

CCA One Care (HMO D-SNP)

Lista de medicamentos cobertos 2026 (*Lista de Medicamentos* ou formulário)



ATENÇÃO: ESTE DOCUMENTO CONTÉM INFORMAÇÕES SOBRE OS MEDICAMENTOS QUE COBRIMOS NESTE PLANO

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04/01/2026.

Para mais informações ou outras dúvidas, entre em contato
pelo telefone 866-610-2273 (TTY 711), das 8 am às 8 pm,
7 dias por semana, ou acesse ccama.org.

Se você tiver dúvidas, ligue para o CCA One Care no
número 866-610-2273 (TTY 711), das 8 am às 8 pm,
7 dias por semana. A ligação é gratuita.

Para mais informações , visite ccama.org.

04/01/2026



Introdução

Este documento é chamado de *Lista de Medicamentos Cobertos* (também conhecida como *Lista de Medicamentos*). Ela informa quais medicamentos e produtos não medicamentosos são cobertos pelo CCA One Care. A *Lista de Medicamentos* também informa se existem regras especiais ou restrições sobre quaisquer medicamentos cobertos pelo CCA One Care. Os termos principais e suas definições aparecem no último capítulo do Manual do Associado, também conhecido como Evidência de Cobertura.

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A. Avisos legais

Esta é uma lista de medicamentos que os associados podem obter no *CCA One Care*.

- ❖ CCA One Care (HMO D-SNP) é um plano de saúde que tem contrato tanto com o Medicare quanto com o MassHealth (Medicaid) para oferecer benefícios de ambos os programas aos beneficiários. A inscrição no plano depende da renovação do contrato do plano com o Medicare.
- ❖ Quando este documento usar “nós”, “nos” ou “nosso”, significa Commonwealth Care Alliance, Inc. Quando usar “plano” ou “nosso plano”, significa CCA One Care.
- ❖ No Commonwealth of Massachusetts, a Commonwealth Care Alliance, Inc. atua como Commonwealth Care Alliance Massachusetts (CCA).
- ❖ **Conscientização sobre recuperação de patrimônio:** O MassHealth (Medicaid) é obrigado por lei federal a recuperar dinheiro dos espólios de certos associados do MassHealth (Medicaid) que

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tenham 55 anos ou mais, ou de pessoas de qualquer idade que esteja recebendo cuidados de longo prazo em uma instituição de permanência longa para idosos ou outra instituição médica. Para obter mais informações sobre a recuperação de patrimônio do MassHealth (Medicaid), visite www.mass.gov/estaterecovery.

- ❖ A Lista de Medicamentos Cobertos pode mudar a qualquer momento. Você receberá um aviso sempre que necessário.
- ❖ Os benefícios podem mudar em 1º de janeiro de cada ano.
- ❖ Você pode sempre consultar a versão atualizada da *Lista de Medicamentos Cobertos* do CCA One Care online em ccama.org ou ligando para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.

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- ❖ Você pode obter este documento gratuitamente em outros formatos, como em letras grandes, braile ou áudio. Ligue para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.
- ❖ Este documento está disponível gratuitamente em outros idiomas.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.
- ❖ Manteremos sua solicitação de formatos alternativos e linguagem especial registrada para futuras correspondências. Entre em contato com o Serviços ao Associado para alterar sua solicitação de idioma e/ou formato preferido.

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Aviso de não discriminação

A Commonwealth Care Alliance, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina, exclui nem trata pessoas de forma diferente em razão de quadros clínicos, estado de saúde, recebimento de serviços de saúde, experiência com reivindicações, histórico médico, deficiência (incluindo deficiência comportamental), estado civil, idade, sexo (incluindo estereótipos sexuais e identidade de gênero), orientação sexual, nacionalidade, raça, cor, religião, credo, assistência pública ou local de residência. A Commonwealth Care Alliance, Inc.:

- Fornece auxílios e serviços gratuitos para pessoas com deficiência se comunicarem efetivamente conosco, como:
 - Oferece intérpretes qualificados de linguagem de sinais
 - Oferecer informações escritas em outros formatos (letras grandes, áudio, formatos eletrônicos acessíveis, outros formatos)
- Fornece serviços de idiomas gratuitos para pessoas cuja língua materna não seja o inglês, como:

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- Intérpretes qualificados
- Informações escritas em outros idiomas

Se precisar desses serviços, entre em contato com o Serviços ao Associado.

Se você acredita que a Commonwealth Care Alliance, Inc. deixou de fornecer esses serviços ou discriminou de outra forma em decorrência de quadro clínico, estado de saúde, recebimento de serviços de saúde, experiência com reivindicações, histórico médico, deficiência (incluindo deficiência comportamental), estado civil, idade, sexo (incluindo estereótipos sexuais e identidade de gênero), orientação sexual, nacionalidade, raça, cor, religião, credo, assistência pública ou local de residência, você pode registrar uma reclamação em:

Commonwealth Care Alliance, Inc.

Civil Rights Coordinator

30 Winter Street, 11th Floor

Boston, MA 02108

Telefone: 617-960-0474, ramal. 3932 (TTY 711) Fax:
857-453-4517

E-mail: civilrightscoordinator@commonwealthcare.org

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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Você pode registrar uma reclamação pessoalmente ou por correio, fax ou e-mail. Se precisar de ajuda para registrar uma queixa, o Coordenador de Direitos Civis está disponível para ajudar você.

Você também pode registrar uma reclamação de direitos civis no Department of Health and Human Services, Office for Civil Rights, eletronicamente por meio do Office for Civil Rights Complaint Portal, disponível em ocrportal.hhs.gov/ocr/portal/lobby.jsf, ou por correio ou telefone em:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Telefone: 800-368-1019, 800-537-7697 (TDD)

Os formulários de reclamação estão disponíveis em www.hhs.gov/ocr/office/file/index.html.

Massachusetts 2026 ND

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Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服務。請致電 1-866-610-2273 (TTY: 711)。

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Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

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Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

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Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711)

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòm aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

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Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

Gujarati: જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલબ્ધ છે. માહિતીને સુલભ ફોર્મેટમાં પ્રદાન કરવા માટે સહાયક સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કોલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

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Greek: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο 1-866-610-2273 (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមានការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយនិងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

Notice of Availability 2026

B. Perguntas frequentes (FAQ)

Encontre aqui respostas para dúvidas que você tenha sobre esta *Lista de Medicamentos Cobertos (Lista de Medicamentos)*. Você pode ler todas as perguntas frequentes para saber mais ou procurar uma pergunta e resposta.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

B1. Quais medicamentos estão na *Lista de Medicamentos Cobertos?* (Chamamos a *Lista de Medicamentos Cobertos de Lista de Medicamentos*, para simplificar.)

Os medicamentos da *Lista de Medicamentos* que começa na **Seção C** são os medicamentos cobertos pelo CCA One Care. Os medicamentos estão disponíveis em farmácias dentro da nossa rede. Uma farmácia faz parte da nossa rede se tivermos um acordo com ela para trabalhar conosco e prestar serviços a você. Chamamos essas farmácias de “farmácias da rede”.

- O CCA One Care cobrirá todos os medicamentos clinicamente necessários da *Lista de Medicamentos* se:
 - o seu médico ou outro prescritor disser que você precisa deles para melhorar ou manter a saúde,
 - O CCA One Care concorda que o medicamento é clinicamente necessário para você, e

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- você preenche a prescrição em uma farmácia da rede CCA One Care.
- Em alguns casos, é necessário fazer algo antes de poder obter um medicamento. Consulte a pergunta B4 para mais informações.

Você também pode encontrar uma versão atualizada da lista de medicamentos que cobrimos em nosso site em ccama.org ou ligando para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana.

B2. A *Lista de Medicamentos* muda alguma vez?

Sim, e o CCA One Care deve seguir as regras do Medicare e do MassHealth (Medicaid) ao fazer alterações.

Podemos adicionar ou remover medicamentos da *Lista de Medicamentos* ao longo do ano.

Também podemos alterar nossas regras sobre medicamentos. Por exemplo, podemos:

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações, visite ccama.org.

- Decidir exigir ou não exigir autorização prévia para um medicamento. (Autorização prévia é a permissão do CCA One Care antes de você poder obter um medicamento.)
- Adicionar ou alterar a quantidade de um medicamento que você pode receber (chamado de limite de quantidade).
- Adicionar ou alterar restrições de terapia sequencial em um medicamento. (Terapia sequencial significa que você deve tentar primeiro um medicamento antes que outro seja coberto.)

Para mais informações sobre essas regras, consulte a pergunta B4.

Se você estiver utilizando um medicamento que foi coberto no **início** do ano, em geral não removeremos ou mudaremos a cobertura desse medicamento **durante o restante do ano**, a menos que:

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- um novo medicamento mais barato chegue ao mercado e funcione tão bem quanto um medicamento da *Lista de Medicamentos* atual, **ou**
- descobramos que um medicamento não é seguro, **ou**
- um medicamento seja retirado do mercado.

As perguntas B3 e B6 abaixo trazem mais informações sobre o que acontece quando a *Lista de Medicamentos* muda.

- Você pode sempre consultar a versão atualizada da *Lista de Medicamentos* do CCA One Care online em ccama.org. As atualizações da *Lista de Medicamentos* são publicadas mensalmente no site.
- Você também pode ligar para o Serviços ao Associado no 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana, para verificar a versão mais atual da *Lista de Medicamentos*.

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B3. O que acontece quando há uma alteração na *Lista de Medicamentos*?

Algumas mudanças na *Lista de Medicamentos* acontecerão **imediatamente**. Por exemplo:

- **Substituições de determinadas versões novas de medicamentos.** Podemos remover imediatamente medicamentos da *Lista de Medicamentos* se os substituirmos por determinadas novas versões desse medicamento, mas o seu custo para o novo medicamento permanecerá o mesmo. Quando adicionamos uma nova versão de um medicamento, também podemos decidir manter o medicamento de marca ou o produto biológico original na lista, mas alterar suas regras ou limites de cobertura.
 - Talvez não possamos avisá-lo antes de fazermos essa alteração, mas enviaremos informações sobre a mudança específica assim que ela acontecer.
 - Podemos fazer essas alterações apenas se o medicamento adicionado for:

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- uma versão nova genérica de um medicamento de marca, ou
- uma nova versão bioequivalente de produtos biológicos originais da *Lista de Medicamentos* (por exemplo, adicionar um bioequivalente intercambiável que pode substituir um produto biológico original sem a necessidade de uma nova prescrição).
- Alguns desses tipos de medicamentos podem ser novos para você. Para mais informações, consulte a **Seção B14**.
- Você ou seu médico podem solicitar uma exceção a essas alterações. Enviaremos um aviso com os passos que você pode seguir para solicitar uma exceção. Consulte as perguntas B10–B12 para mais informações sobre exceções.
- **Remoção de medicamentos inseguros e outros medicamentos retirados do mercado** Às vezes, um medicamento pode ser considerado inseguro ou retirado do mercado por outro motivo. Se isso

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acontecer, podemos removê-lo imediatamente da *Lista de Medicamentos*. Se você estiver usando esse medicamento, enviaremos um aviso após fazermos a alteração. O seu médico emitirá uma nova prescrição para substituir o medicamento que foi retirado do mercado.

Podemos fazer outras alterações que afetam os medicamentos que você usa Informaremos você com antecedência sobre essas outras alterações na *Lista de Medicamentos*. Essas alterações podem acontecer se:

- A FDA emitir novas orientações ou surgirem novas diretrizes clínicas sobre um medicamento.
- Removermos um medicamento de marca da *Lista de Medicamentos* ao adicionar um genérico que seja novo no mercado, ou
- Removermos um produto biológico original ao adicionar um biossimilar, ou
- Alterarmos as regras ou limites de cobertura para o medicamento de marca.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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Quando essas alterações acontecerem, nós:

- avisaremos você com pelo menos 30 dias de antecedência antes de fazermos a alteração na *Lista de Medicamentos*, **ou**
- informaremos você e forneceremos um suprimento de 31 dias do medicamento após você solicitar a renovação da receita.

Isso lhe dará tempo para conversar com seu médico ou outro profissional autorizado a prescrever. Eles podem ajudar você a decidir:

- se há um medicamento semelhante na *Lista de Medicamentos* que você pode usar em substituição, **ou**
- se deve solicitar uma exceção para essas alterações. Para saber mais sobre exceções, consulte as perguntas B10-B12.

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B4. Existem restrições ou limites na cobertura de medicamentos ou alguma ação necessária para obter determinados medicamentos?

Sim, alguns medicamentos têm regras de cobertura ou limites na quantidade que você pode receber. Em alguns casos, você ou seu médico (ou outro profissional autorizado a prescrever) devem tomar alguma medida antes que você possa obter o medicamento. Por exemplo:

- **Autorização prévia:** para alguns medicamentos, você, seu médico ou outro profissional autorizado a prescrever devem obter autorização do CCA One Care antes de retirar a prescrição. A autorização prévia é diferente de um encaminhamento. O CCA One Care pode não cobrir o medicamento se você não obtiver a autorização prévia.
- **Limites de quantidade:** às vezes, o CCA One Care limita a quantidade de um medicamento que você pode receber.

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- **Terapia sequencial:** às vezes, o CCA One Care exige que você faça terapia sequencial. Isso significa que você terá que usar certos medicamentos em uma ordem específica para tratar sua condição médica. Pode ser necessário iniciar o tratamento com um medicamento antes que o plano cubra outro. Se o seu médico considerar que o primeiro medicamento não funciona para você, então cobriremos o segundo.
- **Cobertura baseada em indicação:** se o CCA One Care cobre um medicamento apenas para determinadas condições médicas, isso será claramente indicado na *Lista de Medicamentos*, junto com as condições médicas específicas que estão incluídas

Você pode verificar se o seu medicamento possui requisitos ou limites adicionais consultando as tabelas na **Seção C**. Também pode obter mais informações acessando o nosso site em ccama.org. Disponibilizamos documentos online que explicam nossa política de autorização prévia e as restrições

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de terapia sequencial. Você também pode solicitar que enviemos uma cópia.

Você pode solicitar uma exceção a esses limites. Isso lhe dará tempo para conversar com seu médico ou outro profissional autorizado a prescrever. Eles podem ajudar você a decidir se há um medicamento semelhante na *Lista de Medicamentos* que possa ser utilizado em substituição ou se é o caso de solicitar uma exceção. Consulte as perguntas B10-B12 para obter mais informações sobre as exceções.

B5. Como saberei se o medicamento que quero tem limitações ou se existem ações necessárias para obtê-lo?

A tabela na seção intitulada “Lista de Medicamentos por Condição Médica” tem uma coluna chamada “Ações necessárias, restrições ou limites de uso”.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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B6. O que acontece se o CCA One Care mudar suas regras sobre como cobre alguns medicamentos (por exemplo, autorização prévia, limites de quantidade e/ou restrições de terapia sequencial)?

Em alguns casos, informaremos você com antecedência se adicionarmos ou alterarmos exigências de autorização prévia, limites de quantidade e/ou restrições de terapia sequencial para um medicamento. Consulte a pergunta B3 para mais informações sobre este aviso prévio e as situações em que talvez não seja possível avisar com antecedência quando nossas regras sobre medicamentos da *Lista de Medicamentos* mudarem.

B7. Como posso encontrar um medicamento na *Lista de Medicamentos* ?

Existem duas maneiras de encontrar um medicamento:

- você pode pesquisar em ordem alfabética, **ou**
- você pode pesquisar por condição médica.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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Para pesquisar **em ordem alfabética**, procure seu medicamento na seção Índice de Medicamentos Cobertos. Você pode encontrá-lo na **Seção D**. O Índice de Medicamentos Cobertos é uma lista alfabética de todos os medicamentos incluídos na *Lista de Medicamentos*. Os medicamentos de marca e os genéricos estão listados no índice.

Para pesquisar por condição médica, encontre a **Seção C** denominada “Lista de Medicamentos por Condição Médica”. Os medicamentos desta seção estão agrupados em categorias de acordo com o tipo de condição médica para a qual são usados no tratamento. Por exemplo, se você tiver uma condição cardíaca, deverá procurar na categoria Agentes Cardiovasculares. É lá que você encontrará medicamentos usados para tratar condições cardíacas.

B8. E se o medicamento que desejo tomar não estiver na *Lista de Medicamentos* ?

Se você não encontrar seu medicamento na *Lista de Medicamentos*, ligue para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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por semana, e pergunte sobre ele. Se você souber que o CCA One Care não irá cobrir o medicamento, pode fazer uma destas coisas:

- Solicitar ao Serviços ao Associado uma lista de medicamentos semelhantes ao que você deseja usar. Em seguida, mostrar essa lista ao seu médico ou outro profissional de saúde habilitado para prescrever. Eles podem prescrever um medicamento da *Lista de Medicamentos* semelhante ao que você gostaria de utilizar. **Ou**
- Solicitar ao CCA One Care que abra uma exceção para cobrir o seu medicamento. Consulte as perguntas B10-B12 para obter mais informações sobre as exceções.

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B9. E se eu for um novo associado do CCA One Care e não encontrar meu medicamento na *Lista de Medicamentos* ou tiver problemas para consegui-lo?

Nós podemos ajudar. Podemos cobrir temporariamente um fornecimento de até 31 dias do seu medicamento durante os primeiros 90 dias em que você for associado do CCA One Care. Isso lhe dará tempo para conversar com seu médico ou outro profissional autorizado a prescrever. Eles podem ajudar você a decidir se há um medicamento semelhante na *Lista de Medicamentos* que possa ser utilizado em substituição ou se é o caso de solicitar uma exceção.

Se a sua receita médica for emitida para um período menor, permitiremos múltiplos fornecimentos até atingir o máximo de 31 dias de tratamento.

Cobriremos temporariamente um fornecimento de até 31 dias do seu medicamento se:

- você estiver utilizando um medicamento que não está na *Lista de Medicamentos*, **ou**

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.

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- as regras do plano não permitirem que você receba a quantidade solicitada pelo seu médico ou profissional de saúde habilitado para prescrever, **ou**
- o medicamento exigir autorização prévia do CCA One Care, **ou**
- você estiver utilizando um medicamento sujeito a restrição de terapia sequencial.

Se você estiver utilizando um medicamento coberto que o CCA One Care não considera parte da cobertura da Parte D, você terá direito a um fornecimento único de 72 horas do medicamento. Se a farmácia não conseguir cobrar o CCA One Care por esse fornecimento único, o MassHealth (Medicaid) arcará com o custo.

Se você estiver em um lar de idosos ou outra instituição de cuidados de longa duração e precisar de um medicamento que não esteja na *Lista de Medicamentos* ou se não conseguir obter facilmente o medicamento de que precisa, nós podemos ajudar. Se você participa do plano há mais de 90 dias, vive em uma instituição de cuidados de longa duração e precisa de um fornecimento imediato:

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- Nós cobriremos um fornecimento para 31 dias do medicamento de que você precisa (a menos que tenha uma prescrição para um número inferior de dias), independentemente de você ser ou não um novo membro do CCA One Care.
- Isso se soma ao fornecimento temporário durante os primeiros 90 dias em que você é associado do CCA One Care.

Para os associados atuais com mudanças no nível de cuidados, o plano cobrirá um fornecimento emergencial de pelo menos 31 dias (a menos que a prescrição seja para menos dias) de todos os medicamentos que não estejam na Lista de Medicamentos, incluindo aqueles que possam ter exigências de terapia sequencial ou autorização prévia. Uma mudança não planejada no nível de cuidados pode incluir qualquer uma das seguintes situações:

- alta ou admissão em uma instituição de cuidados de longa duração
- alta ou admissão em um hospital, ou

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- mudança no nível de cuidados especializados em uma instituição de enfermagem

B10. Posso solicitar uma exceção para a cobertura do meu medicamento?

Sim. Você pode solicitar ao CCA One Care para abrir uma exceção para cobrir um medicamento que não esteja na *Lista de Medicamentos*.

Você também pode solicitar que sejam alteradas as regras aplicadas ao seu medicamento.

- Por exemplo, o CCA One Care pode limitar a quantidade de um medicamento que o plano cobrirá. Se o seu medicamento tiver um limite, você pode pedir para alterarmos esse limite e cobrir uma quantidade maior.
- Outros exemplos: você pode pedir para retirarmos as exigências de terapia sequencial ou de autorização prévia.

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Para mais informações, visite ccama.org.

B11. Como posso solicitar uma exceção?

Para pedir uma exceção, ligue para o *Serviços ao Associado*. Um representante do Serviços ao Associado trabalhará com você e com o seu profissional habilitado a prescrever para ajudar no pedido da exceção. Você também pode consultar o **Capítulo 9** do *Manual do Associado* para saber mais sobre as exceções.

B12. Quanto tempo demora para conseguir uma exceção?

Após recebermos uma declaração do seu profissional habilitado a prescrever apoiando o seu pedido de exceção, daremos uma resposta em até 72 horas.

Um associado, o profissional habilitado a prescrever do associado e/ou um representante designado (com consentimento por escrito) podem solicitar a exceção preenchendo o formulário de Solicitação de Determinação de Cobertura de Medicamento Prescrito, disponível em nosso site em ccama.org. O formulário pode ser enviado por correio ou fax:

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CVS Caremark Part D Appeals and Exceptions

PO Box 52000, MC109

Phoenix, AZ 85072-2000

Fax: 855-633-7673

Se você ou o seu profissional habilitado a prescrever acharem que sua saúde pode ser prejudicada caso precise esperar 72 horas por uma decisão, você pode solicitar uma exceção acelerada. Esta é uma decisão mais rápida. Se o seu profissional habilitado a prescrever apoiar o seu pedido, daremos uma decisão em até 24 horas após recebermos a declaração de apoio do prescritor.

B13. O que são medicamentos genéricos?

Os medicamentos genéricos são compostos pelos mesmos princípios ativos que os medicamentos de marca. Eles geralmente custam menos que os medicamentos de marca e funcionam da mesma forma. Eles você geralmente não têm nomes muito conhecidos. Os medicamentos genéricos são aprovados pela Food and Drug Administration (FDA). Existem medicamentos genéricos disponíveis para muitos medicamentos de marca. Os medicamentos genéricos

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geralmente podem ser substituídos pelos medicamentos de marca na farmácia sem a necessidade de uma nova prescrição, dependendo das leis estaduais.

O CCA One Care cobre tanto medicamentos de marca quanto medicamentos genéricos.

B14. O que são produtos biológicos originais e como eles se relacionam com os biossimilares?

Quando nos referimos a medicamentos, isso pode significar um medicamento ou um produto biológico. Os produtos biológicos são medicamentos mais complexos do que os medicamentos comuns. Como os produtos biológicos são mais complexos do que os medicamentos comuns, em vez de terem uma forma genérica, eles têm formas chamadas biossimilares. De modo geral, os biossimilares funcionam tão bem quanto o produto biológico original e podem custar menos. Existem alternativas biossimilares para alguns produtos biológicos originais. Alguns biossimilares são biossimilares intercambiáveis e, dependendo das leis

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estaduais, podem ser substituídos pelo produto biológico original na farmácia sem a necessidade de uma nova prescrição, assim como os medicamentos genéricos podem ser substituídos pelos medicamentos de marca.

Para mais informações sobre tipos de medicamentos, consulte o **Capítulo 5** do *Manual do Associado*.

B15. O que são medicamentos OTC?

OTC significa “over-the-counter” (medicamentos de venda livre). O CCA One Care cobre alguns medicamentos OTC quando forem prescritos pelo seu profissional de saúde.

Você pode consultar a *Lista de Medicamentos* do CCA One Care para saber quais medicamentos OTC são cobertos.

B16. O CCA One Care cobre produtos OTC que não sejam medicamentos?

O CCA One Care cobre alguns produtos OTC que não sejam medicamentos quando forem prescritos pelo seu profissional de saúde. Exemplos de produtos OTC que não são medicamentos incluem: gazes e curativos, swabs com álcool e determinadas agulhas/seringas.

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Para mais informações , visite ccama.org.

Você pode consultar a *Lista de Medicamentos* do CCA One Care para saber quais produtos OTC que não são medicamentos são cobertos.

B17. O CCA One Care cobre fornecimentos de longo prazo de medicamentos prescritos?

- **Programas de venda por correspondência.**
Oferecemos um programa de venda por correspondência que permite a você receber até 100 dias de fornecimento dos seus medicamentos, entregues diretamente em sua casa. Não há copagamento para medicamentos obtidos por correspondência. Os medicamentos especializados têm limite de fornecimento de até 31 dias.
- **Programas de farmácias de varejo com fornecimento para 100 dias.** Algumas farmácias de varejo também podem oferecer até 100 dias de fornecimento de medicamentos cobertos. Não há copagamento para medicamentos adquiridos em farmácias de varejo. Os medicamentos especializados têm limite de fornecimento de até 31 dias.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações, visite ccama.org.

B18. Posso receber medicamentos prescritos em casa de minha farmácia local?

A sua farmácia local pode entregar suas prescrições diretamente em sua casa. Você pode ligar para a farmácia para descobrir se eles oferecem entrega a domicílio.

B19. Qual é o meu copagamento?

Os associados do CCA One Care não têm copagamento para medicamentos prescritos e medicamentos OTC, desde que sigam as regras do plano. Consulte as perguntas B15 e B16 para mais informações sobre medicamentos OTC e produtos que não sejam medicamentos.

Os níveis são grupos de medicamentos dentro da *Lista de Medicamentos*.

Todos os medicamentos da Lista de Medicamentos do plano estão no nível 1. Você não terá copagamento para medicamentos prescritos e medicamentos OTC incluídos na Lista de Medicamentos do CCA One Care. Para localizar seus medicamentos, consulte a Lista de Medicamentos.

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O nível 1 inclui tanto medicamentos da parte D quanto medicamentos não cobertos pelo Medicare, e/ou medicamentos OTC não cobertos pelo Medicare.

Se tiver dúvidas, ligue para o Serviços ao Associado no telefone 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana.

C. Visão geral da *Lista de Medicamentos Cobertos*

A *Lista de Medicamentos Cobertos* fornece informações sobre os medicamentos cobertos pelo CCA One Care. Se tiver dificuldade em encontrar seu medicamento na lista, consulte o Índice de Medicamentos Cobertos, que começa na **Seção D**. Esse índice apresenta, em ordem alfabética, todos os medicamentos cobertos pelo CCA One Care.

Observação: O asterisco (*) ao lado de um medicamento significa que ele não é um “medicamento da Parte D”. Esses medicamentos têm regras diferentes para recursos.

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Para mais informações, visite ccama.org.

- Um recurso é a forma oficial de pedir que revisemos uma decisão tomada sobre a sua cobertura e de solicitar alteração caso você ache que houve um erro.
- Por exemplo, podemos decidir que um medicamento que você deseja não é coberto ou deixou de ser coberto pelo Medicare ou pelo MassHealth (Medicaid).
- Se você ou o seu profissional habilitado a prescrever discordarem da nossa decisão, é possível apresentar um recurso. Se tiver alguma dúvida, ligue para o Serviços ao Associado no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana, *ou* utilize os números indicados no rodapé deste documento.
- Você também pode consultar o **Capítulo 9** do *Manual do Associado* para saber como apresentar um recurso.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

C1. Lista de Medicamentos por Condição Médica

Os medicamentos desta seção estão agrupados em categorias de acordo com o tipo de condição médica para a qual são usados no tratamento. Por exemplo, se você tiver uma condição cardíaca, deve procurar na categoria agentes cardiovasculares. É lá que você encontrará medicamentos usados para tratar condições cardíacas.

Aqui estão os significados dos códigos usados na coluna “Ações necessárias, restrições ou limites de uso”:

PA = Autorização prévia: você deve obter autorização do plano antes de poder ter acesso a esse medicamento.

ST = Terapia sequencial: você deve tentar outro medicamento antes de poder receber este.

QL= Limite de quantidade. Às vezes, o CCA One Care limita a quantidade de um medicamento que você pode receber.

NDS = Fornecimento não estendido. Você pode ter direito a receber mais do que o fornecimento de 1 mês da maioria dos medicamentos incluídos na sua *Lista de Medicamentos* por meio de farmácia de varejo ou de correspondência. Os

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medicamentos marcados com “NDS” estão limitados a um fornecimento de 1 mês, tanto em farmácias de varejo quanto em farmácias por correspondência.

B/D = Este medicamento pode ser elegível para cobertura pelo Medicare Parte B ou Medicare Parte D. Você ou o seu profissional habilitado a prescrever devem obter uma autorização prévia do CCA One Care para determinar se esse medicamento será coberto pelo Medicare Parte D antes de preencher a sua receita. Sem autorização prévia, o CCA pode não cobrir esse medicamento. PA_BVD não se aplica a associados somente do Medicaid.

Asterisco (*) = Indica medicamentos que não fazem parte da Parte D

A primeira coluna da tabela apresenta o nome do medicamento. Os medicamentos genéricos são listados em itálico e em letras minúsculas (por exemplo, *valsartan*). Já os medicamentos de marca são listados em letras maiúsculas (por exemplo, MYRBETRIQ). As informações na coluna “Ações necessárias, restrições ou limites de uso” indicam se o CCA One Care possui alguma regra de cobertura para o seu medicamento.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações, visite ccama.org.

CCA_CY26_1T_SNP eff 04/01/2026

NAME OF DRUG

**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

allopurinol tab 100 mg

allopurinol tab 300 mg

colchicine tab 0.6 mg

QL (120 tabs /
30 days)

*colchicine w/ probenecid tab
0.5-500 mg*

probenecid tab 500 mg

MISCELLANEOUS

lidocaine hcl local inj 0.5%

B/D

lidocaine hcl local inj 1%

B/D

lidocaine hcl local inj 2%

B/D

lidocaine hcl local preservative

B/D

free (pf) inj 0.5%

lidocaine hcl local preservative

B/D

free (pf) inj 1%

lidocaine hcl local preservative

B/D

free (pf) inj 1.5%

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****NSAIDS - DRUGS TO TREAT PAIN AND
INFLAMMATION***

<i>celecoxib cap 50 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	
<i>diclofenac sodium tab delayed release 50 mg</i>	
<i>diclofenac sodium tab delayed release 75 mg</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>diflunisal tab 500 mg</i>	
<i>etodolac cap 200 mg</i>	
<i>etodolac cap 300 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

etodolac tab 400 mg

etodolac tab 500 mg

etodolac tab er 24hr 400 mg

etodolac tab er 24hr 500 mg

etodolac tab er 24hr 600 mg

flurbiprofen tab 100 mg

ibu

ibuprofen susp 100 mg/5ml

ibuprofen tab 400 mg

ibuprofen tab 600 mg

ibuprofen tab 800 mg

meloxicam tab 7.5 mg

meloxicam tab 15 mg

nabumetone tab 500 mg

nabumetone tab 750 mg

naproxen sodium tab 275 mg

naproxen sodium tab 550 mg

naproxen tab 250 mg

naproxen tab 375 mg

naproxen tab 500 mg

naproxen tab ec 375 mg

QL (120 tabs /
30 days)

piroxicam cap 10 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

piroxicam cap 20 mg

sulindac tab 150 mg

sulindac tab 200 mg

OPIOID ANALGESICS, LONG-ACTING

buprenorphine td patch weekly QL (4 patches /
5 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
7.5 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
10 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
15 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
20 mcg/hr 28 days), PA

fentanyl td patch 72hr 12 QL (10 patches /
mcg/hr 30 days), PA

fentanyl td patch 72hr 25 QL (10 patches /
mcg/hr 30 days), PA

fentanyl td patch 72hr 37.5 QL (10 patches /
mcg/hr 30 days), PA

fentanyl td patch 72hr 50 QL (10 patches /
mcg/hr 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methadone hcl soln 5 mg/5ml</i>	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i>	QL (90 mL / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>butorphanol tartrate inj 2 mg/ml</i>	
<i>endocet tab 2.5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	QL (600 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydromorphone hcl tab 2 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	QL (180 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	QL (672 tabs / year), PA
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
ARIKAYCE SUS	PA
<i>atovaquone susp 750 mg/5ml</i>	QL (300 mL / 30 days), PA
<i>aztreonam for inj 1 gm</i>	
<i>aztreonam for inj 2 gm</i>	
BLUJEPAB TAB 750MG	
CAYSTON INH 75MG	PA
<i>clindamycin hcl cap 75 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

clindamycin hcl cap 150 mg

clindamycin hcl cap 300 mg

*clindamycin palmitate hcl for
soln 75 mg/5ml (base equiv)*

*clindamycin phosphate in d5w
iv soln 300 mg/50ml*

*clindamycin phosphate in d5w
iv soln 600 mg/50ml*

*clindamycin phosphate in d5w
iv soln 900 mg/50ml*

*clindamycin phosphate inj 300
mg/2ml*

*clindamycin phosphate inj 600
mg/4ml*

*clindamycin phosphate inj 900
mg/6ml*

CLINDMYC/NAC INJ 300/50ML

CLINDMYC/NAC INJ 600/50ML

CLINDMYC/NAC INJ 900/50ML

*colistimethate sod for inj 150
mg (colistin base activity)*

dapsone tab 25 mg

dapsone tab 100 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>daptomycin for iv soln 350 mg</i>	
<i>daptomycin for iv soln 500 mg</i>	
DAPTOMYCIN INJ 350MG	
EMVERM CHW 100MG	QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	
<i>fosfomicin tromethamine powd pack 3 gm (base equivalent)</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate inj 10 mg/ml</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	
IMPAVIDO CAP 50MG	PA
<i>ivermectin tab 3 mg</i>	QL (20 tabs / 90 days), PA
<i>ivermectin tab 6 mg</i>	QL (10 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	
<i>linezolid tab 600 mg</i>	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	
<i>meropenem iv for soln 2 gm</i>	
<i>meropenem iv for soln 500 mg</i>	
<i>methenamine hippurate tab 1 gm</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metronidazole iv soln 500 mg/100ml</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
<i>neomycin sulfite tab 500 mg</i>	
<i>nitazoxanide tab 500 mg</i>	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
<i>pentamidine isethionate inh</i>	B/D
<i>pentamidine isethionate inj</i>	
<i>polymyxin b sulfate for inj 500000 unit</i>	
<i>praziquantel tab 600 mg</i>	
<i>pyrimethamine tab 25 mg</i>	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate for inj 1 gm</i>	
<i>sulfadiazine tab 500 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*sulfamethoxazole-trimethoprim
iv soln 400-80 mg/5ml*

*sulfamethoxazole-trimethoprim
susp 200-40 mg/5ml*

*sulfamethoxazole-trimethoprim
tab 400-80 mg*

*sulfamethoxazole-trimethoprim
tab 800-160 mg*

tinidazole tab 250 mg

tinidazole tab 500 mg

TOBI PODHALR CAP 28MG PA

*tobramycin nebu soln 300
mg/5ml* PA

*tobramycin sulfate inj 1.2
gm/30ml (40 mg/ml) (base
equiv)*

*tobramycin sulfate inj 10
mg/ml (base equivalent)*

*tobramycin sulfate inj 80
mg/2ml (40 mg/ml) (base
equiv)*

trimethoprim tab 100 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	
VANCOMYCIN INJ 1 GM	
VANCOMYCIN INJ 500MG	
VANCOMYCIN INJ 750MG	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTIFUNGALS - DRUGS TO TREAT FUNGAL
INFECTIONS**

<i>amphotericin b for iv soln 50 mg</i>	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	B/D
<i>casprofungin acetate for iv soln 50 mg</i>	
<i>casprofungin acetate for iv soln 70 mg</i>	
CRESEMBA CAP 74.5MG	PA
CRESEMBA CAP 186MG	PA
<i>fluconazole for susp 10 mg/ml</i>	
<i>fluconazole for susp 40 mg/ml</i>	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>fluconazole tab 50 mg</i>	
<i>fluconazole tab 100 mg</i>	
<i>fluconazole tab 150 mg</i>	
<i>fluconazole tab 200 mg</i>	
<i>flucytosine cap 250 mg</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>flucytosine cap 500 mg</i>	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>itraconazole cap 100 mg</i>	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	PA
<i>micafungin sodium for iv soln 50 mg</i>	
<i>micafungin sodium for iv soln 100 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole tab delayed release 100 mg</i>	QL (93 tabs / 30 days), PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*terbinafine hcl tab 250 mg*QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year

*voriconazole for inj 200 mg*PA

*voriconazole for susp 40 mg/ml*QL (600 mL / 28 days), PA

*voriconazole tab 50 mg*QL (480 tabs / 30 days)

*voriconazole tab 200 mg*QL (120 tabs / 30 days)

**ANTIMALARIALS - DRUGS TO TREAT
MALARIA**

atovaquone-proguanil hcl tab 62.5-25 mg

atovaquone-proguanil hcl tab 250-100 mg

chloroquine phosphate tab 250 mg

chloroquine phosphate tab 500 mg

COARTEM TAB 20-120MG

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

mefloquine hcl tab 250 mg

*primaquine phosphate tab
26.3 mg (15 mg base)*

PRIMAQUINE TAB 26.3MG

quinine sulfate cap 324 mg PA

**ANTIRETROVIRAL AGENTS - DRUGS TO
SUPPRESS HIV/AIDS INFECTION**

*abacavir sulfate soln 20 mg/ml
(base equiv)*

*abacavir sulfate tab 300 mg
(base equiv)*

APTIVUS CAP 250MG

*atazanavir sulfate cap 150 mg
(base equiv)*

*atazanavir sulfate cap 200 mg
(base equiv)*

*atazanavir sulfate cap 300 mg
(base equiv)*

darunavir tab 600 mg QL (60 tabs / 30
days)

darunavir tab 800 mg QL (30 tabs / 30
days)

EDURANT PED TAB 2.5MG

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

EDURANT TAB 25MG

efavirenz tab 600 mg

emtricitabine caps 200 mg

EMTRIVA SOL 10MG/ML

etravirine tab 100 mg

etravirine tab 200 mg

fosamprenavir calcium tab 700 mg (base equiv)

INTELENCE TAB 25MG

ISENTRESS CHW 25MG

ISENTRESS CHW 100MG

ISENTRESS HD TAB 600MG

ISENTRESS POW 100MG

ISENTRESS TAB 400MG

lamivudine oral soln 10 mg/ml

lamivudine tab 150 mg

lamivudine tab 300 mg

maraviroc tab 150 mg

maraviroc tab 300 mg

nevirapine susp 50 mg/5ml

nevirapine tab 200 mg

nevirapine tab er 24hr 400 mg

NORVIR POW 100MG

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIFELTRO TAB 100MG	
PREZISTA SUS 100MG/ML	QL (400 mL / 30 days)
PREZISTA TAB 75MG	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	QL (240 tabs / 30 days)
REYATAZ POW 50MG	
<i>ritonavir tab 100 mg</i>	
RUKOBIA TAB 600MG ER	
SELZENTRY SOL 20MG/ML	
SUNLENCA TAB 300MG	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TIVICAY PD TAB 5MG	
TIVICAY TAB 50MG	
TROGARZO INJ 150MG/ML	
TYBOST TAB 150MG	
VIRACEPT TAB 250MG	
VIRACEPT TAB 625MG	
VIREAD POW 40MG/GM	
VIREAD TAB 150MG	
VIREAD TAB 200MG	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

VIREAD TAB 250MG

zidovudine cap 100 mg

zidovudine syrup 10 mg/ml

zidovudine tab 300 mg

**ANTIRETROVIRAL COMBINATION AGENTS
- DRUGS TO SUPPRESS HIV/AIDS
INFECTION**

*abacavir sulfate-lamivudine
tab 600-300 mg*

BIKTARVY TAB 30-120-15 MG

BIKTARVY TAB 50-200-25 MG

CIMDUO TAB 300-300

DELSTRIGO TAB

DESCOVY TAB 120-15MG

DESCOVY TAB 200/25MG

DOVATO TAB 50-300MG

*efavirenz-emtricitabine-
tenofovir df tab 600-200-300
mg*

*efavirenz-lamivudine-tenofovir
df tab 400-300-300 mg*

*efavirenz-lamivudine-tenofovir
df tab 600-300-300 mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*emtricitabine-rilpivirine-
tenofovir df tab 200-25-300
mg*

*emtricitabine-tenofovir
disoproxil fumarate tab 100-
150 mg*

*emtricitabine-tenofovir
disoproxil fumarate tab 133-
200 mg*

*emtricitabine-tenofovir
disoproxil fumarate tab 167-
250 mg*

*emtricitabine-tenofovir
disoproxil fumarate tab 200-
300 mg*

EVOTAZ TAB 300-150

GENVOYA TAB

JULUCA TAB 50-25MG

KALETRA SOL

*lamivudine-zidovudine tab
150-300 mg*

*lopinavir-ritonavir tab 100-25
mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*lopinavir-ritonavir tab 200-50
mg*

ODEFSEY TAB

PREZCOBIX TAB 675/150

PREZCOBIX TAB 800-150

STRIBILD TAB

SYMTUZA TAB

TRIUMEQ PD TAB

TRIUMEQ TAB

***ANTITUBERCULAR AGENTS - DRUGS TO
TREAT TUBERCULOSIS***

cycloserine cap 250 mg

ethambutol hcl tab 100 mg

ethambutol hcl tab 400 mg

isoniazid syrup 50 mg/5ml

isoniazid tab 100 mg

isoniazid tab 300 mg

PRIFTIN TAB 150MG

pyrazinamide tab 500 mg

rifabutin cap 150 mg

rifampin cap 150 mg

rifampin cap 300 mg

rifampin for inj 600 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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SIRTURO TAB 20MG	PA
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SIRTURO TAB 100MG	PA
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	
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<i>acyclovir sodium iv soln 50 mg/ml</i>	B/D
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<i>acyclovir susp 200 mg/5ml</i>	
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<i>acyclovir tab 400 mg</i>	
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<i>acyclovir tab 800 mg</i>	
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<i>adefovir dipivoxil tab 10 mg</i>	
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BARACLUDE SOL	ST
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<i>entecavir tab 0.5 mg</i>	
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<i>entecavir tab 1 mg</i>	
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EPCLUSA PAK 150-37.5	PA
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EPCLUSA PAK 200-50MG	PA
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EPCLUSA TAB 200-50MG	PA
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EPCLUSA TAB 400-100	PA
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<i>famciclovir tab 125 mg</i>	
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<i>famciclovir tab 250 mg</i>	
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<i>famciclovir tab 500 mg</i>	
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<i>ganciclovir sodium for inj 500 mg</i>	B/D
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamivudine tab 100 mg (hbv)</i>	
LIVTENCITY TAB 200MG	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	PA
MAVYRET TAB 100-40MG	PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (1080 mL / year)
PAXLOVID PAK	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	PA
PEGASYS INJ 180MCG/M	PA
PREVYMIS TAB 240MG	QL (28 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREVYMIS TAB 480MG	QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	
<i>ribavirin tab 200 mg</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	
<i>valacyclovir hcl tab 1 gm</i>	
<i>valacyclovir hcl tab 500 mg</i>	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
VOSEVI TAB	PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	QL (1 tab / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>
<i>cefaclor cap 500 mg</i>

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

cefadroxil cap 500 mg

cefadroxil for susp 250 mg/5ml

cefadroxil for susp 500 mg/5ml

CEFAZOLIN INJ 1GM/50ML

CEFAZOLIN INJ 2GM

CEFAZOLIN INJ 3GM

cefazolin sodium for inj 1 gm

cefazolin sodium for inj 2 gm

cefazolin sodium for inj 3 gm

cefazolin sodium for inj 10 gm

*cefazolin sodium for inj 500
mg*

*cefazolin sodium for iv soln 1
gm*

CEFAZOLIN SOLN 2GM/100ML-
4%

CEFAZOLIN/DEX SOL
1GM/50ML-4%

CEFAZOLIN/DEX SOL
2GM/50ML-3%

CEFAZOLIN/DEX SOL
3GM/50ML-2%

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

CEFAZOLIN/DEX SOL
3GM/150ML-4%

cefdinir cap 300 mg

cefdinir for susp 125 mg/5ml

cefdinir for susp 250 mg/5ml

cefepime hcl for inj 1 gm

cefepime hcl for iv soln 2 gm

cefixime cap 400 mg

cefixime for susp 100 mg/5ml

cefixime for susp 200 mg/5ml

*cefotetan disodium for inj 1
gm*

*cefotetan disodium for inj 2
gm*

*cefoxitin sodium for iv soln 1
gm*

*cefoxitin sodium for iv soln 2
gm*

*cefoxitin sodium for iv soln 10
gm*

*cefepodoxime proxetil for susp
50 mg/5ml*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*cefepodoxime proxetil for susp
100 mg/5ml*

*cefepodoxime proxetil tab 100
mg*

*cefepodoxime proxetil tab 200
mg*

cefprozil for susp 125 mg/5ml

cefprozil for susp 250 mg/5ml

cefprozil tab 250 mg

cefprozil tab 500 mg

*ceftazidime for iv soln
400 mg*

*ceftazidime for iv soln
600 mg*

ceftazidime for inj 1 gm

ceftazidime for inj 6 gm

ceftazidime for iv soln 2 gm

*ceftriaxone sodium for inj 1
gm*

*ceftriaxone sodium for inj 2
gm*

*ceftriaxone sodium for inj 10
gm*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

ceftriaxone sodium for inj 250 mg

ceftriaxone sodium for inj 500 mg

ceftriaxone sodium for iv soln 1 gm

ceftriaxone sodium for iv soln 2 gm

cefuroxime axetil tab 250 mg

cefuroxime axetil tab 500 mg

cefuroxime sodium for inj 750 mg

cefuroxime sodium for iv soln 1.5 gm

cephalexin cap 250 mg

cephalexin cap 500 mg

cephalexin for susp 125 mg/5ml

cephalexin for susp 250 mg/5ml

tazicef

TEFLARO INJ 400MG

TEFLARO INJ 600MG

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ERYTHROMYCINS/MACROLIDES - DRUGS
TO TREAT INFECTIONS**

*azithromycin for susp 100
mg/5ml*

*azithromycin for susp 200
mg/5ml*

*azithromycin iv for soln 500
mg*

azithromycin tab 250 mg

azithromycin tab 500 mg

azithromycin tab 600 mg

*clarithromycin for susp 125
mg/5ml*

*clarithromycin for susp 250
mg/5ml*

clarithromycin tab 250 mg

clarithromycin tab 500 mg

*clarithromycin tab er 24hr 500
mg*

DIFICID SUS

e.e.s. 400

ERYTHROCIN INJ 500MG

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*erythromycin ethylsuccinate
tab 400 mg*

*erythromycin lactobionate for
inj 500 mg*

erythromycin tab 250 mg

erythromycin tab 500 mg

*erythromycin tab delayed
release 250 mg*

*erythromycin tab delayed
release 333 mg*

*erythromycin tab delayed
release 500 mg*

*erythromycin w/ delayed
release particles cap 250 mg*

fidaxomicin tab 200 mg

**FLUOROQUINOLONES - DRUGS TO TREAT
INFECTIONS**

*ciprofloxacin 200 mg/100ml in
d5w*

*ciprofloxacin 400 mg/200ml in
d5w*

*ciprofloxacin hcl tab 250 mg
(base equiv)*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*ciprofloxacin hcl tab 500 mg
(base equiv)*

*ciprofloxacin hcl tab 750 mg
(base equiv)*

*levofloxacin in d5w iv soln 250
mg/50ml*

*levofloxacin in d5w iv soln 500
mg/100ml*

*levofloxacin in d5w iv soln 750
mg/150ml*

levofloxacin iv soln 25 mg/ml

*levofloxacin oral soln 25
mg/ml*

levofloxacin tab 250 mg

levofloxacin tab 500 mg

levofloxacin tab 750 mg

*moxifloxacin hcl 400
mg/250ml in sodium chloride
0.8% inj*

*moxifloxacin hcl tab 400 mg
(base equiv)*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****PENICILLINS - DRUGS TO TREAT
INFECTIONS***

*amoxicillin & k clavulanate for
susp 200-28.5 mg/5ml*

*amoxicillin & k clavulanate for
susp 250-62.5 mg/5ml*

*amoxicillin & k clavulanate for
susp 400-57 mg/5ml*

*amoxicillin & k clavulanate for
susp 600-42.9 mg/5ml*

*amoxicillin & k clavulanate tab
250-125 mg*

*amoxicillin & k clavulanate tab
500-125 mg*

*amoxicillin & k clavulanate tab
875-125 mg*

*amoxicillin (trihydrate) cap
250 mg*

*amoxicillin (trihydrate) cap
500 mg*

*amoxicillin (trihydrate) chew
tab 125 mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*amoxicillin (trihydrate) chew
tab 250 mg*

*amoxicillin (trihydrate) for
susp 125 mg/5ml*

*amoxicillin (trihydrate) for
susp 200 mg/5ml*

*amoxicillin (trihydrate) for
susp 250 mg/5ml*

*amoxicillin (trihydrate) for
susp 400 mg/5ml*

*amoxicillin (trihydrate) tab 500
mg*

*amoxicillin (trihydrate) tab 875
mg*

*ampicillin & sulbactam sodium
for inj 1.5 (1-0.5) gm*

*ampicillin & sulbactam sodium
for inj 3 (2-1) gm*

*ampicillin & sulbactam sodium
for iv soln 1.5 (1-0.5) gm*

*ampicillin & sulbactam sodium
for iv soln 3 (2-1) gm*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*ampicillin & sulbactam sodium
for iv soln 15 (10-5) gm*

ampicillin cap 500 mg

ampicillin sodium for inj 1 gm

ampicillin sodium for inj 2 gm

*ampicillin sodium for inj 250
mg*

*ampicillin sodium for inj 500
mg*

*ampicillin sodium for iv soln 1
gm*

*ampicillin sodium for iv soln 2
gm*

*ampicillin sodium for iv soln 10
gm*

BICILLIN L-A INJ 600000

BICILLIN L-A INJ 1200000

BICILLIN L-A INJ 2400000

*dicloxacillin sodium cap 250
mg*

*dicloxacillin sodium cap 500
mg*

nafcillin sodium for inj 1 gm

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

nafcillin sodium for inj 2 gm

nafcillin sodium for iv soln 10 gm

oxacillin sodium for inj 1 gm (base equivalent)

oxacillin sodium for inj 2 gm (base equivalent)

oxacillin sodium for iv soln 10 gm (base equivalent)

penicillin g potassium for inj 5000000 unit

penicillin g potassium for inj 20000000 unit

penicillin g sodium for inj 5000000 unit

penicillin v potassium for soln 125 mg/5ml

penicillin v potassium for soln 250 mg/5ml

penicillin v potassium tab 250 mg

penicillin v potassium tab 500 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

pfizerpen

*piperacillin sod-tazobactam na
for inj 3.375 gm (3-0.375 gm)*

*piperacillin sod-tazobactam
sod for inj 2.25 gm (2-0.25
gm)*

*piperacillin sod-tazobactam
sod for inj 4.5 gm (4-0.5 gm)*

*piperacillin sod-tazobactam
sod for inj 13.5 gm (12-1.5
gm)*

*piperacillin sod-tazobactam
sod for inj 40.5 gm (36-4.5
gm)*

**TETRACYCLINES - DRUGS TO TREAT
INFECTIONS**

doxy 100

doxycycline hyclate cap 50 mg

*doxycycline hyclate cap 100
mg*

*doxycycline hyclate for inj 100
mg*

doxycycline hyclate tab 20 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxycycline hyclate tab 100 mg</i>	
<i>doxycycline monohydrate cap 50 mg</i>	
<i>doxycycline monohydrate cap 100 mg</i>	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>doxycycline monohydrate tab 50 mg</i>	
<i>doxycycline monohydrate tab 75 mg</i>	
<i>doxycycline monohydrate tab 100 mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
NUZYRA INJ 100MG	
NUZYRA TAB 150MG	QL (30 tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	
<i>tetracycline hcl cap 500 mg</i>	
<i>tigecycline for iv soln 50 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTINEOPLASTIC AGENTS - DRUGS TO
TREAT CANCER*****ALKYLATING AGENTS***

BENDAMUSTINE SOL 100/4ML	B/D
BENDEKA INJ 100/4ML	B/D
<i>carboplatin iv soln 50 mg/5ml</i>	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	B/D
CYCLOPHOSPH INJ 1GM/2ML	B/D
CYCLOPHOSPH INJ 1GM/5ML	B/D
CYCLOPHOSPH INJ 2GM/4ML	B/D
CYCLOPHOSPH INJ 500/5ML	B/D
CYCLOPHOSPH INJ 500MG/ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYCLOPHOSPH INJ 1000MG	B/D
CYCLOPHOSPH INJ 2000MG	B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	B/D
CYCLOPHOSPHA INJ 500/2.5	B/D
<i>cyclophosphamide cap 25 mg</i>	B/D
<i>cyclophosphamide cap 50 mg</i>	B/D
<i>cyclophosphamide for inj 1 gm</i>	B/D
<i>cyclophosphamide for inj 2 gm</i>	B/D
<i>cyclophosphamide for inj 500 mg</i>	B/D
FRINDOVYX INJ 1GM/2ML	B/D
FRINDOVYX INJ 2GM/4ML	B/D
FRINDOVYX INJ 500MG/ML	B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	PA
<i>lomustine cap 10 mg</i>	
<i>lomustine cap 40 mg</i>	
<i>lomustine cap 100 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>oxaliplatin for iv inj 50 mg</i>	B/D
<i>oxaliplatin for iv inj 100 mg</i>	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	B/D
VIVIMUSTA INJ 100/4ML	B/D

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	B/D
<i>cytarabine inj 20 mg/ml</i>	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	B/D
<i>gemcitabine hcl for inj 1 gm</i>	B/D
<i>gemcitabine hcl for inj 2 gm</i>	B/D
<i>gemcitabine hcl for inj 200 mg</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	
<i>mercaptopurine tab 50 mg</i>	
<i>methotrexate sodium for inj 1 gm</i>	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	B/D
ONUREG TAB 200MG	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	B/D
TABLOID TAB 40MG	PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****HORMONAL ANTINEOPLASTIC AGENTS***

<i>abiraterone acetate tab 250 mg</i>	QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	QL (60 tabs / 30 days), PA
<i>abirtega tab 250mg</i>	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	
<i>bicalutamide tab 50 mg</i>	
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
ERLEADA TAB 60MG	QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	
<i>exemestane tab 25 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	B/D
INLURIYO TAB 200MG	QL (56 tabs / 28 days), PA
<i>letrozole tab 2.5 mg</i>	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	PA
LUPRON DEPOT INJ 3.75MG	PA
LUPRON DEPOT INJ 11.25MG	PA
LYSODREN TAB 500MG	
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg</i>	
NUBEQA TAB 300MG	QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	PA
ORSERDU TAB 86MG	QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
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<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
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<i>toremifene citrate tab 60 mg (base equivalent)</i>	PA
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XTANDI CAP 40MG	QL (120 caps / 30 days), PA
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XTANDI TAB 40MG	QL (120 tabs / 30 days), PA
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XTANDI TAB 80MG	QL (60 tabs / 30 days), PA
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YONSA TAB 125MG	QL (120 tabs / 30 days), PA
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IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	QL (28 caps / 28 days), PA
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<i>lenalidomide cap 10 mg</i>	QL (28 caps / 28 days), PA
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<i>lenalidomide cap 15 mg</i>	QL (28 caps / 28 days), PA
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<i>lenalidomide cap 20 mg</i>	QL (21 caps / 28 days), PA
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lenalidomide cap 25 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	QL (28 caps / 28 days), PA
POMALYST CAP 1MG	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	QL (21 caps / 28 days), PA
POMALYST CAP 4MG	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	QL (112 caps / 28 days), PA

MISCELLANEOUS

BESREMI SOL 500MCG	QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	B/D
<i>hydroxyurea cap 500 mg</i>	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	B/D
IWILFIN TAB 192MG	QL (240 tabs / 30 days), PA
<i>leucovorin calcium for inj 50 mg</i>	B/D
<i>leucovorin calcium for inj 100 mg</i>	B/D
<i>leucovorin calcium for inj 200 mg</i>	B/D
<i>leucovorin calcium for inj 350 mg</i>	B/D
<i>leucovorin calcium for inj 500 mg</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	B/D
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MATULANE CAP 50MG	
<i>mesna tab 400 mg</i>	
MODEYSO CAP 125MG	QL (20 caps / 28 days), PA
<i>tretinoin cap 10 mg</i>	
WELIREG TAB 40MG	QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS	
<i>docetaxel for inj conc 20 mg/ml</i>	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	B/D
DOCETAXEL INJ 20MG/2ML	B/D
DOCETAXEL INJ 80MG/4ML	B/D
DOCETAXEL INJ 80MG/8ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DOCETAXEL INJ 160/8ML	B/D
DOCETAXEL INJ 160/16ML	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	B/D
DOCIVYX INJ 20MG/2ML	B/D
DOCIVYX INJ 80MG/8ML	B/D
DOCIVYX INJ 160/16ML	B/D
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	B/D
<i>paclitaxel inj 100mg</i>	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>paclitaxel iv conc 150 mg/25ml/B/D (6 mg/ml)</i>	
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<i>paclitaxel iv conc 300 mg/50ml/B/D (6 mg/ml)</i>	
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<i>vincristine sulfate iv soln 1 mg/ml</i>	B/D
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<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	B/D
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<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	B/D
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MOLECULAR TARGET AGENTS

ALECENSA CAP 150MG	QL (240 caps / 30 days), PA
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ALUNBRIG PAK	QL (30 tabs / 30 days), PA
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ALUNBRIG TAB 30MG	QL (120 tabs / 30 days), PA
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ALUNBRIG TAB 90MG	QL (30 tabs / 30 days), PA
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ALUNBRIG TAB 180MG	QL (30 tabs / 30 days), PA
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUGTYRO CAP 40MG	QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	QL (60 tabs / 30 days), PA
CABOMETYX TAB 20MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TAB 60MG	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	QL (112 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DANZITEN TAB 95MG	QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	QL (60 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ERIVEDGE CAP 150MG	QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FOTIVDA CAP 0.89MG	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	QL (84 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GOMEKLI TAB 1MG	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	PA
HERCEPTIN INJ 150MG	PA
HERCESSI INJ 150MG	PA
HERCESSI INJ 420MG	PA
HERNEXEOS TAB 60MG	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	PA
HERZUMA INJ 420MG	PA
HYRNUO TAB 10MG	QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	QL (21 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE TAB 125MG	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMBRUVICA CAP 140MG	QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	QL (280 mL / 28 days), PA
INLYTA TAB 1MG	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	QL (28 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TAB 5MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	B/D
KADCYLA INJ 160MG	B/D
KANJINTI INJ 420MG	PA
KANJINTI SOL 150MG	PA
KEYTRUDA INJ 100MG/4M	PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	QL (1 vial / 42 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 200 DOSE	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), PA
KOMZIFTI CAP 200MG	QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	QL (180 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LORBRENA TAB 25MG	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	QL (1260 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEKINIST TAB 0.5MG	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	PA
NERLYNX TAB 40MG	QL (180 tabs / 30 days), PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OGIVRI INJ 150MG	PA
OGIVRI INJ 420MG	PA
OGSIVEO TAB 100MG	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	PA
ONTRUZANT INJ 420MG	PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PEMAZYRE TAB 4.5MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	QL (28 tabs / 28 days), PA
PHESGO SOL	PA
PIQRAY 200MG TAB DOSE	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVUFORJ TAB 25MG	QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RUBRACA TAB 250MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	QL (224 caps / 28 days), PA
SCSEMBLIX TAB 20MG	QL (60 tabs / 30 days), PA
SCSEMBLIX TAB 40MG	QL (300 tabs / 30 days), PA
SCSEMBLIX TAB 100MG	QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sunitinib malate cap 50 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	QL (840 tabs / 28 days), PA
TAGRISSE TAB 40MG	QL (30 tabs / 30 days), PA
TAGRISSE TAB 80MG	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	QL (90 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 0.35MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	QL (30 caps / 30 days), PA
TAZVERIK TAB 200MG	QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	PA
TECENTRIQ INJ 1200/20	PA
TECENTRIQ INJ HYBREZA	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	QL (60 tabs / 30 days), PA
<i>torpenz</i>	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	PA
TRAZIMERA INJ 420MG	PA
TRUQAP PAK 160MG	QL (4 packs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUQAP PAK 200MG	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	PA
TRUXIMA INJ 500/50ML	PA
TUKYSA TAB 50MG	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	QL (112 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENCLEXTA TAB 100MG	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIZIMPRO TAB 45MG	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	QL (120 caps / 30 days), PA
XALKORI CAP 50MG	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	QL (180 caps / 30 days), PA
XALKORI CAP 200MG	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (16 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZELBORAF TAB 240MG	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	PA
ZIRABEV INJ 400/16ML	PA
ZOLINZA CAP 100MG	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	QL (84 tabs / 28 days), PA

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	QL (30 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*captopril & hydrochlorothiazide
tab 50-15 mg*

*captopril & hydrochlorothiazide
tab 50-25 mg*

*enalapril maleate &
hydrochlorothiazide tab 5-12.5
mg*

*enalapril maleate &
hydrochlorothiazide tab 10-25
mg*

*fosinopril sodium &
hydrochlorothiazide tab 10-
12.5 mg*

*fosinopril sodium &
hydrochlorothiazide tab 20-
12.5 mg*

*lisinopril & hydrochlorothiazide
tab 10-12.5 mg*

*lisinopril & hydrochlorothiazide
tab 20-12.5 mg*

*lisinopril & hydrochlorothiazide
tab 20-25 mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ACE INHIBITORS - DRUGS TO TREAT HIGH
BLOOD PRESSURE**

benazepril hcl tab 5 mg

benazepril hcl tab 10 mg

benazepril hcl tab 20 mg

benazepril hcl tab 40 mg

captopril tab 12.5 mg

captopril tab 25 mg

captopril tab 50 mg

captopril tab 100 mg

enalapril maleate tab 2.5 mg

enalapril maleate tab 5 mg

enalapril maleate tab 10 mg

enalapril maleate tab 20 mg

fosinopril sodium tab 10 mg

fosinopril sodium tab 20 mg

fosinopril sodium tab 40 mg

lisinopril tab 2.5 mg

lisinopril tab 5 mg

lisinopril tab 10 mg

lisinopril tab 20 mg

lisinopril tab 30 mg

lisinopril tab 40 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

moexipril hcl tab 7.5 mg

moexipril hcl tab 15 mg

perindopril erbumine tab 2 mg

perindopril erbumine tab 4 mg

perindopril erbumine tab 8 mg

quinapril hcl tab 5 mg

quinapril hcl tab 10 mg

quinapril hcl tab 20 mg

quinapril hcl tab 40 mg

ramipril cap 1.25 mg

ramipril cap 2.5 mg

ramipril cap 5 mg

ramipril cap 10 mg

trandolapril tab 1 mg

trandolapril tab 2 mg

trandolapril tab 4 mg

**ALDOSTERONE RECEPTOR ANTAGONISTS -
DRUGS TO TREAT HIGH BLOOD PRESSURE**

eplerenone tab 25 mg

eplerenone tab 50 mg

KERENDIA TAB 10MG**QL (30 tabs / 30
days)**

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

KERENDIA TAB 20MG

QL (30 tabs / 30 days)

KERENDIA TAB 40MG

QL (30 tabs / 30 days)

spironolactone tab 25 mg

spironolactone tab 50 mg

*spironolactone tab 100 mg***ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

doxazosin mesylate tab 1 mg

doxazosin mesylate tab 2 mg

doxazosin mesylate tab 4 mg

doxazosin mesylate tab 8 mg

prazosin hcl cap 1 mg

prazosin hcl cap 2 mg

prazosin hcl cap 5 mg

terazosin hcl cap 1 mg (base equivalent)

terazosin hcl cap 2 mg (base equivalent)

terazosin hcl cap 5 mg (base equivalent)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

terazosin hcl cap 10 mg (base equivalent)

**ANGIOTENSIN II RECEPTOR ANTAGONIST
COMBINATIONS - DRUGS TO TREAT HIGH
BLOOD PRESSURE**

*amlodipine besylate-
olmesartan medoxomil tab 5-
20 mg* QL (30 tabs / 30
days)

*amlodipine besylate-
olmesartan medoxomil tab 5-
40 mg* QL (30 tabs / 30
days)

*amlodipine besylate-
olmesartan medoxomil tab 10-
20 mg* QL (30 tabs / 30
days)

*amlodipine besylate-
olmesartan medoxomil tab 10-
40 mg* QL (30 tabs / 30
days)

*amlodipine besylate-valsartan
tab 5-160 mg* QL (30 tabs / 30
days)

*amlodipine besylate-valsartan
tab 5-320 mg* QL (30 tabs / 30
days)

*amlodipine besylate-valsartan
tab 10-160 mg* QL (30 tabs / 30
days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANGIOTENSIN II RECEPTOR
ANTAGONISTS - DRUGS TO TREAT HIGH
BLOOD PRESSURE**

<i>candesartan cilexetil tab 4 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	
<i>losartan potassium tab 50 mg</i>	
<i>losartan potassium tab 100 mg</i>	
<i>olmesartan medoxomil tab 5 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olmesartan medoxomil tab 20 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	QL (30 tabs / 30 days)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*amiodarone hcl inj 450
mg/9ml (50 mg/ml)*

*amiodarone hcl inj 900
mg/18ml (50 mg/ml)*

amiodarone hcl tab 100 mg

amiodarone hcl tab 200 mg

amiodarone hcl tab 400 mg

*disopyramide phosphate cap
100 mg*

*disopyramide phosphate cap
150 mg*

*dofetilide cap 125 mcg (0.125
mg)*

*dofetilide cap 250 mcg (0.25
mg)*

*dofetilide cap 500 mcg (0.5
mg)*

flecainide acetate tab 50 mg

flecainide acetate tab 100 mg

flecainide acetate tab 150 mg

MULTAQ TAB 400MG

QL (60 tabs / 30
days)

pacerone

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*propafenone hcl cap er 12hr
225 mg*

*propafenone hcl cap er 12hr
325 mg*

*propafenone hcl cap er 12hr
425 mg*

propafenone hcl tab 150 mg

propafenone hcl tab 225 mg

propafenone hcl tab 300 mg

quinidine sulfate tab 200 mg

quinidine sulfate tab 300 mg

sotalol hcl (afib/afl) tab 80 mg

*sotalol hcl (afib/afl) tab 120
mg*

*sotalol hcl (afib/afl) tab 160
mg*

sotalol hcl tab 80 mg

sotalol hcl tab 120 mg

sotalol hcl tab 160 mg

sotalol hcl tab 240 mg

ANTILIPEMICS, FIBRATES

*fenofibrate micronized cap 67
mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

fenofibrate micronized cap 134 mg

fenofibrate micronized cap 200 mg

fenofibrate tab 48 mg

fenofibrate tab 54 mg

fenofibrate tab 145 mg

fenofibrate tab 160 mg

gemfibrozil tab 600 mg

**ANTILIPEMICS, HMG-CoA REDUCTASE
INHIBITORS - DRUGS TO TREAT HIGH
CHOLESTEROL**

atorvastatin calcium tab 10 mg QL (30 tabs / 30 days)
(base equivalent)

atorvastatin calcium tab 20 mg QL (30 tabs / 30 days)
(base equivalent)

atorvastatin calcium tab 40 mg QL (30 tabs / 30 days)
(base equivalent)

atorvastatin calcium tab 80 mg QL (30 tabs / 30 days)
(base equivalent)

lovastatin tab 10 mg QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lovastatin tab 20 mg</i>	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>simvastatin tab 10 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

cholestyramine light powder 4 gm/dose

cholestyramine light powder packets 4 gm

cholestyramine powder 4 gm/dose

cholestyramine powder packets 4 gm

colesevelam hcl packet for susp 3.75 gm

colesevelam hcl tab 625 mg

colestipol hcl granule packets 5 gm

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>colestipol hcl granules 5 gm</i>	
<i>colestipol hcl tab 1 gm</i>	
<i>ezetimibe tab 10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

omega-3-acid ethyl esters cap PA
1 gm

prevalite

REPATHA INJ 140MG/ML

QL (6 syringes /
28 days), PA

REPATHA SURE INJ 140MG/ML

QL (6
autoinjectors /
28 days), PA

VASCEPA CAP 0.5GM

VASCEPA CAP 1GM

***BETA-BLOCKER/DIURETIC COMBINATIONS
- DRUGS TO TREAT HIGH BLOOD
PRESSURE AND HEART CONDITIONS***

atenolol & chlorthalidone tab
50-25 mg

atenolol & chlorthalidone tab
100-25 mg

bisoprolol &
hydrochlorothiazide tab 2.5-
6.25 mg

bisoprolol &
hydrochlorothiazide tab 5-6.25
mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*bisoprolol &
hydrochlorothiazide tab 10-
6.25 mg*

*metoprolol &
hydrochlorothiazide tab 50-25
mg*

*metoprolol &
hydrochlorothiazide tab 100-25
mg*

*metoprolol &
hydrochlorothiazide tab 100-50
mg*

**BETA-BLOCKERS - DRUGS TO TREAT HIGH
BLOOD PRESSURE AND HEART
CONDITIONS**

acebutolol hcl cap 200 mg

acebutolol hcl cap 400 mg

atenolol tab 25 mg

atenolol tab 50 mg

atenolol tab 100 mg

betaxolol hcl tab 10 mg

betaxolol hcl tab 20 mg

bisoprolol fumarate tab 5 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

bisoprolol fumarate tab 10 mg

carvedilol tab 3.125 mg

carvedilol tab 6.25 mg

carvedilol tab 12.5 mg

carvedilol tab 25 mg

labetalol hcl tab 100 mg

labetalol hcl tab 200 mg

labetalol hcl tab 300 mg

*metoprolol succinate tab er
24hr 25 mg (tartrate equiv)*

*metoprolol succinate tab er
24hr 50 mg (tartrate equiv)*

*metoprolol succinate tab er
24hr 100 mg (tartrate equiv)*

*metoprolol succinate tab er
24hr 200 mg (tartrate equiv)*

*metoprolol tartrate iv soln 5
mg/5ml*

metoprolol tartrate tab 25 mg

metoprolol tartrate tab 50 mg

metoprolol tartrate tab 100 mg

nadolol tab 20 mg

nadolol tab 40 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nadolol tab 80 mg</i>	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl cap er 24hr 60 mg</i>	
<i>propranolol hcl cap er 24hr 80 mg</i>	
<i>propranolol hcl cap er 24hr 120 mg</i>	
<i>propranolol hcl cap er 24hr 160 mg</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

propranolol hcl tab 10 mg

propranolol hcl tab 20 mg

propranolol hcl tab 40 mg

propranolol hcl tab 60 mg

propranolol hcl tab 80 mg

timolol maleate tab 5 mg

timolol maleate tab 10 mg

timolol maleate tab 20 mg

**CALCIUM CHANNEL BLOCKERS - DRUGS TO
TREAT HIGH BLOOD PRESSURE AND
HEART CONDITIONS**

*amlodipine besylate tab 2.5
mg (base equivalent)*

*amlodipine besylate tab 5 mg
(base equivalent)*

*amlodipine besylate tab 10 mg
(base equivalent)*

cartia xt

dilt-xr

*diltiazem hcl cap er 12hr 60
mg*

*diltiazem hcl cap er 12hr 90
mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

diltiazem hcl cap er 12hr 120 mg

diltiazem hcl cap er 24hr 120 mg

diltiazem hcl cap er 24hr 180 mg

diltiazem hcl cap er 24hr 240 mg

diltiazem hcl coated beads cap er 24hr 120 mg

diltiazem hcl coated beads cap er 24hr 180 mg

diltiazem hcl coated beads cap er 24hr 240 mg

diltiazem hcl coated beads cap er 24hr 300 mg

diltiazem hcl coated beads cap er 24hr 360 mg

diltiazem hcl extended release beads cap er 24hr 120 mg

diltiazem hcl extended release beads cap er 24hr 180 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*diltiazem hcl extended release
beads cap er 24hr 240 mg*

*diltiazem hcl extended release
beads cap er 24hr 300 mg*

*diltiazem hcl extended release
beads cap er 24hr 360 mg*

*diltiazem hcl extended release
beads cap er 24hr 420 mg*

*diltiazem hcl iv soln 25 mg/5ml
(5 mg/ml)*

*diltiazem hcl iv soln 50
mg/10ml (5 mg/ml)*

*diltiazem hcl iv soln 125
mg/25ml (5 mg/ml)*

diltiazem hcl tab 30 mg

diltiazem hcl tab 60 mg

diltiazem hcl tab 90 mg

diltiazem hcl tab 120 mg

felodipine tab er 24hr 2.5 mg

felodipine tab er 24hr 5 mg

felodipine tab er 24hr 10 mg

isradipine cap 2.5 mg

isradipine cap 5 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

nicardipine hcl cap 20 mg

nicardipine hcl cap 30 mg

nifedipine tab er 24hr 30 mg

nifedipine tab er 24hr 60 mg

nifedipine tab er 24hr 90 mg

*nifedipine tab er 24hr osmotic
release 30 mg*

*nifedipine tab er 24hr osmotic
release 60 mg*

*nifedipine tab er 24hr osmotic
release 90 mg*

nimodipine cap 30 mg

tiadylt er

*verapamil hcl cap er 24hr 100
mg*

*verapamil hcl cap er 24hr 120
mg*

*verapamil hcl cap er 24hr 180
mg*

*verapamil hcl cap er 24hr 200
mg*

*verapamil hcl cap er 24hr 240
mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

verapamil hcl cap er 24hr 300 mg

verapamil hcl cap er 24hr 360 mg

verapamil hcl iv soln 2.5 mg/ml

verapamil hcl tab 40 mg

verapamil hcl tab 80 mg

verapamil hcl tab 120 mg

verapamil hcl tab er 120 mg

verapamil hcl tab er 180 mg

verapamil hcl tab er 240 mg

**DIURETICS - DRUGS TO TREAT HEART
CONDITIONS**

acetazolamide cap er 12hr 500 mg

acetazolamide tab 125 mg

acetazolamide tab 250 mg

amiloride &

hydrochlorothiazide tab 5-50 mg

amiloride hcl tab 5 mg

bumetanide inj 0.25 mg/ml

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

bumetanide tab 0.5 mg

bumetanide tab 1 mg

bumetanide tab 2 mg

chlorthalidone tab 25 mg

chlorthalidone tab 50 mg

furosemide inj

furosemide oral soln 8 mg/ml

furosemide oral soln 10 mg/ml

furosemide tab 20 mg

furosemide tab 40 mg

furosemide tab 80 mg

*hydrochlorothiazide cap 12.5
mg*

*hydrochlorothiazide tab 12.5
mg*

hydrochlorothiazide tab 25 mg

hydrochlorothiazide tab 50 mg

indapamide tab 1.25 mg

indapamide tab 2.5 mg

methazolamide tab 25 mg

methazolamide tab 50 mg

metolazone tab 2.5 mg

metolazone tab 5 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

metolazone tab 10 mg

*spironolactone &
hydrochlorothiazide tab 25-25
mg*

toremide tab 5 mg

toremide tab 10 mg

toremide tab 20 mg

toremide tab 100 mg

*triamterene &
hydrochlorothiazide cap 37.5-
25 mg*

*triamterene &
hydrochlorothiazide tab 37.5-
25 mg*

*triamterene &
hydrochlorothiazide tab 75-50
mg*

MISCELLANEOUS

aliskiren fumarate tab 150 mg QL (30 tabs / 30
(base equivalent) days

aliskiren fumarate tab 300 mg QL (30 tabs / 30
(base equivalent) days

clonidine hcl tab 0.1 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
CORLANOR SOL 5MG/5ML	QL (450 mL / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	QL (90 caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	QL (180 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>epinephrine inj 1 mg/ml (1:1000)</i>	
<i>guanfacine hcl tab 1 mg</i>	PA; PA applies if 65 years and older
<i>guanfacine hcl tab 2 mg</i>	PA; PA applies if 65 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	PA
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	
<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

ranolazine tab er 12hr 500 mg

*ranolazine tab er 12hr 1000
mg*

VERQUVO TAB 2.5MG

QL (30 tabs / 30
days), PA

VERQUVO TAB 5MG

QL (30 tabs / 30
days), PA

VERQUVO TAB 10MG

QL (30 tabs / 30
days), PA***NITRATES - DRUGS TO TREAT HEART
CONDITIONS***

isosorbide dinitrate tab 5 mg

isosorbide dinitrate tab 10 mg

isosorbide dinitrate tab 20 mg

isosorbide dinitrate tab 30 mg

*isosorbide mononitrate tab er
24hr 30 mg*

*isosorbide mononitrate tab er
24hr 60 mg*

*isosorbide mononitrate tab er
24hr 120 mg*

NITRO-BID OIN 2%

nitroglycerin sl tab 0.3 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

nitroglycerin sl tab 0.4 mg

nitroglycerin sl tab 0.6 mg

*nitroglycerin td patch 24hr 0.1
mg/hr*

*nitroglycerin td patch 24hr 0.2
mg/hr*

*nitroglycerin td patch 24hr 0.4
mg/hr*

*nitroglycerin td patch 24hr 0.6
mg/hr*

*nitroglycerin tl soln 0.4
mg/spray (400 mcg/spray)*

***PULMONARY ARTERIAL HYPERTENSION -
DRUGS TO TREAT PULMONARY
HYPERTENSION***

ADEMPAS TAB 0.5MGQL (90 tabs / 30
days), PA

ADEMPAS TAB 1.5MG

QL (90 tabs / 30
days), PA

ADEMPAS TAB 1MG

QL (90 tabs / 30
days), PA

ADEMPAS TAB 2.5MG

QL (90 tabs / 30
days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADEMPAS TAB 2MG	QL (90 tabs / 30 days), PA
<i>alyq</i>	QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	QL (60 tabs / 30 days), PA
<i>bosentan tab for oral susp 32 mg</i>	QL (120 tabs / 30 days), PA
OPSUMIT TAB 10MG	QL (30 tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	QL (360 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	QL (60 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	PA
UPTRAVI PACK TAB 200/800	QL (1 pack / 28 days), PA
UPTRAVI TAB 200MCG	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 1600MCG	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	QL (150 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alprazolam tab 2 mg</i>	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	
<i>buspirone hcl tab 7.5 mg</i>	
<i>buspirone hcl tab 10 mg</i>	
<i>buspirone hcl tab 15 mg</i>	
<i>buspirone hcl tab 30 mg</i>	
<i>fluvoxamine maleate tab 25 mg</i>	
<i>fluvoxamine maleate tab 50 mg</i>	
<i>fluvoxamine maleate tab 100 mg</i>	
<i>lorazepam conc 2 mg/ml</i>	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	
<i>lorazepam inj 4 mg/ml</i>	
<i>lorazepam intensol</i>	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	QL (150 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>lorazepam tab 2 mg</i>	QL (150 tabs / 30 days)
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ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days)
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<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
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<i>donepezil hydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)
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<i>donepezil hydrochloride tab 10 mg</i>	
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<i>galantamine hydrobromide cap er 24hr 8 mg</i>	QL (30 caps / 30 days)
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<i>galantamine hydrobromide cap er 24hr 16 mg</i>	QL (30 caps / 30 days)
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<i>galantamine hydrobromide cap er 24hr 24 mg</i>	QL (30 caps / 30 days)
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<i>galantamine hydrobromide oral soln 4 mg/ml</i>	QL (200 mL / 30 days)
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<i>galantamine hydrobromide tab 4 mg</i>	QL (60 tabs / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>galantamine hydrobromide tab 8 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	PA; PA applies if 29 years and younger

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>memantine hcl tab 10 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
NAMZARIC CAP 7-10MG	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	QL (30 patches / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	QL (30 patches / 30 days)
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<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	QL (30 patches / 30 days)
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ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	PA; PA applies if 65 years and older
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<i>amitriptyline hcl tab 25 mg</i>	PA; PA applies if 65 years and older
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<i>amitriptyline hcl tab 50 mg</i>	PA; PA applies if 65 years and older
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<i>amitriptyline hcl tab 75 mg</i>	PA; PA applies if 65 years and older
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<i>amitriptyline hcl tab 100 mg</i>	PA; PA applies if 65 years and older
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amitriptyline hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 150 mg</i>	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
<i>bupropion hcl tab 75 mg</i>	
<i>bupropion hcl tab 100 mg</i>	
<i>bupropion hcl tab er 12hr 100 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bupropion hcl tab er 12hr 200 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	
<i>clomipramine hcl cap 25 mg</i>	PA
<i>clomipramine hcl cap 50 mg</i>	PA
<i>clomipramine hcl cap 75 mg</i>	PA
<i>desipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>desipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 100 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate tablet 24hr 25 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tablet 24hr 50 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tablet 24hr 100 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxepin hcl cap 25 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 50 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 75 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 100 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 150 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	QL (60 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DRIZALMA CAP 40MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	
EXXUA TAB 18.2MG	QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

fluoxetine hcl cap 20 mg

fluoxetine hcl cap 40 mg

*fluoxetine hcl solution 20
mg/5ml*

*imipramine hcl tab 10 mg*PA; PA applies if
65 years and
older

imipramine hcl tab 25 mg

PA; PA applies if
65 years and
older

imipramine hcl tab 50 mg

PA; PA applies if
65 years and
older

MARPLAN TAB 10MG

QL (180 tabs /
30 days)

mirtazapine orally

disintegrating tab 15 mg

mirtazapine orally

disintegrating tab 30 mg

mirtazapine orally

disintegrating tab 45 mg

mirtazapine tab 7.5 mg

mirtazapine tab 15 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>mirtazapine tab 30 mg</i>	
<i>mirtazapine tab 45 mg</i>	
<i>nefazodone hcl tab 50 mg</i>	
<i>nefazodone hcl tab 100 mg</i>	
<i>nefazodone hcl tab 150 mg</i>	
<i>nefazodone hcl tab 200 mg</i>	
<i>nefazodone hcl tab 250 mg</i>	
<i>nortriptyline hcl cap 10 mg</i>	
<i>nortriptyline hcl cap 25 mg</i>	
<i>nortriptyline hcl cap 50 mg</i>	
<i>nortriptyline hcl cap 75 mg</i>	
<i>nortriptyline hcl soln 10 mg/5ml</i>	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 20 mg</i>	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paroxetine hcl tab 30 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 40 mg</i>	PA; PA applies if 65 years and older
<i>phenelzine sulfate tab 15 mg</i>	
<i>protriptyline hcl tab 5 mg</i>	
<i>protriptyline hcl tab 10 mg</i>	
RALDESY SOL 10MG/ML	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg</i>	
<i>sertraline hcl tab 50 mg</i>	
<i>sertraline hcl tab 100 mg</i>	
<i>tranylcypromine sulfate tab 10 mg</i>	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
<i>trimipramine maleate cap 25 mg</i>	QL (120 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trimipramine maleate cap 50 mg</i>	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	
<i>vilazodone hcl tab 10 mg</i>	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	QL (14 caps / 14 days), PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>amantadine hcl tab 100 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benztropine mesylate inj 1 mg/ml</i>	
<i>benztropine mesylate tab 0.5 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	PA; PA applies if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

carbidopa & levodopa tab 25-100 mg

carbidopa & levodopa tab 25-250 mg

carbidopa & levodopa tab er 25-100 mg

carbidopa & levodopa tab er 50-200 mg

carbidopa-levodopa-entacapone tabs 12.5-50-200 mg

carbidopa-levodopa-entacapone tabs 18.75-75-200 mg

carbidopa-levodopa-entacapone tabs 25-100-200 mg

carbidopa-levodopa-entacapone tabs 31.25-125-200 mg

carbidopa-levodopa-entacapone tabs 37.5-150-200 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i>	
<i>entacapone tab 200 mg</i>	
INBRIJA CAP 42MG	QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	QL (30 tabs / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*ropinirole hydrochloride tab
0.5 mg*

*ropinirole hydrochloride tab
0.25 mg*

*ropinirole hydrochloride tab 1
mg*

*ropinirole hydrochloride tab 2
mg*

*ropinirole hydrochloride tab 3
mg*

*ropinirole hydrochloride tab 4
mg*

*ropinirole hydrochloride tab 5
mg*

selegiline hcl cap 5 mg

selegiline hcl tab 5 mg

*trihexyphenidyl hcl oral soln
0.4 mg/ml*

trihexyphenidyl hcl tab 2 mg

trihexyphenidyl hcl tab 5 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****ANTIPSYCHOTICS - DRUGS TO TREAT
PSYCHOSES***

ABILIFY ASIM INJ 720MG	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aripiprazole tab 5 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	QL (30 caps / 30 days)
CAPLYTA CAP 21MG	QL (30 caps / 30 days)
CAPLYTA CAP 42MG	QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	
<i>chlorpromazine hcl conc 100 mg/ml</i>	
<i>chlorpromazine hcl inj 25 mg/ml</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	
<i>chlorpromazine hcl tab 10 mg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	
<i>chlorpromazine hcl tab 50 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	
<i>chlorpromazine hcl tab 200 mg</i>	
<i>clozapine orally disintegrating PA tab 12.5 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine orally disintegrating tab 25 mg</i>	PA
<i>clozapine orally disintegrating tab 100 mg</i>	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	
<i>clozapine tab 50 mg</i>	
<i>clozapine tab 100 mg</i>	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	QL (2 packs / year)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	QL (2 syringes / year)
FANAPT PAK PACK A	QL (2 packs / year), PA
FANAPT PAK PACK B	QL (2 packs / year), PA
FANAPT PAK PACK C	QL (2 packs / year), PA
FANAPT TAB 1MG	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 4MG	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*haloperidol decanoate im soln
100 mg/ml*

haloperidol lactate inj 5 mg/ml

*haloperidol lactate oral conc 2
mg/ml*

haloperidol tab 0.5 mg

haloperidol tab 1 mg

haloperidol tab 2 mg

haloperidol tab 5 mg

haloperidol tab 10 mg

haloperidol tab 20 mg

INVEGA HAFYE INJ 1092MG

QL (1 injection /
180 days)

INVEGA HAFYE INJ 1560MG

QL (1 injection /
180 days)

INVEGA SUST INJ 39/0.25

QL (1 syringe /
28 days)

INVEGA SUST INJ 78/0.5ML

QL (1 syringe /
28 days)

INVEGA SUST INJ 117/0.75

QL (1 syringe /
28 days)

INVEGA SUST INJ 156MG/ML

QL (1 syringe /
28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUST INJ 234/1.5	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>lurasidone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lurasidone hcl tab 120 mg</i>	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	
<i>molindone hcl tab 10 mg</i>	
<i>molindone hcl tab 25 mg</i>	
NUPLAZID CAP 34MG	QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olanzapine orally disintegrating tab 15 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	QL (30 films / 30 days), PA
OPIPZA MIS 5MG	QL (30 films / 30 days), PA
OPIPZA MIS 10MG	QL (90 films / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paliperidone tab er 24hr 1.5 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	
<i>perphenazine tab 4 mg</i>	
<i>perphenazine tab 8 mg</i>	
<i>perphenazine tab 16 mg</i>	
<i>pimozide tab 1 mg</i>	
<i>pimozide tab 2 mg</i>	
<i>quetiapine fumarate tab 25 mg</i>	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	QL (90 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>quetiapine fumarate tab 200 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	QL (60 tabs / 30 days)
REXULTI TAB 1MG	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REXULTI TAB 2MG	QL (60 tabs / 30 days)
REXULTI TAB 3MG	QL (30 tabs / 30 days)
REXULTI TAB 4MG	QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 tabs / 30 days), ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	
<i>risperidone tab 0.25 mg</i>	
<i>risperidone tab 1 mg</i>	
<i>risperidone tab 2 mg</i>	
<i>risperidone tab 3 mg</i>	
<i>risperidone tab 4 mg</i>	
SECUADO DIS 3.8MG	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	
<i>thioridazine hcl tab 25 mg</i>	
<i>thioridazine hcl tab 50 mg</i>	
<i>thioridazine hcl tab 100 mg</i>	
<i>thiothixene cap 1 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

thiothixene cap 2 mg

thiothixene cap 5 mg

thiothixene cap 10 mg

*trifluoperazine hcl tab 1 mg
(base equivalent)*

*trifluoperazine hcl tab 2 mg
(base equivalent)*

*trifluoperazine hcl tab 5 mg
(base equivalent)*

*trifluoperazine hcl tab 10 mg
(base equivalent)*

VERSACLOZ SUS 50MG/ML

QL (600 mL / 30
days), PA

VRAYLAR CAP 0.5MG

QL (30 caps / 30
days)

VRAYLAR CAP 0.75MG

QL (30 caps / 30
days)

VRAYLAR CAP 1.5MG

QL (60 caps / 30
days)

VRAYLAR CAP 3MG

QL (30 caps / 30
days)

VRAYLAR CAP 4.5MG

QL (30 caps / 30
days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VRAYLAR CAP 6MG	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	QL (1 vial / 28 days), PA
ANTISEIZURE AGENTS	
APTIOM TAB 200MG	QL (30 tabs / 30 days)
APTIOM TAB 400MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
APTIOM TAB 600MG	QL (60 tabs / 30 days)
APTIOM TAB 800MG	QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	
<i>carbamazepine cap er 12hr 200 mg</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine chew tab 200 mg</i>	
<i>carbamazepine susp 100 mg/5ml</i>	
<i>carbamazepine tab 200 mg</i>	
<i>carbamazepine tab er 12hr 100 mg</i>	
<i>carbamazepine tab er 12hr 200 mg</i>	
<i>carbamazepine tab er 12hr 400 mg</i>	
<i>clobazam suspension 2.5 mg/ml</i>	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam orally disintegrating tab 0.125 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clorazepate dipotassium tab 15mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	QL (180 packets / 30 days), PA
<i>diazepam inj</i>	
<i>diazepam intensol</i>	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

diazepam oral soln 1 mg/ml

QL (1200 mL /
30 days), PA; PA
applies if 65
years and older
when greater
than 5 day
supply

*diazepam rectal gel delivery
system 2.5 mg*

*diazepam rectal gel delivery
system 10 mg*

*diazepam rectal gel delivery
system 20 mg*

diazepam tab 2 mg

QL (120 tabs /
30 days), PA; PA
applies if 65
years and older
when greater
than 5 day
supply

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

diazepam tab 5 mg

QL (120 tabs /
30 days), PA; PA
applies if 65
years and older
when greater
than 5 day
supply

diazepam tab 10 mg

QL (120 tabs /
30 days), PA; PA
applies if 65
years and older
when greater
than 5 day
supply

DILANTIN CAP 30MG

*divalproex sodium cap delayed
release sprinkle 125 mg*

*divalproex sodium tab delayed
release 125 mg*

*divalproex sodium tab delayed
release 250 mg*

*divalproex sodium tab delayed
release 500 mg*

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>divalproex sodium tab er 24 hr 500 mg</i>	
EPIDIOLEX SOL 100MG/ML	QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	
<i>ethosuximide soln 250 mg/5ml</i>	
<i>felbamate susp 600 mg/5ml</i>	
<i>felbamate tab 400 mg</i>	
<i>felbamate tab 600 mg</i>	
FINTEPLA SOL 2.2MG/ML	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	QL (680 mL / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	QL (180 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gabapentin tab 800 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	
<i>lacosamide oral</i>	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	
<i>lamotrigine tab 100 mg</i>	
<i>lamotrigine tab 150 mg</i>	
<i>lamotrigine tab 200 mg</i>	
<i>lamotrigine tab chewable dispersible 5 mg</i>	
<i>lamotrigine tab chewable dispersible 25 mg</i>	
<i>lamotrigine tab er 24hr 25 mg ST</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamotrigine tab er 24hr 50 mg</i>	ST
<i>lamotrigine tab er 24hr 100 mg</i>	ST
<i>lamotrigine tab er 24hr 200 mg</i>	ST
<i>lamotrigine tab er 24hr 250 mg</i>	ST
<i>lamotrigine tab er 24hr 300 mg</i>	ST
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	
<i>levetiracetam oral soln 100 mg/ml</i>	
<i>levetiracetam tab 250 mg</i>	
<i>levetiracetam tab 500 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levetiracetam tab 750 mg</i>	
<i>levetiracetam tab 1000 mg</i>	
<i>levetiracetam tab disintegrating soluble 250 mg</i>	QL (360 tabs / 30 days)
<i>levetiracetam tab disintegrating soluble 500 mg</i>	QL (180 tabs / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	
<i>methsuximide cap 300 mg</i>	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	
<i>oxcarbazepine tab 150 mg</i>	
<i>oxcarbazepine tab 300 mg</i>	
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	PA; PA applies if 65 years and older

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>phenobarbital tab 15 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 30 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 60 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*phenobarbital tab 97.2 mg*QL (120 tabs /
30 days), PA; PA
applies if 65
years and older

*phenobarbital tab 100 mg*QL (120 tabs /
30 days), PA; PA
applies if 65
years and older

phenytek

phenytoin chew tab 50 mg

*phenytoin sodium extended
cap 100 mg*

*phenytoin sodium extended
cap 200 mg*

*phenytoin sodium extended
cap 300 mg*

*phenytoin sodium inj 50
mg/ml*

phenytoin susp 125 mg/5ml

*pregabalin cap 25 mg*QL (120 caps /
30 days), PA; PA
applies if 65
years and older

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>pregabalin cap 50 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 75 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 100 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 150 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 200 mg</i>	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 225 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pregabalin cap 300 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin soln 20 mg/ml</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone tab 50 mg</i>	
<i>primidone tab 125 mg</i>	
<i>primidone tab 250 mg</i>	
<i>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	QL (180 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
<i>subvenite</i>	
SUBVENITE SUS 10MG/ML	ST
SYMPAZAN MIS 5MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	
<i>tiagabine hcl tab 4 mg</i>	
<i>tiagabine hcl tab 12 mg</i>	
<i>tiagabine hcl tab 16 mg</i>	
<i>topiramate oral soln 25 mg/ml</i>	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	
<i>topiramate sprinkle cap 25 mg</i>	
<i>topiramate sprinkle cap 50 mg</i>	
<i>topiramate tab 25 mg</i>	
<i>topiramate tab 50 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>topiramate tab 100 mg</i>	
<i>topiramate tab 200 mg</i>	
<i>valproate sodium inj 100 mg/ml</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	QL (180 tabs / 30 days), PA
<i>vigadrone</i>	QL (180 packets / 30 days), PA
<i>vigadrone</i>	QL (180 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIGAFYDE SOL 100MG/ML	QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	QL (30 tabs / 30 days)
XCOPRI TAB 50MG	QL (30 tabs / 30 days)
XCOPRI TAB 100MG	QL (30 tabs / 30 days)
XCOPRI TAB 150MG	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZONISADE SUS 100MG/5	QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg</i>	
ZTALMY SUS 50MG/ML	QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl chew tab 2.5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	QL (180 tabs / 30 days), PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>methylphenidate hcl soln 5 mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

DAYVIGO TAB 5MG	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	QL (30 tabs / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

eszopiclone tab 1 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

eszopiclone tab 2 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

eszopiclone tab 3 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

ramelteon tab 8 mg

QL (30 tabs / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>tasimelteon capsule 20 mg</i>	QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

zaleplon cap 10 mg

QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

zolpidem tartrate tab 5 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

zolpidem tartrate tab 10 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****MIGRAINE - DRUGS TO TREAT SEVERE
HEADACHES***

AIMOVIG INJ 70MG/ML	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA
MISCELLANEOUS	
AUSTEDO TAB 6MG	QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 18MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), PA
<i>lithium carbonate cap 150 mg</i>	
<i>lithium carbonate cap 300 mg</i>	
<i>lithium carbonate cap 600 mg</i>	
<i>lithium carbonate tab 300 mg</i>	
<i>lithium carbonate tab er 300 mg</i>	
<i>lithium carbonate tab er 450 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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lithium oral solution 8 meq/5ml

NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
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pyridostigmine bromide tab 60 mg

riluzole tab 50 mg

tetrabenazine tab 12.5 mg	QL (90 tabs / 30 days), PA
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tetrabenazine tab 25 mg	QL (120 tabs / 30 days), PA
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MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BAFIERTAM CAP 95MG	QL (120 caps / 30 days), PA
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BETASERON INJ 0.3MG	QL (14 kits / 28 days), PA
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COPAXONE INJ 20MG/ML	QL (30 syringes / 30 days), PA
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COPAXONE INJ 40MG/ML	QL (12 syringes / 28 days), PA
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<i>dalfampridine tab er 12hr 10 mg</i>	QL (60 tabs / 30 days), PA
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	QL (30 caps / 30 days), PA
<i> glatiramer acetate soln prefilled syringe 20 mg/ml</i>	QL (30 syringes / 30 days), PA
<i> glatiramer acetate soln prefilled syringe 40 mg/ml</i>	QL (12 syringes / 28 days), PA
<i> glatopa</i>	QL (12 syringes / 28 days), PA
<i> glatopa</i>	QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	QL (16 pens / 365 days), PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i> baclofen tab 5 mg</i>	QL (90 tabs / 30 days)
<i> baclofen tab 10 mg</i>	
<i> baclofen tab 20 mg</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

carisoprodol tab 350 mg

QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

cyclobenzaprine hcl tab 5 mg

QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

cyclobenzaprine hcl tab 10 mg

QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

dantrolene sodium cap 25 mg

dantrolene sodium cap 50 mg

dantrolene sodium cap 100 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

methocarbamol tab 500 mg

QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

methocarbamol tab 750 mg

QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

tizanidine hcl tab 2 mg (base equivalent)

tizanidine hcl tab 4 mg (base equivalent)

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

armodafinil tab 50 mg

QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>armodafinil tab 150 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	QL (60 tabs / 30 days), PA
<i>sodium oxybate oral solution 500 mg/ml</i>	QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (180 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL (180 films / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	
KLOXXADO SPR 8MG	
<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

naloxone hcl soln prefilled syringe 0.4 mg/ml

naloxone hcl soln prefilled syringe 2 mg/2ml

naltrexone hcl tab 50 mg

NICOTROL NS SPR 10MG/ML

varenicline tartrate tab 0.5 mg (base equiv) QL (56 tabs / 28 days)

varenicline tartrate tab 1 mg (base equiv) QL (56 tabs / 28 days)

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack year QL (2 packs / year)

VIVITROL INJ 380MG

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES**ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

danazol cap 50 mg

danazol cap 100 mg

danazol cap 200 mg

depo-testosterone PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	PA
<i>testosterone pump</i>	QL (150 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
<i>dapagliflozin propanediol tab 5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>dapagliflozin propanediol tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FARXIGA TAB 5MG	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JANUVIA TAB 100MG	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl oral soln 500 mg/5ml</i>	QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metformin hcl tab 1000 mg</i>	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nateglinide tab 60 mg</i>	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>repaglinide tab 1 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>	
ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BASAGLAR KWP INJ 100/ML	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
GLARGIN YFGN INJ 100U/ML	
GLARGIN YFGN SOL 100U/ML	
HUMALOG INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	
HUMALOG KWPN INJ 100/ML	
HUMALOG KWPN INJ 200/ML	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	B/D
HUMULIN R INJ U-500KWP	
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****CALCIUM REGULATORS***

<i>alendronate sodium oral soln</i> 70 mg/75ml	ST
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	QL (1 pen / 28 days), PA
<i>calcitonin (salmon) spray</i>	B/D
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	B/D
OSPOMYV INJ 60MG/ML	QL (1 syringe / 180 days)
<i>pamidronate disodium iv soln</i> 3B/D <i>mg/ml</i>	
<i>pamidronate disodium iv soln</i> 9B/D <i>mg/ml</i>	
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>risedronate sodium tab 35 mg</i>	
<i>risedronate sodium tab 150 mg</i>	
<i>risedronate sodium tab delayed release 35 mg</i>	ST
TERIPARATIDE INJ 560/2.24	QL (1 pen / 28 days), PA; (ALVOGEN product)
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	QL (1 pen / 28 days), PA
WYOST INJ 120/1.7	PA
XTRENBO SOL 120/1.7	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	B/D

CHELATING AGENTS

CHEMET CAP 100MG	
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</i>	PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*deferasirox tab for oral susp
125 mg*

PA

*deferasirox tab for oral susp
250 mg*

PA

*deferasirox tab for oral susp
500 mg*

PA

kionex

LOKELMA PAK 5GM

LOKELMA PAK 10GM

penicillamine tab 250 mg

*sodium polystyrene sulfonate
powder*

*sodium polystyrene sulfonate
susp 15 gm/60ml*

sps

sps rectal

trientine hcl cap 250 mg

PA

**CONTRACEPTIVES - DRUGS FOR BIRTH
CONTROL**

afirmelle

altavera

alyacen 1/35

alyacen 7/7/7

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

amethyst

apri

aranelle

ashlyna

aubra eq

aurovela 1/20

aurovela 24 fe

aurovela fe 1.5/30

aurovela fe 1/20

aviane

ayuna

azurette

balziva

blisovi 24 fe

blisovi fe 1.5/30

blisovi fe tab 1/20

briellyn

camila

camrese

camrese lo

chateal eq

cryselle-28

cyred eq

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

dasetta 1/35

dasetta 7/7/7

daysee

deblitane

DEPO-SQ PROV INJ 104

*desogest-eth estrad & eth
estrad tab 0.15-0.02/0.01
mg(21/5)*

dolishale

*drospirenone-ethinyl estrad-
levomefolate tab 3-0.02-0.451
mg*

*drospirenone-ethinyl estrad-
levomefolate tab 3-0.03-0.451
mg*

*drospirenone-ethinyl estradiol
tab 3-0.02 mg*

*drospirenone-ethinyl estradiol
tab 3-0.03 mg*

elinest

eluryng

emzahh

enilloring

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

enskyce

errin

estarylla

*ethynodiol diacetate & ethinyl
estradiol tab 1 mg-50 mcg*

*etonogestrel-ethinyl estradiol
va ring 0.12-0.015 mg/24hr*

falmina

feirza tab 1.5/30

feirza tab 1/20

finzala

galbriela chw

hailey 1.5/30

hailey 24 fe

hailey fe tab 1/20

heather

iclevia

incassia

introvale

isibloom

jaimiess tab

jasmiel

jencycla tab 0.35mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

jolessa

juleber

junel 1.5/30

junel 1/20

junel fe 1.5/30

junel fe 1/20

junel fe 24

kaitlib fe

kariva

kelnor 1/35

kurvelo

larin 1.5/30

larin 1/20

larin 24 fe

larin fe 1.5/30

larin fe 1/20

lessina

levonest

*levonor-eth est tab 0.15-
0.02/0.025/0.03 mg ð est
0.01 mg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*levonorg-eth est tab 0.1-
0.02mg(84) & eth est tab
0.01mg(7)*

*levonorgestrel & ethinyl
estradiol (91-day) tab 0.15-
0.03 mg*

*levonorgestrel & ethinyl
estradiol tab 0.1 mg-20 mcg*

*levonorgestrel-eth estra tab
0.05-30/0.075-40/0.125-
30mg-mcg*

*levonorgestrel-ethinyl estradiol
(continuous) tab 90-20 mcg*

levora 0.15/30-28

LILETTA IUD 52MG

loestrin 1.5/30-21

loestrin 1/20-21

loestrin fe 1.5/30

loestrin fe 1/20

lojaimiess tab

loryna

low-ogestrel

luizza 1/20 tab

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

luizza tab 1.5/30

lutra

lyleq

lyza

marlissa

*medroxyprogesterone acetate
im susp 150 mg/ml*

*medroxyprogesterone acetate
im susp prefilled syr 150
mg/ml*

meleya tab 0.35mg

mibelas 24 fe

microgestin 1.5/30

microgestin 1/20

microgestin fe 1.5/30

microgestin fe 1/20

mili

mono-lynyah

necon 0.5/35-28

NEXPLANON IMP 68MG

nikki

nora-be

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*norelgestromin-ethinyl
estradiol td ptwk 150-35
mcg/24hr*

*norethindrone ac-ethinyl
estradiol-fe tab 1-20/1-30/1-35
mg-mcg*

*norethindrone ace & ethinyl
estradiol tab 1 mg-20 mcg*

*norethindrone ace & ethinyl
estradiol tab 1.5 mg-30 mcg*

*norethindrone ace & ethinyl
estradiol-fe tab 1 mg-20 mcg*

*norethindrone ace-eth
estradiol-fe chew tab 1 mg-20
mcg (24)*

norethindrone tab 0.35 mg

*norgestimate & ethinyl
estradiol tab 0.25 mg-35 mcg*

*norgestimate-eth estradiol tab
0.18-25/0.215-25/0.25-25
mg-mcg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

norgestimate-eth estrad tab
0.18-35/0.215-35/0.25-35
mg-mcg

norlyroc

nortrel 0.5/35 (28)

nortrel 1/35 (21)

nortrel 1/35 (28)

nortrel 7/7/7

nylia 1/35

nylia 7/7/7

orquidea tab 0.35mg

philith

pimtrea

portia-28

reclipsen

rivelsa

rosyrah tab

setlakin

sharobel

simliya

simpesse

sprintec 28

sronyx

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

syeda

tarina 24 fe

tarina fe 1/20 eq

tilia fe

tri-estarylla

tri-legest fe

tri-lynyah

tri-lo-estarylla

tri-lo-marzia

tri-lo-mili

tri-lo-sprintec

tri-mili

tri-sprintec

tri-vylibra

tri-vylibra lo

turqoz

tydemy tab

valtya 1/35 tab

valtya 1/50 tab

velivet

vestura

vienva

viorele

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

vyfemla

vylibra

wera

wymzya fe

xarah fe tab

xelria fe chw 0.4mg-35

xulane

zafemy

zovia 1/35

zumandimine

***ESTROGENS - DRUGS TO REGULATE
FEMALE HORMONES***

abigale lo tab 0.5-0.1

abigale tab 1-0.5mg

dotti

estradiol & norethindrone

acetate tab 0.5-0.1 mg

estradiol & norethindrone

acetate tab 1-0.5 mg

estradiol tab 0.5 mg

estradiol tab 1 mg

estradiol tab 2 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*estradiol td patch twice weekly
0.1 mg/24hr*

*estradiol td patch twice weekly
0.05 mg/24hr*

*estradiol td patch twice weekly
0.025 mg/24hr*

*estradiol td patch twice weekly
0.075 mg/24hr*

*estradiol td patch twice weekly
0.0375 mg/24hr*

*estradiol td patch weekly 0.1
mg/24hr*

*estradiol td patch weekly 0.05
mg/24hr*

*estradiol td patch weekly 0.06
mg/24hr*

*estradiol td patch weekly
0.025 mg/24hr*

*estradiol td patch weekly
0.075 mg/24hr*

*estradiol td patch weekly
0.0375 mg/24hr (37.5
mcg/24hr)*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

estradiol vaginal cream 0.01%

estradiol vaginal tab 10 mcg

*estradiol valerate im in oil 10
mg/ml*

*estradiol valerate im in oil 20
mg/ml*

*estradiol valerate im in oil 40
mg/ml*

fyavolv tab 0.5mg-2.5mcg

fyavolv tab 1mg-5mcg

jinteli

lyllana

mimvey

*norethindrone acetate-ethinyl
estradiol tab 0.5 mg-2.5 mcg*

*norethindrone acetate-ethinyl
estradiol tab 1 mg-5 mcg*

yuvafem

**GLUCOCORTICOIDS - DRUGS TO TREAT
INFLAMMATORY RESPONSE**

DEXAMETHASON CON 1MG/ML

*dexamethasone elixir 0.5
mg/5ml*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*dexamethasone sod phos inj
sol pref syr 10 mg/ml (pf)*

*dexamethasone sod phosphate
preservative free inj 10 mg/ml*

*dexamethasone sodium
phosphate inj 4 mg/ml*

*dexamethasone sodium
phosphate inj 10 mg/ml*

*dexamethasone sodium
phosphate inj 20 mg/5ml*

*dexamethasone sodium
phosphate inj 100 mg/10ml*

*dexamethasone sodium
phosphate inj 120 mg/30ml*

*dexamethasone sodium
phosphate inj soln pref syr 4
mg/ml*

*dexamethasone soln 0.5
mg/5ml*

dexamethasone tab 0.5 mg

dexamethasone tab 0.75 mg

dexamethasone tab 1 mg

dexamethasone tab 1.5 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>dexamethasone tab 2 mg</i>	
<i>dexamethasone tab 4 mg</i>	
<i>dexamethasone tab 6 mg</i>	
<i>fludrocortisone acetate tab 0.1 mg</i>	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	
<i>hydrocortisone tab 5 mg</i>	
<i>hydrocortisone tab 10 mg</i>	
<i>hydrocortisone tab 20 mg</i>	
<i>methylprednisolone acetate inj B/D susp 40 mg/ml</i>	
<i>methylprednisolone acetate inj B/D susp 80 mg/ml</i>	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	B/D
<i>methylprednisolone tab 4 mg</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylprednisolone tab 8 mg</i>	B/D
<i>methylprednisolone tab 16 mg</i>	B/D
<i>methylprednisolone tab 32 mg</i>	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	B/D
<i>prednisolone soln 15 mg/5ml</i>	B/D
PREDNISONONE CON 5MG/ML	B/D
<i>prednisone oral soln 5 mg/5ml</i>	B/D
<i>prednisone tab 1 mg</i>	B/D
<i>prednisone tab 2.5 mg</i>	B/D
<i>prednisone tab 5 mg</i>	B/D
<i>prednisone tab 10 mg</i>	B/D
<i>prednisone tab 20 mg</i>	B/D
<i>prednisone tab 50 mg</i>	B/D

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*prednisone tab therapy pack 5
mg (21)*

*prednisone tab therapy pack 5
mg (48)*

*prednisone tab therapy pack
10 mg (21)*

*prednisone tab therapy pack
10 mg (48)*

SOLU-CORTEF INJ 250MG

SOLU-CORTEF INJ 500MG

SOLU-CORTEF INJ 1000MG

***GLUCOSE ELEVATING AGENTS - DRUGS TO
TREAT LOW BLOOD SUGAR***

BAQSIMI ONE POW 3MG/DOSE

BAQSIMI TWO POW
3MG/DOSE

diazoxide susp 50 mg/ml

ZEGALOGUE INJ 0.6/0.6

MISCELLANEOUS

ALDURAZYME INJ 2.9MG/5M PA

*betaine powder for oral
solution*

cabergoline tab 0.5 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carglumic acid soluble tab 200 mg</i>	PA
CERDELGA CAP 84MG	PA
CEREZYME INJ 400UNIT	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*desmopressin acetate tab 0.1
mg*

*desmopressin acetate tab 0.2
mg*

FABRAZYME INJ 5MG PA

FABRAZYME INJ 35MG PA

GENOTROPIN INJ 0.2MG PA

GENOTROPIN INJ 0.4MG PA

GENOTROPIN INJ 0.6MG PA

GENOTROPIN INJ 0.8MG PA

GENOTROPIN INJ 1.2MG PA

GENOTROPIN INJ 1.4MG PA

GENOTROPIN INJ 1.6MG PA

GENOTROPIN INJ 1.8MG PA

GENOTROPIN INJ 1MG PA

GENOTROPIN INJ 2MG PA

GENOTROPIN INJ 5MG PA

GENOTROPIN INJ 12MG PA

INCRELEX INJ 40MG/4ML PA

javygtor PA

*lanreotide acetate extended
release inj 120 mg/0.5ml* PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D
LUMIZYME INJ 50MG	PA
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
LUPRON DEPOT INJ 45MG	PA
<i>mifepristone tab 300 mg</i>	PA
NAGLAZYME INJ 1MG/ML	PA
<i>nitisinone cap 2 mg</i>	PA
<i>nitisinone cap 5 mg</i>	PA
<i>nitisinone cap 10 mg</i>	PA
<i>nitisinone cap 20 mg</i>	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
REVCIVI INJ 1.6MG/ML	PA
REZDIFFRA TAB 60MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sapropterin dihydrochloride tab</i> <i>100 mg</i>	PA
SIGNIFOR INJ 0.3MG/ML	PA
SIGNIFOR INJ 0.6MG/ML	PA
SIGNIFOR INJ 0.9MG/ML	PA
<i>sodium phenylbutyrate oral</i> <i>powder 3 gm/teaspoonful</i>	PA
<i>sodium phenylbutyrate tab</i> <i>500 mg</i>	PA
SOMATULINE INJ 60/0.2ML	PA
SOMATULINE INJ 90/0.3ML	PA
SOMAVERT INJ 10MG	PA
SOMAVERT INJ 15MG	PA
SOMAVERT INJ 20MG	PA
SOMAVERT INJ 25MG	PA
SOMAVERT INJ 30MG	PA
SYNAREL SOL 2MG/ML	PA
<i>tolvaptan tab 15 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack</i> <i>15 mg</i>	PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*tolvaptan tab therapy pack 30
& 15 mg* PA

*tolvaptan tab therapy pack 45
& 15 mg* PA

*tolvaptan tab therapy pack 60
& 30 mg* PA

*tolvaptan tab therapy pack 90
& 30 mg* PA

zelvysia pow 100mg PA

zelvysia pow 500mg PA

**PROGESTINS - DRUGS TO REGULATE
FEMALE HORMONES**

gallifrey

*medroxyprogesterone acetate
tab 2.5 mg*

*medroxyprogesterone acetate
tab 5 mg*

*medroxyprogesterone acetate
tab 10 mg*

*megestrol acetate susp 40
mg/ml*

*megestrol acetate susp 625
mg/5ml* PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*norethindrone acetate tab 5
mg*

progesterone cap 100 mg

progesterone cap 200 mg

**THYROID AGENTS - DRUGS TO REGULATE
THYROID LEVELS**

levo-t

*levothyroxine sodium tab 25
mcg*

*levothyroxine sodium tab 50
mcg*

*levothyroxine sodium tab 75
mcg*

*levothyroxine sodium tab 88
mcg*

*levothyroxine sodium tab 100
mcg*

*levothyroxine sodium tab 112
mcg*

*levothyroxine sodium tab 125
mcg*

*levothyroxine sodium tab 137
mcg*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*levothyroxine sodium tab 150
mcg*

*levothyroxine sodium tab 175
mcg*

*levothyroxine sodium tab 200
mcg*

*levothyroxine sodium tab 300
mcg*

levoxyl

liomny tab 5mcg

liomny tab 25mcg

liomny tab 50mcg

liothyronine sodium tab 5 mcg

*liothyronine sodium tab 25
mcg*

*liothyronine sodium tab 50
mcg*

methimazole tab 5 mg

methimazole tab 10 mg

propylthiouracil tab 50 mg

SYNTHROID TAB 25MCG

SYNTHROID TAB 50MCG

SYNTHROID TAB 75MCG

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

SYNTHROID TAB 88MCG

SYNTHROID TAB 100MCG

SYNTHROID TAB 112MCG

SYNTHROID TAB 125MCG

SYNTHROID TAB 137MCG

SYNTHROID TAB 150MCG

SYNTHROID TAB 175MCG

SYNTHROID TAB 200MCG

SYNTHROID TAB 300MCG

unithroid

VITAMIN D ANALOGS

<i>calcitriol (oral)</i>	B/D
<i>calcitriol cap 0.5 mcg</i>	B/D
<i>calcitriol cap 0.25 mcg</i>	B/D
<i>paricalcitol cap 1 mcg</i>	B/D
<i>paricalcitol cap 2 mcg</i>	B/D
<i>paricalcitol cap 4 mcg</i>	B/D

**GASTROINTESTINAL - DRUGS TO TREAT
STOMACH AND INTESTINAL DISORDERS
ANTIEMETICS - DRUGS FOR NAUSEA AND
VOMITING**

<i>aprepitant capsule 40 mg</i>	B/D
<i>aprepitant capsule 80 mg</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aprepitant capsule 125 mg</i>	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	B/D
<i>compro</i>	
<i>dronabinol cap 2.5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	B/D, QL (60 caps / 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>granisetron hcl tab 1 mg</i>	B/D
<i>meclizine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

meclizine hcl tab 25 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

metoclopramide hcl inj 5 mg/ml (base equivalent)

metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)

metoclopramide hcl tab 5 mg (base equivalent)

metoclopramide hcl tab 10 mg (base equivalent)

ondansetron hcl inj 4 mg/2ml (2 mg/ml)

ondansetron hcl inj 40 mg/20ml (2 mg/ml)

ondansetron hcl inj soln pref syr 4 mg/2ml

ondansetron hcl oral soln 4 mg/5ml

B/D

ondansetron hcl tab 4 mg

B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ondansetron hcl tab 8 mg</i>	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	
<i>prochlorperazine suppos 25 mg</i>	
<i>promethazine hcl inj 25 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*promethazine hcl oral soln
6.25 mg/5ml*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

promethazine hcl tab 12.5 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

promethazine hcl tab 25 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

promethazine hcl tab 50 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

*scopolamine td patch 72hr 1
mg/3days*

QL (10 patches / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTISPASMODICS - DRUGS FOR STOMACH
SPASMS**

<i>dicyclomine hcl cap 10 mg</i>	PA; PA applies if 65 years and older
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	PA; PA applies if 65 years and older
<i>dicyclomine hcl tab 20 mg</i>	PA; PA applies if 65 years and older
<i>glycopyrrolate tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	QL (120 tabs / 30 days)

**H2-RECEPTOR ANTAGONISTS - DRUGS FOR
ULCERS AND STOMACH ACID**

<i>famotidine for susp 40 mg/5ml</i>
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>
<i>famotidine inj 40 mg/4ml</i>
<i>famotidine inj 200 mg/20ml</i>

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*famotidine preservative free
inj 20 mg/2ml*

famotidine tab 20 mg

famotidine tab 40 mg

nizatidine cap 150 mg

nizatidine cap 300 mg

INFLAMMATORY BOWEL DISEASE

*balsalazide disodium cap 750
mg*

*budesonide delayed release
particles cap 3 mg* QL (90 caps / 30
days)

budesonide tab er 24hr 9 mg QL (30 tabs / 30
days), PA

*hydrocortisone enema 100
mg/60ml*

mesalamine cap dr 400 mg QL (180 caps /
30 days)

*mesalamine cap er 24hr 0.375
gm* QL (120 caps /
30 days)

mesalamine enema 4 gm QL (1680 mL /
28 days)

*mesalamine rectal enema 4
gm & cleanser wipe kit* QL (28 bottles /
28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mesalamine suppos 1000 mg</i>	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	
<i>sulfasalazine tab delayed release 500 mg</i>	

LAXATIVES

constulose

enulose

gavilyte-c

gavilyte-g

gavilyte-n/flavor pack

generlac

lactulose (encephalopathy)

solution 10 gm/15ml

lactulose solution 10 gm/15ml

peg 3350-kcl-na bicarb-nacl-

na sulfate for soln 236 gm

peg 3350-kcl-sod bicarb-nacl

for soln 420 gm

PLENVU SOL

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*sod sulfate-pot sulf-mg sulf
oral sol 17.5-3.13-1.6
gm/177ml*

MISCELLANEOUS

alose tron hcl tab 0.5 mg (base equiv) QL (60 tabs / 30 days), PA

alose tron hcl tab 1 mg (base equiv) QL (60 tabs / 30 days), PA

CREON CAP 3000UNIT

CREON CAP 6000UNIT

CREON CAP 12000UNT

CREON CAP 24000UNT

CREON CAP 36000UNT

*cromolyn sodium oral conc 100
mg/5ml*

*diphenoxylate w/ atropine tab
2.5-0.025 mg*

GATTEX KIT 5MG PA

LINZESS CAP 72MCG QL (30 caps / 30 days)

LINZESS CAP 145MCG QL (30 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	
<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 200 mcg</i>	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 vials / 28 days), PA
<i>sucrafate susp 1 gm/10ml</i>	
<i>sucrafate tab 1 gm</i>	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	
<i>ursodiol tab 250 mg</i>	
<i>ursodiol tab 500 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VOQUEZNA PAK DUAL PAK	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	QL (2 kits / year), PA
VOWST CAP	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (30 caps / 30 days), ST
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	QL (30 packets / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	QL (60 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>omeprazole cap delayed release 10 mg</i>	
<i>omeprazole cap delayed release 20 mg</i>	
<i>omeprazole cap delayed release 40 mg</i>	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	
<i>rabeprazole sodium ec tab 20 mg</i>	QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl tab er 24hr 10 mg</i>	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	QL (30 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	QL (30 tabs / 30 days)
<i>tadalafil tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	QL (60 caps / 30 days)

MISCELLANEOUS

acetic acid irrigation soln 0.25%

bethanechol chloride tab 5 mg

bethanechol chloride tab 10 mg

bethanechol chloride tab 25 mg

bethanechol chloride tab 50 mg

potassium citrate tab er 5 meq (540 mg)

potassium citrate tab er 10 meq (1080 mg)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*potassium citrate tab er 15
meq (1620 mg)*

**URINARY ANTISPASMODICS - DRUGS TO
TREAT URINARY INCONTINENCE**

*fesoterodine fumarate tab er
24hr 4 mg* QL (30 tabs / 30
days)

*fesoterodine fumarate tab er
24hr 8 mg* QL (30 tabs / 30
days)

GEMTESA TAB 75MG QL (30 tabs / 30
days)

mirabegron tab er 24 hr 25 mg QL (30 tabs / 30
days)

mirabegron tab er 24 hr 50 mg QL (30 tabs / 30
days)

MYRBETRIQ SUS 8MG/ML QL (300 mL / 28
days)

MYRBETRIQ TAB 25MG QL (30 tabs / 30
days)

MYRBETRIQ TAB 50MG QL (30 tabs / 30
days)

*oxybutynin chloride solution 5
mg/5ml* QL (600 mL / 30
days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxybutynin chloride tab 5 mg</i>	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	QL (60 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****VAGINAL ANTI-INFECTIVES***

*clindamycin phosphate vaginal
cream 2%*

*metronidazole vaginal gel
0.75%*

*terconazole vaginal cream
0.4%*

*terconazole vaginal cream
0.8%*

*terconazole vaginal suppos 80
mg*

**HEMATOLOGIC - DRUGS TO TREAT BLOOD
DISORDERS*****ANTICOAGULANTS - BLOOD THINNERS***

dabigatran etexilate mesylate QL (60 caps / 30
cap 75 mg (etexilate base eq) days)

dabigatran etexilate mesylate QL (120 caps /
cap 110 mg (etexilate base eq) 30 days)

dabigatran etexilate mesylate QL (60 caps / 30
cap 150 mg (etexilate base eq) days)

ELIQUIS (1.5MG PACK) 3 X QL (591 tabs /
29 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*enoxaparin sodium inj soln
pref syr 100 mg/ml*

*enoxaparin sodium inj soln
pref syr 120 mg/0.8ml*

*enoxaparin sodium inj soln
pref syr 150 mg/ml*

*fondaparinux sodium
subcutaneous inj 2.5 mg/0.5ml*

*fondaparinux sodium
subcutaneous inj 5 mg/0.4ml*

*fondaparinux sodium
subcutaneous inj 7.5 mg/0.6ml*

*fondaparinux sodium
subcutaneous inj 10 mg/0.8ml*

HEP SOD/NAACL INJ 25000UNT

heparin sodium (porcine) inj 1000 unit/ml B/D

heparin sodium (porcine) inj 5000 unit/ml B/D

heparin sodium (porcine) inj 10000 unit/ml B/D

heparin sodium (porcine) inj 20000 unit/ml B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine) pf inj</i> <i>1000 unit/ml</i>	B/D
<i>jantoven</i>	
<i>rivaroxaban for susp</i> 1 mg/ml	QL (620 mL / 30 days)
<i>rivaroxaban tab</i> 2.5 mg	QL (60 tabs / 30 days)
<i>warfarin sodium tab</i> 1 mg	
<i>warfarin sodium tab</i> 2 mg	
<i>warfarin sodium tab</i> 2.5 mg	
<i>warfarin sodium tab</i> 3 mg	
<i>warfarin sodium tab</i> 4 mg	
<i>warfarin sodium tab</i> 5 mg	
<i>warfarin sodium tab</i> 6 mg	
<i>warfarin sodium tab</i> 7.5 mg	
<i>warfarin sodium tab</i> 10 mg	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA INJ 6/0.6ML	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	PA
PROCRIT INJ 40000/ML	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA

MISCELLANEOUS

ALVAIZ TAB 9MG	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	QL (90 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALVAIZ TAB 54MG	QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
BERINERT INJ 500UNIT	QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
DOPTELET SPR CAP 10MG	PA
DOPTELET TAB 20MG	PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	PA
<i>pentoxifylline tab er 400 mg</i>	
<i>sajazir</i>	QL (9 syringes / 30 days), PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

SIKLOS TAB 100MG

SIKLOS TAB 1000MG

TAVNEOS CAP 10MG

QL (180 caps /
30 days), PA*tranexamic acid iv soln 1000
mg/10ml (100 mg/ml)**tranexamic acid tab 650 mg***PLATELET AGGREGATION INHIBITORS***aspirin-dipyridamole cap er
12hr 25-200 mg**clopidogrel bisulfate tab 75 mg
(base equiv)**dipyridamole tab 25 mg*PA; PA applies if
65 years and
older*dipyridamole tab 50 mg*PA; PA applies if
65 years and
older*dipyridamole tab 75 mg*PA; PA applies if
65 years and
older*prasugrel hcl tab 5 mg (base
equiv)*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

prasugrel hcl tab 10 mg (base equiv)

ticagrelor tab 60 mg

ticagrelor tab 90 mg

**IMMUNOLOGIC AGENTS - DRUGS TO TREAT
DISORDERS OF THE IMMUNE SYSTEM
AUTOIMMUNE AGENTS**

ADALIMU-BWWD INJ 40/0.4ML QL (6
autoinjectors /
28 days), PA

ADALIMU-BWWD INJ 40/0.4ML QL (6 syringes /
28 days), PA

BIMZELX INJ 160MG/ML QL (2 pens / 28
days), PA

BIMZELX INJ 160MG/ML QL (2 syringes /
28 days), PA

BIMZELX INJ 320MG/2 QL (2 pens / 28
days), PA

BIMZELX INJ 320MG/2 QL (2 syringes /
28 days), PA

DUPIXENT INJ 200/1.14 QL (4 syringes /
28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DUPIXENT INJ 200MG	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 syringes / 28 days), PA
ENBREL INJ 25/0.5ML	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	QL (6 autoinjectors / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HADLIMA PUSH INJ 40/0.8ML	QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KINERET INJ	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	PA
REMICADE INJ 100MG	PA
RENFLEXIS INJ 100MG	PA
RINVOQ LQ SOL 1MG/ML	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	QL (168 tabs / year), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SKYRIZI INJ 150MG/ML	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	PA
SOTYKTU TAB 6MG	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	PA
STELARA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 syringe / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TREMFYA INJ 200/2ML	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	PA
TYENNE INJ 80MG/4ML	PA
TYENNE INJ 162/0.9	QL (4 pens / 28 days), PA
TYENNE INJ 162MG	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	PA
TYENNE INJ 400/20ML	PA
USTEKINUMAB INJ 45/0.5ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	PA
VELSIPITY TAB 2MG	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	QL (480 mL / 24 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XELJANZ TAB 5MG	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

*hydroxychloroquine sulfate tab
200 mg*

JYLAMVO SOL 2MG/ML

B/D

leflunomide tab 10 mg

QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>leflunomide tab 20 mg</i>	QL (30 tabs / 30 days)

methotrexate sodium tab 2.5 mg (base equiv)

XATMEP SOL 2.5MG/ML B/D

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML PA

ALYGLO INJ 10/100ML PA

ALYGLO INJ 20/200ML PA

BIVIGAM INJ 10% PA

FLEBOGAMMA INJ 10/200ML PA

FLEBOGAMMA INJ 20/400ML PA

FLEBOGAMMA INJ DIF 5% PA

GAMASTAN INJ B/D

GAMMAGARD INJ 1GM/10ML PA

GAMMAGARD INJ 2.5GM/25 PA

GAMMAGARD INJ 5GM/50ML PA

GAMMAGARD INJ 10GM/100 PA

GAMMAGARD INJ 20GM/200 PA

GAMMAGARD INJ 30GM/300 PA

GAMMAGARD SD INJ 5GM HU PA

GAMMAGARD SD INJ 10GM HU PA

GAMMAKED INJ 1GM/10ML PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAKED INJ 5GM/50ML	PA
GAMMAKED INJ 10GM/100	PA
GAMMAKED INJ 20GM/200	PA
GAMMAPLEX INJ 5%	PA
GAMMAPLEX INJ 10%	PA
GAMMGD ERC INJ 5GM/50ML	PA
GAMMGD ERC INJ 10/100ML	PA
GAMUNEX-C INJ 1GM/10ML	PA
GAMUNEX-C INJ 2.5GM/25	PA
GAMUNEX-C INJ 5GM/50ML	PA
GAMUNEX-C INJ 10GM/100	PA
GAMUNEX-C INJ 20GM/200	PA
GAMUNEX-C INJ 40/400ML	PA
OCTAGAM INJ 1GM	PA
OCTAGAM INJ 2.5GM	PA
OCTAGAM INJ 2GM/20ML	PA
OCTAGAM INJ 5GM	PA
OCTAGAM INJ 5GM/50ML	PA
OCTAGAM INJ 10/100ML	PA
OCTAGAM INJ 10GM	PA
OCTAGAM INJ 20/200ML	PA
OCTAGAM INJ 30/300ML	PA
PANZYGA SOL 1GM/10ML	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PANZYGA SOL 2.5/25ML	PA
PANZYGA SOL 5GM/50ML	PA
PANZYGA SOL 10/100ML	PA
PANZYGA SOL 20/200ML	PA
PANZYGA SOL 30/300ML	PA
PRIVIGEN INJ 5 GRAMS	PA
PRIVIGEN INJ 10GRAMS	PA
PRIVIGEN INJ 20GRAMS	PA
PRIVIGEN INJ 40GRAMS	PA
<i>IMMUNOMODULATORS</i>	
ACTIMMUNE INJ 2MU/0.5	PA
ARCALYST INJ 220MG	PA
<i>IMMUNOSUPPRESSANTS</i>	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	B/D
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	PA
BENLYSTA INJ 200MG/ML	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cyclosporine cap 25 mg</i>	B/D
<i>cyclosporine cap 100 mg</i>	B/D
<i>cyclosporine modified cap 25 mg</i>	B/D
<i>cyclosporine modified cap 50 mg</i>	B/D
<i>cyclosporine modified cap 100 mg</i>	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	B/D
<i>everolimus tab 0.5 mg</i>	B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	B/D
<i>everolimus tab 1 mg</i>	B/D
<i>gengraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	B/D
NULOJIX INJ 250MG	B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	B/D
<i>sirolimus tab 0.5 mg</i>	B/D
<i>sirolimus tab 1 mg</i>	B/D
<i>sirolimus tab 2 mg</i>	B/D
<i>tacrolimus cap 0.5 mg</i>	B/D
<i>tacrolimus cap 1 mg</i>	B/D
<i>tacrolimus cap 5 mg</i>	B/D

VACCINES

ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
ENGERIX-B INJ 10/0.5ML	B/D
ENGERIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI INJ	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

VAQTA INJ 25/0.5ML

VAQTA INJ 50UNT/ML

VARIVAX INJ

VAXCHORA SUS

VIMKUNYA INJ 40/0.8ML

VIVOTIF CAP EC

YF-VAX INJ

**NUTRITIONAL/SUPPLEMENTS - VITAMINS
AND SUPPLEMENTS*****ELECTROLYTES/MINERALS, INJECTABLE***

D2.5W/NACL INJ 0.45%

D5W/NACL INJ 0.2%

D5W/NACL INJ 0.45%

D10W/NACL INJ 0.2%

D10W/NACL INJ 0.45%

*dextrose 2.5% w/ sodium
chloride 0.45%*

*dextrose 5% in lactated
ringers*

*dextrose 5% w/ sodium
chloride 0.3%*

*dextrose 5% w/ sodium
chloride 0.9%*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*dextrose 5% w/ sodium
chloride 0.45%*

*dextrose 5% w/ sodium
chloride 0.225%*

ISOLYTE-P INJ /D5W

ISOLYTE-S INJ PH 7.4

*kcl 10 meq/l (0.075%) in
dextrose 5% & nacl 0.45% inj*

*kcl 20 meq/l (0.15%) in
dextrose 5% & nacl 0.9% inj*

*kcl 20 meq/l (0.15%) in
dextrose 5% & nacl 0.45% inj*

*kcl 20 meq/l (0.15%) in nacl
0.9% inj*

*kcl 20 meq/l (0.15%) in nacl
0.45% inj*

*kcl 20 meq/l (0.149%) in nacl
0.9% inj*

*kcl 20 meq/l (0.149%) in nacl
0.45% inj*

*kcl 30 meq/l (0.224%) in
dextrose 5% & nacl 0.45% inj*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*kcl 40 meq/l (0.3%) in
dextrose 5% & nacl 0.9% inj*

*kcl 40 meq/l (0.3%) in
dextrose 5% & nacl 0.45% inj*

*kcl 40 meq/l (0.3%) in nacl
0.9% inj*

*kcl 40 meq/l (0.298%) in nacl
0.9% inj*

KCL/D5W/NACL INJ 0.3/0.9%

KCL/D5W/NACL INJ 0.15/0.2

LACTATED RIN INJ

lactated ringer's solution

MAGNESIUM SU INJ
2GM/50ML

MAGNESIUM SU INJ 4G/100ML

MAGNESIUM SU INJ 20/500ML

MAGNESIUM SU INJ 40G/1000

MAGNESIUM SU INJ 80MG/ML

*magnesium sulfate in dextrose
5% iv soln 1 gm/100ml*

magnesium sulfate inj 50%

*magnesium sulfate iv soln 2
gm/50ml (40 mg/ml)*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*magnesium sulfate iv soln 3
gm/100ml (30 mg/ml)*

*magnesium sulfate iv soln 4
gm/50ml (80 mg/ml)*

*magnesium sulfate iv soln 4
gm/100ml (40 mg/ml)*

*magnesium sulfate iv soln 20
gm/500ml (40 mg/ml)*

*magnesium sulfate iv soln 40
gm/1000ml (40 mg/ml)*

multiple electrolytes ph 5.5

POT CHL 20MEQ/L IN NACL
0.9% INJ

POT CHL 20MEQ/L IN NACL
0.45% INJ

POT CHL 40MEQ/L IN NACL
0.9% INJ

*potassium chloride 20 meq/l
(0.15%) in dextrose 5% inj*

*potassium chloride inj 2
meq/ml*

*potassium chloride inj 10
meq/50ml*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*potassium chloride inj 10
meq/100ml*

*potassium chloride inj 20
meq/50ml*

*potassium chloride inj 20
meq/100ml*

*potassium chloride inj 40
meq/100ml*

*sodium chloride inj 2.5 meq/ml
(14.6%)*

sodium chloride iv soln 0.9%

sodium chloride iv soln 0.45%

sodium chloride iv soln 3%

sodium chloride iv soln 5%

TPN ELECTROL INJB/D

***ELECTROLYTES/MINERALS/VITAMINS,
ORAL***

klor-con

KLOR-CON 8

klor-con 10

KLOR-CON 10 TAB 10MEQ ER

klor-con m10

klor-con m15

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

klor-con m20

M-NATAL PLUS TAB

*potassium chloride cap er 8
meq*

*potassium chloride cap er 10
meq*

*potassium chloride
microencapsulated crys er tab
10 meq*

*potassium chloride
microencapsulated crys er tab
15 meq*

*potassium chloride
microencapsulated crys er tab
20 meq*

*potassium chloride oral soln
10% (20 meq/15ml)*

*potassium chloride oral soln
20% (40 meq/15ml)*

*potassium chloride powder
packet 20 meq*

*potassium chloride tab er 8
meq (600 mg)*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

potassium chloride tab er 10 meq

potassium chloride tab er 20 meq (1500 mg)

PRENATAL TAB 27-1MG

PRENATAL TAB PLUS

sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln

WESTAB PLUS TAB 27-1MG

IV NUTRITION

aminosyn ii soln 15% B/D

AMINOSYN INJ 10% B/D

AMINOSYN-PF INJ 10% B/D

CLINIMIX INJ 4.25/D5W B/D

CLINIMIX INJ 4.25/D10 B/D

CLINIMIX INJ 5%/D15W B/D

CLINIMIX INJ 5%/D20W B/D

CLINIMIX INJ 6/5 B/D

CLINIMIX INJ 8/10 B/D

CLINIMIX INJ 8/14 B/D

clinisol sf 15% B/D

CLINOLIPID EMU 20% B/D

dextrose inj 5%

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dextrose inj 10%</i>	
DEXTROSE INJ 10%	
<i>dextrose inj 50%</i>	B/D
DEXTROSE INJ 70%	B/D
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>
<i>loteprednol etabonate- tobramycin ophth susp 0.5- 0.3%</i>

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*neomycin-polymyxin-
dexamethasone ophth oint
0.1%*

*neomycin-polymyxin-
dexamethasone ophth susp
0.1%*

*neomycin-polymyxin-hc ophth
susp*

*sulfacetamide sodium-
prednisolone ophth soln 10-
0.23(0.25)%*

TOBRADEX OIN 0.3-0.1%

*tobramycin-dexamethasone
ophth susp 0.3-0.1%*

ZYLET SUS 0.5-0.3%

**ANTI-INFECTIVES - DRUGS TO TREAT
INFECTIONS**

*bacitracin ophth oint 500
unit/gm*

*bacitracin-polymyxin b ophth
oint*

*besifloxacin hcl ophth susp
0.6% (base equiv)*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

BESIVANCE SUS 0.6%

CILOXAN OIN 0.3% OP

*ciprofloxacin hcl ophth soln
0.3% (base equivalent)*

*erythromycin ophth oint 5
mg/gm*

gatifloxacin ophth soln 0.5%

*gentamicin sulfate ophth soln
0.3%*

*moxifloxacin hcl ophth soln
0.5% (base equiv)*

QL (12 mL / 30
days)

NATACYN SUS 5% OP

*neomycin-bacitrac zn-polymyx
5(3.5)mg-400unt-10000unt op
oin*

*neomycin-polymyx-gramicid op
sol 1.75-10000-0.025mg-unt-
mg/ml*

ofloxacin ophth soln 0.3%

*polymyxin b-trimethoprim
ophth soln 10000 unit/ml-
0.1%*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*sulfacetamide sodium ophth
soln 10%*

tobramycin ophth soln 0.3%

trifluridine ophth soln 1%

XDEMVY DRO 0.25%

PA

ZIRGAN GEL 0.15%

**ANTI-INFLAMMATORIES - DRUGS TO
TREAT INFLAMMATION**

*dexamethasone sodium
phosphate ophth soln 0.1%*

*diclofenac sodium ophth soln
0.1%*

*difluprednate ophth emulsion
0.05%*

*fluorometholone ophth susp
0.1%*

*flurbiprofen sodium ophth soln
0.03%*

*ketorolac tromethamine ophth
soln 0.4%*

*ketorolac tromethamine ophth
soln 0.5%*

LOTEMAX OIN 0.5%

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

PRED SOD PHO SOL 1% OP
*prednisolone acetate ophth
susp 1%*

**ANTIALLERGICS - DRUGS TO TREAT
ALLERGIES**

*azelastine hcl ophth soln
0.05%*

*cromolyn sodium ophth soln
4%*

ZERVIATE DRO 0.24%

**ANTI GLAUCOMA - DRUGS TO TREAT
GLAUCOMA**

betaxolol hcl ophth soln 0.5%

*brimonidine tartrate ophth soln
0.2%*

brinzolamide ophth susp 1% ST

carteolol hcl ophth soln 1%

COMBIGAN SOL 0.2/0.5%

dorzolamide hcl ophth soln 2%

*dorzolamide hcl-timolol
maleate ophth soln 2-0.5%*

latanoprost ophth soln 0.005%

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*levobunolol hcl ophth soln
0.5%*

LUMIGAN SOL 0.01% OP

pilocarpine hcl ophth soln 1%

pilocarpine hcl ophth soln 2%

pilocarpine hcl ophth soln 4%

RHOPRESSA SOL 0.02%

ROCKLATAN DRO

SIMBRINZA SUS 1-0.2%

*timolol maleate ophth gel
forming soln 0.5%*

*timolol maleate ophth gel
forming soln 0.25%*

*timolol maleate ophth soln
0.5%*

*timolol maleate ophth soln
0.25%*

VYZULTA SOL 0.024%

MISCELLANEOUS

ATROPINE SUL SOL 1% OP

atropine sulfite ophth soln 1%

CYSTADROPS SOL 0.37% PA

CYSTARAN SOL 0.44% PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

EYSUVIS DRO 0.25%

MIEBO DRO 1.3GM/ML

*proparacaine hcl ophth soln
0.5%*

RESTASIS EMU 0.05% OP

RESTASIS MUL EMU 0.05% OP

XIIDRA DRO 5%

**OTIC - DRUGS TO TREAT CONDITIONS OF
THE EAR*****OTIC AGENTS***

acetic acid otic soln 2%

*ciprofloxacin-dexamethasone
otic susp 0.3-0.1%*

flac

*fluocinolone acetonide (otic) oil
0.01%*

*hydrocortisone w/ acetic acid
otic soln 1-2%*

*neomycin-polymyxin-hc otic
soln 1%*

*neomycin-polymyxin-hc otic
susp 3.5 mg/ml-10000
unit/ml-1%*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

ofloxacin otic soln 0.3%

**RESPIRATORY - DRUGS TO TREAT
BREATHING DISORDERS****ANTICHOLINERGIC/BETA AGONIST****COMBINATIONS - DRUGS TO TREAT COPD**

ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
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BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
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BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
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BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
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COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
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<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	B/D
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TRELEGY AER ELLIPTA 100- 62.5-25 MCG	QL (60 blisters / 30 days)
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TRELEGY AER ELLIPTA 200- 62.5-25 MCG	QL (60 blisters / 30 days)
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTICHOLINERGICS - DRUGS TO TREAT
COPD**

ATROVENT HFA AER 17MCG	QL (2 inhalers / 30 days)
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INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
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ipratropium bromide inhal soln B/D
0.02%

ipratropium bromide nasal soln
0.03% (21 mcg/spray)

ipratropium bromide nasal soln
0.06% (42 mcg/spray)

SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)
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**ANTI-HISTAMINES - DRUGS TO TREAT
ALLERGIES**

azelastine hcl nasal spray
0.1% (137 mcg/spray)

<i>cetirizine hcl oral soln 1 mg/ml</i> <i>(5 mg/5ml)</i>	QL (300 mL / 30 days)
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

*cyproheptadine hcl syrup 2
mg/5ml*PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

*cyproheptadine hcl tab 4 mg*PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

*diphenhydramine hcl inj 50
mg/ml*

*hydroxyzine hcl im soln 25
mg/ml*PA; PA applies if
65 years and
older

*hydroxyzine hcl im soln 50
mg/ml*PA; PA applies if
65 years and
older

*hydroxyzine hcl syrup 10
mg/5ml*PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

hydroxyzine hcl tab 10 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

hydroxyzine hcl tab 25 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

hydroxyzine hcl tab 50 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

hydroxyzine pamoate cap 25 mg

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>hydroxyzine pamoate cap 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)

**BETA AGONISTS - DRUGS TO TREAT
ASTHMA AND COPD**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	
<i>albuterol sulfate tab 2 mg</i>	
<i>albuterol sulfate tab 4 mg</i>	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	QL (2 inhalers / 30 days), ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

montelukast sodium chew tab 4 mg (base equiv)

montelukast sodium chew tab 5 mg (base equiv)

montelukast sodium oral granules packet 4 mg (base equiv)

montelukast sodium tab 10 mg (base equiv)

zafirlukast tab 10 mg

zafirlukast tab 20 mg

MISCELLANEOUS

acetylcysteine inhal soln 10% B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>acetylcysteine inhal soln 20%</i>	B/D
ALYFTREK TAB 4-20-50	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	PA
ARALAST NP INJ 1000MG	PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	QL (1 syringe / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA INJ 30MG/ML	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	QL (60 tabs / 30 days), PA
OFEV CAP 100MG	QL (60 caps / 30 days), PA
OFEV CAP 150MG	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	QL (56 packets / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ORKAMBI GRA 100-125	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	PA
PULMOZYME SOL 1MG/ML	PA
<i>roflumilast tab 250 mcg</i>	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	QL (56 tabs / 28 days), PA
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 100 mg</i>	
<i>theophylline tab er 12hr 200 mg</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	QL (56 packs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	PA
ZEMAIRA INJ 4000MG	PA
ZEMAIRA INJ 5000MG	PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****NASAL STEROIDS - DRUGS TO TREAT
ALLERGIES***

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	QL (32 mL / 30 days), PA

***STEROID INHALANTS - DRUGS TO TREAT
ASTHMA***

ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>budesonide inhalation susp 0.5 mg/2ml</i>	B/D
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<i>budesonide inhalation susp 0.25 mg/2ml</i>	B/D
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<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (2 inhalers / 30 days)
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<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
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<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)
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STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
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AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
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BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
<i>breyana</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i>	PA
<i>amnesteem</i>	PA
<i>amnesteem cap 30mg</i>	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm / 30 days)
<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
<i>ery</i>	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac gel 1.2-5%</i>	QL (45 gm / 30 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	QL (118 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tretinoin cream 0.1%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	QL (60 gm / 30 days)
<i>zenatane</i>	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	
<i>ssd</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL / 30 days)
<i>clotrimazole cream 1%</i>	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	QL (85 gm / 30 days)
<i>ketoconazole cream 2%</i>	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 30 days)
<i>klayesta</i>	QL (60 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nyamyc</i>	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (60 gm / 30 days)
<i>nystop</i>	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	PA
<i>acitretin cap 17.5 mg</i>	PA
<i>acitretin cap 25 mg</i>	PA
<i>calcipotriene cream 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	QL (120 mL / 30 days), PA
<i>calcitrene</i>	QL (120 gm / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENSTILAR AER	QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

ala-cort

<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (120 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate lotion 0.05%</i>	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	QL (120 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	QL (236 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	QL (100 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clodan</i>	QL (236 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	QL (60 mL / 30 days)
<i>fluocinonide cream 0.1%</i>	QL (120 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate oint 0.005%</i>	
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone oint 1%</i>	QL (30 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	
<i>hydrocortisone valerate cream 0.2%</i>	QL (60 gm / 30 days)
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate oint 0.1%</i>	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

mometasone furoate solution
0.1% (lotion)

triamcinolone acetonide cream QL (454 gm / 30
0.1% days)

triamcinolone acetonide cream QL (454 gm / 30
0.5% days)

triamcinolone acetonide cream QL (454 gm / 30
0.025% days)

triamcinolone acetonide lotion
0.1%

triamcinolone acetonide lotion
0.025%

triamcinolone acetonide oint
0.1%

triamcinolone acetonide oint
0.5%

triamcinolone acetonide oint
0.025%

triderm QL (454 gm / 30
days)

DERMATOLOGY, LOCAL ANESTHETICS

glydo QL (60 mL / 30
days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine hcl soln 4%</i>	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	QL (3 patches / 1 day), PA
<i>tridacaine ii</i>	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene gel 1%</i>	QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	QL (300 mL / 28 days)
EUCRISA OIN 2%	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluorouracil soln 2%</i>	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>imiquimod cream 5%</i>	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>metronidazole cream 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	QL (30 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PANRETIN GEL 0.1%	QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	QL (7 mL / 28 days)
<i>procto-med hc</i>	
<i>proctocort</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>tacrolimus oint 0.1%</i>	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	QL (60 gm / 30 days), PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****DERMATOLOGY, WOUND CARE AGENTS***

*SANTYL OIN 250/GM**QL (180 gm / 30 days), PA*

*sodium chloride irrigation soln
0.9%*

*water for irrigation, sterile
irrigation soln*

MOUTH/THROAT/DENTAL AGENTS

cevimeline hcl cap 30 mg

*chlorhexidine gluconate soln
0.12%*

*clotrimazole troche 10 mg**QL (150 lozenges / 30 days)*

kourzeq

lidocaine hcl viscous soln 2%

nystatin susp 100000 unit/ml

periogard

pilocarpine hcl tab 5 mg

pilocarpine hcl tab 7.5 mg

*triamcinolone acetonide dental
paste 0.1%*

D.Índice de Medicamentos Cobertos

Nesta seção, você pode localizar um medicamento pesquisando pelo nome em ordem alfabética. O índice informa o número da página onde você pode encontrar informações adicionais sobre a cobertura do seu medicamento.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

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<i>calcipotriene oint</i>		<i>8 mg</i>	136
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<i>carboplatin iv soln 150</i>	
<i>mg/15ml</i>	88
<i>carboplatin iv soln 450</i>	
<i>mg/45ml</i>	88
<i>carboplatin iv soln 50</i>	
<i>mg/5ml</i>	88
<i>carboplatin iv soln 600</i>	
<i>mg/60ml</i>	88
<i>carglumic acid soluble</i>	
<i>tab 200 mg.....</i>	267
<i>carisoprodol tab 350 mg</i>	
<i>.....</i>	231
<i>carteolol hcl ophth soln</i>	
<i>1%</i>	323
<i>cartia xt</i>	148
<i>carvedilol tab 12.5 mg</i>	
<i>.....</i>	146
<i>carvedilol tab 25 mg</i>	146
<i>carvedilol tab 3.125 mg</i>	
<i>.....</i>	146
<i>carvedilol tab 6.25 mg</i>	
<i>.....</i>	146
<i>casprofungin acetate for</i>	
<i>iv soln 50 mg</i>	63
<i>casprofungin acetate for</i>	
<i>iv soln 70 mg</i>	63
<i>CAYSTON INH 75MG ..</i>	56
<i>cefaclor cap 250 mg ..</i>	74
<i>cefaclor cap 500 mg ..</i>	74
<i>cefadroxil cap 500 mg</i>	75
<i>cefadroxil for susp 250</i>	
<i>mg/5ml</i>	75
<i>cefadroxil for susp 500</i>	
<i>mg/5ml</i>	75
<i>CEFAZOLIN INJ</i>	
<i>1GM/50ML.....</i>	75
<i>CEFAZOLIN INJ 2GM ..</i>	75
<i>CEFAZOLIN INJ 3GM ..</i>	75

<i>cefazolin sodium for inj</i>		<i>cefepime hcl for iv soln 2</i>	
1 gm	75	gm	76
<i>cefazolin sodium for inj</i>		<i>cefixime cap 400 mg..</i>	76
10 gm	75	<i>cefixime for susp 100</i>	
<i>cefazolin sodium for inj</i>		mg/5ml	76
2 gm	75	<i>cefixime for susp 200</i>	
<i>cefazolin sodium for inj</i>		mg/5ml	76
3 gm	75	<i>cefotetan disodium for</i>	
<i>cefazolin sodium for inj</i>		inj 1 gm	76
500 mg	75	<i>cefotetan disodium for</i>	
<i>cefazolin sodium for iv</i>		inj 2 gm	76
soln 1 gm	75	<i>cefoxitin sodium for iv</i>	
CEFAZOLIN SOLN		soln 1 gm	76
2GM/100ML-4%	75	<i>cefoxitin sodium for iv</i>	
CEFAZOLIN/DEX SOL		soln 10 gm	76
1GM/50ML-4%	75	<i>cefoxitin sodium for iv</i>	
CEFAZOLIN/DEX SOL		soln 2 gm	76
2GM/50ML-3%	75	<i>cefpodoxime proxetil for</i>	
CEFAZOLIN/DEX SOL		susp 100 mg/5ml	77
3GM/150ML-4%	76	<i>cefpodoxime proxetil for</i>	
CEFAZOLIN/DEX SOL		susp 50 mg/5ml	76
3GM/50ML-2%	75	<i>cefpodoxime proxetil tab</i>	
<i>cefdinir cap 300 mg ...</i>	76	100 mg	77
<i>cefdinir for susp 125</i>		<i>cefpodoxime proxetil tab</i>	
mg/5ml	76	200 mg	77
<i>cefdinir for susp 250</i>		<i>cefprozil for susp 125</i>	
mg/5ml	76	mg/5ml	77
<i>cefepime hcl for inj 1 gm</i>		<i>cefprozil for susp 250</i>	
.....	76	mg/5ml	77
		<i>cefprozil tab 250 mg ..</i>	77

<i>cefprozil tab 500 mg ..</i>	<i>77</i>	<i>cefuroxime sodium for</i>	
<i>ceftaroline fosamil for iv</i>		<i>inj 750 mg</i>	<i>78</i>
<i>soln 400 mg</i>	<i>77</i>	<i>cefuroxime sodium for iv</i>	
<i>ceftaroline fosamil for iv</i>		<i>soln 1.5 gm</i>	<i>78</i>
<i>soln 600 mg</i>	<i>77</i>	<i>celecoxib cap 100 mg.</i>	<i>47</i>
<i>ceftazidime for inj 1 gm</i>		<i>celecoxib cap 200 mg.</i>	<i>47</i>
<i>.....</i>	<i>77</i>	<i>celecoxib cap 400 mg.</i>	<i>47</i>
<i>ceftazidime for inj 6 gm</i>		<i>celecoxib cap 50 mg ..</i>	<i>47</i>
<i>.....</i>	<i>77</i>	<i>cephalexin cap 250 mg</i>	
<i>ceftazidime for iv soln 2</i>		<i>.....</i>	<i>78</i>
<i>gm.....</i>	<i>77</i>	<i>cephalexin cap 500 mg</i>	
<i>ceftriaxone sodium for</i>		<i>.....</i>	<i>78</i>
<i>inj 1 gm</i>	<i>77</i>	<i>cephalexin for susp 125</i>	
<i>ceftriaxone sodium for</i>		<i>mg/5ml</i>	<i>78</i>
<i>inj 10 gm.....</i>	<i>77</i>	<i>cephalexin for susp 250</i>	
<i>ceftriaxone sodium for</i>		<i>mg/5ml</i>	<i>78</i>
<i>inj 2 gm</i>	<i>77</i>	CEQUR SIMPL KIT	
<i>ceftriaxone sodium for</i>		PATCH 2U (3-DAY).	244
<i>inj 250 mg</i>	<i>78</i>	CEQUR SIMPL KIT	
<i>ceftriaxone sodium for</i>		PATCH 2U (4-DAY).	244
<i>inj 500 mg</i>	<i>78</i>	CEQUR SIMPL MIS	
<i>ceftriaxone sodium for iv</i>		INSERTER.....	244
<i>soln 1 gm</i>	<i>78</i>	CERDELGA CAP 84MG	
<i>ceftriaxone sodium for iv</i>		<i>.....</i>	<i>267</i>
<i>soln 2 gm</i>	<i>78</i>	CEREZYME INJ 400UNIT	
<i>cefuroxime axetil tab</i>		<i>.....</i>	<i>267</i>
<i>250 mg</i>	<i>78</i>	<i>cetirizine hcl oral soln 1</i>	
<i>cefuroxime axetil tab</i>		<i>mg/ml (5 mg/5ml).</i>	<i>327</i>
<i>500 mg</i>	<i>78</i>	<i>cevimeline hcl cap 30</i>	
		<i>mg</i>	<i>354</i>

<i>chateal eq</i>	251	<i>cholestyramine light</i>	
CHEMET CAP 100MG	249	<i>powder 4 gm/dose</i> .	142
<i>chlorhexidine gluconate</i>		<i>cholestyramine light</i>	
<i>soln 0.12%</i>	354	<i>powder packets 4 gm</i>	
<i>chloroquine phosphate</i>		.....	142
<i>tab 250 mg</i>	65	<i>cholestyramine powder 4</i>	
<i>chloroquine phosphate</i>		<i>gm/dose</i>	142
<i>tab 500 mg</i>	65	<i>cholestyramine powder</i>	
<i>chlorpromazine hcl conc</i>		<i>packets 4 gm</i>	142
<i>100 mg/ml</i>	184	<i>ciclopirox olamine cream</i>	
<i>chlorpromazine hcl conc</i>		<i>0.77% (base equiv)</i>	344
<i>30 mg/ml</i>	184	<i>ciclopirox olamine susp</i>	
<i>chlorpromazine hcl inj</i>		<i>0.77% (base equiv)</i>	344
<i>25 mg/ml</i>	184	<i>ciclopirox shampoo 1%</i>	
<i>chlorpromazine hcl inj</i>		.....	344
<i>50 mg/2ml</i>	184	<i>cilostazol tab 100 mg</i>	296
<i>chlorpromazine hcl tab</i>		<i>cilostazol tab 50 mg</i> .	296
<i>10 mg</i>	184	CILOXAN OIN 0.3% OP	
<i>chlorpromazine hcl tab</i>		.....	321
<i>100 mg</i>	184	CIMDUO TAB 300-300	69
<i>chlorpromazine hcl tab</i>		<i>cinacalcet hcl tab 30 mg</i>	
<i>200 mg</i>	184	<i>(base equiv)</i>	267
<i>chlorpromazine hcl tab</i>		<i>cinacalcet hcl tab 60 mg</i>	
<i>25 mg</i>	184	<i>(base equiv)</i>	267
<i>chlorpromazine hcl tab</i>		<i>cinacalcet hcl tab 90 mg</i>	
<i>50 mg</i>	184	<i>(base equiv)</i>	267
<i>chlorthalidone tab 25 mg</i>		<i>ciprofloxacin 200</i>	
.....	153	<i>mg/100ml in d5w</i>	80
<i>chlorthalidone tab 50 mg</i>		<i>ciprofloxacin 400</i>	
.....	153	<i>mg/200ml in d5w</i>	80

<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	321	<i>claravis</i>	341
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	80	<i>clarithromycin for susp 125 mg/5ml</i>	79
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	81	<i>clarithromycin for susp 250 mg/5ml</i>	79
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	81	<i>clarithromycin tab 250 mg</i>	79
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	325	<i>clarithromycin tab 500 mg</i>	79
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	88	<i>clarithromycin tab er 24hr 500 mg</i>	79
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	88	<i>clindamycin hcl cap 150 mg</i>	57
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	88	<i>clindamycin hcl cap 300 mg</i>	57
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	168	<i>clindamycin hcl cap 75 mg</i>	56
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	168	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	57
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	168	<i>clindamycin phosphate gel 1% (once-daily)</i>	342
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	168	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	57
		<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	57

<i>clindamycin phosphate</i> <i>in d5w iv soln 900</i> <i>mg/50ml</i>	57	CLINIMIX INJ 5%/D15W	318
<i>clindamycin phosphate</i> <i>inj 300 mg/2ml</i>	57	CLINIMIX INJ 5%/D20W	318
<i>clindamycin phosphate</i> <i>inj 600 mg/4ml</i>	57	CLINIMIX INJ 6/5	318
<i>clindamycin phosphate</i> <i>inj 900 mg/6ml</i>	57	CLINIMIX INJ 8/10 ..	318
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<i>clindamycin phosphate</i> <i>soln 1%</i>	342	<i>clinisol sf 15%</i>	318
<i>clindamycin phosphate</i> <i>vaginal cream 2%</i> ..	291	CLINOLIPID EMU 20%	318
<i>clindamycin phosph-</i> <i>benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i>	342	<i>clobazam suspension 2.5</i> <i>mg/ml</i>	199
CLINDMYC/NAC INJ 300/50ML	57	<i>clobazam tab 10 mg</i>	199
CLINDMYC/NAC INJ 600/50ML	57	<i>clobazam tab 20 mg</i>	199
CLINDMYC/NAC INJ 900/50ML	57	<i>clobetasol propionate</i> <i>cream 0.05%</i>	347
CLINIMIX INJ 4.25/D10	318	<i>clobetasol propionate e</i>	347
CLINIMIX INJ 4.25/D5W	318	<i>clobetasol propionate gel</i> <i>0.05%</i>	347
		<i>clobetasol propionate</i> <i>ointment 0.05%</i>	347
		<i>clobetasol propionate</i> <i>shampoo 0.05%</i>	347
		<i>clobetasol propionate</i> <i>soln 0.05%</i>	347
		<i>clodan</i>	348
		<i>clomipramine hcl cap 25</i> <i>mg</i>	168

<i>clozapine orally</i>	
<i>disintegrating tab 12.5 mg</i>	184
<i>clozapine orally</i>	
<i>disintegrating tab 150 mg</i>	185
<i>clozapine orally</i>	
<i>disintegrating tab 200 mg</i>	185
<i>clozapine orally</i>	
<i>disintegrating tab 25 mg</i>	185
<i>clozapine tab 100 mg</i>	185
<i>clozapine tab 200 mg</i>	185
<i>clozapine tab 25 mg</i>	185
<i>clozapine tab 50 mg</i>	185
<i>COARTEM TAB 20-120MG</i>	65
<i>COBENFY CAP 100-20MG</i>	185
<i>COBENFY CAP 125-30MG</i>	185
<i>COBENFY CAP 50-20MG</i>	185
<i>COBENFY STRT CAP PACK</i>	185
<i>colchicine tab 0.6 mg</i>	46
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	46
<i>colesevelam hcl packet for susp 3.75 gm</i>	142
<i>colesevelam hcl tab 625 mg</i>	142
<i>colestipol hcl granule packets 5 gm</i>	142
<i>colestipol hcl granules 5 gm</i>	143
<i>colestipol hcl tab 1 gm</i>	143
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	57
<i>COMBIGAN SOL 0.2/0.5%</i>	323
<i>COMBIVENT AER 20-100</i>	326
<i>COMETRIQ (60MG DOSE)</i>	103
<i>COMETRIQ KIT 100MG</i>	103
<i>COMETRIQ KIT 140MG</i>	103
<i>compro</i>	276
<i>constulose</i>	282
<i>COPAXONE INJ 20MG/ML</i>	229

COPAXONE INJ		<i>cyclobenzaprine hcl tab</i>	
40MG/ML.....	229	5 mg.....	231
COPIKTRA CAP 15MG	103	CYCLOPHOSPH INJ	
COPIKTRA CAP 25MG	103	1000MG	89
CORLANOR SOL		CYCLOPHOSPH INJ	
5MG/5ML.....	155	1GM/2ML.....	88
COTELLIC TAB 20MG	103	CYCLOPHOSPH INJ	
CREON CAP 12000UNT		1GM/5ML.....	88
.....	283	CYCLOPHOSPH INJ	
CREON CAP 24000UNT		2000MG	89
.....	283	CYCLOPHOSPH INJ	
CREON CAP 3000UNIT		2GM/4ML.....	88
.....	283	CYCLOPHOSPH INJ	
CREON CAP 36000UNT		500/5ML.....	88
.....	283	CYCLOPHOSPH INJ	
CREON CAP 6000UNIT		500MG/ML.....	88
.....	283	CYCLOPHOSPH TAB	
CRESEMBA CAP 186MG		25MG.....	89
.....	63	CYCLOPHOSPH TAB	
CRESEMBA CAP 74.5MG		50MG.....	89
.....	63	CYCLOPHOSPHA INJ	
<i>cromolyn sodium ophth</i>		2GM/10ML.....	89
<i>soln 4%.....</i>	323	CYCLOPHOSPHA INJ	
<i>cromolyn sodium oral</i>		500/2.5.....	89
<i>conc 100 mg/5ml... 283</i>		<i>cyclophosphamide cap</i>	
<i>cromolyn sodium soln</i>		25 mg	89
<i>nebu 20 mg/2ml.... 333</i>		<i>cyclophosphamide cap</i>	
<i>cryselle-28</i>	251	50 mg	89
<i>cyclobenzaprine hcl tab</i>		<i>cyclophosphamide for inj</i>	
10 mg	231	1 gm.....	89

<i>cyclophosphamide for inj</i>		<i>CYSTARAN SOL 0.44%</i>	
2 gm	89	.....	324
<i>cyclophosphamide for inj</i>		<i>cytarabine inj 20 mg/ml</i>	
500 mg	89	.....	90
<i>cycloserine cap 250 mg</i>		D	
.....	71	<i>D10W/NACL INJ 0.2%</i>	
<i>cyclosporine cap 100 mg</i>		.....	312
.....	308	<i>D10W/NACL INJ 0.45%</i>	
<i>cyclosporine cap 25 mg</i>		.....	312
.....	308	<i>D2.5W/NACL INJ 0.45%</i>	
<i>cyclosporine modified</i>		.....	312
<i>cap 100 mg</i>	308	<i>D5W/NACL INJ 0.2%</i>	312
<i>cyclosporine modified</i>		<i>D5W/NACL INJ 0.45%</i>	
<i>cap 25 mg</i>	308	.....	312
<i>cyclosporine modified</i>		<i>dabigatran etexilate</i>	
<i>cap 50 mg</i>	308	<i>mesylate cap 110 mg</i>	
<i>cyclosporine modified</i>		<i>(etexilate base eq).</i>	291
<i>oral soln 100 mg/ml</i>		<i>dabigatran etexilate</i>	
.....	308	<i>mesylate cap 150 mg</i>	
<i>cyproheptadine hcl syrup</i>		<i>(etexilate base eq).</i>	291
2 mg/5ml	328	<i>dabigatran etexilate</i>	
<i>cyproheptadine hcl tab 4</i>		<i>mesylate cap 75 mg</i>	
mg.....	328	<i>(etexilate base eq).</i>	291
<i>cyred eq</i>	251	<i>dalfampridine tab er</i>	
<i>CYSTADROPS SOL</i>		12hr 10 mg.....	229
0.37%	324	<i>danazol cap 100 mg.</i>	235
<i>CYSTAGON CAP 150MG</i>		<i>danazol cap 200 mg.</i>	235
.....	267	<i>danazol cap 50 mg ..</i>	235
<i>CYSTAGON CAP 50MG</i>		<i>dantrolene sodium cap</i>	
.....	267	100 mg	231

<i>dantrolene sodium cap</i> 25 mg	231	<i>dasatinib tab 80 mg</i> .	104
<i>dantrolene sodium cap</i> 50 mg	231	<i>dasetta 1/35</i>	252
DANZITEN TAB 71MG	103	<i>dasetta 7/7/7</i>	252
DANZITEN TAB 95MG	104	DAURISMO TAB 100MG	104
<i>dapagliflozin propanediol</i> <i>tab 10 mg (base</i> <i>equivalent)</i>	236	DAURISMO TAB 25MG	104
<i>dapagliflozin propanediol</i> <i>tab 5 mg (base</i> <i>equivalent)</i>	236	<i>daysee</i>	252
<i>dapsone tab 100 mg</i> ..	57	DAYVIGO TAB 10MG	221
<i>dapsone tab 25 mg</i>	57	DAYVIGO TAB 5MG ..	221
DAPTACEL INJ.....	310	<i>deblitane</i>	252
<i>daptomycin for iv soln</i> 350 mg	58	<i>deferasirox tab 180 mg</i>	249
<i>daptomycin for iv soln</i> 500 mg	58	<i>deferasirox tab 360 mg</i>	249
DAPTOMYCIN INJ 350MG	58	<i>deferasirox tab 90 mg</i>	249
<i>darunavir tab 600 mg</i>	66	<i>deferasirox tab for oral</i> <i>susp 125 mg</i>	250
<i>darunavir tab 800 mg</i>	66	<i>deferasirox tab for oral</i> <i>susp 250 mg</i>	250
<i>dasatinib tab 100 mg</i>	104	<i>deferasirox tab for oral</i> <i>susp 500 mg</i>	250
<i>dasatinib tab 140 mg</i>	104	DELSTRIGO TAB.....	69
<i>dasatinib tab 20 mg</i> .	104	DENGVAXIA SUS	310
<i>dasatinib tab 50 mg</i> .	104	DEPO-SQ PROV INJ	104
<i>dasatinib tab 70 mg</i> .	104	252
		<i>depo-testosterone</i> ...	235
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DESCOVY TAB	
200/25MG	69
<i>desipramine hcl tab 10 mg</i>	168
<i>desipramine hcl tab 100 mg</i>	169
<i>desipramine hcl tab 150 mg</i>	169
<i>desipramine hcl tab 25 mg</i>	168
<i>desipramine hcl tab 50 mg</i>	169
<i>desipramine hcl tab 75 mg</i>	169
<i>desmopressin acetate inj 4 mcg/ml</i>	267
<i>desmopressin acetate nasal spray soln 0.01%</i>	267
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	267
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	267
<i>desmopressin acetate tab 0.1 mg</i>	268
<i>desmopressin acetate tab 0.2 mg</i>	268
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	252
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	169
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	169
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	169
DEXAMETHASON CON	
1MG/ML	262
<i>dexamethasone elixir 0.5 mg/5ml</i>	262
<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</i>	263
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i> ..	263
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	263
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	263

<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	263	<i>dexamethasone tab 6 mg</i>	264
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	263	<i>dexamethylphenidate hcl tab 10 mg</i>	219
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	263	<i>dexamethylphenidate hcl tab 2.5 mg</i>	219
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	263	<i>dexamethylphenidate hcl tab 5 mg</i>	219
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	322	<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	312
<i>dexamethasone soln 0.5 mg/5ml</i>	263	<i>dextrose 5% in lactated ringers</i>	312
<i>dexamethasone tab 0.5 mg</i>	263	<i>dextrose 5% w/ sodium chloride 0.225%</i>	313
<i>dexamethasone tab 0.75 mg</i>	263	<i>dextrose 5% w/ sodium chloride 0.3%</i>	312
<i>dexamethasone tab 1 mg</i>	263	<i>dextrose 5% w/ sodium chloride 0.45%</i>	313
<i>dexamethasone tab 1.5 mg</i>	263	<i>dextrose 5% w/ sodium chloride 0.9%</i>	312
<i>dexamethasone tab 2 mg</i>	264	<i>dextrose inj 10%</i>	319
<i>dexamethasone tab 4 mg</i>	264	DEXTROSE INJ 10%.	319
		<i>dextrose inj 5%</i>	318
		<i>dextrose inj 50%</i>	319
		DEXTROSE INJ 70%.	319
		DIACOMIT CAP 250MG	
		.....	201
		DIACOMIT CAP 500MG	
		.....	201

DIACOMIT PAK 250MG	201	<i>diclofenac sodium tab delayed release 25 mg</i>	47
DIACOMIT PAK 500MG	201	<i>diclofenac sodium tab delayed release 50 mg</i>	47
<i>diazepam inj</i>	201	<i>diclofenac sodium tab delayed release 75 mg</i>	47
<i>diazepam intensol</i>	201	<i>diclofenac sodium tab er 24hr 100 mg</i>	47
<i>diazepam oral soln 1 mg/ml</i>	202	<i>dicloxacillin sodium cap 250 mg</i>	84
<i>diazepam rectal gel delivery system 10 mg</i>	202	<i>dicloxacillin sodium cap 500 mg</i>	84
<i>diazepam rectal gel delivery system 2.5 mg</i>	202	<i>dicyclomine hcl cap 10 mg</i>	280
<i>diazepam rectal gel delivery system 20 mg</i>	202	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	280
<i>diazepam tab 10 mg</i>	203	<i>dicyclomine hcl tab 20 mg</i>	280
<i>diazepam tab 2 mg</i> ..	202	DIFICID SUS.....	79
<i>diazepam tab 5 mg</i> ..	203	<i>diflunisal tab 500 mg</i> .	47
<i>diazoxide susp 50 mg/ml</i>	266	<i>difluprednate ophth emulsion 0.05%</i>	322
<i>diclofenac potassium tab 50 mg</i>	47	<i>digoxin inj 0.25 mg/ml</i>	155
<i>diclofenac sodium ophth soln 0.1%</i>	322	<i>digoxin oral soln 0.05 mg/ml</i>	155
<i>diclofenac sodium soln 1.5%</i>	351		

<i>digoxin tab 125 mcg (0.125 mg)</i>	155	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	149
<i>digoxin tab 250 mcg (0.25 mg)</i>	155	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	149
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	225	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	149
<i>DILANTIN CAP 30MG</i>	203	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	149
<i>diltiazem hcl cap er 12hr 120 mg</i>	149	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	150
<i>diltiazem hcl cap er 12hr 60 mg</i>	148	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	150
<i>diltiazem hcl cap er 12hr 90 mg</i>	148	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	150
<i>diltiazem hcl cap er 24hr 120 mg</i>	149	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	150
<i>diltiazem hcl cap er 24hr 180 mg</i>	149	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	150
<i>diltiazem hcl cap er 24hr 240 mg</i>	149	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	150
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	149	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	150
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	149		
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	149		

<i>diltiazem hcl tab 120 mg</i>	
.....	150
<i>diltiazem hcl tab 30 mg</i>	
.....	150
<i>diltiazem hcl tab 60 mg</i>	
.....	150
<i>diltiazem hcl tab 90 mg</i>	
.....	150
<i>dilt-xr</i>	148
<i>diphenhydramine hcl inj</i>	
50 mg/ml	328
<i>diphenoxylate w/</i>	
<i>atropine tab 2.5-0.025</i>	
<i>mg</i>	283
<i>dipyridamole tab 25 mg</i>	
.....	297
<i>dipyridamole tab 50 mg</i>	
.....	297
<i>dipyridamole tab 75 mg</i>	
.....	297
<i>disopyramide phosphate</i>	
<i>cap 100 mg</i>	138
<i>disopyramide phosphate</i>	
<i>cap 150 mg</i>	138
<i>disulfiram tab 250 mg</i>	
.....	234
<i>disulfiram tab 500 mg</i>	
.....	234
<i>divalproex sodium cap</i>	
<i>delayed release</i>	
<i>sprinkle 125 mg</i>	203
<i>divalproex sodium tab</i>	
<i>delayed release 125</i>	
<i>mg</i>	203
<i>divalproex sodium tab</i>	
<i>delayed release 250</i>	
<i>mg</i>	203
<i>divalproex sodium tab</i>	
<i>delayed release 500</i>	
<i>mg</i>	203
<i>divalproex sodium tab er</i>	
<i>24 hr 250 mg</i>	204
<i>divalproex sodium tab er</i>	
<i>24 hr 500 mg</i>	204
<i>docetaxel for inj conc</i>	
<i>160 mg/8ml (20</i>	
<i>mg/ml)</i>	98
<i>docetaxel for inj conc 20</i>	
<i>mg/ml</i>	98
<i>docetaxel for inj conc 80</i>	
<i>mg/4ml (20 mg/ml)</i>	98
DOCETAXEL INJ	
160/16ML	99
DOCETAXEL INJ	
160/8ML	99
DOCETAXEL INJ	
20MG/2ML	98

DOCETAXEL INJ	
80MG/4ML	98
DOCETAXEL INJ	
80MG/8ML	98
<i>docetaxel soln for iv</i>	
<i>infusion 160 mg/16ml</i>	
.....	99
<i>docetaxel soln for iv</i>	
<i>infusion 20 mg/2ml ..</i>	99
<i>docetaxel soln for iv</i>	
<i>infusion 80 mg/8ml ..</i>	99
DOCIVYX INJ 160/16ML	
.....	99
DOCIVYX INJ 20MG/2ML	
.....	99
DOCIVYX INJ 80MG/8ML	
.....	99
<i>dofetilide cap 125 mcg</i>	
<i>(0.125 mg)</i>	138
<i>dofetilide cap 250 mcg</i>	
<i>(0.25 mg)</i>	138
<i>dofetilide cap 500 mcg</i>	
<i>(0.5 mg)</i>	138
<i>dolishale</i>	252
<i>donepezil hydrochloride</i>	
<i>orally disintegrating tab</i>	
<i>10 mg</i>	163
<i>donepezil hydrochloride</i>	
<i>orally disintegrating tab</i>	
<i>5 mg</i>	163
<i>donepezil hydrochloride</i>	
<i>tab 10 mg</i>	163
<i>donepezil hydrochloride</i>	
<i>tab 5 mg</i>	163
DOPTelet SPR CAP	
10MG	296
DOPTelet TAB 20MG	
.....	296
<i>dorzolamide hcl ophth</i>	
<i>soln 2%</i>	323
<i>dorzolamide hcl-timolol</i>	
<i>maleate ophth soln 2-</i>	
<i>0.5%</i>	323
<i>dotti</i>	260
DOVATO TAB 50-300MG	
.....	69
<i>doxazosin mesylate tab</i>	
<i>1 mg</i>	130
<i>doxazosin mesylate tab</i>	
<i>2 mg</i>	130
<i>doxazosin mesylate tab</i>	
<i>4 mg</i>	130
<i>doxazosin mesylate tab</i>	
<i>8 mg</i>	130
<i>doxepin hcl (sleep) tab 3</i>	
<i>mg (base equiv)</i>	221
<i>doxepin hcl (sleep) tab 6</i>	
<i>mg (base equiv)</i>	221
<i>doxepin hcl cap 10 mg</i>	
.....	169

<i>doxepin hcl cap 100 mg</i>	170	<i>doxycycline</i> <i>monohydrate cap 100</i> <i>mg</i>	87
<i>doxepin hcl cap 150 mg</i>	170	<i>doxycycline</i> <i>monohydrate cap 50</i> <i>mg</i>	87
<i>doxepin hcl cap 25 mg</i>	170	<i>doxycycline</i> <i>monohydrate for susp</i> <i>25 mg/5ml</i>	87
<i>doxepin hcl cap 50 mg</i>	170	<i>doxycycline</i> <i>monohydrate tab 100</i> <i>mg</i>	87
<i>doxepin hcl cap 75 mg</i>	170	<i>doxycycline</i> <i>monohydrate tab 50</i> <i>mg</i>	87
<i>doxepin hcl conc 10</i> <i>mg/ml</i>	170	<i>doxycycline</i> <i>monohydrate tab 75</i> <i>mg</i>	87
<i>doxorubicin hcl inj 2</i> <i>mg/ml</i>	96	DRIZALMA CAP 20MG DR.....	170
<i>doxorubicin hcl</i> <i>liposomal susp (for iv</i> <i>infusion) 2 mg/ml</i>	97	DRIZALMA CAP 30MG DR.....	170
<i>doxy 100</i>	86	DRIZALMA CAP 40MG DR.....	171
<i>doxycycline hyclate cap</i> <i>100 mg</i>	86	DRIZALMA CAP 60MG DR.....	171
<i>doxycycline hyclate cap</i> <i>50 mg</i>	86	<i>dronabinol cap 10 mg</i>	276
<i>doxycycline hyclate for</i> <i>inj 100 mg</i>	86	<i>dronabinol cap 2.5 mg</i>	276
<i>doxycycline hyclate tab</i> <i>100 mg</i>	87		
<i>doxycycline hyclate tab</i> <i>20 mg</i>	86		

<i>dronabinol cap 5 mg</i>	276	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	171
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	252	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	171
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	252	<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	171
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg ...</i>	252	DUPIXENT INJ 200/1.14	298
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg ...</i>	252	DUPIXENT INJ 200MG	299
DROXIA CAP 200MG	296	DUPIXENT INJ 300/2ML	299
DROXIA CAP 300MG	296	<i>dutasteride cap 0.5 mg</i>	287
DROXIA CAP 400MG	296	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg.</i>	288
<i>droxidopa cap 100 mg</i>	155	E	
<i>droxidopa cap 200 mg</i>	155	<i>e.e.s. 400</i>	79
<i>droxidopa cap 300 mg</i>	155	<i>econazole nitrate cream 1%</i>	344
DULERA AER 100-5MCG	340	EDURANT PED TAB 2.5MG	66
DULERA AER 200-5MCG	340	EDURANT TAB 25MG..	67
DULERA AER 50-5MCG	340	<i>efavirenz tab 600 mg</i>	67
		<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	69

<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	69	EMSAM DIS 6MG/24HR	171
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	69	EMSAM DIS 9MG/24HR	171
ELIGARD INJ 22.5MG	.93	<i>emtricitabine caps 200 mg</i>	67
ELIGARD INJ 30MG	....93	<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	70
ELIGARD INJ 45MG	....93	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	70
ELIGARD INJ 7.5MG	...93	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	70
<i>elinest</i>	252	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	70
ELIQUIS (1.5MG PACK) 3 X	291	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	70
ELIQUIS (2MG PACK) 4 X	292	EMTRIVA SOL 10MG/ML	67
ELIQUIS CAP 0.15MG	292	EMVERM CHW 100MG	58
ELIQUIS ST P TAB 5MG	292	<i>emzahh</i>	252
ELIQUIS TAB 0.5MG	.292	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	127
ELIQUIS TAB 2.5MG	.292		
ELIQUIS TAB 5MG	...292		
<i>eluryng</i>	252		
EMGALITY INJ 100MG/ML	225		
EMGALITY INJ 120MG/ML	225		
EMSAM DIS 12MG/24H	171		

<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	127	ENGERIX-B INJ 20MCG/ML.....	310
<i>enalapril maleate tab 10 mg</i>	128	<i>enilloring</i>	252
<i>enalapril maleate tab 2.5 mg</i>	128	<i>enoxaparin sodium inj 300 mg/3ml</i>	292
<i>enalapril maleate tab 20 mg</i>	128	<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	293
<i>enalapril maleate tab 5 mg</i>	128	<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	293
ENBREL INJ 25/0.5ML	299	<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	293
ENBREL INJ 25MG ...	299	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	292
ENBREL INJ 50MG/ML	299	<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	292
ENBREL MINI INJ 50MG/ML.....	299	<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	292
ENBREL SRCLK INJ 50MG/ML.....	299	<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	292
<i>endocet tab 10-325mg</i>	53	ENSACOVE CAP 100MG	104
<i>endocet tab 2.5-325mg</i>	53	ENSACOVE CAP 25MG	104
<i>endocet tab 5-325mg</i>	53		
<i>endocet tab 7.5-325mg</i>	53		
ENGERIX-B INJ 10/0.5ML.....	310		

<i>enskyce</i>	253	<i>epinephrine solution</i>	
ENSTILAR AER	346	<i>auto-injector 0.3</i>	
<i>entacapone tab 200 mg</i>		<i>mg/0.3ml (1:1000)</i>	333
.....	180	<i>eplerenone tab 25 mg</i>	
<i>entecavir tab 0.5 mg..</i>	72	.....	129
<i>entecavir tab 1 mg</i>	72	<i>eplerenone tab 50 mg</i>	
ENTRESTO CAP 15-		.....	129
16MG	132	<i>ergotamine w/ caffeine</i>	
ENTRESTO CAP 6-6MG		<i>tab 1-100 mg</i>	225
.....	132	ERIVEDGE CAP 150MG	
<i>enulose</i>	282	.....	105
EPCLUSA PAK 150-37.5		ERLEADA TAB 240MG..	93
.....	72	ERLEADA TAB 60MG ..	93
EPCLUSA PAK 200-50MG		<i>erlotinib hcl tab 100 mg</i>	
.....	72	<i>(base equivalent)...</i>	105
EPCLUSA TAB 200-50MG		<i>erlotinib hcl tab 150 mg</i>	
.....	72	<i>(base equivalent)...</i>	105
EPCLUSA TAB 400-100		<i>erlotinib hcl tab 25 mg</i>	
.....	72	<i>(base equivalent)...</i>	105
EPIDIOLEX SOL		<i>errin</i>	253
100MG/ML	204	<i>ertapenem sodium for</i>	
<i>epinephrine inj 1 mg/ml</i>		<i>inj 1 gm (base</i>	
<i>(1:1000)</i>	156	<i>equivalent)</i>	58
<i>epinephrine solution</i>		<i>ery</i>	342
<i>auto-injector 0.15</i>		ERYTHROCIN INJ 500MG	
<i>mg/0.15ml (1:1000)</i>		.....	79
.....	333	<i>erythromycin</i>	
<i>epinephrine solution</i>		<i>ethylsuccinate tab 400</i>	
<i>auto-injector 0.15</i>		<i>mg</i>	80
<i>mg/0.3ml (1:2000)</i>	333	<i>erythromycin gel 2%</i>	342

<i>erythromycin</i>	
<i>lactobionate for inj 500</i>	
<i>mg</i>	80
<i>erythromycin ophth oint</i>	
<i>5 mg/gm</i>	321
<i>erythromycin soln 2%</i>	
.....	342
<i>erythromycin tab 250</i>	
<i>mg</i>	80
<i>erythromycin tab 500</i>	
<i>mg</i>	80
<i>erythromycin tab</i>	
<i>delayed release 250</i>	
<i>mg</i>	80
<i>erythromycin tab</i>	
<i>delayed release 333</i>	
<i>mg</i>	80
<i>erythromycin tab</i>	
<i>delayed release 500</i>	
<i>mg</i>	80
<i>erythromycin w/ delayed</i>	
<i>release particles cap</i>	
<i>250 mg</i>	80
ERZOFRI INJ 117/0.75	
.....	186
ERZOFRI INJ 156MG/ML	
.....	186
ERZOFRI INJ 234/1.5	
.....	186
ERZOFRI INJ 351/2.25	
.....	186
ERZOFRI INJ 39/0.25	
.....	186
ERZOFRI INJ 78/0.5ML	
.....	186
<i>escitalopram oxalate</i>	
<i>soln 5 mg/5ml (base</i>	
<i>equiv)</i>	171
<i>escitalopram oxalate tab</i>	
<i>10 mg (base equiv)</i>	171
<i>escitalopram oxalate tab</i>	
<i>20 mg (base equiv)</i>	172
<i>escitalopram oxalate tab</i>	
<i>5 mg (base equiv)</i> .	171
<i>eslicarbazepine acetate</i>	
<i>tab 200 mg</i>	204
<i>eslicarbazepine acetate</i>	
<i>tab 400 mg</i>	204
<i>eslicarbazepine acetate</i>	
<i>tab 600 mg</i>	204
<i>eslicarbazepine acetate</i>	
<i>tab 800 mg</i>	204
<i>esomeprazole</i>	
<i>magnesium cap</i>	
<i>delayed release 20 mg</i>	
<i>(base eq)</i>	285
<i>esomeprazole</i>	
<i>magnesium cap</i>	

<i>delayed release 40 mg (base eq).....</i>	<i>286</i>	<i>estradiol tab 1 mg ...</i>	<i>260</i>
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg.....</i>	<i>286</i>	<i>estradiol tab 2 mg ...</i>	<i>260</i>
<i>esomeprazole magnesium for delayed release susp packet 10 mg.....</i>	<i>286</i>	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	<i>261</i>
<i>esomeprazole magnesium for delayed release susp packet 20 mg.....</i>	<i>286</i>	<i>estradiol td patch twice weekly 0.0375 mg/24hr.....</i>	<i>261</i>
<i>esomeprazole magnesium for delayed release susp packet 40 mg.....</i>	<i>286</i>	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	<i>261</i>
<i>esomeprazole magnesium for delayed release susp packet 5 mg.....</i>	<i>286</i>	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	<i>261</i>
<i>estarylla</i>	<i>253</i>	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	<i>261</i>
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	<i>260</i>	<i>estradiol td patch weekly 0.025 mg/24hr.....</i>	<i>261</i>
<i>estradiol & norethindrone acetate tab 1-0.5 mg.....</i>	<i>260</i>	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	<i>261</i>
<i>estradiol tab 0.5 mg.</i>	<i>260</i>	<i>estradiol td patch weekly 0.05 mg/24hr.....</i>	<i>261</i>
		<i>estradiol td patch weekly 0.06 mg/24hr.....</i>	<i>261</i>
		<i>estradiol td patch weekly 0.075 mg/24hr.....</i>	<i>261</i>
		<i>estradiol td patch weekly 0.1 mg/24hr</i>	<i>261</i>

<i>estradiol vaginal cream</i>		<i>etodolac tab er 24hr 500</i>	
0.01%	262	mg	48
<i>estradiol vaginal tab 10</i>		<i>etodolac tab er 24hr 600</i>	
mcg	262	mg	48
<i>estradiol valerate im in</i>		<i>etonogestrel-ethinyl</i>	
oil 10 mg/ml	262	estradiol va ring 0.12-	
<i>estradiol valerate im in</i>		0.015 mg/24hr	253
oil 20 mg/ml	262	<i>etoposide inj 1 gm/50ml</i>	
<i>estradiol valerate im in</i>		(20 mg/ml)	99
oil 40 mg/ml	262	<i>etoposide inj 100</i>	
<i>eszopiclone tab 1 mg</i>	222	mg/5ml (20 mg/ml) .	99
<i>eszopiclone tab 2 mg</i>	222	<i>etoposide inj 500</i>	
<i>eszopiclone tab 3 mg</i>	222	mg/25ml (20 mg/ml)	99
<i>ethambutol hcl tab 100</i>		<i>etravirine tab 100 mg</i>	67
mg	71	<i>etravirine tab 200 mg</i>	67
<i>ethambutol hcl tab 400</i>		EUCRISA OIN 2%	351
mg	71	EULEXIN CAP 125MG .	93
<i>ethosuximide cap 250</i>		<i>everolimus tab 0.25 mg</i>	
mg	204	.....	308
<i>ethosuximide soln 250</i>		<i>everolimus tab 0.5 mg</i>	
mg/5ml	204	.....	308
<i>ethynodiol diacetate &</i>		<i>everolimus tab 0.75 mg</i>	
<i>ethinyl estradiol tab 1</i>		.....	308
mg-50 mcg	253	<i>everolimus tab 1 mg</i>	308
<i>etodolac cap 200 mg</i> ..	47	<i>everolimus tab 10 mg</i>	
<i>etodolac cap 300 mg</i> ..	47	.....	105
<i>etodolac tab 400 mg</i> ..	48	<i>everolimus tab 2.5 mg</i>	
<i>etodolac tab 500 mg</i> ..	48	.....	105
<i>etodolac tab er 24hr 400</i>		<i>everolimus tab 5 mg</i>	105
mg	48		

<i>everolimus tab 7.5 mg</i>	FABRAZYME INJ 5MG	268
..... 105	<i>falmina</i>	253
<i>everolimus tab for oral</i>	<i>famciclovir tab 125 mg</i>	72
<i>susp 2 mg</i> 105	..... 72	
<i>everolimus tab for oral</i>	<i>famciclovir tab 250 mg</i>	72
<i>susp 3 mg</i> 105	..... 72	
<i>everolimus tab for oral</i>	<i>famciclovir tab 500 mg</i>	72
<i>susp 5 mg</i> 105	..... 72	
EVOTAZ TAB 300-150	<i>famotidine for susp 40</i>	
70	<i>mg/5ml</i>	280
<i>exemestane tab 25 mg</i>	<i>famotidine in nacl 0.9%</i>	
..... 93	<i>iv soln 20 mg/50ml</i>	280
EXXUA TAB 18.2MG	<i>famotidine inj 200</i>	
. 172	<i>mg/20ml</i>	280
EXXUA TAB 36.3MG	<i>famotidine inj 40</i>	
. 172	<i>mg/4ml</i>	280
EXXUA TAB 54.5MG	<i>famotidine preservative</i>	
. 172	<i>free inj 20 mg/2ml.</i>	281
EXXUA TAB 72.6MG	<i>famotidine tab 20 mg</i>	
. 172	..... 281	
EXXUA TITRAT TAB	<i>famotidine tab 40 mg</i>	
18.2MG	..... 281	
..... 172	FANAPT PAK PACK A	186
EYSUVIS DRO 0.25%	FANAPT PAK PACK B	186
325	FANAPT PAK PACK C	186
<i>ezetimibe tab 10 mg</i>	FANAPT TAB 10MG	187
143	FANAPT TAB 12MG	187
<i>ezetimibe-simvastatin</i>	FANAPT TAB 1MG	186
<i>tab 10-10 mg</i>	FANAPT TAB 2MG	186
..... 143	FANAPT TAB 4MG	187
<i>ezetimibe-simvastatin</i>		
<i>tab 10-20 mg</i>		
..... 143		
<i>ezetimibe-simvastatin</i>		
<i>tab 10-40 mg</i>		
..... 143		
<i>ezetimibe-simvastatin</i>		
<i>tab 10-80 mg</i>		
..... 143		
F		
FABRAZYME INJ 35MG		
..... 268		

FANAPT TAB 6MG	187	<i>fenofibrate tab 145 mg</i>	140
FANAPT TAB 8MG	187	<i>fenofibrate tab 160 mg</i>	140
FARXIGA TAB 10MG.	237	<i>fenofibrate tab 48 mg</i>	140
FARXIGA TAB 5MG...	237	<i>fenofibrate tab 54 mg</i>	140
FASENRA INJ 10MG/0.5	333	<i>fentanyl td patch 72hr</i>	50
FASENRA INJ 30MG/ML	334	<i>100 mcg/hr.....</i>	50
FASENRA PEN INJ		<i>fentanyl td patch 72hr</i>	49
30MG/ML.....	334	<i>12 mcg/hr</i>	49
<i>feirza tab 1.5/30</i>	253	<i>fentanyl td patch 72hr</i>	49
<i>feirza tab 1/20</i>	253	<i>25 mcg/hr</i>	49
<i>felbamate susp 600</i>		<i>fentanyl td patch 72hr</i>	49
<i>mg/5ml</i>	204	<i>37.5 mcg/hr.....</i>	49
<i>felbamate tab 400 mg</i>	204	<i>fentanyl td patch 72hr</i>	49
<i>felbamate tab 600 mg</i>	204	<i>50 mcg/hr</i>	49
<i>felodipine tab er 24hr 10</i>	150	<i>fentanyl td patch 72hr</i>	50
<i>mg.....</i>	150	<i>62.5 mcg/hr.....</i>	50
<i>felodipine tab er 24hr</i>	150	<i>fentanyl td patch 72hr</i>	50
<i>2.5 mg</i>	150	<i>75 mcg/hr</i>	50
<i>felodipine tab er 24hr 5</i>	150	<i>fentanyl td patch 72hr</i>	50
<i>mg.....</i>	150	<i>87.5 mcg/hr.....</i>	50
<i>fenofibrate micronized</i>		<i>fesoterodine fumarate</i>	
<i>cap 134 mg.....</i>	140	<i>tab er 24hr 4 mg ...</i>	289
<i>fenofibrate micronized</i>		<i>fesoterodine fumarate</i>	
<i>cap 200 mg.....</i>	140	<i>tab er 24hr 8 mg ...</i>	289
<i>fenofibrate micronized</i>		FETZIMA CAP 120MG	172
<i>cap 67 mg</i>	139	FETZIMA CAP 20MG.	172

FETZIMA CAP 40MG .	172	<i>flecainide acetate tab</i>	
FETZIMA CAP 80MG .	172	150 mg	138
FETZIMA CAP TITRATIO		<i>flecainide acetate tab 50</i>	
.....	172	mg	138
FIASP FLEX INJ TOUCH		<i>fluconazole for susp 10</i>	
.....	244	mg/ml.....	63
FIASP INJ 100/ML....	244	<i>fluconazole for susp 40</i>	
FIASP PENFIL INJ U-100		mg/ml.....	63
.....	244	<i>fluconazole in nacl 0.9%</i>	
FIASP PMPCRT INJ U-		<i>inj 200 mg/100ml....</i>	63
100.....	244	<i>fluconazole in nacl 0.9%</i>	
<i>fidaxomicin tab 200 mg</i>		<i>inj 400 mg/200ml....</i>	63
.....	80	<i>fluconazole tab 100 mg</i>	
<i>finasteride tab 5 mg.</i>	288	.....	63
<i> fingolimod hcl cap 0.5</i>		<i>fluconazole tab 150 mg</i>	
<i> mg (base equiv)</i>	230	.....	63
FINTEPLA SOL 2.2MG/ML		<i>fluconazole tab 200 mg</i>	
.....	204	.....	63
<i>finzala</i>	253	<i>fluconazole tab 50 mg</i>	63
FIRMAGON INJ 120MG	94	<i>flucytosine cap 250 mg</i>	
FIRMAGON INJ 80MG .	94	.....	63
<i>flac</i>	325	<i>flucytosine cap 500 mg</i>	
FLEBOGAMMA INJ		.....	64
10/200ML.....	305	<i>fludrocortisone acetate</i>	
FLEBOGAMMA INJ		<i>tab 0.1 mg.....</i>	264
20/400ML.....	305	<i>flunisolide nasal soln 25</i>	
FLEBOGAMMA INJ DIF		<i>mcg/act (0.025%) .</i>	338
5%	305	<i>fluocinolone acetonide</i>	
<i>flecainide acetate tab</i>		<i>(otic) oil 0.01%</i>	325
100 mg	138		

<i>fluocinolone acetonide</i>		<i>fluorouracil iv soln 1</i>	
<i>cream 0.01%</i>	348	<i>gm/20ml (50 mg/ml)</i>	90
<i>fluocinolone acetonide</i>		<i>fluorouracil iv soln 2.5</i>	
<i>cream 0.025%</i>	348	<i>gm/50ml (50 mg/ml)</i>	90
<i>fluocinolone acetonide</i>		<i>fluorouracil iv soln 5</i>	
<i>oil 0.01% (body oil)</i>	348	<i>gm/100ml (50 mg/ml)</i>	
<i>fluocinolone acetonide</i>		.....	90
<i>oil 0.01% (scalp oil)</i>		<i>fluorouracil iv soln 500</i>	
.....	348	<i>mg/10ml (50 mg/ml)</i>	90
<i>fluocinolone acetonide</i>		<i>fluorouracil soln 2%.</i>	352
<i>oint 0.025%</i>	348	<i>fluorouracil soln 5%.</i>	352
<i>fluocinolone acetonide</i>		<i>fluoxetine hcl cap 10 mg</i>	
<i>soln 0.01%</i>	348	.....	172
<i>fluocinonide cream</i>		<i>fluoxetine hcl cap 20 mg</i>	
<i>0.05%</i>	348	.....	173
<i>fluocinonide cream 0.1%</i>		<i>fluoxetine hcl cap 40 mg</i>	
.....	348	.....	173
<i>fluocinonide emulsified</i>		<i>fluoxetine hcl solution 20</i>	
<i>base cream 0.05%.</i>	348	<i>mg/5ml</i>	173
<i>fluocinonide gel 0.05%</i>		<i>fluphenazine decanoate</i>	
.....	348	<i>inj 25 mg/ml</i>	187
<i>fluocinonide oint 0.05%</i>		<i>fluphenazine hcl elixir</i>	
.....	349	<i>2.5 mg/5ml.....</i>	187
<i>fluocinonide soln 0.05%</i>		<i>fluphenazine hcl inj 2.5</i>	
.....	349	<i>mg/ml.....</i>	187
<i>fluorometholone ophth</i>		<i>fluphenazine hcl oral</i>	
<i>susp 0.1%</i>	322	<i>conc 5 mg/ml.....</i>	187
<i>fluorouracil cream 5%</i>		<i>fluphenazine hcl tab 1</i>	
.....	351	<i>mg</i>	187

<i>fluphenazine hcl tab 10 mg</i>	187	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	341
<i>fluphenazine hcl tab 2.5 mg</i>	187	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	341
<i>fluphenazine hcl tab 5 mg</i>	187	<i>fluvoxamine maleate tab 100 mg</i>	162
<i>flurbiprofen sodium ophth soln 0.03% ..</i>	322	<i>fluvoxamine maleate tab 25 mg</i>	162
<i>flurbiprofen tab 100 mg</i>	48	<i>fluvoxamine maleate tab 50 mg</i>	162
<i>fluticasone propionate cream 0.05%</i>	349	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	293
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	339	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	293
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	339	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	293
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	339	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	293
<i>fluticasone propionate nasal susp 50 mcg/act</i>	338	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	67
<i>fluticasone propionate oint 0.005%</i>	349	<i>fosfomycin tromethamine powd</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	340		

<i>pack 3 gm (base equivalent)</i>	<i>58</i>	<i>furosemide inj.....</i>	<i>153</i>
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....</i>	<i>127</i>	<i>furosemide oral soln 10 mg/ml.....</i>	<i>153</i>
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....</i>	<i>127</i>	<i>furosemide oral soln 8 mg/ml.....</i>	<i>153</i>
<i>fosinopril sodium tab 10 mg.....</i>	<i>128</i>	<i>furosemide tab 20 mg</i>	<i>153</i>
<i>fosinopril sodium tab 20 mg.....</i>	<i>128</i>	<i>furosemide tab 40 mg</i>	<i>153</i>
<i>fosinopril sodium tab 40 mg.....</i>	<i>128</i>	<i>furosemide tab 80 mg</i>	<i>153</i>
<i>FOTIVDA CAP 0.89MG</i>	<i>106</i>	<i>fyavolv tab 0.5mg-2.5mcg</i>	<i>262</i>
<i>FOTIVDA CAP 1.34MG</i>	<i>106</i>	<i>fyavolv tab 1mg-5mcg</i>	<i>262</i>
<i>FRINDOVYX INJ 1GM/2ML.....</i>	<i>89</i>	<i>FYCOMPA SUS 0.5MG/ML.....</i>	<i>204</i>
<i>FRINDOVYX INJ 2GM/4ML.....</i>	<i>89</i>	<i>FYCOMPA TAB 10MG</i>	<i>205</i>
<i>FRINDOVYX INJ 500MG/ML</i>	<i>89</i>	<i>FYCOMPA TAB 12MG</i>	<i>205</i>
<i>FRUZAQLA CAP 1MG</i>	<i>106</i>	<i>FYCOMPA TAB 2MG..</i>	<i>205</i>
<i>FRUZAQLA CAP 5MG</i>	<i>106</i>	<i>FYCOMPA TAB 4MG..</i>	<i>205</i>
<i>FULPHILA INJ 6/0.6ML</i>	<i>295</i>	<i>FYCOMPA TAB 6MG..</i>	<i>205</i>
<i>fulvestrant inj soln pref syr 250 mg/5ml.....</i>	<i>94</i>	<i>FYCOMPA TAB 8MG..</i>	<i>205</i>
		G	
		<i>gabapentin cap 100 mg</i>	<i>205</i>
		<i>gabapentin cap 300 mg</i>	<i>205</i>
		<i>gabapentin cap 400 mg</i>	<i>205</i>

<i>gabapentin oral soln 250 mg/5ml</i>	205	GAMMAGARD INJ 10GM/100	305
<i>gabapentin tab 600 mg</i>	205	GAMMAGARD INJ 1GM/10ML	305
<i>gabapentin tab 800 mg</i>	206	GAMMAGARD INJ 2.5GM/25	305
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	163	GAMMAGARD INJ 20GM/200	305
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	163	GAMMAGARD INJ 30GM/300	305
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	163	GAMMAGARD INJ 5GM/50ML	305
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	163	GAMMAGARD SD INJ 10GM HU	305
<i>galantamine hydrobromide tab 12 mg</i>	164	GAMMAGARD SD INJ 5GM HU	305
<i>galantamine hydrobromide tab 4 mg</i>	163	GAMMAKED INJ 10GM/100	306
<i>galantamine hydrobromide tab 8 mg</i>	164	GAMMAKED INJ 1GM/10ML	305
<i>galbriela chw</i>	253	GAMMAKED INJ 20GM/200	306
<i>gallifrey</i>	272	GAMMAKED INJ 5GM/50ML	306
GAMASTAN INJ	305	GAMMAPLEX INJ 10%	306
		GAMMAPLEX INJ 5%	306
		GAMMGD ERC INJ 10/100ML	306

GAMMGD ERC INJ		<i>gemcitabine hcl for inj 2</i>	
5GM/50ML	306	<i>gm</i>	90
GAMUNEX-C INJ		<i>gemcitabine hcl for inj</i>	
10GM/100	306	<i>200 mg</i>	90
GAMUNEX-C INJ		<i>gemcitabine hcl inj 1</i>	
1GM/10ML	306	<i>gm/26.3ml (38 mg/ml)</i>	
GAMUNEX-C INJ		<i>(base equiv)</i>	91
2.5GM/25	306	<i>gemcitabine hcl inj 2</i>	
GAMUNEX-C INJ		<i>gm/52.6ml (38 mg/ml)</i>	
20GM/200	306	<i>(base equiv)</i>	91
GAMUNEX-C INJ		<i>gemcitabine hcl inj 200</i>	
40/400ML	306	<i>mg/5.26ml (38 mg/ml)</i>	
GAMUNEX-C INJ		<i>(base equiv)</i>	91
5GM/50ML	306	<i>gemfibrozil tab 600 mg</i>	
<i>ganciclovir sodium for inj</i>		<i>.....</i>	140
<i>500 mg</i>	72	GEMTESA TAB 75MG	289
GARDASIL 9 INJ	310	<i>generlac</i>	282
<i>gatifloxacin ophth soln</i>		<i>gengraf</i>	308
<i>0.5%</i>	321	GENOTROPIN INJ 0.2MG	
GATTEX KIT 5MG	283	<i>.....</i>	268
GAUZE PADS 2	244	GENOTROPIN INJ 0.4MG	
<i>gavilyte-c</i>	282	<i>.....</i>	268
<i>gavilyte-g</i>	282	GENOTROPIN INJ 0.6MG	
<i>gavilyte-n/flavor pack</i>		<i>.....</i>	268
<i>.....</i>	282	GENOTROPIN INJ 0.8MG	
GAVRETO CAP 100MG		<i>.....</i>	268
<i>.....</i>	106	GENOTROPIN INJ 1.2MG	
<i>gefitinib tab 250 mg.</i>	106	<i>.....</i>	268
<i>gemcitabine hcl for inj 1</i>		GENOTROPIN INJ 1.4MG	
<i>gm</i>	90	<i>.....</i>	268

GENOTROPIN INJ 1.6MG	268	<i>gentamicin sulfate ophth soln 0.3%</i>	321
GENOTROPIN INJ 1.8MG	268	GENVOYA TAB.....	70
GENOTROPIN INJ 12MG	268	GILOTRIF TAB 20MG	106
GENOTROPIN INJ 1MG	268	GILOTRIF TAB 30MG	106
GENOTROPIN INJ 2MG	268	GILOTRIF TAB 40MG	106
GENOTROPIN INJ 5MG	268	GLARGIN YFGN INJ 100U/ML	244
<i>gentamicin in saline inj 0.8 mg/ml</i>	58	GLARGIN YFGN SOL 100U/ML	244
<i>gentamicin in saline inj 1 mg/ml</i>	58	<i>glatiramer acetate soln prefilled syringe 20 mg/ml.....</i>	230
<i>gentamicin in saline inj 1.2 mg/ml</i>	58	<i>glatiramer acetate soln prefilled syringe 40 mg/ml.....</i>	230
<i>gentamicin in saline inj 1.6 mg/ml</i>	58	<i>glatopa</i>	230
<i>gentamicin in saline inj 2 mg/ml</i>	58	GLEOSTINE CAP 100MG	89
<i>gentamicin sulfate cream 0.1%</i>	343	GLEOSTINE CAP 10MG	89
<i>gentamicin sulfate inj 10 mg/ml</i>	58	GLEOSTINE CAP 40MG	89
<i>gentamicin sulfate inj 40 mg/ml</i>	59	<i>glimepiride tab 1 mg</i>	237
<i>gentamicin sulfate oint 0.1%</i>	343	<i>glimepiride tab 2 mg</i>	237
		<i>glimepiride tab 4 mg</i>	237
		<i>glipizide tab 10 mg ..</i>	237
		<i>glipizide tab 5 mg</i>	237
		<i>glipizide tab er 24hr 10 mg</i>	237

<i>glipizide tab er 24hr 2.5 mg</i>	237	<i>griseofulvin microsize tab 500 mg</i>	64
<i>glipizide tab er 24hr 5 mg</i>	237	<i>griseofulvin ultramicrosize tab 125 mg</i>	64
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	237	<i>griseofulvin ultramicrosize tab 250 mg</i>	64
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	238	<i>guanfacine hcl tab 1 mg</i>	156
<i>glipizide-metformin hcl tab 5-500 mg</i>	238	<i>guanfacine hcl tab 2 mg</i>	156
<i>glycopyrrolate tab 1 mg</i>	280	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	220
<i>glycopyrrolate tab 2 mg</i>	280	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	220
<i>glydo</i>	350	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	220
GLYXAMBI TAB 10-5 MG	238	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	220
GLYXAMBI TAB 25-5 MG	238	H	
GOMEKLI CAP 1MG ..	106	HADLIMA INJ 40/0.4ML	299
GOMEKLI CAP 2MG ..	106	HADLIMA INJ 40/0.8ML	299
GOMEKLI TAB 1MG ..	107		
<i>granisetron hcl inj 1 mg/ml</i>	276		
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> .	276		
<i>granisetron hcl tab 1 mg</i>	276		
<i>griseofulvin microsize susp 125 mg/5ml</i>	64		

HADLIMA PUSH INJ 40/0.4ML.....	299	<i>haloperidol tab 20 mg</i>	188
HADLIMA PUSH INJ 40/0.8ML.....	300	<i>haloperidol tab 5 mg</i>	188
HAEGARDA INJ 2000UNIT	296	HAVRIX INJ 1440UNIT	310
HAEGARDA INJ 3000UNIT	296	HAVRIX INJ 720UNIT	310
<i>hailey 1.5/30</i>	253	<i>heather</i>	253
<i>hailey 24 fe</i>	253	HEP SOD/NACL INJ 25000UNT	293
<i>hailey fe tab 1/20</i>	253	<i>heparin sodium</i> (porcine) inj 1000 unit/ml.....	293
<i>halobetasol propionate</i> cream 0.05%	349	<i>heparin sodium</i> (porcine) inj 10000 unit/ml.....	293
<i>halobetasol propionate</i> oint 0.05%.....	349	<i>heparin sodium</i> (porcine) inj 20000 unit/ml.....	293
<i>haloperidol decanoate im</i> soln 100 mg/ml	188	<i>heparin sodium</i> (porcine) inj 5000 unit/ml.....	293
<i>haloperidol decanoate im</i> soln 50 mg/ml.....	187	<i>heparin sodium</i> (porcine) pf inj 1000 unit/ml.....	294
<i>haloperidol lactate inj 5</i> mg/ml	188	HEPLISAV-B INJ 20/0.5ML.....	310
<i>haloperidol lactate oral</i> conc 2 mg/ml	188	HERCEP HYLEC SOL 60- 10000	107
<i>haloperidol tab 0.5 mg</i>	188	HERCEPTIN INJ 150MG	107
<i>haloperidol tab 1 mg</i>	188		
<i>haloperidol tab 10 mg</i>	188		
<i>haloperidol tab 2 mg</i>	188		

HERCESSI INJ 150MG	107	HUMIRA INJ 20/0.2ML	300
HERCESSI INJ 420MG	107	HUMIRA INJ 40/0.4ML	300
HERNEXEOS TAB 60MG	107	HUMIRA KIT 40MG/0.8	300
HERZUMA INJ 150MG	107	HUMIRA PEN INJ	
HERZUMA INJ 420MG	107	40/0.4ML.....	300
HIBERIX SOL 10MCG	310	HUMIRA PEN INJ	
HUMALOG INJ 100/ML	244	40MG/0.8	300
HUMALOG JR INJ		HUMIRA PEN INJ	
100/ML.....	244	80/0.8ML.....	300
HUMALOG KWPN INJ		HUMIRA PEN KIT	
100/ML.....	244	CD/UC/HS	300
HUMALOG KWPN INJ		HUMIRA PEN KIT PS/UV	
200/ML.....	244	.....	300
HUMALOG MIX INJ		HUMULIN INJ 70/30.	245
50/50KWP	244	HUMULIN INJ 70/30KWP	
HUMALOG MIX INJ		.....	245
75/25KWP	244	HUMULIN N INJ U-100	
HUMALOG MIX SUS		.....	245
75/25.....	244	HUMULIN N INJ U-	
HUMALOG TMPO INJ		100KWP	245
100/ML.....	244	HUMULIN R INJ U-100	
HUMIRA INJ 10/0.1ML	300	.....	245
		HUMULIN R INJ U-500	
		.....	245
		HUMULIN R INJ U-	
		500KWP	245

<i>hydralazine hcl inj 20 mg/ml</i>	156	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	50
<i>hydralazine hcl tab 10 mg</i>	156	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	50
<i>hydralazine hcl tab 100 mg</i>	156	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	50
<i>hydralazine hcl tab 25 mg</i>	156	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	53
<i>hydralazine hcl tab 50 mg</i>	156	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	53
<i>hydrochlorothiazide cap 12.5 mg</i>	153	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	53
<i>hydrochlorothiazide tab 12.5 mg</i>	153	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	53
<i>hydrochlorothiazide tab 25 mg</i>	153	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	53
<i>hydrochlorothiazide tab 50 mg</i>	153	<i>hydrocortisone cream 1%</i>	349
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	50	<i>hydrocortisone cream 2.5%</i>	349
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	50	<i>hydrocortisone enema 100 mg/60ml</i>	281
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	50		
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	50		

<i>hydrocortisone lotion</i>			<i>hydromorphone hcl tab</i>	
2.5%	349		8 mg	54
<i>hydrocortisone oint 1%</i>			<i>hydroxychloroquine</i>	
.....	349		<i>sulfate tab 200 mg.</i>	304
<i>hydrocortisone oint</i>			<i>hydroxyurea cap 500 mg</i>	
2.5%	349		.....	97
<i>hydrocortisone perianal</i>			<i>hydroxyzine hcl im soln</i>	
<i>cream 1%.....</i>	352		25 mg/ml	328
<i>hydrocortisone perianal</i>			<i>hydroxyzine hcl im soln</i>	
<i>cream 2.5%</i>	352		50 mg/ml	328
<i>hydrocortisone sodium</i>			<i>hydroxyzine hcl syrup 10</i>	
<i>succinate pf for inj 100</i>			<i>mg/5ml</i>	328
<i>mg.....</i>	264		<i>hydroxyzine hcl tab 10</i>	
<i>hydrocortisone tab 10</i>			<i>mg</i>	329
<i>mg.....</i>	264		<i>hydroxyzine hcl tab 25</i>	
<i>hydrocortisone tab 20</i>			<i>mg</i>	329
<i>mg.....</i>	264		<i>hydroxyzine hcl tab 50</i>	
<i>hydrocortisone tab 5 mg</i>			<i>mg</i>	329
.....	264		<i>hydroxyzine pamoate</i>	
<i>hydrocortisone valerate</i>			<i>cap 25 mg</i>	329
<i>cream 0.2%</i>	349		<i>hydroxyzine pamoate</i>	
<i>hydrocortisone w/ acetic</i>			<i>cap 50 mg</i>	330
<i>acid otic soln 1-2%</i>	325		HYRNUO TAB 10MG .	107
<i>hydromorphone hcl liqd</i>			I	
1 mg/ml	53		<i>ibandronate sodium tab</i>	
<i>hydromorphone hcl tab</i>			150 mg (base	
2 mg	54		equivalent)	248
<i>hydromorphone hcl tab</i>			IBRANCE CAP 100MG	107
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<i>140</i>	7.5MG
<i>lovastatin tab 20 mg</i>	269
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<i>255</i>	3.75MG
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<i>40 mg/ml</i>	272	<i>5 mg & 21 x 10 mg</i>	
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<i>methazolamide tab 50 mg</i>	153	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	305
<i>methenamine hippurate tab 1 gm</i>	59	<i>methsuximide cap 300 mg</i>	208
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<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	92	<i>methylphenidate hcl tab er 10 mg</i>	221
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<i>methylprednisolone acetate inj susp 80 mg/ml</i>	264	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	277
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<i>metronidazole iv soln 500 mg/100ml</i>	<i>60</i>	<i>midodrine hcl tab 10 mg</i>	<i>156</i>
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<i>morphine sulfate iv soln 2 mg/ml</i>	<i>54</i>	<i>MOUNJARO INJ 10MG/0.5</i>	<i>240</i>
<i>morphine sulfate iv soln 4 mg/ml</i>	<i>54</i>	<i>MOUNJARO INJ 12.5/0.5</i>	<i>240</i>
<i>morphine sulfate iv soln 8 mg/ml</i>	<i>54</i>	<i>MOUNJARO INJ 15MG/0.5</i>	<i>240</i>
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<i>naproxen tab 375 mg</i>	48
<i>naproxen tab 500 mg</i>	48
<i>naproxen tab ec 375 mg</i>	
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<i>oint 0.1%</i>	320
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<i>100 mg</i>	60	281
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<i>macrocrystalline cap 50</i>		<i>norelgestromin-ethinyl</i>	
<i>mg.....</i>	60	<i>estradiol td ptwk 150-</i>	
<i>nitrofurantoin</i>		<i>35 mcg/24hr.....</i>	257
<i>monohydrate</i>		<i>norethindrone ace &</i>	
<i>macrocrystalline cap</i>		<i>ethinyl estradiol tab 1</i>	
<i>100 mg</i>	60	<i>mg-20 mcg</i>	257
<i>nitroglycerin oint 0.4%</i>		<i>norethindrone ace &</i>	
.....	352	<i>ethinyl estradiol tab 1.5</i>	
<i>nitroglycerin sl tab 0.3</i>		<i>mg-30 mcg</i>	257
<i>mg.....</i>	157	<i>norethindrone ace &</i>	
<i>nitroglycerin sl tab 0.4</i>		<i>ethinyl estradiol-fe tab</i>	
<i>mg.....</i>	158	<i>1 mg-20 mcg</i>	257
<i>nitroglycerin sl tab 0.6</i>		<i>norethindrone ace-eth</i>	
<i>mg.....</i>	158	<i>estradiol-fe chew tab 1</i>	
<i>nitroglycerin td patch</i>		<i>mg-20 mcg (24)</i>	257
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<i>norethindrone acetate-</i>	
<i>ethinyl estradiol tab 0.5</i>	
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<i>norethindrone acetate-</i>	
<i>ethinyl estradiol tab 1</i>	
<i>mg-5 mcg</i>	262
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<i>mg</i>	257
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<i>mg</i>	174
<i>nortriptyline hcl cap 25</i>	
<i>mg</i>	174
<i>nortriptyline hcl cap 50</i>	
<i>mg</i>	174
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<i>nystatin cream 100000</i>		<i>octreotide acetate inj</i>	
<i>unit/gm</i>	345	1000 mcg/ml (1	
<i>nystatin oint 100000</i>		mg/ml)	270
<i>unit/gm</i>	345	<i>octreotide acetate inj</i>	
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<i>octreotide acetate</i>	
<i>subcutaneous soln pref</i>	
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<i>subcutaneous soln pref</i>	
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<i>mg</i>	190
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<i>mg</i>	191
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<i>disintegrating tab 20</i>	
<i>mg</i>	191
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<i>olanzapine tab 10 mg</i>	
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<i>olanzapine tab 15 mg</i>	
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<i>olanzapine tab 20 mg</i>	
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<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	133	OMNIPOD 5 DX KIT INT G7G6	247
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<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	134	OMNIPOD 5 L2 MIS PODS G6	247
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		<i>ondansetron hcl oral soln 4 mg/5ml</i>	277
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<i>ondansetron orally</i>	
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<i>ondansetron orally</i>	
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.....	73
<i>oseltamivir phosphate</i>	
<i>cap 75 mg (base equiv)</i>	
.....	73
<i>oseltamivir phosphate</i>	
<i>for susp 6 mg/ml (base</i>	
<i>equiv)</i>	73
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<i>gm (base equivalent)</i>	85
<i>oxacillin sodium for inj 2</i>	
<i>gm (base equivalent)</i>	85
<i>oxacillin sodium for iv</i>	
<i>soln 10 gm (base</i>	
<i>equivalent)</i>	85
<i>oxaliplatin for iv inj 100</i>	
<i>mg</i>	90
<i>oxaliplatin for iv inj 50</i>	
<i>mg</i>	90
<i>oxaliplatin iv soln 100</i>	
<i>mg/20ml</i>	90
<i>oxaliplatin iv soln 200</i>	
<i>mg/40ml</i>	90

<i>oxaliplatin iv soln 50 mg/10ml</i>	90	<i>oxycodone hcl tab 30 mg</i>	55
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	208	<i>oxycodone hcl tab 5 mg</i>	55
<i>oxcarbazepine tab 150 mg</i>	208	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	56
<i>oxcarbazepine tab 300 mg</i>	208	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	55
<i>oxcarbazepine tab 600 mg</i>	208	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	55
<i>oxybutynin chloride solution 5 mg/5ml..</i>	289	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	55
<i>oxybutynin chloride tab 5 mg</i>	290	<i>OXYCONTIN TAB 10MG ER</i>	51
<i>oxybutynin chloride tab er 24hr 10 mg</i>	290	<i>OXYCONTIN TAB 15MG ER</i>	52
<i>oxybutynin chloride tab er 24hr 15 mg</i>	290	<i>OXYCONTIN TAB 20MG ER</i>	52
<i>oxybutynin chloride tab er 24hr 5 mg</i>	290	<i>OXYCONTIN TAB 30MG ER</i>	52
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> .	55	<i>OXYCONTIN TAB 40MG ER</i>	52
<i>oxycodone hcl soln 5 mg/5ml</i>	55	<i>OXYCONTIN TAB 60MG ER</i>	52
<i>oxycodone hcl tab 10 mg</i>	55	<i>OXYCONTIN TAB 80MG ER</i>	52
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<i>oxycodone hcl tab 20 mg</i>	55		

OZEMPIC (0.25 OR
0.5MG/DOSE)..... 241
OZEMPIC (1MG/DOSE)
..... 241
OZEMPIC (2MG/DOSE)
..... 241

P

pacerone 138
paclitaxel inj 100mg...99
*paclitaxel iv conc 100
mg/16.7ml (6 mg/ml)*
.....99
*paclitaxel iv conc 150
mg/25ml (6 mg/ml)*100
*paclitaxel iv conc 30
mg/5ml (6 mg/ml)*...99
*paclitaxel iv conc 300
mg/50ml (6 mg/ml)*100
*paliperidone tab er 24hr
1.5 mg* 192
*paliperidone tab er 24hr
3 mg* 192
*paliperidone tab er 24hr
6 mg* 192
*paliperidone tab er 24hr
9 mg* 192
*pamidronate disodium iv
soln 3 mg/ml*..... 248
*pamidronate disodium iv
soln 9 mg/ml*..... 248

PAMIDRONATE INJ
6MG/ML 248
PANRETIN GEL 0.1% 353
*pantoprazole sodium ec
tab 20 mg (base equiv)*
..... 287
*pantoprazole sodium ec
tab 40 mg (base equiv)*
..... 287
*pantoprazole sodium for
iv soln 40 mg (base
equiv)* 287
PANZYGA SOL 10/100ML
..... 307
PANZYGA SOL
1GM/10ML..... 306
PANZYGA SOL 2.5/25ML
..... 307
PANZYGA SOL 20/200ML
..... 307
PANZYGA SOL 30/300ML
..... 307
PANZYGA SOL
5GM/50ML..... 307
paricalcitol cap 1 mcg
..... 275
paricalcitol cap 2 mcg
..... 275
paricalcitol cap 4 mcg
..... 275

<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	174	PEGASYS INJ 180MCG/M	73
<i>paroxetine hcl tab 10 mg</i>	174	PEMAZYRE TAB 13.5MG	116
<i>paroxetine hcl tab 20 mg</i>	174	PEMAZYRE TAB 4.5MG	116
<i>paroxetine hcl tab 30 mg</i>	175	PEMAZYRE TAB 9MG	116
<i>paroxetine hcl tab 40 mg</i>	175	<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	92
PAXLOVID PAK	73	<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	92
PAXLOVID TAB 150-100	73	<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	92
PAXLOVID TAB 300-100	73	<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	92
<i>pazopanib hcl tab 200 mg (base equiv)</i>	115	PENBRAYA INJ	311
<i>pazopanib hcl tab 400 mg (base equiv)</i>	115	<i>penicillamine tab 250 mg</i>	250
PEDIARIX INJ 0.5ML	311	<i>penicillin g potassium for inj 20000000 unit</i>	85
PEDVAX HIB INJ	311	<i>penicillin g potassium for inj 5000000 unit</i>	85
<i>peg 3350-kcl-na bicarb- nacl-na sulfatate for soln 236 gm</i>	282	<i>penicillin g sodium for inj 5000000 unit</i>	85
<i>peg 3350-kcl-sod bicarb- nacl for soln 420 gm</i>	282	<i>penicillin v potassium for soln 125 mg/5ml</i>	85
PEGASYS INJ	73		

<i>penicillin v potassium for soln 250 mg/5ml</i>	85	<i>perindopril erbumine tab 4 mg</i>	129
<i>penicillin v potassium tab 250 mg</i>	85	<i>perindopril erbumine tab 8 mg</i>	129
<i>penicillin v potassium tab 500 mg</i>	85	<i>periogard</i>	354
<i>PENMENVY INJ</i>	311	<i>permethrin cream 5%</i>	353
<i>PENTACEL INJ</i>	311	<i>perphenazine tab 16 mg</i>	192
<i>pentamidine isethionate inh</i>	60	<i>perphenazine tab 2 mg</i>	192
<i>pentamidine isethionate inj</i>	60	<i>perphenazine tab 4 mg</i>	192
<i>pentoxifylline tab er 400 mg</i>	296	<i>perphenazine tab 8 mg</i>	192
<i>perampanel susp 0.5 mg/ml</i>	208	<i>pfizerpen</i>	86
<i>perampanel tab 10 mg</i>	209	<i>phenelzine sulfate tab 15 mg</i>	175
<i>perampanel tab 12 mg</i>	209	<i>phenobarbital elixir 20 mg/5ml</i>	209
<i>perampanel tab 2 mg</i>	208	<i>phenobarbital sodium inj 130 mg/ml</i>	209
<i>perampanel tab 4 mg</i>	209	<i>phenobarbital sodium inj 65 mg/ml</i>	209
<i>perampanel tab 6 mg</i>	209	<i>phenobarbital tab 100 mg</i>	211
<i>perampanel tab 8 mg</i>	209	<i>phenobarbital tab 15 mg</i>	210
<i>perindopril erbumine tab 2 mg</i>	129	<i>phenobarbital tab 16.2 mg</i>	210

<i>phenobarbital tab 30 mg</i>	<i>pilocarpine hcl ophth</i>
..... 210	<i>soln 1%..... 324</i>
<i>phenobarbital tab 32.4</i>	<i>pilocarpine hcl ophth</i>
<i>mg..... 210</i>	<i>soln 2%..... 324</i>
<i>phenobarbital tab 60 mg</i>	<i>pilocarpine hcl ophth</i>
..... 210	<i>soln 4%..... 324</i>
<i>phenobarbital tab 64.8</i>	<i>pilocarpine hcl tab 5 mg</i>
<i>mg..... 210</i>	..... 354
<i>phenobarbital tab 97.2</i>	<i>pilocarpine hcl tab 7.5</i>
<i>mg..... 211</i>	<i>mg 354</i>
<i>phenytek..... 211</i>	<i>pimecrolimus cream 1%</i>
<i>phenytoin chew tab 50</i> 353
<i>mg..... 211</i>	<i>pimozide tab 1 mg... 192</i>
<i>phenytoin sodium</i>	<i>pimozide tab 2 mg... 192</i>
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<i>extended cap 200 mg</i>	<i>pioglitazone hcl tab 15</i>
..... 211	<i>mg (base equiv) 241</i>
<i>phenytoin sodium</i>	<i>pioglitazone hcl tab 30</i>
<i>extended cap 300 mg</i>	<i>mg (base equiv) 241</i>
..... 211	<i>pioglitazone hcl tab 45</i>
<i>phenytoin sodium inj 50</i>	<i>mg (base equiv) 241</i>
<i>mg/ml..... 211</i>	<i>pioglitazone hcl-</i>
<i>phenytoin susp 125</i>	<i>metformin hcl tab 15-</i>
<i>mg/5ml 211</i>	<i>500 mg 241</i>
<i>PHESGO SOL 116</i>	<i>pioglitazone hcl-</i>
<i>philith 258</i>	<i>metformin hcl tab 15-</i>
<i>PIFELTRO TAB 100MG 68</i>	<i>850 mg 241</i>

<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	86	<i>pirfenidone tab 534 mg</i>	335
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	86	<i>pirfenidone tab 801 mg</i>	335
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	86	<i>piroxicam cap 10 mg</i> .48	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm) ...	86	<i>piroxicam cap 20 mg</i> .49	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	86	<i>plenamine</i>	319
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PIQRAY 250MG TAB DOSE	116	<i>podofilox soln 0.5%</i> .353	
PIQRAY 300MG TAB DOSE	116	<i>polymyxin b sulfate for inj</i> 500000 unit.....	60
<i>pirfenidone cap 267 mg</i>	335	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	321
<i>pirfenidone tab 267 mg</i>	335	POMALYST CAP 1MG ..	96
		POMALYST CAP 2MG ..	96
		POMALYST CAP 3MG ..	96
		POMALYST CAP 4MG ..	96
		<i>portia-28</i>	258
		<i>posaconazole tab delayed release</i> 100 mg	64
		POT CHL 20MEQ/L IN NACL 0.45% INJ....	315
		POT CHL 20MEQ/L IN NACL 0.9% INJ.....	315
		POT CHL 40MEQ/L IN NACL 0.9% INJ.....	315

potassium chloride 20 meq/l (0.15%) in dextrose 5% inj..... 315
potassium chloride cap er 10 meq..... 317
potassium chloride cap er 8 meq 317
potassium chloride inj 10 meq/100ml 316
potassium chloride inj 10 meq/50ml..... 315
potassium chloride inj 2 meq/ml 315
potassium chloride inj 20 meq/100ml 316
potassium chloride inj 20 meq/50ml..... 316
potassium chloride inj 40 meq/100ml 316
potassium chloride microencapsulated crys er tab 10 meq 317
potassium chloride microencapsulated crys er tab 15 meq 317
potassium chloride microencapsulated crys er tab 20 meq 317
potassium chloride oral soln 10% (20 meq/15ml) 317
potassium chloride oral soln 20% (40 meq/15ml) 317
potassium chloride powder packet 20 meq 317
potassium chloride tab er 10 meq..... 318
potassium chloride tab er 20 meq (1500 mg) 318
potassium chloride tab er 8 meq (600 mg) 317
potassium citrate tab er 10 meq (1080 mg) 288
potassium citrate tab er 15 meq (1620 mg) 289
potassium citrate tab er 5 meq (540 mg) 288
pramipexole dihydrochloride tab 0.125 mg 180
pramipexole dihydrochloride tab 0.25 mg 180

<i>pramipexole</i>	
<i>dihydrochloride tab 0.5</i>	
<i>mg</i>	180
<i>pramipexole</i>	
<i>dihydrochloride tab</i>	
<i>0.75 mg</i>	180
<i>pramipexole</i>	
<i>dihydrochloride tab 1</i>	
<i>mg</i>	180
<i>pramipexole</i>	
<i>dihydrochloride tab 1.5</i>	
<i>mg</i>	180
<i>prasugrel hcl tab 10 mg</i>	
<i>(base equiv)</i>	298
<i>prasugrel hcl tab 5 mg</i>	
<i>(base equiv)</i>	297
<i>pravastatin sodium tab</i>	
<i>10 mg</i>	141
<i>pravastatin sodium tab</i>	
<i>20 mg</i>	141
<i>pravastatin sodium tab</i>	
<i>40 mg</i>	141
<i>pravastatin sodium tab</i>	
<i>80 mg</i>	141
<i>praziquantel tab 600 mg</i>	
.....	60
<i>prazosin hcl cap 1 mg</i>	
.....	130
<i>prazosin hcl cap 2 mg</i>	
.....	130
<i>prazosin hcl cap 5 mg</i>	
.....	130
<i>PRED SOD PHO SOL 1%</i>	
<i>OP</i>	323
<i>prednisolone acetate</i>	
<i>ophth susp 1%</i>	323
<i>prednisolone sod</i>	
<i>phosphate oral soln 15</i>	
<i>mg/5ml (base equiv)</i>	
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<i>5MG/ML</i>	265
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<i>probenecid tab 500 mg</i>	46	<i>proctozone-hc</i>	353
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.....	<i>sodium chloride iv soln</i>	
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.....	<i>sodium chloride iv soln</i>	
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<i>tadalafil tab 5 mg</i>288	TAVNEOS CAP 10MG 297
TAFINLAR CAP 50MG 119	<i>tazarotene cream 0.05%</i>
TAFINLAR CAP 75MG 119 346
TAFINLAR TAB 10MG 119	<i>tazarotene cream 0.1%</i>
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..... 119	<i>tazicef</i> 78
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TECENTRIQ INJ 1200/20	120	<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> <i>80-25 mg</i>	135
TECENTRIQ INJ 840/14	120	<i>temazepam cap 15 mg</i>	223
TECENTRIQ INJ HYBREZA.....	120	<i>temazepam cap 30 mg</i>	223
TEFLARO INJ 400MG ..	78	<i>temazepam cap 7.5 mg</i>	223
TEFLARO INJ 600MG ..	78	<i>temazepam cap 7.5 mg</i>	223
<i>telmisartan tab 20 mg</i>	137	TENIVAC INJ 5-2LF ..	311
<i>telmisartan tab 40 mg</i>	137	<i>tenofovir disoproxil</i> <i>fumarate tab 300 mg</i>	68
<i>telmisartan tab 80 mg</i>	137	TEPMETKO TAB 225MG	120
<i>telmisartan-amlodipine</i> <i>tab 40-10 mg</i>	134	<i>terazosin hcl cap 1 mg</i> <i>(base equivalent)...</i>	130
<i>telmisartan-amlodipine</i> <i>tab 40-5 mg</i>	134	<i>terazosin hcl cap 10 mg</i> <i>(base equivalent)...</i>	131
<i>telmisartan-amlodipine</i> <i>tab 80-10 mg</i>	134	<i>terazosin hcl cap 2 mg</i> <i>(base equivalent)...</i>	130
<i>telmisartan-amlodipine</i> <i>tab 80-5 mg</i>	134	<i>terazosin hcl cap 5 mg</i> <i>(base equivalent)...</i>	130
<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> <i>40-12.5 mg</i>	135	<i>terbinafine hcl tab 250</i> <i>mg</i>	65
<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	135	<i>terbutaline sulfate tab</i> <i>2.5 mg</i>	332
		<i>terbutaline sulfate tab 5</i> <i>mg</i>	332
		<i>terconazole vaginal</i> <i>cream 0.4%</i>	291

<i>terconazole vaginal cream 0.8%</i>	291	<i>tetracycline hcl cap 500 mg</i>	87
<i>terconazole vaginal suppos 80 mg</i>	291	THALOMID CAP 100MG	96
TERIPARATIDE INJ 560/2.24	249	THALOMID CAP 50MG	96
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	249	<i>theophylline elixir 80 mg/15ml</i>	336
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	236	<i>theophylline soln 80 mg/15ml</i>	336
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	236	<i>theophylline tab er 12hr 100 mg</i>	336
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	236	<i>theophylline tab er 12hr 200 mg</i>	336
<i>testosterone pump... 236</i>		<i>theophylline tab er 12hr 300 mg</i>	336
<i>testosterone td gel 12.5 mg/act (1%)</i>	236	<i>theophylline tab er 12hr 450 mg</i>	336
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	236	<i>theophylline tab er 24hr 400 mg</i>	336
<i>testosterone td gel 50 mg/5gm (1%)</i>	236	<i>theophylline tab er 24hr 600 mg</i>	336
<i>tetrabenazine tab 12.5 mg.....</i>	229	<i>thioridazine hcl tab 10 mg</i>	195
<i>tetrabenazine tab 25 mg</i>	229	<i>thioridazine hcl tab 100 mg</i>	195
<i>tetracycline hcl cap 250 mg.....</i>	87	<i>thioridazine hcl tab 25 mg</i>	195
		<i>thioridazine hcl tab 50 mg</i>	195
		<i>thiothixene cap 1 mg</i>	195

<i>thiothixene cap 10 mg</i>		<i>timolol maleate ophth</i>	
.....	196	<i>soln 0.5%</i>	324
<i>thiothixene cap 2 mg</i>	196	<i>timolol maleate tab 10</i>	
<i>thiothixene cap 5 mg</i>	196	<i>mg</i>	148
<i>tiadylt er</i>	151	<i>timolol maleate tab 20</i>	
<i>tiagabine hcl tab 12 mg</i>		<i>mg</i>	148
.....	214	<i>timolol maleate tab 5</i>	
<i>tiagabine hcl tab 16 mg</i>		<i>mg</i>	148
.....	214	<i>tinidazole tab 250 mg</i>	61
<i>tiagabine hcl tab 2 mg</i>		<i>tinidazole tab 500 mg</i>	61
.....	214	TIVICAY PD TAB 5MG.	68
<i>tiagabine hcl tab 4 mg</i>		TIVICAY TAB 50MG....	68
.....	214	<i>tizanidine hcl tab 2 mg</i>	
TIBSOVO TAB 250MG		<i>(base equivalent)</i> ...	232
.....	120	<i>tizanidine hcl tab 4 mg</i>	
<i>ticagrelor tab 60 mg</i>	298	<i>(base equivalent)</i> ...	232
<i>ticagrelor tab 90 mg</i>	298	TOBI PODHALR CAP	
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<i>tigecycline for iv soln 50</i>		TOBRADEX OIN 0.3-	
<i>mg</i>	87	0.1%	320
<i>tilia fe</i>	259	<i>tobramycin nebu soln</i>	
<i>timolol maleate ophth</i>		<i>300 mg/5ml</i>	61
<i>gel forming soln 0.25%</i>		<i>tobramycin ophth soln</i>	
.....	324	<i>0.3%</i>	322
<i>timolol maleate ophth</i>		<i>tobramycin sulfate inj</i>	
<i>gel forming soln 0.5%</i>		<i>1.2 gm/30ml (40</i>	
.....	324	<i>mg/ml) (base equiv)</i>	61
<i>timolol maleate ophth</i>		<i>tobramycin sulfate inj 10</i>	
<i>soln 0.25%</i>	324	<i>mg/ml (base</i>	
		<i>equivalent)</i>	61

<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv).....</i>	<i>61</i>	<i>topiramate sprinkle cap 25 mg</i>	<i>214</i>
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	<i>320</i>	<i>topiramate sprinkle cap 50 mg</i>	<i>214</i>
<i>tolterodine tartrate cap er 24hr 2 mg.....</i>	<i>290</i>	<i>topiramate tab 100 mg</i>	<i>215</i>
<i>tolterodine tartrate cap er 24hr 4 mg.....</i>	<i>290</i>	<i>topiramate tab 200 mg</i>	<i>215</i>
<i>tolterodine tartrate tab 1 mg.....</i>	<i>290</i>	<i>topiramate tab 25 mg</i>	<i>214</i>
<i>tolterodine tartrate tab 2 mg.....</i>	<i>290</i>	<i>topiramate tab 50 mg</i>	<i>214</i>
<i>tolvaptan tab 15 mg</i>	<i>271</i>	<i>toremifene citrate tab 60 mg (base equivalent)</i>	<i>95</i>
<i>tolvaptan tab 30 mg</i>	<i>271</i>	<i>torpenz</i>	<i>120</i>
<i>tolvaptan tab therapy pack 15 mg.....</i>	<i>271</i>	<i>torseamide tab 10 mg</i>	<i>154</i>
<i>tolvaptan tab therapy pack 30 & 15 mg ...</i>	<i>272</i>	<i>torseamide tab 100 mg</i>	<i>154</i>
<i>tolvaptan tab therapy pack 45 & 15 mg ...</i>	<i>272</i>	<i>torseamide tab 20 mg</i>	<i>154</i>
<i>tolvaptan tab therapy pack 60 & 30 mg ...</i>	<i>272</i>	<i>torseamide tab 5 mg .</i>	<i>154</i>
<i>tolvaptan tab therapy pack 90 & 30 mg ...</i>	<i>272</i>	<i>TOUJEO MAX INJ 300/ML</i>	<i>247</i>
<i>topiramate oral soln 25 mg/ml</i>	<i>214</i>	<i>TOUJEO SOLO INJ 300/ML</i>	<i>247</i>
<i>topiramate sprinkle cap 15 mg</i>	<i>214</i>	<i>TPN ELECTROL INJ ..</i>	<i>316</i>
		<i>TRADJENTA TAB 5MG</i>	<i>242</i>
		<i>tramadol hcl tab 50 mg</i>	<i>56</i>

<i>tramadol-acetaminophen</i>	TREMFYA INJ 200/20ML
<i>tab 37.5-325 mg</i> 56	..... 303
<i>trandolapril tab 1 mg</i> 129	TREMFYA INJ 200/2ML
<i>trandolapril tab 2 mg</i> 129	..... 303
<i>trandolapril tab 4 mg</i> 129	<i>treprostinil inj soln 100</i>
<i>tranexamic acid iv soln</i>	<i>mg/20ml (5 mg/ml)</i> 160
<i>1000 mg/10ml (100</i>	<i>treprostinil inj soln 20</i>
<i>mg/ml)</i> 297	<i>mg/20ml (1 mg/ml)</i> 159
<i>tranexamic acid tab 650</i>	<i>treprostinil inj soln 200</i>
<i>mg</i> 297	<i>mg/20ml (10 mg/ml)</i>
<i>tranylcypromine sulfate</i>	..... 160
<i>tab 10 mg</i> 175	<i>treprostinil inj soln 50</i>
TRAVASOL INJ 10% . 319	<i>mg/20ml (2.5 mg/ml)</i>
TRAZIMERA INJ 150MG	..... 160
..... 120	TRESIBA FLEX INJ
TRAZIMERA INJ 420MG	100UNIT..... 247
..... 120	TRESIBA FLEX INJ
<i>trazodone hcl tab 100</i>	200UNIT..... 247
<i>mg</i> 175	TRESIBA INJ 100UNIT
<i>trazodone hcl tab 150</i>	..... 247
<i>mg</i> 175	<i>tretinoin cap 10 mg</i> ... 98
<i>trazodone hcl tab 50 mg</i>	<i>tretinoin cream 0.025%</i>
..... 175	..... 343
TRELEGY AER ELLIPTA	<i>tretinoin cream 0.05%</i>
100-62.5-25 MCG .. 326	..... 343
TRELEGY AER ELLIPTA	<i>tretinoin cream 0.1%</i> 343
200-62.5-25 MCG .. 326	<i>tretinoin gel 0.01%</i> .. 343
TREMFYA INJ 100MG/ML	<i>tretinoin gel 0.025%</i> 343
..... 302	<i>triamcinolone acetonide</i>
	<i>cream 0.025%</i> 350

<i>triamcinolone acetonide cream 0.1%</i>	350	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	196
<i>triamcinolone acetonide cream 0.5%</i>	350	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	196
<i>triamcinolone acetonide dental paste 0.1%</i> .	354	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	196
<i>triamcinolone acetonide lotion 0.025%</i>	350	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	196
<i>triamcinolone acetonide lotion 0.1%</i>	350	<i>trifluridine ophth soln 1%</i>	322
<i>triamcinolone acetonide oint 0.025%</i>	350	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	181
<i>triamcinolone acetonide oint 0.1%</i>	350	<i>trihexyphenidyl hcl tab 2 mg</i>	181
<i>triamcinolone acetonide oint 0.5%</i>	350	<i>trihexyphenidyl hcl tab 5 mg</i>	181
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	154	TRIJARDY XR TAB ER 24HR 10-5-1000MG	242
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	154	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	242
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	154	TRIJARDY XR TAB ER 24HR 25-5-1000MG	242
<i>tridacaine ii</i>	351	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	242
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<i>trientine hcl cap 250 mg</i>	250		
<i>tri-estarylla</i>	259		

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TRIKAFTA TAB 100-50- 75MG & 150MG	337	<i>tri-vylibra lo</i>	259
TRIKAFTA TAB 50-25- 37.5MG & 75MG	337	TROGARZO INJ 150MG/ML	68
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<i>tri-linyah</i>	259	<i>tropium chloride tab 20 mg</i>	290
<i>tri-lo-estarylla</i>	259	TRULANCE TAB 3MG	284
<i>tri-lo-marzia</i>	259	TRULICITY INJ 0.75/0.5	242
<i>tri-lo-mili</i>	259	TRULICITY INJ 1.5/0.5	243
<i>tri-lo-sprintec</i>	259	TRULICITY INJ 3/0.5	243
<i>trimethoprim tab 100 mg</i>	61	TRULICITY INJ 4.5/0.5	243
<i>tri-mili</i>	259	TRUMENBA INJ.....	311
<i>trimipramine maleate cap 100 mg</i>	176	TRUQAP PAK 160MG	120
<i>trimipramine maleate cap 25 mg</i>	175	TRUQAP PAK 200MG	121
<i>trimipramine maleate cap 50 mg</i>	176	TRUQAP TAB 160MG	121
TRINTELLIX TAB 10MG	176	TRUQAP TAB 200MG	121
TRINTELLIX TAB 20MG	176	TRUXIMA INJ 100/10ML	121
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UPTRAVI TAB 1400MCG	160	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	74
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<i>valproate sodium inj 100 mg/ml</i>	215	VALTOCO SPR 20MG	215
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	215	VALTOCO SPR 5MG..	215
<i>valproic acid cap 250 mg</i>	215	<i>valtya 1/35 tab</i>	259
<i>valsartan tab 160 mg</i>	137	<i>valtya 1/50 tab</i>	259
<i>valsartan tab 320 mg</i>	137	<i>vancomycin hcl cap 125 mg (base equivalent)</i>	62
<i>valsartan tab 40 mg.</i>	137	<i>vancomycin hcl cap 250 mg (base equivalent)</i>	62
<i>valsartan tab 80 mg.</i>	137	<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	135	<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	135	<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	135	<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	135	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	135	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	62
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VAQTA INJ 50UNT/ML	312	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	177
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	235	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	176
<i>varenicline tartrate tab 1 mg (base equiv)</i>	235	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	176
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	235	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	176
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<i>verapamil hcl cap er 24hr 100 mg</i>	151	VERQUVO TAB 2.5MG	157
<i>verapamil hcl cap er 24hr 120 mg</i>	151	VERQUVO TAB 5MG .	157
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<i>verapamil hcl cap er 24hr 300 mg</i>	152	VERZENIO TAB 200MG	122
<i>verapamil hcl cap er 24hr 360 mg</i>	152	VERZENIO TAB 50MG	122
<i>verapamil hcl iv soln 2.5 mg/ml</i>	152	<i>vestura</i>	259
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<i>verapamil hcl tab 40 mg</i>	152	<i>vigabatrin powd pack 500 mg</i>	215
<i>verapamil hcl tab 80 mg</i>	152	<i>vigabatrin tab 500 mg</i>	215
<i>verapamil hcl tab er 120 mg</i>	152	<i>vigadrone</i>	215
<i>verapamil hcl tab er 180 mg</i>	152	VIGAFYDE SOL 100MG/ML.....	216
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1 mg/ml	VOQUEZNA PAK TRIP PK	
100	285
<i>vinorelbine tartrate inj</i>	VORANIGO TAB 10MG	
10 mg/ml (base equiv)	123
.....	VORANIGO TAB 40MG	
100	123
<i>vinorelbine tartrate inj</i>	<i>voriconazole for inj 200</i>	
50 mg/5ml (10 mg/ml)	mg	65
(base equiv).....	<i>voriconazole for susp 40</i>	
100	mg/ml.....	65
<i>viorele</i>	<i>voriconazole tab 200 mg</i>	
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mg..... 294

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XELJANZ XR TAB 22MG	ONCE WEEKLY) 123,
..... 304	124
<i>xelria fe chw 0.4mg-35</i>	XPOVIO PAK (40 MG
..... 260	TWICE WEEKLY) 124
XERMELO TAB 250MG	XPOVIO PAK (60 MG
..... 285	ONCE WEEKLY) 124
XHANCE MIS 93MCG 338	XPOVIO PAK (60 MG
XIFAXAN TAB 550MG 285	TWICE WEEKLY) 124
XIGDUO XR TAB 10-	XPOVIO PAK (80 MG
1000 243	ONCE WEEKLY) 124
XIGDUO XR TAB 10-	XPOVIO PAK (80 MG
500MG 243	TWICE WEEKLY) 124
XIGDUO XR TAB 2.5-	XTANDI CAP 40MG 95
1000 243	XTANDI TAB 40MG 95
XIGDUO XR TAB 5-	XTANDI TAB 80MG 95
1000MG..... 243	XTRENBO SOL 120/1.7
XIGDUO XR TAB 5- 249
500MG 243	<i>xulane</i> 260
XIIDRA DRO 5%..... 325	

XULTOPHY INJ 100/3.6
..... 247

Y

YESINTEK INJ 130/26ML
..... 304

YESINTEK INJ 45/0.5ML
..... 304

YESINTEK INJ 90MG/ML
..... 304

YF-VAX INJ 312

YONSA TAB 125MG 95

YUTREPIA CAP 106MCG
..... 161

YUTREPIA CAP 26.5MCG
..... 161

YUTREPIA CAP 53MCG
..... 161

YUTREPIA CAP 79.5MCG
..... 161

yuvafem 262

Z

zafemy 260

zafirlukast tab 10 mg 332

zafirlukast tab 20 mg 332

zaleplon cap 10 mg .. 224

zaleplon cap 5 mg ... 223

ZARXIO INJ 300/0.5 295

ZARXIO INJ 480/0.8 295

ZEGALOGUE INJ 0.6/0.6
..... 266

ZEJULA TAB 100MG . 124

ZEJULA TAB 200MG . 124

ZEJULA TAB 300MG . 124

ZELBORAF TAB 240MG
..... 125

zelvysia pow 100mg 272

zelvysia pow 500mg 272

ZEMAIRA INJ 1000MG
..... 337

ZEMAIRA INJ 4000MG
..... 337

ZEMAIRA INJ 5000MG
..... 337

zenatane 343

ZENPEP CAP 10000UNT
..... 285

ZENPEP CAP 15000UNT
..... 285

ZENPEP CAP 20000UNT
..... 285

ZENPEP CAP 25000UNT
..... 285

ZENPEP CAP 3000UNIT
..... 285

ZENPEP CAP 40000UNT
..... 285

ZENPEP CAP 5000UNIT
..... 285

ZENPEP CAP 60000UNT
..... 285

ZERVIATE DRO 0.24%	
.....	323
<i>zidovudine cap 100 mg</i>	
.....	69
<i>zidovudine syrup 10</i>	
<i>mg/ml</i>	69
<i>zidovudine tab 300 mg</i>	
.....	69
<i>ziprasidone hcl cap 20</i>	
<i>mg</i>	197
<i>ziprasidone hcl cap 40</i>	
<i>mg</i>	197
<i>ziprasidone hcl cap 60</i>	
<i>mg</i>	197
<i>ziprasidone hcl cap 80</i>	
<i>mg</i>	197
<i>ziprasidone mesylate for</i>	
<i>inj 20 mg (base</i>	
<i>equivalent)</i>	197
ZIRABEV INJ 100/4ML	
.....	125
ZIRABEV INJ 400/16ML	
.....	125
ZIRGAN GEL 0.15% .322	
<i>zoledronic acid inj conc</i>	
<i>for iv infusion 4</i>	
<i>mg/5ml</i>	249
<i>zoledronic acid iv soln 5</i>	
<i>mg/100ml</i>	249
ZOLINZA CAP 100MG	
.....	125
<i>zolpidem tartrate tab 10</i>	
<i>mg</i>	224
<i>zolpidem tartrate tab 5</i>	
<i>mg</i>	224
ZONISADE SUS	
100MG/5	217
<i>zonisamide cap 100 mg</i>	
.....	217
<i>zonisamide cap 25 mg</i>	
.....	217
<i>zonisamide cap 50 mg</i>	
.....	217
<i>zovia 1/35</i>	260
ZTALMY SUS 50MG/ML	
.....	217
<i>zumandimine</i>	260
ZURZUVAE CAP 20MG	
.....	177
ZURZUVAE CAP 25MG	
.....	177
ZURZUVAE CAP 30MG	
.....	177
ZYDELIG TAB 100MG	125
ZYDELIG TAB 150MG	125
ZYKADIA TAB 150MG	125
ZYLET SUS 0.5-0.3%	320
ZYPREXA RELP INJ	
210MG	197

ZYPREXA RELP INJ
300MG 197

ZYPREXA RELP INJ
405MG 197

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

*alcaftadine
*ketotifen
*naphazoline
*Naphcon-A
(naphazoline/
pheniramine)
*Opcon-A
(naphazoline/
pheniramine)

Analgesics

*acetaminophen
≤ 4 grams/day
*aspirin 81 mg
*aspirin 325 mg,
500 mg, 650 mg
*aspirin
suppository
*aspirin with
buffers
*capsaicin
*diclofenac
1% gel

*ibuprofen
*lidocaine 4%
patches
≤ 4 patches/day
*naproxen
capsule, tablet

Anthelmintic Agents

*Reese's Pinworm
(pyrantel
pamoate)

Antihistamines/ Decongestants

*cetirizine syrup,
tablet
*cetirizine/
pseudoephedrine
chlorpheniramine
diphenhydramine
doxylamine
fexofenadine
tablet
*fexofenadine/
pseudoephedrine

*loratadine tablet,
solution
*loratadine/
pseudoephedrine
*pseudoephedrine
≤ 240 mg/day

Antimicrobials, Topical

*bacitracin
*chlorhexidine
gluconate
*clotrimazole
*double antibiotic
*ointment
*hydrogen peroxide
*iodine
*isopropyl alcohol
*miconazole
*neomycin
*povidone
*terbinafine 1%
cream

*tolnaftate
cream, powder
*triple antibiotic
ointment

Compounding Agents

*cherry syrup
gelatin capsule,
empty
*Ora-Plus
suspending vehicle
*Ora-Sweet oral
syrup
*Ora-Sweet-SF
oral syrup
*simple syrup

Contraceptives, Oral

*levonorgestrel
1.5 mg tablet
*Opill (norgestrel
tablet)

Contraceptives, Topical

*nonoxynol-9

Dermatologic Agents, Topical

*benzoyl peroxide
*calamine lotion
*colloidal oatmeal
*hydrocortisone
cream, lotion,
ointment
*hydrophilic
ointment
*lanolin
*petrolatum
*selenium sulfide
*vitamin A and D
ointment
*witch hazel
*zinc oxide

Gastrointestinal Agents

*Align
(bifidobacterium

infantis) < 21 years

*aluminum
carbonate
*aluminum
hydroxide
*bisacodyl enema,
suppository
*bisacodyl tablet
*bismuth
subsallylate
*calcium
polycarbophil
*cimetidine tablet
*Culturelle
(lactobacillus
rhamnosus GG)
< 21 years
*dextrin
*docusate sodium
capsule, tablet
*docusate sodium
enema
*docusate sodium
solution, syrup

* Branded OTC nonoxynol-9 products are covered by MassHealth without
PA. OTCDL (Rev. 07/25)

*famotidine
tablet
*Florastor
(saccharomyces
boulardii)
< 21 years
*glycerin
*lactase
*loperamide
*magaldrate
*magnesium
salts
*meclizine
*methylcellulose
*mineral oil
*polyethylene
glycol 3350
*psyllium
capsule
*psyllium
powder
*sennosides
tablet
*sennosides
syrup

*simethicone
*sodium
bicarbonate
*sodium
phosphate

Intranasal Sprays

*budesonide
nasal spray
≤ 1 inhaler/
30 days
*triamcinolone
nasal spray ≤ 1
inhaler/30 days

Medical Foods

*levomethylfolate
tablet
≤ 1 unit/day

Opioid Reversal Agents

*Narcan
(naloxone 4 mg
nasal spray) †
*Rivive (naloxone
3 mg nasal spray)

Otic Agents

*carbamide
peroxide

Pediculicides/ Scabicides

*permethrin
*piperonyl
*butoxide/
pyrethrins

Respiratory Agents

*sodium chloride
for inhalation

Smoking Cessation

*nicotine gum,
lozenge, patch

Tear/Saliva Replacement Agents

*artificial tears
*saliva substitute

**Vitamins/
Nutrients/
Supplements**

*calcium
replacement
*cod liver oil
*coenzyme Q10
< 21 years
*electrolyte
solution,
pediatric
*ferrous
fumarate
*ferrous
gluconate
*ferrous sulfate
*folic acid
*glucose
products
< 21 years
*iron
polysaccharide
complex

*magnesium salts
*melatonin
*melatonin/
pyridoxine
*tablet
*multivitamins
*niacinamide
*nicotinic acid
*pediatric
multivitamins
*Phos-Flur
(sodium fluoride
oral rinse)
*prenatal
vitamins
*potassium
phosphate
*sodium chloride
tablet
*sodium fluoride
*vitamin A
(retinol)

*vitamin B-1
(thiamine)
*vitamin B-2
(riboflavin)
*vitamin B-3
(niacin)
*vitamin B-6
(pyridoxine)
*vitamin B-12
(cyanocobalamin)
*vitamin B complex
*vitamin C
(ascorbic acid)
*vitamin D
*vitamin E, oral
*vitamins, multiple
vitamins,
*multiple/minerals
*vitamins, pediatric
*vitamins, prenatal

† Brand and generic products are covered by MassHealth without PA.

Esta *Lista de Medicamentos* foi atualizada em
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Para mais informações ou outras dúvidas, entre em contato
pelo telefone 866-610-2273 (TTY 711), das 8 am às 8 pm,
7 dias por semana, ou acesse ccama.org.

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