
<i>ethinyl estradiol</i>	80	<i>ethinyl estradiol</i>	80	<i>everolimus 0.75mg tab</i>	103
<i>0.025mg/ferrous fumarate 75mg/norethindrone 0.8mg pack</i>		<i>0.05mg/ethynodiol diacetate 1mg/inert ingredients 1mg pack</i>		<i>everolimus 10mg tab</i>	61
<i>ethinyl estradiol</i>	80	<i>ethinyl</i>	83	<i>everolimus 1mg tab</i>	104
<i>0.025mg/inert/norgestimate</i>		<i>estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i>		<i>everolimus 2.5mg tab</i>	61
<i>0.18mg/0.215mg/0.25mg pack</i>		<i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg pack(84)</i>		<i>everolimus 2mg tab for oral susp</i>	61
<i>ethinyl estradiol</i>	80	<i>ethinyl</i>	81	<i>everolimus 3mg tab for oral susp</i>	61
<i>0.02mg/ferrous fumarate 75mg/norethindrone acetate 1mg 21 day pack</i>		<i>estradiol/levonorgestrel 91 day pack</i>		<i>everolimus 5mg tab</i>	61
<i>ethinyl estradiol</i>	80	<i>ethosuximide 250mg cap</i>	41	<i>everolimus 5mg tab for oral susp</i>	61
<i>0.02mg/inert ingredients 1mg/levonorgestrel 0.1mg pack</i>		<i>ethosuximide 50mg/ml oral soln</i>	41	<i>everolimus 7.5mg tab</i>	61
<i>ethinyl estradiol</i>	80	<i>etodolac 200mg cap</i>	27	<i>EVOTAZ 300-150MG TAB</i>	71
<i>0.02mg/norethindrone acetate 1mg pack</i>		<i>etodolac 300mg cap</i>	27	<i>EVRYSDI 0.75MG/ML ORAL SOLN</i>	105
<i>ethinyl estradiol</i>	80	<i>etodolac 400mg er tab</i>	27	<i>exemestane 25mg tab</i>	59
<i>0.035mg/ethynodiol diacetate 1mg/inert ingredients 1mg pack</i>		<i>etodolac 400mg tab</i>	27	<i>EXKIVITY 40MG CAP</i>	58
<i>ethinyl estradiol</i>	80	<i>etodolac 500mg er tab</i>	27	<i>EXTAVIA 0.3MG INJ</i>	112
<i>0.035mg/ferrous fumarate 75mg/norethindrone 0.4mg pack</i>		<i>etodolac 500mg tab</i>	27	<i>ezetimibe 10mg tab</i>	51
		<i>etodolac 600mg er tab</i>	27		
		<i>etravirine 100mg tab</i>	71	F	
		<i>etravirine 200mg tab</i>	71	<i>falmina 28 day pack</i>	81
		<i>euthyrox 100mcg tab</i>	115	<i>famciclovir 125mg tab</i>	73
		<i>euthyrox 112mcg tab</i>	115	<i>famciclovir 250mg tab</i>	73
		<i>euthyrox 125mcg tab</i>	115	<i>famciclovir 500mg tab</i>	73
		<i>euthyrox 137mcg tab</i>	115	<i>famotidine 20mg tab</i>	117
		<i>euthyrox 150mcg tab</i>	115	<i>famotidine 40mg tab</i>	117
				<i>famotidine 8mg/ml susp</i>	117
				<i>FANAPT 10MG TAB</i>	66
				<i>FANAPT 12MG TAB</i>	66
				<i>FANAPT 1MG TAB</i>	66
				<i>FANAPT 2MG TAB</i>	66
				<i>FANAPT 4MG TAB</i>	66
				<i>FANAPT 6MG TAB</i>	66
				<i>FANAPT 8MG TAB</i>	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

FANAPT TITRATION PACK	66	FENTANYL 0.4MG BUCCAL TAB	29	FIRMAGON 80MG INJ	59
FARXIGA 10MG TAB	47	FENTANYL 0.6MG BUCCAL TAB	29	FIRVANQ 25MG/ML ORAL SOLN	56
FARXIGA 5MG TAB	47	FENTANYL 0.8MG BUCCAL TAB	29	FIRVANQ 50MG/ML ORAL SOLN	56
FASENRA 30MG/ML AUTO-INJECTOR	34	<i>fentanyl 1200mcg lozenge</i>	29	<i>flac 0.01% otic soln</i>	109
FASENRA 30MG/ML SYRINGE	34	<i>fentanyl 1600mcg lozenge</i>	29	<i>flavoxate 100mg tab</i>	118
<i>febuxostat 40mg tab</i>	96	<i>fentanyl 200mcg lozenge</i>	29	FLEBOGAMMA 5GM/50ML INJ	109
<i>febuxostat 80mg tab</i>	96	<i>fentanyl 400mcg lozenge</i>	29	<i>flecainide acetate 100mg tab</i>	34
<i>felbamate 120mg/ml susp</i>	40	<i>fentanyl 600mcg lozenge</i>	29	<i>flecainide acetate 150mg tab</i>	34
<i>felbamate 400mg tab</i>	40	FENTORA 100MCG BUCCAL TAB	29	<i>flecainide acetate 50mg tab</i>	34
<i>felbamate 600mg tab</i>	40	FENTORA 200MCG BUCCAL TAB	29	FLOVENT 100MCG DISKUS	35
<i>felodipine 10mg er tab</i>	75	FENTORA 400MCG BUCCAL TAB	29	FLOVENT 110MCG HFA INHALER	35
<i>felodipine 2.5mg er tab</i>	75	FENTORA 600MCG BUCCAL TAB	29	FLOVENT 220MCG HFA INHALER	35
<i>felodipine 5mg er tab</i>	75	FENTORA 800MCG BUCCAL TAB	29	FLOVENT 250MCG DISKUS	35
<i>femynor 28 day pack</i>	81	FERRIPROX 1000MG TAB	48	FLOVENT 44MCG HFA INHALER	35
<i>fenofibrate 134mg cap</i>	50	FERRIPROX 100MG/ML ORAL SOLN	48	FLOVENT 50MCG DISKUS	35
<i>fenofibrate 145mg tab</i>	50	FETZIMA 120MG ER CAP	43	<i>fluconazole 100mg tab</i>	49
FENOFIBRATE 150MG CAP	50	FETZIMA 20MG ER CAP	43	<i>fluconazole 10mg/ml susp</i>	49
<i>fenofibrate 160mg tab</i>	50	FETZIMA 40MG ER CAP	43	<i>fluconazole 150mg tab</i>	49
<i>fenofibrate 200mg cap</i>	50	FETZIMA 80MG ER CAP	43	<i>fluconazole 200mg tab</i>	49
<i>fenofibrate 48mg tab</i>	50	FETZIMA PACK	43	<i>fluconazole 2mg/ml (100ml) inj</i>	49
FENOFIBRATE 50MG CAP	50	FIASP 100UNIT/ML CARTRIDGE	46	<i>fluconazole 2mg/ml (200ml) inj</i>	49
<i>fenofibrate 54mg tab</i>	50	FIASP 100UNIT/ML INJ	46	<i>fluconazole 40mg/ml susp</i>	49
<i>fenofibrate 67mg cap</i>	50	FIASP 100UNIT/ML PEN INJ	46	<i>fluconazole 50mg tab</i>	49
<i>fenofibric acid 135mg dr cap</i>	50	FINACEA 15% FOAM	88	<i>flucytosine 250mg cap</i>	49
<i>fenofibric acid 45mg dr cap</i>	50	<i>finasteride 5mg tab</i>	96	<i>flucytosine 500mg cap</i>	49
<i>fentanyl 0.012mg/hr patch</i>	28	FINTEPLA 2.2MG/ML ORAL SOLN	39	<i>fludrocortisone acetate 0.1mg tab</i>	84
<i>fentanyl 0.025mg/hr patch</i>	28	FIRDAPSE 10MG TAB	57	FLUNISOLIDE 0.025MG/ACT NASAL INHALER	105
<i>fentanyl 0.05mg/hr patch</i>	28	FIRMAGON 120MG/VIAL INJ	59		
<i>fentanyl 0.075mg/hr patch</i>	28				
FENTANYL 0.1MG BUCCAL TAB	28				
<i>fentanyl 0.1mg/hr patch</i>	28				
FENTANYL 0.2MG BUCCAL TAB	29				

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

ALPHABETICAL LISTING OF DRUGS

<i>fluocinolone acetonide</i> 0.01% cream	87	<i>fluphenazine decanoate</i> 25mg/ml inj	69	<i>fosinopril sodium</i> 10mg/hydrochlorothiazid e 12.5mg tab	54
<i>fluocinolone acetonide</i> 0.01% oil	87	FLURAZEPAM 15MG CAP	99	<i>fosinopril sodium</i> 20mg tab	51
<i>fluocinolone acetonide</i> 0.01% otic soln	109	FLURAZEPAM 30MG CAP	99	<i>fosinopril sodium</i> 20mg/hydrochlorothiazid e 12.5mg tab	54
<i>fluocinolone acetonide</i> 0.01% topical soln	87	<i>flurbiprofen</i> 100mg tab FLURBIPROFEN	27 108	<i>fosinopril sodium</i> 40mg tab	51
<i>fluocinolone acetonide</i> 0.025% cream	87	SODIUM 0.03% OPHTH SOLN		FOSRENOL 1000MG ORAL POWDER	95
<i>fluocinolone acetonide</i> 0.025% ointment	87	FLUTAMIDE 125MG CAP	59	FOSRENOL 750MG ORAL POWDER	95
<i>fluocinonide</i> 0.05% cream	87	<i>fluticasone propionate</i> 0.005% ointment	87	FOTIVDA 0.89MG CAP	61
<i>fluocinonide</i> 0.05% e cream	87	<i>fluticasone propionate</i> 0.05% cream	87	FOTIVDA 1.34MG CAP	61
<i>fluocinonide</i> 0.05% gel	87	<i>fluticasone propionate</i> 50mcg/act nasal inhaler	105	FRAGMIN 10000UNIT/ML	37
<i>fluocinonide</i> 0.05% ointment	87	<i>fluvastatin</i> 20mg cap	50	SYRINGE	
<i>fluocinonide</i> 0.05% topical soln	87	<i>fluvastatin</i> 40mg cap	50	FRAGMIN 12500UNIT/0.5ML	37
<i>fluocinonide</i> 0.1% cream	87	<i>fluvastatin</i> 80mg er tab	50	SYRINGE	
<i>fluorometholone</i> 0.1% ophth susp	107	<i>fluvoxamine maleate</i> 100mg tab	42	FRAGMIN 15000UNIT/0.6ML	37
FLUOROURACIL 2% TOPICAL SOLN	86	<i>fluvoxamine maleate</i> 25mg tab	42	SYRINGE	
<i>fluorouracil</i> 5% cream	86	<i>fluvoxamine maleate</i> 50mg tab	42	FRAGMIN 18000UNT/0.72ML	37
FLUOROURACIL 5% TOPICAL SOLN	86	<i>fondaparinux sodium</i> 12.5mg/ml (0.4ml) syringe	37	SYRINGE	
<i>fluoxetine</i> 10mg cap	42	<i>fondaparinux sodium</i> 12.5mg/ml (0.6ml) syringe	37	FRAGMIN 2500UNIT/0.2ML	37
<i>fluoxetine</i> 20mg cap	42	<i>fondaparinux sodium</i> 12.5mg/ml (0.8ml) syringe	37	SYRINGE	
<i>fluoxetine</i> 40mg cap	42	<i>fondaparinux sodium</i> 5mg/ml syringe	37	FRAGMIN 7500UNIT/0.3ML	37
<i>fluoxetine</i> 4mg/ml oral soln	42	<i>formoterol fumarate neb</i> soln 20mcg/2ml	36	SYRINGE	
<i>fluoxetine</i> 60mg tab	42	FORTEO 600MCG/2.4ML	90	FRAGMIN 95000UNIT/3.8ML INJ	37
FLUPHENAZINE 0.5MG/ML ORAL SOLN	69	PEN INJ		FULPHILA 6MG/0.6ML	98
<i>fluphenazine</i> 10mg tab	69	<i>fosamprenavir</i> 700mg tab	71	SYRINGE	
<i>fluphenazine</i> 1mg tab	69	<i>fosinopril sodium</i> 10mg tab	51	<i>furosemide</i> 10mg/ml inj	89
<i>fluphenazine</i> 2.5mg tab	69			<i>furosemide</i> 10mg/ml oral soln	89
FLUPHENAZINE 2.5MG/ML INJ	69				
<i>fluphenazine</i> 5mg tab	69				
FLUPHENAZINE 5MG/ML ORAL SOLN	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>furosemide 10mg/ml syringe</i>	89	GAMMAGARD 2.5GM/25ML INJ	109	GENOTROPIN 1.2MG SYRINGE	91
<i>furosemide 20mg tab</i>	89	GAMMAGARD 5GM INJ	109	GENOTROPIN 1.4MG SYRINGE	91
<i>furosemide 40mg tab</i>	89	GAMMAKED 1GM/10ML INJ	109	GENOTROPIN 1.6MG SYRINGE	91
<i>furosemide 80mg tab</i>	89	GAMMAPLEX 10GM/100ML INJ	109	GENOTROPIN 1.8MG SYRINGE	91
FUROSEMIDE 8MG/ML ORAL SOLN	89	GAMMAPLEX 10GM/200ML INJ	109	GENOTROPIN 12MG CARTRIDGE	91
FUZEON 90MG INJ	71	GAMMAPLEX 20GM/200ML INJ	109	GENOTROPIN 1MG SYRINGE	91
<i>fyavolv 0.0025-0.5mg tab</i>	93	GAMMAPLEX 5GM/50ML INJ	109	GENOTROPIN 2MG SYRINGE	91
<i>fyavolv 0.005-1mg tab</i>	93	GAMUNEX 1GM/10ML INJ	109	GENOTROPIN 5MG CARTRIDGE	91
FYCOMPA 0.5MG/ML SUSP	37	GARDASIL 9 INJ	118	GENTAK 0.3% OPHTH OINTMENT	107
FYCOMPA 10MG TAB	37	GARDASIL 9 SYRINGE	118	<i>gentamicin 0.1% cream</i>	85
FYCOMPA 12MG TAB	37	<i>gatifloxacin 0.5% ophthalmic soln</i>	107	<i>gentamicin 0.1% ointment</i>	85
FYCOMPA 2MG TAB	37	GATTEX 5MG INJ	96	<i>gentamicin 0.3% ophthalmic soln</i>	107
FYCOMPA 4MG TAB	37	GAUZE PADS & DRESSINGS - PADS 2 X 2	100	GENTAMICIN 0.8MG/ML INJ	25
FYCOMPA 6MG TAB	37	GAVILYTE-C POWDER FOR ORAL SOLN	99	<i>gentamicin 1.2mg/ml inj</i>	25
FYCOMPA 8MG TAB	37	<i>gavilyte-g powder for oral soln</i>	99	GENTAMICIN 1.6MG/ML INJ	25
G		GAVRETO 100MG CAP	61	GENTAMICIN 1MG/ML INJ	25
<i>gabapentin 100mg cap</i>	39	<i>gemfibrozil 600mg tab</i>	50	<i>gentamicin 40mg/ml inj</i>	26
<i>gabapentin 300mg cap</i>	39	<i>gemmily 28 day pack</i>	81	GENVOYA	71
<i>gabapentin 400mg cap</i>	39	<i>generlac 10gm/15ml oral soln</i>	95	150-150-200-10MG TAB	
<i>gabapentin 50mg/ml oral soln</i>	39	<i>gengraf 100mg cap</i>	104	GILENYA 0.5MG CAP	112
<i>gabapentin 600mg tab</i>	39	<i>gengraf 100mg/ml oral soln</i>	104	GILOTRIF 20MG TAB	58
<i>gabapentin 800mg tab</i>	39	<i>gengraf 25mg cap</i>	104	GILOTRIF 30MG TAB	58
GALAFOLD 28 DAY WALLET 123MG PACK	91	GENOTROPIN 0.2MG SYRINGE	91	GILOTRIF 40MG TAB	58
<i>galantamine 12mg tab</i>	111	GENOTROPIN 0.4MG SYRINGE	91	GLASSIA 1000MG/50ML INJ	113
<i>galantamine 4mg tab</i>	111	GENOTROPIN 0.6MG SYRINGE	91	<i>glatiramer acetate 20mg/ml syringe</i>	112
<i>galantamine 8mg tab</i>	111	GENOTROPIN 0.8MG SYRINGE	91	<i>glatiramer acetate 40mg/ml syringe</i>	112
<i>galantamine hydrobromide 16mg er cap</i>	111	GAMMAGARD 10GM INJ	109	<i>glatopa 20mg/ml syringe</i>	113
<i>galantamine hydrobromide 24mg er cap</i>	111			<i>glatopa 40mg/ml syringe</i>	113
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	111				
<i>galantamine hydrobromide 8mg er cap</i>	111				

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>glimepiride 1mg tab</i>	47	<i>glucose</i>	101	<i>glyburide</i>	44
<i>glimepiride 2mg tab</i>	47	<i>50mg/ml/potassium</i>		<i>2.5mg/metformin 500mg</i>	
<i>glimepiride 4mg tab</i>	47	<i>chloride</i>		<i>tab</i>	
<i>glipizide 10mg er tab</i>	47	<i>0.02meq/ml/sodium</i>		<i>glyburide 3mg tab</i>	47
<i>glipizide 10mg tab</i>	47	<i>chloride 2.25mg/ml inj</i>		<i>glyburide 5mg tab</i>	47
<i>glipizide 2.5mg er tab</i>	47	<i>glucose</i>	101	<i>glyburide 5mg/metformin</i>	44
<i>glipizide</i>	44	<i>50mg/ml/potassium</i>		<i>500mg tab</i>	
<i>2.5mg/metformin 250mg</i>		<i>chloride</i>		<i>glyburide 6mg tab</i>	47
<i>tab</i>		<i>0.02meq/ml/sodium</i>		<i>glycopyrrolate 1mg tab</i>	117
<i>glipizide</i>	44	<i>chloride 4.5mg/ml inj</i>		<i>glycopyrrolate 2mg tab</i>	117
<i>2.5mg/metformin 500mg</i>		<i>glucose</i>	101	GLYXAMBI 10-5MG TAB	44
<i>tab</i>		<i>50mg/ml/potassium</i>		GLYXAMBI 25-5MG TAB	44
<i>glipizide 5mg er tab</i>	47	<i>chloride</i>		<i>granisetron 1mg tab</i>	48
<i>glipizide 5mg tab</i>	47	<i>0.02meq/ml/sodium</i>		<i>griseofulvin 125mg tab</i>	49
<i>glipizide 5mg/metformin</i>	44	<i>chloride 9mg/ml inj</i>		<i>griseofulvin 250mg tab</i>	49
<i>500mg tab</i>		<i>glucose</i>	102	<i>griseofulvin 25mg/ml</i>	49
GLUCAGEN 1MG INJ	45	<i>50mg/ml/potassium</i>		<i>susp</i>	
GLUCAGON (RDNA)	45	<i>chloride</i>		<i>griseofulvin 500mg tab</i>	49
1MG INJ		<i>0.03meq/ml/sodium</i>		<i>guanfacine 1mg er tab</i>	24
<i>glucose 100mg/ml inj</i>	105	<i>chloride 4.5mg/ml inj</i>		<i>guanfacine 1mg tab</i>	53
GLUCOSE	101	<i>glucose</i>	102	<i>guanfacine 2mg er tab</i>	24
100MG/ML/SODIUM		<i>50mg/ml/potassium</i>		<i>guanfacine 2mg tab</i>	53
CHLORIDE 2MG/ML INJ		<i>chloride</i>		<i>guanfacine 3mg er tab</i>	24
GLUCOSE	101	<i>0.04meq/ml/sodium</i>		<i>guanfacine 4mg er tab</i>	24
100MG/ML/SODIUM		<i>chloride 4.5mg/ml inj</i>		GVOKE 0.5MG/0.1ML	45
CHLORIDE 4.5MG/ML		GLUCOSE	102	AUTO-INJECTOR	
INJ		50MG/ML/POTASSIUM		GVOKE 0.5MG/0.1ML	45
GLUCOSE	101	CHLORIDE		SYRINGE	
25MG/ML/SODIUM		0.04MEQ/ML/SODIUM		GVOKE 1MG/0.2ML	45
CHLORIDE 4.5MG/ML		CHLORIDE 9MG/ML INJ		AUTO-INJECTOR	
INJ		<i>glucose 50mg/ml/sodium</i>	102	GVOKE 1MG/0.2ML INJ	45
<i>glucose 50mg/ml inj</i>	105	<i>chloride 2mg/ml inj</i>		GVOKE 1MG/0.2ML	45
<i>glucose</i>	101	<i>glucose 50mg/ml/sodium</i>	102	SYRINGE	
<i>50mg/ml/potassium</i>		<i>chloride 4.5mg/ml inj</i>			
<i>chloride</i>		<i>glucose 50mg/ml/sodium</i>	102	H	
<i>0.01meq/ml/sodium</i>		<i>chloride 9mg/ml inj</i>		HAEGARDA 2000UNIT	97
<i>chloride 4.5mg/ml inj</i>		<i>glyburide 1.25mg tab</i>	47	INJ	
<i>glucose</i>	101	<i>glyburide</i>	44	HAEGARDA 3000UNIT	97
<i>50mg/ml/potassium</i>		<i>1.25mg/metformin 250mg</i>		INJ	
<i>chloride 0.02meq/ml inj</i>		<i>tab</i>		<i>hailey 24 fe 28 day pack</i>	81
		<i>glyburide 1.5mg tab</i>	47	<i>halobetasol propionate</i>	87
		<i>glyburide 2.5mg tab</i>	47	<i>0.05% cream</i>	
				<i>halobetasol propionate</i>	87
				<i>0.05% ointment</i>	
				<i>haloperidol 0.5mg tab</i>	67

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

ALPHABETICAL LISTING OF DRUGS

<i>haloperidol 10mg tab</i>	67	HUMIRA 80MG/0.8ML	26	<i>hydrochlorothiazide</i>	54
<i>haloperidol 1mg tab</i>	67	AUTO-INJECTOR		<i>12.5mg/irbesartan 150mg</i>	
<i>haloperidol 20mg tab</i>	67	HUMIRA PEDIATRIC	26	<i>tab</i>	
<i>haloperidol 2mg tab</i>	67	CROHN'S STARTER		<i>hydrochlorothiazide</i>	54
<i>haloperidol 2mg/ml oral soln</i>	67	PACK SYRINGE (2)		<i>12.5mg/irbesartan 300mg</i>	
<i>haloperidol 5mg tab</i>	67	40MG/0.4ML,		<i>tab</i>	
<i>haloperidol 5mg/ml inj</i>	67	80MG/0.8ML		<i>hydrochlorothiazide</i>	54
<i>haloperidol decanoate</i>	67	HUMIRA PEN - CROHN'S	26	<i>12.5mg/lisinopril 10mg</i>	
<i>100mg/ml (1ml) inj</i>	67	STARTER PACK		<i>tab</i>	
<i>haloperidol decanoate</i>	67	40MG/0.8ML INJ		<i>hydrochlorothiazide</i>	54
<i>100mg/ml inj</i>	67	HUMIRA PEN - CROHN'S	26	<i>12.5mg/lisinopril 20mg</i>	
<i>haloperidol decanoate</i>	67	STARTER PACK		<i>tab</i>	
<i>50mg/ml (1ml) inj</i>	67	80MG/0.8ML INJ		<i>hydrochlorothiazide</i>	54
<i>haloperidol decanoate</i>	67	HUMIRA PEN -	26	<i>12.5mg/losartan</i>	
<i>50mg/ml inj</i>	67	PEDIATRIC UC STARTER		<i>potassium 100mg tab</i>	
HAVRIX 1440ELU/ML SYRINGE	118	PACK 80MG/0.8ML INJ		<i>hydrochlorothiazide</i>	54
HAVRIX 720ELU/0.5ML SYRINGE	118	HUMIRA PEN -	26	<i>12.5mg/losartan</i>	
<i>heparin sodium porcine 10000unit/ml inj</i>	37	PSORIASIS STARTER		<i>potassium 50mg tab</i>	
<i>heparin sodium porcine 1000unit/ml inj</i>	37	PACK 40MG/0.8ML		<i>hydrochlorothiazide</i>	54
<i>heparin sodium porcine 20000unit/ml inj</i>	37	HUMIRA PEN	26	<i>12.5mg/olmesartan</i>	
<i>heparin sodium porcine 5000unit/ml inj</i>	37	80MG/0.8ML AND		<i>medoxomil 20mg tab</i>	
HETLIOZ 20MG CAP	99	40MG/0.4ML -		<i>hydrochlorothiazide</i>	54
HETLIOZ 4MG/ML SUSP	99	PSORIASIS/UEITIS		<i>12.5mg/olmesartan</i>	
HIBERIX 10MCG INJ	118	STARTER PACK		<i>medoxomil 40mg tab</i>	
HUMIRA 10MG/0.1ML SYRINGE	26	HUMIRA PREFILLED	26	<i>hydrochlorothiazide</i>	54
HUMIRA 20MG/0.2ML SYRINGE	26	SYRINGE 80MG/0.8ML		<i>12.5mg/quinapril 10mg</i>	
HUMIRA 40MG/0.4ML AUTO-INJECTOR	26	STARTER PACK -		<i>tab</i>	
HUMIRA 40MG/0.4ML SYRINGE	26	PEDIATRIC CROHN'S		<i>hydrochlorothiazide</i>	54
HUMIRA 40MG/0.8ML AUTO-INJECTOR	26	DISEASE		<i>12.5mg/quinapril 20mg</i>	
HUMIRA 40MG/0.8ML SYRINGE	26	HUMULIN R	46	<i>tab</i>	
		500UNIT/ML INJ		<i>hydrochlorothiazide</i>	54
		HUMULIN R	46	<i>12.5mg/valsartan 160mg</i>	
		500UNIT/ML PEN INJ		<i>tab</i>	
		<i>hydralazine 100mg tab</i>	55	<i>hydrochlorothiazide</i>	54
		<i>hydralazine 10mg tab</i>	55	<i>12.5mg/valsartan 320mg</i>	
		<i>hydralazine 25mg tab</i>	55	<i>tab</i>	
		<i>hydralazine 50mg tab</i>	55	<i>hydrochlorothiazide</i>	54
		<i>hydralazine/isosorbide</i>	77	<i>12.5mg/valsartan 80mg</i>	
		<i>dinitrate 37.5-20mg tab</i>		<i>tab</i>	
		<i>hydrochlorothiazide</i>	90	<i>hydrochlorothiazide</i>	90
		<i>12.5mg cap</i>		<i>25mg tab</i>	
		<i>hydrochlorothiazide</i>	90	<i>hydrochlorothiazide</i>	54
		<i>12.5mg tab</i>		<i>25mg/lisinopril 20mg tab</i>	

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

ALPHABETICAL LISTING OF DRUGS

<i>hydrochlorothiazide</i>	54	<i>hydrocodone bitartrate</i>	29	<i>hydroxyzine 2mg/ml oral soln</i>	33
<i>25mg/losartan potassium 100mg tab</i>		<i>15mg er cap</i>		<i>hydroxyzine 50mg tab</i>	33
<i>hydrochlorothiazide</i>	54	<i>hydrocodone bitartrate</i>	29	HYDROXYZINE	33
<i>25mg/metoprolol tartrate 100mg tab</i>		<i>20mg er cap</i>		PAMOATE 100MG CAP	
<i>hydrochlorothiazide</i>	54	<i>hydrocodone bitartrate</i>	29	<i>hydroxyzine pamoate 25mg cap</i>	33
<i>25mg/metoprolol tartrate 50mg tab</i>		<i>30mg er cap</i>		<i>hydroxyzine pamoate 50mg cap</i>	33
<i>hydrochlorothiazide</i>	54	<i>hydrocodone bitartrate</i>	29		
<i>25mg/olmesartan medoxomil 40mg tab</i>		<i>40mg er cap</i>			
<i>hydrochlorothiazide</i>	54	<i>hydrocodone bitartrate</i>	29		
<i>25mg/quinapril 20mg tab</i>		<i>50mg er cap</i>			
<i>hydrochlorothiazide</i>	89	<i>hydrocodone bitartrate</i>	31	I	
<i>25mg/spironolactone 25mg tab</i>		<i>5mg/ibuprofen 200mg tab</i>		<i>ibandronic acid 150mg tab</i>	90
<i>hydrochlorothiazide</i>	89	<i>hydrocodone bitartrate</i>	31	IBRANCE 100MG CAP	61
<i>25mg/triamterene 37.5mg cap</i>		<i>7.5mg/ibuprofen 200mg tab</i>		IBRANCE 100MG TAB	61
<i>hydrochlorothiazide</i>	89	<i>tab</i>		IBRANCE 125MG CAP	61
<i>25mg/triamterene 37.5mg tab</i>		<i>hydrocortisone 1% cream</i>	87	IBRANCE 125MG TAB	61
<i>hydrochlorothiazide</i>	54	<i>hydrocortisone 1.67mg/ml enema</i>	32	IBRANCE 75MG CAP	61
<i>25mg/valsartan 160mg tab</i>		<i>hydrocortisone 10mg tab</i>	83	IBRANCE 75MG TAB	61
<i>hydrochlorothiazide</i>	54	<i>hydrocortisone 2.5% cream</i>	32	<i>ibu 600mg tab</i>	27
<i>25mg/valsartan 320mg tab</i>		<i>hydrocortisone 2.5% lotion</i>	87	<i>ibu 800mg tab</i>	27
<i>hydrochlorothiazide</i>	90	<i>hydrocortisone 2.5% ointment</i>	87	<i>ibuprofen 20mg/ml susp</i>	27
<i>50mg tab</i>		<i>hydrocortisone 20mg tab</i>	83	<i>ibuprofen 400mg tab</i>	27
HYDROCHLOROTHIAZIDE	54	<i>hydrocortisone 5mg tab</i>	83	<i>ibuprofen 600mg tab</i>	27
DE		<i>hydrocortisone</i>	32	<i>ibuprofen 800mg tab</i>	27
50MG/METOPROLOL TARTRATE 100MG TAB		<i>acetate/pramoxine 1-1% rectal cream</i>		<i>icatibant 10mg/ml syringe</i>	97
<i>hydrochlorothiazide</i>	89	<i>hydrocortisone/acetic acid 1-2% otic soln</i>	109	<i>iclevia 91 day pack</i>	81
<i>50mg/triamterene 75mg tab</i>		<i>hydromorphone 1mg/ml oral soln</i>	29	ICLUSIG 10MG TAB	61
<i>hydrocodone bitartrate 10mg er cap</i>	29	<i>hydromorphone 2mg tab</i>	29	ICLUSIG 15MG TAB	61
<i>hydrocodone bitartrate 10mg/ibuprofen 200mg tab</i>	31	<i>hydromorphone 4mg tab</i>	29	ICLUSIG 30MG TAB	61
		<i>hydromorphone 8mg tab</i>	29	ICLUSIG 45MG TAB	61
		HYDROXYCHLOROQUINE SULFATE 100MG TAE	57	IDHIFA 100MG TAB	61
		<i>hydroxychloroquine sulfate 200mg tab</i>	57	IDHIFA 50MG TAB	61
		<i>hydroxyurea 500mg cap</i>	63	ILEVRO 0.3% OPPTH SUSP	108
		<i>hydroxyzine 10mg tab</i>	33	<i>imatinib 100mg tab</i>	61
		<i>hydroxyzine 25mg tab</i>	33	<i>imatinib 400mg tab</i>	61
				IMBRUVICA 140MG CAP	61
				IMBRUVICA 140MG TAB	61
				IMBRUVICA 280MG TAB	61
				IMBRUVICA 420MG TAB	61
				IMBRUVICA 560MG TAB	61
				IMBRUVICA 70MG CAP	61
				<i>imipramine 10mg tab</i>	44
				<i>imipramine 25mg tab</i>	44

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

ALPHABETICAL LISTING OF DRUGS

<i>imipramine 50mg tab</i>	44	INTRON A 50MU INJ	63	ISENTRESS 100MG	71
<i>imiquimod 5% cream</i>	88	<i>introvale 91 day pack</i>	81	CHEW TAB	
IMOVAX 2.5UNIT/ML INJ	118	INVEGA 1092MG/3.5ML	66	ISENTRESS 100MG	71
IMPAVIDO 50MG CAP	55	SYRINGE		GRANULES FOR ORAL	
<i>incassia 28 day 0.35mg pack</i>	83	INVEGA 117MG/0.75ML	66	SUSP	
INCRELEX 40MG/4ML	91	SYRINGE		ISENTRESS 25MG	71
INJ		INVEGA 1560MG/5ML	66	CHEW TAB	
INCRUSE 62.5MCG/INH	34	SYRINGE		ISENTRESS 400MG TAB	71
INHALER		INVEGA 156MG/ML	66	ISENTRESS 600MG TAB	71
<i>indapamide 1.25mg tab</i>	90	SYRINGE		<i>isibloom 28 day pack</i>	81
<i>indapamide 2.5mg tab</i>	90	INVEGA 234MG/1.5ML	66	ISOLYTE P INJ	102
INDERAL 120MG ER	74	SYRINGE		ISOLYTE S INJ	102
CAP		INVEGA	66	ISONIAZID 100MG TAB	57
INDOCIN 50MG RECTAL	27	273MG/0.875ML		ISONIAZID 10MG/ML	57
SUPP		SYRINGE		ORAL SOLN	
<i>indomethacin 25mg cap</i>	27	INVEGA 39MG/0.25ML	66	<i>isoniazid 300mg tab</i>	57
<i>indomethacin 50mg cap</i>	27	SYRINGE		<i>isosorbide dinitrate 10mg tab</i>	32
<i>indomethacin 75mg er cap</i>	27	INVEGA	67	<i>isosorbide dinitrate 20mg tab</i>	32
INFANRIX SYRINGE	116	410MG/1.315ML		<i>isosorbide dinitrate 30mg tab</i>	32
INGREZZA 40MG CAP	112	SYRINGE		<i>isosorbide dinitrate 5mg tab</i>	32
INGREZZA 60MG CAP	112	INVEGA 78MG/0.5ML	67	<i>isosorbide mononitrate 10mg tab</i>	32
INGREZZA 80MG CAP	112	SYRINGE		<i>isosorbide mononitrate 120mg er tab</i>	32
INLYTA 1MG TAB	58	INVEGA	67	<i>isosorbide mononitrate 20mg tab</i>	32
INLYTA 5MG TAB	58	819MG/2.625ML		<i>isosorbide mononitrate 30mg er tab</i>	32
INNOPRAN 120MG ER	74	SYRINGE		<i>isosorbide mononitrate 60mg er tab</i>	32
CAP		IOPIDINE 1% OPHTH	107	<i>isotretinoin 10mg cap</i>	84
INNOPRAN 80MG ER	74	SOLN		<i>isotretinoin 20mg cap</i>	84
CAP		IPOL INJ	119	<i>isotretinoin 30mg cap</i>	84
INQOVI 5 TABLET PACK	60	<i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i>	105	<i>isotretinoin 40mg cap</i>	84
INREBIC 100MG CAP	61	<i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i>	105	<i>isradipine 2.5mg cap</i>	75
INSULIN PEN NEEDLE	100	<i>ipratropium bromide 0.2mg/ml inh soln</i>	34	<i>isradipine 5mg cap</i>	75
INSULIN SYRINGE	100	<i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i>	36	ISTURISA 10MG TAB	90
(DISP) U-100 0.3ML		<i>irbesartan 150mg tab</i>	52	ISTURISA 1MG TAB	90
INSULIN SYRINGE	100	<i>irbesartan 300mg tab</i>	52	ISTURISA 5MG TAB	90
(DISP) U-100 1/2ML		<i>irbesartan 75mg tab</i>	52	<i>itraconazole 100mg cap</i>	49
INSULIN SYRINGE	100	IRESSA 250MG TAB	58		
(DISP) U-100 1ML					
INTELENCE 25MG TAB	71				
INTRALIPID	105				
20GM/100ML INJ					
INTRON A 10MU INJ	63				
INTRON A 18MU INJ	63				

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

ALPHABETICAL LISTING OF DRUGS

<i>ivermectin 3mg tab</i>	32	<i>jinteli 0.005-1mg tab</i>	93	<i>ketoconazole 200mg tab</i>	49
IXIARO 0.012MG/ML SYRINGE	119	<i>juleber 28 day pack</i>	81	<i>ketorolac tromethamine 0.4% ophth soln</i>	108
<hr/>					
J		JULUCA 50-25MG TAB	71	<i>ketorolac tromethamine 0.5% ophth soln</i>	108
JAKAFI 10MG TAB	61	<i>junel 1.5/30 21 day pack</i>	81	<i>ketorolac tromethamine 10mg tab</i>	27
JAKAFI 15MG TAB	61	<i>junel 1/20 21 day pack</i>	81	KEVZARA	27
JAKAFI 20MG TAB	61	<i>junel fe 1.5/30 28 day pack</i>	81	150MG/1.14ML AUTO-INJECTOR	
JAKAFI 25MG TAB	61	<i>junel fe 1/20 28 day pack</i>	81	KEVZARA	27
JAKAFI 5MG TAB	61	<i>junel fe 24 1/20 28 day pack</i>	81	150MG/1.14ML SYRINGE	
<i>jantoven 10mg tab</i>	36	JUXTAPID 10MG CAP	51	KEVZARA	27
<i>jantoven 1mg tab</i>	36	JUXTAPID 20MG CAP	51	150MG/1.14ML SYRINGE	
<i>jantoven 2.5mg tab</i>	36	JUXTAPID 30MG CAP	51	KEVZARA	27
<i>jantoven 2mg tab</i>	36	JUXTAPID 5MG CAP	51	200MG/1.14ML AUTO-INJECTOR	
<i>jantoven 3mg tab</i>	36	JYNARQUE 15MG TAB	92	KEVZARA	27
<i>jantoven 4mg tab</i>	36	JYNARQUE 30MG TAB	92	200MG/1.14ML AUTO-INJECTOR	
<i>jantoven 5mg tab</i>	36	JYNARQUE TAB 15/15	92	KEVZARA	27
<i>jantoven 6mg tab</i>	36	CARTON 15MG PACK		200MG/1.14ML SYRINGE	
<i>jantoven 7.5mg tab</i>	36	JYNARQUE TAB 30/15	92	KINRIX SYRINGE	116
JANUMET 1000-100MG ER TAB	44	CARTON PACK		KISQALI 200MG DAILY DOSE PACK	61
JANUMET 1000-50MG ER TAB	44	JYNARQUE TAB 45/15	92	KISQALI 400MG DAILY DOSE PACK	61
JANUMET 1000-50MG TAB	44	CARTON PACK		KISQALI 600MG DAILY DOSE PACK	61
JANUMET 500-50MG ER TAB	44	JYNARQUE TAB 60/30	92	KISQALI FEMARA CO-PACK 200 PACK	60
JANUMET 500-50MG TAB	45	CARTON PACK		KISQALI FEMARA CO-PACK 400 PACK	60
JANUVIA 100MG TAB	46	JYNARQUE TAB 90/30	92	KISQALI FEMARA CO-PACK 600 PACK	60
JANUVIA 25MG TAB	46	CARTON PACK		<i>klor-con 10meq er tab</i>	102
JANUVIA 50MG TAB	46	K		<i>klor-con 10meq micro er tab</i>	102
JARDIANCE 10MG TAB	47	<i>kaitlib fe 28 day pack</i>	81	KLOR-CON 15MEQ MICRO ER TAB	102
JARDIANCE 25MG TAB	47	KALYDECO 150MG TAB	113	<i>klor-con 20meq micro er tab</i>	102
<i>jasmiel 28 day pack</i>	81	KALYDECO 25MG GRANULES	113	<i>klor-con 20meq powder for oral soln</i>	102
JENTADUETO	45	KALYDECO 50MG GRANULES	113	<i>klor-con 8meq er tab</i>	102
2.5-1000MG ER TAB		KALYDECO 75MG GRANULES	113	KLOXXADO 8MG/0.1ML NASAL SPRAY	48
JENTADUETO	45	<i>kariva 28 day pack</i>	81		
2.5-1000MG TAB		KCL/D5W/LR INJ 0.15%	102		
JENTADUETO	45	<i>kelnor 1/35 28 day pack</i>	81		
2.5-500MG TAB		<i>kelnor 1/50 28 day pack</i>	81		
JENTADUETO	45	KESIMPTA 20MG/0.4ML PEN INJ	113		
2.5-850MG TAB		<i>ketoconazole 2% cream</i>	85		
JENTADUETO 5-1000MG ER TAB	45	<i>ketoconazole 2% shampoo</i>	85		

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

KORLYM 300MG TAB	45	<i>lamotrigine 25mg chew</i>	39	LENVIMA 12 4MG PACK	58
KOSELUGO 10MG CAP	61	<i>tab</i>		LENVIMA 14 PACK	58
KOSELUGO 25MG CAP	61	<i>lamotrigine 25mg er tab</i>	39	LENVIMA 18 PACK	58
KRINTAFEL 150MG TAB	57	<i>lamotrigine 25mg odt</i>	39	LENVIMA 20 10MG	58
<i>kurvelo pack</i>	81	<i>lamotrigine 25mg tab</i>	39	PACK	
KYNMOBI 10MG	65	<i>lamotrigine 300mg er tab</i>	39	LENVIMA 24 PACK	58
SUBLINGUAL FILM		<i>lamotrigine 50mg er tab</i>	39	LENVIMA 4 4MG PACK	58
KYNMOBI 15MG	65	<i>lamotrigine 50mg odt</i>	39	LENVIMA 8 4MG PACK	58
SUBLINGUAL FILM		<i>lamotrigine 5mg chew tab</i>	39	<i>lessina 28 day pack</i>	81
KYNMOBI 20MG	65	<i>lansoprazole 15mg dr cap</i>	117	<i>letrozole 2.5mg tab</i>	59
SUBLINGUAL FILM		<i>lansoprazole 30mg dr cap</i>	117	<i>leucovorin 10mg tab</i>	63
KYNMOBI 25MG	65	<i>lanthanum carbonate</i>	95	<i>leucovorin 15mg tab</i>	64
SUBLINGUAL FILM		<i>1000mg chew tab</i>		<i>leucovorin 25mg tab</i>	64
KYNMOBI 30MG	65	<i>lanthanum carbonate</i>	95	<i>leucovorin 5mg tab</i>	64
SUBLINGUAL FILM		<i>500mg chew tab</i>		LEUKERAN 2MG TAB	57
L		<i>lanthanum carbonate</i>	95	<i>leuprolide acetate 5mg/ml</i>	59
<i>labetalol 100mg tab</i>	73	<i>750mg chew tab</i>		<i>inj</i>	
<i>labetalol 200mg tab</i>	73	LANTUS 100UNIT/ML	46	<i>levalbuterol 0.21mg/ml</i>	36
<i>labetalol 300mg tab</i>	73	INJ		<i>inh soln</i>	
<i>lacosamide 100mg tab</i>	39	LANTUS 100UNIT/ML	46	LEVALBUTEROL 45MCG	36
<i>lacosamide 10mg/ml oral</i>	39	PEN INJ		INHALER	
<i>soln</i>		<i>lapatinib 250mg tab</i>	61	<i>levalbuterol neb soln</i>	36
<i>lacosamide 150mg tab</i>	39	<i>larin 1.5/30 pack</i>	81	<i>0.31mg/3ml</i>	
<i>lacosamide 200mg tab</i>	39	<i>larin 1/20 pack</i>	81	<i>levalbuterol neb soln</i>	36
<i>lacosamide 50mg tab</i>	39	<i>larin fe 1.5/30 pack</i>	81	<i>1.25mg/0.5ml</i>	
<i>lactulose 667mg/ml oral</i>	99	<i>larin fe 1/20 pack</i>	81	<i>levalbuterol neb soln</i>	36
<i>soln</i>		<i>larissia 28 day pack</i>	81	<i>1.25mg/3ml</i>	
<i>lamivudine 100mg tab</i>	72	<i>latanoprost 0.005% ophth</i>	108	LEVEMIR 100UNIT/ML	46
<i>lamivudine 10mg/ml oral</i>	71	<i>soln</i>		INJ	
<i>soln</i>		LATUDA 120MG TAB	66	LEVEMIR 100UNIT/ML	46
<i>lamivudine 150mg tab</i>	71	LATUDA 20MG TAB	66	PEN INJ	
<i>lamivudine</i>	71	LATUDA 40MG TAB	66	<i>levetiracetam 1000mg tab</i>	39
<i>150mg/zidovudine 300mg</i>		LATUDA 60MG TAB	66	<i>levetiracetam 100mg/ml</i>	39
<i>tab</i>		LATUDA 80MG TAB	66	<i>oral soln</i>	
<i>lamivudine 300mg tab</i>	71	<i>layolis fe 28 pack</i>	81	<i>levetiracetam 250mg tab</i>	39
<i>lamotrigine 100mg er tab</i>	39	<i>leena 28 day pack</i>	81	<i>levetiracetam 500mg er</i>	39
<i>lamotrigine 100mg odt</i>	39	<i>leflunomide 10mg tab</i>	28	<i>tab</i>	
<i>lamotrigine 100mg tab</i>	39	<i>leflunomide 20mg tab</i>	28	<i>levetiracetam 500mg tab</i>	39
<i>lamotrigine 150mg tab</i>	39	<i>lenalidomide 10mg cap</i>	103	<i>levetiracetam 750mg er</i>	39
<i>lamotrigine 200mg er tab</i>	39	<i>lenalidomide 15mg cap</i>	103	<i>tab</i>	
<i>lamotrigine 200mg odt</i>	39	<i>lenalidomide 25mg cap</i>	103	<i>levetiracetam 750mg tab</i>	39
<i>lamotrigine 200mg tab</i>	39	<i>lenalidomide 5mg cap</i>	103	LEVOBUNOLOL 0.5%	106
<i>lamotrigine 250mg er tab</i>	39	LENVIMA 10 10MG	58	OPHTH SOLN	
		PACK			

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

ALPHABETICAL LISTING OF DRUGS

<i>levocarnitine 100mg/ml oral soln</i>	92	<i>levothyroxine sodium 0.088mg tab</i>	115	<i>liothyronine sodium 0.025mg tab</i>	116
<i>levocarnitine 330mg tab</i>	92	<i>levothyroxine sodium 0.112mg tab</i>	115	<i>liothyronine sodium 0.05mg tab</i>	116
<i>levocetirizine 0.5mg/ml oral soln</i>	49	<i>levothyroxine sodium 0.125mg tab</i>	115	<i>lisinopril 10mg tab</i>	52
<i>levocetirizine 5mg tab</i>	49	<i>levothyroxine sodium 0.137mg tab</i>	115	<i>lisinopril 2.5mg tab</i>	52
<i>levofloxacin 0.5% ophth soln</i>	107	<i>levothyroxine sodium 0.15mg tab</i>	115	<i>lisinopril 20mg tab</i>	52
<i>levofloxacin 250mg tab</i>	94	<i>levothyroxine sodium 0.175mg tab</i>	115	<i>lisinopril 30mg tab</i>	52
<i>levofloxacin 25mg/ml inj</i>	94	<i>levothyroxine sodium 0.1mg tab</i>	115	<i>lisinopril 40mg tab</i>	52
<i>levofloxacin 25mg/ml oral soln</i>	94	<i>levothyroxine sodium 0.2mg tab</i>	115	<i>lisinopril 5mg tab</i>	52
<i>levofloxacin 500mg tab</i>	94	<i>levothyroxine sodium 0.3mg tab</i>	115	<i>lithium carbonate 150mg cap</i>	66
<i>levofloxacin 5mg/ml (100ml) inj</i>	94	<i>levoxyl 100mcg tab</i>	115	<i>lithium carbonate 300mg cap</i>	66
<i>levofloxacin 5mg/ml (150ml) inj</i>	94	<i>levoxyl 112mcg tab</i>	115	<i>lithium carbonate 300mg er tab</i>	66
<i>levofloxacin 750mg tab</i>	94	<i>levoxyl 125mcg tab</i>	115	<i>lithium carbonate 300mg tab</i>	66
<i>levonest 28 day pack</i>	81	<i>levoxyl 137mcg tab</i>	115	<i>lithium carbonate 450mg er tab</i>	66
<i>levonorgestrel-ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg pack</i>	81	<i>levoxyl 150mcg tab</i>	115	LITHIUM CARBONATE 600MG CAP	66
<i>levora 0.15/30 28 day pack</i>	81	<i>levoxyl 175mcg tab</i>	115	LITHOSTAT 250MG TAB	96
<i>levo-t 100mcg tab</i>	115	<i>levoxyl 200mcg tab</i>	116	LIVMARLI 9.5MG/ML ORAL SOLN	95
<i>levo-t 112mcg tab</i>	115	<i>levoxyl 25mcg tab</i>	116	<i>loestrin fe 1/20 28 day pack</i>	81
<i>levo-t 125mcg tab</i>	115	<i>levoxyl 50mcg tab</i>	116	LOKELMA 10GM POWDER FOR ORAL SUSP	104
<i>levo-t 137mcg tab</i>	115	<i>levoxyl 75mcg tab</i>	116	LOKELMA 5GM POWDER FOR ORAL SUSP	104
<i>levo-t 150mcg tab</i>	115	<i>levoxyl 88mcg tab</i>	116	LONHALA 25MCG/ML INH SOLN	34
<i>levo-t 175mcg tab</i>	115	LEXIVA 50MG/ML SUSP	71	LONSURF 6.14-15MG TAB	60
<i>levo-t 200mcg tab</i>	115	<i>lidocaine 4% topical soln</i>	88	LONSURF 8.19-20MG TAB	60
<i>levo-t 25mcg tab</i>	115	<i>lidocaine 5% ointment</i>	88	<i>loperamide 2mg cap</i>	47
<i>levo-t 300mcg tab</i>	115	<i>lidocaine 5% patch</i>	88	<i>lopinavir 80mg/ml/ritonavir 20mg/ml oral soln</i>	71
<i>levo-t 50mcg tab</i>	115	<i>lidocaine viscous 2% topical soln</i>	104		
<i>levo-t 75mcg tab</i>	115	<i>lidocaine/prilocaine 2.5-2.5% cream</i>	88		
<i>levo-t 88mcg tab</i>	115	LINDANE 1% SHAMPOO	88		
<i>levothyroxine sodium 0.025mg tab</i>	115	<i>linezolid 20mg/ml susp</i>	56		
<i>levothyroxine sodium 0.05mg tab</i>	115	<i>linezolid 2mg/ml inj</i>	56		
<i>levothyroxine sodium 0.075mg tab</i>	115	<i>linezolid 600mg tab</i>	56		
		<i>liothyronine sodium 0.005mg tab</i>	116		

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>lopinavir/ritonavir</i>	71	LUPRON 45MG	59	MAXIDEX 0.1% OPHTH	108
<i>100-25mg tab</i>		SYRINGE		SUSP	
<i>lopinavir/ritonavir</i>	71	LUPRON 7.5MG	59	MAYZENT 0.25MG TAB	113
<i>200-50mg tab</i>		SYRINGE		MAYZENT 2MG TAB	113
<i>lorazepam 0.5mg tab</i>	33	<i>lutea 28 day pack</i>	81	<i>meclizine 12.5mg tab</i>	48
<i>lorazepam 1mg tab</i>	33	LYBALVI 10-10MG TAB	112	<i>meclizine 25mg tab</i>	48
<i>lorazepam 2mg tab</i>	33	LYBALVI 15-10MG TAB	112	MEDROL 2MG TAB	83
<i>lorazepam 2mg/ml oral</i>	33	LYBALVI 20-10MG TAB	112	<i>medroxyprogesterone</i>	111
<i>soln</i>		LYBALVI 5-10MG TAB	112	<i>acetate 10mg tab</i>	
LORBRENA 100MG TAB	61	<i>lyleq 28 day 0.35mg pack</i>	83	<i>medroxyprogesterone</i>	83
LORBRENA 25MG TAB	62	<i>lyllana 0.025mg/24hr</i>	94	<i>acetate 150mg/ml inj</i>	
<i>loryna 28 day pack</i>	81	<i>patch</i>		<i>medroxyprogesterone</i>	83
<i>losartan potassium</i>	52	<i>lyllana 0.0375mg/24hr</i>	94	<i>acetate 150mg/ml syringe</i>	
<i>100mg tab</i>		<i>patch</i>		<i>medroxyprogesterone</i>	111
<i>losartan potassium 25mg</i>	52	<i>lyllana 0.05mg/24hr</i>	94	<i>acetate 2.5mg tab</i>	
<i>tab</i>		<i>patch</i>		<i>medroxyprogesterone</i>	111
<i>losartan potassium 50mg</i>	52	<i>lyllana 0.075mg/24hr</i>	94	<i>acetate 5mg tab</i>	
<i>tab</i>		<i>patch</i>		MEFLOQUINE 250MG	57
LOTEMAX 0.5% OPHTH	107	<i>lyllana 0.1mg/24hr patch</i>	94	TAB	
OINTMENT		LYNPARZA 100MG TAB	62	<i>megestrol acetate</i>	111
<i>loteprednol etabonate</i>	108	LYNPARZA 150MG TAB	62	<i>125mg/ml susp</i>	
<i>0.5% ophth gel</i>		LYSODREN 500MG TAB	59	<i>megestrol acetate 20mg</i>	59
<i>loteprednol etabonate</i>	108	<i>lyza 0.35mg pack</i>	83	<i>tab</i>	
<i>0.5% ophth susp</i>		<hr/>			
<i>lovastatin 10mg tab</i>	50	M		<i>megestrol acetate 40mg</i>	59
<i>lovastatin 20mg tab</i>	50	<i>magnesium sulfate</i>	102	<i>tab</i>	
<i>lovastatin 40mg tab</i>	50	<i>500mg/ml inj</i>		<i>megestrol acetate</i>	59
<i>low-ogestrel 28 day pack</i>	81	<i>magnesium sulfate</i>	102	<i>40mg/ml susp</i>	
<i>loxapine 10mg cap</i>	68	<i>500mg/ml syringe</i>		MEKINIST 0.5MG TAB	62
<i>loxapine 25mg cap</i>	68	<i>malathion 0.5% lotion</i>	88	MEKINIST 2MG TAB	62
<i>loxapine 50mg cap</i>	68	<i>maraviroc 150mg tab</i>	71	MEKTOVI 15MG TAB	62
<i>loxapine 5mg cap</i>	68	<i>maraviroc 300mg tab</i>	71	<i>meloxicam 15mg tab</i>	27
LUMAKRAS 120MG TAB	62	<i>marlissa 28 day pack</i>	81	<i>meloxicam 7.5mg tab</i>	27
LUMIGAN 0.01% OPHTH	108	MARPLAN 10MG TAB	42	<i>memantine 10mg tab</i>	111
SOLN		MATULANE 50MG CAP	63	<i>memantine</i>	111
LUPKYNIS 7.9MG CAP	104	<i>matzim 180mg er tab</i>	75	<i>10mg/memantine 5mg</i>	
LUPRON 11.25MG	59	<i>matzim 240mg er tab</i>	75	<i>pack</i>	
SYRINGE		<i>matzim 300mg er tab</i>	75	<i>memantine 14mg er cap</i>	111
LUPRON 22.5MG	59	<i>matzim 360mg er tab</i>	75	<i>memantine 21mg er cap</i>	111
SYRINGE		<i>matzim 420mg er tab</i>	75	<i>memantine 28mg er cap</i>	112
LUPRON 3.75MG	59	MAVYRET 100-40MG	72	<i>memantine 2mg/ml oral</i>	112
SYRINGE		TAB		<i>soln</i>	
LUPRON 30MG	59	MAVYRET 50-20MG	72	<i>memantine 5mg tab</i>	112
SYRINGE		ORAL PELLETT		<i>memantine 7mg er cap</i>	112
				MENACTRA INJ	118

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

MENQUADFI INJ	118	<i>methyl</i> dopa 500mg tab	53	<i>methylphenidate</i> 54mg er	25
MENVEO INJ	118	<i>methylphenidate</i> 10mg cr	25	tab	
<i>mercaptopurine</i> 50mg tab	57	cap		<i>methylphenidate</i> 54mg sr	25
<i>meropenem</i> 1000mg inj	55	<i>methylphenidate</i> 10mg er	25	tab	
<i>meropenem</i> 500mg inj	55	tab		<i>methylphenidate</i> 5mg tab	25
<i>merzee</i> 28 day pack	81	<i>methylphenidate</i> 10mg la	25	<i>methylphenidate</i> 60mg cr	25
<i>mesalamine</i> 1000mg	95	cap		cap	
rectal supp		<i>methylphenidate</i> 10mg	25	<i>methylprednisolone</i> 16mg	83
<i>mesalamine</i> 1200mg dr	95	tab		tab	
tab		METHYLPHENIDATE	25	<i>methylprednisolone</i> 32mg	83
<i>mesalamine</i> 375mg er cap	95	18MG ER TAB		tab	
<i>mesalamine</i> 400mg dr cap	95	<i>methylphenidate</i> 18mg er	25	<i>methylprednisolone</i> 4mg	83
<i>mesalamine</i> 66.7mg/ml	95	tab		pack	
enema		<i>methylphenidate</i> 1mg/ml	25	<i>methylprednisolone</i> 4mg	83
<i>mesalamine</i> 800mg dr tab	95	oral soln		tab	
MESNEX 400MG TAB	64	<i>methylphenidate</i> 20mg cr	25	<i>methylprednisolone</i> 8mg	83
<i>metaxalone</i> 800mg tab	105	cap		tab	
<i>metformin</i> 1000mg tab	45	<i>methylphenidate</i> 20mg er	25	<i>metoclopramide</i> 10mg tab	94
<i>metformin</i> 500mg er tab	45	tab		<i>metoclopramide</i> 1mg/ml	95
<i>metformin</i> 500mg tab	45	<i>methylphenidate</i> 20mg la	25	oral soln	
<i>metformin</i> 750mg er tab	45	cap		<i>metoclopramide</i> 5mg tab	95
<i>metformin</i> 850mg tab	45	<i>methylphenidate</i> 20mg	25	<i>metolazone</i> 10mg tab	90
<i>methadone</i> 10mg tab	29	tab		<i>metolazone</i> 2.5mg tab	90
<i>methadone</i> 5mg tab	29	<i>methylphenidate</i> 27mg er	25	<i>metolazone</i> 5mg tab	90
<i>methazolamide</i> 25mg tab	89	tab		<i>metoprolol succinate</i>	73
<i>methazolamide</i> 50mg tab	89	<i>methylphenidate</i> 27mg sr	25	100mg er tab	
<i>methenamine hippurate</i>	56	tab		<i>metoprolol succinate</i>	73
1000mg tab		<i>methylphenidate</i> 2mg/ml	25	200mg er tab	
<i>methimazole</i> 10mg tab	115	oral soln		<i>metoprolol succinate</i>	73
<i>methimazole</i> 5mg tab	115	<i>methylphenidate</i> 30mg cr	25	25mg er tab	
<i>methocarbamol</i> 500mg	105	cap		<i>metoprolol succinate</i>	73
tab		<i>methylphenidate</i> 30mg la	25	50mg er tab	
<i>methocarbamol</i> 750mg	105	cap		<i>metoprolol tartrate</i>	73
tab		<i>methylphenidate</i> 36mg er	25	100mg tab	
<i>methotrexate</i> 2.5mg tab	57	tab		<i>metoprolol tartrate</i> 25mg	74
<i>methotrexate</i> 25mg/ml	57	<i>methylphenidate</i> 36mg sr	25	tab	
(2ml) inj		tab		<i>metoprolol tartrate</i>	74
<i>methotrexate</i> 25mg/ml inj	58	<i>methylphenidate</i> 40mg cr	25	37.5mg tab	
<i>methoxsalen</i> 10mg cap	86	cap		<i>metoprolol tartrate</i> 50mg	74
<i>methscopolamine bromide</i>	117	<i>methylphenidate</i> 40mg la	25	tab	
2.5mg tab		cap		<i>metoprolol tartrate</i> 75mg	74
<i>methscopolamine bromide</i>	117	<i>methylphenidate</i> 50mg cr	25	tab	
5mg tab		cap		<i>metronidazole</i> 0.75%	88
<i>methyl</i> dopa 250mg tab	53			cream	

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>metronidazole 0.75% gel</i>	88	<i>mirtazapine 15mg odt</i>	41	MORPHINE SULFATE	29
<i>metronidazole 0.75% lotion</i>	88	<i>mirtazapine 15mg tab</i>	41	30MG TAB	
<i>metronidazole 0.75% vaginal gel</i>	119	<i>mirtazapine 30mg odt</i>	41	<i>morphine sulfate 4mg/ml oral soln</i>	29
<i>metronidazole 1% gel</i>	88	<i>mirtazapine 30mg tab</i>	41	<i>morphine sulfate 60mg er tab</i>	29
<i>metronidazole 250mg tab</i>	55	<i>mirtazapine 45mg odt</i>	41	MOVANTIK 12.5MG TAB	95
<i>metronidazole 500mg tab</i>	55	<i>mirtazapine 45mg tab</i>	41	MOVANTIK 25MG TAB	95
<i>metronidazole 5mg/ml inj</i>	55	<i>mirtazapine 7.5mg tab</i>	41	<i>moxifloxacin 0.5% ophth soln</i>	107
<i>metyrosine 250mg cap</i>	52	<i>misoprostol 0.1mg tab</i>	117	MOXIFLOXACIN	94
<i>mexiletine 150mg cap</i>	34	<i>misoprostol 0.2mg tab</i>	117	1.6MG/ML INJ	
<i>mexiletine 200mg cap</i>	34	M-M-R II INJ	119	<i>moxifloxacin 400mg tab</i>	94
<i>mexiletine 250mg cap</i>	34	<i>modafinil 100mg tab</i>	25	MULTAQ 400MG TAB	34
<i>micafungin sodium 100mg inj</i>	49	<i>modafinil 200mg tab</i>	25	<i>mupirocin 2% ointment</i>	85
<i>micafungin sodium 50mg inj</i>	49	<i>moexipril 15mg tab</i>	52	<i>mycophenolate mofetil 200mg/ml susp</i>	104
<i>microgestin 1.5/30 21 day pack</i>	81	<i>moexipril 7.5mg tab</i>	52	<i>mycophenolate mofetil 250mg cap</i>	104
<i>microgestin 1/20 21 day pack</i>	81	MOLINDONE 10MG TAB	68	<i>mycophenolate mofetil 500mg tab</i>	104
<i>microgestin 24 fe 28 day pack</i>	81	MOLINDONE 25MG TAB	68	<i>mycophenolic acid 180mg dr tab</i>	104
<i>microgestin fe 1.5/30 28 day pack</i>	81	MOLINDONE 5MG TAB	68	<i>mycophenolic acid 360mg dr tab</i>	104
<i>microgestin fe 1/20 28 day pack</i>	81	<i>mometasone furoate 0.1% cream</i>	87	MYFEMBREE	93
<i>midodrine 10mg tab</i>	120	<i>mometasone furoate 0.1% lotion</i>	87	1-0.5-40MG TAB	
<i>midodrine 2.5mg tab</i>	120	<i>mometasone furoate 0.1% ointment</i>	87	<i>myorisan 10mg cap</i>	85
<i>midodrine 5mg tab</i>	120	<i>montelukast 10mg tab</i>	34	<i>myorisan 20mg cap</i>	85
<i>miglitol 100mg tab</i>	44	<i>montelukast 4mg chew tab</i>	34	<i>myorisan 30mg cap</i>	85
<i>miglitol 25mg tab</i>	44	<i>montelukast 4mg granules</i>	34	<i>myorisan 40mg cap</i>	85
<i>miglitol 50mg tab</i>	44	<i>montelukast 5mg chew tab</i>	34	MYRBETRIQ 25MG ER	118
<i>mighustat 100mg cap</i>	97	<i>morphine sulfate 100mg er tab</i>	29	TAB	
<i>mili 28 day pack</i>	81	<i>morphine sulfate 15mg er tab</i>	29	MYRBETRIQ 50MG ER	118
<i>mimvey pack</i>	93	MORPHINE SULFATE	29	TAB	
<i>minocycline 100mg cap</i>	114	15MG TAB		N	
<i>minocycline 100mg tab</i>	114	<i>morphine sulfate 200mg er tab</i>	29	<i>nabumetone 500mg tab</i>	27
<i>minocycline 50mg cap</i>	114	<i>morphine sulfate 20mg/ml oral soln</i>	29	<i>nabumetone 750mg tab</i>	28
<i>minocycline 50mg tab</i>	114	<i>morphine sulfate 2mg/ml oral soln</i>	29	<i>nadolol 20mg tab</i>	74
<i>minocycline 75mg cap</i>	114	<i>morphine sulfate 30mg er tab</i>	29	<i>nadolol 40mg tab</i>	74
<i>minocycline 75mg tab</i>	114			<i>nadolol 80mg tab</i>	74
<i>minoxidil 10mg tab</i>	55			<i>nafcillin 1000mg inj</i>	111
<i>minoxidil 2.5mg tab</i>	55			<i>nafcillin 100mg/ml inj</i>	111
				<i>nafcillin 2000mg inj</i>	111

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

NAFTIFINE 1% CREAM	85	NEFAZODONE 100MG	42	NEUPRO 3MG/24HR	65
<i>naftifine 2% cream</i>	85	TAB		PATCH	
NALOXONE 0.4MG/ML	48	NEFAZODONE 150MG	42	NEUPRO 4MG/24HR	65
CARTRIDGE		TAB		PATCH	
<i>naloxone 0.4mg/ml inj</i>	48	NEFAZODONE 200MG	42	NEUPRO 6MG/24HR	65
<i>naloxone 1mg/ml syringe</i>	48	TAB		PATCH	
<i>naloxone 40mg/ml nasal</i>	48	NEFAZODONE 250MG	42	NEUPRO 8MG/24HR	65
<i>spray</i>		TAB		PATCH	
<i>naltrexone 50mg tab</i>	48	NEFAZODONE 50MG	42	NEVANAC 0.1% OPHTH	108
<i>naproxen 250mg tab</i>	28	TAB		SUSP	
<i>naproxen 375mg dr tab</i>	28	<i>neomycin sulfate 500mg</i>	26	NEVIRAPINE 100MG ER	71
<i>naproxen 375mg tab</i>	28	<i>tab</i>		TAB	
<i>naproxen 500mg dr tab</i>	28	<i>neomycin/bacitracin/poly</i>	107	<i>nevirapine 10mg/ml susp</i>	71
<i>naproxen 500mg tab</i>	28	<i>myxin ophth ointment</i>		<i>nevirapine 200mg tab</i>	71
<i>naproxen sodium 275mg</i>	28	<i>5(3.5)mg-400unit-10000u</i>		<i>nevirapine 400mg er tab</i>	71
<i>tab</i>		<i>nit</i>		<i>niacin 1000mg er tab</i>	51
<i>naproxen sodium 550mg</i>	28	NEOMYCIN/POLYMYXI	107	<i>niacin 500mg er tab</i>	51
<i>tab</i>		N B/GRAMICIDIN		<i>niacin 750mg er tab</i>	51
<i>naratriptan 1mg tab</i>	101	1.75-10000-0.025MG-UN		<i>nicardipine 20mg cap</i>	75
<i>naratriptan 2.5mg tab</i>	101	T-MG/ML OPHTH SOLN		<i>nicardipine 30mg cap</i>	75
NARCAN 4MG/0.1ML	48	<i>neomycin/polymyxin/bacit</i>	108	NICOTROL 10MG INH	113
NASAL SPRAY		<i>racin/hydrocortisone</i>		SOLN	
NATACYN 5% OPHTH	107	<i>ophth 1% ointment</i>		NICOTROL 10MG/ML	113
SUSP		<i>neomycin/polymyxin/dexa</i>	108	NASAL INHALER	
NATAZIA 28 DAY PACK	81	<i>methasone 0.1% ophth</i>		<i>nifedipine 30mg er tab</i>	75
<i>nateglinide 120mg tab</i>	47	<i>susp</i>		<i>nifedipine 30mg osmotic</i>	75
<i>nateglinide 60mg tab</i>	47	<i>neomycin/polymyxin/hydr</i>	109	<i>er tab</i>	
NATPARA 100MCG	90	<i>ocortisone</i>		<i>nifedipine 60mg er tab</i>	75
CARTRIDGE		<i>3.5-10000unit-1% otic</i>		<i>nifedipine 60mg osmotic</i>	75
NATPARA 25MCG	90	<i>soln</i>		<i>er tab</i>	
CARTRIDGE		<i>neomycin/polymyxin/hydr</i>	109	<i>nifedipine 90mg er tab</i>	75
NATPARA 50MCG	90	<i>ocortisone</i>		<i>nifedipine 90mg osmotic</i>	75
CARTRIDGE		<i>3.5-10000unit-1% otic</i>		<i>er tab</i>	
NATPARA 75MCG	90	<i>susp</i>		<i>nikki 28 day pack</i>	82
CARTRIDGE		NEOMYCIN/POLYMYXI	108	<i>nilutamide 150mg tab</i>	59
NAYZILAM 5MG/0.1ML	38	N/HYDROCORTISONE		<i>nimodipine 30mg cap</i>	75
NASAL SPRAY		3.5-10000UNIT-10MG/M		NINLARO 2.3MG CAP	62
<i>nebivolol 10mg tab</i>	74	L OPHTH SUSP		NINLARO 3MG CAP	62
<i>nebivolol 2.5mg tab</i>	74	NERLYNX 40MG TAB	62	NINLARO 4MG CAP	62
<i>nebivolol 20mg tab</i>	74	NEUPRO 1MG/24HR	65	<i>nisoldipine 17mg er tab</i>	76
<i>nebivolol 5mg tab</i>	74	PATCH		NISOLDIPINE 20MG ER	76
<i>necon 0.5/35 28 day pack</i>	82	NEUPRO 2MG/24HR	65	TAB	
NEEDLES INSULIN	100	PATCH		NISOLDIPINE 25.5MG	76
DISP. SAFETY				ER 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

NISOLDIPINE 30MG ER TAB	76	NIVESTYM 480MCG/1.6ML INJ	98	NOVOLOG 100UNIT/ML CARTRIDGE	46
<i>nisoldipine 34mg er tab</i>	76	NIZATIDINE 150MG CAP	117	NOVOLOG 100UNIT/ML INJ	46
NISOLDIPINE 40MG ER TAB	76	NIZATIDINE 300MG CAP	117	NOVOLOG 100UNIT/ML PEN INJ	46
<i>nisoldipine 8.5mg er tab</i>	76	<i>nora-be 28 day 0.35mg pack</i>	83	NOVOLOG MIX 70-30UNIT/ML INJ	46
<i>nitazoxanide 500mg tab</i>	55	<i>norethindrone 0.35mg pack</i>	83	NOVOLOG MIX 70-30UNIT/ML PEN INJ	46
<i>nitisinone 10mg cap</i>	92	<i>norethindrone acetate 5mg tab</i>	111	NOXAFIL 40MG/ML SUSP	49
<i>nitisinone 2mg cap</i>	92	NORPACE 100MG ER CAP	33	NUBEQA 300MG TAB	59
<i>nitisinone 5mg cap</i>	92	NORPACE 150MG ER CAP	33	NUCALA 100MG INJ	34
NITRO-BID 2% OINTMENT	32	<i>nortrel 0.5/35 28 day pack</i>	82	NUCALA 100MG/ML AUTO-INJECTOR	34
NITRO-DUR 0.3MG/HR PATCH	32	<i>nortrel 1/35 21 day pack</i>	82	NUCALA 100MG/ML SYRINGE	34
NITRO-DUR 0.8MG/HR PATCH	32	<i>nortrel 1/35 28 day pack</i>	82	NUCYNTA 100MG ER TAB	29
<i>nitrofurantoin macro 25mg/nitrofurantoin mono 75mg cap</i>	56	<i>nortrel 7/7/7 28 day pack</i>	82	NUCYNTA 150MG ER TAB	29
<i>nitrofurantoin macrocrystals 100mg cap</i>	56	<i>nortriptyline 10mg cap</i>	44	NUCYNTA 200MG ER TAB	29
<i>nitrofurantoin macrocrystals 50mg cap</i>	56	<i>nortriptyline 25mg cap</i>	44	NUCYNTA 250MG ER TAB	29
<i>nitroglycerin 0.1mg/hr patch</i>	32	NORTRIPTYLINE 2MG/ML ORAL SOLN	44	NUCYNTA 50MG ER TAB	29
<i>nitroglycerin 0.2mg/hr patch</i>	32	<i>nortriptyline 50mg cap</i>	44	NUEDEXTA 20-10MG CAP	113
<i>nitroglycerin 0.3mg sl tab</i>	32	<i>nortriptyline 75mg cap</i>	44	NUPLAZID 10MG TAB	66
<i>nitroglycerin 0.4mg sl tab</i>	32	NORVIR 100MG ORAL POWDER	71	NUPLAZID 34MG CAP	66
<i>nitroglycerin 0.4mg/act spray</i>	32	NORVIR 80MG/ML ORAL SOLN	71	NURTEC 75MG ODT	100
<i>nitroglycerin 0.4mg/hr patch</i>	32	NOURIANZ 20MG TAB	64	NUTRILIPID	106
<i>nitroglycerin 0.6mg sl tab</i>	32	NOURIANZ 40MG TAB	64	20GM/100ML INJ	
<i>nitroglycerin 0.6mg/hr patch</i>	32	NOVOLIN	46	NUZYRA 150MG TAB	114
NIVESTYM	98	NOVOLIN 70-30UNIT/ML INJ	46	<i>nyamyc 100000unit/gm topical powder</i>	85
300MCG/0.5ML SYRINGE		NOVOLIN 100UNIT/ML INJ	46	<i>nylia 1/35 28 day pack</i>	82
NIVESTYM 300MCG/ML INJ	98	NOVOLIN N 100UNIT/ML PEN INJ	46	<i>nylia 7/7/7 28 day pack</i>	82
NIVESTYM	98	NOVOLIN R	46	<i>nymyo 28 day pack</i>	82
480MCG/0.8ML SYRINGE		NOVOLIN 100UNIT/ML INJ	46	<i>nystatin 100000 unit/gm ointment</i>	85
		NOVOLIN R 100UNIT/ML PEN INJ	46	<i>nystatin 100000unit/gm topical powder</i>	85

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

ALPHABETICAL LISTING OF DRUGS

<i>nystatin 100000unit/ml cream</i>	85	<i>olanzapine 5mg tab</i>	68	ORENITRAM 1MG ER	77
<i>nystatin 100000unit/ml susp</i>	104	<i>olanzapine 7.5mg tab</i>	68	TAB	
<i>nystatin 500000unit tab</i>	49	<i>olmesartan medoxomil 20mg tab</i>	52	ORENITRAM 2.5MG ER	77
<i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment</i>	85	<i>olmesartan medoxomil 40mg tab</i>	52	TAB	
<i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i>	85	<i>olmesartan medoxomil 5mg tab</i>	52	ORENITRAM 5MG ER	77
<i>nystop 100000unit/gm topical powder</i>	85	<i>olmesartan medoxomil 5mg tab</i>	52	ORFADIN 20MG CAP	92
O		<i>olopatadine 0.1% ophth soln</i>	108	ORFADIN 4MG/ML SUSP	92
OCALIVA 10MG TAB	94	<i>olopatadine 0.2% ophth soln</i>	108	ORGOVYX 120MG TAB	59
OCALIVA 5MG TAB	94	<i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i>	105	ORIAHNN 28 DAY KIT	93
ocella 28 day pack	82	OLUMIANT 1MG TAB	26	PACK	
OCTAGAM 1GM/20ML INJ	109	OLUMIANT 2MG TAB	26	ORILISSA 150MG TAB	91
OCTAGAM 2GM/20ML INJ	109	<i>omega-3 acid ethyl esters (usp) 1000mg cap</i>	50	ORILISSA 200MG TAB	91
<i>octreotide 0.05mg/ml inj</i>	92	<i>omeprazole 10mg dr cap</i>	117	ORKAMBI 125-100MG GRANULES	113
<i>octreotide 0.1mg/ml inj</i>	92	<i>omeprazole 20mg dr cap</i>	117	ORKAMBI 125-100MG TAB	113
<i>octreotide 0.2mg/ml inj</i>	92	<i>omeprazole 40mg dr cap</i>	117	ORKAMBI 125-200MG TAB	113
<i>octreotide 0.5mg/ml inj</i>	92	<i>ondansetron 0.8mg/ml oral soln</i>	48	ORKAMBI 188-150MG GRANULES	114
<i>octreotide 1mg/ml inj</i>	92	<i>ondansetron 4mg odt</i>	48	<i>orphenadrine citrate 100mg er tab</i>	105
ODEFSEY 200-25-25MG TAB	71	<i>ondansetron 4mg tab</i>	48	<i>orsythia 28 day pack</i>	82
ODOMZO 200MG CAP	58	<i>ondansetron 8mg odt</i>	48	<i>oseltamivir 30mg cap</i>	73
OFEV 100MG CAP	114	<i>ondansetron 8mg tab</i>	48	<i>oseltamivir 45mg cap</i>	73
OFEV 150MG CAP	114	ONUREG 200MG TAB	58	<i>oseltamivir 6mg/ml susp</i>	73
<i>ofloxacin 0.3% ophth soln</i>	107	ONUREG 300MG TAB	58	<i>oseltamivir 75mg cap</i>	73
<i>ofloxacin 0.3% otic soln</i>	109	OPSUMIT 10MG TAB	77	OSPHENA 60MG TAB	91
<i>ofloxacin 400mg tab</i>	94	ORENCIA 125MG/ML AUTO-INJECTOR	28	OTEZLA 28-DAY STARTER PACK	28
<i>olanzapine 10mg inj</i>	68	ORENCIA 125MG/ML SYRINGE	28	<i>oxacillin 1000mg inj</i>	111
<i>olanzapine 10mg odt</i>	68	ORENCIA 50MG/0.4ML SYRINGE	28	<i>oxacillin 100mg/ml inj</i>	111
<i>olanzapine 10mg tab</i>	68	ORENCIA 87.5MG/0.7ML SYRINGE	28	<i>oxacillin 2000mg inj</i>	111
<i>olanzapine 15mg odt</i>	68	ORENITRAM 0.125MG ER TAB	77	OXACILLIN 20MG/ML INJ	111
<i>olanzapine 15mg tab</i>	68	ORENITRAM 0.25MG ER TAB	77	OXACILLIN 40MG/ML INJ	111
<i>olanzapine 2.5mg tab</i>	68			<i>oxandrolone 10mg tab</i>	31
<i>olanzapine 20mg odt</i>	68			<i>oxandrolone 2.5mg tab</i>	31
<i>olanzapine 20mg tab</i>	68			<i>oxaprozin 600mg tab</i>	28
<i>olanzapine 5mg odt</i>	68			OXBRYTA 300MG TAB FOR ORAL SUSP	97

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

OXBRYTA 500MG TAB	97	<i>paliperidone 6mg er tab</i>	67	<i>peg 3350/kcl/sodium</i>	99
<i>oxcarbazepine 150mg tab</i>	39	<i>paliperidone 9mg er tab</i>	67	<i>bicarbonate/sodium</i>	
<i>oxcarbazepine 300mg tab</i>	39	PALYNZIQ 10MG/0.5ML	92	<i>chloride powder for oral</i>	
<i>oxcarbazepine 600mg tab</i>	39	SYRINGE		<i>soln</i>	
<i>oxcarbazepine 60mg/ml</i>	40	PALYNZIQ 2.5MG/0.5ML	92	PEGASYS	72
<i>susp</i>		SYRINGE		180MCG/0.5ML	
OXERVATE 0.002%	107	PALYNZIQ 20MG/ML	92	SYRINGE	
OPHTH SOLN		SYRINGE		PEGASYS 180MCG/ML	72
<i>oxybutynin chloride 10mg</i>	118	PANRETIN 0.1% GEL	86	INJ	
<i>er tab</i>		<i>pantoprazole 20mg dr tab</i>	117	PEMAZYRE 13.5MG TAB	62
<i>oxybutynin chloride 15mg</i>	118	<i>pantoprazole 40mg dr tab</i>	117	PEMAZYRE 4.5MG TAB	62
<i>er tab</i>		PANZYGA 10GM/100ML	109	PEMAZYRE 9MG TAB	62
<i>oxybutynin chloride</i>	118	INJ		<i>penicillamine 250mg tab</i>	103
<i>1mg/ml oral soln</i>		PANZYGA 1GM/10ML	109	<i>penicillin g potassium</i>	110
<i>oxybutynin chloride 5mg</i>	118	INJ		<i>1000000unit/ml inj</i>	
<i>er tab</i>		PANZYGA 2.5GM/25ML	109	PENICILLIN G	110
<i>oxybutynin chloride 5mg</i>	118	INJ		POTASSIUM	
<i>tab</i>		PANZYGA 20GM/200ML	109	40000UNIT/ML INJ	
<i>oxycodone 10mg tab</i>	29	INJ		PENICILLIN G	110
<i>oxycodone 15mg tab</i>	29	PANZYGA 30GM/300ML	109	POTASSIUM	
<i>oxycodone 1mg/ml oral</i>	29	INJ		60000UNIT/ML INJ	
<i>soln</i>		PANZYGA 5GM/50ML	109	PENICILLIN G	110
<i>oxycodone 20mg tab</i>	30	INJ		PROCAINE	
<i>oxycodone 20mg/ml oral</i>	30	<i>paricalcitol 0.001mg cap</i>	92	600000UNIT/ML	
<i>soln</i>		<i>paricalcitol 0.002mg cap</i>	92	SYRINGE	
<i>oxycodone 30mg tab</i>	30	<i>paricalcitol 0.004mg cap</i>	92	PENICILLIN G SODIUM	110
<i>oxycodone 5mg cap</i>	30	<i>paromomycin 250mg cap</i>	26	100000UNIT/ML INJ	
<i>oxycodone 5mg tab</i>	30	<i>paroxetine 10mg tab</i>	42	<i>penicillin v potassium</i>	110
OXYCODONE/ACETAMI	31	<i>paroxetine 12.5mg er tab</i>	42	<i>250mg tab</i>	
NOPHEN 5-325MG/5ML		<i>paroxetine 20mg tab</i>	42	PENICILLIN V	110
ORAL SOLN		<i>paroxetine 25mg er tab</i>	42	POTASSIUM 25MG/ML	
<i>oxymorphone 10mg tab</i>	30	<i>paroxetine 2mg/ml susp</i>	42	ORAL SOLN	
<i>oxymorphone 5mg tab</i>	30	<i>paroxetine 30mg tab</i>	42	<i>penicillin v potassium</i>	110
OZEMPIC 2.68MG/ML	46	<i>paroxetine 37.5mg er tab</i>	42	<i>500mg tab</i>	
PEN INJ		<i>paroxetine 40mg tab</i>	42	PENICILLIN V	110
OZEMPIC 2MG/1.5ML	46	PASER D/R 4GM	57	POTASSIUM 50MG/ML	
PEN INJ		GRANULES		ORAL SOLN	
OZEMPIC 4MG/3ML	46	PAXIL 10MG/5ML SUSP	42	PENTACEL	116
PEN INJ		PEDIARIX SYRINGE	116	96-30-68UNIT/ML INJ	
P		PEDVAXHIB	118	<i>pentamidine isethionate</i>	55
<i>pacerone 200mg tab</i>	34	7.5MCG/0.5ML INJ		<i>300mg inj</i>	
<i>pacerone 400mg tab</i>	34	<i>peg 3350/electrolyte oral</i>	99	<i>pentamidine isethionate</i>	55
<i>paliperidone 1.5mg er tab</i>	67	<i>soln</i>		<i>50mg/ml inh soln</i>	
<i>paliperidone 3mg er tab</i>	67				

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

ALPHABETICAL LISTING OF DRUGS

<i>pentoxifylline 400mg er tab</i>	97	<i>pilocarpine 1% ophth soln</i>	106	PLEGRIDY 125MCG/0.5ML	113
<i>perindopril erbumine 2mg tab</i>	52	<i>pilocarpine 2% ophth soln</i>	106	AUTO-INJECTOR PLEGRIDY	113
<i>perindopril erbumine 4mg tab</i>	52	<i>pilocarpine 4% ophth soln</i>	106	125MCG/0.5ML SYRINGE	
<i>perindopril erbumine 8mg tab</i>	52	<i>pilocarpine 5mg tab</i>	105	<i>plenamine 15% inj</i>	106
<i>perio gard 0.12% mouthwash</i>	104	<i>pilocarpine 7.5mg tab</i>	105	<i>podofilox 0.5% topical soln</i>	88
<i>permethrin 5% cream</i>	88	<i>pimecrolimus 1% cream</i>	88	<i>polymyxin b 250000unit/ml inj</i>	56
<i>perphenazine 16mg tab</i>	69	PIMOZIDE 1MG TAB	113	<i>polymyxin b/trimethoprim 10000 Unit/ML-0.1% ophth soln</i>	107
<i>perphenazine 2mg tab</i>	69	PIMOZIDE 2MG TAB	113	POMALYST 1MG CAP	59
<i>perphenazine 4mg tab</i>	69	<i>pimtrea pack</i>	82	POMALYST 2MG CAP	59
<i>perphenazine 8mg tab</i>	69	<i>pindolol 10mg tab</i>	74	POMALYST 3MG CAP	59
PERSERIS 120MG SYRINGE	67	<i>pindolol 5mg tab</i>	74	POMALYST 4MG CAP	59
PERSERIS 90MG SYRINGE	67	<i>pioglitazone 15mg tab</i>	46	<i>portia 28 day pack</i>	82
<i>phenelzine 15mg tab</i>	42	<i>pioglitazone 30mg tab</i>	47	<i>posaconazole 100mg dr tab</i>	49
<i>phenobarbital 100mg tab</i>	99	<i>pioglitazone 45mg tab</i>	47	POTASSIUM CHLORIDE 0.02MEQ/ML/SODIUM CHLORIDE 4.5MG/ML INJ	102
<i>phenobarbital 15mg tab</i>	99	<i>piperacillin 2000mg/tazobactam 250mg inj</i>	110	<i>potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj</i>	102
<i>phenobarbital 16.2mg tab</i>	99	<i>piperacillin 200mg/ml/tazobactam 25mg/ml inj</i>	110	POTASSIUM CHLORIDE 0.04MEQ/ML/SODIUM CHLORIDE 9MG/ML INJ	102
<i>phenobarbital 30mg tab</i>	99	<i>piperacillin 3000mg/tazobactam 375mg inj</i>	110	POTASSIUM CHLORIDE 0.1MEQ/ML INJ	102
<i>phenobarbital 32.4mg tab</i>	99	<i>piperacillin 4000mg/tazobactam 500mg inj</i>	110	POTASSIUM CHLORIDE 0.2MEQ/ML INJ	102
<i>phenobarbital 4mg/ml oral soln</i>	99	PIQRAY 200MG DAILY DOSE PACK	62	POTASSIUM CHLORIDE 0.4MEQ/ML INJ	102
<i>phenobarbital 60mg tab</i>	99	PIQRAY 250MG DAILY DOSE PACK	62	<i>potassium chloride 1.33meq/ml oral soln</i>	102
<i>phenobarbital 64.8mg tab</i>	99	PIQRAY 300MG DAILY DOSE 150MG PACK	62	<i>potassium chloride 10meq er cap</i>	102
<i>phenobarbital 97.2mg tab</i>	99	<i>pirfenidone 267mg tab</i>	114	<i>potassium chloride 10meq er tab</i>	102
<i>phenoxybenzamine 10mg cap</i>	52	<i>pirfenidone 801mg tab</i>	114		
<i>phenytoin 25mg/ml susp</i>	41	<i>pirmella 1/35 28 day pack</i>	82		
<i>phenytoin 50mg chew tab</i>	41	<i>piroxicam 10mg cap</i>	28		
<i>phenytoin sodium 100mg er cap</i>	41	<i>piroxicam 20mg cap</i>	28		
<i>phenytoin sodium 200mg er cap</i>	41	PLASMA-LYTE 148 INJ	102		
<i>phenytoin sodium 300mg er cap</i>	41	PLASMALYTE A INJ	102		
PHOSLYRA 667MG/5ML ORAL SOLN	95				
PIFELTRO 100MG TAB	71				

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

ALPHABETICAL LISTING OF DRUGS

<i>potassium chloride</i>	102	<i>pramipexole 3.75mg er</i>	65	PREDNISONE 5MG/ML	84
<i>10meq micro er tab</i>		<i>tab</i>		ORAL SOLN	
<i>potassium chloride</i>	102	<i>pramipexole 3mg er tab</i>	65	<i>pregabalin 100mg cap</i>	40
<i>15meq micro er tab</i>		<i>pramipexole 4.5mg er tab</i>	65	<i>pregabalin 150mg cap</i>	40
<i>potassium chloride</i>	102	<i>prasugrel 10mg tab</i>	97	<i>pregabalin 200mg cap</i>	40
<i>2.67meq/ml oral soln</i>		<i>prasugrel 5mg tab</i>	97	<i>pregabalin 20mg/ml oral</i>	40
<i>potassium chloride</i>	102	<i>pravastatin sodium 10mg</i>	50	<i>soln</i>	
<i>20meq er tab</i>		<i>tab</i>		<i>pregabalin 225mg cap</i>	40
<i>potassium chloride</i>	102	<i>pravastatin sodium 20mg</i>	50	<i>pregabalin 25mg cap</i>	40
<i>20meq micro er tab</i>		<i>tab</i>		<i>pregabalin 300mg cap</i>	40
<i>potassium chloride</i>	102	<i>pravastatin sodium 40mg</i>	51	<i>pregabalin 50mg cap</i>	40
<i>20meq powder for oral</i>		<i>tab</i>		<i>pregabalin 75mg cap</i>	40
<i>soln</i>		<i>pravastatin sodium 80mg</i>	51	PREHEVBRIO	119
<i>potassium chloride</i>	102	<i>tab</i>		10MCG/ML INJ	
<i>2meq/ml (20ml) inj</i>		<i>prazosin 1mg cap</i>	53	PREMARIN 0.3MG TAB	94
<i>potassium chloride</i>	102	<i>prazosin 2mg cap</i>	53	PREMARIN 0.45MG TAB	94
<i>2meq/ml inj</i>		<i>prazosin 5mg cap</i>	53	PREMARIN 0.625MG	94
<i>potassium chloride 8meq</i>	102	PRED MILD 0.12%	108	TAB	
<i>er cap</i>		OPHTH SUSP		PREMARIN	119
<i>potassium chloride 8meq</i>	103	PRED-G 0.3-1% OPTH	108	0.625MG/GM VAGINAL	
<i>er tab</i>		SUSP		CREAM	
<i>potassium citrate 10meq</i>	96	PREDNICARBATE 0.1%	87	PREMARIN 0.9MG TAB	94
<i>er tab</i>		OINTMENT		PREMARIN 1.25MG TAB	94
<i>potassium citrate 15meq</i>	96	PREDNISOLONE 1%	108	PREMASOL 10% INJ	106
<i>er tab</i>		OPHTH SOLN		PREMPHASE 28 DAY	93
<i>potassium citrate 5meq er</i>	96	<i>prednisolone 10mg odt</i>	83	PACK	
<i>tab</i>		<i>prednisolone 15mg odt</i>	83	PREMPRO 0.3/1.5MG 28	93
PRALUENT 150MG/ML	51	<i>prednisolone 1mg/ml oral</i>	83	DAY PACK	
AUTO-INJECTOR		<i>soln</i>		PREMPRO 0.45/1.5MG	93
PRALUENT 75MG/ML	51	<i>prednisolone 30mg odt</i>	83	28 DAY PACK	
AUTO-INJECTOR		PREDNISOLONE	83	PREMPRO 0.625/2.5MG	93
<i>pramipexole 0.125mg tab</i>	65	3MG/ML ORAL SOLN		28 DAY PACK	
<i>pramipexole 0.25mg tab</i>	65	PREDNISOLONE	108	PREMPRO 0.625/5MG	93
<i>pramipexole 0.375mg er</i>	65	ACETATE 1% OPTH		28 DAY PACK	
<i>tab</i>		SUSP		PRETOMANID 200MG	57
<i>pramipexole 0.5mg tab</i>	65	<i>prednisone 10mg tab</i>	83	TAB	
<i>pramipexole 0.75mg er</i>	65	<i>prednisone 1mg tab</i>	83	<i>prevalite 4gm powder for</i>	50
<i>tab</i>		PREDNISONE 1MG/ML	84	<i>oral susp</i>	
<i>pramipexole 0.75mg tab</i>	65	ORAL SOLN		PREVYMIS 240MG TAB	72
<i>pramipexole 1.5mg er tab</i>	65	<i>prednisone 2.5mg tab</i>	84	PREVYMIS 480MG TAB	72
<i>pramipexole 1.5mg tab</i>	65	<i>prednisone 20mg tab</i>	84	PREZCOBIX 150-800MG	71
<i>pramipexole 1mg tab</i>	65	<i>prednisone 50mg tab</i>	84	TAB	
<i>pramipexole 2.25mg er</i>	65	<i>prednisone 5mg tab</i>	84	PREZISTA 100MG/ML	71
<i>tab</i>				SUSP	

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

PREZISTA 150MG TAB	71	PROMACTA 75MG TAB	98	PULMOZYME 1MG/ML	114
PREZISTA 600MG TAB	71	<i>promethazine 1.25mg/ml</i>	49	INH SOLN	
PREZISTA 75MG TAB	71	<i>oral soln</i>		PURIXAN	58
PREZISTA 800MG TAB	71	<i>promethazine 12.5mg</i>	49	2000MG/100ML SUSP	
PRIFTIN 150MG TAB	57	<i>rectal supp</i>		PYLERA	117
PRIMAQUINE	57	<i>promethazine 12.5mg tab</i>	49	140-125-125MG CAP	
PHOSPHATE 26.3MG		<i>promethazine 25mg rectal</i>	49	PYRAZINAMIDE 500MG	57
TAB		<i>supp</i>		TAB	
<i>primidone 250mg tab</i>	40	<i>promethazine 25mg tab</i>	49	<i>pyridostigmine bromide</i>	57
<i>primidone 50mg tab</i>	40	<i>promethazine 50mg tab</i>	49	<i>180mg er tab</i>	
PRIVIGEN 20GM/200ML	109	<i>promethegan 25mg rectal</i>	50	<i>pyridostigmine bromide</i>	57
INJ		<i>supp</i>		<i>60mg tab</i>	
<i>probenecid 500mg tab</i>	96	PROMETHEGAN 50MG	50		
PROCALAMINE 3% INJ	106	RECTAL SUPP		Q	
<i>prochlorperazine 10mg</i>	69	<i>propafenone 150mg tab</i>	34	QBRELIS 1MG/ML ORAL	52
<i>tab</i>		<i>propafenone 225mg er</i>	34	SOLN	
<i>prochlorperazine 25mg</i>	69	<i>cap</i>		QINLOCK 50MG TAB	62
<i>rectal supp</i>		<i>propafenone 225mg tab</i>	34	QUADRACEL 0.5ML INJ	116
<i>prochlorperazine 5mg tab</i>	69	<i>propafenone 300mg tab</i>	34	QUADRACEL INJ	117
<i>procto-med 2.5% cream</i>	32	<i>propafenone 325mg er</i>	34	<i>quetiapine 100mg tab</i>	68
<i>procto-pak 1% rectal</i>	32	<i>cap</i>		<i>quetiapine 150mg er tab</i>	68
<i>cream</i>		<i>propafenone 425mg er</i>	34	<i>quetiapine 200mg er tab</i>	68
<i>proctosol 2.5% cream</i>	32	<i>cap</i>		<i>quetiapine 200mg tab</i>	68
<i>proctozone hc 2.5% cream</i>	32	<i>propranolol 10mg tab</i>	74	<i>quetiapine 25mg tab</i>	68
<i>progesterone 100mg cap</i>	111	<i>propranolol 120mg er</i>	74	<i>quetiapine 300mg er tab</i>	68
<i>progesterone 200mg cap</i>	111	<i>cap</i>		<i>quetiapine 300mg tab</i>	68
PROGRAF 0.2MG	104	<i>propranolol 160mg er</i>	74	<i>quetiapine 400mg er tab</i>	68
GRANULES FOR ORAL		<i>cap</i>		<i>quetiapine 400mg tab</i>	68
SUSP		<i>propranolol 20mg tab</i>	74	<i>quetiapine 50mg er tab</i>	68
PROGRAF 1MG	104	<i>propranolol 40mg tab</i>	74	<i>quetiapine 50mg tab</i>	68
GRANULES FOR ORAL		PROPRANOLOL	74	<i>quinapril 10mg tab</i>	52
SUSP		4MG/ML ORAL SOLN		<i>quinapril 20mg tab</i>	52
PROLASTIN 1000MG INJ	113	<i>propranolol 60mg er cap</i>	74	<i>quinapril 40mg tab</i>	52
PROLIA 60MG/ML	90	<i>propranolol 60mg tab</i>	74	<i>quinapril 5mg tab</i>	52
SYRINGE		<i>propranolol 80mg er cap</i>	74	<i>quinidine gluconate</i>	33
PROMACTA 12.5MG	98	<i>propranolol 80mg tab</i>	74	<i>324mg er tab</i>	
POWDER FOR ORAL		PROPRANOLOL	74	QUINIDINE SULFATE	33
SUSP		8MG/ML ORAL SOLN		200MG TAB	
PROMACTA 12.5MG TAB	98	<i>propylthiouracil 50mg</i>	115	QUINIDINE SULFATE	33
PROMACTA 25MG	98	<i>tab</i>		300MG TAB	
POWDER FOR ORAL		PROQUAD INJ	119	<i>quinine sulfate 324mg</i>	57
SUSP		PROSOL 20% INJ	106	<i>cap</i>	
PROMACTA 25MG TAB	98	<i>protriptyline 10mg tab</i>	44		
PROMACTA 50MG TAB	98	<i>protriptyline 5mg tab</i>	44	R	

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

RABAVERT 2.5UNIT/ML INJ	119	RELISTOR 8MG/0.4ML SYRINGE	95	REYATAZ 50MG ORAL POWDER	71
<i>rabeprazole sodium 20mg dr tab</i>	117	<i>repaglinide 0.5mg tab</i>	47	REYVOW 100MG TAB	101
<i>raloxifene 60mg tab</i>	91	<i>repaglinide 1mg tab</i>	47	REYVOW 50MG TAB	101
<i>ramelteon 8mg tab</i>	99	<i>repaglinide 2mg tab</i>	47	REZUROCK 200MG TAB	104
<i>ramipril 1.25mg cap</i>	52	REPATHA 140MG/ML AUTO-INJECTOR	51	RHOPRESSA 0.02% OPHTH SOLN	107
<i>ramipril 10mg cap</i>	52	REPATHA 140MG/ML SYRINGE	51	<i>ribavirin 200mg cap</i>	72
<i>ramipril 2.5mg cap</i>	52	REPATHA 420MG/3.5ML CARTRIDGE	51	<i>ribavirin 200mg tab</i>	72
<i>ranolazine 1000mg er tab</i>	32	RESTASIS 0.05% OPHTH SUSP (MULTI-USE VIAL)	107	RIDAURA 3MG CAP	27
<i>ranolazine 500mg er tab</i>	32	RESTASIS 0.05% OPHTH SUSP (SINGLE USE VIAL)	107	<i>rifabutin 150mg cap</i>	57
<i>rasagiline 0.5mg tab</i>	65	RETACRIT 10000UNIT/ML INJ	98	<i>rifampin 150mg cap</i>	57
<i>rasagiline 1mg tab</i>	65	RETACRIT 20000UNIT/2ML INJ	98	<i>rifampin 300mg cap</i>	57
RAVICTI 1.1GM/ML ORAL SOLN	92	RETACRIT 20000UNIT/ML INJ	98	<i>rifampin 600mg inj</i>	57
REBIF 22MCG/0.5ML AUTO-INJECTOR	113	RETACRIT 3000UNIT/ML INJ	98	<i>riluzole 50mg tab</i>	105
REBIF 22MCG/0.5ML SYRINGE	113	RETACRIT 4000UNIT/ML INJ	98	RIMANTADINE 100MG TAB	73
REBIF 44MCG/0.5ML AUTO-INJECTOR	113	RETEVMO 40MG CAP	62	RINVOQ 15MG ER TAB	26
REBIF 44MCG/0.5ML SYRINGE	113	RETEVMO 80MG CAP	62	RINVOQ 30MG ER TAB	26
REBIF REBIDOSE PACK	113	REVLIMID 10MG CAP	103	RINVOQ 45MG ER TAB	26
REBIF TITRATION PACK	113	REVLIMID 15MG CAP	103	<i>risedronate sodium 150mg tab</i>	90
<i>reclipsen 28 day pack</i>	82	REVLIMID 2.5MG CAP	103	<i>risedronate sodium 30mg tab</i>	90
RECOMBIVAX 10MCG/ML INJ	119	REVLIMID 20MG CAP	103	<i>risedronate sodium 35mg (12) pack</i>	90
RECOMBIVAX 10MCG/ML SYRINGE	119	REVLIMID 25MG CAP	103	<i>risedronate sodium 35mg (4) pack</i>	90
RECOMBIVAX 40MCG/ML INJ	119	REVLIMID 5MG CAP	103	<i>risedronate sodium 35mg tab</i>	90
RECOMBIVAX 5MCG/0.5ML SYRINGE	119	REXULTI 0.25MG TAB	70	<i>risedronate sodium 5mg tab</i>	90
RECTIV 0.4% RECTAL OINTMENT	32	REXULTI 0.5MG TAB	70	RISPERDAL 12.5MG INJ	67
REGANEX 0.01% GEL	89	REXULTI 1MG TAB	70	RISPERDAL 25MG INJ	67
RELENZA 5MG/BLISTER INHALER	73	REXULTI 2MG TAB	70	RISPERDAL 37.5MG INJ	67
RELISTOR 12MG/0.6ML INJ	95	REXULTI 3MG TAB	70	RISPERDAL 50MG INJ	67
RELISTOR 12MG/0.6ML SYRINGE	95	REXULTI 4MG TAB	70	RISPERIDONE 0.25MG ODT	67
				<i>risperidone 0.25mg tab</i>	67
				<i>risperidone 0.5mg odt</i>	67
				<i>risperidone 0.5mg tab</i>	67
				<i>risperidone 1mg odt</i>	67
				<i>risperidone 1mg tab</i>	67

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

ALPHABETICAL LISTING OF DRUGS

<i>risperidone 1mg/ml oral soln</i>	67	<i>rosuvastatin calcium 40mg tab</i>	51	SCSEMBLIX 20MG TAB	62
<i>risperidone 2mg odt</i>	67	<i>rosuvastatin calcium 5mg tab</i>	51	SCSEMBLIX 40MG TAB	62
<i>risperidone 2mg tab</i>	67	ROTARIX SUSP	119	<i>scopolamine 0.0139mg/hr patch</i>	48
<i>risperidone 3mg odt</i>	67	ROTATEQ SUSP	119	SECUADO 3.8MG/24HR	68
<i>risperidone 3mg tab</i>	67	<i>roweepra 500mg tab</i>	40	PATCH	
<i>risperidone 4mg odt</i>	67	ROZLYTREK 100MG	62	SECUADO 5.7MG/24HR	68
<i>risperidone 4mg tab</i>	67	CAP		PATCH	
<i>ritonavir 100mg tab</i>	71	ROZLYTREK 200MG	62	SECUADO 7.6MG/24HR	68
<i>rivastigmine 0.192mg/hr patch</i>	112	CAP		PATCH	
<i>rivastigmine 0.396mg/hr patch</i>	112	RUBRACA 200MG TAB	62	<i>selegiline 5mg cap</i>	66
<i>rivastigmine 0.554mg/hr patch</i>	112	RUBRACA 250MG TAB	62	SELEGILINE 5MG TAB	66
<i>rivastigmine 1.5mg cap</i>	112	RUBRACA 300MG TAB	62	<i>selenium sulfide 2.5% shampoo</i>	86
<i>rivastigmine 3mg cap</i>	112	RUCONEST 2100UNIT	97	SELZENTRY 150MG TAB	72
<i>rivastigmine 4.5mg cap</i>	112	INJ		SELZENTRY 20MG/ML	72
<i>rivastigmine 6mg cap</i>	112	<i>rufinamide 200mg tab</i>	40	ORAL SOLN	
<i>rivelsa 91 day pack</i>	82	<i>rufinamide 400mg tab</i>	40	SELZENTRY 25MG TAB	72
<i>rizatriptan 10mg odt</i>	101	<i>rufinamide 40mg/ml susp</i>	40	SELZENTRY 300MG TAB	72
<i>rizatriptan 10mg tab</i>	101	RUKOBIA 600MG ER	72	SELZENTRY 75MG TAB	72
<i>rizatriptan 5mg odt</i>	101	TAB		SEREVENT	36
<i>rizatriptan 5mg tab</i>	101	RYBELSUS 14MG TAB	46	50MCG/DOSE INHALER	
ROCKLATAN	107	RYBELSUS 3MG TAB	46	<i>sertraline 100mg tab</i>	42
0.05-0.2MG/ML OPHTH SOLN		RYBELSUS 7MG TAB	46	<i>sertraline 20mg/ml oral soln</i>	42
<i>ropinirole 0.25mg tab</i>	65	RYDAPT 25MG CAP	62	<i>sertraline 25mg tab</i>	42
<i>ropinirole 0.5mg tab</i>	65	S		<i>sertraline 50mg tab</i>	42
<i>ropinirole 12mg er tab</i>	65	<i>sajazir 30mg/3ml syringe</i>	97	<i>setlakin 91 day pack</i>	82
<i>ropinirole 1mg tab</i>	65	<i>salmon calcitonin 200unit/act nasal spray</i>	90	<i>sevelamer carbonate 2400mg powder for oral susp</i>	96
<i>ropinirole 2mg er tab</i>	65	SANDIMMUNE	104	<i>sevelamer carbonate 800mg powder for oral susp</i>	96
<i>ropinirole 2mg tab</i>	65	100MG/ML ORAL SOLN		<i>sevelamer carbonate 800mg tab</i>	96
<i>ropinirole 3mg tab</i>	65	SANTYL 250UNIT/GM	88	<i>sharobel 28 day 0.35mg pack</i>	83
<i>ropinirole 4mg er tab</i>	65	OINTMENT		SHINGRIX	119
<i>ropinirole 4mg tab</i>	65	<i>sapropterin 100mg powder for oral soln</i>	92	50MCG/0.5ML INJ	
<i>ropinirole 5mg tab</i>	65	<i>sapropterin 100mg tab</i>	92	SIGNIFOR 0.3MG/ML INJ	92
<i>ropinirole 6mg er tab</i>	65	<i>sapropterin 500mg powder for oral soln</i>	92	SIGNIFOR 0.6MG/ML INJ	92
<i>ropinirole 8mg er tab</i>	65	SAVELLA 100MG TAB	112	SIGNIFOR 0.9MG/ML INJ	92
<i>rosuvastatin calcium 10mg tab</i>	51	SAVELLA 12.5MG TAB	112	<i>sildenafil 20mg tab</i>	77
<i>rosuvastatin calcium 20mg tab</i>	51	SAVELLA 25MG TAB	112		
		SAVELLA 4-WEEK	112		
		TITRATION PACK			
		SAVELLA 50MG TAB	112		

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>silodosin 4mg cap</i>	96	<i>sodium chloride 9mg/ml inj</i>	103	SPRITAM 500MG TAB FOR ORAL SUSP	40
<i>silodosin 8mg cap</i>	96	<i>sodium phenylbutyrate 3gm/tsp oral powder</i>	92	SPRITAM 750MG TAB FOR ORAL SUSP	40
<i>silver sulfadiazine 1% cream</i>	86	<i>sodium polystyrene sulfonate 15000mg powder for oral susp</i>	104	SPRYCEL 100MG TAB	62
SIMBRINZA 0.2-1% OPTH SUSP	107	SOFOSBUVIR 400MG/VELPATASVIR 100MG TAB	72	SPRYCEL 140MG TAB	62
SIMPONI 100MG/ML AUTO-INJECTOR	26	<i>solifenacin succinate 10mg tab</i>	118	SPRYCEL 20MG TAB	62
SIMPONI 100MG/ML SYRINGE	26	<i>solifenacin succinate 5mg tab</i>	118	SPRYCEL 50MG TAB	62
SIMPONI 50MG/0.5ML AUTO-INJECTOR	26	SOLQUA PEN INJ	45	SPRYCEL 70MG TAB	62
SIMPONI 50MG/0.5ML SYRINGE	26	SOLTAMOX 10MG/5ML ORAL SOLN	59	SPRYCEL 80MG TAB	62
<i>simvastatin 10mg tab</i>	51	SOMAVERT 10MG INJ	91	SPS 15GM/60ML SUSP	104
<i>simvastatin 20mg tab</i>	51	SOMAVERT 15MG INJ	91	<i>sronyx 28 day pack</i>	82
<i>simvastatin 40mg tab</i>	51	SOMAVERT 20MG INJ	91	<i>ssd 1% cream</i>	86
<i>simvastatin 5mg tab</i>	51	SOMAVERT 25MG INJ	91	STALEVO	65
<i>simvastatin 80mg tab</i>	51	SOMAVERT 30MG INJ	91	12.5-200-50MG TAB	
<i>sirolimus 0.5mg tab</i>	104	<i>sorafenib 200mg tab</i>	62	STALEVO	65
<i>sirolimus 1mg tab</i>	104	<i>sorine 120mg tab</i>	74	18.75-200-75MG TAB	
<i>sirolimus 1mg/ml oral soln</i>	104	<i>sorine 160mg tab</i>	74	STALEVO	65
<i>sirolimus 2mg tab</i>	104	<i>sorine 240mg tab</i>	74	25-200-100MG TAB	
SIRTURO 100MG TAB	57	<i>sorine 80mg tab</i>	74	STALEVO	65
SIRTURO 20MG TAB	57	<i>sotalol 120mg tab</i>	74	31.25-200-125MG TAB	
SIVEXTRO 200MG INJ	56	<i>sotalol 160mg tab</i>	74	STALEVO	65
SIVEXTRO 200MG TAB	56	<i>sotalol 240mg tab</i>	74	37.5-200-150MG TAB	
SKYRIZI 150MG DOSE PACK 75MG/0.83ML	86	<i>sotalol 80mg tab</i>	74	STALEVO	65
SKYRIZI 150MG/ML AUTO-INJECTOR	86	<i>sotalol af 120mg tab</i>	74	50-200-200MG TAB	
SKYRIZI 150MG/ML SYRINGE	86	<i>sotalol af 160mg tab</i>	74	STELARA 45MG/0.5ML INJ	86
SLYND 4MG PACK	83	<i>sotalol af 80mg tab</i>	74	STELARA 45MG/0.5ML SYRINGE	86
<i>sodium chloride 0.9% irrigation soln</i>	96	SPIRIVA RESPIMAT 1.25MCG/ACT INH	34	STELARA 90MG/ML SYRINGE	86
<i>sodium chloride 30mg/ml inj</i>	103	<i>spironolactone 100mg tab</i>	90	STIOLTO	36
<i>sodium chloride 4.5mg/ml inj</i>	103	<i>spironolactone 25mg tab</i>	90	2.5-2.5MCG/ACT INH	
<i>sodium chloride 50mg/ml inj</i>	103	<i>spironolactone 50mg tab</i>	90	STIVARGA 40MG TAB	62
		<i>sprintec 28 day pack</i>	82	STREPTOMYCIN 1000MG INJ	26
		SPRITAM 1000MG TAB FOR ORAL SUSP	40	STRIBILD	72
		SPRITAM 250MG TAB FOR ORAL SUSP	40	150-150-200-300MG TAB	
				SUCRAID 8500UNIT/ML ORAL SOLN	89
				<i>sucrafate 1000mg tab</i>	117
				<i>sucrafate 100mg/ml susp</i>	117

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>sulfacetamide sodium</i>	85	<i>sunitinib 25mg cap</i>	62	SYNJARDY 5-500MG	45
<i>10% lotion</i>		<i>sunitinib 37.5mg cap</i>	62	TAB	
SULFACETAMIDE	107	<i>sunitinib 50mg cap</i>	62	SYNRIBO 3.5MG INJ	63
SODIUM 10% OPHTH		SUNOSI 150MG TAB	24	SYNTHROID 100MCG	116
OINTMENT		SUNOSI 75MG TAB	24	TAB	
<i>sulfacetamide sodium</i>	107	<i>syeda 28 day pack</i>	82	SYNTHROID 112MCG	116
<i>10% ophth soln</i>		SYMBICORT	36	TAB	
SULFACETAMIDE/PRED	108	160-4.5MCG INHALER		SYNTHROID 125MCG	116
NISOLONE 10-0.25%		SYMBICORT 80-4.5MCG	36	TAB	
OPHTH SOLN		INHALER		SYNTHROID 137MCG	116
SULFADIAZINE 500MG	114	SYMDEKO	114	TAB	
TAB		50-75MG/75MG PACK		SYNTHROID 150MCG	116
<i>sulfamethoxazole</i>	55	SYMDEKO TAB 4-WEEK	114	TAB	
<i>400mg/trimethoprim</i>		PACK		SYNTHROID 175MCG	116
<i>80mg tab</i>		SYMJEPI 0.15MG/0.3ML	119	TAB	
<i>sulfamethoxazole</i>	55	SYRINGE		SYNTHROID 200MCG	116
<i>800mg/trimethoprim</i>		SYMJEPI 0.3MG/0.3ML	119	TAB	
<i>160mg tab</i>		SYRINGE		SYNTHROID 25MCG	116
<i>sulfamethoxazole/trimeth</i>	55	SYMPAZAN 10MG ORAL	38	TAB	
<i>oprim 200-40mg/5ml susp</i>		FILM		SYNTHROID 300MCG	116
SULFAMYLON	86	SYMPAZAN 20MG ORAL	38	TAB	
85MG/GM CREAM		FILM		SYNTHROID 50MCG	116
<i>sulfasalazine 500mg dr</i>	95	SYMPAZAN 5MG ORAL	38	TAB	
<i>tab</i>		FILM		SYNTHROID 75MCG	116
<i>sulfasalazine 500mg tab</i>	95	SYMPROIC 0.2MG TAB	95	TAB	
<i>sulindac 150mg tab</i>	28	SYMTUZA	72	SYNTHROID 88MCG	116
<i>sulindac 200mg tab</i>	28	150-800-200-10MG TAB		TAB	
<i>sumatriptan 100mg tab</i>	101	SYNAREL 2MG/ML	91	<hr/>	
<i>sumatriptan 12mg/ml</i>	101	NASAL INHALER		T	
<i>auto-injector</i>		SYNJARDY 10-1000MG	45	TABLOID 40MG TAB	58
<i>sumatriptan 12mg/ml</i>	101	ER TAB		TABRECTA 150MG TAB	62
<i>cartridge</i>		SYNJARDY	45	TABRECTA 200MG TAB	62
<i>sumatriptan 12mg/ml inj</i>	101	12.5-1000MG ER TAB		<i>tacrolimus 0.03%</i>	88
<i>sumatriptan 20mg/act</i>	101	SYNJARDY	45	<i>ointment</i>	
<i>nasal spray</i>		12.5-1000MG TAB		<i>tacrolimus 0.1% ointment</i>	88
<i>sumatriptan 25mg tab</i>	101	SYNJARDY 12.5-500MG	45	<i>tacrolimus 0.5mg cap</i>	104
<i>sumatriptan 50mg tab</i>	101	TAB		<i>tacrolimus 1mg cap</i>	104
<i>sumatriptan 5mg/act</i>	101	SYNJARDY 25-1000MG	45	<i>tacrolimus 5mg cap</i>	104
<i>nasal spray</i>		ER TAB		<i>tadalafil 20mg tab</i>	77
<i>sumatriptan 8mg/ml</i>	101	SYNJARDY 5-1000MG	45	TAFINLAR 50MG CAP	62
<i>auto-injector</i>		ER TAB		TAFINLAR 75MG CAP	62
<i>sumatriptan 8mg/ml</i>	101	SYNJARDY 5-1000MG	45	TAGRISSE 40MG TAB	58
<i>cartridge</i>		TAB		TAGRISSE 80MG TAB	58
<i>sunitinib 12.5mg cap</i>	62			TAKHZYRO 300MG/2ML	97
				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

TAKHZYRO 300MG/2ML SYRINGE	97	<i>temazepam 30mg cap</i>	99	<i>tetrabenazine 12.5mg tab</i>	112
TALTZ 80MG/MIL AUTO-INJECTOR	86	TENIVAC 4-10UNIT/ML SYRINGE	117	<i>tetrabenazine 25mg tab</i>	112
TALTZ 80MG/MIL SYRINGE	86	<i>tenofovir disoproxil fumarate 300mg tab</i>	72	<i>tetracycline 250mg cap</i>	114
TALZENNA 0.25MG CAP	62	TEPMETKO 225MG TAB	63	<i>tetracycline 500mg cap</i>	114
TALZENNA 0.5MG CAP	63	<i>terazosin 10mg cap</i>	53	THALOMID 100MG CAP	103
TALZENNA 0.75MG CAP	63	<i>terazosin 1mg cap</i>	53	THALOMID 150MG CAP	103
TALZENNA 1MG CAP	63	<i>terazosin 2mg cap</i>	53	THALOMID 200MG CAP	103
<i>tamoxifen 10mg tab</i>	59	<i>terazosin 5mg cap</i>	53	THALOMID 50MG CAP	103
<i>tamoxifen 20mg tab</i>	59	<i>terbinafine 250mg tab</i>	49	THEOPHYLLINE 300MG ER TAB	36
<i>tamsulosin 0.4mg cap</i>	96	<i>terbutaline sulfate 2.5mg tab</i>	36	<i>theophylline 400mg er tab</i>	36
<i>tarina 24 fe 1/20 28 day pack</i>	82	<i>terbutaline sulfate 5mg tab</i>	36	THEOPHYLLINE 450MG ER TAB	36
<i>tarina fe 1/20 28 day pack</i>	82	<i>terconazole 0.4% vaginal cream</i>	119	<i>theophylline 450MG ER TAB</i>	36
TASIGNA 150MG CAP	63	<i>terconazole 0.8% vaginal cream</i>	119	<i>theophylline 5.33mg/ml oral soln</i>	36
TASIGNA 200MG CAP	63	<i>terconazole 80mg vaginal insert</i>	119	<i>theophylline 600mg er tab</i>	36
TASIGNA 50MG CAP	63	<i>testosterone 1% (12.5mg/act) gel pump</i>	31	THIOLA 100MG DR TAB	96
TAVALISSE 100MG TAB	97	<i>testosterone 1% (25mg) gel packet</i>	31	THIOLA 300MG DR TAB	96
TAVALISSE 150MG TAB	97	<i>testosterone 1% (50mg) gel packet</i>	31	<i>thioridazine 100mg tab</i>	69
TAVNEOS 10MG CAP	97	<i>testosterone 1.62% (1.25gm) gel packet</i>	31	<i>thioridazine 10mg tab</i>	69
<i>taysofy 28 day pack</i>	82	<i>testosterone 1.62% (2.5gm) gel packet</i>	31	<i>thioridazine 25mg tab</i>	69
<i>tazarotene 0.1% cream</i>	86	<i>testosterone 1.62% (20.25mg/act) gel pump</i>	31	<i>thioridazine 50mg tab</i>	69
<i>tazicef 1gm inj</i>	79	<i>testosterone 30mg/act topical soln</i>	31	<i>thiothixene 10mg cap</i>	70
<i>tazicef 2gm inj</i>	79	<i>testosterone cypionate 100mg/ml inj</i>	31	<i>thiothixene 1mg cap</i>	70
<i>tazicef 6gm inj</i>	79	<i>testosterone cypionate 200mg/ml (1ml) inj</i>	31	<i>thiothixene 2mg cap</i>	70
TAZORAC 0.05% CREAM	86	<i>testosterone cypionate 200mg/ml inj</i>	31	<i>thiothixene 5mg cap</i>	70
<i>taztia 120mg er cap</i>	76	TESTOSTERONE	31	<i>tiadylt 120mg er cap</i>	76
<i>taztia 180mg er cap</i>	76	ENANTHATE 200MG/ML INJ	31	<i>tiadylt 180mg er cap</i>	76
<i>taztia 240mg er cap</i>	76			<i>tiadylt 240mg er cap</i>	76
<i>taztia 300mg er cap</i>	76			<i>tiadylt 300mg er cap</i>	76
<i>taztia 360mg er cap</i>	76			<i>tiadylt 360mg er cap</i>	76
TAZVERIK 200MG TAB	63			<i>tiadylt 420mg er cap</i>	76
TDVAX 4-4UNIT/ML INJ	117			<i>tiagabine 12mg tab</i>	40
TEFLARO 400MG INJ	79			<i>tiagabine 16mg tab</i>	40
TEFLARO 600MG INJ	79			<i>tiagabine 2mg tab</i>	41
TEGSEDI 284MG/1.5ML SYRINGE	113			<i>tiagabine 4mg tab</i>	41
<i>telmisartan 20mg tab</i>	52			TIBSOVO 250MG TAB	63
<i>telmisartan 40mg tab</i>	52			TICOVAC 2.4MCG/0.5ML SYRINGE	119
<i>telmisartan 80mg tab</i>	52			TIGECYCLINE 50MG INJ	114
<i>temazepam 15mg cap</i>	99			<i>tilia fe pack</i>	82
				<i>timolol 0.25% ophth gel</i>	106

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

ALPHABETICAL LISTING OF DRUGS

<i>timolol 0.25% ophth soln</i>	106	<i>torse mide 10mg tab</i>	89	<i>trazodone 150mg tab</i>	42
<i>timolol 0.5% 24hr ophth soln</i>	106	<i>torse mide 20mg tab</i>	89	<i>trazodone 50mg tab</i>	42
<i>timolol 0.5% ophth gel</i>	106	<i>torse mide 5mg tab</i>	90	TRECTOR 250MG TAB	57
<i>timolol 0.5% ophth soln</i>	106	TOUJEO 300UNIT/ML	46	TRELEGY ELLIPTA	36
<i>timolol 10mg tab</i>	74	PEN INJ		100-62.5-25MCG	
<i>timolol 20mg tab</i>	74	TOUJEO MAX	46	INHALER	
<i>timolol 5mg tab</i>	74	300UNIT/ML PEN INJ		TRELEGY ELLIPTA	36
<i>tinidazole 250mg tab</i>	55	(3ML)		200-62.5-25 MCG	
<i>tinidazole 500mg tab</i>	55	TRACLEER 32MG TAB	77	INHALER	
<i>tiopronin 100mg tab</i>	96	FOR ORAL SUSP		TRELSTAR 11.25MG INJ	59
TIVICAY 10MG TAB	72	TRADJENTA 5MG TAB	46	TRELSTAR 22.5MG INJ	59
TIVICAY 25MG TAB	72	<i>tramadol 100mg er tab</i>	30	TRELSTAR 3.75MG INJ	59
TIVICAY 50MG TAB	72	<i>tramadol 100mg er tab (matrix delivery)</i>	30	TREMFYA 100MG/ML	86
TIVICAY 5MG TAB FOR ORAL SUSP	72	<i>tramadol 200mg er tab</i>	30	AUTO-INJECTOR	
<i>tizanidine 2mg tab</i>	105	<i>tramadol 200mg er tab (matrix delivery)</i>	30	TREMFYA 100MG/ML	86
<i>tizanidine 4mg tab</i>	105	<i>tramadol 300mg er tab</i>	30	SYRINGE	
TOBRADEX 0.1-0.3% OPTH OINTMENT	108	<i>tramadol 300mg er tab (matrix delivery)</i>	30	TRESIBA 100UNIT/ML	46
<i>tobramycin 0.3% ophth soln</i>	107	<i>tramadol 50mg tab</i>	30	INJ	
TOBRAMYCIN	26	<i>trandolapril 1mg tab</i>	52	TRESIBA 100UNIT/ML	46
10MG/ML INJ		TRANDOLAPRIL	54	PEN INJ	
<i>tobramycin 40mg/ml inj</i>	26	1MG/VERAPAMIL		TRESIBA 200UNIT/ML	46
<i>tobramycin 60mg/ml inh soln</i>	26	240MG ER TAB		<i>tretinoin 0.01% gel</i>	85
<i>tolcapone 100mg tab</i>	64	<i>trandolapril 2mg tab</i>	52	<i>tretinoin 0.025% cream</i>	85
<i>tolterodine tartrate 1mg tab</i>	118	<i>trandolapril</i>	55	<i>tretinoin 0.025% gel</i>	85
<i>tolterodine tartrate 2mg er cap</i>	118	<i>2mg/verapamil 180mg er tab</i>		<i>tretinoin 0.04% gel</i>	85
<i>tolterodine tartrate 2mg tab</i>	118	<i>trandolapril</i>	55	<i>tretinoin 0.05% cream</i>	85
<i>tolterodine tartrate 4mg er cap</i>	118	<i>2mg/verapamil 240mg er tab</i>		<i>tretinoin 0.05% gel</i>	85
<i>topiramate 100mg tab</i>	40	<i>trandolapril 4mg tab</i>	52	<i>tretinoin 0.1% cream</i>	85
<i>topiramate 15mg cap</i>	40	<i>trandolapril</i>	55	<i>tretinoin 0.1% gel</i>	85
<i>topiramate 200mg tab</i>	40	<i>4mg/verapamil 240mg er tab</i>		<i>tretinoin 10mg cap</i>	63
<i>topiramate 25mg cap</i>	40	<i>tranexamic acid 650mg tab</i>	98	<i>triamcinolone acetonide 0.025% cream</i>	87
<i>topiramate 25mg tab</i>	40	<i>tranxamic acid 650mg tab</i>	98	<i>triamcinolone acetonide 0.025% lotion</i>	
<i>topiramate 50mg tab</i>	40	<i>tranylcpromine 10mg tab</i>	42	<i>triamcinolone acetonide 0.025% ointment</i>	
<i>toremifene 60mg tab</i>	59	TRAVASOL 10% INJ	106	<i>triamcinolone acetonide 0.1% cream</i>	88
<i>torse mide 100mg tab</i>	89	<i>travoprost 0.004% ophth soln</i>	108	<i>triamcinolone acetonide 0.1% lotion</i>	
		<i>trazodone 100mg tab</i>	42	<i>triamcinolone acetonide 0.1% ointment</i>	88

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

ALPHABETICAL LISTING OF DRUGS

<i>triamcinolone acetonide</i>	104	<i>trimethobenzamide</i>	48	TRUSELTIQ 125MG	63
<i>0.1% oral paste</i>		<i>300mg cap</i>		DAILY DOSE CARTON	
<i>triamcinolone acetonide</i>	88	<i>trimethoprim 100mg tab</i>	55	(42)	
<i>0.5% cream</i>		<i>tri-mili 28 day pack</i>	82	TRUSELTIQ 50MG DAILY	63
<i>triamcinolone acetonide</i>	88	<i>trimipramine 100mg cap</i>	44	DOSE CARTON (42)	
<i>0.5% ointment</i>		<i>trimipramine 25mg cap</i>	44	TRUSELTIQ 75MG DAILY	63
<i>triamterene 100mg cap</i>	90	<i>trimipramine 50mg cap</i>	44	DOSE CARTON (63)	
<i>triamterene 50mg cap</i>	90	TRINTELLIX 10MG TAB	42	TUKYSA 150MG TAB	58
<i>triazolam 0.125mg tab</i>	99	TRINTELLIX 20MG TAB	42	TUKYSA 50MG TAB	58
<i>triazolam 0.25mg tab</i>	99	TRINTELLIX 5MG TAB	43	TURALIO 200MG CAP	63
<i>triderm 0.1% cream</i>	88	<i>tri-nymyo 28 day pack</i>	82	TWINRIX SYRINGE	119
<i>triderm 0.5% cream</i>	88	<i>tri-sprintec 28 day pack</i>	82	TYBOST 150MG TAB	72
<i>trientine 250mg cap</i>	103	TRIUMEQ	72	TYMLOS	91
<i>tri-estarylla 28 day pack</i>	82	600-50-300MG TAB		3120MCG/1.56ML PEN	
<i>trifluoperazine 10mg tab</i>	69	TRIUMEQ 60-5-30MG	72	INJ	
<i>trifluoperazine 1mg tab</i>	69	TAB FOR ORAL SUSP		TYPHIM VI	118
<i>trifluoperazine 2mg tab</i>	69	<i>trivora 28 day pack</i>	82	25MCG/0.5ML INJ	
<i>trifluoperazine 5mg tab</i>	69	<i>tri-vylibra 28 day pack</i>	82	TYPHIM VI	118
TRIFLURIDINE 1%	107	<i>tri-vylibra lo 28 day pack</i>	82	25MCG/0.5ML SYRINGE	
OPHTH SOLN		TRIZIVIR	72		
<i>trihexyphenidyl 0.4mg/ml</i>	64	300-150-300MG TAB		U	
<i>oral soln</i>		TROPHAMINE 10% INJ	106	UBRELVY 100MG TAB	100
<i>trihexyphenidyl 2mg tab</i>	64	<i>trospium chloride 20mg</i>	118	UBRELVY 50MG TAB	100
<i>trihexyphenidyl 5mg tab</i>	64	<i>tab</i>		UCERIS 2MG/ACT	32
TRIJARDY 10-5-1000MG	45	<i>trospium chloride 60mg</i>	118	RECTAL FOAM	
ER TAB		<i>er cap</i>		<i>unithroid 100mcg tab</i>	116
TRIJARDY	45	TRULANCE 3MG TAB	94	<i>unithroid 112mcg tab</i>	116
12.5-2.5-1000MG ER		TRULICITY	46	<i>unithroid 125mcg tab</i>	116
TAB		0.75MG/0.5ML		<i>unithroid 137mcg tab</i>	116
TRIJARDY 25-5-1000MG	45	AUTO-INJECTOR		<i>unithroid 150mcg tab</i>	116
ER TAB		TRULICITY	46	<i>unithroid 175mcg tab</i>	116
TRIJARDY	45	1.5MG/0.5ML		<i>unithroid 200mcg tab</i>	116
5-2.5-1000MG ER TAB		AUTO-INJECTOR		<i>unithroid 25mcg tab</i>	116
TRIKAFTA	114	TRULICITY 3MG/0.5ML	46	<i>unithroid 300mcg tab</i>	116
100-50-75MG/150MG		AUTO-INJECTOR		<i>unithroid 50mcg tab</i>	116
PACK		TRULICITY	46	<i>unithroid 75mcg tab</i>	116
TRIKAFTA	114	4.5MG/0.5ML		<i>unithroid 88mcg tab</i>	116
50-37.5-25MG/75MG		AUTO-INJECTOR		UPTRAVI 1000MCG TAB	77
TAB PACK		TRUMENBA SYRINGE	118	UPTRAVI 1200MCG TAB	77
<i>tri-legest 28 day pack</i>	82	TRUSELTIQ 100MG	63	UPTRAVI 1400MCG TAB	77
<i>tri-lo- estarylla 28 day</i>	82	DAILY DOSE CARTON		UPTRAVI 1600MCG TAB	77
<i>pack</i>		(21)		UPTRAVI 200MCG TAB	77
<i>tri-lo-sprintec 28 day</i>	82			UPTRAVI 400MCG TAB	77
<i>pack</i>				UPTRAVI 600MCG TAB	77
				UPTRAVI 800MCG 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

UPTRAVI TITRATION PACK	77	VARENICLINE 0.5MG/1MG FIRST MONTH PACK	113	<i>verapamil 120mg er tab</i>	76
<i>ursodiol 250mg tab</i>	94	VARENICLINE 1MG TAB	113	<i>verapamil 120mg tab</i>	76
<i>ursodiol 300mg cap</i>	94	VARIVAX 1350PFU/0.5ML INJ	119	<i>verapamil 180mg er cap</i>	76
<i>ursodiol 500mg tab</i>	94	VARUBI 90MG TAB	48	<i>verapamil 180mg er tab</i>	76
V		VASCEPA 0.5GM CAP	50	VERAPAMIL 200MG ER CAP	76
<i>valacyclovir 1000mg tab</i>	73	VASCEPA 1GM CAP	50	<i>verapamil 240mg er cap</i>	76
<i>valacyclovir 500mg tab</i>	73	<i>velivet 28 day pack</i>	82	<i>verapamil 240mg er tab</i>	76
VALCHLOR 0.016% GEL	86	VELTASSA 16.8GM POWDER FOR ORAL SUSP	104	VERAPAMIL 300MG ER CAP	76
<i>valganciclovir 450mg tab</i>	72	VELTASSA 25.2GM POWDER FOR ORAL SUSP	104	VERAPAMIL 360MG ER CAP	76
<i>valganciclovir 50mg/ml oral soln</i>	72	VELTASSA 8.4GM POWDER FOR ORAL SUSP	104	<i>verapamil 40mg tab</i>	76
<i>valproic acid 250mg cap</i>	41	VEMLIDY 25MG TAB	72	<i>verapamil 80mg tab</i>	76
<i>valproic acid 50mg/ml oral soln</i>	41	VENCLEXTA 100MG TAB	58	VERQUOVO 10MG TAB	78
<i>valsartan 160mg tab</i>	52	VENCLEXTA 10MG TAB	58	VERQUOVO 2.5MG TAB	78
<i>valsartan 320mg tab</i>	52	VENCLEXTA 50MG TAB	58	VERQUOVO 5MG TAB	78
<i>valsartan 40mg tab</i>	53	VENCLEXTA STARTING PACK	58	VERSACLOZ 50MG/ML SUSP	68
<i>valsartan 80mg tab</i>	53	<i>venlafaxine 100mg tab</i>	43	VERZENIO 100MG TAB	63
VALTOCO 10MG DOSE KIT 10MG/0.1ML PACK	38	<i>venlafaxine 150mg er cap</i>	43	VERZENIO 150MG TAB	63
VALTOCO 15MG DOSE KIT 7.5MG/0.1ML PACK	38	<i>venlafaxine 25mg tab</i>	43	VERZENIO 200MG TAB	63
VALTOCO 20MG DOSE KIT 10MG/0.1ML PACK	38	<i>venlafaxine 37.5mg er cap</i>	43	VERZENIO 50MG TAB	63
VALTOCO 5MG DOSE KIT 5MG/0.1ML PACK	38	<i>venlafaxine 37.5mg tab</i>	43	<i>vestura 3-0.02mg pack</i>	82
<i>vancomycin 1000mg inj</i>	56	<i>venlafaxine 50mg tab</i>	43	VIBERZI 100MG TAB	95
<i>vancomycin 100mg/ml inj</i>	56	<i>venlafaxine 75mg er cap</i>	43	VIBERZI 75MG TAB	95
<i>vancomycin 125mg cap</i>	56	<i>venlafaxine 75mg tab</i>	43	VICTOZA 18MG/3ML PEN INJ	46
<i>vancomycin 250mg cap</i>	56	VENTAVIS 10MCG/ML INH SOLN	77	<i>vienva 28 day pack</i>	82
<i>vancomycin 500mg inj</i>	56	VENTAVIS 20MCG/ML INH SOLN	77	<i>vigabatrin 500mg powder for oral soln</i>	41
<i>vancomycin 750mg inj</i>	56	VENTOLIN 108MCG HFA INHALER	36	<i>vigabatrin 500mg tab</i>	41
<i>vandazole 0.75% vaginal gel</i>	119	VERAPAMIL 100MG ER CAP	76	<i>vigadrone 500mg powder for oral soln</i>	41
VAQTA 25UNIT/0.5ML INJ	119	<i>verapamil 120mg er cap</i>	76	VIIBRYD 10/20MG STARTER PACK	43
VAQTA 25UNIT/0.5ML SYRINGE	119			<i>vilazodone hcl 10mg tab</i>	43
VAQTA 50UNIT/ML INJ	119			<i>vilazodone hcl 20mg tab</i>	43
VAQTA 50UNIT/ML SYRINGE	119			<i>vilazodone hcl 40mg tab</i>	43
VARENICLINE 0.5MG TAB	113			VIRACEPT 250MG TAB	72
				VIRACEPT 625MG TAB	72
				VIREAD 150MG TAB	72
				VIREAD 200MG TAB	72
				VIREAD 250MG TAB	72

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

ALPHABETICAL LISTING OF DRUGS

VIREAD 40MG/GM ORAL POWDER	72	<i>warfarin sodium 6mg tab</i>	36	XIGDUO 10-500MG ER TAB	45
VITRAKVI 100MG CAP	63	<i>warfarin sodium 7.5mg tab</i>	37	XIGDUO 2.5-1000MG ER TAB	45
VITRAKVI 20MG/ML ORAL SOLN	63	<i>welireg 40mg tab</i>	59	XIGDUO 5-1000MG ER TAB	45
VITRAKVI 25MG CAP	63	<i>wymzya fe 28 day pack</i>	82	XIGDUO 5-500MG ER TAB	45
VIVITROL 380MG INJ	48	X		XOFLUZA 40MG TAB	73
VIZIMPRO 15MG TAB	58	XALKORI 200MG CAP	63	XOFLUZA 80MG TAB	73
VIZIMPRO 30MG TAB	58	XALKORI 250MG CAP	63	XOLAIR 150MG INJ	34
VIZIMPRO 45MG TAB	58	XARELTO 10MG TAB	37	XOLAIR 150MG/ML SYRINGE	34
VONJO 100MG CAP	63	XARELTO 15MG TAB	37	XOLAIR 75MG/0.5ML SYRINGE	34
<i>voriconazole 200mg inj</i>	49	XARELTO 1MG/ML SUSP	37	XOPENEX 45MCG INHALER	36
<i>voriconazole 200mg tab</i>	49	XARELTO 2.5MG TAB	37	XOSPATA 40MG TAB	63
<i>voriconazole 40mg/ml susp</i>	49	XARELTO 20MG TAB	37	XPOVIO 100MG ONCE WEEKLY CARTON (8-PACK)	60
<i>voriconazole 50mg tab</i>	49	XARELTO KIT PACK	37	XPOVIO 40MG ONCE WEEKLY CARTON (4-PACK)	60
VOSEVI 400-100-100MG TAB	73	XATMEP 2.5MG/ML ORAL SOLN	58	XPOVIO 40MG TWICE WEEKLY CARTON (8-PACK)	60
VOTRIENT 200MG TAB	63	XCOPRI 100MG TAB	40	XPOVIO 60MG ONCE WEEKLY CARTON (4-PACK)	60
VOXZOGO 0.4MG INJ	92	XCOPRI 12.5/25MG TITRATION PACK	40	XPOVIO 60MG TWICE WEEKLY PACK	60
VOXZOGO 0.56MG INJ	92	XCOPRI 150/200MG PACK TAB	40	XPOVIO 80 MG TWICE WEEKLY	60
VOXZOGO 1.2MG INJ	92	XCOPRI 150/200MG TITRATION PACK	40	XPOVIO 80MG ONCE WEEKLY CARTON (8-PACK)	60
VRAYLAR 1.5/3MG MIXED PACK	66	XCOPRI 150MG TAB	40	XTAMPZA 13.5MG ER CAP	30
VRAYLAR 1.5MG CAP	66	XCOPRI 200MG TAB	40	XTAMPZA 18MG ER CAP	30
VRAYLAR 3MG CAP	66	XCOPRI 50/100MG TITRATION PACK	40	XTAMPZA 27MG ER CAP	30
VRAYLAR 4.5MG CAP	66	XCOPRI 50MG TAB	40		
VRAYLAR 6MG CAP	66	XCOPRI TAB 100/150MG MAINTENANCE PACK	40		
<i>vyfemla 28 day pack</i>	82	XELJANZ 10MG TAB	26		
<i>vylibra 28 day pack</i>	82	XELJANZ 11MG ER TAB	26		
VYNDAMAX 61MG CAP	78	XELJANZ 1MG/ML ORAL SOLN	26		
VYNDAQEL 20MG CAP	78	XELJANZ 22MG ER TAB	26		
W		XELJANZ 5MG TAB	26		
WAKIX 17.8MG TAB	24	XERMELO 250MG TAB	96		
WAKIX 4.45MG TAB	24	XGEVA 120MG/1.7ML INJ	91		
<i>warfarin sodium 10mg tab</i>	36	XIFAXAN 200MG TAB	55		
<i>warfarin sodium 1mg tab</i>	36	XIFAXAN 550MG TAB	55		
<i>warfarin sodium 2.5mg tab</i>	36	XIGDUO 10-1000MG ER TAB	45		
<i>warfarin sodium 2mg tab</i>	36				
<i>warfarin sodium 3mg tab</i>	36				
<i>warfarin sodium 4mg tab</i>	36				
<i>warfarin sodium 5mg tab</i>	36				

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

ALPHABETICAL LISTING OF DRUGS

XTAMPZA 36MG ER CAP	30	ZENPEP 14000-3000-10000UNIT	89	<i>zolmitriptan 5mg tab</i>	101
XTAMPZA 9MG ER CAP	30	DR CAP		<i>zolmitriptan 5mg/act nasal spray</i>	101
XTANDI 40MG CAP	59	ZENPEP 24000-5000-17000UNIT	89	<i>zolpidem tartrate 10mg tab</i>	99
XTANDI 40MG TAB	59	DR CAP		<i>zolpidem tartrate 12.5mg er tab</i>	99
XTANDI 80MG TAB	59	ZENPEP 40000-126000-168000U	89	<i>zolpidem tartrate 5mg tab</i>	99
<i>xulane 150-35mcg/24hr patch</i>	82	NIT DR CAP		<i>zolpidem tartrate 6.25mg er tab</i>	99
XULTOPHY 100UNIT-3.6MG/ML PEN INJ	45	ZENPEP 42000-10000-32000UNIT	89	ZOMIG 2.5MG NASAL SPRAY	101
XYREM 500MG/ML ORAL SOLN	111	DR CAP		ZOMIG 5MG NASAL SPRAY	101
Y		ZENPEP 63000-15000-47000UNIT	89	<i>zonisamide 100mg cap</i>	40
YF-VAX INJ	119	DR CAP		<i>zonisamide 25mg cap</i>	40
Z		ZENPEP 84000-20000-63000UNIT	89	<i>zonisamide 50mg cap</i>	40
<i>zafemy 150-35mcg/24hr patch</i>	82	DR CAP		ZOSYN 2000-250MG INJ	110
<i>zafirlukast 10mg tab</i>	34	ZEPOSIA 0.92MG CAP	113	ZOSYN 3000-375MG INJ	110
<i>zafirlukast 20mg tab</i>	35	ZEPOSIA 7-DAY STARTER PACK	113	<i>zovia 1/35e 28 day pack</i>	82
<i>zaleplon 10mg cap</i>	99	ZEPOSIA STARTER KIT	113	ZUBSOLV 1.4-0.36MG SL TAB	31
<i>zaleplon 5mg cap</i>	99	PACK		ZUBSOLV 11.4-2.9MG SL TAB	31
ZARXIO 300MCG/0.5ML SYRINGE	98	ZERBAXA 1000-500MG INJ	78	ZUBSOLV 2.9-0.71MG SL TAB	31
ZARXIO 480MCG/0.8ML SYRINGE	98	<i>zidovudine 100mg cap</i>	72	ZUBSOLV 5.7-1.4MG SL TAB	31
ZEGALOGUE 0.6MG/0.6ML AUTO-INJECTOR	45	<i>zidovudine 10mg/ml oral soln</i>	72	ZUBSOLV 8.6-2.1MG SL TAB	31
ZEGALOGUE 0.6MG/0.6ML SYRINGE	45	<i>zidovudine 300mg tab</i>	72	ZYDELIG 100MG TAB	63
ZEJULA 100MG CAP	63	ZIEXTENZO 6MG/0.6ML SYRINGE	98	ZYDELIG 150MG TAB	63
ZELBORAF 240MG TAB	63	ZIMHI 5MG/0.5ML SYRINGE	48	ZYKADIA 150MG TAB	63
ZEMAIRA 1000MG INJ	113	<i>ziprasidone 20mg cap</i>	66	ZYLET 0.5-0.3% OPHTH SUSP	108
<i>zenatane 10mg cap</i>	85	<i>ziprasidone 20mg inj</i>	66	ZYPREXA 210MG INJ	68
<i>zenatane 20mg cap</i>	85	<i>ziprasidone 40mg cap</i>	66		
<i>zenatane 30mg cap</i>	85	<i>ziprasidone 60mg cap</i>	66		
<i>zenatane 40mg cap</i>	85	<i>ziprasidone 80mg cap</i>	66		
ZENPEP 105000-25000-79000UNIT DR CAP	89	ZIRGAN 0.15% OPHTH GEL	107		
		ZOLINZA 100MG CAP	63		
		<i>zolmitriptan 2.5mg odt</i>	101		
		<i>zolmitriptan 2.5mg tab</i>	101		
		<i>zolmitriptan 5mg odt</i>	101		

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This formulary was updated as of 08/01/2022. For more recent information or other questions, please contact CenterLight Teamcare, a program of CenterLight Healthcare, at 1-833-CL-CARES (1-833-252-2737) or, for TTY users, 711, Monday-Friday from 8:00 A.M. through 8:00 P.M., or visit www.centerlightteamcare.org.

CenterLight Teamcare, a program of CenterLight Healthcare, has an approved PACE contract with the Centers for Medicare and Medicaid Services (CMS) and NY State (NYS). Enrollment in CenterLight Healthcare PACE depends on renewal of its contract with CMS and NYS. Participants may be fully and personally liable for the costs of unauthorized or out-of-PACE program agreement services.

Este formulario se actualizó el 08/01/2022. Para obtener información más reciente o realizar otras preguntas, comuníquese con el Servicio de atención para miembros del Plan CenterLight Teamcare al 1-833-CL-CARES (1-833-252-2737) o, para usuarios de TTY, 711, de lunes a viernes de 8:00 a. m. a 8:00 p. m., o visite www.centerlightteamcare.org.

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