

# CCA Senior Care Options (HMO D-SNP)

## Lista de medicamentos cubiertos (*Lista de medicamentos* o Formulario) de 2026



**POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

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Esta *Lista de medicamentos* se actualizó el 05/01/2026.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite [ccama.org](http://ccama.org).



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**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 1

05/01/2026

## Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocida como la *Lista de medicamentos*). Le indica qué medicamentos y productos que no son medicamentos están cubiertos por CCA Senior Care Options. La *Lista de medicamentos* también le indica si existen reglas o restricciones especiales sobre los medicamentos cubiertos por CCA Senior Care Options. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual para miembros, también conocido como Evidencia de Cobertura*.

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## A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en *CCA Senior Care Options*.

- ❖ Senior Care Options (HMO D-SNP) es un plan de atención coordinada con un contrato de Medicare y un contrato con el programa Commonwealth of Massachusetts Medicaid. La inscripción en el plan depende de la renovación del contrato del plan con Medicare.
- ❖ Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA Senior Care Options.
- ❖ En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- ❖ Concientización sobre la recuperación del patrimonio: la ley federal exige que MassHealth (Medicaid) recupere dinero de los patrimonios de determinados miembros de MassHealth (Medicaid) que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth (Medicaid), visite [www.mass.gov/estater recovery](http://www.mass.gov/estater recovery).
- ❖ La lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.
- ❖ Siempre puede consultar la *Lista de medicamentos cubiertos* actualizada de CCA Senior Care Options en línea en [ccama.org](http://ccama.org) o llamando a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.
- ❖ **Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.**
- ❖ Para las comunicaciones futuras, conservaremos su solicitud de formatos alternativos e idioma especial. Comuníquese con el Miembro para cambiar su solicitud por un idioma o formato preferido.
- ❖ Este documento está disponible de forma gratuita en otros 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.



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## Aviso de no discriminación

Commonwealth Care Alliance, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina, excluye a las personas ni las trata de manera diferente por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, historia clínica, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia. Commonwealth Care Alliance, Inc.:

- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
  - Intérpretes calificados de lenguaje de señas
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios al Miembro.

Si considera que Commonwealth Care Alliance, Inc. no ha proporcionado estos servicios o lo ha discriminado de otra manera por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, historia clínica, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia, puede presentar un reclamo ante la siguiente entidad:

Commonwealth Care Alliance, Inc.  
Civil Rights Coordinator  
30 Winter Street, 11<sup>th</sup> Floor  
Boston, MA 02108  
Teléfono: 617-960-0474, ext. 3932 (TTY: 711) fax: 857-453-4517  
Correo electrónico: [civilrightscordinator@commonwealthcare.org](mailto:civilrightscordinator@commonwealthcare.org)

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), o por correo o teléfono a:

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

Los formularios de quejas están disponibles en [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

Massachusetts 2026 ND



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## Notice of Availability

### 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)。

**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.

**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).



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

**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. Também 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 aksèsib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

**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を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 સાધન અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કોલ કરો.

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

**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។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

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## B. Preguntas frecuentes (FAQ)

Encuentre aquí respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos* (*Lista de medicamentos*). Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y respuesta.

### **B1. ¿Qué medicamentos están en la *Lista de Medicamentos Cubiertos*? (Para abreviar, llamamos *Lista de Medicamentos* a la *Lista de Medicamentos cubiertos*).**

Los medicamentos en la *Lista de medicamentos* que comienza en la **Sección C** son los medicamentos cubiertos por CCA Senior Care Options. Los medicamentos están disponibles en farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar juntos y brindarle servicios a usted. A estas farmacias las llamamos “farmacias de la red”.

- CCA Senior Care Options cubrirá todos los medicamentos médicamente necesarios en la *Lista de medicamentos* si:
  - su médico u otro médico que le receta medicamentos le dice que los necesita para mejorar o mantenerse saludable;
  - CCA Senior Care Options acepta que el medicamento es médicamente necesario para usted, **y**
  - usted surte la el medicamento con receta en una farmacia de la red CCA Senior Care Options.
- En algunos casos, es necesario hacer algo antes de poder conseguir un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web [ccama.org](http://ccama.org) o llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana.

### **B2. ¿La *Lista de medicamentos* cambia alguna vez?**

Sí, y CCA Senior Care Options debe seguir las reglas de Medicare y MassHealth (Medicaid) al realizar cambios. Podemos agregar o eliminar medicamentos de la *Lista de medicamentos* durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos hacer lo siguiente:

- Decidir si se requiere o no autorización previa para un medicamento. (La autorización previa es el permiso de CCA Senior Care Options antes de que pueda obtener un medicamento).



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- Agregar o cambiar la cantidad de un medicamento que puede obtener (llamados límites de cantidad).
- Agregar o cambiar las restricciones de terapia escalonada en un medicamento. (La terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas reglas sobre medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto a **principios** de año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- aparezca un medicamento nuevo y más barato en el mercado que funciona tan bien como un medicamento que figura actualmente en la *Lista de Medicamentos*, o
- nos enteremos de que un medicamento no es seguro, o
- un medicamento se retire del mercado.

Las preguntas B3 y B6 a continuación tienen más información sobre lo que sucede cuando cambia la *Lista de medicamentos*.

- Siempre puede consultar la *Lista de medicamentos* actualizada de CCA Senior Care Options en línea en [ccama.org](http://ccama.org). Las actualizaciones de la *Lista de medicamentos* se publican en el sitio web mensualmente.
- También puede llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana para consultar la *Lista de medicamentos* actual.

### **B3. ¿Qué sucede cuando hay un cambio en la *Lista de Medicamentos* ?**

Algunos cambios en la *Lista de Medicamentos* se producirán **de inmediato**. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Sustituciones de ciertas nuevas versiones de medicamentos.** Podemos eliminar de inmediato los medicamentos de la *Lista de medicamentos* si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero el costo del nuevo medicamento seguirá siendo \$0. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
  - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que realizamos una vez que ocurra.



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- Podemos realizar estos cambios solo si el medicamento que estamos agregando:
  - es una nueva versión genérica de un medicamento de marca, o
  - es una nueva versión biosimilar determinada de productos biológicos originales de la *Lista de Medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta).
  - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.
- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- **Eliminar medicamentos inseguros y otros medicamentos que se retiran del mercado.** A veces, un medicamento puede resultar inseguro o retirarse del mercado por otro motivo. Si esto sucede, podemos retirarlo de inmediato de la *Lista de medicamentos*. Si está tomando el medicamento, le enviaremos un aviso después de que realicemos el cambio. Si está tomando el medicamento, le enviaremos un aviso para reemplazar el medicamento que se retira del mercado. Comuníquese con su proveedor de atención médica. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al medicamento que se retiró del mercado.

**Podemos realizar otros cambios que afecten a los medicamentos que toma.** Le informaremos con antelación sobre estos otros cambios en la *Lista de Medicamentos*. Estos cambios podrían ocurrir si:

- La FDA proporciona nuevas pautas o existen nuevas pautas clínicas sobre un medicamento.
- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado, o
- Eliminamos un producto biológico original al agregar uno biosimilar, o
- Cambiamos las reglas o límites de cobertura para el medicamento de marca.
- Agregamos un medicamento genérico y reemplazamos un medicamento de marca que actualmente está en la *Lista de medicamentos*, o
- Agregamos un nuevo biosimilar para reemplazar un producto biológico original que actualmente se encuentra en la *Lista de Medicamentos*, o



**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 10

- Cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- informarle al menos 30 días antes de que hagamos el cambio en la *Lista de Medicamentos*, o
- le informaremos y le daremos un suministro del medicamento para 31 días después de que solicite un resurtido.

Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir lo siguiente:

- si hay un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar, o
- si se debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

#### **B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna acción obligatoria a tomar para obtener determinados medicamentos?**

Sí, algunos medicamentos tienen reglas de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otro profesional que le receta el medicamento deben hacer algo antes de que pueda obtenerlo. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener autorización de CCA Senior Care Options antes de surtir su receta. La autorización previa es diferente a una remisión. Es posible que CCA Senior Care Options no cubra el medicamento si no obtiene autorización previa.
- **Límites de cantidad:** A veces, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** A veces, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos para su afección médica en un orden determinado. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no funciona para usted, entonces cubriremos el segundo.
- **Cobertura basada en indicaciones:** Si CCA Senior Care Options cubre un medicamento solo para algunas afecciones médicas, lo identificamos claramente en la *Lista de medicamentos* junto con las afecciones médicas específicas que están cubiertas. Se requiere autorización previa para suministros de pruebas para diabéticos no preferidas (monitores de glucosa y tiras reactivas).



**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 11

Puede consultar las tablas de la **Sección C** para saber si su medicamento tiene requisitos o límites adicionales. También puede obtener más información visitando nuestro sitio web [ccama.org](http://ccama.org). Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

**Puede solicitar una excepción a estos límites.** Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

### **B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay acciones necesarias a realizar para obtenerlo?**

La tabla en la sección titulada “Lista de medicamentos por afección médica” tiene una columna denominada “Acciones necesarias, restricciones o límites de uso”.

### **B6. ¿Qué sucede si CCA Senior Care Options cambia sus reglas sobre cómo cubren algunos medicamentos (por ejemplo, autorización previa, límites de cantidad y/o restricciones de terapia escalonada)?**

En algunos casos, le informaremos con anticipación si agregamos o modificamos la autorización previa, los límites de cantidad y/o las restricciones de terapia escalonada de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que es posible que no podamos informarle con anticipación cuando cambien nuestras reglas sobre los medicamentos en la *Lista de medicamentos*.

### **B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos* ?**

Hay dos formas de encontrar un medicamento:

- Puede buscar alfabéticamente, o
- Puede buscar por afección médica.

Para buscar **alfabéticamente**, busque su medicamento en la sección Índice de medicamentos cubiertos. Puede encontrarlo en la Sección D. El Índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la *Lista de Medicamentos*. En el índice se incluyen medicamentos de marca, medicamentos genéricos y medicamentos de venta libre (OTC).

Para buscar por afección médica, busque la **Sección C** denominada “Lista de medicamentos por afección médica”. Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debería buscar agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.



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**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 12

## **B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de Medicamentos*?**

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios al Miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana y pregunte al respecto.

Si se entera de que CCA Senior Care Options no cubrirá el medicamento, puede hacer una de estas cosas:

- Solicite a Servicios al Miembro una lista de medicamentos como el que desea tomar. Luego, muestre la lista a su médico u otro profesional que receta. Pueden recetarle un medicamento de la *Lista de Medicamentos* que sea similar al que usted desea tomar. **O bien**
- Pídale a CCA Senior Care Options que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

## **B9. ¿Qué pasa si soy un nuevo miembro de CCA Senior Care Options y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo un problema para obtenerlo?**

Podemos ayudar. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días que sea miembro de CCA Senior Care Options. Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción.

Si su receta está escrita para menos días, permitiremos múltiples resurtidos para proporcionar hasta un máximo de 31 días de medicación.

Cubriremos un suministro para 31 días de su medicamento si:

- está tomando un medicamento que no está en nuestra *Lista de Medicamentos*, **o**
- las reglas de nuestro plan no le permiten obtener la cantidad ordenada por su médico, **o**
- el medicamento requiere autorización previa de CCA Senior Care Options, **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si está tomando un medicamento cubierto que CCA Senior Care Options no considera un medicamento de la Parte D, tiene derecho a obtener un suministro único del medicamento para 72 horas. Si la farmacia no puede facturar a CCA Senior Care Options por este suministro único, MassHealth (Medicaid) pagará por él.



**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 13

Si se encuentra en un hogar de ancianos u otro centro de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos*, o si no puede conseguir fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan durante más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro del medicamento que necesita para 31 días (a menos que tenga una receta para menos días), independientemente de si es o no un miembro nuevo de CCA Senior Care Options.
- Esto se suma al suministro temporal durante los primeros 90 días que es miembro de CCA Senior Care Options.

Proporcionaremos un suministro de emergencia para al menos 31 días (a menos que la receta esté indicada para menos días) para todos los medicamentos que no estén en el formulario, incluidos los que pueden tener requisitos de tratamiento escalonado o autorización previa por un cambio no planeado en el nivel de atención. Un nivel de atención no planeado podría incluir cualquiera de las siguientes situaciones:

- El alta de un centro de atención a largo plazo o la admisión en este
- El alta de un hospital o la admisión en este
- Un cambio de nivel de un centro de atención de enfermería especializada.

### **B10. ¿Puedo solicitar una excepción para la cobertura de mi medicamento?**

Sí. Puede solicitarle a CCA Senior Care Options que haga una excepción para cubrir un medicamento que no esté en la *Lista de medicamentos*.

También puede solicitarnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, CCA Senior Care Options puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos el límite y cubramos más.
- Otros ejemplos: Puede solicitarnos que eliminemos las restricciones de la terapia escalonada o los requisitos de autorización previa.

### **B11. ¿Cómo puedo solicitar una excepción?**

Para solicitar una excepción, llame a *Servicios al Miembro*. Un representante de Servicios al Miembro trabajará con usted y su médico para ayudarlo a solicitar una excepción. También puede leer el **Capítulo 9** del *Manual para miembros* para obtener más información sobre las excepciones.

### **B12. ¿Cuánto tiempo se tarda en obtener una excepción?**

Después de que recibamos una declaración de su médico que respalde su solicitud de excepción, le daremos una decisión dentro de las 72 horas.



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Un miembro, el profesional que receta de un miembro y/o representante designado (con consentimiento por escrito) puede solicitar la excepción completando el formulario de Solicitud de determinación de cobertura de medicamentos recetados disponible en nuestro sitio web en [ccama.org](http://ccama.org). El formulario puede enviarse por correo o fax:

CVS Caremark Part D Appeals and Exceptions  
PO Box 52000, MC109  
Phoenix, AZ 85072-2000  
Fax: 855-633-7673

Si usted o su médico creen que su salud puede verse perjudicada si tiene que esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si su médico respalda su solicitud, le daremos una decisión dentro de las 24 horas de recibir la declaración de respaldo de su médico.

### **B13. ¿Qué son los medicamentos genéricos?**

Los medicamentos genéricos están compuestos de los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos de marca y, en general, funcionan igual de bien. Estos generalmente no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Food and Drug Administration (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

CCA Senior Care Options cubre tanto medicamentos de marca como medicamentos genéricos.

### **B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?**

Cuando nos referimos a medicamentos, podríamos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según la ley estatal, pueden reemplazarse por el producto biológico original en la farmacia sin la necesidad de una nueva receta, del mismo modo que los medicamentos genéricos pueden reemplazarse por los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el **Capítulo 5** del *Manual para miembros*.



**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 15

### **B15. ¿Qué son los medicamentos OTC?**

OTC significa “over-the-counter” (de venta libre). CCA Senior Care Options cubre algunos medicamentos OTC cuando su proveedor los prescribe como recetas.

Puede leer la *Lista de medicamentos* de MassHealth (Medicaid) para saber qué medicamentos OTC están cubiertos.

### **B16. ¿CCA Senior Care Options cubre productos OTC que no son medicamentos?**

CCA Senior Care Options cubre algunos productos OTC que no son medicamentos cuando su proveedor los prescribe como recetas. Algunos ejemplos de productos OTC que no son medicamentos incluyen gasas y apósitos, hisopos con alcohol y ciertas agujas y jeringas.

Puede leer la *Lista de medicamentos* de CCA Senior Care Options para saber qué productos OTC que no son medicamentos están cubiertos.

### **B17. ¿CCA Senior Care Options cubre el suministro de medicamentos recetados a largo plazo?**

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 100 días de sus medicamentos, que se envían directamente a su hogar. No hay copago para medicamentos pedidos por correo. Los medicamentos especializados están limitados a un suministro de 31 días.
- **Programas de 100 días de farmacias minoristas.** Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos cubiertos. No hay copago para recetas de farmacias minoristas. Los medicamentos especializados están limitados a un suministro de 31 días.

### **B18. ¿Puedo obtener recetas enviadas a mi domicilio desde mi farmacia local?**

Es posible que su farmacia local pueda entregarle su medicamento recetado a su domicilio. Puede llamar a su farmacia para averiguar si ofrecen entrega a domicilio.

### **B19. ¿Cuál es mi copago?**

Los miembros de CCA Senior Care Options no tienen copagos para medicamentos recetados y OTC, y productos que no son medicamentos, siempre que el miembro cumpla con las reglas del plan. Consulte las preguntas B15 y B16 para obtener más información sobre medicamentos OTC y productos que no son medicamentos.

Los niveles son grupos de medicamentos en nuestra *Lista de medicamentos*.

Todos los medicamentos de la Lista de medicamentos del plan están en el nivel 1. No tiene copagos para medicamentos recetados y OTC en la Lista de medicamentos de



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**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 16

CCA Senior Care Option. Para encontrar sus medicamentos, puede consultar la Lista de medicamentos.

El nivel 1 consta de medicamentos de la Parte D y medicamentos no cubiertos por Medicare, y/o medicamentos OTC no cubiertos por Medicare.

Si tiene preguntas, llame a Servicios al Miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

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## C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por CCA Senior Care Options. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos cubiertos por CCA Senior Care Options. Para medicamentos que no pertenecen a la Parte D o artículos OTC que están cubiertos por MassHealth (Medicaid), los planes deben colocar un asterisco (\*) u otro símbolo junto al medicamento para indicar que el miembro puede necesitar seguir un proceso diferente para las apelaciones e incluir el siguiente texto.

**Nota:** El asterisco (\*) junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”. Estos medicamentos tienen diferentes reglas de apelación.

- Una apelación es una forma formal de solicitarnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error.
- Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o MassHealth (Medicaid).
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si alguna vez tiene alguna pregunta, llame a Servicios al Miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, o a los números que aparecen al final de esta página o al pie de página de este documento.
- También puede leer el **Capítulo 9** del Manual para miembros para saber cómo apelar una decisión.

### C1. Lista de medicamentos por afección médica

Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría de agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.

A continuación se detallan los significados de los códigos utilizados en la columna “Acciones necesarias, restricciones o límites de uso”:



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**NDS = Suministro no extendido por día.** Es posible que pueda recibir un suministro para más de un mes de la mayoría de los medicamentos de su Formulario a través de pedidos minoristas o por correo. Los medicamentos con la indicación “NDS” están limitados a un suministro de 1 mes tanto para venta minorista como para pedidos por correo.

**PA = Aprobación previa (o autorización previa).** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener aprobación de CCA Senior Care Options antes de surtir su receta. Si no obtiene la aprobación, es posible que CCA Senior Care Options no cubra el medicamento.

**B/D = Restricción de autorización previa para la determinación de la Parte B frente a la Parte D:** Este medicamento puede ser elegible para pago bajo la Parte B o la Parte D de Medicare. Usted o su proveedor de atención médica deben obtener una autorización previa de CCA Senior Care Options para determinar que este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que CCA no cubra este medicamento. PA\_BVD no se aplica a quienes solo son miembros de Medicaid.

**QL = Límite de cantidad.** A veces, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.

**ST = Terapia escalonada.** A veces, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un orden determinado para sus afecciones médicas. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su proveedor de atención médica piensa que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Asterisco (\*) = Indica medicamentos que no pertenecen a la Parte D

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *valsartán*), los medicamentos de marca aparecen en mayúscula (por ejemplo, MYRBETRIQ). La información en la columna “Acciones necesarias, restricciones o límites de uso” le indica si CCA Senior Care Options tiene alguna regla para cubrir su medicamento.



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**CCA\_CY26\_1T\_SNP eff 05/01/2026**

**NAME OF DRUG**

**NECESSARY ACTIONS  
RESTRICTIONS OR  
LIMITS ON USE**

**ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**

**GOUT - DRUGS TO TREAT GOUT**

<i>allopurinol tab 100 mg</i>	
<i>allopurinol tab 300 mg</i>	
<i>colchicine tab 0.6 mg</i>	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>probenecid tab 500 mg</i>	

**MISCELLANEOUS**

<i>lidocaine hcl local inj 0.5%</i>	B/D
<i>lidocaine hcl local inj 1%</i>	B/D
<i>lidocaine hcl local inj 2%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	B/D

**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>	
<i>etodolac tab 400 mg</i>	
<i>etodolac tab 500 mg</i>	
<i>etodolac tab er 24hr 400 mg</i>	
<i>etodolac tab er 24hr 500 mg</i>	
<i>etodolac tab er 24hr 600 mg</i>	
<i>flurbiprofen tab 100 mg</i>	
<i>ibu</i>	
<i>ibuprofen susp 100 mg/5ml</i>	
<i>ibuprofen tab 400 mg</i>	
<i>ibuprofen tab 600 mg</i>	
<i>ibuprofen tab 800 mg</i>	
<i>meloxicam tab 7.5 mg</i>	
<i>meloxicam tab 15 mg</i>	
<i>nabumetone tab 500 mg</i>	

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

<i>nabumetone tab 750 mg</i>	
<i>naproxen sodium tab 275 mg</i>	
<i>naproxen sodium tab 550 mg</i>	
<i>naproxen tab 250 mg</i>	
<i>naproxen tab 375 mg</i>	
<i>naproxen tab 500 mg</i>	
<i>naproxen tab ec 375 mg</i>	QL (120 tabs / 30 days)
<i>piroxicam cap 10 mg</i>	
<i>piroxicam cap 20 mg</i>	
<i>sulindac tab 150 mg</i>	
<i>sulindac tab 200 mg</i>	

**OPIOID ANALGESICS, LONG-ACTING**

<i>buprenorphine td patch weekly 5 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	QL (10 patches / 30 days), PA
<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

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

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

<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	QL (30 tabs / 30 days), PA
<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
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>	
<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)
<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

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

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

<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)
<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)
<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 750MG	
CAYSTON INH 75MG	PA
<i>clindamycin hcl cap 75 mg</i>	
<i>clindamycin hcl cap 150 mg</i>	
<i>clindamycin hcl cap 300 mg</i>	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	
<i>clindamycin phosphate inj 300 mg/2ml</i>	
<i>clindamycin phosphate inj 600 mg/4ml</i>	
<i>clindamycin phosphate inj 900 mg/6ml</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
CLINDMYC/NAC INJ 300/50ML	
CLINDMYC/NAC INJ 600/50ML	
CLINDMYC/NAC INJ 900/50ML	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	
<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>fosfomycin 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>	
<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>	
<i>metronidazole iv soln 500 mg/100ml</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
<i>neomycin sulfate 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>	

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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>	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>tinidazole tab 250 mg</i>	
<i>tinidazole tab 500 mg</i>	
TOBI PODHALR CAP 28MG	PA
<i>tobramycin nebu soln 300 mg/5ml</i>	PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	
<i>trimethoprim tab 100 mg</i>	
<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	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>	
<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>	

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
<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>miconazole sodium for iv soln 50 mg</i>	
<i>miconazole 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
<i>terbinafine hcl tab 250 mg</i>	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole for inj 200 mg</i>	PA
<i>voriconazole for susp 40 mg/ml</i>	QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	QL (120 tabs / 30 days)
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate tab 250 mg</i>	
<i>chloroquine phosphate tab 500 mg</i>	
COARTEM TAB 20-120MG	
<i>mefloquine hcl tab 250 mg</i>	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	
PRIMAQUINE TAB 26.3MG	
<i>quinine sulfate cap 324 mg</i>	PA
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
APTIVUS CAP 250MG	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	
<i>darunavir tab 600 mg</i>	QL (60 tabs / 30 days)
<i>darunavir tab 800 mg</i>	QL (30 tabs / 30 days)
EDURANT PED TAB 2.5MG	
EDURANT TAB 25MG	
<i>efavirenz tab 600 mg</i>	
<i>emtricitabine caps 200 mg</i>	
EMTRIVA SOL 10MG/ML	
<i>etravirine tab 100 mg</i>	
<i>etravirine tab 200 mg</i>	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	
INTELENCE TAB 25MG	
ISENTRESS CHW 25MG	
ISENTRESS CHW 100MG	
ISENTRESS HD TAB 600MG	
ISENTRESS POW 100MG	
ISENTRESS TAB 400MG	
<i>lamivudine oral soln 10 mg/ml</i>	
<i>lamivudine tab 150 mg</i>	
<i>lamivudine tab 300 mg</i>	
<i>maraviroc tab 150 mg</i>	
<i>maraviroc tab 300 mg</i>	
<i>nevirapine susp 50 mg/5ml</i>	
<i>nevirapine tab 200 mg</i>	
<i>nevirapine tab er 24hr 400 mg</i>	
NORVIR POW 100MG	
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>rilpivirine hcl tab 25 mg (base equivalent)</i>	
<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	

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

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

TYBOST TAB 150MG

VIRACEPT TAB 250MG

VIRACEPT TAB 625MG

VIREAD POW 40MG/GM

VIREAD TAB 150MG

VIREAD TAB 200MG

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**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**lopinavir-ritonavir tab 200-50 mg*

ODEFSEY TAB

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

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

PREZCOBIX TAB 675/150

PREZCOBIX TAB 800-150

STRIBILD TAB

SYM TUZA 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*

SIRTURO TAB 20MG

PA

SIRTURO TAB 100MG

PA

**ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS***acyclovir cap 200 mg**acyclovir sodium iv soln 50 mg/ml*

B/D

*acyclovir susp 200 mg/5ml**acyclovir tab 400 mg**acyclovir tab 800 mg**adefovir dipivoxil tab 10 mg*

BARACLUDE SOL

ST

*entecavir tab 0.5 mg**entecavir tab 1 mg*

EPCLUSA PAK 150-37.5

PA

EPCLUSA PAK 200-50MG

PA

EPCLUSA TAB 200-50MG

PA

EPCLUSA TAB 400-100

PA

*famciclovir tab 125 mg**famciclovir tab 250 mg**famciclovir tab 500 mg**ganciclovir sodium for inj 500 mg*

B/D

*lamivudine tab 100 mg (hbv)*

LIVTENCITY TAB 200MG

QL (336 tabs / 28 days), PA

MAVYRET PAK 50-20MG

PA

MAVYRET TAB 100-40MG

PA

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
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)
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>	
<i>cefaclor cap 250 mg</i>	
<i>cefaclor cap 500 mg</i>	
<i>cefadroxil cap 500 mg</i>	
<i>cefadroxil for susp 250 mg/5ml</i>	
<i>cefadroxil for susp 500 mg/5ml</i>	
CEFAZOLIN INJ 1GM/50ML	
CEFAZOLIN INJ 2GM	
CEFAZOLIN INJ 3GM	
<i>cefazolin sodium for inj 1 gm</i>	
<i>cefazolin sodium for inj 2 gm</i>	
<i>cefazolin sodium for inj 3 gm</i>	
<i>cefazolin sodium for inj 10 gm</i>	
<i>cefazolin sodium for inj 500 mg</i>	
<i>cefazolin sodium for iv soln 1 gm</i>	
CEFAZOLIN SOLN 2GM/100ML-4%	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	

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

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

<i>cefдинир cap 300 mg</i>	
<i>cefдинир for susp 125 mg/5ml</i>	
<i>cefдинир for susp 250 mg/5ml</i>	
<i>cefepime hcl for inj 1 gm</i>	
<i>cefepime hcl for iv soln 2 gm</i>	
<i>cefixime cap 400 mg</i>	
<i>cefixime for susp 100 mg/5ml</i>	
<i>cefixime for susp 200 mg/5ml</i>	
<i>cefотетан disodium for inj 1 gm</i>	
<i>cefотетан disodium for inj 2 gm</i>	
<i>cefoxitin sodium for iv soln 1 gm</i>	
<i>cefoxitin sodium for iv soln 2 gm</i>	
<i>cefoxitin sodium for iv soln 10 gm</i>	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	
<i>cefpodoxime proxetil tab 100 mg</i>	
<i>cefpodoxime proxetil tab 200 mg</i>	
<i>cefprozil for susp 125 mg/5ml</i>	
<i>cefprozil for susp 250 mg/5ml</i>	
<i>cefprozil tab 250 mg</i>	
<i>cefprozil tab 500 mg</i>	
<i>ceftaroline fosamil for iv soln 400 mg</i>	
<i>ceftaroline fosamil for iv soln 600 mg</i>	
<i>ceftazidime for inj 1 gm</i>	
<i>ceftazidime for inj 6 gm</i>	
<i>ceftazidime for iv soln 2 gm</i>	
<i>ceftriaxone sodium for inj 1 gm</i>	
<i>ceftriaxone sodium for inj 2 gm</i>	
<i>ceftriaxone sodium for inj 10 gm</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	
<i>ceftriaxone sodium for iv soln 1 gm</i>	
<i>ceftriaxone sodium for iv soln 2 gm</i>	
<i>cefuroxime axetil tab 250 mg</i>	
<i>cefuroxime axetil tab 500 mg</i>	
<i>cefuroxime sodium for inj 750 mg</i>	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	
<i>cephalexin cap 250 mg</i>	
<i>cephalexin cap 500 mg</i>	
<i>cephalexin for susp 125 mg/5ml</i>	
<i>cephalexin for susp 250 mg/5ml</i>	
<i>tazicef</i>	
TEFLARO INJ 400MG	

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

TEFLARO INJ 600MG

**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

*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)**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*

---

*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*

---

*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*

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*BICILLIN L-A INJ 2400000*

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*dicloxacillin sodium cap 250 mg*

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*dicloxacillin sodium cap 500 mg*

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

<i>nafcillin sodium for inj 1 gm</i>	
<i>nafcillin sodium for inj 2 gm</i>	
<i>nafcillin sodium for iv soln 10 gm</i>	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	
<i>penicillin g potassium for inj 5000000 unit</i>	
<i>penicillin g potassium for inj 20000000 unit</i>	
<i>penicillin g sodium for inj 5000000 unit</i>	
<i>penicillin v potassium for soln 125 mg/5ml</i>	
<i>penicillin v potassium for soln 250 mg/5ml</i>	
<i>penicillin v potassium tab 250 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	
<i>pfizerpen</i>	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	

**TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

<i>doxy 100</i>	
<i>doxycycline hyclate cap 50 mg</i>	
<i>doxycycline hyclate cap 100 mg</i>	
<i>doxycycline hyclate for inj 100 mg</i>	
<i>doxycycline hyclate tab 20 mg</i>	
<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>	
<b>NUZYRA INJ 100MG</b>	
<b>NUZYRA TAB 150MG</b>	<b>QL (30 tabs / 14 days)</b>
<i>tetracycline hcl cap 250 mg</i>	

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

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

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*tetracycline hcl cap 500 mg*

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*tigecycline for iv soln 50 mg*

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**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 2GM/4ML	B/D
CYCLOPHOSPH INJ 500/5ML	B/D
CYCLOPHOSPH INJ 500MG/ML	B/D
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
CYCLOPHOSPHAMIDE IV SOLN 1 GM/5ML (200 MG/ML)	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>	
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
<b>ANTIMETABOLITES</b>	
<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
<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
<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

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

**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>	
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	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	PA
XTANDI CAP 40MG	QL (120 caps / 30 days), PA
XTANDI TAB 40MG	QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	QL (60 tabs / 30 days), PA
YONSA TAB 125MG	QL (120 tabs / 30 days), PA

**IMMUNOMODULATORS**

<i>lenalidomide cap 5 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	QL (28 caps / 28 days), PA

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

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

<i>lenalidomide cap 15 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	QL (21 caps / 28 days), PA
<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
<i>pomalidomide cap 1 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 2 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 3 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 4 mg</i>	QL (21 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
<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
<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

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

**MOLECULAR TARGET AGENTS**

ALECENSA CAP 150MG	QL (240 caps / 30 days), PA
ALUNBRIG PAK	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	QL (30 tabs / 30 days), PA
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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
BALVERSA TAB 5MG	QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	PA
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
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
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
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

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

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

<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
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
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
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
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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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
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
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
LENVIMA CAP 24 MG	QL (90 caps / 30 days), PA
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
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
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
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

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

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

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
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
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
SCEMBLIX TAB 20MG	QL (60 tabs / 30 days), PA
SCEMBLIX TAB 40MG	QL (300 tabs / 30 days), PA
SCEMBLIX 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
<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
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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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
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
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

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

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

XPOVIO PAK (40 MG ONCE WEEKLY)	QL (16 tabs / 28 days), PA
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
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)
<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 &amp; hydrochlorothiazide tab 5-6.25mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	

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

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

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*fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg*

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*lisinopril & hydrochlorothiazide tab 10-12.5 mg*

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*lisinopril & hydrochlorothiazide tab 20-12.5 mg*

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*lisinopril & hydrochlorothiazide tab 20-25 mg*

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**ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

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*benazepril hcl tab 5 mg*

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*benazepril hcl tab 10 mg*

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*benazepril hcl tab 20 mg*

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*benazepril hcl tab 40 mg*

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*captopril tab 12.5 mg*

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*captopril tab 25 mg*

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*captopril tab 50 mg*

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*captopril tab 100 mg*

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*enalapril maleate tab 2.5 mg*

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*enalapril maleate tab 5 mg*

---

*enalapril maleate tab 10 mg*

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*enalapril maleate tab 20 mg*

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*fosinopril sodium tab 10 mg*

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*fosinopril sodium tab 20 mg*

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*fosinopril sodium tab 40 mg*

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*lisinopril tab 2.5 mg*

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*lisinopril tab 5 mg*

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*lisinopril tab 10 mg*

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*lisinopril tab 20 mg*

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*lisinopril tab 30 mg*

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*lisinopril tab 40 mg*

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*moexipril hcl tab 7.5 mg*

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*moexipril hcl tab 15 mg*

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*perindopril erbumine tab 2 mg*

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*perindopril erbumine tab 4 mg*

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*perindopril erbumine tab 8 mg*

---

*quinapril hcl tab 5 mg*

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*quinapril hcl tab 10 mg*

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*quinapril hcl tab 20 mg*

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*quinapril hcl tab 40 mg*

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*ramipril cap 1.25 mg*

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*ramipril cap 2.5 mg*

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*ramipril cap 5 mg*

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*ramipril cap 10 mg*

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*trandolapril tab 1 mg*

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*trandolapril tab 2 mg*

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*trandolapril tab 4 mg*

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>	
<i>eplerenone tab 25 mg</i>	
<i>eplerenone tab 50 mg</i>	
KERENDIA TAB 10MG	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	QL (30 tabs / 30 days)
<i>spironolactone tab 25 mg</i>	
<i>spironolactone tab 50 mg</i>	
<i>spironolactone tab 100 mg</i>	
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>	
<i>doxazosin mesylate tab 1 mg</i>	
<i>doxazosin mesylate tab 2 mg</i>	
<i>doxazosin mesylate tab 4 mg</i>	
<i>doxazosin mesylate tab 8 mg</i>	
<i>prazosin hcl cap 1 mg</i>	
<i>prazosin hcl cap 2 mg</i>	
<i>prazosin hcl cap 5 mg</i>	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
<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)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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 &amp; hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium &amp; 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)
<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)
<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)

**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)

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

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

<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)
<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>	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	
<i>amiodarone hcl tab 100 mg</i>	
<i>amiodarone hcl tab 200 mg</i>	
<i>amiodarone hcl tab 400 mg</i>	
<i>disopyramide phosphate cap 100 mg</i>	
<i>disopyramide phosphate cap 150 mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	
<i>flecainide acetate tab 50 mg</i>	
<i>flecainide acetate tab 100 mg</i>	
<i>flecainide acetate tab 150 mg</i>	
MULTAQ TAB 400MG	QL (60 tabs / 30 days)
<i>pacerone</i>	
<i>propafenone hcl cap er 12hr 225 mg</i>	
<i>propafenone hcl cap er 12hr 325 mg</i>	
<i>propafenone hcl cap er 12hr 425 mg</i>	
<i>propafenone hcl tab 150 mg</i>	
<i>propafenone hcl tab 225 mg</i>	
<i>propafenone hcl tab 300 mg</i>	
<i>quinidine sulfate tab 200 mg</i>	
<i>quinidine sulfate tab 300 mg</i>	

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

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

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*sotalol hcl (afib/afl) tab 80 mg*

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

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

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*sotalol hcl tab 80 mg*

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*sotalol hcl tab 120 mg*

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*sotalol hcl tab 160 mg*

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*sotalol hcl tab 240 mg*

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**ANTILIPEMICS, FIBRATES**

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*fenofibrate micronized cap 67 mg*

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*fenofibrate micronized cap 134 mg*

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*fenofibrate micronized cap 200 mg*

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*fenofibrate tab 48 mg*

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*fenofibrate tab 54 mg*

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*fenofibrate tab 145 mg*

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*fenofibrate tab 160 mg*

---

*gemfibrozil tab 600 mg*

---

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

---

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

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

---

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

---

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

---

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

---

*lovastatin tab 20 mg* QL (60 tabs / 30 days)

---

*lovastatin tab 40 mg* QL (60 tabs / 30 days)

---

*pravastatin sodium tab 10 mg* QL (30 tabs / 30 days)

---

*pravastatin sodium tab 20 mg* QL (30 tabs / 30 days)

---

*pravastatin sodium tab 40 mg* QL (30 tabs / 30 days)

---

*pravastatin sodium tab 80 mg* QL (30 tabs / 30 days)

---

*rosuvastatin calcium tab 5 mg* QL (30 tabs / 30 days)

---

*rosuvastatin calcium tab 10 mg* QL (30 tabs / 30 days)

---

*rosuvastatin calcium tab 20 mg* QL (30 tabs / 30 days)

---

*rosuvastatin calcium tab 40 mg* QL (30 tabs / 30 days)

---

*simvastatin tab 5 mg* QL (30 tabs / 30 days)

---

*simvastatin tab 10 mg* QL (30 tabs / 30 days)

---

*simvastatin tab 20 mg* QL (30 tabs / 30 days)

---

*simvastatin tab 40 mg* QL (30 tabs / 30 days)

---

*simvastatin tab 80 mg* QL (30 tabs / 30 days)

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**ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH  
CHOLESTEROL**

---

*cholestyramine light powder 4 gm/dose*

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*cholestyramine light powder packets 4 gm*

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

<i>cholestyramine powder 4 gm/dose</i>	
<i>cholestyramine powder packets 4 gm</i>	
<i>colesevelam hcl packet for susp 3.75 gm</i>	
<i>colesevelam hcl tab 625 mg</i>	
<i>colestipol hcl granule packets 5 gm</i>	
<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)
<i>omega-3-acid ethyl esters cap 1 gm</i>	PA
<i>prevalite</i>	
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**

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	

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

<i>acebutolol hcl cap 200 mg</i>	
<i>acebutolol hcl cap 400 mg</i>	
<i>atenolol tab 25 mg</i>	
<i>atenolol tab 50 mg</i>	
<i>atenolol tab 100 mg</i>	
<i>betaxolol hcl tab 10 mg</i>	

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

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

<i>betaxolol hcl tab 20 mg</i>	
<i>bisoprolol fumarate tab 5 mg</i>	
<i>bisoprolol fumarate tab 10 mg</i>	
<i>carvedilol tab 3.125 mg</i>	
<i>carvedilol tab 6.25 mg</i>	
<i>carvedilol tab 12.5 mg</i>	
<i>carvedilol tab 25 mg</i>	
<i>labetalol hcl tab 100 mg</i>	
<i>labetalol hcl tab 200 mg</i>	
<i>labetalol hcl tab 300 mg</i>	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	
<i>metoprolol tartrate tab 25 mg</i>	
<i>metoprolol tartrate tab 50 mg</i>	
<i>metoprolol tartrate tab 100 mg</i>	
<i>nadolol tab 20 mg</i>	
<i>nadolol tab 40 mg</i>	
<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>	
<i>propranolol hcl tab 10 mg</i>	
<i>propranolol hcl tab 20 mg</i>	
<i>propranolol hcl tab 40 mg</i>	
<i>propranolol hcl tab 60 mg</i>	
<i>propranolol hcl tab 80 mg</i>	
<i>timolol maleate tab 5 mg</i>	

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

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

---

*timolol maleate tab 10 mg*

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*timolol maleate tab 20 mg*

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

---

*amlodipine besylate tab 2.5 mg (base equivalent)*

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*amlodipine besylate tab 5 mg (base equivalent)*

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*amlodipine besylate tab 10 mg (base equivalent)*

---

*cartia xt*

---

*dilt-xr*

---

*diltiazem hcl cap er 12hr 60 mg*

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*diltiazem hcl cap er 12hr 90 mg*

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*diltiazem hcl cap er 12hr 120 mg*

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*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*

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*diltiazem hcl coated beads cap er 24hr 300 mg*

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*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*

---

*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)*

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

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

---

*diltiazem hcl tab 30 mg*

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*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*

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

---

*isradipine cap 5 mg*

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*nicardipine hcl cap 20 mg*

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*nicardipine hcl cap 30 mg*

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*nifedipine tab er 24hr 30 mg*

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*nifedipine tab er 24hr 60 mg*

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*nifedipine tab er 24hr 90 mg*

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*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*

---

*verapamil hcl cap er 24hr 300 mg*

---

*verapamil hcl cap er 24hr 360 mg*

---

*verapamil hcl iv soln 2.5 mg/ml*

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*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*

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*acetazolamide tab 125 mg*

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*acetazolamide tab 250 mg*

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*amiloride & hydrochlorothiazide tab 5-50 mg*

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*amiloride hcl tab 5 mg*

---

*bumetanide inj 0.25 mg/ml*

---

*bumetanide tab 0.5 mg*

---

*bumetanide tab 1 mg*

---

*bumetanide tab 2 mg*

---

*chlorthalidone tab 25 mg*

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*chlorthalidone tab 50 mg*

---

*furosemide inj*

---

*furosemide oral soln 8 mg/ml*

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*furosemide oral soln 10 mg/ml*

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*furosemide tab 20 mg*

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*furosemide tab 40 mg*

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*furosemide tab 80 mg*

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

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

<i>hydrochlorothiazide cap 12.5 mg</i>	
<i>hydrochlorothiazide tab 12.5 mg</i>	
<i>hydrochlorothiazide tab 25 mg</i>	
<i>hydrochlorothiazide tab 50 mg</i>	
<i>indapamide tab 1.25 mg</i>	
<i>indapamide tab 2.5 mg</i>	
<i>methazolamide tab 25 mg</i>	
<i>methazolamide tab 50 mg</i>	
<i>metolazone tab 2.5 mg</i>	
<i>metolazone tab 5 mg</i>	
<i>metolazone tab 10 mg</i>	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide tab 5 mg</i>	
<i>toremide tab 10 mg</i>	
<i>toremide tab 20 mg</i>	
<i>toremide tab 100 mg</i>	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	

**MISCELLANEOUS**

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>clonidine hcl tab 0.1 mg</i>	
<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
<i>epinephrine inj 1 mg/ml</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>	

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

<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>	
<i>ranolazine tab er 12hr 500 mg</i>	
<i>ranolazine tab er 12hr 1000 mg</i>	
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**

<i>isosorbide dinitrate tab 5 mg</i>	
<i>isosorbide dinitrate tab 10 mg</i>	
<i>isosorbide dinitrate tab 20 mg</i>	
<i>isosorbide dinitrate tab 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
NITRO-BID OIN 2%	
<i>nitroglycerin sl tab 0.3 mg</i>	
<i>nitroglycerin sl tab 0.4 mg</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	

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

ADEMPAS TAB 0.5MG	QL (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
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

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

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

<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
<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
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)
<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>	

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)
<i>lorazepam tab 2 mg</i>	QL (150 tabs / 30 days)
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>donepezil hydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	QL (60 tabs / 30 days)
<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
<i>memantine hcl tab 10 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg &amp; 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>	
<b>NAMZARIC CAP 7-10MG</b>	
<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)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	QL (30 patches / 30 days)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	QL (30 patches / 30 days)
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>	
<i>amitriptyline hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	PA; PA applies if 65 years and older
<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)
<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
<i>desipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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 tab er 24hr 25 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 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
<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
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>	

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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>	
<i>fluoxetine hcl cap 20 mg</i>	
<i>fluoxetine hcl cap 40 mg</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>imipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>imipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>imipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	
<i>mirtazapine orally disintegrating tab 30 mg</i>	
<i>mirtazapine orally disintegrating tab 45 mg</i>	
<i>mirtazapine tab 7.5 mg</i>	
<i>mirtazapine tab 15 mg</i>	
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>paroxetine hcl tab 20 mg</i>	PA; PA applies if 65 years and older
<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)
<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>	
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>	
<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>	
<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 &amp; levodopa tab 10-100 mg</i>	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75- 200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125- 200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150- 200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tab 200 mg</i>	
<b>INBRIJA CAP 42MG</b>	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>	

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

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

<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)
<i>ropinirole hydrochloride tab 0.5 mg</i>	
<i>ropinirole hydrochloride tab 0.25 mg</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	
<i>ropinirole hydrochloride tab 2 mg</i>	
<i>ropinirole hydrochloride tab 3 mg</i>	
<i>ropinirole hydrochloride tab 4 mg</i>	
<i>ropinirole hydrochloride tab 5 mg</i>	
<i>selegiline hcl cap 5 mg</i>	
<i>selegiline hcl tab 5 mg</i>	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	
<i>trihexyphenidyl hcl tab 2 mg</i>	
<i>trihexyphenidyl hcl tab 5 mg</i>	

**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)
<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)
<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>	

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

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

<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 tab 12.5 mg</i>	PA
<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)
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
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>	

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

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

<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	
<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>haloperidol lactate inj 5 mg/ml</i>	
<i>haloperidol lactate oral conc 2 mg/ml</i>	
<i>haloperidol tab 0.5 mg</i>	
<i>haloperidol tab 1 mg</i>	
<i>haloperidol tab 2 mg</i>	
<i>haloperidol tab 5 mg</i>	
<i>haloperidol tab 10 mg</i>	
<i>haloperidol tab 20 mg</i>	
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)
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)
<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

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

**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
<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)
<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)
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)

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

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

<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
<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>	
<i>thiothixene cap 2 mg</i>	
<i>thiothixene cap 5 mg</i>	
<i>thiothixene cap 10 mg</i>	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	
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)
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)

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

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

<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

**ANTIEPILEPTIC AGENTS**

APTIOM TAB 200MG	QL (30 tabs / 30 days)
APTIOM TAB 400MG	QL (30 tabs / 30 days)
APTIOM TAB 600MG	QL (60 tabs / 30 days)
APTIOM TAB 800MG	QL (60 tabs / 30 days)
<i>brivaracetam oral soln 10 mg/ml</i>	QL (600 mL / 30 days), PA
<i>brivaracetam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 25 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 50 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 75 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 100 mg</i>	QL (60 tabs / 30 days), PA
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>	
<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)
<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)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
<i>clorazepate dipotassium tab 15 mg</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
<i>diazepam oral soln 1 mg/ml</i>	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	
<i>diazepam rectal gel delivery system 10 mg</i>	
<i>diazepam rectal gel delivery system 20 mg</i>	
<i>diazepam tab 2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 10 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	
<i>divalproex sodium tab delayed release 125 mg</i>	
<i>divalproex sodium tab delayed release 250 mg</i>	
<i>divalproex sodium tab delayed release 500 mg</i>	

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

**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
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)
<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</i>	ST
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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>	
<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
<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
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
<i>phenobarbital tab 97.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 100 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenytek</i>	
<i>phenytoin chew tab 50 mg</i>	
<i>phenytoin sodium extended cap 100 mg</i>	
<i>phenytoin sodium extended cap 200 mg</i>	
<i>phenytoin sodium extended cap 300 mg</i>	
<i>phenytoin sodium inj 50 mg/ml</i>	
<i>phenytoin susp 125 mg/5ml</i>	
<i>pregabalin cap 25 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)
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>	
<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)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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)
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
<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

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

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

<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA
<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
<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
<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)
<i>eszopiclone tab 1 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>eszopiclone tab 2 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon tab 8 mg</i>	QL (30 tabs / 30 days)
<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
<i>zaleplon cap 10 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

**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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
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)
<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
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>	
<i>lithium oral solution 8 meq/5ml</i>	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA

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

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*pyridostigmine bromide tab 60 mg*

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*riluzole tab 50 mg*

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*tetrabenazine tab 12.5 mg*

QL (90 tabs / 30 days), PA

*tetrabenazine tab 25 mg*

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QL (120 tabs / 30 days), PA

**MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE  
SCLEROSIS**

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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/MLQL (30 syringes / 30 days),  
PA

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COPAXONE INJ 40MG/MLQL (12 syringes / 28 days),  
PA

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*dalfampridine tab er 12hr 10 mg*

QL (60 tabs / 30 days), PA

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 *fingolimod hcl cap 0.5 mg (base equiv)*

QL (30 caps / 30 days), PA

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*glatiramer acetate soln prefilled syringe 20 mg/ml*QL (30 syringes / 30 days),  
PA

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*glatiramer acetate soln prefilled syringe 40 mg/ml*QL (12 syringes / 28 days),  
PA

---

*glatopa*QL (12 syringes / 28 days),  
PA

---

*glatopa*QL (30 syringes / 30 days),  
PA

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KESIMPTA INJ 20/.4ML

QL (16 pens / 365 days), PA

**MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE  
SPASMS**

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*baclofen tab 5 mg*

QL (90 tabs / 30 days)

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*baclofen tab 10 mg*

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*baclofen tab 20 mg*

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*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

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*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

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*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

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*dantrolene sodium cap 25 mg*

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*dantrolene sodium cap 50 mg*

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*dantrolene sodium cap 100 mg*

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

<i>methocarbamol tab 500 mg</i>	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol tab 750 mg</i>	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	

**NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS**

<i>armodafinil tab 50 mg</i>	QL (60 tabs / 30 days), PA
<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)
<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>	
<b>KLOXXADO SPR 8MG</b>	
<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>	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	

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

<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	
NICOTROL NS SPR 10MG/ML	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	QL (2 packs / year)
VIVITROL INJ 380MG	

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

<i>danazol cap 50 mg</i>	
<i>danazol cap 100 mg</i>	
<i>danazol cap 200 mg</i>	
<i>depo-testosterone</i>	PA
<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)
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)
<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)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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)
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)
<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
<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)

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

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

<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)
<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
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)

**ANTIDIABETICS, INSULINS**

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
BASAGLAR KWP INJ 100/ML	
CEQR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQR 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	

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

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

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	
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	
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)
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

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

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

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)

**CALCIUM REGULATORS**

<i>alendronate sodium oral soln 70 mg/75ml</i>	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 3 mg/ml</i>	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	B/D
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	
<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
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	PA

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

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

<i>deferasirox tab for oral susp 500 mg</i>	PA
<i>kionex</i>	
<i>LOKELMA PAK 5GM</i>	
<i>LOKELMA PAK 10GM</i>	
<i>penicillamine tab 250 mg</i>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	
<i>sps</i>	
<i>sps rectal</i>	
<i>trientine hcl cap 250 mg</i>	PA

**CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe tab 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	
<i>camrese</i>	
<i>camrese lo</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i>	
<i>DEPO-SQ PROV INJ 104</i>	

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

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

<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>emzahh</i>	
<i>enilloring</i>	
<i>enskyce</i>	
<i>errin</i>	
<i>estarylla</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	
<i>falmina</i>	
<i>feirza tab 1.5/30</i>	
<i>feirza tab 1/20</i>	
<i>finzala</i>	
<i>galbriela chw</i>	
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>hailey fe tab 1/20</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess tab</i>	
<i>jasmiel</i>	
<i>jencycla tab 0.35mg</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	

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

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

<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora-28 tab 0.15/30</i>	
<b>LILETTA IUD 52MG</b>	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess tab</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>luizza 1/20 tab</i>	
<i>luizza tab 1.5/30</i>	
<i>lutra</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>marlissa</i>	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	
<i>meleya tab 0.35mg</i>	
<i>mibelas 24 fe</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	

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

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

<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	
<i>necon 0.5/35-28</i>	
<i>NEXPLANON IMP 68MG</i>	
<i>nikki</i>	
<i>nora-be</i>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg- 30 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg- 20 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg- 20 mcg (24)</i>	
<i>norethindrone tab 0.35 mg</i>	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	
<i>norlyroc</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35 (21)</i>	
<i>nortrel 1/35 (28)</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>orquidea tab 0.35mg</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivelsa</i>	
<i>rosyrah tab</i>	
<i>setlakin</i>	
<i>sharobel</i>	
<i>simliya</i>	

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

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

<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx tab</i>	
<i>syeda</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
<i>tilia fe</i>	
<i>tri-estarylla</i>	
<i>tri-legest fe</i>	
<i>tri-lynyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	
<i>tri-mili</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>turqoz</i>	
<i>tydemy tab</i>	
<i>valtya 1/35 tab</i>	
<i>valtya 1/50 tab</i>	
<i>velivet</i>	
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>xarah fe tab</i>	
<i>xelria fe chw 0.4mg-35</i>	
<i>xulane</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	

**ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

<i>abigale lo tab 0.5-0.1</i>	
<i>abigale tab 1-0.5mg</i>	
<i>dotti</i>	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	
<i>estradiol tab 0.5 mg</i>	

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

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

<i>estradiol tab 1 mg</i>	
<i>estradiol tab 2 mg</i>	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	
<i>estradiol vaginal cream 0.01%</i>	
<i>estradiol vaginal tab 10 mcg</i>	
<i>estradiol valerate im in oil 10 mg/ml</i>	
<i>estradiol valerate im in oil 20 mg/ml</i>	
<i>estradiol valerate im in oil 40 mg/ml</i>	
<i>fyavolv tab 0.5mg-2.5mcg</i>	
<i>fyavolv tab 1mg-5mcg</i>	
<i>jinteli</i>	
<i>lyllana</i>	
<i>mimvey</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
<i>yuvafem</i>	

**GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

<i>DEXAMETHASON CON 1MG/ML</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	
<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</i>	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	

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

<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	
<i>dexamethasone tab 1 mg</i>	
<i>dexamethasone tab 1.5 mg</i>	
<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 susp 40 mg/ml</i>	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	B/D
<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
<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
<i>PREDNISON CON 5MG/ML</i>	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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>prednisone tab 50 mg</i>	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	
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	
<i>diazoxide susp 50 mg/ml</i>	
ZEGALOGUE INJ 0.6/0.6	

**MISCELLANEOUS**

ALDURAZYME INJ 2.9MG/5M	PA
<i>betaine powder for oral solution</i>	
<i>cabergoline tab 0.5 mg</i>	
<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>	
<i>desmopressin acetate tab 0.1 mg</i>	
<i>desmopressin acetate tab 0.2 mg</i>	
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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
<i>javygtor</i>	PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	PA
<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
<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>	
REVCOVI 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
<i>sapropterin dihydrochloride tab 100 mg</i>	PA

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
SIGNIFOR INJ 0.3MG/ML	PA
SIGNIFOR INJ 0.6MG/ML	PA
SIGNIFOR INJ 0.9MG/ML	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	PA
<i>sodium phenylbutyrate tab 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 15 mg</i>	PA
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>	PA
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	PA
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	PA
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	PA
<i>zelvysia pow 100mg</i>	PA
<i>zelvysia pow 500mg</i>	PA

**PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

<i>gallifrey</i>	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	
<i>medroxyprogesterone acetate tab 5 mg</i>	
<i>medroxyprogesterone acetate tab 10 mg</i>	
<i>megestrol acetate susp 40 mg/ml</i>	
<i>megestrol acetate susp 625 mg/5ml</i>	PA
<i>norethindrone acetate tab 5 mg</i>	
<i>progesterone cap 100 mg</i>	
<i>progesterone cap 200 mg</i>	

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

<i>levo-t</i>	
<i>levothyroxine sodium tab 25 mcg</i>	
<i>levothyroxine sodium tab 50 mcg</i>	
<i>levothyroxine sodium tab 75 mcg</i>	
<i>levothyroxine sodium tab 88 mcg</i>	
<i>levothyroxine sodium tab 100 mcg</i>	
<i>levothyroxine sodium tab 112 mcg</i>	
<i>levothyroxine sodium tab 125 mcg</i>	
<i>levothyroxine sodium tab 137 mcg</i>	

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

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

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*levothyroxine sodium tab 150 mcg*

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*levothyroxine sodium tab 175 mcg*

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*levothyroxine sodium tab 200 mcg*

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*levothyroxine sodium tab 300 mcg*

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*levoxyl*

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*liomny tab 5mcg*

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*liomny tab 25mcg*

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*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*

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*propylthiouracil tab 50 mg*

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SYNTHROID TAB 25MCG

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SYNTHROID TAB 50MCG

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SYNTHROID TAB 75MCG

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SYNTHROID TAB 88MCG

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SYNTHROID TAB 100MCG

---

SYNTHROID TAB 112MCG

---

SYNTHROID TAB 125MCG

---

SYNTHROID TAB 137MCG

---

SYNTHROID TAB 150MCG

---

SYNTHROID TAB 175MCG

---

SYNTHROID TAB 200MCG

---

SYNTHROID TAB 300MCG

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*unithroid*

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**VITAMIN D ANALOGS**

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*calcitriol (oral)* B/D

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*calcitriol cap 0.5 mcg* B/D

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*calcitriol cap 0.25 mcg* B/D

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*paricalcitol cap 1 mcg* B/D

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*paricalcitol cap 2 mcg* B/D

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*paricalcitol cap 4 mcg* B/D

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

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*aprepitant capsule 40 mg* B/D

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*aprepitant capsule 80 mg* B/D

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*aprepitant capsule 125 mg* B/D

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*aprepitant capsule therapy pack 80 & 125 mg* B/D

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*compro*

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*dronabinol cap 2.5 mg* B/D, QL (60 caps / 30 days)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
<i>meclizine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	B/D
<i>ondansetron hcl tab 4 mg</i>	B/D
<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
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

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

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

**ANTISPASMODICS - DRUGS FOR STOMACH SPASMS***dicyclomine hcl cap 10 mg*

PA; PA applies if 65 years and older

*dicyclomine hcl oral soln 10 mg/5ml*

PA; PA applies if 65 years and older

*dicyclomine hcl tab 20 mg*

PA; PA applies if 65 years and older

*glycopyrrolate tab 1 mg*

QL (90 tabs / 30 days)

*glycopyrrolate tab 2 mg*

QL (120 tabs / 30 days)

**H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID***famotidine for susp 40 mg/5ml**famotidine in nacl 0.9% iv soln 20 mg/50ml**famotidine inj 40 mg/4ml**famotidine inj 200 mg/20ml**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)

*mesalamine suppos 1000 mg*

QL (30 suppositories / 30 days)

*mesalamine tab delayed release 1.2 gm*

QL (120 tabs / 30 days)

*sulfasalazine tab 500 mg**sulfasalazine tab delayed release 500 mg***LAXATIVES***constulose**enulose**gavilyte-c**gavilyte-g*

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

<i>gavilyte-n/fluor pack</i>	
<i>generlac</i>	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	
<i>lactulose solution 10 gm/15ml</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
PLENVU SOL	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	

**MISCELLANEOUS**

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
GATTEX KIT 5MG	PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
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>sucralfate susp 1 gm/10ml</i>	
<i>sucralfate 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>	
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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
<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)
<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)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	QL (30 caps / 30 days)

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

<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**

<i>acetic acid irrigation soln 0.25%</i>	
<i>bethanechol chloride tab 5 mg</i>	
<i>bethanechol chloride tab 10 mg</i>	
<i>bethanechol chloride tab 25 mg</i>	
<i>bethanechol chloride tab 50 mg</i>	
<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	

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

<i>fesoterodine fumarate tab er 24hr 4 mg</i>	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 25 mg</i>	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 50 mg</i>	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)
<i>oxybutynin chloride solution 5 mg/5ml</i>	QL (600 mL / 30 days)
<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)

**VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	
<i>metronidazole vaginal gel 0.75%</i>	
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	

**NAME OF DRUG****NECESSARY ACTIONS  
RESTRICTIONS OR  
LIMITS ON USE****HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS****ANTICOAGULANTS - BLOOD THINNERS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	QL (120 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	QL (60 caps / 30 days)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
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>	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	
HEP SOD/NAACL INJ 25000UNT	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	B/D
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	B/D
<i>jantoven</i>	
<i>rivaroxaban for susp 1 mg/ml</i>	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	

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

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

<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
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)
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
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
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	
<i>tranexamic acid tab 650 mg</i>	

**PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>dipyridamole tab 25 mg</i>	PA; PA applies if 65 years and older
<i>dipyridamole tab 50 mg</i>	PA; PA applies if 65 years and older
<i>dipyridamole tab 75 mg</i>	PA; PA applies if 65 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>ticagrelor tab 60 mg</i>	
<i>ticagrelor tab 90 mg</i>	

**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
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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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
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
RENFLXIS 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
SKYRIZI INJ 150MG/ML	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	QL (1 cartridge / 56 days), PA

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

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

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
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
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**

<i>hydroxychloroquine sulfate tab 200 mg</i>	
JYLAMVO SOL 2MG/ML	B/D
<i>leflunomide tab 10 mg</i>	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	
XATMEP SOL 2.5MG/ML	B/D

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b><i>IMMUNOGLOBULINS</i></b>	
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
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
PANZYGA SOL 2.5/25ML	PA
PANZYGA SOL 5GM/50ML	PA

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
<b>IMMUNOMODULATORS</b>	
ACTIMMUNE INJ 2MU/0.5	PA
ARCALYST INJ 220MG	PA
<b>IMMUNOSUPPRESSANTS</b>	
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
<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
<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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
<b>VACCINES</b>	
ABRYVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
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
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

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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	
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%
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>
<i>dextrose 5% in lactated ringers</i>
<i>dextrose 5% w/ sodium chloride 0.3%</i>
<i>dextrose 5% w/ sodium chloride 0.9%</i>
<i>dextrose 5% w/ sodium chloride 0.45%</i>
<i>dextrose 5% w/ sodium chloride 0.225%</i>
ISOLYTE-P INJ /D5W
ISOLYTE-S INJ PH 7.4
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>

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

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

<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	
KCL/D5W/NACL INJ 0.3/0.9%	
KCL/D5W/NACL INJ 0.15/0.2	
LACTATED RIN INJ	
<i>lactated ringer's solution</i>	
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	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	
<i>magnesium sulfate inj 50%</i>	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	
<i>magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)</i>	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	
<i>multiple electrolytes ph 5.5</i>	
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	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
<i>potassium chloride inj 2 meq/ml</i>	
<i>potassium chloride inj 10 meq/50ml</i>	
<i>potassium chloride inj 10 meq/100ml</i>	
<i>potassium chloride inj 20 meq/50ml</i>	
<i>potassium chloride inj 20 meq/100ml</i>	
<i>potassium chloride inj 40 meq/100ml</i>	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	
<i>sodium chloride iv soln 0.9%</i>	
<i>sodium chloride iv soln 0.45%</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sodium chloride iv soln 3%</i>	
<i>sodium chloride iv soln 5%</i>	
TPN ELECTROL INJ	B/D
<b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>	
<i>klor-con</i>	
KLOR-CON 8	
<i>klor-con 10</i>	
KLOR-CON 10 TAB 10MEQ ER	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
M-NATAL PLUS TAB	
<i>potassium chloride cap er 8 meq</i>	
<i>potassium chloride cap er 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride powder packet 20 meq</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	
<i>potassium chloride tab er 10 meq</i>	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	
WESTAB PLUS TAB 27-1MG	
<b><i>IV NUTRITION</i></b>	
<i>aminosyn ii soln 15%</i>	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
<i>clinisol sf 15%</i>	B/D
CLINOLIPID EMU 20%	B/D

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>dextrose inj 5%</i>	
<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>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
TOBRADEX OIN 0.3-0.1%	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
ZYLET SUS 0.5-0.3%	

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

<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>besifloxacin hcl ophth susp 0.6% (base equiv)</i>	
BESIVANCE SUS 0.6%	
CILOXAN OIN 0.3% OP	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gatifloxacin ophth soln 0.5%</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	QL (12 mL / 30 days)
NATACYN SUS 5% OP	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	
XDEMY DRO 0.25%	PA
ZIRGAN GEL 0.15%	

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

<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>difluprednate ophth emulsion 0.05%</i>	
<i>fluorometholone ophth susp 0.1%</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>ketorolac tromethamine ophth soln 0.4%</i>	
<i>ketorolac tromethamine ophth soln 0.5%</i>	
LOTEMAX OIN 0.5%	
PRED SOD PHO SOL 1% OP	
<i>prednisolone acetate ophth susp 1%</i>	

**ANTIALLERGICS - DRUGS TO TREAT ALLERGIES**

<i>azelastine hcl ophth soln 0.05%</i>	
<i>cromolyn sodium ophth soln 4%</i>	
ZERVIATE DRO 0.24%	

**ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA**

<i>betaxolol hcl ophth soln 0.5%</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>brinzolamide ophth susp 1%</i>	ST
<i>carteolol hcl ophth soln 1%</i>	
COMBIGAN SOL 0.2/0.5%	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>levobunolol hcl ophth soln 0.5%</i>	
LUMIGAN SOL 0.01% OP	
<i>pilocarpine hcl ophth soln 1%</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	

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

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 sulfate ophth soln 1%*

CYSTADROPS SOL 0.37%

PA

CYSTARAN SOL 0.44%

PA

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 oil 0.01% ot**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%**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)

BEVESPI AER 9-4.8MCG

QL (1 inhaler / 30 days)

BREZTRI AERO AER SPHERE

QL (1 inhaler / 30 days)

BREZTRI AERO AER SPHERE (INSTITUTIONAL  
PACK)

QL (4 inhalers / 28 days)

COMBIVENT AER 20-100

QL (2 inhalers / 30 days)

*ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3mlB/D*

TRELEGY AER ELLIPTA 100-62.5-25 MCG

QL (60 blisters / 30 days)

TRELEGY AER ELLIPTA 200-62.5-25 MCG

QL (60 blisters / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>ANTICHOLINERGICS - DRUGS TO TREAT COPD</b>	
ATROVENT HFA AER 17MCG	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES</b>	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>cyproheptadine hcl tab 4 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl inj 50 mg/ml</i>	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	PA; PA applies if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	PA; PA applies if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 10 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<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)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>	
<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)
<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
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)
<b>LEUKOTRIENE MODULATORS</b>	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast tab 10 mg</i>	
<i>zafirlukast tab 20 mg</i>	
<b>MISCELLANEOUS</b>	
<i>acetylcysteine inhal soln 10%</i>	B/D
<i>acetylcysteine inhal soln 20%</i>	B/D
ALYFTREK TAB 4-20-50	QL (84 tabs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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
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)

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>	
<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
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>	
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)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	B/D
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (2 inhalers / 30 days)

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

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

<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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BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
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BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
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<i>breyana</i>	QL (3 inhalers / 30 days)
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<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
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<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
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DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
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DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
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DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
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<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
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<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
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<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
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<i>wixela inhub</i>	QL (60 inhalations / 30 days)
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**TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS****DERMATOLOGY, ACNE**

<i>acutane</i>	PA
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<i>amnestem</i>	PA
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<i>amnestem cap 30mg</i>	PA
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<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
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<i>claravis</i>	PA
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<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm / 30 days)
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<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
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<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
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<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
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<i>ery</i>	QL (60 pledgets / 30 days)
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<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
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You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)
<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>	
<i>SULFAMYLON CRE 85MG/GM</i>	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)
<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

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

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

<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
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**

<i>ala-cort</i>	
<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)
<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)
<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)

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

**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>	
<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>triamcinolone acetonide cream 0.1%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
<i>triderm</i>	QL (454 gm / 30 days)

**DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo</i>	QL (60 mL / 30 days), PA
<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)
<i>EUCRISA OIN 2%</i>	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)
<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>	

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

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)
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
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>	
<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)
<b>DERMATOLOGY, WOUND CARE AGENTS</b>	
SANTYL OIN 250/GM	QL (180 gm / 30 days), PA
<i>sodium chloride irrigation soln 0.9%</i>	
<i>water for irrigation, sterile irrigation soln</i>	
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<i>cevimeline hcl cap 30 mg</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	
<i>clotrimazole troche 10 mg</i>	QL (150 lozenges / 30 days)
<i>kourzeq</i>	
<i>lidocaine hcl viscous soln 2%</i>	
<i>nystatin susp 100000 unit/ml</i>	
<i>periogard</i>	
<i>pilocarpine hcl tab 5 mg</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	

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## D. Índice de medicamentos cubiertos

En esta sección podrá encontrar un medicamento buscando su nombre alfabéticamente. Esto le indicará el número de página donde puede encontrar información de cobertura adicional para su medicamento.



**Si tiene preguntas**, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite [ccama.org](http://ccama.org). 125

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<i>equivalent).....</i>	55	<i>mg/ml).....</i>	49
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<i>allopurinol tab 300 mg.....</i>	19	<i>mg/ml).....</i>	49
<i>alose tron hcl tab 0.5 mg (base equiv)</i>		<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>.....</i>	99	<i>mg/ml).....</i>	49
<i>alose tron hcl tab 1 mg (base equiv) .</i>	99	<i>amiodarone hcl tab 100 mg .....</i>	49
<i>alprazolam tab 0.25 mg.....</i>	57	<i>amiodarone hcl tab 200 mg .....</i>	49
<i>alprazolam tab 0.5 mg.....</i>	57	<i>amiodarone hcl tab 400 mg .....</i>	49
<i>alprazolam tab 1 mg .....</i>	57	<i>amitriptyline hcl tab 10 mg .....</i>	59
<i>alprazolam tab 2 mg .....</i>	57	<i>amitriptyline hcl tab 100 mg .....</i>	59
<i>altavera.....</i>	86	<i>amitriptyline hcl tab 150 mg .....</i>	59
ALUNBRIG PAK.....	38	<i>amitriptyline hcl tab 25 mg .....</i>	59
ALUNBRIG TAB 180MG .....	38	<i>amitriptyline hcl tab 50 mg .....</i>	59
ALUNBRIG TAB 30MG .....	38	<i>amitriptyline hcl tab 75 mg .....</i>	59
ALUNBRIG TAB 90MG .....	38	<i>amlodipine besylate tab 10 mg (base</i>	
ALVAIZ TAB 18MG .....	103	<i>equivalent) .....</i>	53
ALVAIZ TAB 36MG .....	103	<i>amlodipine besylate tab 2.5 mg (base</i>	
ALVAIZ TAB 54MG .....	103	<i>equivalent) .....</i>	53
ALVAIZ TAB 9MG .....	103	<i>amlodipine besylate tab 5 mg (base</i>	
ALVESCO AER 160MCG.....	119	<i>equivalent) .....</i>	53
ALVESCO AER 80MCG.....	119	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>alyacen 1/35.....</i>	86	<i>10-20 mg .....</i>	45
<i>alyacen 7/7/7.....</i>	86	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYFTREK TAB 10-50-125.....	118	<i>10-40 mg .....</i>	45
ALYFTREK TAB 4-20-50 .....	117	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYGLO INJ 10/100ML.....	107	<i>2.5-10 mg .....</i>	45
ALYGLO INJ 20/200ML.....	107	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYGLO INJ 5GM/50ML.....	107	<i>5-10 mg .....</i>	45
<i>alyq .....</i>	56	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl cap 100 mg .....</i>	63	<i>5-20 mg .....</i>	45
<i>amantadine hcl soln 50 mg/5ml .....</i>	63	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl tab 100 mg .....</i>	63	<i>5-40 mg .....</i>	45
<i>ambrisentan tab 10 mg .....</i>	56	<i>amlodipine besylate-olmesartan</i>	
<i>ambrisentan tab 5 mg .....</i>	56	<i>medoxomil tab 10-20 mg .....</i>	47
<i>amethyst.....</i>	86	<i>amlodipine besylate-olmesartan</i>	
		<i>medoxomil tab 10-40 mg .....</i>	47

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	47	<i>amoxicillin (trihydrate) tab 875 mg</i> ..	32
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	47	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	75
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	47	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	75
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	47	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	75
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	47	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	75
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	47	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	75
<i>amnesteam</i> .....	120	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	75
<i>amnesteam cap 30mg</i> .....	120	<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	75
<i>amoxapine tab 100 mg</i> .....	59	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	75
<i>amoxapine tab 150 mg</i> .....	59	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	75
<i>amoxapine tab 25 mg</i> .....	59	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	75
<i>amoxapine tab 50 mg</i> .....	59	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	76
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	32	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	75
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	32	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	75
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	32	<i>amphotericin b for iv soln 50 mg</i> .....	24
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	32	<i>amphotericin b liposome iv for susp 50 mg</i> .....	24
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	32	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	32
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	32	<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	32
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	32	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....	32
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	32	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....	32
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	32	<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	32
<i>amoxicillin (trihydrate) chew tab 125 mg</i> .....	32	<i>ampicillin cap 500 mg</i> .....	32
<i>amoxicillin (trihydrate) chew tab 250 mg</i> .....	32	<i>ampicillin sodium for inj 1 gm</i> .....	32
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> .....	32	<i>ampicillin sodium for inj 2 gm</i> .....	32
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> .....	32	<i>ampicillin sodium for inj 250 mg</i> .....	32
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> .....	32	<i>ampicillin sodium for inj 500 mg</i> .....	32
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> .....	32	<i>ampicillin sodium for iv soln 1 gm</i> ....	32
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	32	<i>ampicillin sodium for iv soln 10 gm</i> ..	32

<i>ampicillin sodium for iv soln 2 gm</i> ....	32	<i>asenapine maleate sl tab 10 mg (base equiv)</i> .....	64
<i>anagrelide hcl cap 0.5 mg</i> .....	103	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .....	64
<i>anagrelide hcl cap 1 mg</i> .....	103	<i>asenapine maleate sl tab 5 mg (base equiv)</i> .....	64
<i>anastrozole tab 1 mg</i> .....	36	<i>ashlyna</i> .....	86
ANORO ELLIPT AER 62.5-25 .....	115	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	104
APIDRA INJ SOLOSTAR .....	83	ASTAGRAF XL CAP 0.5MG .....	108
APIDRA INJ U-100 .....	83	ASTAGRAF XL CAP 1MG .....	108
<i>aprepitant capsule 125 mg</i> .....	96	ASTAGRAF XL CAP 5MG .....	108
<i>aprepitant capsule 40 mg</i> .....	96	<i>atazanavir sulfate cap 150 mg (base equiv)</i> .....	26
<i>aprepitant capsule 80 mg</i> .....	96	<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....	26
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	96	<i>atazanavir sulfate cap 300 mg (base equiv)</i> .....	26
<i>apri</i> .....	86	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	51
APTIOM TAB 200MG .....	69	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	51
APTIOM TAB 400MG .....	69	<i>atenolol tab 100 mg</i> .....	51
APTIOM TAB 600MG .....	69	<i>atenolol tab 25 mg</i> .....	51
APTIOM TAB 800MG .....	69	<i>atenolol tab 50 mg</i> .....	51
APTIVUS CAP 250MG .....	26	<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....	76
ARALAST NP INJ 1000MG .....	118	<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....	76
ARALAST NP INJ 500MG .....	118	<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	76
<i>aranelle</i> .....	86	<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....	76
ARCALYST INJ 220MG .....	108	<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	76
AREXVY INJ 120MCG .....	109	<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	76
ARIKAYCE SUS .....	22	<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	76
<i>aripiprazole oral solution 1 mg/ml</i> ....	64	<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	50
<i>aripiprazole orally disintegrating tab 10 mg</i> .....	64	<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	50
<i>aripiprazole orally disintegrating tab 15 mg</i> .....	64	<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	50
<i>aripiprazole tab 10 mg</i> .....	64	<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	50
<i>aripiprazole tab 15 mg</i> .....	64		
<i>aripiprazole tab 2 mg</i> .....	64		
<i>aripiprazole tab 20 mg</i> .....	64		
<i>aripiprazole tab 30 mg</i> .....	64		
<i>aripiprazole tab 5 mg</i> .....	64		
ARISTADA INJ 1064MG .....	64		
ARISTADA INJ 441MG/1. ....	64		
ARISTADA INJ 662MG/2 .....	64		
ARISTADA INJ 882MG/3 .....	64		
ARISTADA INJ INITIO .....	64		
<i>armodafinil tab 150 mg</i> .....	80		
<i>armodafinil tab 200 mg</i> .....	80		
<i>armodafinil tab 250 mg</i> .....	80		
<i>armodafinil tab 50 mg</i> .....	80		
ARNUITY ELPT INH 100MCG .....	119		
ARNUITY ELPT INH 200MCG .....	119		
ARNUITY ELPT INH 50MCG .....	119		

<i>atovaquone susp 750 mg/5ml</i> .....	22	<i>aztreonam for inj 1 gm</i> .....	22
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	25	<i>aztreonam for inj 2 gm</i> .....	22
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	25	<i>azurette</i> .....	86
ATROPINE SUL SOL 1% OP .....	115	<b>B</b>	
<i>atropine sulfate ophth soln 1%</i> .....	115	<i>bacitracin ophth oint 500 unit/gm</i> ..	113
ATROVENT HFA AER 17MCG .....	116	<i>bacitracin-polymyxin b ophth oint</i> ..	113
<i>aubra eq</i> .....	86	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	113
AUGTYRO CAP 160MG .....	38	<i>baclofen tab 10 mg</i> .....	79
AUGTYRO CAP 40MG .....	38	<i>baclofen tab 20 mg</i> .....	79
<i>aurovela 1/20</i> .....	86	<i>baclofen tab 5 mg</i> .....	79
<i>aurovela 24 fe</i> .....	86	BAFIERTAM CAP 95MG .....	79
<i>aurovela fe 1.5/30</i> .....	86	<i>balsalazide disodium cap 750 mg</i> .....	98
<i>aurovela fe 1/20</i> .....	86	BALVERSA TAB 3MG .....	38
AUSTEDO TAB 12MG .....	78	BALVERSA TAB 4MG .....	38
AUSTEDO TAB 6MG .....	78	BALVERSA TAB 5MG .....	39
AUSTEDO TAB 9MG .....	78	<i>balziva</i> .....	86
AUSTEDO XR TAB 12MG .....	78	BAQSIMI ONE POW 3MG/DOSE .....	93
AUSTEDO XR TAB 18MG .....	78	BAQSIMI TWO POW 3MG/DOSE.....	93
AUSTEDO XR TAB 24MG .....	78	BARACLUDGE SOL .....	28
AUSTEDO XR TAB 30MG .....	78	BASAGLAR KWP INJ 100/ML.....	83
AUSTEDO XR TAB 36MG .....	78	BCG VACCINE INJ 50MG .....	109
AUSTEDO XR TAB 42MG .....	78	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	45
AUSTEDO XR TAB 48MG .....	78	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	45
AUSTEDO XR TAB 6MG .....	78	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	45
AUSTEDO XR TAB TITR KIT .....	78	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i> .....	45
AUVELITY TAB 45-105MG .....	59	<i>benazepril hcl tab 10 mg</i> .....	46
<i>aviane</i> .....	86	<i>benazepril hcl tab 20 mg</i> .....	46
AVMAPKI PAK FAKZYNJA.....	38	<i>benazepril hcl tab 40 mg</i> .....	46
<i>ayuna</i> .....	86	<i>benazepril hcl tab 5 mg</i> .....	46
AYVAKIT TAB 100MG.....	38	BENDAMUSTINE SOL 100/4ML.....	34
AYVAKIT TAB 200MG.....	38	BENDEKA INJ 100/4ML.....	34
AYVAKIT TAB 25MG .....	38	BENLYSTA INJ 120MG .....	108
AYVAKIT TAB 300MG.....	38	BENLYSTA INJ 200MG/ML .....	108
AYVAKIT TAB 50MG .....	38	BENLYSTA INJ 400MG .....	108
<i>azacitidine for inj 100 mg</i> .....	35	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	120
<i>azathioprine tab 50 mg</i> .....	108	<i>benztropine mesylate inj 1 mg/ml</i> ....	63
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	116	<i>benztropine mesylate tab 0.5 mg</i> ....	63
<i>azelastine hcl ophth soln 0.05%</i> .....	114	<i>benztropine mesylate tab 1 mg</i> .....	63
<i>azithromycin for susp 100 mg/5ml</i> ...	31	<i>benztropine mesylate tab 2 mg</i> .....	63
<i>azithromycin for susp 200 mg/5ml</i> ...	31	BERINERT INJ 500UNIT .....	103
<i>azithromycin iv for soln 500 mg</i> .....	31		
<i>azithromycin tab 250 mg</i> .....	31		
<i>azithromycin tab 500 mg</i> .....	31		
<i>azithromycin tab 600 mg</i> .....	31		

<i>besifloxacin hcl ophth susp 0.6% (base equiv)</i> .....	113	<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	51
BESIVANCE SUS 0.6%.....	113	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	51
BESREMI SOL 500MCG .....	37	<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	51
<i>betaine powder for oral solution</i> .....	93	<i>bisoprolol fumarate tab 10 mg</i> .....	52
<i>betamethasone dipropionate augmented cream 0.05%</i> .....	122	<i>bisoprolol fumarate tab 5 mg</i> .....	52
<i>betamethasone dipropionate augmented gel 0.05%</i> .....	122	BIVIGAM INJ 10% .....	107
<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	122	<i>blisovi 24 fe</i> .....	86
<i>betamethasone dipropionate augmented oint 0.05%</i> .....	122	<i>blisovi fe 1.5/30</i> .....	86
<i>betamethasone dipropionate cream 0.05%</i> .....	122	<i>blisovi fe tab 1/20</i> .....	86
<i>betamethasone dipropionate lotion 0.05%</i> .....	122	BLUJEPa TAB 750MG.....	22
<i>betamethasone dipropionate oint 0.05%</i> .....	122	BONSITY INJ 560/2.24 .....	85
<i>betamethasone valerate cream 0.1% (base equivalent)</i> .....	122	BOOSTRIX INJ .....	109
<i>betamethasone valerate lotion 0.1% (base equivalent)</i> .....	122	<i>bortezomib for inj 3.5 mg</i> .....	39
<i>betamethasone valerate oint 0.1% (base equivalent)</i> .....	122	BORTEZOMIB INJ 1MG .....	39
BETASERON INJ 0.3MG.....	79	BORTEZOMIB INJ 2.5MG .....	39
<i>betaxolol hcl ophth soln 0.5%</i> .....	114	<i>bosentan tab 125 mg</i> .....	57
<i>betaxolol hcl tab 10 mg</i> .....	51	<i>bosentan tab 62.5 mg</i> .....	57
<i>betaxolol hcl tab 20 mg</i> .....	52	<i>bosentan tab for oral susp 32 mg</i> ....	57
<i>bethanechol chloride tab 10 mg</i> .....	101	BOSULIF CAP 100MG .....	39
<i>bethanechol chloride tab 25 mg</i> .....	101	BOSULIF CAP 50MG .....	39
<i>bethanechol chloride tab 5 mg</i> .....	101	BOSULIF TAB 100MG .....	39
<i>bethanechol chloride tab 50 mg</i> .....	101	BOSULIF TAB 400MG .....	39
BEVESPI AER 9-4.8MCG.....	115	BOSULIF TAB 500MG .....	39
<i>bexarotene cap 75 mg</i> .....	37	BRAFTOVI CAP 75MG .....	39
<i>bexarotene gel 1%</i> .....	123	BREO ELLIPTA INH 100-25.....	120
BXSERO INJ .....	109	BREO ELLIPTA INH 200-25.....	120
<i>bicalutamide tab 50 mg</i> .....	36	BREO ELLIPTA INH 50-25MCG .....	120
BICILLIN L-A INJ 1200000 .....	32	<i>breyna</i> .....	120
BICILLIN L-A INJ 2400000 .....	32	BREZTRI AERO AER SPHERE .....	115
BICILLIN L-A INJ 600000 .....	32	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....	115
BIKTARVY TAB 30-120-15 MG .....	27	<i>briellyn</i> .....	86
BIKTARVY TAB 50-200-25 MG .....	27	<i>brimonidine tartrate ophth soln 0.2%</i> .....	114
BILDYOS INJ 60MG/ML .....	85	<i>brinzolamide ophth susp 1%</i> .....	114
BIMZELX INJ 160MG/ML .....	104	<i>brivaracetam oral soln 10 mg/ml</i> .....	69
BIMZELX INJ 320MG/2 .....	104	<i>brivaracetam tab 10 mg</i> .....	69
		<i>brivaracetam tab 100 mg</i> .....	69
		<i>brivaracetam tab 25 mg</i> .....	69
		<i>brivaracetam tab 50 mg</i> .....	69
		<i>brivaracetam tab 75 mg</i> .....	69
		BRIVIACT SOL 10MG/ML.....	69
		BRIVIACT TAB 100MG .....	69
		BRIVIACT TAB 10MG.....	69

BRIVIACT TAB 25MG .....	69	<i>buprenorphine td patch weekly 5</i>	
BRIVIACT TAB 50MG .....	69	<i>mcg/hr</i> .....	20
BRIVIACT TAB 75MG .....	69	<i>buprenorphine td patch weekly 7.5</i>	
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>mcg/hr</i> .....	20
<i>equivalent)</i> .....	63	<i>bupropion hcl (smoking deterrent) tab</i>	
<i>bromocriptine mesylate tab 2.5 mg</i>		<i>er 12hr 150 mg</i> .....	80
<i>(base equivalent)</i> .....	63	<i>bupropion hcl tab 100 mg</i> .....	59
BRUKINSA CAP 80MG .....	39	<i>bupropion hcl tab 75 mg</i> .....	59
BRUKINSA TAB 160MG .....	39	<i>bupropion hcl tab er 12hr 100 mg</i> ....	59
<i>budesonide delayed release particles</i>		<i>bupropion hcl tab er 12hr 150 mg</i> ....	59
<i>cap 3 mg</i> .....	98	<i>bupropion hcl tab er 12hr 200 mg</i> ....	59
<i>budesonide inhalation susp 0.25</i>		<i>bupropion hcl tab er 24hr 150 mg</i> ....	59
<i>mg/2ml</i> .....	119	<i>bupropion hcl tab er 24hr 300 mg</i> ....	59
<i>budesonide inhalation susp 0.5 mg/2ml</i>		<i>bupirone hcl tab 10 mg</i> .....	57
.....	119	<i>bupirone hcl tab 15 mg</i> .....	57
<i>budesonide tab er 24hr 9 mg</i> .....	98	<i>bupirone hcl tab 30 mg</i> .....	57
<i>budesonide-formoterol fumarate dihyd</i>		<i>bupirone hcl tab 5 mg</i> .....	57
<i>aerosol 160-4.5 mcg/act</i> .....	120	<i>bupirone hcl tab 7.5 mg</i> .....	57
<i>budesonide-formoterol fumarate dihyd</i>		<i>butorphanol tartrate inj 1 mg/ml</i> ....	21
<i>aerosol 80-4.5 mcg/act</i> .....	120	<i>butorphanol tartrate inj 2 mg/ml</i> ....	21
<i>bumetanide inj 0.25 mg/ml</i> .....	54	<b>C</b>	
<i>bumetanide tab 0.5 mg</i> .....	54	<i>cabergoline tab 0.5 mg</i> .....	93
<i>bumetanide tab 1 mg</i> .....	54	CABOMETYX TAB 20MG .....	39
<i>bumetanide tab 2 mg</i> .....	54	CABOMETYX TAB 40MG .....	39
<i>buprenorphine hcl sl tab 2 mg (base</i>		CABOMETYX TAB 60MG .....	39
<i>equiv)</i> .....	80	<i>calcipotriene cream 0.005%</i> .....	121
<i>buprenorphine hcl sl tab 8 mg (base</i>		<i>calcipotriene oint 0.005%</i> .....	122
<i>equiv)</i> .....	80	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		.....	122
<i>12-3 mg (base equiv)</i> .....	80	<i>calcitonin (salmon) spray</i> .....	85
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitrene</i> .....	122
<i>2-0.5 mg (base equiv)</i> .....	80	<i>calcitriol (oral)</i> .....	96
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitriol cap 0.25 mcg</i> .....	96
<i>4-1 mg (base equiv)</i> .....	80	<i>calcitriol cap 0.5 mcg</i> .....	96
<i>buprenorphine hcl-naloxone hcl sl film</i>		CALQUENCE TAB 100MG.....	39
<i>8-2 mg (base equiv)</i> .....	80	<i>camila</i> .....	86
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>camrese</i> .....	86
<i>2-0.5 mg (base equiv)</i> .....	80	<i>camrese lo</i> .....	86
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>candesartan cilexetil tab 16 mg</i> .....	49
<i>8-2 mg (base equiv)</i> .....	80	<i>candesartan cilexetil tab 32 mg</i> .....	49
<i>buprenorphine td patch weekly 10</i>		<i>candesartan cilexetil tab 4 mg</i> .....	48
<i>mcg/hr</i> .....	20	<i>candesartan cilexetil tab 8 mg</i> .....	48
<i>buprenorphine td patch weekly 15</i>		<i>candesartan cilexetil-</i>	
<i>mcg/hr</i> .....	20	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>buprenorphine td patch weekly 20</i>		.....	47
<i>mcg/hr</i> .....	20		

<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i> .....	47	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	63
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .	47	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	63
CAPLYTA CAP 10.5MG.....	64	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	63
CAPLYTA CAP 21MG .....	64	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	63
CAPLYTA CAP 42MG .....	64	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	63
CAPRELSA TAB 100MG .....	39	<i>carboplatin iv soln 150 mg/15ml</i> .....	34
CAPRELSA TAB 300MG .....	39	<i>carboplatin iv soln 450 mg/45ml</i> .....	34
<i>captopril &amp; hydrochlorothiazide tab 25- 15 mg</i> .....	45	<i>carboplatin iv soln 50 mg/5ml</i> .....	34
<i>captopril &amp; hydrochlorothiazide tab 25- 25 mg</i> .....	45	<i>carboplatin iv soln 600 mg/60ml</i> .....	34
<i>captopril &amp; hydrochlorothiazide tab 50- 15 mg</i> .....	45	<i>carglumic acid soluble tab 200 mg</i> ...	93
<i>captopril &amp; hydrochlorothiazide tab 50- 25 mg</i> .....	45	<i>carisoprodol tab 350 mg</i> .....	79
<i>captopril tab 100 mg</i> .....	46	<i>carteolol hcl ophth soln 1%</i> .....	114
<i>captopril tab 12.5 mg</i> .....	46	<i>cartia xt</i> .....	53
<i>captopril tab 25 mg</i> .....	46	<i>carvedilol tab 12.5 mg</i> .....	52
<i>captopril tab 50 mg</i> .....	46	<i>carvedilol tab 25 mg</i> .....	52
<i>carb/levo orally disintegrating tab 10- 100mg</i> .....	63	<i>carvedilol tab 3.125 mg</i> .....	52
<i>carb/levo orally disintegrating tab 25- 100mg</i> .....	63	<i>carvedilol tab 6.25 mg</i> .....	52
<i>carb/levo orally disintegrating tab 25- 250mg</i> .....	63	<i>casprofungin acetate for iv soln 50 mg</i> .....	24
<i>carbamazepine cap er 12hr 100 mg</i> ..	69	<i>casprofungin acetate for iv soln 70 mg</i> .....	24
<i>carbamazepine cap er 12hr 200 mg</i> ..	69	CAYSTON INH 75MG .....	22
<i>carbamazepine cap er 12hr 300 mg</i> ..	69	<i>cefaclor cap 250 mg</i> .....	29
<i>carbamazepine chew tab 100 mg</i> .....	69	<i>cefaclor cap 500 mg</i> .....	29
<i>carbamazepine chew tab 200 mg</i> .....	69	<i>cefadroxil cap 500 mg</i> .....	29
<i>carbamazepine susp 100 mg/5ml</i> .....	69	<i>cefadroxil for susp 250 mg/5ml</i> .....	29
<i>carbamazepine tab 200 mg</i> .....	69	<i>cefadroxil for susp 500 mg/5ml</i> .....	29
<i>carbamazepine tab er 12hr 100 mg</i> ..	69	CEFAZOLIN INJ 1GM/50ML.....	29
<i>carbamazepine tab er 12hr 200 mg</i> ..	69	CEFAZOLIN INJ 2GM .....	29
<i>carbamazepine tab er 12hr 400 mg</i> ..	69	CEFAZOLIN INJ 3GM .....	29
<i>carbidopa &amp; levodopa tab 10-100 mg</i> 63		<i>cefazolin sodium for inj 1 gm</i> .....	29
<i>carbidopa &amp; levodopa tab 25-100 mg</i> 63		<i>cefazolin sodium for inj 10 gm</i> .....	29
<i>carbidopa &amp; levodopa tab 25-250 mg</i> 63		<i>cefazolin sodium for inj 2 gm</i> .....	29
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	63	<i>cefazolin sodium for inj 3 gm</i> .....	29
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	63	<i>cefazolin sodium for inj 500 mg</i> .....	29
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	63	<i>cefazolin sodium for iv soln 1 gm</i> .....	29
		CEFAZOLIN SOLN 2GM/100ML-4%... 29	
		CEFAZOLIN/DEX SOL 1GM/50ML-4% 29	
		CEFAZOLIN/DEX SOL 2GM/50ML-3% 29	
		CEFAZOLIN/DEX SOL 3GM/150ML-4% .....	29
		CEFAZOLIN/DEX SOL 3GM/50ML-2% 29	

<i>cefdinir cap 300 mg</i> .....	30	<i>cephalexin for susp 250 mg/5ml</i> .....	30
<i>cefdinir for susp 125 mg/5ml</i> .....	30	CEQUR SIMPL KIT PATCH 2U (3-DAY)	
<i>cefdinir for susp 250 mg/5ml</i> .....	30	.....	83
<i>cefepime hcl for inj 1 gm</i> .....	30	CEQUR SIMPL KIT PATCH 2U (4-DAY)	
<i>cefepime hcl for iv soln 2 gm</i> .....	30	.....	83
<i>cefixime cap 400 mg</i> .....	30	CEQUR SIMPL MIS INSERTER .....	83
<i>cefixime for susp 100 mg/5ml</i> .....	30	CERDELGA CAP 84MG .....	93
<i>cefixime for susp 200 mg/5ml</i> .....	30	CEREZYME INJ 400UNIT .....	93
<i>cefotetan disodium for inj 1 gm</i> .....	30	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefotetan disodium for inj 2 gm</i> .....	30	<i>mg/5ml)</i> .....	116
<i>cefoxitin sodium for iv soln 1 gm</i> .....	30	<i>cevimeline hcl cap 30 mg</i> .....	124
<i>cefoxitin sodium for iv soln 10 gm</i> ....	30	<i>chateal eq</i> .....	86
<i>cefoxitin sodium for iv soln 2 gm</i> .....	30	CHEMET CAP 100MG .....	85
<i>cefpodoxime proxetil for susp 100</i>		<i>chlorhexidine gluconate soln 0.12%</i>	124
<i>mg/5ml</i> .....	30	<i>chloroquine phosphate tab 250 mg</i> ..	25
<i>cefpodoxime proxetil for susp 50</i>		<i>chloroquine phosphate tab 500 mg</i> ..	25
<i>mg/5ml</i> .....	30	<i>chlorpromazine hcl conc 100 mg/ml</i> .	64
<i>cefpodoxime proxetil tab 100 mg</i> .....	30	<i>chlorpromazine hcl conc 30 mg/ml</i> ...	64
<i>cefpodoxime proxetil tab 200 mg</i> .....	30	<i>chlorpromazine hcl inj 25 mg/ml</i> .....	65
<i>cefprozil for susp 125 mg/5ml</i> .....	30	<i>chlorpromazine hcl inj 50 mg/2ml</i> ....	65
<i>cefprozil for susp 250 mg/5ml</i> .....	30	<i>chlorpromazine hcl tab 10 mg</i> .....	65
<i>cefprozil tab 250 mg</i> .....	30	<i>chlorpromazine hcl tab 100 mg</i> .....	65
<i>cefprozil tab 500 mg</i> .....	30	<i>chlorpromazine hcl tab 200 mg</i> .....	65
<i>ceftaroline fosamil for iv soln 400 mg</i>	30	<i>chlorpromazine hcl tab 25 mg</i> .....	65
<i>ceftaroline fosamil for iv soln 600 mg</i>	30	<i>chlorpromazine hcl tab 50 mg</i> .....	65
<i>ceftazidime for inj 1 gm</i> .....	30	<i>chlorthalidone tab 25 mg</i> .....	54
<i>ceftazidime for inj 6 gm</i> .....	30	<i>chlorthalidone tab 50 mg</i> .....	54
<i>ceftazidime for iv soln 2 gm</i> .....	30	<i>cholestyramine light powder 4 gm/dose</i>	
<i>ceftriaxone sodium for inj 1 gm</i> .....	30	.....	50
<i>ceftriaxone sodium for inj 10 gm</i> .....	30	<i>cholestyramine light powder packets 4</i>	
<i>ceftriaxone sodium for inj 2 gm</i> .....	30	<i>gm</i> .....	50
<i>ceftriaxone sodium for inj 250 mg</i> ....	30	<i>cholestyramine powder 4 gm/dose</i> ...	51
<i>ceftriaxone sodium for inj 500 mg</i> ....	30	<i>cholestyramine powder packets 4 gm</i>	51
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	30	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	30	<i>equiv)</i> .....	121
<i>cefuroxime axetil tab 250 mg</i> .....	30	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>cefuroxime axetil tab 500 mg</i> .....	30	<i>equiv)</i> .....	121
<i>cefuroxime sodium for inj 750 mg</i> ....	30	<i>ciclopirox shampoo 1%</i> .....	121
<i>cefuroxime sodium for iv soln 1.5 gm</i>		<i>cilostazol tab 100 mg</i> .....	103
.....	30	<i>cilostazol tab 50 mg</i> .....	103
<i>celecoxib cap 100 mg</i> .....	19	CILOXAN OIN 0.3% OP .....	113
<i>celecoxib cap 200 mg</i> .....	19	CIMDUO TAB 300-300 .....	27
<i>celecoxib cap 400 mg</i> .....	19	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	
<i>celecoxib cap 50 mg</i> .....	19	.....	93
<i>cephalexin cap 250 mg</i> .....	30	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	
<i>cephalexin cap 500 mg</i> .....	30	.....	93
<i>cephalexin for susp 125 mg/5ml</i> .....	30		

<i>cinacalcet hcl tab 90 mg (base equiv)</i>		<i>clindamycin phosphate inj 300 mg/2ml</i>	
.....	93	.....	22
<i>ciprofloxacin 200 mg/100ml in d5w</i>	..31	<i>clindamycin phosphate inj 600 mg/4ml</i>	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	..31	.....	22
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	.....	<i>clindamycin phosphate inj 900 mg/6ml</i>	
	113	.....	22
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	.....	<i>clindamycin phosphate lotion 1%...</i>	120
	31	<i>clindamycin phosphate soln 1%.....</i>	120
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	.....	<i>clindamycin phosphate vaginal cream 2%</i>	.....
	31		101
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	.....	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	.....
	31		120
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	.....	CLINDMYC/NAC INJ 300/50ML.....	23
	115	CLINDMYC/NAC INJ 600/50ML.....	23
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	.....	CLINDMYC/NAC INJ 900/50ML.....	23
	34	CLINIMIX INJ 4.25/D10.....	112
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	.....	CLINIMIX INJ 4.25/D5W.....	112
	34	CLINIMIX INJ 5%/D15W.....	112
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	..34	CLINIMIX INJ 5%/D20W.....	112
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	.....	CLINIMIX INJ 6/5.....	112
	59	CLINIMIX INJ 8/10.....	112
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	.....	CLINIMIX INJ 8/14.....	112
	59	<i>clinisol sf 15%</i> .....	112
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	.....	CLINOLIPID EMU 20%.....	112
	59	<i>clobazam suspension 2.5 mg/ml</i> .....	69
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	.....	<i>clobazam tab 10 mg</i> .....	69
	59	<i>clobazam tab 20 mg</i> .....	69
<i>claravis</i> .....	120	<i>clobetasol propionate cream 0.05%</i>	122
<i>clarithromycin for susp 125 mg/5ml</i>	..31	<i>clobetasol propionate e</i> .....	122
<i>clarithromycin for susp 250 mg/5ml</i>	..31	<i>clobetasol propionate gel 0.05%</i> ....	122
<i>clarithromycin tab 250 mg</i> .....	31	<i>clobetasol propionate oint 0.05%</i> ... 122	
<i>clarithromycin tab 500 mg</i> .....	31	<i>clobetasol propionate shampoo 0.05%</i>	.....
<i>clarithromycin tab er 24hr 500 mg</i> ...31		.....	122
<i>clindamycin hcl cap 150 mg</i> .....	22	<i>clobetasol propionate soln 0.05%</i> .. 122	
<i>clindamycin hcl cap 300 mg</i> .....	22	<i>clodan</i> .....	122
<i>clindamycin hcl cap 75 mg</i> .....	22	<i>clomipramine hcl cap 25 mg</i> .....	59
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	22	<i>clomipramine hcl cap 50 mg</i> .....	59
<i>clindamycin phosphate gel 1% (once-daily)</i> .....	120	<i>clomipramine hcl cap 75 mg</i> .....	59
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	22	<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	69
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	22	<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	69
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	22	<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	69
		<i>clonazepam orally disintegrating tab 1 mg</i> .....	69

<i>clonazepam orally disintegrating tab 2 mg</i> .....	69	<i>colesevelam hcl packet for susp 3.75 gm</i> .....	51
<i>clonazepam tab 0.5 mg</i> .....	69	<i>colesevelam hcl tab 625 mg</i> .....	51
<i>clonazepam tab 1 mg</i> .....	69	<i>colestipol hcl granule packets 5 gm</i> ..	51
<i>clonazepam tab 2 mg</i> .....	69	<i>colestipol hcl granules 5 gm</i> .....	51
<i>clonidine hcl tab 0.1 mg</i> .....	55	<i>colestipol hcl tab 1 gm</i> .....	51
<i>clonidine hcl tab 0.2 mg</i> .....	55	<i>colistimethate sod for inj 150 mg (colistin base activity)</i> .....	23
<i>clonidine hcl tab 0.3 mg</i> .....	55	COMBIGAN SOL 0.2/0.5% .....	114
<i>clonidine td patch weekly 0.1 mg/24hr</i> .....	55	COMBIVENT AER 20-100 .....	115
<i>clonidine td patch weekly 0.2 mg/24hr</i> .....	55	COMETRIQ (60MG DOSE) .....	39
<i>clonidine td patch weekly 0.3 mg/24hr</i> .....	55	COMETRIQ KIT 100MG .....	39
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	104	COMETRIQ KIT 140MG .....	39
<i>clorazepate dipotassium tab 15 mg</i> ..	70	<i>compro</i> .....	96
<i>clorazepate dipotassium tab 3.75 mg</i>	70	<i>constulose</i> .....	98
<i>clorazepate dipotassium tab 7.5 mg</i> .	70	COPAXONE INJ 20MG/ML.....	79
<i>clotrimazole cream 1%</i> .....	121	COPAXONE INJ 40MG/ML.....	79
<i>clotrimazole soln 1%</i> .....	121	COPIKTRA CAP 15MG .....	39
<i>clotrimazole troche 10 mg</i> .....	124	COPIKTRA CAP 25MG .....	39
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	121	CORLANOR SOL 5MG/5ML.....	55
<i>clozapine orally disintegrating tab 100 mg</i> .....	65	COTELLIC TAB 20MG.....	39
<i>clozapine orally disintegrating tab 12.5 mg</i> .....	65	CREON CAP 12000UNT .....	99
<i>clozapine orally disintegrating tab 150 mg</i> .....	65	CREON CAP 24000UNT .....	99
<i>clozapine orally disintegrating tab 200 mg</i> .....	65	CREON CAP 3000UNIT.....	99
<i>clozapine orally disintegrating tab 25 mg</i> .....	65	CREON CAP 36000UNT .....	99
<i>clozapine tab 100 mg</i> .....	65	CREON CAP 6000UNIT.....	99
<i>clozapine tab 200 mg</i> .....	65	CRESEMBA CAP 186MG .....	25
<i>clozapine tab 25 mg</i> .....	65	CRESEMBA CAP 74.5MG .....	25
<i>clozapine tab 50 mg</i> .....	65	<i>cromolyn sodium ophth soln 4%</i> ....	114
COARTEM TAB 20-120MG .....	25	<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	99
COBENFY CAP 100-20MG .....	65	<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	118
COBENFY CAP 125-30MG .....	65	<i>cryselle-28</i> .....	86
COBENFY CAP 50-20MG.....	65	<i>cyclobenzaprine hcl tab 10 mg</i> .....	79
COBENFY STRT CAP PACK .....	65	<i>cyclobenzaprine hcl tab 5 mg</i> .....	79
<i>colchicine tab 0.6 mg</i> .....	19	CYCLOPHOSPH INJ 1000MG .....	34
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	19	CYCLOPHOSPH INJ 1GM/2ML.....	34
		CYCLOPHOSPH INJ 2000MG .....	34
		CYCLOPHOSPH INJ 2GM/4ML.....	34
		CYCLOPHOSPH INJ 500/5ML .....	34
		CYCLOPHOSPH INJ 500MG/ML.....	34
		CYCLOPHOSPH TAB 25MG.....	34
		CYCLOPHOSPH TAB 50MG.....	34
		CYCLOPHOSPHA INJ 2GM/10ML.....	34
		CYCLOPHOSPHA INJ 500/2.5.....	34
		<i>cyclophosphamide cap 25 mg</i> .....	34

<i>cyclophosphamide cap 50 mg</i> .....	34	<i>dapsone tab 100 mg</i> .....	23
<i>cyclophosphamide for inj 1 gm</i> .....	34	<i>dapsone tab 25 mg</i> .....	23
<i>cyclophosphamide for inj 2 gm</i> .....	34	DAPTACEL INJ.....	109
<i>cyclophosphamide for inj 500 mg</i> .....	34	<i>daptomycin for iv soln 350 mg</i> .....	23
CYCLOPHOSPHAMIDE IV SOLN 1		<i>daptomycin for iv soln 500 mg</i> .....	23
GM/5ML (200 MG/ML).....	34	DAPTOMYCIN INJ 350MG.....	23
<i>cycloserine cap 250 mg</i> .....	28	<i>darunavir tab 600 mg</i> .....	26
<i>cyclosporine cap 100 mg</i> .....	108	<i>darunavir tab 800 mg</i> .....	26
<i>cyclosporine cap 25 mg</i> .....	108	<i>dasatinib tab 100 mg</i> .....	39
<i>cyclosporine modified cap 100 mg</i> ..	108	<i>dasatinib tab 140 mg</i> .....	39
<i>cyclosporine modified cap 25 mg</i> ...	108	<i>dasatinib tab 20 mg</i> .....	39
<i>cyclosporine modified cap 50 mg</i> ...	108	<i>dasatinib tab 50 mg</i> .....	39
<i>cyclosporine modified oral soln 100</i>		<i>dasatinib tab 70 mg</i> .....	39
<i>mg/ml</i> .....	108	<i>dasatinib tab 80 mg</i> .....	39
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	116	<i>dasetta 1/35</i> .....	86
<i>cyproheptadine hcl tab 4 mg</i> .....	116	<i>dasetta 7/7/7</i> .....	86
<i>cyred eq</i> .....	86	DAURISMO TAB 100MG .....	39
CYSTADROPS SOL 0.37% .....	115	DAURISMO TAB 25MG.....	39
CYSTAGON CAP 150MG .....	93	<i>daysee</i> .....	86
CYSTAGON CAP 50MG .....	93	DAYVIGO TAB 10MG .....	76
CYSTARAN SOL 0.44% .....	115	DAYVIGO TAB 5MG .....	76
<i>cytarabine inj 20 mg/ml</i> .....	35	<i>deblitane</i> .....	86
<b>D</b>		<i>deferasirox tab 180 mg</i> .....	85
D10W/NAACL INJ 0.2% .....	110	<i>deferasirox tab 360 mg</i> .....	85
D10W/NAACL INJ 0.45% .....	110	<i>deferasirox tab 90 mg</i> .....	85
D2.5W/NAACL INJ 0.45% .....	110	<i>deferasirox tab for oral susp 125 mg</i>	85
D5W/NAACL INJ 0.2%.....	110	<i>deferasirox tab for oral susp 250 mg</i>	85
D5W/NAACL INJ 0.45% .....	110	<i>deferasirox tab for oral susp 500 mg</i>	86
<i>dabigatran etexilate mesylate cap 110</i>		DELSTRIGO TAB .....	27
<i>mg (etexilate base eq)</i> .....	102	DENGVAIXIA SUS .....	109
<i>dabigatran etexilate mesylate cap 150</i>		DEPO-SQ PROV INJ 104 .....	86
<i>mg (etexilate base eq)</i> .....	102	<i>depo-testosterone</i> .....	81
<i>dabigatran etexilate mesylate cap 75</i>		DESCOVY TAB 120-15MG .....	27
<i>mg (etexilate base eq)</i> .....	102	DESCOVY TAB 200/25MG .....	27
<i>dalfampridine tab er 12hr 10 mg</i> .....	79	<i>desipramine hcl tab 10 mg</i> .....	59
<i>danazol cap 100 mg</i> .....	81	<i>desipramine hcl tab 100 mg</i> .....	60
<i>danazol cap 200 mg</i> .....	81	<i>desipramine hcl tab 150 mg</i> .....	60
<i>danazol cap 50 mg</i> .....	81	<i>desipramine hcl tab 25 mg</i> .....	59
<i>dantrolene sodium cap 100 mg</i> .....	79	<i>desipramine hcl tab 50 mg</i> .....	59
<i>dantrolene sodium cap 25 mg</i> .....	79	<i>desipramine hcl tab 75 mg</i> .....	60
<i>dantrolene sodium cap 50 mg</i> .....	79	<i>desmopressin acetate inj 4 mcg/ml</i> ..	93
DANZITEN TAB 71MG .....	39	<i>desmopressin acetate nasal spray soln</i>	
DANZITEN TAB 95MG .....	39	<i>0.01%</i> .....	93
<i>dapagliflozin propanediol tab 10 mg</i>		<i>desmopressin acetate nasal spray soln</i>	
<i>(base equivalent)</i> .....	81	<i>0.01% (refrigerated)</i> .....	93
<i>dapagliflozin propanediol tab 5 mg</i>		<i>desmopressin acetate preservative free</i>	
<i>(base equivalent)</i> .....	81	<i>(pf) inj 4 mcg/ml</i> .....	93

<i>desmopressin acetate tab 0.1 mg</i> .....	93	<i>dextrose 5% w/ sodium chloride 0.3%</i>	110
<i>desmopressin acetate tab 0.2 mg</i> .....	93	.....	110
<i>desogest-eth estrad &amp; eth estrad tab</i>		<i>dextrose 5% w/ sodium chloride 0.45%</i>	110
<i>0.15-0.02/0.01 mg(21/5)</i> .....	87	.....	110
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextrose 5% w/ sodium chloride 0.9%</i>	110
<i>100 mg (base equiv)</i> .....	60	.....	113
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextrose inj 10%</i> .....	113
<i>25 mg (base equiv)</i> .....	60	DEXTROSE INJ 10%.....	113
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextrose inj 5%</i> .....	113
<i>50 mg (base equiv)</i> .....	60	<i>dextrose inj 50%</i> .....	113
DEXAMETHASON CON 1MG/ML .....	91	DEXTROSE INJ 70%.....	113
<i>dexamethasone elixir 0.5 mg/5ml</i> ....	91	DIACOMIT CAP 250MG .....	70
<i>dexamethasone sod phos inj sol pref</i>		DIACOMIT CAP 500MG .....	70
<i>syr 10 mg/ml (pf)</i> .....	91	DIACOMIT PAK 250MG .....	70
<i>dexamethasone sod phosphate</i>		DIACOMIT PAK 500MG .....	70
<i>preservative free inj 10 mg/ml</i> .....	91	<i>diazepam inj</i> .....	70
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam intensol</i> .....	70
<i>10 mg/ml</i> .....	91	<i>diazepam oral soln 1 mg/ml</i> .....	70
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam rectal gel delivery system 10</i>	70
<i>100 mg/10ml</i> .....	91	<i>mg</i> .....	70
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam rectal gel delivery system 2.5</i>	70
<i>120 mg/30ml</i> .....	91	<i>mg</i> .....	70
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam rectal gel delivery system 20</i>	70
<i>20 mg/5ml</i> .....	91	<i>mg</i> .....	70
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam tab 10 mg</i> .....	70
<i>4 mg/ml</i> .....	91	<i>diazepam tab 2 mg</i> .....	70
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam tab 5 mg</i> .....	70
<i>soln pref syr 4 mg/ml</i> .....	92	<i>diazoxide susp 50 mg/ml</i> .....	93
<i>dexamethasone sodium phosphate</i>		<i>diclofenac potassium tab 50 mg</i> .....	19
<i>ophth soln 0.1%</i> .....	114	<i>diclofenac sodium ophth soln 0.1%</i>	114
<i>dexamethasone soln 0.5 mg/5ml</i> ....	92	<i>diclofenac sodium soln 1.5%</i> .....	123
<i>dexamethasone tab 0.5 mg</i> .....	92	<i>diclofenac sodium tab delayed release</i>	
<i>dexamethasone tab 0.75 mg</i> .....	92	<i>25 mg</i> .....	19
<i>dexamethasone tab 1 mg</i> .....	92	<i>diclofenac sodium tab delayed release</i>	
<i>dexamethasone tab 1.5 mg</i> .....	92	<i>50 mg</i> .....	19
<i>dexamethasone tab 2 mg</i> .....	92	<i>diclofenac sodium tab delayed release</i>	
<i>dexamethasone tab 4 mg</i> .....	92	<i>75 mg</i> .....	19
<i>dexamethasone tab 6 mg</i> .....	92	<i>diclofenac sodium tab er 24hr 100 mg</i>	19
<i>dexmethylphenidate hcl tab 10 mg</i> ...	76	.....	19
<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	76	<i>dicloxacillin sodium cap 250 mg</i> .....	32
<i>dexmethylphenidate hcl tab 5 mg</i> ....	76	<i>dicloxacillin sodium cap 500 mg</i> .....	32
<i>dextrose 2.5% w/ sodium chloride</i>		<i>dicyclomine hcl cap 10 mg</i> .....	98
<i>0.45%</i> .....	110	<i>dicyclomine hcl oral soln 10 mg/5ml</i> .	98
<i>dextrose 5% in lactated ringers</i> ....	110	<i>dicyclomine hcl tab 20 mg</i> .....	98
<i>dextrose 5% w/ sodium chloride</i>		DIFICID SUS.....	31
<i>0.225%</i> .....	110	<i>diflunisal tab 500 mg</i> .....	19

<i>difluprednate ophth emulsion 0.05%</i>		<i>dilt-xr</i> .....	53
.....	114	<i>diphenhydramine hcl inj 50 mg/ml</i>	116
<i>digoxin inj 0.25 mg/ml</i> .....	55	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>digoxin oral soln 0.05 mg/ml</i> .....	55	0.025 mg .....	99
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	55	<i>dipyridamole tab 25 mg</i> .....	104
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	55	<i>dipyridamole tab 50 mg</i> .....	104
<i>dihydroergotamine mesylate nasal</i>		<i>dipyridamole tab 75 mg</i> .....	104
<i>spray 4 mg/ml</i> .....	77	<i>disopyramide phosphate cap 100 mg</i>	49
DILANTIN CAP 30MG .....	70	<i>disopyramide phosphate cap 150 mg</i>	49
<i>diltiazem hcl cap er 12hr 120 mg</i> .....	53	<i>disulfiram tab 250 mg</i> .....	80
<i>diltiazem hcl cap er 12hr 60 mg</i> .....	53	<i>disulfiram tab 500 mg</i> .....	80
<i>diltiazem hcl cap er 12hr 90 mg</i> .....	53	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i> .....	53	<i>sprinkle 125 mg</i> .....	70
<i>diltiazem hcl cap er 24hr 180 mg</i> .....	53	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i> .....	53	125 mg .....	70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
120 mg .....	53	250 mg .....	70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
180 mg .....	53	500 mg .....	70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	
240 mg .....	53	.....	71
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	
300 mg .....	53	.....	71
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>docetaxel for inj conc 160 mg/8ml (20</i>	
360 mg .....	53	<i>mg/ml)</i> .....	38
<i>diltiazem hcl extended release beads</i>		<i>docetaxel for inj conc 20 mg/ml</i> .....	38
<i>cap er 24hr 120 mg</i> .....	53	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>diltiazem hcl extended release beads</i>		<i>mg/ml)</i> .....	38
<i>cap er 24hr 180 mg</i> .....	53	DOCETAXEL INJ 160/16ML .....	38
<i>diltiazem hcl extended release beads</i>		DOCETAXEL INJ 160/8ML .....	38
<i>cap er 24hr 240 mg</i> .....	53	DOCETAXEL INJ 20MG/2ML .....	38
<i>diltiazem hcl extended release beads</i>		DOCETAXEL INJ 80MG/4ML .....	38
<i>cap er 24hr 300 mg</i> .....	53	DOCETAXEL INJ 80MG/8ML .....	38
<i>diltiazem hcl extended release beads</i>		<i>docetaxel soln for iv infusion 160</i>	
<i>cap er 24hr 360 mg</i> .....	53	<i>mg/16ml</i> .....	38
<i>diltiazem hcl extended release beads</i>		<i>docetaxel soln for iv infusion 20</i>	
<i>cap er 24hr 420 mg</i> .....	53	<i>mg/2ml</i> .....	38
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		<i>docetaxel soln for iv infusion 80</i>	
<i>mg/ml)</i> .....	53	<i>mg/8ml</i> .....	38
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>		DOCIVYX INJ 160/16ML .....	38
<i>mg/ml)</i> .....	53	DOCIVYX INJ 20MG/2ML .....	38
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		DOCIVYX INJ 80MG/8ML .....	38
<i>mg/ml)</i> .....	53	<i>dofetilide cap 125 mcg (0.125 mg)</i> ..	49
<i>diltiazem hcl tab 120 mg</i> .....	53	<i>dofetilide cap 250 mcg (0.25 mg)</i> ....	49
<i>diltiazem hcl tab 30 mg</i> .....	53	<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	49
<i>diltiazem hcl tab 60 mg</i> .....	53	<i>dolishale</i> .....	87
<i>diltiazem hcl tab 90 mg</i> .....	53		

<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 10 mg</i> .....	58
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg</i> .....	58
<i>donepezil hydrochloride tab 10 mg</i> ...	58
<i>donepezil hydrochloride tab 5 mg</i> .....	58
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<i>soln 2-0.5%</i> .....	114
<i>dotti</i> .....	90
DOVATO TAB 50-300MG .....	27
<i>doxazosin mesylate tab 1 mg</i> .....	47
<i>doxazosin mesylate tab 2 mg</i> .....	47
<i>doxazosin mesylate tab 4 mg</i> .....	47
<i>doxazosin mesylate tab 8 mg</i> .....	47
<i>doxepin hcl (sleep) tab 3 mg (base</i>	
<i>equiv)</i> .....	76
<i>doxepin hcl (sleep) tab 6 mg (base</i>	
<i>equiv)</i> .....	76
<i>doxepin hcl cap 10 mg</i> .....	60
<i>doxepin hcl cap 100 mg</i> .....	60
<i>doxepin hcl cap 150 mg</i> .....	60
<i>doxepin hcl cap 25 mg</i> .....	60
<i>doxepin hcl cap 50 mg</i> .....	60
<i>doxepin hcl cap 75 mg</i> .....	60
<i>doxepin hcl conc 10 mg/ml</i> .....	60
<i>doxorubicin hcl inj 2 mg/ml</i> .....	37
<i>doxorubicin hcl liposomal susp (for iv</i>	
<i>infusion) 2 mg/ml</i> .....	37
<i>doxy 100</i> .....	33
<i>doxycycline hyclate cap 100 mg</i> .....	33
<i>doxycycline hyclate cap 50 mg</i> .....	33
<i>doxycycline hyclate for inj 100 mg</i> ...	33
<i>doxycycline hyclate tab 100 mg</i> .....	33
<i>doxycycline hyclate tab 20 mg</i> .....	33
<i>doxycycline monohydrate cap 100 mg</i>	
.....	33
<i>doxycycline monohydrate cap 50 mg</i> 33	
<i>doxycycline monohydrate for susp 25</i>	
<i>mg/5ml</i> .....	33
<i>doxycycline monohydrate tab 100 mg</i>	
.....	33
<i>doxycycline monohydrate tab 50 mg</i> 33	
<i>doxycycline monohydrate tab 75 mg</i> 33	
DRIZALMA CAP 20MG DR .....	60
DRIZALMA CAP 30MG DR.....	60
DRIZALMA CAP 40MG DR.....	60
DRIZALMA CAP 60MG DR.....	60
<i>dronabinol cap 10 mg</i> .....	97
<i>dronabinol cap 2.5 mg</i> .....	96
<i>dronabinol cap 5 mg</i> .....	97
<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>0.02 mg</i> .....	87
<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>0.03 mg</i> .....	87
<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.02-0.451 mg</i> 87	
<i>drospirenone-ethinyl estrad-</i>	
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DROXIA CAP 200MG .....	103
DROXIA CAP 300MG .....	103
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<i>droxidopa cap 100 mg</i> .....	55
<i>droxidopa cap 200 mg</i> .....	55
<i>droxidopa cap 300 mg</i> .....	55
DULERA AER 100-5MCG .....	120
DULERA AER 200-5MCG .....	120
DULERA AER 50-5MCG .....	120
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 20 mg (base eq)</i> .....	60
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 30 mg (base eq)</i> .....	60
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 60 mg (base eq)</i> .....	60
DUPIXENT INJ 200/1.14 .....	104
DUPIXENT INJ 200MG .....	104
DUPIXENT INJ 300/2ML.....	104
<i>dutasteride cap 0.5 mg</i> .....	100
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>mg</i> .....	100
<b>E</b>	
<i>e.e.s. 400</i> .....	31
<i>econazole nitrate cream 1%</i> .....	121
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<i>efavirenz tab 600 mg</i> .....	26
<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>600-200-300 mg</i> .....	27
<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>400-300-300 mg</i> .....	27
<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>600-300-300 mg</i> .....	27

ELIGARD INJ 22.5MG .....	36	<i>endocet tab 5-325mg</i> .....	21
ELIGARD INJ 30MG .....	36	<i>endocet tab 7.5-325mg</i> .....	21
ELIGARD INJ 45MG .....	36	ENGERIX-B INJ 10/0.5ML .....	109
ELIGARD INJ 7.5MG .....	36	ENGERIX-B INJ 20MCG/ML.....	109
<i>elinest</i> .....	87	<i>enilloring</i> .....	87
ELIQUIS (1.5MG PACK) 3 X .....	102	<i>enoxaparin sodium inj 300 mg/3ml</i>	102
ELIQUIS (2MG PACK) 4 X.....	102	<i>enoxaparin sodium inj soln pref syr</i>	100
ELIQUIS CAP 0.15MG .....	102	<i>mg/ml</i> .....	102
ELIQUIS ST P TAB 5MG .....	102	<i>enoxaparin sodium inj soln pref syr</i>	120
ELIQUIS TAB 0.5MG .....	102	<i>mg/0.8ml</i> .....	102
ELIQUIS TAB 2.5MG .....	102	<i>enoxaparin sodium inj soln pref syr</i>	150
ELIQUIS TAB 5MG.....	102	<i>mg/ml</i> .....	102
<i>eluryng</i> .....	87	<i>enoxaparin sodium inj soln pref syr</i>	30
EMGALITY INJ 100MG/ML.....	77	<i>mg/0.3ml</i> .....	102
EMGALITY INJ 120MG/ML.....	77	<i>enoxaparin sodium inj soln pref syr</i>	40
EMSAM DIS 12MG/24H.....	60	<i>mg/0.4ml</i> .....	102
EMSAM DIS 6MG/24HR.....	60	<i>enoxaparin sodium inj soln pref syr</i>	60
EMSAM DIS 9MG/24HR.....	60	<i>mg/0.6ml</i> .....	102
<i>emtricitabine caps 200 mg</i> .....	26	<i>enoxaparin sodium inj soln pref syr</i>	80
<i>emtricitabine-rilpivirine-tenofovir df tab</i>		<i>mg/0.8ml</i> .....	102
<i>200-25-300 mg</i> .....	27	ENSACOVE CAP 100MG .....	39
<i>emtricitabine-tenofovir disoproxil</i>		ENSACOVE CAP 25MG .....	39
<i>fumarate tab 100-150 mg</i> .....	27	<i>enskyce</i> .....	87
<i>emtricitabine-tenofovir disoproxil</i>		ENSTILAR AER .....	122
<i>fumarate tab 133-200 mg</i> .....	27	<i>entacapone tab 200 mg</i> .....	63
<i>emtricitabine-tenofovir disoproxil</i>		<i>entecavir tab 0.5 mg</i> .....	28
<i>fumarate tab 167-250 mg</i> .....	27	<i>entecavir tab 1 mg</i> .....	28
<i>emtricitabine-tenofovir disoproxil</i>		ENTRESTO CAP 15-16MG.....	48
<i>fumarate tab 200-300 mg</i> .....	27	ENTRESTO CAP 6-6MG .....	47
EMTRIVA SOL 10MG/ML.....	26	<i>enulose</i> .....	98
EMVERM CHW 100MG.....	23	EPCLUSA PAK 150-37.5.....	28
<i>emzahh</i> .....	87	EPCLUSA PAK 200-50MG .....	28
<i>enalapril maleate &amp; hydrochlorothiazide</i>		EPCLUSA TAB 200-50MG .....	28
<i>tab 10-25 mg</i> .....	45	EPCLUSA TAB 400-100 .....	28
<i>enalapril maleate &amp; hydrochlorothiazide</i>		EPIDIOLEX SOL 100MG/ML .....	71
<i>tab 5-12.5 mg</i> .....	45	<i>epinephrine inj 1 mg/ml</i> .....	55
<i>enalapril maleate tab 10 mg</i> .....	46	<i>epinephrine solution auto-injector 0.15</i>	
<i>enalapril maleate tab 2.5 mg</i> .....	46	<i>mg/0.15ml (1:1000)</i> .....	118
<i>enalapril maleate tab 20 mg</i> .....	46	<i>epinephrine solution auto-injector 0.15</i>	
<i>enalapril maleate tab 5 mg</i> .....	46	<i>mg/0.3ml (1:2000)</i> .....	118
ENBREL INJ 25/0.5ML.....	104	<i>epinephrine solution auto-injector 0.3</i>	
ENBREL INJ 25MG.....	104	<i>mg/0.3ml (1:1000)</i> .....	118
ENBREL INJ 50MG/ML.....	104	<i>epierenone tab 25 mg</i> .....	47
ENBREL MINI INJ 50MG/ML .....	105	<i>epierenone tab 50 mg</i> .....	47
ENBREL SRCLK INJ 50MG/ML.....	105	<i>ergotamine w/ caffeine tab 1-100 mg</i>	
<i>endocet tab 10-325mg</i> .....	21	.....	77
<i>endocet tab 2.5-325mg</i> .....	21	ERIVEDGE CAP 150MG .....	39

ERLEADA TAB 240MG .....	36	<i>eslicarbazepine acetate tab 800 mg</i> .	71
ERLEADA TAB 60MG.....	36	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	100
<i>erlotinib hcl tab 100 mg (base equivalent)</i> .....	39	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	100
<i>erlotinib hcl tab 150 mg (base equivalent)</i> .....	39	<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i> .....	100
<i>erlotinib hcl tab 25 mg (base equivalent)</i> .....	39	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i> .....	100
<i>errin</i> .....	87	<i>esomeprazole magnesium for delayed release susp packet 20 mg</i> .....	100
<i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	23	<i>esomeprazole magnesium for delayed release susp packet 40 mg</i> .....	100
<i>ery</i> .....	120	<i>esomeprazole magnesium for delayed release susp packet 5 mg</i> .....	100
ERYTHROCIN INJ 500MG .....	31	<i>estarylla</i> .....	87
<i>erythromycin ethylsuccinate tab 400 mg</i> .....	31	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	90
<i>erythromycin gel 2%</i> .....	120	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	90
<i>erythromycin lactobionate for inj 500 mg</i> .....	31	<i>estradiol tab 0.5 mg</i> .....	90
<i>erythromycin ophth oint 5 mg/gm</i> ..	113	<i>estradiol tab 1 mg</i> .....	91
<i>erythromycin soln 2%</i> .....	121	<i>estradiol tab 2 mg</i> .....	91
<i>erythromycin tab 250 mg</i> .....	31	<i>estradiol td patch twice weekly 0.025 mg/24hr</i> .....	91
<i>erythromycin tab 500 mg</i> .....	31	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> .....	91
<i>erythromycin tab delayed release 250 mg</i> .....	31	<i>estradiol td patch twice weekly 0.05 mg/24hr</i> .....	91
<i>erythromycin tab delayed release 333 mg</i> .....	31	<i>estradiol td patch twice weekly 0.075 mg/24hr</i> .....	91
<i>erythromycin tab delayed release 500 mg</i> .....	31	<i>estradiol td patch twice weekly 0.1 mg/24hr</i> .....	91
<i>erythromycin w/ delayed release particles cap 250 mg</i> .....	31	<i>estradiol td patch weekly 0.025 mg/24hr</i> .....	91
ERZOFRI INJ 117/0.75 .....	65	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> .....	91
ERZOFRI INJ 156MG/ML .....	65	<i>estradiol td patch weekly 0.05 mg/24hr</i> .....	91
ERZOFRI INJ 234/1.5 .....	65	<i>estradiol td patch weekly 0.06 mg/24hr</i> .....	91
ERZOFRI INJ 351/2.25 .....	65	<i>estradiol td patch weekly 0.075 mg/24hr</i> .....	91
ERZOFRI INJ 39/0.25 .....	65	<i>estradiol vaginal cream 0.01%</i> .....	91
ERZOFRI INJ 78/0.5ML .....	65	<i>estradiol vaginal tab 10 mcg</i> .....	91
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....	60		
<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	60		
<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	61		
<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	60		
<i>eslicarbazepine acetate tab 200 mg</i> ..	71		
<i>eslicarbazepine acetate tab 400 mg</i> ..	71		
<i>eslicarbazepine acetate tab 600 mg</i> ..	71		

<i>estradiol valerate im in oil 10 mg/ml</i>	91	EXXUA TITRAT TAB 18.2MG	61
<i>estradiol valerate im in oil 20 mg/ml</i>	91	EYSUVIS DRO 0.25%	115
<i>estradiol valerate im in oil 40 mg/ml</i>	91	<i>ezetimibe tab 10 mg</i>	51
<i>eszopiclone tab 1 mg</i>	76	<i>ezetimibe-simvastatin tab 10-10 mg</i>	51
<i>eszopiclone tab 2 mg</i>	77	<i>ezetimibe-simvastatin tab 10-20 mg</i>	51
<i>eszopiclone tab 3 mg</i>	77	<i>ezetimibe-simvastatin tab 10-40 mg</i>	51
<i>ethambutol hcl tab 100 mg</i>	28	<i>ezetimibe-simvastatin tab 10-80 mg</i>	51
<i>ethambutol hcl tab 400 mg</i>	28	<b>F</b>	
<i>ethosuximide cap 250 mg</i>	71	FABRAZYME INJ 35MG	93
<i>ethosuximide soln 250 mg/5ml</i>	71	FABRAZYME INJ 5MG	93
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	87	<i>falmina</i>	87
<i>etodolac cap 200 mg</i>	19	<i>famciclovir tab 125 mg</i>	28
<i>etodolac cap 300 mg</i>	19	<i>famciclovir tab 250 mg</i>	28
<i>etodolac tab 400 mg</i>	19	<i>famciclovir tab 500 mg</i>	28
<i>etodolac tab 500 mg</i>	19	<i>famotidine for susp 40 mg/5ml</i>	98
<i>etodolac tab er 24hr 400 mg</i>	19	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	98
<i>etodolac tab er 24hr 500 mg</i>	19	<i>famotidine inj 200 mg/20ml</i>	98
<i>etodolac tab er 24hr 600 mg</i>	19	<i>famotidine inj 40 mg/4ml</i>	98
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	87	<i>famotidine preservative free inj 20 mg/2ml</i>	98
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	38	<i>famotidine tab 20 mg</i>	98
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	38	<i>famotidine tab 40 mg</i>	98
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	38	FANAPT PAK PACK A	65
<i>etravirine tab 100 mg</i>	26	FANAPT PAK PACK B	65
<i>etravirine tab 200 mg</i>	26	FANAPT PAK PACK C	65
EUCRISA OIN 2%	123	FANAPT TAB 10MG	65
EULEXIN CAP 125MG	36	FANAPT TAB 12MG	65
<i>everolimus tab 0.25 mg</i>	108	FANAPT TAB 1MG	65
<i>everolimus tab 0.5 mg</i>	108	FANAPT TAB 2MG	65
<i>everolimus tab 0.75 mg</i>	108	FANAPT TAB 4MG	65
<i>everolimus tab 1 mg</i>	108	FANAPT TAB 6MG	65
<i>everolimus tab 10 mg</i>	40	FANAPT TAB 8MG	65
<i>everolimus tab 2.5 mg</i>	39	FARXIGA TAB 10MG	81
<i>everolimus tab 5 mg</i>	39	FARXIGA TAB 5MG	81
<i>everolimus tab 7.5 mg</i>	39	FASENRA INJ 10MG/0.5	118
<i>everolimus tab for oral susp 2 mg</i>	40	FASENRA INJ 30MG/ML	118
<i>everolimus tab for oral susp 3 mg</i>	40	FASENRA PEN INJ 30MG/ML	118
<i>everolimus tab for oral susp 5 mg</i>	40	<i>feirza tab 1.5/30</i>	87
EVOTAZ TAB 300-150	27	<i>feirza tab 1/20</i>	87
<i>exemestane tab 25 mg</i>	36	<i>felbamate susp 600 mg/5ml</i>	71
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EXXUA TAB 36.3MG	61	<i>felbamate tab 600 mg</i>	71
EXXUA TAB 54.5MG	61	<i>felodipine tab er 24hr 10 mg</i>	53
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		<i>felodipine tab er 24hr 5 mg</i>	53
		<i>fenofibrate micronized cap 134 mg</i>	50

<i>fenofibrate micronized cap 200 mg</i> ...	50	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>fenofibrate micronized cap 67 mg</i> ....	50	<i>mg/200ml</i> .....	25
<i>fenofibrate tab 145 mg</i> .....	50	<i>fluconazole tab 100 mg</i> .....	25
<i>fenofibrate tab 160 mg</i> .....	50	<i>fluconazole tab 150 mg</i> .....	25
<i>fenofibrate tab 48 mg</i> .....	50	<i>fluconazole tab 200 mg</i> .....	25
<i>fenofibrate tab 54 mg</i> .....	50	<i>fluconazole tab 50 mg</i> .....	25
<i>fentanyl td patch 72hr 100 mcg/hr</i> ...20		<i>flucytosine cap 250 mg</i> .....	25
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....20		<i>flucytosine cap 500 mg</i> .....	25
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....20		<i>fludrocortisone acetate tab 0.1 mg</i> ...92	
<i>fentanyl td patch 72hr 37.5 mcg/hr</i> ..20		<i>flunisolide nasal soln 25 mcg/act</i>	
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....20		<i>(0.025%)</i> .....	119
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> ..20		<i>fluocinolone acetonide (otic) oil 0.01%</i>	
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....20		.....	115
<i>fentanyl td patch 72hr 87.5 mcg/hr</i> ..20		<i>fluocinolone acetonide cream 0.01%</i>	
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<i>mg</i> .....	101	<i>fluocinolone acetonide cream 0.025%</i>	
<i>fesoterodine fumarate tab er 24hr 8</i>		.....	122
<i>mg</i> .....	101	<i>fluocinolone acetonide oil 0.01% (body</i>	
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FETZIMA CAP 20MG .....	61	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
FETZIMA CAP 40MG .....	61	<i>oil)</i> .....	122
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FIASP PMPCRT INJ U-100.....	83	<i>0.05%</i> .....	122
<i>fidaxomicin tab 200 mg</i> .....	31	<i>fluocinonide gel 0.05%</i> .....	122
<i>finasteride tab 5 mg</i> .....	101	<i>fluocinonide oint 0.05%</i> .....	123
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>		<i>fluocinonide soln 0.05%</i> .....	123
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FINTEPLA SOL 2.2MG/ML .....	71	<i>fluorouracil cream 5%</i> .....	123
<i>finzala</i> .....	87	<i>fluorouracil iv soln 1 gm/20ml (50</i>	
FIRMAGON INJ 120MG.....	36	<i>mg/ml)</i> .....	35
FIRMAGON INJ 80MG .....	36	<i>fluorouracil iv soln 2.5 gm/50ml (50</i>	
<i>flac oil 0.01% ot</i> .....	115	<i>mg/ml)</i> .....	35
FLEBOGAMMA INJ 10/200ML .....	107	<i>fluorouracil iv soln 5 gm/100ml (50</i>	
FLEBOGAMMA INJ 20/400ML .....	107	<i>mg/ml)</i> .....	35
FLEBOGAMMA INJ DIF 5%.....	107	<i>fluorouracil iv soln 500 mg/10ml (50</i>	
<i>flecainide acetate tab 100 mg</i> .....	49	<i>mg/ml)</i> .....	35
<i>flecainide acetate tab 150 mg</i> .....	49	<i>fluorouracil soln 2%</i> .....	123
<i>flecainide acetate tab 50 mg</i> .....	49	<i>fluorouracil soln 5%</i> .....	123
<i>fluconazole for susp 10 mg/ml</i> .....	25	<i>fluoxetine hcl cap 10 mg</i> .....	61
<i>fluconazole for susp 40 mg/ml</i> .....	25	<i>fluoxetine hcl cap 20 mg</i> .....	61
<i>fluconazole in nacl 0.9% inj 200</i>		<i>fluoxetine hcl cap 40 mg</i> .....	61
<i>mg/100ml</i> .....	25	<i>fluoxetine hcl solution 20 mg/5ml</i> ....	61
		<i>fluphenazine decanoate inj 25 mg/ml</i>	65

<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....	65
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	65
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	65
<i>fluphenazine hcl tab 1 mg</i> .....	65
<i>fluphenazine hcl tab 10 mg</i> .....	66
<i>fluphenazine hcl tab 2.5 mg</i> .....	65
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<i>flurbiprofen tab 100 mg</i> .....	19
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<i>fluticasone propionate hfa inhal aer 220 mcg/act</i> .....	120
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i> .....	120
<i>fluticasone propionate nasal susp 50 mcg/act</i> .....	119
<i>fluticasone propionate oint 0.005%</i>	123
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .....	120
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<i>fluvoxamine maleate tab 25 mg</i> .....	57
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<i>FOTIVDA CAP 1.34MG</i> .....	40
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<i>gabapentin oral soln 250 mg/5ml</i> .....	71
<i>gabapentin tab 600 mg</i> .....	71
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<i>gemcitabine hcl for inj 1 gm</i> .....	35	GLEOSTINE CAP 10MG.....	34
<i>gemcitabine hcl for inj 2 gm</i> .....	35	GLEOSTINE CAP 40MG.....	34
<i>gemcitabine hcl for inj 200 mg</i> .....	35	<i>glimepiride tab 1 mg</i> .....	81
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>		<i>glimepiride tab 2 mg</i> .....	81
<i>mg/ml) (base equiv)</i> .....	35	<i>glimepiride tab 4 mg</i> .....	81
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>		<i>glipizide tab 10 mg</i> .....	81
<i>mg/ml) (base equiv)</i> .....	35	<i>glipizide tab 5 mg</i> .....	81
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>		<i>glipizide tab er 24hr 10 mg</i> .....	81
<i>mg/ml) (base equiv)</i> .....	35	<i>glipizide tab er 24hr 2.5 mg</i> .....	81
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.....81	..... 66
<i>glipizide-metformin hcl tab 5-500 mg</i>	<i>haloperidol lactate inj 5 mg/ml</i>
81	..... 66
<i>glycopyrrolate tab 1 mg</i>	<i>haloperidol lactate oral conc 2 mg/ml</i>
.....98	66
<i>glycopyrrolate tab 2 mg</i>	<i>haloperidol tab 0.5 mg</i>
.....98	..... 66
<i>glydo</i>	<i>haloperidol tab 1 mg</i>
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.....40	..... 109
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.....97	..... 109
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	<i>heather</i>
.....97	..... 87
<i>granisetron hcl tab 1 mg</i>	HEP SOD/NAACL INJ 25000UNT
.....97	..... 102
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.....25	..... 102
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.....25	..... 102
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.....25	..... 102
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.....55	..... 102
<i>guanfacine hcl tab 2 mg</i>	HEPLISAV-B INJ 20/0.5ML
.....55	..... 109
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	HERCEP HYLEC SOL 60-10000
.....76	..... 40
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	HERCEPTIN INJ 150MG
.....76	..... 40
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	HERCESSI INJ 150MG
.....76	..... 40
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	HERCESSI INJ 420MG
.....76	..... 40
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HADLIMA INJ 40/0.4ML	..... 40
..... 105	HERZUMA INJ 150MG
HADLIMA INJ 40/0.8ML	..... 40
..... 105	HERZUMA INJ 420MG
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.....66	HUMIRA INJ 10/0.1ML
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<i>hydralazine hcl tab 100 mg</i> .....	56	<i>hydromorphone hcl tab 2 mg</i> .....	21
<i>hydralazine hcl tab 25 mg</i> .....	56	<i>hydromorphone hcl tab 4 mg</i> .....	21
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<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i> .....	92	<i>metronidazole lotion 0.75%</i> .....	124
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<i>minocycline hcl cap 75 mg</i> .....	33	<i>morphine sulfate oral soln 20 mg/5ml</i> .....	22
<i>minoxidil tab 10 mg</i> .....	56	<i>morphine sulfate tab 15 mg</i> .....	22
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<i>mirabegron tab er 24 hr 50 mg</i> .....	101	<i>morphine sulfate tab er 15 mg</i> .....	21
<i>mirtazapine orally disintegrating tab 15</i> <i>mg</i> .....	61	<i>morphine sulfate tab er 200 mg</i> .....	21
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<i>mirtazapine orally disintegrating tab 45</i> <i>mg</i> .....	61	<i>morphine sulfate tab er 60 mg</i> .....	21
<i>mirtazapine tab 15 mg</i> .....	61	MOUNJARO INJ 10MG/0.5.....	82
<i>mirtazapine tab 30 mg</i> .....	61	MOUNJARO INJ 12.5/0.5 .....	82
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<i>molindone hcl tab 25 mg</i> .....	66	<i>mupirocin oint 2%</i> .....	121
<i>molindone hcl tab 5 mg</i> .....	66	<i>mycophenolate mofetil cap 250 mg</i> 108	
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<i>morphine sulfate iv soln 2 mg/ml</i> .....	21	<i>nadolol tab 20 mg</i> .....	52
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<i>nafcillin sodium for iv soln 10 gm</i> .....	33	1.75-10000-0.025mg-unt-mg/ml	114
<i>NAGLAZYME INJ 1MG/ML</i> .....	94	<i>neomycin-polymyxin-dexamethasone</i>	
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<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	80	<i>ophth susp 0.1%</i> .....	113
.....	80	<i>neomycin-polymyxin-hc ophth susp</i>	113
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<i>naproxen sodium tab 550 mg</i> .....	20	<i>nevirapine tab 200 mg</i> .....	26
<i>naproxen tab 250 mg</i> .....	20	<i>nevirapine tab er 24hr 400 mg</i> .....	26
<i>naproxen tab 375 mg</i> .....	20	<i>NEXLETOL TAB 180MG</i> .....	51
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<i>equivalent)</i> .....	52	30 mg .....	54
<i>nebivolol hcl tab 5 mg (base</i>		<i>nifedipine tab er 24hr osmotic release</i>	
<i>equivalent)</i> .....	52	60 mg .....	54
<i>necon 0.5/35-28</i> .....	89	<i>nifedipine tab er 24hr osmotic release</i>	
<i>nefazodone hcl tab 100 mg</i> .....	61	90 mg .....	54
<i>nefazodone hcl tab 150 mg</i> .....	61	<i>nikki</i> .....	89
<i>nefazodone hcl tab 200 mg</i> .....	61	<i>nilotinib hcl cap 150 mg (base</i>	
<i>nefazodone hcl tab 250 mg</i> .....	61	<i>equivalent)</i> .....	42
<i>nefazodone hcl tab 50 mg</i> .....	61	<i>nilotinib hcl cap 200 mg (base</i>	
<i>neomycin sulfate tab 500 mg</i> .....	23	<i>equivalent)</i> .....	42
		<i>nilotinib hcl cap 50 mg (base</i>	
		<i>equivalent)</i> .....	42

<i>nilutamide tab 150 mg</i> .....	36	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nimodipine cap 30 mg</i> .....	54	<i>tab 1 mg-5 mcg</i> .....	91
NINLARO CAP 2.3MG.....	42	<i>norethindrone ac-ethinyl estrad-fe tab</i>	
NINLARO CAP 3MG.....	42	<i>1-20/1-30/1-35 mg-mcg</i> .....	89
NINLARO CAP 4MG.....	42	<i>norethindrone tab 0.35 mg</i> .....	89
<i>nitazoxanide tab 500 mg</i> .....	23	<i>norgestimate &amp; ethinyl estradiol tab</i>	
<i>nitisinone cap 10 mg</i> .....	94	<i>0.25 mg-35 mcg</i> .....	89
<i>nitisinone cap 2 mg</i> .....	94	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nitisinone cap 20 mg</i> .....	94	<i>25/0.215-25/0.25-25 mg-mcg</i> .....	89
<i>nitisinone cap 5 mg</i> .....	94	<i>norgestimate-eth estrad tab 0.18-</i>	
NITRO-BID OIN 2% .....	56	<i>35/0.215-35/0.25-35 mg-mcg</i> .....	89
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>norlyroc</i> .....	89
<i>mg</i> .....	23	<i>nortrel 0.5/35 (28)</i> .....	89
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>nortrel 1/35 (21)</i> .....	89
<i>mg</i> .....	23	<i>nortrel 1/35 (28)</i> .....	89
<i>nitrofurantoin monohydrate</i>		<i>nortrel 7/7/7</i> .....	89
<i>macrocrystalline cap 100 mg</i> .....	23	<i>nortriptyline hcl cap 10 mg</i> .....	61
<i>nitroglycerin oint 0.4%</i> .....	124	<i>nortriptyline hcl cap 25 mg</i> .....	61
<i>nitroglycerin sl tab 0.3 mg</i> .....	56	<i>nortriptyline hcl cap 50 mg</i> .....	61
<i>nitroglycerin sl tab 0.4 mg</i> .....	56	<i>nortriptyline hcl cap 75 mg</i> .....	61
<i>nitroglycerin sl tab 0.6 mg</i> .....	56	<i>nortriptyline hcl soln 10 mg/5ml</i> .....	61
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>		NORVIR POW 100MG .....	26
.....	56	NOVOLIN INJ 70/30 .....	84
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>		NOVOLIN INJ 70/30 FP.....	84
.....	56	NOVOLIN N INJ 100 UNIT .....	84
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>		NOVOLIN N INJ U-100.....	84
.....	56	NOVOLIN R INJ 100 UNIT .....	84
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>		NOVOLIN R INJ U-100.....	84
.....	56	NOVOLOG INJ 100/ML.....	84
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		NOVOLOG INJ FLEX REL .....	84
<i>mcg/spray)</i> .....	56	NOVOLOG INJ FLEXPEN .....	84
<i>nizatidine cap 150 mg</i> .....	98	NOVOLOG INJ PENFILL.....	84
<i>nizatidine cap 300 mg</i> .....	98	NOVOLOG INJ RELION.....	84
<i>nora-be</i> .....	89	NOVOLOG MIX INJ 70/30.....	84
<i>norelgestromin-ethinyl estradiol td</i>		NOVOLOG MIX INJ FLEXPEN.....	84
<i>ptwk 150-35 mcg/24hr</i> .....	89	NUBEQA TAB 300MG.....	36
<i>norethindrone ace &amp; ethinyl estradiol</i>		NUDEXTA CAP 20-10MG .....	78
<i>tab 1 mg-20 mcg</i> .....	89	NULOJIX INJ 250MG .....	108
<i>norethindrone ace &amp; ethinyl estradiol</i>		NUPLAZID CAP 34MG .....	66
<i>tab 1.5 mg-30 mcg</i> .....	89	NUPLAZID TAB 10MG .....	66
<i>norethindrone ace &amp; ethinyl estradiol-fe</i>		NURTEC TAB 75MG ODT .....	78
<i>tab 1 mg-20 mcg</i> .....	89	NUTRILIPID EMU 20%.....	113
<i>norethindrone ace-eth estradiol-fe</i>		NUZYRA INJ 100MG .....	33
<i>chew tab 1 mg-20 mcg (24)</i> .....	89	NUZYRA TAB 150MG .....	33
<i>norethindrone acetate tab 5 mg</i> .....	95	<i>nyamyc</i> .....	121
<i>norethindrone acetate-ethinyl estradiol</i>		<i>nylia 1/35</i> .....	89
<i>tab 0.5 mg-2.5 mcg</i> .....	91	<i>nylia 7/7/7</i> .....	89

<i>nystatin cream 100000 unit/gm</i> .....	121	OJJAARA TAB 200MG .....	42
<i>nystatin oint 100000 unit/gm</i> .....	121	<i>olanzapine for im inj 10 mg</i> .....	66
<i>nystatin susp 100000 unit/ml</i> .....	124	<i>olanzapine orally disintegrating tab 10</i>	
<i>nystatin tab 500000 unit</i> .....	25	<i>mg</i> .....	66
<i>nystatin topical powder 100000</i>		<i>olanzapine orally disintegrating tab 15</i>	
<i>unit/gm</i> .....	121	<i>mg</i> .....	67
<i>nystop</i> .....	121	<i>olanzapine orally disintegrating tab 20</i>	
●		<i>mg</i> .....	67
OCTAGAM INJ 10/100ML.....	107	<i>olanzapine orally disintegrating tab 5</i>	
OCTAGAM INJ 10GM.....	107	<i>mg</i> .....	66
OCTAGAM INJ 1GM .....	107	<i>olanzapine tab 10 mg</i> .....	67
OCTAGAM INJ 2.5GM.....	107	<i>olanzapine tab 15 mg</i> .....	67
OCTAGAM INJ 20/200ML.....	107	<i>olanzapine tab 2.5 mg</i> .....	67
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OCTAGAM INJ 30/300ML.....	107	<i>olanzapine tab 5 mg</i> .....	67
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<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>olmesartan medoxomil tab 40 mg</i> ....	49
<i>mg/ml)</i> .....	94	<i>olmesartan medoxomil tab 5 mg</i> .....	49
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml)</i> .....	94	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		.....	48
<i>mg/ml)</i> .....	94	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>mg/ml)</i> .....	94	.....	48
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml)</i> .....	94	<i>hydrochlorothiazide tab 40-25 mg</i> .	48
<i>octreotide acetate subcutaneous soln</i>		<i>olmesartan-amlodipine-</i>	
<i>pref syr 100 mcg/ml</i> .....	94	<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>octreotide acetate subcutaneous soln</i>		<i>mg</i> .....	48
<i>pref syr 50 mcg/ml</i> .....	94	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate subcutaneous soln</i>		<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>pref syr 500 mcg/ml</i> .....	94	<i>mg</i> .....	48
ODEFSEY TAB.....	27	<i>olmesartan-amlodipine-</i>	
ODOMZO CAP 200MG .....	42	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
OFEV CAP 100MG .....	118	.....	48
OFEV CAP 150MG .....	118	<i>olmesartan-amlodipine-</i>	
<i>ofloxacin ophth soln 0.3%</i> .....	114	<i>hydrochlorothiazide tab 40-5-12.5</i>	
<i>ofloxacin otic soln 0.3%</i> .....	115	<i>mg</i> .....	48
OGIVRI INJ 150MG .....	42	<i>olmesartan-amlodipine-</i>	
OGIVRI INJ 420MG .....	42	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
OGSIVEO TAB 100MG.....	42	.....	48
OGSIVEO TAB 150MG.....	42	<i>omega-3-acid ethyl esters cap 1 gm</i> .	51
OJEMDA SUS 25MG/ML.....	42	<i>omeprazole cap delayed release 10 mg</i>	
OJEMDA TAB 100MG .....	42	.....	100
OJJAARA TAB 100MG.....	42	<i>omeprazole cap delayed release 20 mg</i>	
OJJAARA TAB 150MG.....	42	.....	100

<i>omeprazole cap delayed release 40 mg</i>	
.....	100
OMNIPOD 5 DX KIT INT G7G6 .....	84
OMNIPOD 5 DX MIS POD G7G6.....	84
OMNIPOD 5 L2 KIT INTRO G6.....	84
OMNIPOD 5 L2 MIS PODS G6 .....	84
OMNIPOD DASH KIT INTRO.....	85
OMNIPOD DASH MIS PODS .....	85
<i>ondansetron hcl inj 4 mg/2ml (2</i>	
<i>mg/ml)</i> .....	97
<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>mg/ml)</i> .....	97
<i>ondansetron hcl inj soln pref syr 4</i>	
<i>mg/2ml</i> .....	97
<i>ondansetron hcl oral soln 4 mg/5ml..</i>	97
<i>ondansetron hcl tab 4 mg</i> .....	97
<i>ondansetron hcl tab 8 mg</i> .....	97
<i>ondansetron orally disintegrating tab 4</i>	
<i>mg</i> .....	97
<i>ondansetron orally disintegrating tab 8</i>	
<i>mg</i> .....	97
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<i>orquidea tab 0.35mg</i> .....	89
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<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>equiv)</i> .....	29
<i>oseltamivir phosphate cap 45 mg (base</i>	
<i>equiv)</i> .....	29
<i>oseltamivir phosphate cap 75 mg (base</i>	
<i>equiv)</i> .....	29
<i>oseltamivir phosphate for susp 6</i>	
<i>mg/ml (base equiv)</i> .....	29
OSPOMYV INJ 60MG/ML.....	85
<i>oxacillin sodium for inj 1 gm (base</i>	
<i>equivalent)</i> .....	33
<i>oxacillin sodium for inj 2 gm (base</i>	
<i>equivalent)</i> .....	33
<i>oxacillin sodium for iv soln 10 gm</i>	
<i>(base equivalent)</i> .....	33
<i>oxaliplatin for iv inj 100 mg</i> .....	34
<i>oxaliplatin for iv inj 50 mg</i> .....	34
<i>oxaliplatin iv soln 100 mg/20ml</i> .....	35
<i>oxaliplatin iv soln 200 mg/40ml</i> .....	35
<i>oxaliplatin iv soln 50 mg/10ml</i> .....	34
<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>mg/ml)</i> .....	72
<i>oxcarbazepine tab 150 mg</i> .....	72
<i>oxcarbazepine tab 300 mg</i> .....	72
<i>oxcarbazepine tab 600 mg</i> .....	72
<i>oxybutynin chloride solution 5 mg/5ml</i>	
.....	101
<i>oxybutynin chloride tab 5 mg</i> .....	101
<i>oxybutynin chloride tab er 24hr 10 mg</i>	
.....	101
<i>oxybutynin chloride tab er 24hr 15 mg</i>	
.....	101
<i>oxybutynin chloride tab er 24hr 5 mg</i>	
.....	101
<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>mg/ml)</i> .....	22
<i>oxycodone hcl soln 5 mg/5ml</i> .....	22
<i>oxycodone hcl tab 10 mg</i> .....	22
<i>oxycodone hcl tab 15 mg</i> .....	22
<i>oxycodone hcl tab 20 mg</i> .....	22
<i>oxycodone hcl tab 30 mg</i> .....	22
<i>oxycodone hcl tab 5 mg</i> .....	22
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<i>325 mg</i> .....	22
<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>325 mg</i> .....	22
<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>325 mg</i> .....	22
<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>325 mg</i> .....	22
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OXYCONTIN TAB 15MG ER.....	21
OXYCONTIN TAB 20MG ER.....	21
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OXYCONTIN TAB 40MG ER.....	21
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OZEMPIC (1MG/DOSE) .....	82	<i>pazopanib hcl tab 200 mg (base equiv)</i>	
OZEMPIC (2MG/DOSE) .....	82	.....	42
<b>P</b>		<i>pazopanib hcl tab 400 mg (base equiv)</i>	
<i>pacerone</i> .....	49	.....	42
<i>paclitaxel inj 100mg</i> .....	38	PEDIARIX INJ 0.5ML .....	109
<i>paclitaxel iv conc 100 mg/16.7ml (6</i>		PEDVAX HIB INJ .....	109
<i>mg/ml)</i> .....	38	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>paclitaxel iv conc 150 mg/25ml (6</i>		<i>for soln 236 gm</i> .....	99
<i>mg/ml)</i> .....	38	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>		<i>420 gm</i> .....	99
.....	38	PEGASYS INJ .....	29
<i>paclitaxel iv conc 300 mg/50ml (6</i>		PEGASYS INJ 180MCG/M .....	29
<i>mg/ml)</i> .....	38	PEMAZYRE TAB 13.5MG .....	42
<i>paliperidone tab er 24hr 1.5 mg</i> .....	67	PEMAZYRE TAB 4.5MG .....	42
<i>paliperidone tab er 24hr 3 mg</i> .....	67	PEMAZYRE TAB 9MG .....	42
<i>paliperidone tab er 24hr 6 mg</i> .....	67	<i>pemetrexed disodium for iv soln 100</i>	
<i>paliperidone tab er 24hr 9 mg</i> .....	67	<i>mg (base equiv)</i> .....	35
<i>pamidronate disodium iv soln 3 mg/ml</i>		<i>pemetrexed disodium for iv soln 1000</i>	
.....	85	<i>mg (base equiv)</i> .....	35
<i>pamidronate disodium iv soln 9 mg/ml</i>		<i>pemetrexed disodium for iv soln 500</i>	
.....	85	<i>mg (base equiv)</i> .....	35
PAMIDRONATE INJ 6MG/ML .....	85	<i>pemetrexed disodium for iv soln 750</i>	
PANRETIN GEL 0.1% .....	124	<i>mg (base equiv)</i> .....	35
<i>pantoprazole sodium ec tab 20 mg</i>		PENBRAYA INJ .....	109
<i>(base equiv)</i> .....	100	<i>penicillamine tab 250 mg</i> .....	86
<i>pantoprazole sodium ec tab 40 mg</i>		<i>penicillin g potassium for inj 20000000</i>	
<i>(base equiv)</i> .....	100	<i>unit</i> .....	33
<i>pantoprazole sodium for iv soln 40 mg</i>		<i>penicillin g potassium for inj 5000000</i>	
<i>(base equiv)</i> .....	100	<i>unit</i> .....	33
PANZYGA SOL 10/100ML .....	108	<i>penicillin g sodium for inj 5000000 unit</i>	
PANZYGA SOL 1GM/10ML .....	107	.....	33
PANZYGA SOL 2.5/25ML .....	107	<i>penicillin v potassium for soln 125</i>	
PANZYGA SOL 20/200ML .....	108	<i>mg/5ml</i> .....	33
PANZYGA SOL 30/300ML .....	108	<i>penicillin v potassium for soln 250</i>	
PANZYGA SOL 5GM/50ML .....	107	<i>mg/5ml</i> .....	33
<i>paricalcitol cap 1 mcg</i> .....	96	<i>penicillin v potassium tab 250 mg</i> ....	33
<i>paricalcitol cap 2 mcg</i> .....	96	<i>penicillin v potassium tab 500 mg</i> ....	33
<i>paricalcitol cap 4 mcg</i> .....	96	PENMENVY INJ .....	109
<i>paroxetine hcl oral susp 10 mg/5ml</i>		PENTACEL INJ .....	109
<i>(base equiv)</i> .....	61	<i>pentamidine isethionate inh</i> .....	24
<i>paroxetine hcl tab 10 mg</i> .....	61	<i>pentamidine isethionate inj</i> .....	24
<i>paroxetine hcl tab 20 mg</i> .....	62	<i>pentoxifylline tab er 400 mg</i> .....	103
<i>paroxetine hcl tab 30 mg</i> .....	62	<i>perampanel susp 0.5 mg/ml</i> .....	72
<i>paroxetine hcl tab 40 mg</i> .....	62	<i>perampanel tab 10 mg</i> .....	72
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<i>perampanel tab 2 mg</i> .....	72	<i>pimtrea</i> .....	89
<i>perampanel tab 4 mg</i> .....	72	<i>pindolol tab 10 mg</i> .....	52
<i>perampanel tab 6 mg</i> .....	72	<i>pindolol tab 5 mg</i> .....	52
<i>perampanel tab 8 mg</i> .....	72	<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	82
<i>perindopril erbumine tab 2 mg</i> .....	46	<i>pioglitazone hcl tab 30 mg (base equiv)</i> .....	82
<i>perindopril erbumine tab 4 mg</i> .....	46	<i>pioglitazone hcl tab 45 mg (base equiv)</i> .....	82
<i>perindopril erbumine tab 8 mg</i> .....	46	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	82
<i>perlogard</i> .....	124	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	82
<i>permethrin cream 5%</i> .....	124	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	33
<i>perphenazine tab 16 mg</i> .....	67	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....	33
<i>perphenazine tab 2 mg</i> .....	67	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	33
<i>perphenazine tab 4 mg</i> .....	67	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	33
<i>perphenazine tab 8 mg</i> .....	67	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....	33
<i>pfizerpen</i> .....	33	PIQRAY 200MG TAB DOSE .....	42
<i>phenelzine sulfate tab 15 mg</i> .....	62	PIQRAY 250MG TAB DOSE .....	42
<i>phenobarbital elixir 20 mg/5ml</i> .....	72	PIQRAY 300MG TAB DOSE .....	43
<i>phenobarbital sodium inj 130 mg/ml</i> 72		<i>pirfenidone cap 267 mg</i> .....	118
<i>phenobarbital sodium inj 65 mg/ml</i> ..72		<i>pirfenidone tab 267 mg</i> .....	118
<i>phenobarbital tab 100 mg</i> .....	73	<i>pirfenidone tab 534 mg</i> .....	118
<i>phenobarbital tab 15 mg</i> .....	72	<i>pirfenidone tab 801 mg</i> .....	118
<i>phenobarbital tab 16.2 mg</i> .....	72	<i>piroxicam cap 10 mg</i> .....	20
<i>phenobarbital tab 30 mg</i> .....	73	<i>piroxicam cap 20 mg</i> .....	20
<i>phenobarbital tab 32.4 mg</i> .....	73	<i>plenamine</i> .....	113
<i>phenobarbital tab 60 mg</i> .....	73	PLENVU SOL .....	99
<i>phenobarbital tab 64.8 mg</i> .....	73	<i>podofilox soln 0.5%</i> .....	124
<i>phenobarbital tab 97.2 mg</i> .....	73	<i>polymyxin b sulfate for inj 500000 unit</i> .....	24
<i>phenytek</i> .....	73	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	114
<i>phenytoin chew tab 50 mg</i> .....	73	<i>pomalidomide cap 1 mg</i> .....	37
<i>phenytoin sodium extended cap 100 mg</i> .....	73	<i>pomalidomide cap 2 mg</i> .....	37
<i>phenytoin sodium extended cap 200 mg</i> .....	73	<i>pomalidomide cap 3 mg</i> .....	37
<i>phenytoin sodium extended cap 300 mg</i> .....	73	<i>pomalidomide cap 4 mg</i> .....	37
<i>phenytoin sodium inj 50 mg/ml</i> .....	73	POMALYST CAP 1MG .....	37
<i>phenytoin susp 125 mg/5ml</i> .....	73	POMALYST CAP 2MG .....	37
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<i>philith</i> .....	89	POMALYST CAP 4MG .....	37
PIFELTRO TAB 100MG .....	26		
<i>pilocarpine hcl ophth soln 1%</i> .....	114		
<i>pilocarpine hcl ophth soln 2%</i> .....	114		
<i>pilocarpine hcl ophth soln 4%</i> .....	114		
<i>pilocarpine hcl tab 5 mg</i> .....	124		
<i>pilocarpine hcl tab 7.5 mg</i> .....	124		
<i>pimecrolimus cream 1%</i> .....	124		
<i>pimozide tab 1 mg</i> .....	67		
<i>pimozide tab 2 mg</i> .....	67		

<i>portia-28</i> .....	89	<i>pramipexole dihydrochloride tab 0.125</i>	63
<i>posaconazole tab delayed release 100</i>		<i>mg</i> .....	63
<i>mg</i> .....	25	<i>pramipexole dihydrochloride tab 0.25</i>	
POT CHL 20MEQ/L IN NAACL 0.45% INJ		<i>mg</i> .....	63
.....	111	<i>pramipexole dihydrochloride tab 0.5</i>	
POT CHL 20MEQ/L IN NAACL 0.9% INJ		<i>mg</i> .....	63
.....	111	<i>pramipexole dihydrochloride tab 0.75</i>	
POT CHL 40MEQ/L IN NAACL 0.9% INJ		<i>mg</i> .....	63
.....	111	<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>potassium chloride 20 meq/l (0.15%)</i>		.....	63
<i>in dextrose 5% inj</i> .....	111	<i>pramipexole dihydrochloride tab 1.5</i>	
<i>potassium chloride cap er 10 meq</i> ..	112	<i>mg</i> .....	63
<i>potassium chloride cap er 8 meq</i> ....	112	<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>potassium chloride inj 10 meq/100ml</i>		.....	104
.....	111	<i>prasugrel hcl tab 5 mg (base equiv)</i>	104
<i>potassium chloride inj 10 meq/50ml</i>		<i>pravastatin sodium tab 10 mg</i> .....	50
.....	111	<i>pravastatin sodium tab 20 mg</i> .....	50
<i>potassium chloride inj 2 meq/ml</i> ....	111	<i>pravastatin sodium tab 40 mg</i> .....	50
<i>potassium chloride inj 20 meq/100ml</i>		<i>pravastatin sodium tab 80 mg</i> .....	50
.....	111	<i>praziquantel tab 600 mg</i> .....	24
<i>potassium chloride inj 20 meq/50ml</i>		<i>prazosin hcl cap 1 mg</i> .....	47
.....	111	<i>prazosin hcl cap 2 mg</i> .....	47
<i>potassium chloride inj 40 meq/100ml</i>		<i>prazosin hcl cap 5 mg</i> .....	47
.....	111	PRED SOD PHO SOL 1% OP .....	114
<i>potassium chloride microencapsulated</i>		<i>prednisolone acetate ophth susp 1%</i>	
<i>crys er tab 10 meq</i> .....	112	.....	114
<i>potassium chloride microencapsulated</i>		<i>prednisolone sod phosphate oral soln</i>	
<i>crys er tab 15 meq</i> .....	112	<i>15 mg/5ml (base equiv)</i> .....	92
<i>potassium chloride microencapsulated</i>		<i>prednisolone sod phosphate oral soln 5</i>	
<i>crys er tab 20 meq</i> .....	112	<i>mg/5ml (base equiv)</i> .....	92
<i>potassium chloride oral soln 10% (20</i>		<i>prednisolone sodium phosphate oral</i>	
<i>meq/15ml)</i> .....	112	<i>soln 25 mg/5ml (base eq)</i> .....	92
<i>potassium chloride oral soln 20% (40</i>		<i>prednisolone soln 15 mg/5ml</i> .....	92
<i>meq/15ml)</i> .....	112	PREDNISON CON 5MG/ML.....	92
<i>potassium chloride powder packet 20</i>		<i>prednisone oral soln 5 mg/5ml</i> .....	92
<i>meq</i> .....	112	<i>prednisone tab 1 mg</i> .....	92
<i>potassium chloride tab er 10 meq</i> ..	112	<i>prednisone tab 10 mg</i> .....	92
<i>potassium chloride tab er 20 meq</i>		<i>prednisone tab 2.5 mg</i> .....	92
<i>(1500 mg)</i> .....	112	<i>prednisone tab 20 mg</i> .....	92
<i>potassium chloride tab er 8 meq (600</i>		<i>prednisone tab 5 mg</i> .....	92
<i>mg)</i> .....	112	<i>prednisone tab 50 mg</i> .....	93
<i>potassium citrate tab er 10 meq (1080</i>		<i>prednisone tab therapy pack 10 mg</i>	
<i>mg)</i> .....	101	<i>(21)</i> .....	93
<i>potassium citrate tab er 15 meq (1620</i>		<i>prednisone tab therapy pack 10 mg</i>	
<i>mg)</i> .....	101	<i>(48)</i> .....	93
<i>potassium citrate tab er 5 meq (540</i>		<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>mg)</i> .....	101	.....	93

<i>prednisone tab therapy pack 5 mg (48)</i>	PROCRIT INJ 40000/ML.....	103
.....	<i>proctocort</i> .....	124
<i>pregabalin cap 100 mg</i> .....	<i>procto-med hc</i> .....	124
<i>pregabalin cap 150 mg</i> .....	<i>proctosol hc</i> .....	124
<i>pregabalin cap 200 mg</i> .....	<i>proctozone-hc</i> .....	124
<i>pregabalin cap 225 mg</i> .....	<i>progesterone cap 100 mg</i> .....	95
<i>pregabalin cap 25 mg</i> .....	<i>progesterone cap 200 mg</i> .....	95
<i>pregabalin cap 300 mg</i> .....	PROGRAF GRA 0.2MG.....	108
<i>pregabalin cap 50 mg</i> .....	PROGRAF GRA 1MG .....	108
<i>pregabalin cap 75 mg</i> .....	PROLASTIN-C INJ 1000MG.....	118
<i>pregabalin soln 20 mg/ml</i> .....	PROLIA INJ 60MG/ML.....	85
PREMASOL SOL 10%.....	<i>promethazine hcl inj 25 mg/ml</i> .....	97
PRENATAL TAB 27-1MG .....	<i>promethazine hcl inj 50 mg/ml</i> .....	97
PRENATAL TAB PLUS .....	<i>promethazine hcl oral soln 6.25</i>	
<i>prevalite</i> .....	<i>mg/5ml</i> .....	97
PREVYMIS TAB 240MG.....	<i>promethazine hcl tab 12.5 mg</i> .....	97
PREVYMIS TAB 480MG.....	<i>promethazine hcl tab 25 mg</i> .....	97
PREZCOBIX TAB 675/150.....	<i>promethazine hcl tab 50 mg</i> .....	98
PREZCOBIX TAB 800-150.....	<i>propafenone hcl cap er 12hr 225 mg</i> 49	
PREZISTA SUS 100MG/ML.....	<i>propafenone hcl cap er 12hr 325 mg</i> 49	
PREZISTA TAB 150MG .....	<i>propafenone hcl cap er 12hr 425 mg</i> 49	
PREZISTA TAB 75MG.....	<i>propafenone hcl tab 150 mg</i> .....	49
PRIFTIN TAB 150MG.....	<i>propafenone hcl tab 225 mg</i> .....	49
<i>primaquine phosphate tab 26.3 mg (15</i>	<i>propafenone hcl tab 300 mg</i> .....	49
<i>mg base)</i> .....	<i>proparacaine hcl ophth soln 0.5% ..</i>	115
PRIMAQUINE TAB 26.3MG.....	<i>propranolol hcl cap er 24hr 120 mg ..</i>	52
<i>primidone tab 125 mg</i> .....	<i>propranolol hcl cap er 24hr 160 mg ..</i>	52
<i>primidone tab 250 mg</i> .....	<i>propranolol hcl cap er 24hr 60 mg ...</i>	52
<i>primidone tab 50 mg</i> .....	<i>propranolol hcl cap er 24hr 80 mg ...</i>	52
PRIORIX INJ.....	<i>propranolol hcl oral soln 20 mg/5ml .</i>	52
PRIVIGEN INJ 10GRAMS .....	<i>propranolol hcl oral soln 40 mg/5ml .</i>	52
PRIVIGEN INJ 20GRAMS .....	<i>propranolol hcl tab 10 mg</i> .....	52
PRIVIGEN INJ 40GRAMS .....	<i>propranolol hcl tab 20 mg</i> .....	52
PRIVIGEN INJ 5 GRAMS.....	<i>propranolol hcl tab 40 mg</i> .....	52
<i>probenecid tab 500 mg</i> .....	<i>propranolol hcl tab 60 mg</i> .....	52
<i>prochlorperazine edisylate inj 10</i>	<i>propranolol hcl tab 80 mg</i> .....	52
<i>mg/2ml</i> .....	<i>propylthiouracil tab 50 mg</i> .....	96
<i>prochlorperazine maleate tab 10 mg</i>	PROQUAD INJ .....	109
<i>(base equivalent)</i> .....	PROSOL INJ 20% .....	113
<i>prochlorperazine maleate tab 5 mg</i>	<i>protriptyline hcl tab 10 mg</i> .....	62
<i>(base equivalent)</i> .....	<i>protriptyline hcl tab 5 mg</i> .....	62
<i>prochlorperazine suppos 25 mg</i> .....	PULMOZYME SOL 1MG/ML.....	118
PROCRIT INJ 10000/ML .....	<i>pyrazinamide tab 500 mg</i> .....	28
PROCRIT INJ 2000/ML .....	<i>pyridostigmine bromide tab 60 mg...</i>	79
PROCRIT INJ 20000/ML .....	<i>pyrimethamine tab 25 mg</i> .....	24
PROCRIT INJ 3000/ML .....	PYZCHIVA INJ 130/26ML .....	105
PROCRIT INJ 4000/ML .....	PYZCHIVA INJ 45/0.5ML .....	105

PYZCHIVA INJ 90MG/ML ..... 105

**Q**

QINLOCK TAB 50MG.....43

QUADRACEL INJ 0.5ML ..... 109

*quetiapine fumarate tab 100 mg* .....67

*quetiapine fumarate tab 150 mg* .....67

*quetiapine fumarate tab 200 mg* .....67

*quetiapine fumarate tab 25 mg* .....67

*quetiapine fumarate tab 300 mg* .....67

*quetiapine fumarate tab 400 mg* .....67

*quetiapine fumarate tab 50 mg* .....67

*quetiapine fumarate tab er 24hr 150*

*mg*.....67

*quetiapine fumarate tab er 24hr 200*

*mg*.....67

*quetiapine fumarate tab er 24hr 300*

*mg*.....67

*quetiapine fumarate tab er 24hr 400*

*mg*.....67

*quetiapine fumarate tab er 24hr 50 mg*

.....67

*quinapril hcl tab 10 mg* .....46

*quinapril hcl tab 20 mg* .....46

*quinapril hcl tab 40 mg* .....46

*quinapril hcl tab 5 mg*.....46

*quinidine sulfate tab 200 mg* .....49

*quinidine sulfate tab 300 mg* .....49

*quinine sulfate cap 324 mg* .....25

QULIPTA TAB 10MG .....78

QULIPTA TAB 30MG .....78

QULIPTA TAB 60MG .....78

**R**

RABAVERT INJ..... 109

*rabeprazole sodium ec tab 20 mg*... 100

RALDESY SOL 10MG/ML.....62

*raloxifene hcl tab 60 mg* .....94

*ramelteon tab 8 mg* .....77

*ramipril cap 1.25 mg* .....46

*ramipril cap 10 mg*.....46

*ramipril cap 2.5 mg* .....46

*ramipril cap 5 mg* .....46

*ranolazine tab er 12hr 1000 mg* .....56

*ranolazine tab er 12hr 500 mg* .....56

*rasagiline mesylate tab 0.5 mg (base*

*equiv)* .....64

*rasagiline mesylate tab 1 mg (base*

*equiv)* .....64

*reclipsen* ..... 89

RECOMBIVA HB INJ 10MCG/ML..... 110

RECOMBIVA HB INJ 5MCG/0.5..... 110

RECOMBIVA-HB INJ 40MCG/ML ..... 110

RELENZA MIS DISKHALE ..... 29

RELISTOR INJ 12/0.6ML ..... 99

RELISTOR INJ 8/0.4ML ..... 99

REMICADE INJ 100MG ..... 105

RENFLEXIS INJ 100MG ..... 105

*repaglinide tab 0.5 mg* ..... 83

*repaglinide tab 1 mg* ..... 83

*repaglinide tab 2 mg* ..... 83

REPATHA INJ 140MG/ML..... 51

REPATHA SURE INJ 140MG/ML ..... 51

RESTASIS EMU 0.05% OP..... 115

RESTASIS MUL EMU 0.05% OP ..... 115

RETEVMO TAB 120MG ..... 43

RETEVMO TAB 160MG ..... 43

RETEVMO TAB 40MG ..... 43

RETEVMO TAB 80MG ..... 43

REVCIVI INJ 1.6MG/ML..... 94

REVUFORJ TAB 110MG ..... 43

REVUFORJ TAB 160MG ..... 43

REVUFORJ TAB 25MG ..... 43

REXULTI TAB 0.25MG..... 67

REXULTI TAB 0.5MG ..... 67

REXULTI TAB 1MG ..... 67

REXULTI TAB 2MG ..... 67

REXULTI TAB 3MG ..... 67

REXULTI TAB 4MG ..... 67

REYATAZ POW 50MG..... 26

REZDIFFRA TAB 100MG..... 94

REZDIFFRA TAB 60MG..... 94

REZDIFFRA TAB 80MG..... 94

REZLIDHIA CAP 150MG ..... 43

REZUROCK TAB 200MG ..... 108

REZVOGLAR KP INJ 100UT/ML..... 85

RHOPRESSA SOL 0.02% ..... 115

*ribavirin cap 200 mg* ..... 29

*ribavirin tab 200 mg* ..... 29

*rifabutin cap 150 mg* ..... 28

*rifampin cap 150 mg* ..... 28

*rifampin cap 300 mg* ..... 28

*rifampin for inj 600 mg* ..... 28

*rilpivirine hcl tab 25 mg (base*

*equivalent)* ..... 26

*riluzole tab 50 mg* ..... 79

<i>rimantadine hydrochloride tab 100 mg</i>	29	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	58
RINVOQ LQ SOL 1MG/ML	105	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	59
RINVOQ TAB 15MG ER	105	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	58
RINVOQ TAB 30MG ER	105	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	58
RINVOQ TAB 45MG ER	105	<i>rivelsa</i>	89
<i>risedronate sodium tab 150 mg</i>	85	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	78
<i>risedronate sodium tab 35 mg</i>	85	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	78
<i>risedronate sodium tab 5 mg</i>	85	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	78
<i>risedronate sodium tab delayed release 35 mg</i>	85	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	78
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	67	ROCKLATAN DRO	115
<i>risperidone microspheres for im extended rel susp 25 mg</i>	67	<i>roflumilast tab 250 mcg</i>	118
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	68	<i>roflumilast tab 500 mcg</i>	118
<i>risperidone microspheres for im extended rel susp 50 mg</i>	68	ROMVIMZA CAP 14MG	43
<i>risperidone orally disintegrating tab 0.25 mg</i>	68	ROMVIMZA CAP 20MG	43
<i>risperidone orally disintegrating tab 0.5 mg</i>	68	ROMVIMZA CAP 30MG	43
<i>risperidone orally disintegrating tab 1 mg</i>	68	<i>ropinirole hydrochloride tab 0.25 mg</i>	64
<i>risperidone orally disintegrating tab 2 mg</i>	68	<i>ropinirole hydrochloride tab 0.5 mg</i>	64
<i>risperidone orally disintegrating tab 3 mg</i>	68	<i>ropinirole hydrochloride tab 1 mg</i>	64
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>ropinirole hydrochloride tab 2 mg</i>	64
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>ropinirole hydrochloride tab 3 mg</i>	64
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>ropinirole hydrochloride tab 4 mg</i>	64
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>ropinirole hydrochloride tab 5 mg</i>	64
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rosuvastatin calcium tab 10 mg</i>	50
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rosuvastatin calcium tab 20 mg</i>	50
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rosuvastatin calcium tab 40 mg</i>	50
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rosuvastatin calcium tab 5 mg</i>	50
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rosyrah tab</i>	89
<i>risperidone orally disintegrating tab 4 mg</i>	68	ROTARIX SUS	110
<i>risperidone orally disintegrating tab 4 mg</i>	68	ROTATEQ SOL	110
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>roweepra</i>	74
<i>risperidone orally disintegrating tab 4 mg</i>	68	ROZLYTREK CAP 100MG	43
<i>risperidone orally disintegrating tab 4 mg</i>	68	ROZLYTREK CAP 200MG	43
<i>risperidone orally disintegrating tab 4 mg</i>	68	ROZLYTREK PAK 50MG	43
<i>risperidone orally disintegrating tab 4 mg</i>	68	RUBRACA TAB 200MG	43
<i>risperidone orally disintegrating tab 4 mg</i>	68	RUBRACA TAB 250MG	43
<i>risperidone orally disintegrating tab 4 mg</i>	68	RUBRACA TAB 300MG	43
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rufinamide susp 40 mg/ml</i>	74
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rufinamide tab 200 mg</i>	74
<i>risperidone orally disintegrating tab 4 mg</i>	68	<i>rufinamide tab 400 mg</i>	74
<i>ritonavir tab 100 mg</i>	26		
<i>rivaroxaban for susp 1 mg/ml</i>	102		
<i>rivaroxaban tab 2.5 mg</i>	102		
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	58		
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	58		
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	58		

RUKOBIA TAB 600MG ER .....	26	<i>simliya</i> .....	89
RYBELSUS TAB 14MG .....	83	<i>simpesse</i> .....	90
RYBELSUS TAB 3MG .....	83	<i>simvastatin tab 10 mg</i> .....	50
RYBELSUS TAB 7MG .....	83	<i>simvastatin tab 20 mg</i> .....	50
RYDAPT CAP 25MG .....	43	<i>simvastatin tab 40 mg</i> .....	50
<b>S</b>		<i>simvastatin tab 5 mg</i> .....	50
<i>sacubitril-valsartan tab 24-26 mg</i> ...	48	<i>simvastatin tab 80 mg</i> .....	50
<i>sacubitril-valsartan tab 49-51 mg</i> ...	48	<i>sirolimus oral soln 1 mg/ml</i> .....	108
<i>sacubitril-valsartan tab 97-103 mg</i> ...	48	<i>sirolimus tab 0.5 mg</i> .....	109
<i>sajazir</i> .....	103	<i>sirolimus tab 1 mg</i> .....	109
SANTYL OIN 250/GM .....	124	<i>sirolimus tab 2 mg</i> .....	109
<i>sapropterin dihydrochloride powder</i>		SIRTURO TAB 100MG .....	28
<i>packet 100 mg</i> .....	94	SIRTURO TAB 20MG .....	28
<i>sapropterin dihydrochloride powder</i>		SKYRIZI INJ 150MG/ML .....	105
<i>packet 500 mg</i> .....	94	SKYRIZI INJ 180/1.2 .....	105
<i>sapropterin dihydrochloride tab 100 mg</i>		SKYRIZI INJ 360/2.4 .....	106
.....	94	SKYRIZI PEN INJ 150MG/ML .....	106
SCEMBLIX TAB 100MG .....	43	SKYRIZI SOL 60MG/ML .....	106
SCEMBLIX TAB 20MG .....	43	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
SCEMBLIX TAB 40MG .....	43	17.5-3.13-1.6 gm/177ml .....	99
<i>scopolamine td patch 72hr 1 mg/3days</i>		<i>sodium chloride inj 2.5 meq/ml</i>	
.....	98	(14.6%) .....	111
SECUADO DIS 3.8MG .....	68	<i>sodium chloride irrigation soln 0.9%</i>	
SECUADO DIS 5.7MG .....	68	.....	124
SECUADO DIS 7.6MG .....	68	<i>sodium chloride iv soln 0.45%</i> .....	111
<i>selegiline hcl cap 5 mg</i> .....	64	<i>sodium chloride iv soln 0.9%</i> .....	111
<i>selegiline hcl tab 5 mg</i> .....	64	<i>sodium chloride iv soln 3%</i> .....	112
<i>selenium sulfide lotion 2.5%</i> .....	121	<i>sodium chloride iv soln 5%</i> .....	112
SELZENTRY SOL 20MG/ML .....	26	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
SEMGLEE INJ 100U/ML .....	85	mg/ml soln .....	112
SEREVENT DIS AER 50MCG .....	117	<i>sodium oxybate oral solution 500</i>	
<i>sertraline hcl oral concentrate for</i>		mg/ml .....	80
<i>solution 20 mg/ml</i> .....	62	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sertraline hcl tab 100 mg</i> .....	62	gm/teaspoonful .....	95
<i>sertraline hcl tab 25 mg</i> .....	62	<i>sodium phenylbutyrate tab 500 mg</i> ..	95
<i>sertraline hcl tab 50 mg</i> .....	62	<i>sodium polystyrene sulfonate powder</i>	
<i>setlakin</i> .....	89	.....	86
<i>sharobel</i> .....	89	<i>sodium polystyrene sulfonate susp 15</i>	
SHINGRIX INJ 50/0.5ML .....	110	gm/60ml .....	86
SIGNIFOR INJ 0.3MG/ML .....	95	<i>solifenacin succinate tab 10 mg</i> .....	101
SIGNIFOR INJ 0.6MG/ML .....	95	<i>solifenacin succinate tab 5 mg</i> .....	101
SIGNIFOR INJ 0.9MG/ML .....	95	SOLIQUA INJ 100/33 .....	85
SIKLOS TAB 1000MG .....	104	SOLTAMOX SOL 10MG/5ML .....	36
SIKLOS TAB 100MG .....	104	SOLU-CORTEF INJ 1000MG .....	93
<i>sildenafil citrate tab 20 mg</i> .....	57	SOLU-CORTEF INJ 250MG .....	93
<i>silver sulfadiazine cream 1%</i> .....	121	SOLU-CORTEF INJ 500MG .....	93
SIMBRINZA SUS 1-0.2% .....	115	SOMATULINE INJ 60/0.2ML .....	95

SOMATULINE INJ 90/0.3ML .....	95	<i>sulfadiazine tab 500 mg .....</i>	24
SOMAVERT INJ 10MG .....	95	<i>sulfamethoxazole-trimethoprim iv soln</i>	
SOMAVERT INJ 15MG .....	95	<i>400-80 mg/5ml .....</i>	24
SOMAVERT INJ 20MG .....	95	<i>sulfamethoxazole-trimethoprim susp</i>	
SOMAVERT INJ 25MG .....	95	<i>200-40 mg/5ml .....</i>	24
SOMAVERT INJ 30MG .....	95	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sorafenib tosylate tab 200 mg (base</i>		<i>400-80 mg.....</i>	24
<i>equivalent).....</i>	43	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sotalol hcl (afib/af) tab 120 mg .....</i>	50	<i>800-160 mg.....</i>	24
<i>sotalol hcl (afib/af) tab 160 mg .....</i>	50	SULFAMYLON CRE 85MG/GM.....	121
<i>sotalol hcl (afib/af) tab 80 mg .....</i>	50	<i>sulfasalazine tab 500 mg .....</i>	98
<i>sotalol hcl tab 120 mg .....</i>	50	<i>sulfasalazine tab delayed release 500</i>	
<i>sotalol hcl tab 160 mg .....</i>	50	<i>mg .....</i>	98
<i>sotalol hcl tab 240 mg .....</i>	50	<i>sulindac tab 150 mg .....</i>	20
<i>sotalol hcl tab 80 mg .....</i>	50	<i>sulindac tab 200 mg .....</i>	20
SOTYKTU TAB 6MG .....	106	<i>sumatriptan nasal spray 20 mg/act ..</i>	78
SPIRIVA RESP AER 1.25MCG .....	116	<i>sumatriptan nasal spray 5 mg/act....</i>	78
<i>spironolactone &amp; hydrochlorothiazide</i>		<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
<i>tab 25-25 mg .....</i>	55	<i>.....</i>	78
<i>spironolactone tab 100 mg .....</i>	47	<i>sumatriptan succinate solution auto-</i>	
<i>spironolactone tab 25 mg.....</i>	47	<i>injector 6 mg/0.5ml .....</i>	78
<i>spironolactone tab 50 mg.....</i>	47	<i>sumatriptan succinate tab 100 mg ...</i>	78
<i>sprintec 28 .....</i>	90	<i>sumatriptan succinate tab 25 mg .....</i>	78
SPRITAM TAB 1000MG.....	74	<i>sumatriptan succinate tab 50 mg .....</i>	78
SPRITAM TAB 250MG .....	74	<i>sunitinib malate cap 12.5 mg (base</i>	
SPRITAM TAB 500MG .....	74	<i>equivalent) .....</i>	43
SPRITAM TAB 750MG .....	74	<i>sunitinib malate cap 25 mg (base</i>	
<i>sps .....</i>	86	<i>equivalent) .....</i>	43
<i>sps rectal.....</i>	86	<i>sunitinib malate cap 37.5 mg (base</i>	
<i>sronyx tab .....</i>	90	<i>equivalent) .....</i>	43
<i>ssd .....</i>	121	<i>sunitinib malate cap 50 mg (base</i>	
STELARA INJ 45/0.5ML.....	106	<i>equivalent) .....</i>	43
STELARA INJ 5MG/ML.....	106	SUNLENCA TAB 300MG .....	26
STELARA INJ 90MG/ML.....	106	<i>syeda .....</i>	90
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<i>streptomycin sulfate for inj 1 gm .....</i>	24	SYMDEKO TAB 50-75MG.....	119
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<i>subvenite .....</i>	74	SYMPAZAN MIS 20MG .....	74
SUBVENITE SUS 10MG/ML .....	74	SYMPAZAN MIS 5MG.....	74
<i>sucralfate susp 1 gm/10ml.....</i>	99	SYMTUZA TAB.....	28
<i>sucralfate tab 1 gm .....</i>	99	SYNAREL SOL 2MG/ML .....	95
<i>sulfacetamide sodium lotion 10%</i>		SYNTHROID TAB 100MCG.....	96
<i>(acne) .....</i>	121	SYNTHROID TAB 112MCG.....	96
<i>sulfacetamide sodium ophth soln 10%</i>		SYNTHROID TAB 125MCG.....	96
<i>.....</i>	114	SYNTHROID TAB 137MCG.....	96
<i>sulfacetamide sodium-prednisolone</i>		SYNTHROID TAB 150MCG.....	96
<i>ophth soln 10-0.23(0.25)% .....</i>	113	SYNTHROID TAB 175MCG.....	96

SYNTHROID TAB 200MCG .....	96
SYNTHROID TAB 25MCG .....	96
SYNTHROID TAB 300MCG .....	96
SYNTHROID TAB 50MCG .....	96
SYNTHROID TAB 75MCG .....	96
SYNTHROID TAB 88MCG .....	96

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TABLOID TAB 40MG .....	35
TABRECTA TAB 150MG .....	43
TABRECTA TAB 200MG .....	43
<i>tacrolimus cap 0.5 mg</i> .....	109
<i>tacrolimus cap 1 mg</i> .....	109
<i>tacrolimus cap 5 mg</i> .....	109
<i>tacrolimus oint 0.03%</i> .....	124
<i>tacrolimus oint 0.1%</i> .....	124
<i>tadalafil tab 20 mg (pah)</i> .....	57
<i>tadalafil tab 5 mg</i> .....	101
TAFINLAR CAP 50MG .....	43
TAFINLAR CAP 75MG .....	43
TAFINLAR TAB 10MG .....	43
TAGRISSO TAB 40MG .....	43
TAGRISSO TAB 80MG .....	43
TALZENNA CAP 0.1MG .....	43
TALZENNA CAP 0.25MG .....	43
TALZENNA CAP 0.35MG .....	43
TALZENNA CAP 0.5MG .....	43
TALZENNA CAP 0.75MG .....	43
TALZENNA CAP 1MG .....	43
<i>tamoxifen citrate tab 10 mg (base equivalent)</i> .....	36
<i>tamoxifen citrate tab 20 mg (base equivalent)</i> .....	36
<i>tamsulosin hcl cap 0.4 mg</i> .....	101
<i>tarina 24 fe</i> .....	90
<i>tarina fe 1/20 eq</i> .....	90
<i>tasimelteon capsule 20 mg</i> .....	77
TAVNEOS CAP 10MG .....	104
<i>tazarotene cream 0.05%</i> .....	122
<i>tazarotene cream 0.1%</i> .....	122
<i>tazicef</i> .....	30
TAZVERIK TAB 200MG .....	44
TECENTRIQ INJ 1200/20 .....	44
TECENTRIQ INJ 840/14 .....	44
TECENTRIQ INJ HYBREZA .....	44
TEFLARO INJ 400MG .....	30
TEFLARO INJ 600MG .....	31
<i>telmisartan tab 20 mg</i> .....	49

<i>telmisartan tab 40 mg</i> .....	49
<i>telmisartan tab 80 mg</i> .....	49
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	48
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	48
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	48
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	48
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....	48
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	48
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....	48
<i>temazepam cap 15 mg</i> .....	77
<i>temazepam cap 30 mg</i> .....	77
<i>temazepam cap 7.5 mg</i> .....	77
TENIVAC INJ 5-2LF .....	110
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	26
TEPMETKO TAB 225MG .....	44
<i>terazosin hcl cap 1 mg (base equivalent)</i> .....	47
<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	47
<i>terazosin hcl cap 2 mg (base equivalent)</i> .....	47
<i>terazosin hcl cap 5 mg (base equivalent)</i> .....	47
<i>terbinafine hcl tab 250 mg</i> .....	25
<i>terbutaline sulfate tab 2.5 mg</i> .....	117
<i>terbutaline sulfate tab 5 mg</i> .....	117
<i>terconazole vaginal cream 0.4%</i> ....	101
<i>terconazole vaginal cream 0.8%</i> ....	101
<i>terconazole vaginal suppos 80 mg</i> .	101
TERIPARATIDE INJ 560/2.24 .....	85
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i> .....	85
<i>testosterone cypionate im inj in oil 100 mg/ml</i> .....	81
<i>testosterone cypionate im inj in oil 200 mg/ml</i> .....	81
<i>testosterone enanthate im inj in oil 200 mg/ml</i> .....	81
<i>testosterone pump</i> .....	81
<i>testosterone td gel 12.5 mg/act (1%)</i> .....	81

<i>testosterone td gel 25 mg/2.5gm (1%)</i>	TIVICAY PD TAB 5MG	26
.....81	TIVICAY TAB 50MG	26
<i>testosterone td gel 50 mg/5gm (1%)</i>	<i>tizanidine hcl tab 2 mg (base</i>	
.....81	<i>equivalent)</i>	80
<i>tetrabenazine tab 12.5 mg</i>	<i>tizanidine hcl tab 4 mg (base</i>	
.....79	<i>equivalent)</i>	80
<i>tetrabenazine tab 25 mg</i>	TOBI PODHALR CAP 28MG	24
.....79	TOBRADEX OIN 0.3-0.1%	113
<i>tetracycline hcl cap 250 mg</i>	<i>tobramycin nebu soln 300 mg/5ml</i>	24
.....33	<i>tobramycin ophth soln 0.3%</i>	114
<i>tetracycline hcl cap 500 mg</i>	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
.....34	<i>mg/ml) (base equiv)</i>	24
THALOMID CAP 100MG	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
.....37	<i>equivalent)</i>	24
THALOMID CAP 50MG	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
.....37	<i>mg/ml) (base equiv)</i>	24
<i>theophylline elixir 80 mg/15ml</i>	<i>tobramycin-dexamethasone ophth susp</i>	
.....119	0.3-0.1%	113
<i>theophylline soln 80 mg/15ml</i>	<i>tolterodine tartrate cap er 24hr 2 mg</i>	
.....119	.....101	
<i>theophylline tab er 12hr 100 mg</i>	<i>tolterodine tartrate cap er 24hr 4 mg</i>	
.....119	.....101	
<i>theophylline tab er 12hr 200 mg</i>	<i>tolterodine tartrate tab 1 mg</i>	101
.....119	<i>tolterodine tartrate tab 2 mg</i>	101
<i>theophylline tab er 12hr 300 mg</i>	<i>tolvaptan tab 15 mg</i>	95
.....119	<i>tolvaptan tab 30 mg</i>	95
<i>theophylline tab er 12hr 450 mg</i>	<i>tolvaptan tab therapy pack 15 mg</i>	95
.....119	<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>	95
<i>theophylline tab er 24hr 400 mg</i>	.....95	
.....119	<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	95
<i>theophylline tab er 24hr 600 mg</i>	.....95	
.....119	<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	95
<i>thioridazine hcl tab 10 mg</i>	<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	95
.....68	.....95	
<i>thioridazine hcl tab 100 mg</i>	<i>topiramate oral soln 25 mg/ml</i>	74
.....68	<i>topiramate sprinkle cap 15 mg</i>	74
<i>thioridazine hcl tab 25 mg</i>	<i>topiramate sprinkle cap 25 mg</i>	74
.....68	<i>topiramate sprinkle cap 50 mg</i>	74
<i>thioridazine hcl tab 50 mg</i>	<i>topiramate tab 100 mg</i>	74
.....68	<i>topiramate tab 200 mg</i>	74
<i>thiothixene cap 1 mg</i>	<i>topiramate tab 25 mg</i>	74
.....68	<i>topiramate tab 50 mg</i>	74
<i>thiothixene cap 10 mg</i>	<i>toremifene citrate tab 60 mg (base</i>	
.....68	<i>equivalent)</i>	36
<i>thiothixene cap 2 mg</i>	<i>torpenz</i>	44
.....68	<i>toremide tab 10 mg</i>	55
<i>thiothixene cap 5 mg</i>		
.....68		
<i>tiadylt er</i>		
.....54		
<i>tiagabine hcl tab 12 mg</i>		
.....74		
<i>tiagabine hcl tab 16 mg</i>		
.....74		
<i>tiagabine hcl tab 2 mg</i>		
.....74		
<i>tiagabine hcl tab 4 mg</i>		
.....74		
TIBSOVO TAB 250MG		
.....44		
<i>ticagrelor tab 60 mg</i>		
.....104		
<i>ticagrelor tab 90 mg</i>		
.....104		
TICOVAC INJ		
.....110		
<i>tigecycline for iv soln 50 mg</i>		
.....34		
<i>tilia fe</i>		
.....90		
<i>timolol maleate ophth gel forming soln</i>		
0.25%		115
<i>timolol maleate ophth gel forming soln</i>		
0.5%		115
<i>timolol maleate ophth soln 0.25%</i>		115
<i>timolol maleate ophth soln 0.5%</i>		115
<i>timolol maleate tab 10 mg</i>		53
<i>timolol maleate tab 20 mg</i>		53
<i>timolol maleate tab 5 mg</i>		52
<i>tinidazole tab 250 mg</i>		24
<i>tinidazole tab 500 mg</i>		24

<i>torseamide tab 100 mg</i> .....	55	<i>triamcinolone acetonide cream 0.025%</i> .....	123
<i>torseamide tab 20 mg</i> .....	55	<i>triamcinolone acetonide cream 0.1%</i> .....	123
<i>torseamide tab 5 mg</i> .....	55	<i>triamcinolone acetonide cream 0.5%</i> .....	123
TOUJEO MAX INJ 300/ML .....	85	<i>triamcinolone acetonide dental paste</i> 0.1% .....	124
TOUJEO SOLO INJ 300/ML .....	85	<i>triamcinolone acetonide lotion 0.025%</i> .....	123
TPN ELECTROL INJ .....	112	<i>triamcinolone acetonide lotion 0.1%</i> .....	123
TRADJENTA TAB 5MG .....	83	<i>triamcinolone acetonide oint 0.025%</i> .....	123
<i>tramadol hcl tab 50 mg</i> .....	22	<i>triamcinolone acetonide oint 0.1%</i> .	123
<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i> .....	22	<i>triamcinolone acetonide oint 0.5%</i> .	123
<i>trandolapril tab 1 mg</i> .....	46	<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg .....	55
<i>trandolapril tab 2 mg</i> .....	46	<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg .....	55
<i>trandolapril tab 4 mg</i> .....	46	<i>triamterene &amp; hydrochlorothiazide tab</i> 75-50 mg .....	55
<i>tranexamic acid iv soln 1000 mg/10ml</i> (100 mg/ml) .....	104	<i>tridacaine ii</i> .....	123
<i>tranexamic acid tab 650 mg</i> .....	104	<i>triderm</i> .....	123
<i>tranylcypramine sulfate tab 10 mg</i> ...	62	<i>trientine hcl cap 250 mg</i> .....	86
TRAVASOL INJ 10% .....	113	<i>tri-estarylla</i> .....	90
TRAZIMERA INJ 150MG .....	44	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i> .....	68
TRAZIMERA INJ 420MG .....	44	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i> .....	68
<i>trazodone hcl tab 100 mg</i> .....	62	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i> .....	68
<i>trazodone hcl tab 150 mg</i> .....	62	<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i> .....	68
<i>trazodone hcl tab 50 mg</i> .....	62	<i>trifluridine ophth soln 1%</i> .....	114
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	115	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> .....	64
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	115	<i>trihexyphenidyl hcl tab 2 mg</i> .....	64
TREMFYA INJ 100MG/ML.....	106	<i>trihexyphenidyl hcl tab 5 mg</i> .....	64
TREMFYA INJ 200/20ML.....	106	TRIJARDY XR TAB ER 24HR 10-5- 1000MG .....	83
TREMFYA INJ 200/2ML.....	106	TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG .....	83
<i>treprostinil inj soln 100 mg/20ml (5</i> <i>mg/ml)</i> .....	57	TRIJARDY XR TAB ER 24HR 25-5- 1000MG .....	83
<i>treprostinil inj soln 20 mg/20ml (1</i> <i>mg/ml)</i> .....	57	TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG .....	83
<i>treprostinil inj soln 200 mg/20ml (10</i> <i>mg/ml)</i> .....	57		
<i>treprostinil inj soln 50 mg/20ml (2.5</i> <i>mg/ml)</i> .....	57		
TRESIBA FLEX INJ 100UNIT.....	85		
TRESIBA FLEX INJ 200UNIT.....	85		
TRESIBA INJ 100UNIT .....	85		
<i>tretinoin cap 10 mg</i> .....	37		
<i>tretinoin cream 0.025%</i> .....	121		
<i>tretinoin cream 0.05%</i> .....	121		
<i>tretinoin cream 0.1%</i> .....	121		
<i>tretinoin gel 0.01%</i> .....	121		
<i>tretinoin gel 0.025%</i> .....	121		

TRIKAFTA PAK 59.5MG .....	119	TYBOST TAB 150MG.....	27
TRIKAFTA PAK 75MG .....	119	<i>tydemy tab</i> .....	90
TRIKAFTA TAB 100-50-75MG & 150MG		TYENNE INJ 162/0.9 .....	106
.....	119	TYENNE INJ 162MG.....	106
TRIKAFTA TAB 50-25-37.5MG & 75MG		TYENNE INJ 200/10ML .....	106
.....	119	TYENNE INJ 400/20ML .....	106
<i>tri-legest fe</i> .....	90	TYENNE INJ 80MG/4ML .....	106
<i>tri-linyah</i> .....	90	TYPHIM VI INJ.....	110
<i>tri-lo-estarylla</i> .....	90	<b>U</b>	
<i>tri-lo-marzia</i> .....	90	UBRELVY TAB 100MG .....	78
<i>tri-lo-mili</i> .....	90	UBRELVY TAB 50MG.....	78
<i>tri-lo-sprintec</i> .....	90	<i>unithroid</i> .....	96
<i>trimethoprim tab 100 mg</i> .....	24	UPTRAVI PACK TAB 200/800 .....	57
<i>tri-mili</i> .....	90	UPTRAVI TAB 1000MCG.....	57
<i>trimipramine maleate cap 100 mg</i> ....	62	UPTRAVI TAB 1200MCG.....	57
<i>trimipramine maleate cap 25 mg</i> .....	62	UPTRAVI TAB 1400MCG.....	57
<i>trimipramine maleate cap 50 mg</i> .....	62	UPTRAVI TAB 1600MCG.....	57
TRINTELLIX TAB 10MG .....	62	UPTRAVI TAB 200MCG .....	57
TRINTELLIX TAB 20MG .....	62	UPTRAVI TAB 400MCG .....	57
TRINTELLIX TAB 5MG .....	62	UPTRAVI TAB 600MCG .....	57
<i>tri-sprintec</i> .....	90	UPTRAVI TAB 800MCG .....	57
TRIUMEQ PD TAB.....	28	<i>ursodiol cap 300 mg</i> .....	99
TRIUMEQ TAB .....	28	<i>ursodiol tab 250 mg</i> .....	99
<i>tri-vylibra</i> .....	90	<i>ursodiol tab 500 mg</i> .....	99
<i>tri-vylibra lo</i> .....	90	USTEKINUMAB INJ 130/26ML.....	106
TROGARZO INJ 150MG/ML.....	26	USTEKINUMAB INJ 45/0.5ML.....	106
TROPHAMINE INJ 10% .....	113	USTEKINUMAB INJ 90MG/ML.....	106
<i>tropium chloride tab 20 mg</i> .....	101	<b>V</b>	
TRULANCE TAB 3MG.....	99	<i>valacyclovir hcl tab 1 gm</i> .....	29
TRULICITY INJ 0.75/0.5.....	83	<i>valacyclovir hcl tab 500 mg</i> .....	29
TRULICITY INJ 1.5/0.5 .....	83	VALCHLOR GEL 0.016% .....	124
TRULICITY INJ 3/0.5 .....	83	<i>valganciclovir hcl for soln 50 mg/ml</i>	
TRULICITY INJ 4.5/0.5 .....	83	( <i>base equiv</i> ) .....	29
TRUMENBA INJ.....	110	<i>valganciclovir hcl tab 450 mg (base</i>	
TRUQAP PAK 160MG .....	44	<i>equivalent)</i> .....	29
TRUQAP PAK 200MG .....	44	<i>valproate sodium inj 100 mg/ml</i> .....	74
TRUQAP TAB 160MG .....	44	<i>valproate sodium oral soln 250 mg/5ml</i>	
TRUQAP TAB 200MG .....	44	( <i>base equiv</i> ) .....	74
TRUXIMA INJ 100/10ML.....	44	<i>valproic acid cap 250 mg</i> .....	74
TRUXIMA INJ 500/50ML.....	44	<i>valsartan tab 160 mg</i> .....	49
TUKYSA TAB 150MG.....	44	<i>valsartan tab 320 mg</i> .....	49
TUKYSA TAB 50MG .....	44	<i>valsartan tab 40 mg</i> .....	49
TURALIO CAP 125MG .....	44	<i>valsartan tab 80 mg</i> .....	49
<i>turqoz</i> .....	90	<i>valsartan-hydrochlorothiazide tab 160-</i>	
<i>twice-daily clindamycin phosphate</i>		<i>12.5 mg</i> .....	48
( <i>topical</i> ).....	121	<i>valsartan-hydrochlorothiazide tab 160-</i>	
TWINRIX INJ.....	110	<i>25 mg</i> .....	48

<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	48	<i>velivet</i> .....	90
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	48	VELSIPITY TAB 2MG.....	106
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	48	VENCLEXTA TAB 100MG .....	44
VALTOCO SPR 10MG .....	74	VENCLEXTA TAB 10MG .....	44
VALTOCO SPR 15MG .....	74	VENCLEXTA TAB 50MG .....	44
VALTOCO SPR 20MG .....	75	VENCLEXTA TAB START PK .....	44
VALTOCO SPR 5MG .....	74	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> .....	62
<i>valtya 1/35 tab</i> .....	90	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> .....	62
<i>valtya 1/50 tab</i> .....	90	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> .....	62
<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	24	<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .....	62
<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	24	<i>venlafaxine hcl tab 25 mg (base equivalent)</i> .....	62
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> .....	24	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .....	62
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i> .....	24	<i>venlafaxine hcl tab 50 mg (base equivalent)</i> .....	62
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i> .....	24	<i>venlafaxine hcl tab 75 mg (base equivalent)</i> .....	62
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> .....	24	VENTOLIN HFA (INSTITUTIONAL PACK) .....	117
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> .....	24	VENTOLIN HFA AER .....	117
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> .....	24	<i>verapamil hcl cap er 24hr 100 mg</i> ....	54
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> .....	24	<i>verapamil hcl cap er 24hr 120 mg</i> ....	54
VANCOMYCIN INJ 1 GM .....	24	<i>verapamil hcl cap er 24hr 180 mg</i> ....	54
VANCOMYCIN INJ 500MG.....	24	<i>verapamil hcl cap er 24hr 200 mg</i> ....	54
VANCOMYCIN INJ 750MG.....	24	<i>verapamil hcl cap er 24hr 240 mg</i> ....	54
VANFLYTA TAB 17.7MG.....	44	<i>verapamil hcl cap er 24hr 300 mg</i> ....	54
VANFLYTA TAB 26.5MG.....	44	<i>verapamil hcl cap er 24hr 360 mg</i> ....	54
VAQTA INJ 25/0.5ML.....	110	<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	54
VAQTA INJ 50UNT/ML.....	110	<i>verapamil hcl tab 120 mg</i> .....	54
<i>varenicline tartrate tab 0.5 mg (base equiv)</i> .....	81	<i>verapamil hcl tab 40 mg</i> .....	54
<i>varenicline tartrate tab 1 mg (base equiv)</i> .....	81	<i>verapamil hcl tab 80 mg</i> .....	54
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	81	<i>verapamil hcl tab er 120 mg</i> .....	54
VARIVAX INJ .....	110	<i>verapamil hcl tab er 180 mg</i> .....	54
VASCEPA CAP 0.5GM.....	51	<i>verapamil hcl tab er 240 mg</i> .....	54
VASCEPA CAP 1GM .....	51	VERQUVO TAB 10MG.....	56
VAXCHORA SUS.....	110	VERQUVO TAB 2.5MG.....	56
		VERQUVO TAB 5MG .....	56
		VERSACLOZ SUS 50MG/ML .....	68
		VERZENIO TAB 100MG .....	44
		VERZENIO TAB 150MG .....	44
		VERZENIO TAB 200MG .....	44
		VERZENIO TAB 50MG.....	44

<i>vestura</i> .....	90	VRAYLAR CAP 6MG .....	68
<i>vienna</i> .....	90	<i>vyfemla</i> .....	90
<i>vigabatrin powd pack 500 mg</i> .....	75	<i>vylibra</i> .....	90
<i>vigabatrin tab 500 mg</i> .....	75	VYZULTA SOL 0.024% .....	115
<i>vigadrone</i> .....	75	<b>W</b>	
VIGAFYDE SOL 100MG/ML .....	75	<i>warfarin sodium tab 1 mg</i> .....	102
<i>vilazodone hcl tab 10 mg</i> .....	62	<i>warfarin sodium tab 10 mg</i> .....	103
<i>vilazodone hcl tab 20 mg</i> .....	62	<i>warfarin sodium tab 2 mg</i> .....	102
<i>vilazodone hcl tab 40 mg</i> .....	62	<i>warfarin sodium tab 2.5 mg</i> .....	102
VIMKUNYA INJ 40/0.8ML .....	110	<i>warfarin sodium tab 3 mg</i> .....	102
<i>vincristine sulfate iv soln 1 mg/ml</i> ....	38	<i>warfarin sodium tab 4 mg</i> .....	102
<i>vinorelbine tartrate inj 10 mg/ml (base</i>		<i>warfarin sodium tab 5 mg</i> .....	103
<i>equiv)</i> .....	38	<i>warfarin sodium tab 6 mg</i> .....	103
<i>vinorelbine tartrate inj 50 mg/5ml (10</i>		<i>warfarin sodium tab 7.5 mg</i> .....	103
<i>mg/ml) (base equiv)</i> .....	38	<i>water for irrigation, sterile irrigation</i>	
<i>viorele</i> .....	90	<i>soln</i> .....	124
VIRACEPT TAB 250MG .....	27	WELIREG TAB 40MG .....	37
VIRACEPT TAB 625MG .....	27	<i>wera</i> .....	90
VIREAD POW 40MG/GM .....	27	WESTAB PLUS TAB 27-1MG .....	112
VIREAD TAB 150MG .....	27	WINREVAIR INJ 45MG .....	57
VIREAD TAB 200MG .....	27	WINREVAIR INJ 60MG .....	57
VIREAD TAB 250MG .....	27	<i>wixela inhub</i> .....	120
VITRAKVI CAP 100MG .....	44	<i>wymzya fe</i> .....	90
VITRAKVI CAP 25MG .....	44	WYOST INJ 120/1.7 .....	85
VITRAKVI SOL 20MG/ML .....	44	<b>X</b>	
VIVIMUSTA INJ 100/4ML .....	35	XALKORI CAP 150MG .....	44
VIVITROL INJ 380MG .....	81	XALKORI CAP 200MG .....	44
VIVOTIF CAP EC .....	110	XALKORI CAP 20MG .....	44
VIZIMPRO TAB 15MG .....	44	XALKORI CAP 250MG .....	44
VIZIMPRO TAB 30MG .....	44	XALKORI CAP 50MG .....	44
VIZIMPRO TAB 45MG .....	44	<i>xarah fe tab</i> .....	90
VONJO CAP 100MG .....	44	XARELTO STAR TAB 15/20MG .....	103
VOQUEZNA PAK DUAL PAK .....	99	XARELTO TAB 10MG .....	103
VOQUEZNA PAK TRIP PK .....	99	XARELTO TAB 15MG .....	103
VORANIGO TAB 10MG .....	44	XARELTO TAB 2.5MG .....	103
VORANIGO TAB 40MG .....	44	XARELTO TAB 20MG .....	103
<i>voriconazole for inj 200 mg</i> .....	25	XATMEP SOL 2.5MG/ML .....	106
<i>voriconazole for susp 40 mg/ml</i> .....	25	XCOPRI PAK 100-150 .....	75
<i>voriconazole tab 200 mg</i> .....	25	XCOPRI PAK 12.5-25 .....	75
<i>voriconazole tab 50 mg</i> .....	25	XCOPRI PAK 150-200MG	
VOSEVI TAB .....	29	(MAINTENANCE) .....	75
VOWST CAP .....	99	XCOPRI PAK 150-200MG (TITRATION)	
VRAYLAR CAP 0.5MG .....	68	.....	75
VRAYLAR CAP 0.75MG .....	68	XCOPRI PAK 50-100MG .....	75
VRAYLAR CAP 1.5MG .....	68	XCOPRI TAB 100MG .....	75
VRAYLAR CAP 3MG .....	68	XCOPRI TAB 150MG .....	75
VRAYLAR CAP 4.5MG .....	68	XCOPRI TAB 200MG .....	75

XCOPRI TAB 25MG.....	75	YONSA TAB 125MG.....	36
XCOPRI TAB 50MG.....	75	YUTREPIA CAP 106MCG.....	57
XDEMVY DRO 0.25%.....	114	YUTREPIA CAP 26.5MCG.....	57
XELJANZ SOL 1MG/ML.....	106	YUTREPIA CAP 53MCG.....	57
XELJANZ TAB 10MG.....	106	YUTREPIA CAP 79.5MCG.....	57
XELJANZ TAB 5MG.....	106	<i>yuvafem</i> .....	91
XELJANZ XR TAB 11MG.....	106	<b>Z</b>	
XELJANZ XR TAB 22MG.....	106	<i>zafemy</i> .....	90
<i>xelria fe chw 0.4mg-35</i> .....	90	<i>zafirlukast tab 10 mg</i> .....	117
XERMELO TAB 250MG.....	100	<i>zafirlukast tab 20 mg</i> .....	117
XHANCE MIS 93MCG.....	119	<i>zaleplon cap 10 mg</i> .....	77
XIFAXAN TAB 550MG.....	100	<i>zaleplon cap 5 mg</i> .....	77
XIGDUO XR TAB 10-1000.....	83	ZARXIO INJ 300/0.5.....	103
XIGDUO XR TAB 10-500MG.....	83	ZARXIO INJ 480/0.8.....	103
XIGDUO XR TAB 2.5-1000.....	83	ZEGALOGUE INJ 0.6/0.6.....	93
XIGDUO XR TAB 5-1000MG.....	83	ZEJULA TAB 100MG.....	45
XIGDUO XR TAB 5-500MG.....	83	ZEJULA TAB 200MG.....	45
XIIDRA DRO 5%.....	115	ZEJULA TAB 300MG.....	45
XOFLUZA TAB 40MG.....	29	ZELBORAF TAB 240MG.....	45
XOFLUZA TAB 80MG.....	29	<i>zelvysia pow 100mg</i> .....	95
XOLAIR INJ 150MG/ML.....	119	<i>zelvysia pow 500mg</i> .....	95
XOLAIR INJ 300/2ML.....	119	ZEMAIRA INJ 1000MG.....	119
XOLAIR INJ 75/0.5.....	119	ZEMAIRA INJ 4000MG.....	119
XOLAIR SOL 150MG.....	119	ZEMAIRA INJ 5000MG.....	119
XOSPATA TAB 40MG.....	44	<i>zenatane</i> .....	121
XPOVIO PAK (100 MG ONCE WEEKLY)		ZENPEP CAP 10000UNT.....	100
.....	45	ZENPEP CAP 15000UNT.....	100
XPOVIO PAK (40 MG ONCE WEEKLY)	45	ZENPEP CAP 20000UNT.....	100
XPOVIO PAK (40 MG TWICE WEEKLY)		ZENPEP CAP 25000UNT.....	100
.....	45	ZENPEP CAP 3000UNIT.....	100
XPOVIO PAK (60 MG ONCE WEEKLY)	45	ZENPEP CAP 40000UNT.....	100
XPOVIO PAK (60 MG TWICE WEEKLY)		ZENPEP CAP 5000UNIT.....	100
.....	45	ZENPEP CAP 60000UNT.....	100
XPOVIO PAK (80 MG ONCE WEEKLY)	45	ZERVIA TE DRO 0.24%.....	114
XPOVIO PAK (80 MG TWICE WEEKLY)		<i>zidovudine cap 100 mg</i> .....	27
.....	45	<i>zidovudine syrup 10 mg/ml</i> .....	27
XTANDI CAP 40MG.....	36	<i>zidovudine tab 300 mg</i> .....	27
XTANDI TAB 40MG.....	36	<i>ziprasidone hcl cap 20 mg</i> .....	68
XTANDI TAB 80MG.....	36	<i>ziprasidone hcl cap 40 mg</i> .....	68
XTRENBO SOL 120/1.7.....	85	<i>ziprasidone hcl cap 60 mg</i> .....	68
<i>xulane</i> .....	90	<i>ziprasidone hcl cap 80 mg</i> .....	68
XULTOPHY INJ 100/3.6.....	85	<i>ziprasidone mesylate for inj 20 mg</i>	
<b>Y</b>		<i>(base equivalent)</i> .....	69
YESINTEK INJ 130/26ML.....	106	ZIRABEV INJ 100/4ML.....	45
YESINTEK INJ 45/0.5ML.....	106	ZIRABEV INJ 400/16ML.....	45
YESINTEK INJ 90MG/ML.....	106	ZIRGAN GEL 0.15%.....	114
YF-VAX INJ.....	110		

<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> .....	85	<i>zumandimine</i> .....	90
<i>zoledronic acid iv soln 5 mg/100ml</i> ...	85	ZURZUVAE CAP 20MG .....	62
ZOLINZA CAP 100MG .....	45	ZURZUVAE CAP 25MG .....	62
<i>zolpidem tartrate tab 10 mg</i> .....	77	ZURZUVAE CAP 30MG .....	62
<i>zolpidem tartrate tab 5 mg</i> .....	77	ZYDELIG TAB 100MG .....	45
ZONISADE SUS 100MG/5.....	75	ZYDELIG TAB 150MG .....	45
<i>zonisamide cap 100 mg</i> .....	75	ZYKADIA TAB 150MG .....	45
<i>zonisamide cap 25 mg</i> .....	75	ZYLET SUS 0.5-0.3% .....	113
<i>zonisamide cap 50 mg</i> .....	75	ZYPREXA RELP INJ 210MG .....	69
<i>zovia 1/35</i> .....	90	ZYPREXA RELP INJ 300MG .....	69
ZTALMY SUS 50MG/ML .....	75	ZYPREXA RELP INJ 405MG .....	69

# MassHealth Over-the-Counter Drug List

## Allergy Agents, Ophthalmic

- \*alcaftadine
- \*ketotifen
- \*naphazoline
- \*Naphcon-A  
(naphazoline/  
pheniramine)
- \*Opcon-A (naphazoline/  
pheniramine)

## Analgesics

- \*acetaminophen  $\leq 4$   
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  $\leq$   
4 patches/day
- \*naproxen capsule,  
tablet

## Anthelmintic Agents

- \*Reese's Pinworm  
(pyrantel pamoate)

## Antihistamines/ Decongestants

- \*cetirizine syrup, tablet
- \*cetirizine/pseudoephedri  
ne
- chlorpheniramine
- diphenhydramine
- doxylamine
- fexofenadine tablet
- \*fexofenadine/pseudoeph  
edrine

- \*loratadine tablet,  
solution
- \*loratadine/pseudoephed  
rine
- \*pseudoephedrine  $\leq 240$   
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 subsalicylate
- \*calcium polycarbophil
- \*cimetidine tablet
- \*Culturelle (lactobacillus  
rhamnosus GG) < 21  
years
- \*dextrin
- \*docusate sodium  
capsule, tablet
- \*docusate sodium enema
- \*docusate sodium  
solution, syrup

- \*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* se actualizó el 05/01/2026.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite [ccama.org](http://ccama.org).

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