

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 12/22/2025.

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.



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.

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/estaterecovery.
- ❖ 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 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, 11th Floor
Boston, MA 02108
Teléfono: 617-960-0474, ext. 3932 (TTY: 711) fax: 857-453-4517
Correo electrónico: 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, 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.

Massachusetts 2026 ND



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Interpreter Services

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

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

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

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服务。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. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

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

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, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ. 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 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).



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. 8

- 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. 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.



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.

- 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. 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.

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. 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.



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. 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. 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.



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.

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. 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.

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



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.

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.

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”:



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. 17

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.



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. 18

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

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

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>	
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>	
CLINDMYC/NAC INJ 300/50ML	

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
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>	
<i>pentamidine isethionate inh</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>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 2 gm/50ml (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	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<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

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

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	
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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>abacavir sulfate tab 300 mg (base equiv)</i>	
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>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	
SYMTUZA TAB	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS	
<i>cycloserine cap 250 mg</i>	
<i>ethambutol hcl tab 100 mg</i>	
<i>ethambutol hcl tab 400 mg</i>	
<i>isoniazid syrup 50 mg/5ml</i>	
<i>isoniazid tab 100 mg</i>	
<i>isoniazid tab 300 mg</i>	
PRIFTIN TAB 150MG	
<i>pyrazinamide tab 500 mg</i>	
<i>rifabutin cap 150 mg</i>	
<i>rifampin cap 150 mg</i>	
<i>rifampin cap 300 mg</i>	
<i>rifampin for inj 600 mg</i>	
SIRTURO TAB 20MG	PA
SIRTURO TAB 100MG	PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	
<i>acyclovir cap 200 mg</i>	
<i>acyclovir sodium iv soln 50 mg/ml</i>	B/D
<i>acyclovir susp 200 mg/5ml</i>	
<i>acyclovir tab 400 mg</i>	
<i>acyclovir tab 800 mg</i>	
<i>adefovir dipivoxil tab 10 mg</i>	
BARACLUDE SOL	ST
<i>entecavir tab 0.5 mg</i>	
<i>entecavir tab 1 mg</i>	
EPCLUSA PAK 150-37.5	PA
EPCLUSA PAK 200-50MG	PA
EPCLUSA TAB 200-50MG	PA
EPCLUSA TAB 400-100	PA
<i>famciclovir tab 125 mg</i>	
<i>famciclovir tab 250 mg</i>	
<i>famciclovir tab 500 mg</i>	
<i>ganciclovir sodium for inj 500 mg</i>	B/D
<i>lamivudine tab 100 mg (hbv)</i>	
LIVTENCITY TAB 200MG	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	PA
MAVYRET TAB 100-40MG	PA

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>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)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<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%	

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

<i>cefdinir cap 300 mg</i>	
<i>cefdinir for susp 125 mg/5ml</i>	
<i>cefdinir 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>cefotetan disodium for inj 1 gm</i>	
<i>cefotetan 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>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	
TEFLARO INJ 600MG	

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

azithromycin for susp 100 mg/5ml

azithromycin for susp 200 mg/5ml

azithromycin iv for soln 500 mg

azithromycin tab 250 mg

azithromycin tab 500 mg

azithromycin tab 600 mg

clarithromycin for susp 125 mg/5ml

clarithromycin for susp 250 mg/5ml

clarithromycin tab 250 mg

clarithromycin tab 500 mg

clarithromycin tab er 24hr 500 mg

DIFICID SUS

DIFICID TAB 200MG

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

BICILLIN L-A INJ 2400000

dicloxacillin sodium cap 250 mg

dicloxacillin sodium cap 500 mg

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***nafcillin sodium for inj 1 gm**nafcillin sodium for inj 2 gm**nafcillin sodium for iv soln 10 gm**oxacillin sodium for inj 1 gm (base equivalent)**oxacillin sodium for inj 2 gm (base equivalent)**oxacillin sodium for iv soln 10 gm (base equivalent)**penicillin g potassium for inj 5000000 unit**penicillin g potassium for inj 20000000 unit**penicillin g sodium for inj 5000000 unit**penicillin v potassium for soln 125 mg/5ml**penicillin v potassium for soln 250 mg/5ml**penicillin v potassium tab 250 mg**penicillin v potassium tab 500 mg**pfizerpen**piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)**piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)**piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)**piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)**piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)***TETRACYCLINES - DRUGS TO TREAT INFECTIONS***doxy 100**doxycycline hyclate cap 50 mg**doxycycline hyclate cap 100 mg**doxycycline hyclate for inj 100 mg**doxycycline hyclate tab 20 mg**doxycycline hyclate tab 100 mg**doxycycline monohydrate cap 50 mg**doxycycline monohydrate cap 100 mg**doxycycline monohydrate for susp 25 mg/5ml**doxycycline monohydrate tab 50 mg**doxycycline monohydrate tab 75 mg**doxycycline monohydrate tab 100 mg**minocycline hcl cap 50 mg**minocycline hcl cap 75 mg**minocycline hcl cap 100 mg**NUZYRA INJ 100MG**NUZYRA TAB 150MG*

QL (30 tabs / 14 days)

tetracycline hcl cap 250 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tetracycline hcl cap 500 mg</i>	
<i>tigecycline for iv soln 50 mg</i>	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER	
ALKYLATING AGENTS	
BENDAMUSTINE SOL 100/4ML	B/D
BENDEKA INJ 100/4ML	B/D
<i>carboplatin iv soln 50 mg/5ml</i>	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	B/D
CYCLOPHOSPH INJ 1GM/2ML	B/D
CYCLOPHOSPH INJ 1GM/5ML	B/D
CYCLOPHOSPH INJ 2GM/4ML	B/D
CYCLOPHOSPH INJ 500/5ML	B/D
CYCLOPHOSPH INJ 500MG/ML	B/D
CYCLOPHOSPH INJ 1000MG	B/D
CYCLOPHOSPH INJ 2000MG	B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	B/D
CYCLOPHOSPHA INJ 500/2.5	B/D
<i>cyclophosphamide cap 25 mg</i>	B/D
<i>cyclophosphamide cap 50 mg</i>	B/D
<i>cyclophosphamide for inj 1 gm</i>	B/D
<i>cyclophosphamide for inj 2 gm</i>	B/D
<i>cyclophosphamide for inj 500 mg</i>	B/D
FRINDOVYX INJ 1GM/2ML	B/D
FRINDOVYX INJ 2GM/4ML	B/D
FRINDOVYX INJ 500MG/ML	B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	PA
<i>oxaliplatin for iv inj 50 mg</i>	B/D
<i>oxaliplatin for iv inj 100 mg</i>	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	B/D
VIVIMUSTA INJ 100/4ML	B/D

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

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**

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
<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
<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
POMALYST CAP 1MG	QL (21 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
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
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

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>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
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

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**

BRUKINSA CAP 80MG	QL (120 caps / 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
ERIVEDGE CAP 150MG	QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	QL (60 tabs / 30 days), PA
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

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

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
HERNEXEOS TAB 60MG	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	PA
HERZUMA INJ 420MG	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
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

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
KADCYLA INJ 160MG	B/D
KANJINTI INJ 420MG	PA
KANJINTI SOL 150MG	PA
KEYTRUDA INJ 100MG/4M	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
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
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

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
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 50MG	QL (180 tabs / 30 days), 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
PEMAZYRE TAB 4.5MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	QL (28 tabs / 28 days), PA
PHESGO SOL	PA
PIQRAY 200MG TAB DOSE	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	QL (60 tabs / 30 days), PA
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

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
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
TAGRISSO TAB 40MG	QL (30 tabs / 30 days), PA
TAGRISSO 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
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

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**

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
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 (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

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****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 & hydrochlorothiazide tab 5-6.25mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	
<i>benazepril hcl tab 10 mg</i>	
<i>benazepril hcl tab 20 mg</i>	
<i>benazepril hcl tab 40 mg</i>	
<i>captopril tab 12.5 mg</i>	
<i>captopril tab 25 mg</i>	
<i>captopril tab 50 mg</i>	
<i>captopril tab 100 mg</i>	
<i>enalapril maleate tab 2.5 mg</i>	
<i>enalapril maleate tab 5 mg</i>	
<i>enalapril maleate tab 10 mg</i>	
<i>enalapril maleate tab 20 mg</i>	
<i>fosinopril sodium tab 10 mg</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***fosinopril sodium tab 20 mg**fosinopril sodium tab 40 mg**lisinopril tab 2.5 mg**lisinopril tab 5 mg**lisinopril tab 10 mg**lisinopril tab 20 mg**lisinopril tab 30 mg**lisinopril tab 40 mg**moexipril hcl tab 7.5 mg**moexipril hcl tab 15 mg**perindopril erbumine tab 2 mg**perindopril erbumine tab 4 mg**perindopril erbumine tab 8 mg**quinapril hcl tab 5 mg**quinapril hcl tab 10 mg**quinapril hcl tab 20 mg**quinapril hcl tab 40 mg**ramipril cap 1.25 mg**ramipril cap 2.5 mg**ramipril cap 5 mg**ramipril cap 10 mg**trandolapril tab 1 mg**trandolapril tab 2 mg**trandolapril tab 4 mg***ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE***eplerenone tab 25 mg**eplerenone tab 50 mg**KERENDIA TAB 10MG*

QL (30 tabs / 30 days)

KERENDIA TAB 20MG

QL (30 tabs / 30 days)

KERENDIA TAB 40MG

QL (30 tabs / 30 days)

*spironolactone tab 25 mg**spironolactone tab 50 mg**spironolactone tab 100 mg***ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE***doxazosin mesylate tab 1 mg**doxazosin mesylate tab 2 mg**doxazosin mesylate tab 4 mg**doxazosin mesylate tab 8 mg**prazosin hcl cap 1 mg**prazosin hcl cap 2 mg**prazosin hcl cap 5 mg**terazosin hcl cap 1 mg (base equivalent)*

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***terazosin hcl cap 2 mg (base equivalent)**terazosin hcl cap 5 mg (base equivalent)**terazosin hcl cap 10 mg (base equivalent)***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS
TO TREAT HIGH BLOOD PRESSURE***amlodipine besylate-olmesartan medoxomil tab 5-20 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 5-40 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 10-20 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 10-40 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 5-160 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 5-320 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 10-160 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 10-320 mg* QL (30 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* QL (60 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* QL (30 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* QL (30 tabs / 30 days)*ENTRESTO CAP 6-6MG* QL (240 caps / 30 days)*ENTRESTO CAP 15-16MG* QL (240 caps / 30 days)*irbesartan-hydrochlorothiazide tab 150-12.5 mg* QL (60 tabs / 30 days)*irbesartan-hydrochlorothiazide tab 300-12.5 mg* QL (30 tabs / 30 days)*losartan potassium & hydrochlorothiazide tab 50-12.5 mg**losartan potassium & hydrochlorothiazide tab 100-12.5 mg**losartan potassium & hydrochlorothiazide tab 100-25 mg**olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* QL (30 tabs / 30 days)*olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* QL (30 tabs / 30 days)*olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* QL (30 tabs / 30 days)*olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* QL (30 tabs / 30 days)*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* QL (30 tabs / 30 days)*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* QL (30 tabs / 30 days)

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

<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)
<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>	
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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>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>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	
<i>sotalol hcl tab 80 mg</i>	
<i>sotalol hcl tab 120 mg</i>	
<i>sotalol hcl tab 160 mg</i>	
<i>sotalol hcl tab 240 mg</i>	

ANTIPEMICS, FIBRATES

<i>fenofibrate micronized cap 67 mg</i>	
<i>fenofibrate micronized cap 134 mg</i>	
<i>fenofibrate micronized cap 200 mg</i>	
<i>fenofibrate tab 48 mg</i>	
<i>fenofibrate tab 54 mg</i>	
<i>fenofibrate tab 145 mg</i>	
<i>fenofibrate tab 160 mg</i>	
<i>gemfibrozil tab 600 mg</i>	

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</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.

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

<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	QL (30 tabs / 30 days)

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

<i>cholestyramine light powder 4 gm/dose</i>	
<i>cholestyramine light powder packets 4 gm</i>	
<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

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**

REPATHA SURE INJ 140MG/ML

QL (6 autoinjectors / 28 days), PA

VASCEPA CAP 0.5GM

VASCEPA CAP 1GM

**BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT
HIGH BLOOD PRESSURE AND HEART CONDITIONS***atenolol & chlorthalidone tab 50-25 mg**atenolol & chlorthalidone tab 100-25 mg**bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg**bisoprolol & hydrochlorothiazide tab 5-6.25 mg**bisoprolol & hydrochlorothiazide tab 10-6.25 mg**metoprolol & hydrochlorothiazide tab 50-25 mg**metoprolol & hydrochlorothiazide tab 100-25 mg**metoprolol & hydrochlorothiazide tab 100-50 mg***BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND
HEART CONDITIONS***acebutolol hcl cap 200 mg**acebutolol hcl cap 400 mg**atenolol tab 25 mg**atenolol tab 50 mg**atenolol tab 100 mg**betaxolol hcl tab 10 mg**betaxolol hcl tab 20 mg**bisoprolol fumarate tab 5 mg**bisoprolol fumarate tab 10 mg**carvedilol tab 3.125 mg**carvedilol tab 6.25 mg**carvedilol tab 12.5 mg**carvedilol tab 25 mg**labetalol hcl tab 100 mg**labetalol hcl tab 200 mg**labetalol hcl tab 300 mg**metoprolol succinate tab er 24hr 25 mg (tartrate equiv)**metoprolol succinate tab er 24hr 50 mg (tartrate equiv)**metoprolol succinate tab er 24hr 100 mg (tartrate equiv)**metoprolol succinate tab er 24hr 200 mg (tartrate equiv)**metoprolol tartrate iv soln 5 mg/5ml**metoprolol tartrate tab 25 mg**metoprolol tartrate tab 50 mg*

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

<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>	
<i>timolol maleate tab 10 mg</i>	
<i>timolol maleate tab 20 mg</i>	

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	
<i>cartia xt</i>	
<i>dilt-xr</i>	
<i>diltiazem hcl cap er 12hr 60 mg</i>	
<i>diltiazem hcl cap er 12hr 90 mg</i>	
<i>diltiazem hcl cap er 12hr 120 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 180 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>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	
<i>diltiazem hcl tab 30 mg</i>	
<i>diltiazem hcl tab 60 mg</i>	
<i>diltiazem hcl tab 90 mg</i>	
<i>diltiazem hcl tab 120 mg</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	
<i>felodipine tab er 24hr 5 mg</i>	
<i>felodipine tab er 24hr 10 mg</i>	
<i>isradipine cap 2.5 mg</i>	
<i>isradipine cap 5 mg</i>	
<i>nicardipine hcl cap 20 mg</i>	
<i>nicardipine hcl cap 30 mg</i>	
<i>nifedipine tab er 24hr 30 mg</i>	
<i>nifedipine tab er 24hr 60 mg</i>	
<i>nifedipine tab er 24hr 90 mg</i>	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	
<i>nimodipine cap 30 mg</i>	
<i>tiadylt er</i>	
<i>verapamil hcl cap er 24hr 100 mg</i>	
<i>verapamil hcl cap er 24hr 120 mg</i>	
<i>verapamil hcl cap er 24hr 180 mg</i>	
<i>verapamil hcl cap er 24hr 200 mg</i>	
<i>verapamil hcl cap er 24hr 240 mg</i>	
<i>verapamil hcl cap er 24hr 300 mg</i>	
<i>verapamil hcl cap er 24hr 360 mg</i>	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	
<i>verapamil hcl tab 40 mg</i>	
<i>verapamil hcl tab 80 mg</i>	
<i>verapamil hcl tab 120 mg</i>	
<i>verapamil hcl tab er 120 mg</i>	
<i>verapamil hcl tab er 180 mg</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***verapamil hcl tab er 240 mg***DIURETICS - DRUGS TO TREAT HEART CONDITIONS***acetazolamide cap er 12hr 500 mg**acetazolamide tab 125 mg**acetazolamide tab 250 mg**amiloride & hydrochlorothiazide tab 5-50 mg**amiloride hcl tab 5 mg**bumetanide inj 0.25 mg/ml**bumetanide tab 0.5 mg**bumetanide tab 1 mg**bumetanide tab 2 mg**chlorthalidone tab 25 mg**chlorthalidone tab 50 mg**furosemide inj**furosemide oral soln 8 mg/ml**furosemide oral soln 10 mg/ml**furosemide tab 20 mg**furosemide tab 40 mg**furosemide tab 80 mg**hydrochlorothiazide cap 12.5 mg**hydrochlorothiazide tab 12.5 mg**hydrochlorothiazide tab 25 mg**hydrochlorothiazide tab 50 mg**indapamide tab 1.25 mg**indapamide tab 2.5 mg**methazolamide tab 25 mg**methazolamide tab 50 mg**metolazone tab 2.5 mg**metolazone tab 5 mg**metolazone tab 10 mg**spironolactone & hydrochlorothiazide tab 25-25 mg**torsemide tab 5 mg**torsemide tab 10 mg**torsemide tab 20 mg**torsemide tab 100 mg**triamterene & hydrochlorothiazide cap 37.5-25 mg**triamterene & hydrochlorothiazide tab 37.5-25 mg**triamterene & hydrochlorothiazide tab 75-50 mg***MISCELLANEOUS***aliskiren fumarate tab 150 mg (base equivalent)* QL (30 tabs / 30 days)*aliskiren fumarate tab 300 mg (base equivalent)* QL (30 tabs / 30 days)*clonidine hcl tab 0.1 mg**clonidine hcl tab 0.2 mg*

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

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

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

NITRO-BID OIN 2%

*nitroglycerin sl tab 0.3 mg**nitroglycerin sl tab 0.4 mg**nitroglycerin sl tab 0.6 mg**nitroglycerin td patch 24hr 0.1 mg/hr**nitroglycerin td patch 24hr 0.2 mg/hr**nitroglycerin td patch 24hr 0.4 mg/hr**nitroglycerin td patch 24hr 0.6 mg/hr**nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)***PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT
PULMONARY HYPERTENSION**

ADEMPAS TAB 0.5MG

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

alyq

QL (60 tabs / 30 days), PA

ambrisentan tab 5 mg

QL (30 tabs / 30 days), PA

ambrisentan tab 10 mg

QL (30 tabs / 30 days), PA

bosentan tab 62.5 mg

QL (60 tabs / 30 days), PA

bosentan tab 125 mg

QL (60 tabs / 30 days), PA

bosentan tab for oral susp 32 mg

QL (120 tabs / 30 days), PA

OPSUMIT TAB 10MG

QL (30 tabs / 30 days), PA

sildenafil citrate tab 20 mg

QL (360 tabs / 30 days), PA

tadalafil tab 20 mg (pah)

QL (60 tabs / 30 days), PA

treprostinil inj soln 20 mg/20ml (1 mg/ml)

PA

treprostinil inj soln 50 mg/20ml (2.5 mg/ml)

PA

treprostinil inj soln 100 mg/20ml (5 mg/ml)

PA

treprostinil inj soln 200 mg/20ml (10 mg/ml)

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

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
YUTREPIA CAP 106MCG	QL (224 caps / 28 days), PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	
ANTIANXIETY - 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>	
<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)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS	
<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

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>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 & 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
NAMZARIC CAP 7-10MG	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<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>	

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

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**

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>	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	
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>	

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

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

<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

**ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS
DISEASE**

<i>amantadine hcl cap 100 mg</i>	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>amantadine hcl tab 100 mg</i>	
<i>benztropine mesylate inj 1 mg/ml</i>	
<i>benztropine mesylate tab 0.5 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	PA; PA applies if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & 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>	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>	
<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), PA
COBENFY CAP 100-20MG	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	QL (2 packs / year), PA
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

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**

FANAPT TAB 4MG	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	
<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)

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

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
<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

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>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)
<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>	

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>trifluoperazine hcl tab 10 mg (base equivalent)</i>	
VERSACLOZ SUS 50MG/ML	QL (600 mL / 30 days), PA
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)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	QL (1 vial / 28 days), PA

ANTISEIZURE AGENTS

APTiom TAB 200MG	QL (30 tabs / 30 days)
APTiom TAB 400MG	QL (30 tabs / 30 days)
APTiom TAB 600MG	QL (60 tabs / 30 days)
APTiom TAB 800MG	QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	
<i>carbamazepine cap er 12hr 200 mg</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	
<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)

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>clonazepam orally disintegrating tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<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	

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

<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>	
<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>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
<i>lamotrigine tab er 24hr 300 mg</i>	ST
LEVETIRACETA TAB 250MG	QL (360 tabs / 30 days)
<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 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 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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pregabalin cap 225 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<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>	
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)

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
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	QL (180 tabs / 30 days), PA
<i>vigadrone</i>	QL (180 packets / 30 days), PA
<i>vigadrone</i>	QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	QL (900 mL / 30 days), PA
<i>vigpoder</i>	QL (180 packets / 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

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 10 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA
<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

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

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

<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
<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

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**

EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA
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 4 mg/0.5ml</i>	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 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

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

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
<i>pyridostigmine bromide tab 60 mg</i>	
<i>riluzole tab 50 mg</i>	
<i>tetrabenazine tab 12.5 mg</i>	QL (90 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 5 mg</i>	QL (90 tabs / 30 days)
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 20 mg</i>	
<i>carisoprodol tab 350 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	QL (90 tabs / 30 days), PA; PA applies if 65 years and older

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

<i>cyclobenzaprine hcl tab 10 mg</i>	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	
<i>dantrolene sodium cap 50 mg</i>	
<i>dantrolene sodium cap 100 mg</i>	
<i>methocarbamol tab 500 mg</i>	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
<i>methocarbamol tab 750 mg</i>	QL (240 tabs / 30 days), PA; PA applies if 65 years and older
<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
SOD OXYBATE SOL 500MG/ML	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>	
KLOXXADO SPR 8MG	
<i>naloxone hcl inj 0.4 mg/ml</i>	

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

<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>	
<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 & 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)

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

<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)
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), ST
JARDIANCE TAB 25MG	QL (30 tabs / 30 days), ST
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)

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>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)
<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 INJ 100UNIT	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
GLARGIN YFGN INJ 100U/ML	
GLARGIN YFGN SOL 100U/ML	

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 INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	
HUMALOG KWIK INJ 100/ML	
HUMALOG KWIK 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	
HUMULIN R INJ U-500	B/D
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JUNIOR	
INSULIN LISP INJ PROTAMIN	
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)

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 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR 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>	
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
<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)
WYOST INJ 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***deferasirox tab for oral susp 500 mg*

PA

kionex

LOKELMA PAK 5GM

LOKELMA PAK 10GM

*penicillamine tab 250 mg**sodium polystyrene sulfonate powder**sps**sps rectal**trientine hcl cap 250 mg*

PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL*afirmelle**altavera**alyacen 1/35**alyacen 7/7/7**amethyst**apri**aranelle**ashlyna**aubra eq**aurovela 1/20**aurovela 24 fe**aurovela fe 1.5/30**aurovela fe 1/20**aviane**ayuna**azurette**balziva**blisovi 24 fe**blisovi fe 1.5/30**briellyn**camila**camrese**camrese lo**chateal eq**cryselle-28**cyred eq**dasetta 1/35**dasetta 7/7/7**daysee**deblitane*

DEPO-SQ PROV INJ 104

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

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

<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>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>haloette</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess tab</i>	
<i>jasmiel</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>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	

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

<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 &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & 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 0.15/30-28</i>	
<i>LILETTA IUD 52MG</i>	
<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>luteru</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>	
<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>	

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

<i>nikki</i>	
<i>nora-be</i>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 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 & 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>ocella</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>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</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>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***tri-lynyah**tri-lo-estarylla**tri-lo-marzia**tri-lo-mili**tri-lo-sprintec**tri-mili**tri-sprintec**tri-vylibra**tri-vylibra lo**turqoz**valtya 1/50 tab**velivet**vestura**vienva**viorele**vyfemla**vylibra**wera**wymzya fe**xarah fe tab**xelria fe chw 0.4mg-35**xulane**zafemy**zovia 1/35**zumandimine***ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES***abigale lo tab 0.5-0.1**abigale tab 1-0.5mg**dotti**estradiol & norethindrone acetate tab 0.5-0.1 mg**estradiol & norethindrone acetate tab 1-0.5 mg**estradiol tab 0.5 mg**estradiol tab 1 mg**estradiol tab 2 mg**estradiol td patch twice weekly 0.1 mg/24hr**estradiol td patch twice weekly 0.05 mg/24hr**estradiol td patch twice weekly 0.025 mg/24hr**estradiol td patch twice weekly 0.075 mg/24hr**estradiol td patch twice weekly 0.0375 mg/24hr**estradiol td patch weekly 0.1 mg/24hr**estradiol td patch weekly 0.05 mg/24hr**estradiol td patch weekly 0.06 mg/24hr**estradiol td patch weekly 0.025 mg/24hr*

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

<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>yuvaferm</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>
<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>

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

<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>PREDNISONE 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
<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>	
<i>SOLU-CORTEF INJ 250MG</i>	
<i>SOLU-CORTEF INJ 500MG</i>	
<i>SOLU-CORTEF INJ 1000MG</i>	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

<i>BAQSIMI ONE POW 3MG/DOSE</i>	
<i>BAQSIMI TWO POW 3MG/DOSE</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>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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>	
REVCIVI INJ 1.6MG/ML	PA
REZDIFFRA TAB 60MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	PA
SIGNIFOR INJ 0.3MG/ML	PA
SIGNIFOR INJ 0.6MG/ML	PA
SIGNIFOR INJ 0.9MG/ML	PA
<i>sodium phenylbutyrate oral 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

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
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 & 15 mg</i>	PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	PA
<i>tolvaptan tab therapy pack 90 & 30 mg</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>	
<i>levothyroxine sodium tab 150 mcg</i>	
<i>levothyroxine sodium tab 175 mcg</i>	
<i>levothyroxine sodium tab 200 mcg</i>	
<i>levothyroxine sodium tab 300 mcg</i>	
<i>levoxyl</i>	
<i>liothyronine sodium tab 5 mcg</i>	
<i>liothyronine sodium tab 25 mcg</i>	
<i>liothyronine sodium tab 50 mcg</i>	
<i>methimazole tab 5 mg</i>	
<i>methimazole tab 10 mg</i>	
<i>propylthiouracil tab 50 mg</i>	
SYNTHROID TAB 25MCG	
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	

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**

SYNTHROID TAB 88MCG

SYNTHROID TAB 100MCG

SYNTHROID TAB 112MCG

SYNTHROID TAB 125MCG

SYNTHROID TAB 137MCG

SYNTHROID TAB 150MCG

SYNTHROID TAB 175MCG

SYNTHROID TAB 200MCG

SYNTHROID TAB 300MCG

*unithroid***VITAMIN D ANALOGS***calcitriol (oral)*

B/D

calcitriol cap 0.5 mcg

B/D

calcitriol cap 0.25 mcg

B/D

paricalcitol cap 1 mcg

B/D

paricalcitol cap 2 mcg

B/D

paricalcitol cap 4 mcg

B/D

**GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL
DISORDERS****ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING***aprepitant capsule 40 mg*

B/D

aprepitant capsule 80 mg

B/D

aprepitant capsule 125 mg

B/D

aprepitant capsule therapy pack 80 & 125 mg

B/D

*compro**dronabinol cap 2.5 mg*

B/D, QL (60 caps / 30 days)

dronabinol cap 5 mg

B/D, QL (60 caps / 30 days)

dronabinol cap 10 mg

B/D, QL (60 caps / 30 days)

*granisetron hcl inj 1 mg/ml**granisetron hcl inj 4 mg/4ml (1 mg/ml)**granisetron hcl tab 1 mg*

B/D

*meclizine hcl tab 12.5 mg*PA; PA applies if 65 years
and older after a 30 day
supply in a calendar year*meclizine hcl tab 25 mg*PA; PA applies if 65 years
and older after a 30 day
supply in a calendar year*metoclopramide hcl inj 5 mg/ml (base equivalent)**metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)**(base equiv)**metoclopramide hcl tab 5 mg (base equivalent)**metoclopramide hcl tab 10 mg (base equivalent)**ondansetron hcl inj 4 mg/2ml (2 mg/ml)*

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

<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
<i>promethazine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	QL (10 patches / 30 days)

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>famotidine for susp 40 mg/5ml</i>	
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NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***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**gavilyte-n/flavor pack**generlac**lactulose (encephalopathy) solution 10 gm/15ml**lactulose solution 10 gm/15ml**peg 3350-kcl-na bicarb-nacl-na sulfate for soln*
*236 gm**peg 3350-kcl-sod bicarb-nacl for soln 420 gm**PLENVU SOL**sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6*
*gm/177ml***MISCELLANEOUS***alosetron hcl tab 0.5 mg (base equiv)* QL (60 tabs / 30 days), PA*alosetron hcl tab 1 mg (base equiv)* QL (60 tabs / 30 days), PA*CREON CAP 3000UNIT**CREON CAP 6000UNIT**CREON CAP 12000UNT*

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

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>sucalfate susp 1 gm/10ml</i>	
<i>sucalfate 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
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

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

<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)
<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)

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

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>	

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 ST P TAB 5MG	QL (74 tabs / 30 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>	

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>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>	
<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
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 TAB 20MG	PA
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
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

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

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

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
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

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**

PYZCHIVA INJ 130/26ML	PA
REMICADE INJ 100MG	PA
RENFLEXIS INJ 100MG	PA
RINVOQ LQ SOL 1MG/ML	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	QL (168 tabs / year), PA
SKYRIZI INJ 150MG/ML	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	PA
SOTYKTU TAB 6MG	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	PA
STELARA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 syringe / 28 days), PA
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

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
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
IMMUNOGLOBULINS	
ALYGLO INJ 5GM/50ML	PA
ALYGLO INJ 10/100ML	PA
ALYGLO INJ 20/200ML	PA
BIVIGAM INJ 10%	PA
FLEBOGAMMA INJ 10/200ML	PA
FLEBOGAMMA INJ 20/400ML	PA
FLEBOGAMMA INJ DIF 5%	PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	PA
GAMMAGARD INJ 2.5GM/25	PA
GAMMAGARD INJ 5GM/50ML	PA
GAMMAGARD INJ 10GM/100	PA
GAMMAGARD INJ 20GM/200	PA
GAMMAGARD INJ 30GM/300	PA
GAMMAGARD SD INJ 5GM HU	PA
GAMMAGARD SD INJ 10GM HU	PA
GAMMAKED INJ 1GM/10ML	PA
GAMMAKED INJ 5GM/50ML	PA
GAMMAKED INJ 10GM/100	PA
GAMMAKED INJ 20GM/200	PA
GAMMAPLEX INJ 5%	PA
GAMMAPLEX INJ 10%	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

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
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
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
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	PA
ARCALYST INJ 220MG	PA
IMMUNOSUPPRESSANTS	
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>engraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D

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

VACCINES

ABRYVO INJ	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENG VAXIA SUS	
ENGRIX-B INJ 10/0.5ML	B/D
ENGRIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA

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

PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 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 0.225%</i>
ISOLYTE-P INJ /D5W
ISOLYTE-S INJ PH 7.4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% 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 (0.15%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & 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 0.45% inj</i>	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	
<i>KCL/D5W/NACL INJ 0.15/0.2</i>	
<i>lactated ringer's solution</i>	
<i>MAGNESIUM SU INJ 2GM/50ML</i>	
<i>MAGNESIUM SU INJ 4G/100ML</i>	
<i>MAGNESIUM SU INJ 20/500ML</i>	
<i>MAGNESIUM SU INJ 40G/1000</i>	
<i>MAGNESIUM SU INJ 80MG/ML</i>	
<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 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>	
<i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i>	
<i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i>	
<i>POT CHL 40MEQ/L IN NACL 0.9% INJ</i>	
<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>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>	
<i>sodium chloride iv soln 3%</i>	
<i>sodium chloride iv soln 5%</i>	
TPN ELECTROL INJ	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con</i>	
KLOR-CON 8	
<i>klor-con 10</i>	
<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	
IV NUTRITION	
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
<i>dextrose inj 5%</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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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>neo-polycin hc ophth oint 1%</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>	
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	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	
<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>	

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***ofloxacin ophth soln 0.3%**polycin ophth oint**polymyxin b-trimethoprim ophth soln 10000
unit/ml-0.1%**sulfacetamide sodium ophth oint 10%**sulfacetamide sodium ophth soln 10%**tobramycin ophth soln 0.3%**trifluridine ophth soln 1%**XDEMVI DRO 0.25%*

PA

*ZIRGAN GEL 0.15%***ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION***dexamethasone sodium phosphate ophth soln
0.1%**diclofenac sodium ophth soln 0.1%**difluprednate ophth emulsion 0.05%**fluorometholone ophth susp 0.1%**flurbiprofen sodium ophth soln 0.03%**ketorolac tromethamine ophth soln 0.4%**ketorolac tromethamine ophth soln 0.5%**LOTEMAX OIN 0.5%**PRED SOD PHO SOL 1% OP**prednisolone acetate ophth susp 1%***ANTIALLERGICS - DRUGS TO TREAT ALLERGIES***azelastine hcl ophth soln 0.05%**cromolyn sodium ophth soln 4%**ZERVIAE DRO 0.24%***ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA***betaxolol hcl ophth soln 0.5%**brimonidine tartrate ophth soln 0.2%**brinzolamide ophth susp 1%*

ST

*carteolol hcl ophth soln 1%**COMBIGAN SOL 0.2/0.5%**dorzolamide hcl ophth soln 2%**dorzolamide hcl-timolol maleate ophth soln 2-
0.5%**latanoprost ophth soln 0.005%**levobunolol hcl ophth soln 0.5%**LUMIGAN SOL 0.01% OP**pilocarpine hcl ophth soln 1%**pilocarpine hcl ophth soln 2%**pilocarpine hcl ophth soln 4%**RHOPRESSA SOL 0.02%**ROCKLATAN DRO*

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

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**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)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG

QL (2 inhalers / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES	
<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)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proair HFA)

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

<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)

LEUKOTRIENE MODULATORS

<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>	

MISCELLANEOUS

<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
ALYFTREK TAB 10-50-125	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	PA
ARALAST NP INJ 1000MG	PA

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

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>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

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

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

STERIOD INHALANTS - DRUGS TO TREAT ASTHMA

ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)
<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)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT
ASTHMA AND COPD**

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
<i>breyana</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

**TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS
DERMATOLOGY, ACNE**

<i>acutane</i>	PA
<i>amnestem</i>	PA
<i>amnestem cap 30mg</i>	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis</i>	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm / 30 days)
<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
<i>ery</i>	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA

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>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
<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

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

<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)
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 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 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>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>metronidazole cream 0.75%</i>	QL (45 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>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

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

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>	

MOUTH/THROAT/DENTAL AGENTS

<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>	

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. 123

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ABRYSVO INJ	107
<i>acamprosate calcium tab delayed release 333 mg</i>	79
<i>acarbose tab 100 mg</i>	80
<i>acarbose tab 25 mg</i>	80
<i>acarbose tab 50 mg</i>	80
<i>accutane</i>	118
<i>acebutolol hcl cap 200 mg</i>	51
<i>acebutolol hcl cap 400 mg</i>	51
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	21
<i>acetaminophen w/ codeine tab 300-15 mg</i>	21
<i>acetaminophen w/ codeine tab 300-30 mg</i>	21
<i>acetaminophen w/ codeine tab 300-60 mg</i>	21
<i>acetazolamide cap er 12hr 500 mg</i> ...	54
<i>acetazolamide tab 125 mg</i>	54
<i>acetazolamide tab 250 mg</i>	54
<i>acetic acid irrigation soln 0.25%</i>	99
<i>acetic acid otic soln 2%</i>	113
<i>acetylcysteine inhal soln 10%</i>	115
<i>acetylcysteine inhal soln 20%</i>	115
<i>acitretin cap 10 mg</i>	119
<i>acitretin cap 17.5 mg</i>	119
<i>acitretin cap 25 mg</i>	119
ACTHIB INJ	107
ACTIMMUNE INJ 2MU/0.5	106
<i>acyclovir cap 200 mg</i>	28
<i>acyclovir sodium iv soln 50 mg/ml</i> ...	28
<i>acyclovir susp 200 mg/5ml</i>	28
<i>acyclovir tab 400 mg</i>	28
<i>acyclovir tab 800 mg</i>	28
ADACEL INJ	107
<i>adefovir dipivoxil tab 10 mg</i>	28
ADEMPAS TAB 0.5MG	56
ADEMPAS TAB 1.5MG	56
ADEMPAS TAB 1MG	56
ADEMPAS TAB 2.5MG	56
ADEMPAS TAB 2MG	56
ADMELOG INJ 100U/ML	82
ADMELOG SOLO INJ 100U/ML	82
ADVAIR HFA AER 115/21	118
ADVAIR HFA AER 230/21	118
ADVAIR HFA AER 45/21	118
<i>afirmelle</i>	85
AIMOVIG INJ 140MG/ML	76
AIMOVIG INJ 70MG/ML	76
AIRSUPRA AER 90-80MCG	118
AKEEGA TAB 100/500	36
AKEEGA TAB 50/500MG	36
<i>ala-cort</i>	120
<i>albendazole tab 200 mg</i>	22
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> 114, 115	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	115
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	115
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	115
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	115
<i>albuterol sulfate syrup 2 mg/5ml</i> ...	115
<i>albuterol sulfate tab 2 mg</i>	115
<i>albuterol sulfate tab 4 mg</i>	115
<i>alclometasone dipropionate cream 0.05%</i>	120
<i>alclometasone dipropionate oint 0.05%</i>	120
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	82
ALDURAZYME INJ 2.9MG/5M	92

ALECENSA CAP 150MG	38	amikacin sulfate inj 500 mg/2ml (250 mg/ml).....	22
alendronate sodium oral soln 70 mg/75ml.....	84	amiloride & hydrochlorothiazide tab 5-50 mg	54
alendronate sodium tab 10 mg	84	amiloride hcl tab 5 mg	54
alendronate sodium tab 35 mg	84	amiodarone hcl inj 150 mg/3ml (50 mg/ml).....	48
alendronate sodium tab 70 mg	84	amiodarone hcl inj 450 mg/9ml (50 mg/ml).....	49
alfuzosin hcl tab er 24hr 10 mg.....	99	amiodarone hcl inj 900 mg/18ml (50 mg/ml).....	49
aliskiren fumarate tab 150 mg (base equivalent).....	54	amiodarone hcl tab 100 mg	49
aliskiren fumarate tab 300 mg (base equivalent).....	54	amiodarone hcl tab 200 mg	49
allopurinol tab 100 mg.....	19	amiodarone hcl tab 400 mg	49
allopurinol tab 300 mg.....	19	amitriptyline hcl tab 10 mg	58
alose tron hcl tab 0.5 mg (base equiv)	97	amitriptyline hcl tab 100 mg	58
alose tron hcl tab 1 mg (base equiv) .	97	amitriptyline hcl tab 150 mg	58
alprazolam tab 0.25 mg.....	57	amitriptyline hcl tab 25 mg	58
alprazolam tab 0.5 mg.....	57	amitriptyline hcl tab 50 mg	58
alprazolam tab 1 mg	57	amitriptyline hcl tab 75 mg	58
alprazolam tab 2 mg	57	amlodipine besylate tab 10 mg (base equivalent)	52
altavera.....	85	amlodipine besylate tab 2.5 mg (base equivalent)	52
ALUNBRIG PAK	38	amlodipine besylate tab 5 mg (base equivalent)	52
ALUNBRIG TAB 180MG	38	amlodipine besylate-benazepril hcl cap 10-20 mg	45
ALUNBRIG TAB 30MG	38	amlodipine besylate-benazepril hcl cap 10-40 mg	45
ALUNBRIG TAB 90MG	38	amlodipine besylate-benazepril hcl cap 2.5-10 mg	45
ALVAIZ TAB 18MG	102	amlodipine besylate-benazepril hcl cap 5-10 mg	45
ALVAIZ TAB 36MG	102	amlodipine besylate-benazepril hcl cap 5-20 mg	45
ALVAIZ TAB 54MG	102	amlodipine besylate-benazepril hcl cap 5-40 mg	45
ALVAIZ TAB 9MG	101	amlodipine besylate-olmesartan medoxomil tab 10-20 mg	47
ALVESCO AER 160MCG.....	117	amlodipine besylate-olmesartan medoxomil tab 10-40 mg	47
ALVESCO AER 80MCG.....	117	amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....	47
alyacen 1/35.....	85	amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....	47
alyacen 7/7/7.....	85		
ALYFTREK TAB 10-50-125.....	115		
ALYFTREK TAB 4-20-50	115		
ALYGLO INJ 10/100ML.....	105		
ALYGLO INJ 20/200ML.....	105		
ALYGLO INJ 5GM/50ML.....	105		
alyq	56		
amantadine hcl cap 100 mg	62		
amantadine hcl soln 50 mg/5ml	62		
amantadine hcl tab 100 mg	62		
ambrisentan tab 10 mg	56		
ambrisentan tab 5 mg	56		
amethyst.....	85		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	22		

<i>amlodipine besylate-valsartan tab 10-160 mg</i>	<i>47</i>
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	<i>47</i>
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	<i>47</i>
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	<i>47</i>
<i>amnestem.....</i>	<i>118</i>
<i>amnestem cap 30mg</i>	<i>118</i>
<i>amoxapine tab 100 mg</i>	<i>58</i>
<i>amoxapine tab 150 mg</i>	<i>58</i>
<i>amoxapine tab 25 mg.....</i>	<i>58</i>
<i>amoxapine tab 50 mg.....</i>	<i>58</i>
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....</i>	<i>32</i>
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....</i>	<i>32</i>
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	<i>32</i>
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....</i>	<i>32</i>
<i>amoxicillin & k clavulanate tab 250-125 mg.....</i>	<i>32</i>
<i>amoxicillin & k clavulanate tab 500-125 mg.....</i>	<i>32</i>
<i>amoxicillin & k clavulanate tab 875-125 mg.....</i>	<i>32</i>
<i>amoxicillin (trihydrate) cap 250 mg ..</i>	<i>32</i>
<i>amoxicillin (trihydrate) cap 500 mg ..</i>	<i>32</i>
<i>amoxicillin (trihydrate) chew tab 125 mg.....</i>	<i>32</i>
<i>amoxicillin (trihydrate) chew tab 250 mg.....</i>	<i>32</i>
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	<i>32</i>
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	<i>32</i>
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	<i>32</i>
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	<i>32</i>
<i>amoxicillin (trihydrate) tab 500 mg ..</i>	<i>32</i>
<i>amoxicillin (trihydrate) tab 875 mg ..</i>	<i>32</i>
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	<i>74</i>

<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	<i>74</i>
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	<i>74</i>
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	<i>74</i>
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	<i>74</i>
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg.....</i>	<i>74</i>
<i>amphetamine-dextroamphetamine tab 10 mg</i>	<i>75</i>
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	<i>75</i>
<i>amphetamine-dextroamphetamine tab 15 mg</i>	<i>75</i>
<i>amphetamine-dextroamphetamine tab 20 mg</i>	<i>75</i>
<i>amphetamine-dextroamphetamine tab 30 mg</i>	<i>75</i>
<i>amphetamine-dextroamphetamine tab 5 mg.....</i>	<i>74</i>
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	<i>74</i>
<i>amphotericin b for iv soln 50 mg</i>	<i>24</i>
<i>amphotericin b liposome iv for susp 50 mg</i>	<i>24</i>
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	<i>32</i>
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	<i>32</i>
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm.....</i>	<i>32</i>
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm.....</i>	<i>32</i>
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	<i>32</i>
<i>ampicillin cap 500 mg</i>	<i>32</i>
<i>ampicillin sodium for inj 1 gm</i>	<i>32</i>
<i>ampicillin sodium for inj 2 gm</i>	<i>32</i>
<i>ampicillin sodium for inj 250 mg</i>	<i>32</i>
<i>ampicillin sodium for inj 500 mg</i>	<i>32</i>
<i>ampicillin sodium for iv soln 1 gm</i>	<i>32</i>
<i>ampicillin sodium for iv soln 10 gm ..</i>	<i>32</i>
<i>ampicillin sodium for iv soln 2 gm</i>	<i>32</i>
<i>anagrelide hcl cap 0.5 mg.....</i>	<i>102</i>
<i>anagrelide hcl cap 1 mg</i>	<i>102</i>

<i>anastrozole tab 1 mg</i>	36	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	64
ANORO ELLIPT AER 62.5-25	113	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	64
APIDRA INJ SOLOSTAR.....	82	<i>ashlyna</i>	85
APIDRA INJ U-100	82	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	102
<i>aprepitant capsule 125 mg</i>	95	ASTAGRAF XL CAP 0.5MG	106
<i>aprepitant capsule 40 mg</i>	95	ASTAGRAF XL CAP 1MG.....	106
<i>aprepitant capsule 80 mg</i>	95	ASTAGRAF XL CAP 5MG.....	106
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	95	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	26
<i>apri</i>	85	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	26
APTIOM TAB 200MG	68	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	26
APTIOM TAB 400MG	68	<i>atenolol & chlorthalidone tab 100-25 mg</i>	51
APTIOM TAB 600MG	68	<i>atenolol & chlorthalidone tab 50-25 mg</i>	51
APTIOM TAB 800MG	68	<i>atenolol tab 100 mg</i>	51
APTIVUS CAP 250MG.....	26	<i>atenolol tab 25 mg</i>	51
ARALAST NP INJ 1000MG.....	115	<i>atenolol tab 50 mg</i>	51
ARALAST NP INJ 500MG	115	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	75
<i>aranelle</i>	85	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	75
ARCALYST INJ 220MG	106	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	75
AREXVY INJ 120MCG	107	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	75
ARIKAYCE SUS	22	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	75
<i>aripiprazole oral solution 1 mg/ml</i>	63	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	75
<i>aripiprazole orally disintegrating tab 10 mg</i>	63	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	75
<i>aripiprazole orally disintegrating tab 15 mg</i>	63	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	49
<i>aripiprazole tab 10 mg</i>	63	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	49
<i>aripiprazole tab 15 mg</i>	63	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	50
<i>aripiprazole tab 2 mg</i>	63	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	50
<i>aripiprazole tab 20 mg</i>	63	<i>atovaquone susp 750 mg/5ml</i>	22
<i>aripiprazole tab 30 mg</i>	63		
<i>aripiprazole tab 5 mg</i>	63		
ARISTADA INJ 1064MG.....	64		
ARISTADA INJ 441MG/1.	63		
ARISTADA INJ 662MG/2	64		
ARISTADA INJ 882MG/3	64		
ARISTADA INJ INITIO.....	64		
<i>armodafinil tab 150 mg</i>	79		
<i>armodafinil tab 200 mg</i>	79		
<i>armodafinil tab 250 mg</i>	79		
<i>armodafinil tab 50 mg</i>	79		
ARNUITY ELPT INH 100MCG	117		
ARNUITY ELPT INH 200MCG	117		
ARNUITY ELPT INH 50MCG.....	117		
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	64		

<i>atovaquone-proguanil hcl tab 250-100 mg</i>	25
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	25
ATROPINE SUL SOL 1% OP	113
<i>atropine sulfate ophth soln 1%</i>	113
ATROVENT HFA AER 17MCG	113
<i>aubra eq</i>	85
AUGTYRO CAP 160MG	38
AUGTYRO CAP 40MG	38
<i>aurovela 1/20</i>	85
<i>aurovela 24 fe</i>	85
<i>aurovela fe 1.5/30</i>	85
<i>aurovela fe 1/20</i>	85
AUSTEDO TAB 12MG	77
AUSTEDO TAB 6MG.....	77
AUSTEDO TAB 9MG.....	77
AUSTEDO XR TAB 12MG	77
AUSTEDO XR TAB 18MG	77
AUSTEDO XR TAB 24MG	77
AUSTEDO XR TAB 30MG	77
AUSTEDO XR TAB 36MG	77
AUSTEDO XR TAB 42MG	77
AUSTEDO XR TAB 48MG	77
AUSTEDO XR TAB 6MG	77
AUSTEDO XR TAB TITR KIT	78
AUVELITY TAB 45-105MG	58
<i>aviane</i>	85
AVMAPKI PAK FAKZYNJA.....	38
<i>ayuna</i>	85
AYVAKIT TAB 100MG.....	38
AYVAKIT TAB 200MG.....	38
AYVAKIT TAB 25MG	38
AYVAKIT TAB 300MG.....	38
AYVAKIT TAB 50MG	38
<i>azacitidine for inj 100 mg</i>	35
<i>azathioprine tab 50 mg</i>	106
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	114
<i>azelastine hcl ophth soln 0.05%</i>	112
<i>azithromycin for susp 100 mg/5ml</i> ...	31
<i>azithromycin for susp 200 mg/5ml</i> ...	31
<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>aztreonam for inj 1 gm</i>	22
<i>aztreonam for inj 2 gm</i>	22
<i>azurette</i>	85
B	
<i>bacitracin ophth oint 500 unit/gm</i> ..	111
<i>bacitracin-polymyxin b ophth oint</i> ..	111
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	111
<i>baclofen tab 10 mg</i>	78
<i>baclofen tab 20 mg</i>	78
<i>baclofen tab 5 mg</i>	78
BAFIERTAM CAP 95MG	78
<i>balsalazide disodium cap 750 mg</i>	97
BALVERSA TAB 3MG	38
BALVERSA TAB 4MG	38
BALVERSA TAB 5MG	38
<i>balziva</i>	85
BAQSIMI ONE POW 3MG/DOSE	91
BAQSIMI TWO POW 3MG/DOSE.....	91
BARACLUDE SOL	28
BASAGLAR INJ 100UNIT	82
BCG VACCINE INJ 50MG	107
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	45
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	45
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	45
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	45
<i>benazepril hcl tab 10 mg</i>	45
<i>benazepril hcl tab 20 mg</i>	45
<i>benazepril hcl tab 40 mg</i>	45
<i>benazepril hcl tab 5 mg</i>	45
BENDAMUSTINE SOL 100/4ML.....	34
BENDEKA INJ 100/4ML.....	34
BENLYSTA INJ 120MG	106
BENLYSTA INJ 200MG/ML	106
BENLYSTA INJ 400MG	106
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	118
<i>benztropine mesylate inj 1 mg/ml</i>	62
<i>benztropine mesylate tab 0.5 mg</i>	62
<i>benztropine mesylate tab 1 mg</i>	62
<i>benztropine mesylate tab 2 mg</i>	62
BERINERT INJ 500UNIT	102
BESIVANCE SUS 0.6%	111
BESREMI SOL 500MCG	37

<i>betaine powder for oral solution</i>	92	<i>bisoprolol fumarate tab 10 mg</i>	51
<i>betamethasone dipropionate</i>		<i>bisoprolol fumarate tab 5 mg</i>	51
<i>augmented cream 0.05%</i>	120	BIVIGAM INJ 10%	105
<i>betamethasone dipropionate</i>		<i>blisovi 24 fe</i>	85
<i>augmented gel 0.05%</i>	120	<i>blisovi fe 1.5/30</i>	85
<i>betamethasone dipropionate</i>		BONSITY INJ 560/2.24	84
<i>augmented lotion 0.05%</i>	120	BOOSTRIX INJ	107
<i>betamethasone dipropionate</i>		<i>bortezomib for inj 3.5 mg</i>	38
<i>augmented oint 0.05%</i>	120	BORTEZOMIB INJ 1MG	38
<i>betamethasone dipropionate cream</i>		BORTEZOMIB INJ 2.5MG	38
<i>0.05%</i>	120	<i>bosentan tab 125 mg</i>	56
<i>betamethasone dipropionate lotion</i>		<i>bosentan tab 62.5 mg</i>	56
<i>0.05%</i>	120	<i>bosentan tab for oral susp 32 mg</i>	56
<i>betamethasone dipropionate oint</i>		BOSULIF CAP 100MG	38
<i>0.05%</i>	120	BOSULIF CAP 50MG	38
<i>betamethasone valerate cream 0.1%</i>		BOSULIF TAB 100MG	38
<i>(base equivalent)</i>	120	BOSULIF TAB 400MG	38
<i>betamethasone valerate lotion 0.1%</i>		BOSULIF TAB 500MG	38
<i>(base equivalent)</i>	120	BRAFTOVI CAP 75MG	38
<i>betamethasone valerate oint 0.1%</i>		BREO ELLIPTA INH 100-25	118
<i>(base equivalent)</i>	120	BREO ELLIPTA INH 200-25	118
BETASERON INJ 0.3MG	78	BREO ELLIPTA INH 50-25MCG	118
<i>betaxolol hcl ophth soln 0.5%</i>	112	<i>breyana</i>	118
<i>betaxolol hcl tab 10 mg</i>	51	BREZTRI AERO AER SPHERE	113
<i>betaxolol hcl tab 20 mg</i>	51	BREZTRI AERO AER SPHERE	
<i>bethanechol chloride tab 10 mg</i>	99	(INSTITUTIONAL PACK)	113
<i>bethanechol chloride tab 25 mg</i>	99	<i>briellyn</i>	85
<i>bethanechol chloride tab 5 mg</i>	99	<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>bethanechol chloride tab 50 mg</i>	99	.....	112
BEVESPI AER 9-4.8MCG	113	<i>brinzolamide ophth susp 1%</i>	112
<i>bexarotene cap 75 mg</i>	37	BRIVIACT SOL 10MG/ML	68
<i>bexarotene gel 1%</i>	121	BRIVIACT TAB 100MG	68
BEXSERO INJ	107	BRIVIACT TAB 10MG	68
<i>bicalutamide tab 50 mg</i>	36	BRIVIACT TAB 25MG	68
BICILLIN L-A INJ 1200000	32	BRIVIACT TAB 50MG	68
BICILLIN L-A INJ 2400000	32	BRIVIACT TAB 75MG	68
BICILLIN L-A INJ 600000	32	<i>bromocriptine mesylate cap 5 mg (base</i>	
BIKTARVY TAB 30-120-15 MG	27	<i>equivalent)</i>	62
BIKTARVY TAB 50-200-25 MG	27	<i>bromocriptine mesylate tab 2.5 mg</i>	
BIMZELX INJ 160MG/ML	102	<i>(base equivalent)</i>	62
BIMZELX INJ 320MG/2	102, 103	BRUKINSA CAP 80MG	39
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide delayed release particles</i>	
<i>10-6.25 mg</i>	51	<i>cap 3 mg</i>	97
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 0.25</i>	
<i>2.5-6.25 mg</i>	51	<i>mg/2ml</i>	117
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>6.25 mg</i>	51	.....	117

<i>budesonide tab er 24hr 9 mg</i>	97	<i>buspirone hcl tab 5 mg</i>	57
<i>budesonide-formoterol fumarate dihyd</i>		<i>buspirone hcl tab 7.5 mg</i>	57
<i>aerosol 160-4.5 mcg/act</i>	118	<i>butorphanol tartrate inj 1 mg/ml</i>	21
<i>budesonide-formoterol fumarate dihyd</i>		<i>butorphanol tartrate inj 2 mg/ml</i>	21
<i>aerosol 80-4.5 mcg/act</i>	118	C	
<i>bumetanide inj 0.25 mg/ml</i>	54	<i>cabergoline tab 0.5 mg</i>	92
<i>bumetanide tab 0.5 mg</i>	54	CABOMETYX TAB 20MG	39
<i>bumetanide tab 1 mg</i>	54	CABOMETYX TAB 40MG	39
<i>bumetanide tab 2 mg</i>	54	CABOMETYX TAB 60MG	39
<i>buprenorphine hcl sl tab 2 mg (base</i>		<i>calcipotriene cream 0.005%</i>	119
<i>equiv)</i>	79	<i>calcipotriene oint 0.005%</i>	119
<i>buprenorphine hcl sl tab 8 mg (base</i>		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
<i>equiv)</i>	79	.....	119
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitonin (salmon) spray</i>	84
<i>12-3 mg (base equiv)</i>	79	<i>calcitrene</i>	120
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitriol (oral)</i>	95
<i>2-0.5 mg (base equiv)</i>	79	<i>calcitriol cap 0.25 mcg</i>	95
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitriol cap 0.5 mcg</i>	95
<i>4-1 mg (base equiv)</i>	79	CALQUENCE TAB 100MG.....	39
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>camila</i>	85
<i>8-2 mg (base equiv)</i>	79	<i>camrese</i>	85
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>camrese lo</i>	85
<i>2-0.5 mg (base equiv)</i>	79	<i>candesartan cilexetil tab 16 mg</i>	48
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>candesartan cilexetil tab 32 mg</i>	48
<i>8-2 mg (base equiv)</i>	79	<i>candesartan cilexetil tab 4 mg</i>	48
<i>buprenorphine td patch weekly 10</i>		<i>candesartan cilexetil tab 8 mg</i>	48
<i>mcg/hr</i>	20	<i>candesartan cilexetil-</i>	
<i>buprenorphine td patch weekly 15</i>		<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>mcg/hr</i>	20	.....	47
<i>buprenorphine td patch weekly 20</i>		<i>candesartan cilexetil-</i>	
<i>mcg/hr</i>	20	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>buprenorphine td patch weekly 5</i>		.....	47
<i>mcg/hr</i>	20	<i>candesartan cilexetil-</i>	
<i>buprenorphine td patch weekly 7.5</i>		<i>hydrochlorothiazide tab 32-25 mg</i> .	47
<i>mcg/hr</i>	20	CAPLYTA CAP 10.5MG	64
<i>bupropion hcl (smoking deterrent) tab</i>		CAPLYTA CAP 21MG	64
<i>er 12hr 150 mg</i>	79	CAPLYTA CAP 42MG	64
<i>bupropion hcl tab 100 mg</i>	58	CAPRELSA TAB 100MG	39
<i>bupropion hcl tab 75 mg</i>	58	CAPRELSA TAB 300MG	39
<i>bupropion hcl tab er 12hr 100 mg</i>	59	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bupropion hcl tab er 12hr 150 mg</i>	59	<i>15 mg</i>	45
<i>bupropion hcl tab er 12hr 200 mg</i>	59	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bupropion hcl tab er 24hr 150 mg</i>	59	<i>25 mg</i>	45
<i>bupropion hcl tab er 24hr 300 mg</i>	59	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>buspirone hcl tab 10 mg</i>	57	<i>15 mg</i>	45
<i>buspirone hcl tab 15 mg</i>	57	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>buspirone hcl tab 30 mg</i>	57	<i>25 mg</i>	45

<i>captopril tab 100 mg</i>	45
<i>captopril tab 12.5 mg</i>	45
<i>captopril tab 25 mg</i>	45
<i>captopril tab 50 mg</i>	45
<i>carb/levo orally disintegrating tab 10-100mg</i>	62
<i>carb/levo orally disintegrating tab 25-100mg</i>	62
<i>carb/levo orally disintegrating tab 25-250mg</i>	62
<i>carbamazepine cap er 12hr 100 mg</i> ..	68
<i>carbamazepine cap er 12hr 200 mg</i> ..	68
<i>carbamazepine cap er 12hr 300 mg</i> ..	68
<i>carbamazepine chew tab 100 mg</i>	68
<i>carbamazepine chew tab 200 mg</i>	68
<i>carbamazepine susp 100 mg/5ml</i>	68
<i>carbamazepine tab 200 mg</i>	68
<i>carbamazepine tab er 12hr 100 mg</i> ..	68
<i>carbamazepine tab er 12hr 200 mg</i> ..	68
<i>carbamazepine tab er 12hr 400 mg</i> ..	68
<i>carbidopa & levodopa tab 10-100 mg</i> ..	62
<i>carbidopa & levodopa tab 25-100 mg</i> ..	62
<i>carbidopa & levodopa tab 25-250 mg</i> ..	62
<i>carbidopa & levodopa tab er 25-100 mg</i>	62
<i>carbidopa & levodopa tab er 50-200 mg</i>	62
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	62
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	62
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	62
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	62
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	63
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	63
<i>carboplatin iv soln 150 mg/15ml</i>	34
<i>carboplatin iv soln 450 mg/45ml</i>	34
<i>carboplatin iv soln 50 mg/5ml</i>	34
<i>carboplatin iv soln 600 mg/60ml</i>	34
<i>carglumic acid soluble tab 200 mg</i> ...	92
<i>carisoprodol tab 350 mg</i>	78
<i>carteolol hcl ophth soln 1%</i>	112
<i>cartia xt</i>	52
<i>carvedilol tab 12.5 mg</i>	51
<i>carvedilol tab 25 mg</i>	51
<i>carvedilol tab 3.125 mg</i>	51
<i>carvedilol tab 6.25 mg</i>	51
<i>caspofungin acetate for iv soln 50 mg</i>	24
<i>caspofungin acetate for iv soln 70 mg</i>	25
<i>CAYSTON INH 75MG</i>	22
<i>cefaclor cap 250 mg</i>	29
<i>cefaclor cap 500 mg</i>	29
<i>cefadroxil cap 500 mg</i>	29
<i>cefadroxil for susp 250 mg/5ml</i>	29
<i>cefadroxil for susp 500 mg/5ml</i>	29
<i>CEFAZOLIN INJ 1GM/50ML</i>	29
<i>CEFAZOLIN INJ 2GM</i>	29
<i>CEFAZOLIN INJ 3GM</i>	29
<i>cefazolin sodium for inj 1 gm</i>	29
<i>cefazolin sodium for inj 10 gm</i>	29
<i>cefazolin sodium for inj 2 gm</i>	29
<i>cefazolin sodium for inj 3 gm</i>	29
<i>cefazolin sodium for inj 500 mg</i>	29
<i>cefazolin sodium for iv soln 1 gm</i>	29
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i> ...	29
<i>CEFAZOLIN/DEX SOL 1GM/50ML-4%</i> ..	29
<i>CEFAZOLIN/DEX SOL 2GM/50ML-3%</i> ..	29
<i>CEFAZOLIN/DEX SOL 3GM/150ML-4%</i>	29
<i>CEFAZOLIN/DEX SOL 3GM/50ML-2%</i> ..	29
<i>cefdinir cap 300 mg</i>	30
<i>cefdinir for susp 125 mg/5ml</i>	30
<i>cefdinir for susp 250 mg/5ml</i>	30
<i>cefepime hcl for inj 1 gm</i>	30
<i>cefepime hcl for iv soln 2 gm</i>	30
<i>cefixime cap 400 mg</i>	30
<i>cefixime for susp 100 mg/5ml</i>	30
<i>cefixime for susp 200 mg/5ml</i>	30
<i>cefotetan disodium for inj 1 gm</i>	30
<i>cefotetan disodium for inj 2 gm</i>	30
<i>cefoxitin sodium for iv soln 1 gm</i>	30
<i>cefoxitin sodium for iv soln 10 gm</i>	30
<i>cefoxitin sodium for iv soln 2 gm</i>	30
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	30
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	30
<i>cefpodoxime proxetil tab 100 mg</i>	30

<i>cefpodoxime proxetil tab 200 mg</i>	30	<i>chlorpromazine hcl tab 10 mg</i>	64
<i>cefprozil for susp 125 mg/5ml</i>	30	<i>chlorpromazine hcl tab 100 mg</i>	64
<i>cefprozil for susp 250 mg/5ml</i>	30	<i>chlorpromazine hcl tab 200 mg</i>	64
<i>cefprozil tab 250 mg</i>	30	<i>chlorpromazine hcl tab 25 mg</i>	64
<i>cefprozil tab 500 mg</i>	30	<i>chlorpromazine hcl tab 50 mg</i>	64
<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> ...	50
<i>ceftriaxone sodium for inj 500 mg</i>	30	<i>cholestyramine powder packets 4 gm</i>	50
<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>	119
<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>	119
<i>cefuroxime sodium for inj 750 mg</i>	30	<i>ciclopirox shampoo 1%</i>	119
<i>cefuroxime sodium for iv soln 1.5 gm</i>		<i>cilostazol tab 100 mg</i>	102
.....	30	<i>cilostazol tab 50 mg</i>	102
<i>celecoxib cap 100 mg</i>	19	<i>CILOXAN OIN 0.3% OP</i>	111
<i>celecoxib cap 200 mg</i>	19	<i>CIMDUO TAB 300-300</i>	27
<i>celecoxib cap 400 mg</i>	19	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	
<i>celecoxib cap 50 mg</i>	19	.....	92
<i>cephalexin cap 250 mg</i>	30	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	
<i>cephalexin cap 500 mg</i>	30	.....	92
<i>cephalexin for susp 125 mg/5ml</i>	30	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	
<i>cephalexin for susp 250 mg/5ml</i>	30	.....	92
<i>CEQR SIMPL KIT PATCH 2U (3-DAY)</i>		<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	31
.....	82	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	31
<i>CEQR SIMPL KIT PATCH 2U (4-DAY)</i>		<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
.....	82	<i>equivalent)</i>	111
<i>CEQR SIMPL MIS INSERTER</i>	82	<i>ciprofloxacin hcl tab 250 mg (base</i>	
<i>CERDELGA CAP 84MG</i>	92	<i>equiv)</i>	31
<i>CEREZYME INJ 400UNIT</i>	92	<i>ciprofloxacin hcl tab 500 mg (base</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>equiv)</i>	31
<i>mg/5ml)</i>	114	<i>ciprofloxacin hcl tab 750 mg (base</i>	
<i>cevimeline hcl cap 30 mg</i>	122	<i>equiv)</i>	31
<i>chateal eq</i>	85	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>CHEMET CAP 100MG</i>	84	<i>0.3-0.1%</i>	113
<i>chlorhexidine gluconate soln 0.12%</i>	122	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	
<i>chloroquine phosphate tab 250 mg</i> ...25		.....	34
<i>chloroquine phosphate tab 500 mg</i> ...25		<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	
<i>chlorpromazine hcl conc 100 mg/ml</i> .64		.....	34
<i>chlorpromazine hcl conc 30 mg/ml</i> ...64		<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	34
<i>chlorpromazine hcl inj 25 mg/ml</i>	64	<i>citalopram hydrobromide oral soln 10</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	64	<i>mg/5ml</i>	59

<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	59	<i>clinisol sf 15%</i>	110
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	59	<i>CLINOLIPID EMU 20%</i>	110
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	59	<i>clobazam suspension 2.5 mg/ml</i>	68
<i>claravis</i>	118	<i>clobazam tab 10 mg</i>	68
<i>clarithromycin for susp 125 mg/5ml</i> .	31	<i>clobazam tab 20 mg</i>	68
<i>clarithromycin for susp 250 mg/5ml</i> .	31	<i>clobetasol propionate cream 0.05%</i> ..	120
<i>clarithromycin tab 250 mg</i>	31	<i>clobetasol propionate e</i>	120
<i>clarithromycin tab 500 mg</i>	31	<i>clobetasol propionate gel 0.05%</i>	120
<i>clarithromycin tab er 24hr 500 mg</i> ...	31	<i>clobetasol propionate oint 0.05%</i> ...	120
<i>clindamycin hcl cap 150 mg</i>	22	<i>clobetasol propionate shampoo 0.05%</i>	120
<i>clindamycin hcl cap 300 mg</i>	22	<i>clobetasol propionate soln 0.05%</i> ..	120
<i>clindamycin hcl cap 75 mg</i>	22	<i>clodan</i>	120
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	22	<i>clomipramine hcl cap 25 mg</i>	59
<i>clindamycin phosphate gel 1% (once-daily)</i>	118	<i>clomipramine hcl cap 50 mg</i>	59
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	22	<i>clomipramine hcl cap 75 mg</i>	59
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	22	<i>clonazepam orally disintegrating tab 0.125 mg</i>	68
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	22	<i>clonazepam orally disintegrating tab 0.25 mg</i>	68
<i>clindamycin phosphate inj 300 mg/2ml</i>	22	<i>clonazepam orally disintegrating tab 0.5 mg</i>	68
<i>clindamycin phosphate inj 600 mg/4ml</i>	22	<i>clonazepam orally disintegrating tab 1 mg</i>	68
<i>clindamycin phosphate inj 900 mg/6ml</i>	22	<i>clonazepam orally disintegrating tab 2 mg</i>	69
<i>clindamycin phosphate lotion 1%</i> ...	118	<i>clonazepam tab 0.5 mg</i>	69
<i>clindamycin phosphate soln 1%</i>	118	<i>clonazepam tab 1 mg</i>	69
<i>clindamycin phosphate vaginal cream 2%</i>	100	<i>clonazepam tab 2 mg</i>	69
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	118	<i>clonidine hcl tab 0.1 mg</i>	54
<i>CLINDMYC/NAC INJ 300/50ML</i>	22	<i>clonidine hcl tab 0.2 mg</i>	54
<i>CLINDMYC/NAC INJ 600/50ML</i>	23	<i>clonidine hcl tab 0.3 mg</i>	55
<i>CLINDMYC/NAC INJ 900/50ML</i>	23	<i>clonidine td patch weekly 0.1 mg/24hr</i>	55
<i>CLINIMIX INJ 4.25/D10</i>	110	<i>clonidine td patch weekly 0.2 mg/24hr</i>	55
<i>CLINIMIX INJ 4.25/D5W</i>	110	<i>clonidine td patch weekly 0.3 mg/24hr</i>	55
<i>CLINIMIX INJ 5%/D15W</i>	110	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	102
<i>CLINIMIX INJ 5%/D20W</i>	110	<i>clorazepate dipotassium tab 15 mg</i> ..	69
<i>CLINIMIX INJ 6/5</i>	110	<i>clorazepate dipotassium tab 3.75 mg</i> ..	69
<i>CLINIMIX INJ 8/10</i>	110	<i>clorazepate dipotassium tab 7.5 mg</i> .	69
<i>CLINIMIX INJ 8/14</i>	110	<i>clotrimazole cream 1%</i>	119
		<i>clotrimazole soln 1%</i>	119
		<i>clotrimazole troche 10 mg</i>	122

<i>clotrimazole w/ betamethasone cream</i>	
1-0.05%	119
<i>clozapine orally disintegrating tab 100</i>	
<i>mg</i>	64
<i>clozapine orally disintegrating tab 12.5</i>	
<i>mg</i>	64
<i>clozapine orally disintegrating tab 150</i>	
<i>mg</i>	64
<i>clozapine orally disintegrating tab 200</i>	
<i>mg</i>	64
<i>clozapine orally disintegrating tab 25</i>	
<i>mg</i>	64
<i>clozapine tab 100 mg</i>	64
<i>clozapine tab 200 mg</i>	64
<i>clozapine tab 25 mg</i>	64
<i>clozapine tab 50 mg</i>	64
COARTEM TAB 20-120MG	25
COBENFY CAP 100-20MG	64
COBENFY CAP 125-30MG	64
COBENFY CAP 50-20MG	64
COBENFY STRT CAP PACK	64
<i>colchicine tab 0.6 mg</i>	19
<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>mg</i>	19
<i>colesevelam hcl packet for susp 3.75</i>	
<i>gm</i>	50
<i>colesevelam hcl tab 625 mg</i>	50
<i>colestipol hcl granule packets 5 gm</i> ..	50
<i>colestipol hcl granules 5 gm</i>	50
<i>colestipol hcl tab 1 gm</i>	50
<i>colistimethate sod for inj 150 mg</i>	
(colistin base activity)	23
COMBIGAN SOL 0.2/0.5%	112
COMBIVENT AER 20-100	113
COMETRIQ (60MG DOSE)	39
COMETRIQ KIT 100MG	39
COMETRIQ KIT 140MG	39
<i>compro</i>	95
<i>constulose</i>	97
COPAXONE INJ 20MG/ML	78
COPAXONE INJ 40MG/ML	78
COPIKTRA CAP 15MG	39
COPIKTRA CAP 25MG	39
CORLANOR SOL 5MG/5ML	55
COTELLIC TAB 20MG	39
CREON CAP 12000UNT	97
CREON CAP 24000UNT	98
CREON CAP 3000UNIT	97
CREON CAP 36000UNT	98
CREON CAP 6000UNIT	97
CRESEMBA CAP 186MG	25
CRESEMBA CAP 74.5MG	25
<i>cromolyn sodium ophth soln 4%</i>	112
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
.....	98
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
.....	116
<i>cryselle-28</i>	85
<i>cyclobenzaprine hcl tab 10 mg</i>	79
<i>cyclobenzaprine hcl tab 5 mg</i>	78
CYCLOPHOSPH INJ 1000MG	34
CYCLOPHOSPH INJ 1GM/2ML	34
CYCLOPHOSPH INJ 1GM/5ML	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>cyclophosphamide for inj 1 gm</i>	34
<i>cyclophosphamide for inj 2 gm</i>	34
<i>cyclophosphamide for inj 500 mg</i>	34
<i>cycloserine cap 250 mg</i>	28
<i>cyclosporine cap 100 mg</i>	106
<i>cyclosporine cap 25 mg</i>	106
<i>cyclosporine modified cap 100 mg</i> .	106
<i>cyclosporine modified cap 25 mg</i> ...	106
<i>cyclosporine modified cap 50 mg</i> ...	106
<i>cyclosporine modified oral soln 100</i>	
<i>mg/ml</i>	106
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	114
<i>cyproheptadine hcl tab 4 mg</i>	114
<i>cyred eq</i>	85
CYSTADROPS SOL 0.37%	113
CYSTAGON CAP 150MG	92
CYSTAGON CAP 50MG	92
CYSTARAN SOL 0.44%	113
<i>cytarabine inj 20 mg/ml</i>	35
D	
D10W/NACL INJ 0.2%	108

D10W/NACL INJ 0.45%	108	deferasirox tab 90 mg	84
D2.5W/NACL INJ 0.45%	108	deferasirox tab for oral susp 125 mg	84
D5W/NACL INJ 0.2%	108	deferasirox tab for oral susp 250 mg	84
D5W/NACL INJ 0.45%	108	deferasirox tab for oral susp 500 mg	85
dabigatran etexilate mesylate cap 110		DELSTRIGO TAB	27
mg (etexilate base eq)	100	DENG VAXIA SUS	107
dabigatran etexilate mesylate cap 150		DEPO-SQ PROV INJ 104	85
mg (etexilate base eq)	100	depo-testosterone	80
dabigatran etexilate mesylate cap 75		DESCOVY TAB 120-15MG	27
mg (etexilate base eq)	100	DESCOVY TAB 200/25MG	27
dalfampridine tab er 12hr 10 mg	78	desipramine hcl tab 10 mg	59
danazol cap 100 mg	80	desipramine hcl tab 100 mg	59
danazol cap 200 mg	80	desipramine hcl tab 150 mg	59
danazol cap 50 mg	80	desipramine hcl tab 25 mg	59
dantrolene sodium cap 100 mg	79	desipramine hcl tab 50 mg	59
dantrolene sodium cap 25 mg	79	desipramine hcl tab 75 mg	59
dantrolene sodium cap 50 mg	79	desmopressin acetate inj 4 mcg/ml ..	92
DANZITEN TAB 71MG	39	desmopressin acetate nasal spray soln	
DANZITEN TAB 95MG	39	0.01%	92
dapagliflozin propanediol tab 10 mg		desmopressin acetate nasal spray soln	
(base equivalent)	80	0.01% (refrigerated)	92
dapagliflozin propanediol tab 5 mg		desmopressin acetate preservative free	
(base equivalent)	80	(pf) inj 4 mcg/ml	92
dapsone tab 100 mg	23	desmopressin acetate tab 0.1 mg	92
dapsone tab 25 mg	23	desmopressin acetate tab 0.2 mg	92
DAPTACEL INJ	107	desogest-eth estrad & eth estrad tab	
daptomycin for iv soln 350 mg	23	0.15-0.02/0.01 mg(21/5)	85
daptomycin for iv soln 500 mg	23	desvenlafaxine succinate tab er 24hr	
DAPTOMYCIN INJ 350MG	23	100 mg (base equiv)	59
darunavir tab 600 mg	26	desvenlafaxine succinate tab er 24hr	
darunavir tab 800 mg	26	25 mg (base equiv)	59
dasatinib tab 100 mg	39	desvenlafaxine succinate tab er 24hr	
dasatinib tab 140 mg	39	50 mg (base equiv)	59
dasatinib tab 20 mg	39	DEXAMETHASON CON 1MG/ML	90
dasatinib tab 50 mg	39	dexamethasone elixir 0.5 mg/5ml	90
dasatinib tab 70 mg	39	dexamethasone sod phos inj sol pref	
dasatinib tab 80 mg	39	syr 10 mg/ml (pf)	90
dasetta 1/35	85	dexamethasone sod phosphate	
dasetta 7/7/7	85	preservative free inj 10 mg/ml	90
DAURISMO TAB 100MG	39	dexamethasone sodium phosphate inj	
DAURISMO TAB 25MG	39	10 mg/ml	90
daysee	85	dexamethasone sodium phosphate inj	
DAYVIGO TAB 10MG	75	100 mg/10ml	90
DAYVIGO TAB 5MG	75	dexamethasone sodium phosphate inj	
deblitane	85	120 mg/30ml	90
deferasirox tab 180 mg	84	dexamethasone sodium phosphate inj	
deferasirox tab 360 mg	84	20 mg/5ml	90

<i>dexamethasone sodium phosphate inj</i>	
4 mg/ml	90
<i>dexamethasone sodium phosphate inj</i>	
soln pref syr 4 mg/ml	90
<i>dexamethasone sodium phosphate</i>	
ophth soln 0.1%	112
<i>dexamethasone soln 0.5 mg/5ml</i>	90
<i>dexamethasone tab 0.5 mg</i>	90
<i>dexamethasone tab 0.75 mg</i>	90
<i>dexamethasone tab 1 mg</i>	90
<i>dexamethasone tab 1.5 mg</i>	90
<i>dexamethasone tab 2 mg</i>	90
<i>dexamethasone tab 4 mg</i>	90
<i>dexamethasone tab 6 mg</i>	90
<i>dexmethylphenidate hcl tab 10 mg</i> ...	75
<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	75
<i>dexmethylphenidate hcl tab 5 mg</i>	75
<i>dextrose 2.5% w/ sodium chloride</i>	
0.45%	108
<i>dextrose 5% in lactated ringers</i>	108
<i>dextrose 5% w/ sodium chloride</i>	
0.225%	108
<i>dextrose 5% w/ sodium chloride 0.3%</i>	
.....	108
<i>dextrose 5% w/ sodium chloride 0.9%</i>	
.....	108
<i>DEXTROSE INJ 10%</i>	111
<i>dextrose inj 5%</i>	110
<i>dextrose inj 50%</i>	111
<i>DEXTROSE INJ 70%</i>	111
<i>DIACOMIT CAP 250MG</i>	69
<i>DIACOMIT CAP 500MG</i>	69
<i>DIACOMIT PAK 250MG</i>	69
<i>DIACOMIT PAK 500MG</i>	69
<i>diazepam inj</i>	69
<i>diazepam intensol</i>	69
<i>diazepam oral soln 1 mg/ml</i>	69
<i>diazepam rectal gel delivery system 10</i>	
<i>mg</i>	69
<i>diazepam rectal gel delivery system 2.5</i>	
<i>mg</i>	69
<i>diazepam rectal gel delivery system 20</i>	
<i>mg</i>	69
<i>diazepam tab 10 mg</i>	69
<i>diazepam tab 2 mg</i>	69
<i>diazepam tab 5 mg</i>	69
<i>diazoxide susp 50 mg/ml</i>	92
<i>diclofenac potassium tab 50 mg</i>	19
<i>diclofenac sodium ophth soln 0.1%</i> 112	
<i>diclofenac sodium soln 1.5%</i>	121
<i>diclofenac sodium tab delayed release</i>	
25 mg	19
<i>diclofenac sodium tab delayed release</i>	
50 mg	19
<i>diclofenac sodium tab delayed release</i>	
75 mg	19
<i>diclofenac sodium tab er 24hr 100 mg</i>	
.....	19
<i>dicloxacillin sodium cap 250 mg</i>	32
<i>dicloxacillin sodium cap 500 mg</i>	32
<i>dicyclomine hcl cap 10 mg</i>	96
<i>dicyclomine hcl oral soln 10 mg/5ml</i> . 96	
<i>dicyclomine hcl tab 20 mg</i>	96
<i>DIFICID SUS</i>	31
<i>DIFICID TAB 200MG</i>	31
<i>diflunisal tab 500 mg</i>	19
<i>difluprednate ophth emulsion 0.05%</i>	
.....	112
<i>digoxin inj 0.25 mg/ml</i>	55
<i>digoxin oral soln 0.05 mg/ml</i>	55
<i>digoxin tab 125 mcg (0.125 mg)</i>	55
<i>digoxin tab 250 mcg (0.25 mg)</i>	55
<i>dihydroergotamine mesylate nasal</i>	
<i>spray 4 mg/ml</i>	76
<i>DILANTIN CAP 30MG</i>	69
<i>diltiazem hcl cap er 12hr 120 mg</i>	52
<i>diltiazem hcl cap er 12hr 60 mg</i>	52
<i>diltiazem hcl cap er 12hr 90 mg</i>	52
<i>diltiazem hcl coated beads cap er 24hr</i>	
120 mg	52
<i>diltiazem hcl coated beads cap er 24hr</i>	
180 mg	52
<i>diltiazem hcl coated beads cap er 24hr</i>	
240 mg	52
<i>diltiazem hcl coated beads cap er 24hr</i>	
300 mg	52
<i>diltiazem hcl coated beads cap er 24hr</i>	
360 mg	52
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 120 mg</i>	52
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 180 mg</i>	52
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 240 mg</i>	53

<i>diltiazem hcl extended release beads</i>	
cap er 24hr 300 mg.....	53
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 360 mg.....	53
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 420 mg.....	53
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
<i>mg/ml).....</i>	53
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>mg/ml).....</i>	53
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
<i>mg/ml).....</i>	53
<i>diltiazem hcl tab 120 mg.....</i>	53
<i>diltiazem hcl tab 30 mg</i>	53
<i>diltiazem hcl tab 60 mg</i>	53
<i>diltiazem hcl tab 90 mg</i>	53
<i>dilt-xr</i>	52
<i>diphenhydramine hcl inj 50 mg/ml .</i>	114
<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>0.025 mg</i>	98
<i>dipyridamole tab 25 mg</i>	102
<i>dipyridamole tab 50 mg</i>	102
<i>dipyridamole tab 75 mg</i>	102
<i>disopyramide phosphate cap 100 mg</i>	49
<i>disopyramide phosphate cap 150 mg</i>	49
<i>disulfiram tab 250 mg</i>	79
<i>disulfiram tab 500 mg</i>	79
<i>divalproex sodium cap delayed release</i>	
sprinkle 125 mg.....	70
<i>divalproex sodium tab delayed release</i>	
125 mg	70
<i>divalproex sodium tab delayed release</i>	
250 mg	70
<i>divalproex sodium tab delayed release</i>	
500 mg	70
<i>divalproex sodium tab er 24 hr 250 mg</i>	
.....	70
<i>divalproex sodium tab er 24 hr 500 mg</i>	
.....	70
<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>mg/ml).....</i>	37
<i>docetaxel for inj conc 20 mg/ml</i>	37
<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>mg/ml).....</i>	37
DOCETAXEL INJ 160/16ML.....	37
DOCETAXEL INJ 160/8ML.....	37
DOCETAXEL INJ 20MG/2ML	37
DOCETAXEL INJ 80MG/4ML.....	37
DOCETAXEL INJ 80MG/8ML.....	37
<i>docetaxel soln for iv infusion 160</i>	
<i>mg/16ml</i>	38
<i>docetaxel soln for iv infusion 20</i>	
<i>mg/2ml</i>	37
<i>docetaxel soln for iv infusion 80</i>	
<i>mg/8ml</i>	38
DOCIVYX INJ 160/16ML.....	38
DOCIVYX INJ 20MG/2ML.....	38
DOCIVYX INJ 80MG/8ML.....	38
<i>dofetilide cap 125 mcg (0.125 mg) ..</i>	49
<i>dofetilide cap 250 mcg (0.25 mg)</i>	49
<i>dofetilide cap 500 mcg (0.5 mg)</i>	49
<i>dolishale</i>	86
<i>donepezil hydrochloride orally</i>	
disintegrating tab 10 mg.....	57
<i>donepezil hydrochloride orally</i>	
disintegrating tab 5 mg	57
<i>donepezil hydrochloride tab 10 mg...</i>	57
<i>donepezil hydrochloride tab 5 mg</i>	57
DOPTelet TAB 20MG	102
<i>dorzolamide hcl ophth soln 2%.....</i>	112
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>soln 2-0.5%.....</i>	112
<i>dotti</i>	89
DOVATO TAB 50-300MG	27
<i>doxazosin mesylate tab 1 mg</i>	46
<i>doxazosin mesylate tab 2 mg</i>	46
<i>doxazosin mesylate tab 4 mg</i>	46
<i>doxazosin mesylate tab 8 mg</i>	46
<i>doxepin hcl (sleep) tab 3 mg (base</i>	
<i>equiv)</i>	75
<i>doxepin hcl (sleep) tab 6 mg (base</i>	
<i>equiv)</i>	75
<i>doxepin hcl cap 10 mg</i>	59
<i>doxepin hcl cap 100 mg.....</i>	59
<i>doxepin hcl cap 150 mg.....</i>	59
<i>doxepin hcl cap 25 mg</i>	59
<i>doxepin hcl cap 50 mg</i>	59
<i>doxepin hcl cap 75 mg</i>	59
<i>doxepin hcl conc 10 mg/ml</i>	59
<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.....	59
DRIZALMA CAP 30MG DR.....	60
DRIZALMA CAP 40MG DR.....	60
DRIZALMA CAP 60MG DR.....	60
<i>dronabinol cap 10 mg</i>	95
<i>dronabinol cap 2.5 mg</i>	95
<i>dronabinol cap 5 mg</i>	95
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	86
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	86
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.02-0.451 mg</i>	86
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i>	86
<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.....	118
DULERA AER 200-5MCG.....	118
DULERA AER 50-5MCG	118
<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	103
DUPIXENT INJ 200MG	103
DUPIXENT INJ 300/2ML	103
<i>dutasteride cap 0.5 mg</i>	99
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	99

E	
<i>e.e.s. 400</i>	31
<i>econazole nitrate cream 1%</i>	119
EDURANT PED TAB 2.5MG	26
EDURANT TAB 25MG	26
<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
ELIGARD INJ 30MG	36
ELIGARD INJ 45MG	36
ELIGARD INJ 7.5MG	36
<i>elinest</i>	86
ELIQUIS ST P TAB 5MG	100
ELIQUIS TAB 2.5MG	100
ELIQUIS TAB 5MG	100
<i>eluryng</i>	86
EMGALITY INJ 100MG/ML	76
EMGALITY INJ 120MG/ML	77
EMSAM DIS 12MG/24H.....	60
EMSAM DIS 6MG/24HR.....	60
EMSAM DIS 9MG/24HR.....	60
<i>emtricitabine caps 200 mg</i>	26
<i>emtricitabine- rilpivirine-tenofovir df tab</i> <i>200-25-300 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	27
EMTRIVA SOL 10MG/ML.....	26
EMVERM CHW 100MG	23
<i>emzahn</i>	86
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	45
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	45
<i>enalapril maleate tab 10 mg</i>	45
<i>enalapril maleate tab 2.5 mg</i>	45
<i>enalapril maleate tab 20 mg</i>	45

<i>enalapril maleate tab 5 mg</i>	45	<i>epinephrine solution auto-injector 0.3</i>	
ENBREL INJ 25/0.5ML.....	103	<i>mg/0.3ml (1:1000)</i>	116
ENBREL INJ 25MG.....	103	<i>eplerenone tab 25 mg</i>	46
ENBREL INJ 50MG/ML.....	103	<i>eplerenone tab 50 mg</i>	46
ENBREL MINI INJ 50MG/ML.....	103	<i>ergotamine w/ caffeine tab 1-100 mg</i>	
ENBREL SRCLK INJ 50MG/ML.....	103	.....	77
<i>endocet tab 10-325mg</i>	21	ERIVEDGE CAP 150MG	39
<i>endocet tab 2.5-325mg</i>	21	ERLEADA TAB 240MG.....	36
<i>endocet tab 5-325mg</i>	21	ERLEADA TAB 60MG	36
<i>endocet tab 7.5-325mg</i>	21	<i>erlotinib hcl tab 100 mg (base</i>	
ENERGIX-B INJ 10/0.5ML.....	107	<i>equivalent)</i>	39
ENERGIX-B INJ 20MCG/ML.....	107	<i>erlotinib hcl tab 150 mg (base</i>	
<i>enilloring</i>	86	<i>equivalent)</i>	39
<i>enoxaparin sodium inj 300 mg/3ml</i>	100	<i>erlotinib hcl tab 25 mg (base</i>	
<i>enoxaparin sodium inj soln pref syr</i>	100	<i>equivalent)</i>	39
<i>mg/ml</i>	100	<i>errin</i>	86
<i>enoxaparin sodium inj soln pref syr</i>	120	<i>ertapenem sodium for inj 1 gm (base</i>	
<i>mg/0.8ml</i>	100	<i>equivalent)</i>	23
<i>enoxaparin sodium inj soln pref syr</i>	150	<i>ery</i>	118
<i>mg/ml</i>	100	ERYTHROCIN INJ 500MG	31
<i>enoxaparin sodium inj soln pref syr</i>	30	<i>erythromycin ethylsuccinate tab 400</i>	
<i>mg/0.3ml</i>	100	<i>mg</i>	31
<i>enoxaparin sodium inj soln pref syr</i>	40	<i>erythromycin gel 2%</i>	118
<i>mg/0.4ml</i>	100	<i>erythromycin lactobionate for inj 500</i>	
<i>enoxaparin sodium inj soln pref syr</i>	60	<i>mg</i>	31
<i>mg/0.6ml</i>	100	<i>erythromycin ophth oint 5 mg/gm.</i>	111
<i>enoxaparin sodium inj soln pref syr</i>	80	<i>erythromycin soln 2%</i>	118
<i>mg/0.8ml</i>	100	<i>erythromycin tab 250 mg</i>	31
<i>enskyce</i>	86	<i>erythromycin tab 500 mg</i>	31
ENSTILAR AER.....	120	<i>erythromycin tab delayed release 250</i>	
<i>entacapone tab 200 mg</i>	63	<i>mg</i>	31
<i>entecavir tab 0.5 mg</i>	28	<i>erythromycin tab delayed release 333</i>	
<i>entecavir tab 1 mg</i>	28	<i>mg</i>	31
ENTRESTO CAP 15-16MG.....	47	<i>erythromycin tab delayed release 500</i>	
ENTRESTO CAP 6-6MG	47	<i>mg</i>	31
<i>enulose</i>	97	<i>erythromycin w/ delayed release</i>	
EPCLUSA PAK 150-37.5	28	<i>particles cap 250 mg</i>	31
EPCLUSA PAK 200-50MG	28	ERZOFRI INJ 117/0.75	64
EPCLUSA TAB 200-50MG	28	ERZOFRI INJ 156MG/ML	64
EPCLUSA TAB 400-100	28	ERZOFRI INJ 234/1.5.....	64
EPIDIOLEX SOL 100MG/ML	70	ERZOFRI INJ 351/2.25	64
<i>epinephrine inj 1 mg/ml (1:1000)</i> ...	55	ERZOFRI INJ 39/0.25.....	64
<i>epinephrine solution auto-injector 0.15</i>		ERZOFRI INJ 78/0.5ML.....	64
<i>mg/0.15ml (1:1000)</i>	116	<i>escitalopram oxalate soln 5 mg/5ml</i>	
<i>epinephrine solution auto-injector 0.15</i>		<i>(base equiv)</i>	60
<i>mg/0.3ml (1:2000)</i>	116	<i>escitalopram oxalate tab 10 mg (base</i>	
		<i>equiv)</i>	60

escitalopram oxalate tab 20 mg (base equiv)	60
escitalopram oxalate tab 5 mg (base equiv)	60
eslicarbazepine acetate tab 200 mg ..	70
eslicarbazepine acetate tab 400 mg ..	70
eslicarbazepine acetate tab 600 mg ..	70
eslicarbazepine acetate tab 800 mg ..	70
esomeprazole magnesium cap delayed release 20 mg (base eq)	98
esomeprazole magnesium cap delayed release 40 mg (base eq)	98
esomeprazole magnesium for delayed release susp pack 2.5 mg	99
esomeprazole magnesium for delayed release susp packet 10 mg	99
esomeprazole magnesium for delayed release susp packet 20 mg	99
esomeprazole magnesium for delayed release susp packet 40 mg	99
esomeprazole magnesium for delayed release susp packet 5 mg	99
estarylla	86
estradiol & norethindrone acetate tab 0.5-0.1 mg	89
estradiol & norethindrone acetate tab 1-0.5 mg	89
estradiol tab 0.5 mg	89
estradiol tab 1 mg	89
estradiol tab 2 mg	89
estradiol td patch twice weekly 0.025 mg/24hr	89
estradiol td patch twice weekly 0.0375 mg/24hr	89
estradiol td patch twice weekly 0.05 mg/24hr	89
estradiol td patch twice weekly 0.075 mg/24hr	89
estradiol td patch twice weekly 0.1 mg/24hr	89
estradiol td patch weekly 0.025 mg/24hr	89
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	90
estradiol td patch weekly 0.05 mg/24hr	89
estradiol td patch weekly 0.06 mg/24hr	89
estradiol td patch weekly 0.075 mg/24hr	90
estradiol td patch weekly 0.1 mg/24hr	89
estradiol vaginal cream 0.01%	90
estradiol vaginal tab 10 mcg	90
estradiol valerate im in oil 10 mg/ml	90
estradiol valerate im in oil 20 mg/ml	90
estradiol valerate im in oil 40 mg/ml	90
eszopiclone tab 1 mg	76
eszopiclone tab 2 mg	76
eszopiclone tab 3 mg	76
ethambutol hcl tab 100 mg	28
ethambutol hcl tab 400 mg	28
ethosuximide cap 250 mg	70
ethosuximide soln 250 mg/5ml	70
etodolac cap 200 mg	19
etodolac cap 300 mg	19
etodolac tab 400 mg	19
etodolac tab 500 mg	19
etodolac tab er 24hr 400 mg	19
etodolac tab er 24hr 500 mg	19
etodolac tab er 24hr 600 mg	19
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	86
etoposide inj 1 gm/50ml (20 mg/ml)	38
etoposide inj 100 mg/5ml (20 mg/ml)	38
etoposide inj 500 mg/25ml (20 mg/ml)	38
etravirine tab 100 mg	26
etravirine tab 200 mg	26
EUCRISA OIN 2%	121
EULEXIN CAP 125MG	36
everolimus tab 0.25 mg	106
everolimus tab 0.5 mg	106
everolimus tab 0.75 mg	106
everolimus tab 1 mg	106
everolimus tab 10 mg	39
everolimus tab 2.5 mg	39
everolimus tab 5 mg	39
everolimus tab 7.5 mg	39
everolimus tab for oral susp 2 mg	39
everolimus tab for oral susp 3 mg	39
everolimus tab for oral susp 5 mg	39

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exemestane tab 25 mg	36
EYSUVIS DRO 0.25%	113
ezetimibe tab 10 mg	50
ezetimibe-simvastatin tab 10-10 mg.	50
ezetimibe-simvastatin tab 10-20 mg.	50
ezetimibe-simvastatin tab 10-40 mg.	50
ezetimibe-simvastatin tab 10-80 mg.	50
F	
FABRAZYME INJ 35MG.....	92
FABRAZYME INJ 5MG.....	92
falmina.....	86
famciclovir tab 125 mg	28
famciclovir tab 250 mg	28
famciclovir tab 500 mg	28
famotidine for susp 40 mg/5ml	96
famotidine in nacl 0.9% iv soln 20 mg/50ml.....	97
famotidine inj 200 mg/20ml	97
famotidine inj 40 mg/4ml.....	97
famotidine preservative free inj 20 mg/2ml	97
famotidine tab 20 mg	97
famotidine tab 40 mg	97
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FANAPT TAB 10MG.....	65
FANAPT TAB 12MG.....	65
FANAPT TAB 1MG.....	64
FANAPT TAB 2MG.....	64
FANAPT TAB 4MG.....	65
FANAPT TAB 6MG.....	65
FANAPT TAB 8MG.....	65
FARXIGA TAB 10MG	80
FARXIGA TAB 5MG.....	80
FASENRA INJ 10MG/0.5.....	116
FASENRA INJ 30MG/ML.....	116
FASENRA PEN INJ 30MG/ML	116
feirza tab 1.5/30.....	86
feirza tab 1/20	86
felbamate susp 600 mg/5ml.....	70
felbamate tab 400 mg	70
felbamate tab 600 mg	70
felodipine tab er 24hr 10 mg	53
felodipine tab er 24hr 2.5 mg	53
felodipine tab er 24hr 5 mg	53

fenofibrate micronized cap 134 mg ..	49
fenofibrate micronized cap 200 mg ..	49
fenofibrate micronized cap 67 mg	49
fenofibrate tab 145 mg.....	49
fenofibrate tab 160 mg.....	49
fenofibrate tab 48 mg	49
fenofibrate tab 54 mg	49
fentanyl td patch 72hr 100 mcg/hr...	20
fentanyl td patch 72hr 12 mcg/hr	20
fentanyl td patch 72hr 25 mcg/hr	20
fentanyl td patch 72hr 37.5 mcg/hr..	20
fentanyl td patch 72hr 50 mcg/hr	20
fentanyl td patch 72hr 62.5 mcg/hr..	20
fentanyl td patch 72hr 75 mcg/hr	20
fentanyl td patch 72hr 87.5 mcg/hr..	20
fesoterodine fumarate tab er 24hr 4 mg	99
fesoterodine fumarate tab er 24hr 8 mg	99
FETZIMA CAP 120MG	60
FETZIMA CAP 20MG	60
FETZIMA CAP 40MG	60
FETZIMA CAP 80MG	60
FETZIMA CAP TITRATIO.....	60
FIASP FLEX INJ TOUCH.....	82
FIASP INJ 100/ML.....	82
FIASP PENFIL INJ U-100	82
FIASP PMPCRT INJ U-100	82
fidaxomicin tab 200 mg	31
finasteride tab 5 mg.....	99
ingolimod hcl cap 0.5 mg (base equiv)	78
FINTEPLA SOL 2.2MG/ML.....	70
finzala.....	86
FIRMAGON INJ 120MG	36
FIRMAGON INJ 80MG	36
flac.....	113
FLEBOGAMMA INJ 10/200ML	105
FLEBOGAMMA INJ 20/400ML	105
FLEBOGAMMA INJ DIF 5%	105
flecainide acetate tab 100 mg	49
flecainide acetate tab 150 mg	49
flecainide acetate tab 50 mg	49
fluconazole for susp 10 mg/ml.....	25
fluconazole for susp 40 mg/ml.....	25
fluconazole in nacl 0.9% inj 200 mg/100ml.....	25

fluconazole in nacl 0.9% inj 400 mg/200ml.....	25	fluphenazine hcl elixir 2.5 mg/5ml ...	65
fluconazole tab 100 mg	25	fluphenazine hcl inj 2.5 mg/ml	65
fluconazole tab 150 mg	25	fluphenazine hcl oral conc 5 mg/ml ..	65
fluconazole tab 200 mg	25	fluphenazine hcl tab 1 mg.....	65
fluconazole tab 50 mg	25	fluphenazine hcl tab 10 mg	65
flucytosine cap 250 mg.....	25	fluphenazine hcl tab 2.5 mg	65
flucytosine cap 500 mg.....	25	fluphenazine hcl tab 5 mg.....	65
fludrocortisone acetate tab 0.1 mg ...	90	flurbiprofen sodium ophth soln 0.03%	112
flunisolide nasal soln 25 mcg/act (0.025%).....	117	flurbiprofen tab 100 mg.....	19
fluocinolone acetonide (otic) oil 0.01%	113	fluticasone propionate cream 0.05%	121
fluocinolone acetonide cream 0.01%	120	fluticasone propionate hfa inhal aer 110 mcg/act.....	117
fluocinolone acetonide cream 0.025%	120	fluticasone propionate hfa inhal aer 220 mcg/act.....	117
fluocinolone acetonide oil 0.01% (body oil).....	120	fluticasone propionate hfa inhal aero 44 mcg/act.....	117
fluocinolone acetonide oil 0.01% (scalp oil).....	120	fluticasone propionate nasal susp 50 mcg/act.....	117
fluocinolone acetonide oint 0.025%	120	fluticasone propionate oint 0.005%	121
fluocinolone acetonide soln 0.01% ..	120	fluticasone-salmeterol aer powder ba 100-50 mcg/act.....	118
fluocinonide cream 0.05%.....	120	fluticasone-salmeterol aer powder ba 250-50 mcg/act.....	118
fluocinonide cream 0.1%	120	fluticasone-salmeterol aer powder ba 500-50 mcg/act.....	118
fluocinonide emulsified base cream 0.05%	120	fluvoxamine maleate tab 100 mg.....	57
fluocinonide gel 0.05%	120	fluvoxamine maleate tab 25 mg.....	57
fluocinonide oint 0.05%	120	fluvoxamine maleate tab 50 mg.....	57
fluocinonide soln 0.05%.....	120	fondaparinux sodium subcutaneous inj 10 mg/0.8ml	101
fluorometholone ophth susp 0.1%..	112	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	101
fluorouracil cream 5%	121	fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	101
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	35	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	101
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	35	fosamprenavir calcium tab 700 mg (base equiv)	26
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	35	fosfomycin tromethamine powd pack 3 gm (base equivalent)	23
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	35	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	45
fluorouracil soln 2%	121	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	45
fluorouracil soln 5%	121	fosinopril sodium tab 10 mg	45
fluoxetine hcl cap 10 mg	60		
fluoxetine hcl cap 20 mg	60		
fluoxetine hcl cap 40 mg	60		
fluoxetine hcl solution 20 mg/5ml	60		
fluphenazine decanoate inj 25 mg/ml	65		

<i>fosinopril sodium tab 20 mg</i>	46	<i>gallifrey</i>	94
<i>fosinopril sodium tab 40 mg</i>	46	GAMASTAN INJ	105
FOTIVDA CAP 0.89MG	39	GAMMAGARD INJ 10GM/100	105
FOTIVDA CAP 1.34MG	39	GAMMAGARD INJ 1GM/10ML.....	105
FRINDOVYX INJ 1GM/2ML	34	GAMMAGARD INJ 2.5GM/25	105
FRINDOVYX INJ 2GM/4ML	34	GAMMAGARD INJ 20GM/200	105
FRINDOVYX INJ 500MG/ML	34	GAMMAGARD INJ 30GM/300	105
FRUZAQLA CAP 1MG	39	GAMMAGARD INJ 5GM/50ML.....	105
FRUZAQLA CAP 5MG	39	GAMMAGARD SD INJ 10GM HU.....	105
FULPHILA INJ 6/0.6ML.....	101	GAMMAGARD SD INJ 5GM HU.....	105
<i>fulvestrant inj soln pref syr 250</i>		GAMMAKED INJ 10GM/100.....	105
<i>mg/5ml</i>	36	GAMMAKED INJ 1GM/10ML	105
<i>furosemide inj</i>	54	GAMMAKED INJ 20GM/200.....	105
<i>furosemide oral soln 10 mg/ml</i>	54	GAMMAKED INJ 5GM/50ML	105
<i>furosemide oral soln 8 mg/ml</i>	54	GAMMAPLEX INJ 10%	105
<i>furosemide tab 20 mg</i>	54	GAMMAPLEX INJ 5%	105
<i>furosemide tab 40 mg</i>	54	GAMUNEX-C INJ 10GM/100.....	105
<i>furosemide tab 80 mg</i>	54	GAMUNEX-C INJ 1GM/10ML	105
<i>fyavolv tab 0.5mg-2.5mcg</i>	90	GAMUNEX-C INJ 2.5GM/25	105
<i>fyavolv tab 1mg-5mcg</i>	90	GAMUNEX-C INJ 20GM/200.....	105
FYCOMPA SUS 0.5MG/ML.....	70	GAMUNEX-C INJ 40/400ML	105
FYCOMPA TAB 10MG	70	GAMUNEX-C INJ 5GM/50ML	105
FYCOMPA TAB 12MG	70	<i>ganciclovir sodium for inj 500 mg</i>	28
FYCOMPA TAB 2MG	70	GARDASIL 9 INJ	107
FYCOMPA TAB 4MG	70	<i>gatifloxacin ophth soln 0.5%</i>	111
FYCOMPA TAB 6MG	70	GATTEX KIT 5MG.....	98
FYCOMPA TAB 8MG	70	GAUZE PADS 2.....	82
G		<i>gavilyte-c</i>	97
<i>gabapentin cap 100 mg</i>	70	<i>gavilyte-g</i>	97
<i>gabapentin cap 300 mg</i>	70	<i>gavilyte-n/flavor pack</i>	97
<i>gabapentin cap 400 mg</i>	70	GAVRETO CAP 100MG	39
<i>gabapentin oral soln 250 mg/5ml</i>	70	<i>gefitinib tab 250 mg</i>	39
<i>gabapentin tab 600 mg</i>	70	<i>gemcitabine hcl for inj 1 gm</i>	35
<i>gabapentin tab 800 mg</i>	70	<i>gemcitabine hcl for inj 2 gm</i>	35
<i>galantamine hydrobromide cap er 24hr</i>		<i>gemcitabine hcl for inj 200 mg</i>	35
<i>16 mg</i>	57	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i>	35
<i>24 mg</i>	57	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i>	35
<i>8 mg</i>	57	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>galantamine hydrobromide oral soln 4</i>		<i>mg/ml) (base equiv)</i>	35
<i>mg/ml</i>	57	<i>gemfibrozil tab 600 mg</i>	49
<i>galantamine hydrobromide tab 12 mg</i>		GEMTESA TAB 75MG.....	100
.....	57	<i>generlac</i>	97
<i>galantamine hydrobromide tab 4 mg</i>	57	<i>gengraf</i>	106
<i>galantamine hydrobromide tab 8 mg</i>	57	GENOTROPIN INJ 0.2MG.....	92
<i>galbriela chw</i>	86	GENOTROPIN INJ 0.4MG.....	92

GENOTROPIN INJ 0.6MG	92	<i>glycopyrrolate tab 1 mg</i>	96
GENOTROPIN INJ 0.8MG	92	<i>glycopyrrolate tab 2 mg</i>	96
GENOTROPIN INJ 1.2MG	92	<i>glydo</i>	121
GENOTROPIN INJ 1.4MG	92	GLYXAMBI TAB 10-5 MG	81
GENOTROPIN INJ 1.6MG	92	GLYXAMBI TAB 25-5 MG	81
GENOTROPIN INJ 1.8MG	92	GOMEKLI CAP 1MG	40
GENOTROPIN INJ 12MG	92	GOMEKLI CAP 2MG	40
GENOTROPIN INJ 1MG	92	GOMEKLI TAB 1MG	40
GENOTROPIN INJ 2MG	92	<i>granisetron hcl inj 1 mg/ml</i>	95
GENOTROPIN INJ 5MG	92	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	95
<i>gentamicin in saline inj 0.8 mg/ml ...</i>	23	<i>granisetron hcl tab 1 mg</i>	95
<i>gentamicin in saline inj 1 mg/ml</i>	23	<i>griseofulvin microsize susp 125 mg/5ml</i>	25
<i>gentamicin in saline inj 1.2 mg/ml ...</i>	23	<i>griseofulvin microsize tab 500 mg</i>	25
<i>gentamicin in saline inj 1.6 mg/ml ...</i>	23	<i>griseofulvin ultramicrosize tab 125 mg</i>	25
<i>gentamicin in saline inj 2 mg/ml</i>	23	<i>griseofulvin ultramicrosize tab 250 mg</i>	25
<i>gentamicin sulfate cream 0.1%</i>	119	<i>guanfacine hcl tab 1 mg</i>	55
<i>gentamicin sulfate inj 10 mg/ml</i>	23	<i>guanfacine hcl tab 2 mg</i>	55
<i>gentamicin sulfate inj 40 mg/ml</i>	23	<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	75
<i>gentamicin sulfate oint 0.1%</i>	119	<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	75
<i>gentamicin sulfate ophth soln 0.3%</i>	111	<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	75
GENVOYA TAB	27	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	75
GILOTRIF TAB 20MG	39	H	
GILOTRIF TAB 30MG	39	HADLIMA INJ 40/0.4ML	103
GILOTRIF TAB 40MG	39	HADLIMA INJ 40/0.8ML	103
GLARGIN YFGN INJ 100U/ML	82	HADLIMA PUSH INJ 40/0.4ML	103
GLARGIN YFGN SOL 100U/ML	82	HADLIMA PUSH INJ 40/0.8ML	103
<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i>	78	HAEGARDA INJ 2000UNIT	102
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i>	78	HAEGARDA INJ 3000UNIT	102
<i>glatopa</i>	78	<i>hailey 1.5/30</i>	86
GLEOSTINE CAP 100MG	34	<i>hailey 24 fe</i>	86
GLEOSTINE CAP 10MG	34	<i>halobetasol propionate cream 0.05%</i>	121
GLEOSTINE CAP 40MG	34	<i>halobetasol propionate oint 0.05%</i> ..	121
<i>glimepiride tab 1 mg</i>	80	<i>haloette</i>	86
<i>glimepiride tab 2 mg</i>	80	<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	65
<i>glimepiride tab 4 mg</i>	80	<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	65
<i>glipizide tab 10 mg</i>	80	<i>haloperidol lactate inj 5 mg/ml</i>	65
<i>glipizide tab 5 mg</i>	80		
<i>glipizide tab er 24hr 10 mg</i>	81		
<i>glipizide tab er 24hr 2.5 mg</i>	80		
<i>glipizide tab er 24hr 5 mg</i>	80		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	81		
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	81		
<i>glipizide-metformin hcl tab 5-500 mg</i>	81		

<i>haloperidol lactate oral conc 2 mg/ml</i>	65	HUMULIN N INJ U-100.....	83
<i>haloperidol tab 0.5 mg</i>	65	HUMULIN N INJ U-100KWP	83
<i>haloperidol tab 1 mg</i>	65	HUMULIN R INJ U-100.....	83
<i>haloperidol tab 10 mg</i>	65	HUMULIN R INJ U-500.....	83
<i>haloperidol tab 2 mg</i>	65	<i>hydralazine hcl inj 20 mg/ml</i>	55
<i>haloperidol tab 20 mg</i>	65	<i>hydralazine hcl tab 10 mg</i>	55
<i>haloperidol tab 5 mg</i>	65	<i>hydralazine hcl tab 100 mg</i>	55
HAVRIX INJ 1440UNIT.....	107	<i>hydralazine hcl tab 25 mg</i>	55
HAVRIX INJ 720UNIT.....	107	<i>hydralazine hcl tab 50 mg</i>	55
<i>heather</i>	86	<i>hydrochlorothiazide cap 12.5 mg</i>	54
HEP SOD/NACL INJ 25000UNT.....	101	<i>hydrochlorothiazide tab 12.5 mg</i>	54
<i>heparin sodium (porcine) inj 1000</i>		<i>hydrochlorothiazide tab 25 mg</i>	54
<i>unit/ml</i>	101	<i>hydrochlorothiazide tab 50 mg</i>	54
<i>heparin sodium (porcine) inj 10000</i>		<i>hydrocodone bitartrate tab er 24hr</i>	
<i>unit/ml</i>	101	<i>deter 100 mg</i>	20
<i>heparin sodium (porcine) inj 20000</i>		<i>hydrocodone bitartrate tab er 24hr</i>	
<i>unit/ml</i>	101	<i>deter 120 mg</i>	21
<i>heparin sodium (porcine) inj 5000</i>		<i>hydrocodone bitartrate tab er 24hr</i>	
<i>unit/ml</i>	101	<i>deter 20 mg</i>	20
<i>heparin sodium (porcine) pf inj 1000</i>		<i>hydrocodone bitartrate tab er 24hr</i>	
<i>unit/ml</i>	101	<i>deter 30 mg</i>	20
HEPLISAV-B INJ 20/0.5ML	107	<i>hydrocodone bitartrate tab er 24hr</i>	
HERCEP HYLEC SOL 60-10000	40	<i>deter 40 mg</i>	20
HERCEPTIN INJ 150MG	40	<i>hydrocodone bitartrate tab er 24hr</i>	
HERNEXEOS TAB 60MG	40	<i>deter 60 mg</i>	20
HERZUMA INJ 150MG	40	<i>hydrocodone bitartrate tab er 24hr</i>	
HERZUMA INJ 420MG	40	<i>deter 80 mg</i>	20
HIBERIX SOL 10MCG.....	107	<i>hydrocodone-acetaminophen soln 7.5-</i>	
HUMALOG INJ 100/ML	83	<i>325 mg/15ml</i>	21
HUMALOG JR INJ 100/ML.....	83	<i>hydrocodone-acetaminophen tab 10-</i>	
HUMALOG KWIK INJ 100/ML	83	<i>325 mg</i>	21
HUMALOG KWIK INJ 200/ML	83	<i>hydrocodone-acetaminophen tab 5-325</i>	
HUMALOG MIX INJ 50/50KWP.....	83	<i>mg</i>	21
HUMALOG MIX INJ 75/25KWP.....	83	<i>hydrocodone-acetaminophen tab 7.5-</i>	
HUMALOG MIX SUS 75/25.....	83	<i>325 mg</i>	21
HUMALOG TMPO INJ 100/ML	83	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
HUMIRA INJ 10/0.1ML	103	.....	21
HUMIRA INJ 20/0.2ML	103	<i>hydrocortisone cream 1%</i>	121
HUMIRA INJ 40/0.4ML	103	<i>hydrocortisone cream 2.5%</i>	121
HUMIRA KIT 40MG/0.8	103	<i>hydrocortisone enema 100 mg/60ml</i>	97
HUMIRA PEN INJ 40/0.4ML.....	103	<i>hydrocortisone lotion 2.5%</i>	121
HUMIRA PEN INJ 40MG/0.8	103	<i>hydrocortisone oint 1%</i>	121
HUMIRA PEN INJ 80/0.8ML.....	103	<i>hydrocortisone oint 2.5%</i>	121
HUMIRA PEN KIT CD/UC/HS	103	<i>hydrocortisone perianal cream 1%</i> .	121
HUMIRA PEN KIT PS/UV.....	103	<i>hydrocortisone perianal cream 2.5%</i>	
HUMULIN INJ 70/30	83	.....	121
HUMULIN INJ 70/30KWP.....	83		

<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	90
<i>hydrocortisone tab 10 mg</i>	91
<i>hydrocortisone tab 20 mg</i>	91
<i>hydrocortisone tab 5 mg</i>	91
<i>hydrocortisone valerate cream 0.2%</i>	121
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	113
<i>hydromorphone hcl liqd 1 mg/ml</i>	21
<i>hydromorphone hcl tab 2 mg</i>	21
<i>hydromorphone hcl tab 4 mg</i>	21
<i>hydromorphone hcl tab 8 mg</i>	21
<i>hydroxychloroquine sulfate tab 200 mg</i>	105
<i>hydroxyurea cap 500 mg</i>	37
<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	114
<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	114
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ..	114
<i>hydroxyzine hcl tab 10 mg</i>	114
<i>hydroxyzine hcl tab 25 mg</i>	114
<i>hydroxyzine hcl tab 50 mg</i>	114
<i>hydroxyzine pamoate cap 25 mg</i>	114
<i>hydroxyzine pamoate cap 50 mg</i>	114
I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	84
IBRANCE CAP 100MG	40
IBRANCE CAP 125MG	40
IBRANCE CAP 75MG	40
IBRANCE TAB 100MG	40
IBRANCE TAB 125MG	40
IBRANCE TAB 75MG	40
IBTROZI CAP 200MG	40
<i>ibu</i>	19
<i>ibuprofen susp 100 mg/5ml</i>	19
<i>ibuprofen tab 400 mg</i>	19
<i>ibuprofen tab 600 mg</i>	19
<i>ibuprofen tab 800 mg</i>	19
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	102
<i>iclevia</i>	86
ICLUSIG TAB 10MG	40
ICLUSIG TAB 15MG	40
ICLUSIG TAB 30MG	40
ICLUSIG TAB 45MG	40
IDHIFA TAB 100MG	40

IDHIFA TAB 50MG	40
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	40
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	40
IMBRUVICA CAP 140MG	40
IMBRUVICA CAP 70MG	40
IMBRUVICA SUS 70MG/ML	40
IMBRUVICA TAB 140MG	40
IMBRUVICA TAB 280MG	40
IMBRUVICA TAB 420MG	40
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	23
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	23
<i>imipramine hcl tab 10 mg</i>	60
<i>imipramine hcl tab 25 mg</i>	60
<i>imipramine hcl tab 50 mg</i>	60
<i>imiquimod cream 5%</i>	121
IMKELDI SOL 80MG/ML	40
IMOVAX RABIE INJ 2.5/ML	107
IMPAVIDO CAP 50MG	23
INBRIJA CAP 42MG	63
<i>incassia</i>	86
INCRELEX INJ 40MG/4ML	92
INCRUSE ELPT INH 62.5MCG	114
<i>indapamide tab 1.25 mg</i>	54
<i>indapamide tab 2.5 mg</i>	54
INFANRIX INJ	107
INFLIXIMAB INJ 100MG	103
INLYTA TAB 1MG	40
INLYTA TAB 5MG	40
INQOVI TAB 35-100MG	35
INREBIC CAP 100MG	40
INSULIN GLAR INJ 300/ML	83
INSULIN LISP INJ 100/ML	83
INSULIN LISP INJ JUNIOR	83
INSULIN LISP INJ PROTAMIN	83
INSULIN PEN NEEDLES: EMBECTA-BD	83
INSULIN SAFETY NEEDLES: EMBECTA-BD	83
INSULIN SYRINGES: EMBECTA-BD ..	83
INTELENCE TAB 25MG	26
INTRALIPID INJ 20%	111
INTRALIPID INJ 30%	111
<i>introvale</i>	86

INVEGA HAFYE INJ 1092MG	65	<i>isosorbide dinitrate tab 20 mg</i>	55
INVEGA HAFYE INJ 1560MG	65	<i>isosorbide dinitrate tab 30 mg</i>	55
INVEGA SUST INJ 117/0.75.....	65	<i>isosorbide dinitrate tab 5 mg</i>	55
INVEGA SUST INJ 156MG/ML	65	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVEGA SUST INJ 234/1.5	65	<i>mg</i>	55
INVEGA SUST INJ 39/0.25	65	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVEGA SUST INJ 78/0.5ML	65	<i>mg</i>	55
INVEGA TRINZ INJ 273MG	65	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVEGA TRINZ INJ 410MG	65	<i>mg</i>	55
INVEGA TRINZ INJ 546MG	65	<i>isotretinoin cap 10 mg</i>	118
INVEGA TRINZ INJ 819MG	65	<i>isotretinoin cap 20 mg</i>	119
IPOL INJ INACTIVE	107	<i>isotretinoin cap 30 mg</i>	119
<i>ipratropium bromide inhal soln 0.02%</i>		<i>isotretinoin cap 40 mg</i>	119
.....	114	<i>isradipine cap 2.5 mg</i>	53
<i>ipratropium bromide nasal soln 0.03%</i>		<i>isradipine cap 5 mg</i>	53
<i>(21 mcg/spray)</i>	114	ITOVEBI TAB 3MG	40
<i>ipratropium bromide nasal soln 0.06%</i>		ITOVEBI TAB 9MG	40
<i>(42 mcg/spray)</i>	114	<i>itraconazole cap 100 mg</i>	25
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>ivabradine hcl tab 5 mg (base equiv)</i> 55	
<i>2.5(3) mg/3ml</i>	113	<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	
<i>irbesartan tab 150 mg</i>	48	.....	55
<i>irbesartan tab 300 mg</i>	48	<i>ivermectin tab 3 mg</i>	23
<i>irbesartan tab 75 mg</i>	48	<i>ivermectin tab 6 mg</i>	23
<i>irbesartan-hydrochlorothiazide tab</i>		IWILFIN TAB 192MG	37
<i>150-12.5 mg</i>	47	IXIARO INJ	107
<i>irbesartan-hydrochlorothiazide tab</i>		J	
<i>300-12.5 mg</i>	47	<i>jaimiess tab</i>	86
<i>irinotecan hcl inj 100 mg/5ml (20</i>		JAKAFI TAB 10MG	40
<i>mg/ml)</i>	37	JAKAFI TAB 15MG	40
<i>irinotecan hcl inj 300 mg/15ml (20</i>		JAKAFI TAB 20MG	40
<i>mg/ml)</i>	37	JAKAFI TAB 25MG	40
<i>irinotecan hcl inj 40 mg/2ml (20</i>		JAKAFI TAB 5MG	40
<i>mg/ml)</i>	37	<i>jantoven</i>	101
<i>irinotecan hcl inj 500 mg/25ml (20</i>		JANUMET TAB 50-1000	81
<i>mg/ml)</i>	37	JANUMET TAB 50-500MG	81
ISENTRESS CHW 100MG	26	JANUMET XR TAB 100-1000	81
ISENTRESS CHW 25MG	26	JANUMET XR TAB 50-1000	81
ISENTRESS HD TAB 600MG	26	JANUMET XR TAB 50-500MG	81
ISENTRESS POW 100MG	26	JANUVIA TAB 100MG	81
ISENTRESS TAB 400MG	26	JANUVIA TAB 25MG	81
<i>isibloom</i>	86	JANUVIA TAB 50MG	81
ISOLYTE-P INJ /D5W	108	JARDIANCE TAB 10MG	81
ISOLYTE-S INJ PH 7.4	108	JARDIANCE TAB 25MG	81
<i>isoniazid syrup 50 mg/5ml</i>	28	<i>jasmiel</i>	86
<i>isoniazid tab 100 mg</i>	28	<i>javygtor</i>	92
<i>isoniazid tab 300 mg</i>	28	JAYPIRCA TAB 100MG	40
<i>isosorbide dinitrate tab 10 mg</i>	55	JAYPIRCA TAB 50MG	40

JENTADUETO TAB 2.5-1000	81	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	109
JENTADUETO TAB 2.5-500	81	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	109
JENTADUETO TAB 2.5-850	81	.....	109
JENTADUETO TAB XR 2.5-1000MG ...	81	KCL/D5W/NACL INJ 0.15/0.2	109
JENTADUETO TAB XR 5-1000MG	81	KCL/D5W/NACL INJ 0.3/0.9%	109
<i>jinteli</i>	90	<i>kelnor 1/35</i>	86
<i>jolessa</i>	86	KERENDIA TAB 10MG.....	46
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<i>junel 1/20</i>	86	<i>ketoconazole cream 2%</i>	119
<i>junel fe 1.5/30</i>	86	<i>ketoconazole shampoo 2%</i>	119
<i>junel fe 1/20</i>	86	<i>ketoconazole tab 200 mg</i>	25
<i>junel fe 24</i>	86	<i>ketorolac tromethamine ophth soln 0.4%</i>	112
JYLAMVO SOL 2MG/ML	105	<i>ketorolac tromethamine ophth soln 0.5%</i>	112
JYNNEOS INJ.....	107	KEYTRUDA INJ 100MG/4M	41
K		KINERET INJ	103
KADCYLA INJ 100MG.....	40	KINRIX INJ	107
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<i>kaitlib fe</i>	86	KISQALI 200 DOSE.....	41
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KALYDECO GRA 13.4MG	116	KISQALI 400 PAK FEMARA	41
KALYDECO GRA 5.8MG	116	KISQALI 600 DOSE.....	41
KALYDECO PAK 25MG.....	116	KISQALI 600 PAK FEMARA	41
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<i>kariva</i>	86	<i>klor-con m15</i>	110
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	108	<i>klor-con m20</i>	110
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	109	KLOXXADO SPR 8MG.....	79
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	109	KOSELUGO CAP 10MG.....	41
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	109	KOSELUGO CAP 25MG.....	41
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	109	<i>kourzeq</i>	122
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	109	KRAZATI TAB 200MG	41
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	109	<i>kurvelo</i>	86
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	109	L	
		<i>labetalol hcl tab 100 mg</i>	51
		<i>labetalol hcl tab 200 mg</i>	51
		<i>labetalol hcl tab 300 mg</i>	51
		<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	70
		<i>lacosamide oral</i>	70

<i>lacosamide tab 100 mg</i>	70	<i>latanoprost ophth soln 0.005%</i>	112
<i>lacosamide tab 150 mg</i>	70	LAZCLUZE TAB 240MG	41
<i>lacosamide tab 200 mg</i>	70	LAZCLUZE TAB 80MG	41
<i>lacosamide tab 50 mg</i>	70	<i>leflunomide tab 10 mg</i>	105
<i>lactated ringer's solution</i>	109	<i>leflunomide tab 20 mg</i>	105
<i>lactic acid (ammonium lactate) cream</i> 12%.....	121	<i>lenalidomide cap 10 mg</i>	36
<i>lactic acid (ammonium lactate) lotion</i> 12%.....	121	<i>lenalidomide cap 15 mg</i>	36
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	97	<i>lenalidomide cap 20 mg</i>	36
<i>lactulose solution 10 gm/15ml</i>	97	<i>lenalidomide cap 25 mg</i>	36
<i>lamivudine oral soln 10 mg/ml</i>	26	<i>lenalidomide cap 5 mg</i>	36
<i>lamivudine tab 100 mg (hbv)</i>	28	<i>lenalidomide caps 2.5 mg</i>	36
<i>lamivudine tab 150 mg</i>	26	LENVIMA CAP 10 MG.....	41
<i>lamivudine tab 300 mg</i>	26	LENVIMA CAP 12MG.....	41
<i>lamivudine-zidovudine tab 150-300 mg</i>	27	LENVIMA CAP 14 MG.....	41
<i>lamotrigine tab 100 mg</i>	70	LENVIMA CAP 18 MG.....	41
<i>lamotrigine tab 150 mg</i>	70	LENVIMA CAP 20 MG.....	41
<i>lamotrigine tab 200 mg</i>	70	LENVIMA CAP 24 MG.....	41
<i>lamotrigine tab 25 mg</i>	70	LENVIMA CAP 4MG	41
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<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	70	<i>lessina</i>	87
<i>lamotrigine tab er 24hr 100 mg</i>	71	<i>letrozole tab 2.5 mg</i>	36
<i>lamotrigine tab er 24hr 200 mg</i>	71	<i>leucovorin calcium for inj 100 mg</i>	37
<i>lamotrigine tab er 24hr 25 mg</i>	71	<i>leucovorin calcium for inj 200 mg</i>	37
<i>lamotrigine tab er 24hr 250 mg</i>	71	<i>leucovorin calcium for inj 350 mg</i>	37
<i>lamotrigine tab er 24hr 300 mg</i>	71	<i>leucovorin calcium for inj 50 mg</i>	37
<i>lamotrigine tab er 24hr 50 mg</i>	71	<i>leucovorin calcium for inj 500 mg</i>	37
<i>lanreotide acetate extended release inj</i> <i>120 mg/0.5ml</i>	92	<i>leucovorin calcium inj 500 mg/50ml</i> <i>(10 mg/ml)</i>	37
<i>lansoprazole cap delayed release 15</i> <i>mg</i>	99	<i>leucovorin calcium tab 10 mg</i>	37
<i>lansoprazole cap delayed release 30</i> <i>mg</i>	99	<i>leucovorin calcium tab 15 mg</i>	37
LANTUS INJ 100/ML	83	<i>leucovorin calcium tab 25 mg</i>	37
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<i>lapatinib ditosylate tab 250 mg (base</i> <i>equiv)</i>	41	LEUKERAN TAB 2MG	34
<i>larin 1.5/30</i>	86	<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i> <i>mg/ml)</i>	36
<i>larin 1/20</i>	87	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	115
<i>larin 24 fe</i>	87	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	115
<i>larin fe 1.5/30</i>	87	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	115
<i>larin fe 1/20</i>	87	<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	115
		<i>levalbuterol tartrate inhal aerosol 45</i> <i>mcg/act (base equiv)</i>	115
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<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	71	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	87
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	71	<i>levora 0.15/30-28</i>	87
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	71	<i>levo-t</i>	94
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<i>levetiracetam oral soln 100 mg/ml</i> ...	71	<i>levothyroxine sodium tab 112 mcg</i> ...	94
<i>levetiracetam tab 1000 mg</i>	71	<i>levothyroxine sodium tab 125 mcg</i> ...	94
<i>levetiracetam tab 250 mg</i>	71	<i>levothyroxine sodium tab 137 mcg</i> ...	94
<i>levetiracetam tab 500 mg</i>	71	<i>levothyroxine sodium tab 150 mcg</i> ...	94
<i>levetiracetam tab 750 mg</i>	71	<i>levothyroxine sodium tab 175 mcg</i> ...	94
<i>levetiracetam tab er 24hr 500 mg</i>	71	<i>levothyroxine sodium tab 200 mcg</i> ...	94
<i>levetiracetam tab er 24hr 750 mg</i>	71	<i>levothyroxine sodium tab 25 mcg</i>	94
<i>levobunolol hcl ophth soln 0.5%</i>	112	<i>levothyroxine sodium tab 300 mcg</i> ...	94
<i>levocarnitine oral soln 1 gm/10ml</i> <i>(10%)</i>	92	<i>levothyroxine sodium tab 50 mcg</i>	94
<i>levocarnitine tab 330 mg</i>	92	<i>levothyroxine sodium tab 75 mcg</i>	94
<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i>	114	<i>levothyroxine sodium tab 88 mcg</i>	94
<i>levocetirizine dihydrochloride tab 5 mg</i>	114	<i>levoxyl</i>	94
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	31	<i>l-glutamine (sickle cell)</i>	102
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	31	<i>lidocaine hcl local inj 0.5%</i>	19
<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	31	<i>lidocaine hcl local inj 1%</i>	19
<i>levofloxacin iv soln 25 mg/ml</i>	31	<i>lidocaine hcl local inj 2%</i>	19
<i>levofloxacin oral soln 25 mg/ml</i>	31	<i>lidocaine hcl local preservative free (pf)</i> <i>inj 0.5%</i>	19
<i>levofloxacin tab 250 mg</i>	31	<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1%</i>	19
<i>levofloxacin tab 500 mg</i>	31	<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1.5%</i>	19
<i>levofloxacin tab 750 mg</i>	31	<i>lidocaine hcl soln 4%</i>	121
<i>levonest</i>	87	<i>lidocaine hcl viscous soln 2%</i>	122
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &eth est 0.01</i> <i>mg</i>	87	<i>lidocaine oint 5%</i>	121
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	87	<i>lidocaine patch 5%</i>	121
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	87	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	121
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	87	<i>lidocan</i>	121
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	87	<i>LILETTA IUD 52MG</i>	87
		<i>linezolid for susp 100 mg/5ml</i>	23
		<i>LINEZOLID INJ 2MG/ML</i>	23
		<i>linezolid iv soln 600 mg/300ml (2</i> <i>mg/ml)</i>	23
		<i>linezolid tab 600 mg</i>	23
		<i>LINZESS CAP 145MCG</i>	98
		<i>LINZESS CAP 290MCG</i>	98
		<i>LINZESS CAP 72MCG</i>	98
		<i>liothyronine sodium tab 25 mcg</i>	94
		<i>liothyronine sodium tab 5 mcg</i>	94
		<i>liothyronine sodium tab 50 mcg</i>	94

<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	45
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	45
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	45
<i>lisinopril tab 10 mg</i>	46
<i>lisinopril tab 2.5 mg</i>	46
<i>lisinopril tab 20 mg</i>	46
<i>lisinopril tab 30 mg</i>	46
<i>lisinopril tab 40 mg</i>	46
<i>lisinopril tab 5 mg</i>	46
<i>lithium carbonate cap 150 mg</i>	78
<i>lithium carbonate cap 300 mg</i>	78
<i>lithium carbonate cap 600 mg</i>	78
<i>lithium carbonate tab 300 mg</i>	78
<i>lithium carbonate tab er 300 mg</i>	78
<i>lithium carbonate tab er 450 mg</i>	78
<i>lithium oral solution 8 meq/5ml</i>	78
<i>LIVTENCITY TAB 200MG</i>	28
<i>loestrin 1.5/30-21</i>	87
<i>loestrin 1/20-21</i>	87
<i>loestrin fe 1.5/30</i>	87
<i>loestrin fe 1/20</i>	87
<i>lojaimiess tab</i>	87
<i>LOKELMA PAK 10GM</i>	85
<i>LOKELMA PAK 5GM</i>	85
<i>LONSURF TAB 15-6.14</i>	35
<i>LONSURF TAB 20-8.19</i>	35
<i>loperamide hcl cap 2 mg</i>	98
<i>lopinavir-ritonavir tab 100-25 mg</i>	27
<i>lopinavir-ritonavir tab 200-50 mg</i>	27
<i>lorazepam conc 2 mg/ml</i>	57
<i>lorazepam inj 2 mg/ml</i>	57
<i>lorazepam inj 4 mg/ml</i>	57
<i>lorazepam intensol</i>	57
<i>lorazepam tab 0.5 mg</i>	57
<i>lorazepam tab 1 mg</i>	57
<i>lorazepam tab 2 mg</i>	57
<i>LORBRENA TAB 100MG</i>	41
<i>LORBRENA TAB 25MG</i>	41
<i>loryna</i>	87
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	47
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	47
<i>losartan potassium tab 100 mg</i>	48
<i>losartan potassium tab 25 mg</i>	48
<i>losartan potassium tab 50 mg</i>	48
<i>LOTEMAX OIN 0.5%</i>	112
<i>lovastatin tab 10 mg</i>	50
<i>lovastatin tab 20 mg</i>	50
<i>lovastatin tab 40 mg</i>	50
<i>low-ogestrel</i>	87
<i>loxapine succinate cap 10 mg</i>	65
<i>loxapine succinate cap 25 mg</i>	65
<i>loxapine succinate cap 5 mg</i>	65
<i>loxapine succinate cap 50 mg</i>	65
<i>LUMAKRAS TAB 120MG</i>	41
<i>LUMAKRAS TAB 240MG</i>	41
<i>LUMAKRAS TAB 320MG</i>	41
<i>LUMIGAN SOL 0.01% OP</i>	112
<i>LUMIZYME INJ 50MG</i>	93
<i>LUPR DEP-PED INJ 11.25MG</i>	93
<i>LUPR DEP-PED INJ 15MG</i>	93
<i>LUPR DEP-PED INJ 3M 30MG</i>	93
<i>LUPR DEP-PED INJ 7.5MG</i>	93
<i>LUPRON DEPOT INJ 11.25MG</i>	36
<i>LUPRON DEPOT INJ 3.75MG</i>	36
<i>LUPRON DEPOT INJ 45MG</i>	93
<i>lurasidone hcl tab 120 mg</i>	65
<i>lurasidone hcl tab 20 mg</i>	65
<i>lurasidone hcl tab 40 mg</i>	65
<i>lurasidone hcl tab 60 mg</i>	65
<i>lurasidone hcl tab 80 mg</i>	65
<i>lutra</i>	87
<i>LYBALVI TAB 10-10MG</i>	66
<i>LYBALVI TAB 15-10MG</i>	66
<i>LYBALVI TAB 20-10MG</i>	66
<i>LYBALVI TAB 5-10MG</i>	66
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<i>lyllana</i>	90
<i>LYNPARZA TAB 100MG</i>	41
<i>LYNPARZA TAB 150MG</i>	41
<i>LYSODREN TAB 500MG</i>	36
<i>LYTGOBI (12 MG DAILY DOSE)</i>	41
<i>LYTGOBI (16 MG DAILY DOSE)</i>	41
<i>LYTGOBI (20 MG DAILY DOSE)</i>	41
<i>LYUMJEV INJ 100UT/ML</i>	83
<i>LYUMJEV KWPN INJ 100UT/ML</i>	83

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<i>lyza</i>	87
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MAGNESIUM SU INJ 20/500ML	109
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<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	109
<i>magnesium sulfate inj 50%</i>	109
<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	109
<i>magnesium sulfate iv soln 20</i> <i>gm/500ml (40 mg/ml)</i>	109
<i>magnesium sulfate iv soln 4 gm/100ml</i> <i>(40 mg/ml)</i>	109
<i>magnesium sulfate iv soln 4 gm/50ml</i> <i>(80 mg/ml)</i>	109
<i>magnesium sulfate iv soln 40</i> <i>gm/1000ml (40 mg/ml)</i>	109
<i>malathion lotion 0.5%</i>	122
<i>maraviroc tab 150 mg</i>	26
<i>maraviroc tab 300 mg</i>	26
<i>marlissa</i>	87
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<i>meclizine hcl tab 12.5 mg</i>	95
<i>meclizine hcl tab 25 mg</i>	95
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	87
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	87
<i>medroxyprogesterone acetate tab 10</i> <i>mg</i>	94
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	94
<i>medroxyprogesterone acetate tab 5 mg</i>	94
<i>mefloquine hcl tab 250 mg</i>	25
<i>megestrol acetate susp 40 mg/ml</i> ...	94
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<i>megestrol acetate tab 20 mg</i>	36
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<i>meloxicam tab 15 mg</i>	19
<i>meloxicam tab 7.5 mg</i>	19
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<i>memantine hcl cap er 24hr 21 mg</i> ...	57
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<i>memantine hcl cap er 24hr 7 mg</i>	57
<i>memantine hcl oral solution 2 mg/ml</i>	58
<i>memantine hcl tab 10 mg</i>	58
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	58
<i>memantine hcl tab 5 mg</i>	58
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 14-10 mg</i>	58
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 21-10 mg</i>	58
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 28-10 mg</i>	58
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<i>mercaptopurine susp 2000 mg/100ml</i> <i>(20 mg/ml)</i>	35
<i>mercaptopurine tab 50 mg</i>	35
<i>meropenem iv for soln 1 gm</i>	23
<i>meropenem iv for soln 2 gm</i>	23
<i>meropenem iv for soln 500 mg</i>	23
<i>mesalamine cap dr 400 mg</i>	97
<i>mesalamine cap er 24hr 0.375 gm</i> ...	97
<i>mesalamine enema 4 gm</i>	97
<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	97
<i>mesalamine suppos 1000 mg</i>	97
<i>mesalamine tab delayed release 1.2</i> <i>gm</i>	97
<i>mesna tab 400 mg</i>	37
<i>metformin hcl oral soln 500 mg/5ml</i>	81
<i>metformin hcl tab 1000 mg</i>	81
<i>metformin hcl tab 500 mg</i>	81
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<i>metformin hcl tab er 24hr 500 mg</i> ...	81
<i>metformin hcl tab er 24hr 750 mg</i> ...	81
<i>methadone hcl soln 10 mg/5ml</i>	21
<i>methadone hcl soln 5 mg/5ml</i>	21

<i>methadone hcl tab 10 mg</i>	21	<i>methylprednisolone tab 16 mg</i>	91
<i>methadone hcl tab 5 mg</i>	21	<i>methylprednisolone tab 32 mg</i>	91
<i>methadone hydrochloride i</i>	21	<i>methylprednisolone tab 4 mg</i>	91
<i>methazolamide tab 25 mg</i>	54	<i>methylprednisolone tab 8 mg</i>	91
<i>methazolamide tab 50 mg</i>	54	<i>methylprednisolone tab therapy pack 4</i>	
<i>methenamine hippurate tab 1 gm</i>	23	<i>mg (21)</i>	91
<i>methimazole tab 10 mg</i>	94	<i>metoclopramide hcl inj 5 mg/ml (base</i>	
<i>methimazole tab 5 mg</i>	94	<i>equivalent)</i>	95
<i>methocarbamol tab 500 mg</i>	79	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methocarbamol tab 750 mg</i>	79	<i>mg/10ml) (base equiv)</i>	95
<i>methotrexate sodium for inj 1 gm</i>	35	<i>metoclopramide hcl tab 10 mg (base</i>	
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>equivalent)</i>	95
<i>(25 mg/ml)</i>	35	<i>metoclopramide hcl tab 5 mg (base</i>	
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>equivalent)</i>	95
<i>(25 mg/ml)</i>	35	<i>metolazone tab 10 mg</i>	54
<i>methotrexate sodium inj pf 1000</i>		<i>metolazone tab 2.5 mg</i>	54
<i>mg/40ml (25 mg/ml)</i>	35	<i>metolazone tab 5 mg</i>	54
<i>methotrexate sodium inj pf 250</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>mg/10ml (25 mg/ml)</i>	35	<i>100-25 mg</i>	51
<i>methotrexate sodium inj pf 50 mg/2ml</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>(25 mg/ml)</i>	35	<i>100-50 mg</i>	51
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>equiv)</i>	105	<i>50-25 mg</i>	51
<i>methsuximide cap 300 mg</i>	71	<i>metoprolol succinate tab er 24hr 100</i>	
<i>methylphenidate hcl chew tab 10 mg</i> 75		<i>mg (tartrate equiv)</i>	51
<i>methylphenidate hcl chew tab 2.5 mg</i>		<i>metoprolol succinate tab er 24hr 200</i>	
.....	75	<i>mg (tartrate equiv)</i>	51
<i>methylphenidate hcl chew tab 5 mg</i> .75		<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>methylphenidate hcl soln 10 mg/5ml</i> 75		<i>(tartrate equiv)</i>	51
<i>methylphenidate hcl soln 5 mg/5ml</i> ..75		<i>metoprolol succinate tab er 24hr 50 mg</i>	
<i>methylphenidate hcl tab 10 mg</i>	75	<i>(tartrate equiv)</i>	51
<i>methylphenidate hcl tab 20 mg</i>	75	<i>metoprolol tartrate iv soln 5 mg/5ml</i> 51	
<i>methylphenidate hcl tab 5 mg</i>	75	<i>metoprolol tartrate tab 100 mg</i>	52
<i>methylphenidate hcl tab er 10 mg</i>	75	<i>metoprolol tartrate tab 25 mg</i>	51
<i>methylphenidate hcl tab er 20 mg</i>	75	<i>metoprolol tartrate tab 50 mg</i>	51
<i>methylprednisolone acetate inj susp 40</i>		<i>metronidazole cream 0.75%</i>	121
<i>mg/ml</i>	91	<i>metronidazole gel 0.75%</i>	122
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole iv soln 500 mg/100ml</i> 23	
<i>mg/ml</i>	91	<i>metronidazole lotion 0.75%</i>	122
<i>methylprednisolone sod succ for inj</i>		<i>metronidazole tab 250 mg</i>	23
<i>1000 mg (base equiv)</i>	91	<i>metronidazole tab 500 mg</i>	23
<i>methylprednisolone sod succ for inj</i>		<i>metronidazole vaginal gel 0.75%</i> ...	100
<i>125 mg (base equiv)</i>	91	<i>metyrosine cap 250 mg</i>	55
<i>methylprednisolone sod succ for inj 40</i>		<i>mibelas 24 fe</i>	87
<i>mg (base equiv)</i>	91	<i>miconazole sodium for iv soln 100 mg</i>	
<i>methylprednisolone sod succ for inj</i>		.....	25
<i>500 mg (base equiv)</i>	91	<i>miconazole sodium for iv soln 50 mg</i> 25	

<i>microgestin 1.5/30</i>	87	<i>montelukast sodium chew tab 4 mg</i>	
<i>microgestin 1/20</i>	87	(base equiv)	115
<i>microgestin fe 1.5/30</i>	87	<i>montelukast sodium chew tab 5 mg</i>	
<i>microgestin fe 1/20</i>	87	(base equiv)	115
<i>midodrine hcl tab 10 mg</i>	55	<i>montelukast sodium oral granules</i>	
<i>midodrine hcl tab 2.5 mg</i>	55	packet 4 mg (base equiv)	115
<i>midodrine hcl tab 5 mg</i>	55	<i>montelukast sodium tab 10 mg (base</i>	
<i>MIEBO DRO 1.3GM/ML</i>	113	equiv)	115
<i>mifepristone tab 300 mg</i>	93	<i>morphine sulfate iv soln 10 mg/ml ...</i>	21
<i>mili</i>	87	<i>morphine sulfate iv soln 2 mg/ml.....</i>	21
<i>mimvey</i>	90	<i>morphine sulfate iv soln 4 mg/ml.....</i>	21
<i>minocycline hcl cap 100 mg</i>	33	<i>morphine sulfate iv soln 8 mg/ml.....</i>	21
<i>minocycline hcl cap 50 mg</i>	33	<i>morphine sulfate oral soln 10 mg/5ml</i>	
<i>minocycline hcl cap 75 mg</i>	33	.....	22
<i>minoxidil tab 10 mg</i>	55	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>minoxidil tab 2.5 mg</i>	55	(20 mg/ml)	22
<i>mirabegron tab er 24 hr 25 mg</i>	100	<i>morphine sulfate oral soln 20 mg/5ml</i>	
<i>mirabegron tab er 24 hr 50 mg</i>	100	.....	22
<i>mirtazapine orally disintegrating tab 15</i>		<i>morphine sulfate tab 15 mg</i>	22
<i>mg</i>	60	<i>morphine sulfate tab 30 mg</i>	22
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate tab er 100 mg</i>	21
<i>mg</i>	60	<i>morphine sulfate tab er 15 mg</i>	21
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate tab er 200 mg</i>	21
<i>mg</i>	60	<i>morphine sulfate tab er 30 mg</i>	21
<i>mirtazapine tab 15 mg</i>	60	<i>morphine sulfate tab er 60 mg</i>	21
<i>mirtazapine tab 30 mg</i>	60	<i>MOUNJARO INJ 10MG/0.5</i>	81
<i>mirtazapine tab 45 mg</i>	60	<i>MOUNJARO INJ 12.5/0.5</i>	81
<i>mirtazapine tab 7.5 mg</i>	60	<i>MOUNJARO INJ 15MG/0.5</i>	81
<i>misoprostol tab 100 mcg</i>	98	<i>MOUNJARO INJ 2.5/0.5</i>	81
<i>misoprostol tab 200 mcg</i>	98	<i>MOUNJARO INJ 5MG/0.5</i>	81
<i>M-M-R II INJ</i>	107	<i>MOUNJARO INJ 7.5/0.5</i>	81
<i>M-NATAL PLUS TAB</i>	110	<i>MOVANTIK TAB 12.5MG</i>	98
<i>modafinil tab 100 mg</i>	79	<i>MOVANTIK TAB 25MG</i>	98
<i>modafinil tab 200 mg</i>	79	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>MODEYSO CAP 125MG</i>	37	<i>sodium chloride 0.8% inj</i>	31
<i>moexipril hcl tab 15 mg</i>	46	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>moexipril hcl tab 7.5 mg</i>	46	equiv)	111
<i>molindone hcl tab 10 mg</i>	66	<i>moxifloxacin hcl tab 400 mg (base</i>	
<i>molindone hcl tab 25 mg</i>	66	equiv)	31
<i>molindone hcl tab 5 mg</i>	66	<i>MRESVIA INJ 50MCG</i>	107
<i>mometasone furoate cream 0.1% ..</i>	121	<i>MULTAQ TAB 400MG</i>	49
<i>mometasone furoate oint 0.1%</i>	121	<i>multiple electrolytes ph 5.5</i>	109
<i>(lotion)</i>	121	<i>mupirocin oint 2%</i>	119
<i>MONJUVI INJ 200MG</i>	41	<i>mycophenolate mofetil cap 250 mg</i>	106
<i>mono-lynyah</i>	87	<i>mycophenolate mofetil for oral susp</i>	
		<i>200 mg/ml</i>	106
		<i>mycophenolate mofetil tab 500 mg</i>	106

<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	107
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	107
MYRBETRIQ SUS 8MG/ML	100
MYRBETRIQ TAB 25MG	100
MYRBETRIQ TAB 50MG	100
N	
<i>nabumetone tab 500 mg</i>	19
<i>nabumetone tab 750 mg</i>	20
<i>nadolol tab 20 mg</i>	52
<i>nadolol tab 40 mg</i>	52
<i>nadolol tab 80 mg</i>	52
<i>nafcillin sodium for inj 1 gm</i>	33
<i>nafcillin sodium for inj 2 gm</i>	33
<i>nafcillin sodium for iv soln 10 gm</i>	33
NAGLAZYME INJ 1MG/ML	93
<i>naloxone hcl inj 0.4 mg/ml</i>	79
<i>naloxone hcl inj 4 mg/10ml</i>	80
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	80
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	80
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	80
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	80
<i>naltrexone hcl tab 50 mg</i>	80
NAMZARIC CAP 7-10MG	58
<i>naproxen sodium tab 275 mg</i>	20
<i>naproxen sodium tab 550 mg</i>	20
<i>naproxen tab 250 mg</i>	20
<i>naproxen tab 375 mg</i>	20
<i>naproxen tab 500 mg</i>	20
<i>naproxen tab ec 375 mg</i>	20
<i>naratriptan hcl tab 1 mg (base equiv)</i>	77
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	77
NATACYN SUS 5% OP	111
<i>nateglinide tab 120 mg</i>	81
<i>nateglinide tab 60 mg</i>	81
NAYZILAM SPR 5MG	71
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	52
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	52

<i>nebivolol hcl tab 20 mg (base equivalent)</i>	52
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	52
necon 0.5/35-28	87
<i>nefazodone hcl tab 100 mg</i>	60
<i>nefazodone hcl tab 150 mg</i>	61
<i>nefazodone hcl tab 200 mg</i>	61
<i>nefazodone hcl tab 250 mg</i>	61
<i>nefazodone hcl tab 50 mg</i>	60
<i>neomycin sulfate tab 500 mg</i>	23
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	111
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	111
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	111
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	111
<i>neomycin-polymyxin-hc ophth susp</i>	111
<i>neomycin-polymyxin-hc otic soln 1%</i>	113
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	113
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	111
<i>neo-polycin hc ophth oint 1%</i>	111
NERLYNX TAB 40MG	41
<i>neuac gel 1.2-5%</i>	119
<i>nevirapine susp 50 mg/5ml</i>	26
<i>nevirapine tab 200 mg</i>	26
<i>nevirapine tab er 24hr 400 mg</i>	26
NEXLETOL TAB 180MG	50
NEXLIZET TAB 180/10MG	50
NEXPLANON IMP 68MG	87
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	50
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	50
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	50
<i>nicardipine hcl cap 20 mg</i>	53
<i>nicardipine hcl cap 30 mg</i>	53
NICOTROL NS SPR 10MG/ML	80
<i>nifedipine tab er 24hr 30 mg</i>	53
<i>nifedipine tab er 24hr 60 mg</i>	53

<i>nifedipine tab er 24hr 90 mg</i>	53	<i>nora-be</i>	88
<i>nifedipine tab er 24hr osmotic release</i>		<i>norelgestromin-ethinyl estradiol td</i>	
30 mg	53	ptwk 150-35 mcg/24hr	88
<i>nifedipine tab er 24hr osmotic release</i>		<i>norethindrone ace & ethinyl estradiol</i>	
60 mg	53	tab 1 mg-20 mcg	88
<i>nifedipine tab er 24hr osmotic release</i>		<i>norethindrone ace & ethinyl estradiol</i>	
90 mg	53	tab 1.5 mg-30 mcg	88
<i>nikki</i>	88	<i>norethindrone ace-eth estradiol-fe</i>	
<i>nilotinib hcl cap 150 mg (base</i>		chew tab 1 mg-20 mcg (24)	88
equivalent).....	41	<i>norethindrone acetate tab 5 mg</i>	94
<i>nilotinib hcl cap 200 mg (base</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
equivalent).....	41	tab 0.5 mg-2.5 mcg	90
<i>nilotinib hcl cap 50 mg (base</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
equivalent).....	41	tab 1 mg-5 mcg.....	90
<i>nilutamide tab 150 mg</i>	36	<i>norethindrone tab 0.35 mg</i>	88
<i>nimodipine cap 30 mg</i>	53	<i>norgestimate & ethinyl estradiol tab</i>	
<i>NINLARO CAP 2.3MG</i>	41	0.25 mg-35 mcg	88
<i>NINLARO CAP 3MG</i>	42	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>NINLARO CAP 4MG</i>	42	25/0.215-25/0.25-25 mg-mcg	88
<i>nitazoxanide tab 500 mg</i>	23	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nitisinone cap 10 mg</i>	93	35/0.215-35/0.25-35 mg-mcg	88
<i>nitisinone cap 2 mg</i>	93	<i>norlyroc</i>	88
<i>nitisinone cap 20 mg</i>	93	<i>nortrel 0.5/35 (28)</i>	88
<i>nitisinone cap 5 mg</i>	93	<i>nortrel 1/35 (21)</i>	88
<i>NITRO-BID OIN 2%</i>	56	<i>nortrel 1/35 (28)</i>	88
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>nortrel 7/7/7</i>	88
mg.....	23	<i>nortriptyline hcl cap 10 mg</i>	61
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>nortriptyline hcl cap 25 mg</i>	61
mg.....	23	<i>nortriptyline hcl cap 50 mg</i>	61
<i>nitrofurantoin monohydrate</i>		<i>nortriptyline hcl cap 75 mg</i>	61
macrocrystalline cap 100 mg	23	<i>nortriptyline hcl soln 10 mg/5ml</i>	61
<i>nitroglycerin oint 0.4%</i>	122	<i>NORVIR POW 100MG</i>	26
<i>nitroglycerin sl tab 0.3 mg</i>	56	<i>NOVOLIN INJ 70/30</i>	83
<i>nitroglycerin sl tab 0.4 mg</i>	56	<i>NOVOLIN INJ 70/30 FP</i>	83
<i>nitroglycerin sl tab 0.6 mg</i>	56	<i>NOVOLIN N INJ 100 UNIT</i>	83
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>		<i>NOVOLIN N INJ U-100</i>	83
.....	56	<i>NOVOLIN R INJ 100 UNIT</i>	83
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>		<i>NOVOLIN R INJ U-100</i>	83
.....	56	<i>NOVOLOG INJ 100/ML</i>	83
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>		<i>NOVOLOG INJ FLEX REL</i>	83
.....	56	<i>NOVOLOG INJ FLEXPEN</i>	83
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>		<i>NOVOLOG INJ PENFILL</i>	83
.....	56	<i>NOVOLOG INJ RELION</i>	83
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		<i>NOVOLOG MIX INJ 70/30</i>	83
mcg/spray)	56	<i>NOVOLOG MIX INJ FLEXPEN</i>	83
<i>nizatidine cap 150 mg</i>	97	<i>NUBEQA TAB 300MG</i>	36
<i>nizatidine cap 300 mg</i>	97	<i>NUDEXTA CAP 20-10MG</i>	78

NULOJIX INJ 250MG.....	107	OFEV CAP 150MG	116
NUPLAZID CAP 34MG	66	<i>ofloxacin ophth soln 0.3%</i>	112
NUPLAZID TAB 10MG	66	<i>ofloxacin otic soln 0.3%</i>	113
NURTEC TAB 75MG ODT	77	OGIVRI INJ 150MG	42
NUTRILIPID EMU 20%	111	OGIVRI INJ 420MG	42
NUZYRA INJ 100MG	33	OGSIVEO TAB 100MG	42
NUZYRA TAB 150MG	33	OGSIVEO TAB 150MG	42
<i>nyamyc</i>	119	OGSIVEO TAB 50MG	42
<i>nylia 1/35.....</i>	88	OJEMDA SUS 25MG/ML	42
<i>nylia 7/7/7.....</i>	88	OJEMDA TAB 100MG	42
<i>nystatin cream 100000 unit/gm</i>	119	OJJAARA TAB 100MG	42
<i>nystatin oint 100000 unit/gm</i>	119	OJJAARA TAB 150MG	42
<i>nystatin susp 100000 unit/ml</i>	122	OJJAARA TAB 200MG	42
<i>nystatin tab 500000 unit.....</i>	25	<i>olanzapine for im inj 10 mg.....</i>	66
<i>nystatin topical powder 100000</i>		<i>olanzapine orally disintegrating tab 10</i>	
<i>unit/gm</i>	119	<i>mg</i>	66
<i>nystop.....</i>	119	<i>olanzapine orally disintegrating tab 15</i>	
O		<i>mg</i>	66
<i>ocella</i>	88	<i>olanzapine orally disintegrating tab 20</i>	
OCTAGAM INJ 10/100ML.....	106	<i>mg</i>	66
OCTAGAM INJ 10GM.....	106	<i>olanzapine orally disintegrating tab 5</i>	
OCTAGAM INJ 1GM	105	<i>mg</i>	66
OCTAGAM INJ 2.5GM.....	105	<i>olanzapine tab 10 mg.....</i>	66
OCTAGAM INJ 20/200ML.....	106	<i>olanzapine tab 15 mg.....</i>	66
OCTAGAM INJ 2GM/20ML.....	105	<i>olanzapine tab 2.5 mg.....</i>	66
OCTAGAM INJ 30/300ML.....	106	<i>olanzapine tab 20 mg.....</i>	66
OCTAGAM INJ 5GM	105	<i>olanzapine tab 5 mg</i>	66
OCTAGAM INJ 5GM/50ML.....	106	<i>olanzapine tab 7.5 mg.....</i>	66
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>olmesartan medoxomil tab 20 mg</i>	48
<i>mg/ml).....</i>	93	<i>olmesartan medoxomil tab 40 mg</i>	48
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olmesartan medoxomil tab 5 mg.....</i>	48
<i>mg/ml).....</i>	93	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>mg/ml).....</i>	93	<i>.....</i>	47
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml).....</i>	93	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>.....</i>	47
<i>mg/ml).....</i>	93	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate subcutaneous soln</i>		<i>hydrochlorothiazide tab 40-25 mg .</i>	47
<i>pref syr 100 mcg/ml.....</i>	93	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate subcutaneous soln</i>		<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>pref syr 50 mcg/ml.....</i>	93	<i>mg</i>	47
<i>octreotide acetate subcutaneous soln</i>		<i>olmesartan-amlodipine-</i>	
<i>pref syr 500 mcg/ml.....</i>	93	<i>hydrochlorothiazide tab 40-10-12.5</i>	
ODEFSEY TAB.....	27	<i>mg</i>	48
ODOMZO CAP 200MG	42		
OFEV CAP 100MG	116		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	48	ORKAMBI TAB 100-125	116
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg.....</i>	47	ORKAMBI TAB 200-125	116
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	47	<i>orquidea tab 0.35mg.....</i>	88
<i>omega-3-acid ethyl esters cap 1 gm.....</i>	50	ORSERDU TAB 345MG.....	36
<i>omeprazole cap delayed release 10 mg</i>	99	ORSERDU TAB 86MG.....	36
<i>omeprazole cap delayed release 20 mg</i>	99	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	29
<i>omeprazole cap delayed release 40 mg</i>	99	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	29
OMNIPOD 5 DX KIT INT G7G6	84	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	29
OMNIPOD 5 DX MIS POD G7G6.....	84	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	29
OMNIPOD 5 L2 KIT INTRO G6.....	84	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	33
OMNIPOD 5 L2 MIS PODS G6	84	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	33
OMNIPOD DASH KIT INTRO.....	84	<i>oxacillin sodium for iv soln 10 gm (base equivalent).....</i>	33
OMNIPOD DASH MIS PODS	84	<i>oxaliplatin for iv inj 100 mg</i>	34
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	95	<i>oxaliplatin for iv inj 50 mg</i>	34
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	96	<i>oxaliplatin iv soln 100 mg/20ml.....</i>	34
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	96	<i>oxaliplatin iv soln 200 mg/40ml.....</i>	34
<i>ondansetron hcl oral soln 4 mg/5ml.....</i>	96	<i>oxaliplatin iv soln 50 mg/10ml.....</i>	34
<i>ondansetron hcl tab 4 mg</i>	96	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml).....</i>	71
<i>ondansetron hcl tab 8 mg</i>	96	<i>oxcarbazepine tab 150 mg</i>	71
<i>ondansetron orally disintegrating tab 4 mg.....</i>	96	<i>oxcarbazepine tab 300 mg</i>	71
<i>ondansetron orally disintegrating tab 8 mg.....</i>	96	<i>oxcarbazepine tab 600 mg</i>	71
ONTRUZANT INJ 150MG	42	<i>oxybutynin chloride solution 5 mg/5ml</i>	100
ONTRUZANT INJ 420MG	42	<i>oxybutynin chloride tab 5 mg</i>	100
ONUREG TAB 200MG.....	35	<i>oxybutynin chloride tab er 24hr 10 mg</i>	100
ONUREG TAB 300MG.....	35	<i>oxybutynin chloride tab er 24hr 15 mg</i>	100
OPIPZA MIS 10MG	66	<i>oxybutynin chloride tab er 24hr 5 mg</i>	100
OPIPZA MIS 2MG	66	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml).....</i>	22
OPIPZA MIS 5MG	66	<i>oxycodone hcl soln 5 mg/5ml</i>	22
OPSUMIT TAB 10MG.....	56	<i>oxycodone hcl tab 10 mg.....</i>	22
ORGOVYX TAB 120MG	36	<i>oxycodone hcl tab 15 mg.....</i>	22
ORKAMBI GRA 100-125	116	<i>oxycodone hcl tab 20 mg.....</i>	22
ORKAMBI GRA 150-188	116	<i>oxycodone hcl tab 30 mg.....</i>	22
ORKAMBI GRA 75-94MG	116	<i>oxycodone hcl tab 5 mg</i>	22

<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	22
OXYCONTIN TAB 10MG ER	21
OXYCONTIN TAB 15MG ER	21
OXYCONTIN TAB 20MG ER	21
OXYCONTIN TAB 30MG ER	21
OXYCONTIN TAB 40MG ER	21
OXYCONTIN TAB 60MG ER	21
OXYCONTIN TAB 80MG ER	21
OZEMPIC (0.25 OR 0.5MG/DOSE)	81
OZEMPIC (1MG/DOSE)	81
OZEMPIC (2MG/DOSE)	81
P	
<i>pacerone</i>	49
<i>paclitaxel inj 100mg</i>	38
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	38
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	38
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	38
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	38
<i>paliperidone tab er 24hr 1.5 mg</i>	66
<i>paliperidone tab er 24hr 3 mg</i>	66
<i>paliperidone tab er 24hr 6 mg</i>	66
<i>paliperidone tab er 24hr 9 mg</i>	66
<i>pamidronate disodium iv soln 3 mg/ml</i>	84
<i>pamidronate disodium iv soln 9 mg/ml</i>	84
PAMIDRONATE INJ 6MG/ML	84
PANRETIN GEL 0.1%	122
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	99
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	99
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	99
PANZYGA SOL 10/100ML	106
PANZYGA SOL 1GM/10ML	106

PANZYGA SOL 2.5/25ML	106
PANZYGA SOL 20/200ML	106
PANZYGA SOL 30/300ML	106
PANZYGA SOL 5GM/50ML	106
<i>paricalcitol cap 1 mcg</i>	95
<i>paricalcitol cap 2 mcg</i>	95
<i>paricalcitol cap 4 mcg</i>	95
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	61
<i>paroxetine hcl tab 10 mg</i>	61
<i>paroxetine hcl tab 20 mg</i>	61
<i>paroxetine hcl tab 30 mg</i>	61
<i>paroxetine hcl tab 40 mg</i>	61
PAXLOVID PAK	29
PAXLOVID TAB 150-100	29
PAXLOVID TAB 300-100	29
<i>pazopanib hcl tab 200 mg (base equiv)</i>	42
PEDIARIX INJ 0.5ML	108
PEDVAX HIB INJ	108
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	97
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	97
PEGASYS INJ	29
PEGASYS INJ 180MCG/M	29
PEMAZYRE TAB 13.5MG	42
PEMAZYRE TAB 4.5MG	42
PEMAZYRE TAB 9MG	42
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	35
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	35
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	35
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	35
PENBRAYA INJ	108
<i>penicillamine tab 250 mg</i>	85
<i>penicillin g potassium for inj 20000000 unit</i>	33
<i>penicillin g potassium for inj 5000000 unit</i>	33
<i>penicillin g sodium for inj 5000000 unit</i>	33
<i>penicillin v potassium for soln 125 mg/5ml</i>	33

<i>penicillin v potassium for soln 250 mg/5ml</i>	33	PHESGO SOL	42
<i>penicillin v potassium tab 250 mg</i>	33	<i>philith</i>	88
<i>penicillin v potassium tab 500 mg</i>	33	PIFELTRO TAB 100MG	26
PENMENVY INJ	108	<i>pilocarpine hcl ophth soln 1%</i>	112
PENTACEL INJ	108	<i>pilocarpine hcl ophth soln 2%</i>	112
<i>pentamidine isethionate inh</i>	23	<i>pilocarpine hcl ophth soln 4%</i>	112
<i>pentamidine isethionate inj</i>	24	<i>pilocarpine hcl tab 5 mg</i>	122
<i>pentoxifylline tab er 400 mg</i>	102	<i>pilocarpine hcl tab 7.5 mg</i>	122
<i>perampanel tab 10 mg</i>	71	<i>pimecrolimus cream 1%</i>	122
<i>perampanel tab 12 mg</i>	71	<i>pimozide tab 1 mg</i>	66
<i>perampanel tab 2 mg</i>	71	<i>pimozide tab 2 mg</i>	66
<i>perampanel tab 4 mg</i>	71	<i>pimtrea</i>	88
<i>perampanel tab 6 mg</i>	71	<i>pindolol tab 10 mg</i>	52
<i>perampanel tab 8 mg</i>	71	<i>pindolol tab 5 mg</i>	52
<i>perindopril erbumine tab 2 mg</i>	46	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	81
<i>perindopril erbumine tab 4 mg</i>	46	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	82
<i>perindopril erbumine tab 8 mg</i>	46	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	82
<i>periogard</i>	122	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	82
<i>permethrin cream 5%</i>	122	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	82
<i>perphenazine tab 16 mg</i>	66	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	33
<i>perphenazine tab 2 mg</i>	66	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	33
<i>perphenazine tab 4 mg</i>	66	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	33
<i>perphenazine tab 8 mg</i>	66	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	33
<i>pfizerpen</i>	33	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	33
<i>phenelzine sulfate tab 15 mg</i>	61	PIQRAY 200MG TAB DOSE	42
<i>phenobarbital elixir 20 mg/5ml</i>	71	PIQRAY 250MG TAB DOSE	42
<i>phenobarbital sodium inj 130 mg/ml</i> ..	71	PIQRAY 300MG TAB DOSE	42
<i>phenobarbital sodium inj 65 mg/ml</i> ..	71	<i>pirfenidone cap 267 mg</i>	116
<i>phenobarbital tab 100 mg</i>	72	<i>pirfenidone tab 267 mg</i>	116
<i>phenobarbital tab 15 mg</i>	71	<i>pirfenidone tab 534 mg</i>	116
<i>phenobarbital tab 16.2 mg</i>	72	<i>pirfenidone tab 801 mg</i>	116
<i>phenobarbital tab 30 mg</i>	72	<i>piroxicam cap 10 mg</i>	20
<i>phenobarbital tab 32.4 mg</i>	72	<i>piroxicam cap 20 mg</i>	20
<i>phenobarbital tab 60 mg</i>	72	<i>plenamine</i>	111
<i>phenobarbital tab 64.8 mg</i>	72	PLENVU SOL	97
<i>phenobarbital tab 97.2 mg</i>	72	<i>podofilox soln 0.5%</i>	122
<i>phenytek</i>	72	<i>polycin ophth oint</i>	112
<i>phenytoin chew tab 50 mg</i>	72		
<i>phenytoin sodium extended cap 100 mg</i>	72		
<i>phenytoin sodium extended cap 200 mg</i>	72		
<i>phenytoin sodium extended cap 300 mg</i>	72		
<i>phenytoin sodium inj 50 mg/ml</i>	72		
<i>phenytoin susp 125 mg/5ml</i>	72		

<i>polymyxin b sulfate for inj 500000 unit</i>	24	<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	110
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	112	<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	99
POMALYST CAP 1MG	36	<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	99
POMALYST CAP 2MG	37	<i>potassium citrate tab er 5 meq (540</i> <i>mg)</i>	99
POMALYST CAP 3MG	37	<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	63
POMALYST CAP 4MG	37	<i>pramipexole dihydrochloride tab 0.25</i> <i>mg</i>	63
<i>portia-28</i>	88	<i>pramipexole dihydrochloride tab 0.5</i> <i>mg</i>	63
<i>posaconazole tab delayed release 100</i> <i>mg</i>	25	<i>pramipexole dihydrochloride tab 0.75</i> <i>mg</i>	63
POT CHL 20MEQ/L IN NACL 0.45% INJ	109	<i>pramipexole dihydrochloride tab 1 mg</i>	63
POT CHL 20MEQ/L IN NACL 0.9% INJ	109	<i>pramipexole dihydrochloride tab 1.5</i> <i>mg</i>	63
POT CHL 40MEQ/L IN NACL 0.9% INJ	109	<i>prasugrel hcl tab 10 mg (base equiv)</i>	102
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	109	<i>prasugrel hcl tab 5 mg (base equiv)</i>	102
<i>potassium chloride cap er 10 meq ..</i>	110	<i>pravastatin sodium tab 10 mg</i>	50
<i>potassium chloride cap er 8 meq....</i>	110	<i>pravastatin sodium tab 20 mg</i>	50
<i>potassium chloride inj 10 meq/100ml</i>	109	<i>pravastatin sodium tab 40 mg</i>	50
<i>potassium chloride inj 10 meq/50ml</i>	109	<i>pravastatin sodium tab 80 mg</i>	50
<i>potassium chloride inj 2 meq/ml</i>	109	<i>praziquantel tab 600 mg</i>	24
<i>potassium chloride inj 20 meq/100ml</i>	109	<i>prazosin hcl cap 1 mg</i>	46
<i>potassium chloride inj 20 meq/50ml</i>	109	<i>prazosin hcl cap 2 mg</i>	46
<i>potassium chloride inj 40 meq/100ml</i>	109	<i>prazosin hcl cap 5 mg</i>	46
<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	110	PRED SOD PHO SOL 1% OP	112
<i>potassium chloride microencapsulated</i> <i>crys er tab 15 meq</i>	110	<i>prednisolone acetate ophth susp 1%</i>	112
<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	110	<i>prednisolone sod phosphate oral soln</i> <i>15 mg/5ml (base equiv)</i>	91
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	110	<i>prednisolone sod phosphate oral soln 5</i> <i>mg/5ml (base equiv)</i>	91
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	110	<i>prednisolone sodium phosphate oral</i> <i>soln 25 mg/5ml (base eq)</i>	91
<i>potassium chloride powder packet 20</i> <i>meq</i>	110	<i>prednisolone soln 15 mg/5ml</i>	91
<i>potassium chloride tab er 10 meq ..</i>	110	PREDNISON CON 5MG/ML.....	91
<i>potassium chloride tab er 20 meq</i> <i>(1500 mg)</i>	110	<i>prednisone oral soln 5 mg/5ml</i>	91
		<i>prednisone tab 1 mg</i>	91
		<i>prednisone tab 10 mg</i>	91
		<i>prednisone tab 2.5 mg</i>	91
		<i>prednisone tab 20 mg</i>	91

<i>prednisone tab 5 mg</i>	91	<i>prochlorperazine maleate tab 5 mg</i>	
<i>prednisone tab 50 mg</i>	91	(base equivalent).....	96
<i>prednisone tab therapy pack 10 mg</i>		<i>prochlorperazine suppos 25 mg</i>	96
(21)	91	PROCRIT INJ 10000/ML	101
<i>prednisone tab therapy pack 10 mg</i>		PROCRIT INJ 2000/ML	101
(48)	91	PROCRIT INJ 20000/ML	101
<i>prednisone tab therapy pack 5 mg (21)</i>		PROCRIT INJ 3000/ML	101
.....	91	PROCRIT INJ 4000/ML	101
<i>prednisone tab therapy pack 5 mg (48)</i>		PROCRIT INJ 40000/ML	101
.....	91	<i>proctocort</i>	122
<i>pregabalin cap 100 mg</i>	72	<i>procto-med hc</i>	122
<i>pregabalin cap 150 mg</i>	72	<i>proctosol hc</i>	122
<i>pregabalin cap 200 mg</i>	72	<i>proctozone-hc</i>	122
<i>pregabalin cap 225 mg</i>	73	<i>progesterone cap 100 mg</i>	94
<i>pregabalin cap 25 mg</i>	72	<i>progesterone cap 200 mg</i>	94
<i>pregabalin cap 300 mg</i>	73	PROGRAF GRA 0.2MG.....	107
<i>pregabalin cap 50 mg</i>	72	PROGRAF GRA 1MG	107
<i>pregabalin cap 75 mg</i>	72	PROLASTIN-C INJ 1000MG.....	116
<i>pregabalin soln 20 mg/ml</i>	73	PROLIA INJ 60MG/ML.....	84
PREMASOL SOL 10%	111	<i>promethazine hcl inj 25 mg/ml</i>	96
PRENATAL TAB 27-1MG	110	<i>promethazine hcl inj 50 mg/ml</i>	96
PRENATAL TAB PLUS	110	<i>promethazine hcl oral soln 6.25</i>	
<i>prevalite</i>	50	mg/5ml	96
PREVYMIS TAB 240MG.....	29	<i>promethazine hcl tab 12.5 mg</i>	96
PREVYMIS TAB 480MG.....	29	<i>promethazine hcl tab 25 mg</i>	96
PREZCOBIX TAB 675/150.....	28	<i>promethazine hcl tab 50 mg</i>	96
PREZCOBIX TAB 800-150.....	28	<i>propafenone hcl cap er 12hr 225 mg</i> 49	
PREZISTA SUS 100MG/ML.....	26	<i>propafenone hcl cap er 12hr 325 mg</i> 49	
PREZISTA TAB 150MG	26	<i>propafenone hcl cap er 12hr 425 mg</i> 49	
PREZISTA TAB 75MG	26	<i>propafenone hcl tab 150 mg</i>	49
PRIFTIN TAB 150MG.....	28	<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
mg base)	25	<i>proparacaine hcl ophth soln 0.5%</i> ..	113
PRIMAQUINE TAB 26.3MG.....	25	<i>propranolol hcl cap er 24hr 120 mg</i> ..	52
<i>primidone tab 125 mg</i>	73	<i>propranolol hcl cap er 24hr 160 mg</i> ..	52
<i>primidone tab 250 mg</i>	73	<i>propranolol hcl cap er 24hr 60 mg</i> ...	52
<i>primidone tab 50 mg</i>	73	<i>propranolol hcl cap er 24hr 80 mg</i> ...	52
PRIORIX INJ.....	108	<i>propranolol hcl oral soln 20 mg/5ml</i> .	52
PRIVIGEN INJ 10GRAMS	106	<i>propranolol hcl oral soln 40 mg/5ml</i> .	52
PRIVIGEN INJ 20GRAMS	106	<i>propranolol hcl tab 10 mg</i>	52
PRIVIGEN INJ 40GRAMS	106	<i>propranolol hcl tab 20 mg</i>	52
PRIVIGEN INJ 5 GRAMS	106	<i>propranolol hcl tab 40 mg</i>	52
<i>probenecid tab 500 mg</i>	19	<i>propranolol hcl tab 60 mg</i>	52
<i>prochlorperazine edisylate inj 10</i>		<i>propranolol hcl tab 80 mg</i>	52
mg/2ml	96	<i>propylthiouracil tab 50 mg</i>	94
<i>prochlorperazine maleate tab 10 mg</i>		PROQUAD INJ	108
(base equivalent)	96	PROSOL INJ 20%	111

<i>protriptyline hcl tab 10 mg</i>	61
<i>protriptyline hcl tab 5 mg</i>	61
PULMOZYME SOL 1MG/ML	116
<i>pyrazinamide tab 500 mg</i>	28
<i>pyridostigmine bromide tab 60 mg</i> ...	78
<i>pyrimethamine tab 25 mg</i>	24
PYZCHIVA INJ 130/26ML	104
PYZCHIVA INJ 45/0.5ML	103
PYZCHIVA INJ 90MG/ML	103

Q

QINLOCK TAB 50MG	42
QUADRACEL INJ 0.5ML	108
<i>quetiapine fumarate tab 100 mg</i>	66
<i>quetiapine fumarate tab 150 mg</i>	66
<i>quetiapine fumarate tab 200 mg</i>	66
<i>quetiapine fumarate tab 25 mg</i>	66
<i>quetiapine fumarate tab 300 mg</i>	66
<i>quetiapine fumarate tab 400 mg</i>	66
<i>quetiapine fumarate tab 50 mg</i>	66
<i>quetiapine fumarate tab er 24hr 150 mg</i>	66
<i>quetiapine fumarate tab er 24hr 200 mg</i>	66
<i>quetiapine fumarate tab er 24hr 300 mg</i>	67
<i>quetiapine fumarate tab er 24hr 400 mg</i>	67
<i>quetiapine fumarate tab er 24hr 50 mg</i>	66
<i>quinapril hcl tab 10 mg</i>	46
<i>quinapril hcl tab 20 mg</i>	46
<i>quinapril hcl tab 40 mg</i>	46
<i>quinapril hcl tab 5 mg</i>	46
<i>quinidine sulfate tab 200 mg</i>	49
<i>quinidine sulfate tab 300 mg</i>	49
<i>quinine sulfate cap 324 mg</i>	25
QULIPTA TAB 10MG	77
QULIPTA TAB 30MG	77
QULIPTA TAB 60MG	77

R

RABAVERT INJ	108
<i>rabeprazole sodium ec tab 20 mg</i>	99
RALDESY SOL 10MG/ML	61
<i>raloxifene hcl tab 60 mg</i>	93
<i>ramelteon tab 8 mg</i>	76
<i>ramipril cap 1.25 mg</i>	46
<i>ramipril cap 10 mg</i>	46

<i>ramipril cap 2.5 mg</i>	46
<i>ramipril cap 5 mg</i>	46
<i>ranolazine tab er 12hr 1000 mg</i>	55
<i>ranolazine tab er 12hr 500 mg</i>	55
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	63
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	63
<i>reclipsen</i>	88
RECOMBIVA HB INJ 10MCG/ML	108
RECOMBIVA HB INJ 5MCG/0.5	108
RECOMBIVA-HB INJ 40MCG/ML	108
RELENZA MIS DISKHALE	29
RELISTOR INJ 12/0.6ML	98
RELISTOR INJ 8/0.4ML	98
REMICADE INJ 100MG	104
RENFLEXIS INJ 100MG	104
<i>repaglinide tab 0.5 mg</i>	82
<i>repaglinide tab 1 mg</i>	82
<i>repaglinide tab 2 mg</i>	82
REPATHA INJ 140MG/ML	50
REPATHA SURE INJ 140MG/ML	51
RESTASIS EMU 0.05% OP	113
RESTASIS MUL EMU 0.05% OP	113
RETEVMO TAB 120MG	42
RETEVMO TAB 160MG	42
RETEVMO TAB 40MG	42
RETEVMO TAB 80MG	42
REVCIVI INJ 1.6MG/ML	93
REVUFORJ TAB 110MG	42
REVUFORJ TAB 160MG	42
REVUFORJ TAB 25MG	42
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	93
REZDIFFRA TAB 60MG	93
REZDIFFRA TAB 80MG	93
REZLIDHIA CAP 150MG	42
REZUROCK TAB 200MG	107
REZVOGLAR INJ 100UT/ML	84
RHOPRESSA SOL 0.02%	112
<i>ribavirin cap 200 mg</i>	29

<i>ribavirin tab 200 mg</i>	29	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	58
<i>rifabutin cap 150 mg</i>	28	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	58
<i>rifampin cap 150 mg</i>	28	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	58
<i>rifampin cap 300 mg</i>	28	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	58
<i>rifampin for inj 600 mg</i>	28	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	58
<i>riluzole tab 50 mg</i>	78	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	58
<i>rimantadine hydrochloride tab 100 mg</i>	29	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	58
<i>RINVOQ LQ SOL 1MG/ML</i>	104	<i>rivelsa</i>	88
<i>RINVOQ TAB 15MG ER</i>	104	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	77
<i>RINVOQ TAB 30MG ER</i>	104	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	77
<i>RINVOQ TAB 45MG ER</i>	104	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	77
<i>risedronate sodium tab 150 mg</i>	84	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	77
<i>risedronate sodium tab 35 mg</i>	84	<i>ROCKLATAN DRO</i>	112
<i>risedronate sodium tab 5 mg</i>	84	<i>roflumilast tab 250 mcg</i>	116
<i>risedronate sodium tab delayed release 35 mg</i>	84	<i>roflumilast tab 500 mcg</i>	116
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	67	<i>ROMVIMZA CAP 14MG</i>	42
<i>risperidone microspheres for im extended rel susp 25 mg</i>	67	<i>ROMVIMZA CAP 20MG</i>	42
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	67	<i>ROMVIMZA CAP 30MG</i>	42
<i>risperidone microspheres for im extended rel susp 50 mg</i>	67	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	63
<i>risperidone orally disintegrating tab 0.25 mg</i>	67	<i>ropinirole hydrochloride tab 0.5 mg</i> ..	63
<i>risperidone orally disintegrating tab 0.5 mg</i>	67	<i>ropinirole hydrochloride tab 1 mg</i>	63
<i>risperidone orally disintegrating tab 1 mg</i>	67	<i>ropinirole hydrochloride tab 2 mg</i>	63
<i>risperidone orally disintegrating tab 2 mg</i>	67	<i>ropinirole hydrochloride tab 3 mg</i>	63
<i>risperidone orally disintegrating tab 3 mg</i>	67	<i>ropinirole hydrochloride tab 4 mg</i>	63
<i>risperidone orally disintegrating tab 4 mg</i>	67	<i>ropinirole hydrochloride tab 5 mg</i>	63
<i>risperidone soln 1 mg/ml</i>	67	<i>rosuvastatin calcium tab 10 mg</i>	50
<i>risperidone tab 0.25 mg</i>	67	<i>rosuvastatin calcium tab 20 mg</i>	50
<i>risperidone tab 0.5 mg</i>	67	<i>rosuvastatin calcium tab 40 mg</i>	50
<i>risperidone tab 1 mg</i>	67	<i>rosuvastatin calcium tab 5 mg</i>	50
<i>risperidone tab 2 mg</i>	67	<i>rosyrah tab</i>	88
<i>risperidone tab 3 mg</i>	67	<i>ROTARIX SUS</i>	108
<i>risperidone tab 4 mg</i>	67	<i>ROTATEQ SOL</i>	108
<i>ritonavir tab 100 mg</i>	26	<i>roweepra</i>	73
<i>rivaroxaban for susp 1 mg/ml</i>	101	<i>ROZLYTREK CAP 100MG</i>	42
<i>rivaroxaban tab 2.5 mg</i>	101	<i>ROZLYTREK CAP 200MG</i>	42
		<i>ROZLYTREK PAK 50MG</i>	42

RUBRACA TAB 200MG	42	SIGNIFOR INJ 0.9MG/ML	93
RUBRACA TAB 250MG	42	SIKLOS TAB 1000MG	102
RUBRACA TAB 300MG	42	SIKLOS TAB 100MG	102
<i>rufinamide susp 40 mg/ml</i>	<i>73</i>	<i>sildenafil citrate tab 20 mg</i>	<i>56</i>
<i>rufinamide tab 200 mg</i>	<i>73</i>	<i>silver sulfadiazine cream 1%</i>	<i>119</i>
<i>rufinamide tab 400 mg</i>	<i>73</i>	SIMBRINZA SUS 1-0.2%	113
RUKOBIA TAB 600MG ER	26	<i>simliya</i>	<i>88</i>
RYBELSUS TAB 14MG	82	<i>simpesse</i>	<i>88</i>
RYBELSUS TAB 3MG.....	82	<i>simvastatin tab 10 mg.....</i>	<i>50</i>
RYBELSUS TAB 7MG.....	82	<i>simvastatin tab 20 mg.....</i>	<i>50</i>
RYDAPT CAP 25MG.....	42	<i>simvastatin tab 40 mg.....</i>	<i>50</i>
S		<i>simvastatin tab 5 mg</i>	<i>50</i>
<i>sacubitril-valsartan tab 24-26 mg</i>	<i>48</i>	<i>simvastatin tab 80 mg.....</i>	<i>50</i>
<i>sacubitril-valsartan tab 49-51 mg</i>	<i>48</i>	<i>sirolimus oral soln 1 mg/ml.....</i>	<i>107</i>
<i>sacubitril-valsartan tab 97-103 mg...</i>	<i>48</i>	<i>sirolimus tab 0.5 mg</i>	<i>107</i>
<i>sajazir.....</i>	<i>102</i>	<i>sirolimus tab 1 mg.....</i>	<i>107</i>
SANTYL OIN 250/GM.....	122	<i>sirolimus tab 2 mg.....</i>	<i>107</i>
<i>sapropterin dihydrochloride powder</i>		SIRTURO TAB 100MG.....	28
<i>packet 100 mg</i>	<i>93</i>	SIRTURO TAB 20MG.....	28
<i>sapropterin dihydrochloride powder</i>		SKYRIZI INJ 150MG/ML.....	104
<i>packet 500 mg</i>	<i>93</i>	SKYRIZI INJ 180/1.2.....	104
<i>sapropterin dihydrochloride tab 100 mg</i>		SKYRIZI INJ 360/2.4.....	104
.....	93	SKYRIZI PEN INJ 150MG/ML	104
SCEMBLIX TAB 100MG	43	SKYRIZI SOL 60MG/ML	104
SCEMBLIX TAB 20MG	43	SOD OXYBATE SOL 500MG/ML	79
SCEMBLIX TAB 40MG	43	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>scopolamine td patch 72hr 1 mg/3days</i>		<i>17.5-3.13-1.6 gm/177ml</i>	<i>97</i>
.....	96	<i>sodium chloride inj 2.5 meq/ml</i>	
SECUADO DIS 3.8MG	67	<i>(14.6%)</i>	<i>110</i>
SECUADO DIS 5.7MG	67	<i>sodium chloride irrigation soln 0.9%</i>	
SECUADO DIS 7.6MG	67	.....	122
<i>selegiline hcl cap 5 mg</i>	<i>63</i>	<i>sodium chloride iv soln 0.45%.....</i>	<i>110</i>
<i>selegiline hcl tab 5 mg.....</i>	<i>63</i>	<i>sodium chloride iv soln 0.9%.....</i>	<i>110</i>
<i>selenium sulfide lotion 2.5%.....</i>	<i>119</i>	<i>sodium chloride iv soln 3%</i>	<i>110</i>
SELZENTRY SOL 20MG/ML	26	<i>sodium chloride iv soln 5%</i>	<i>110</i>
SEMGLEE INJ 100U/ML	84	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
SEREVENT DIS AER 50MCG.....	115	<i>mg/ml soln</i>	<i>110</i>
<i>sertraline hcl oral concentrate for</i>		<i>sodium phenylbutyrate oral powder 3</i>	
<i>solution 20 mg/ml.....</i>	<i>61</i>	<i>gm/teaspoonful</i>	<i>93</i>
<i>sertraline hcl tab 100 mg</i>	<i>61</i>	<i>sodium phenylbutyrate tab 500 mg ..</i>	<i>93</i>
<i>sertraline hcl tab 25 mg.....</i>	<i>61</i>	<i>sodium polystyrene sulfonate powder</i>	
<i>sertraline hcl tab 50 mg.....</i>	<i>61</i>	.....	85
<i>setlakin</i>	<i>88</i>	<i>solifenacin succinate tab 10 mg</i>	<i>100</i>
<i>sharobel</i>	<i>88</i>	<i>solifenacin succinate tab 5 mg.....</i>	<i>100</i>
SHINGRIX INJ 50/0.5ML	108	SOLQUA INJ 100/33	84
SIGNIFOR INJ 0.3MG/ML	93	SOLTAMOX SOL 10MG/5ML.....	36
SIGNIFOR INJ 0.6MG/ML	93	SOLU-CORTEF INJ 1000MG	91

SOLU-CORTEF INJ 250MG	91	<i>sulfacetamide sodium ophth soln 10%</i>	112
SOLU-CORTEF INJ 500MG	91	<i>sulfacetamide sodium-prednisolone</i>	
SOMATULINE INJ 60/0.2ML	93	<i>ophth soln 10-0.23(0.25)%</i>	111
SOMATULINE INJ 90/0.3ML	93	<i>sulfadiazine tab 500 mg</i>	24
SOMAVERT INJ 10MG	93	<i>sulfamethoxazole-trimethoprim iv soln</i>	
SOMAVERT INJ 15MG	93	<i>400-80 mg/5ml</i>	24
SOMAVERT INJ 20MG	93	<i>sulfamethoxazole-trimethoprim susp</i>	
SOMAVERT INJ 25MG	93	<i>200-40 mg/5ml</i>	24
SOMAVERT INJ 30MG	94	<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/afl) tab 120 mg</i>	49	<i>800-160 mg.....</i>	24
<i>sotalol hcl (afib/afl) tab 160 mg</i>	49	SULFAMYLON CRE 85MG/GM	119
<i>sotalol hcl (afib/afl) tab 80 mg.....</i>	49	<i>sulfasalazine tab 500 mg</i>	97
<i>sotalol hcl tab 120 mg</i>	49	<i>sulfasalazine tab delayed release 500</i>	
<i>sotalol hcl tab 160 mg</i>	49	<i>mg</i>	97
<i>sotalol hcl tab 240 mg</i>	49	<i>sulindac tab 150 mg</i>	20
<i>sotalol hcl tab 80 mg.....</i>	49	<i>sulindac tab 200 mg</i>	20
SOTYKTU TAB 6MG	104	<i>sumatriptan nasal spray 20 mg/act ..</i>	77
SPIRIVA RESP AER 1.25MCG	114	<i>sumatriptan nasal spray 5 mg/act....</i>	77
<i>spironolactone & hydrochlorothiazide</i>		<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
<i>tab 25-25 mg</i>	54	<i>.....</i>	77
<i>spironolactone tab 100 mg</i>	46	<i>sumatriptan succinate solution auto-</i>	
<i>spironolactone tab 25 mg.....</i>	46	<i>injector 4 mg/0.5ml</i>	77
<i>spironolactone tab 50 mg.....</i>	46	<i>sumatriptan succinate solution auto-</i>	
<i>sprintec 28</i>	88	<i>injector 6 mg/0.5ml</i>	77
SPRITAM TAB 1000MG.....	73	<i>sumatriptan succinate solution</i>	
SPRITAM TAB 250MG	73	<i>cartridge 4 mg/0.5ml</i>	77
SPRITAM TAB 500MG	73	<i>sumatriptan succinate solution</i>	
SPRITAM TAB 750MG	73	<i>cartridge 6 mg/0.5ml</i>	77
<i>sps</i>	85	<i>sumatriptan succinate tab 100 mg ...</i>	77
<i>sps rectal.....</i>	85	<i>sumatriptan succinate tab 25 mg</i>	77
<i>sronyx.....</i>	88	<i>sumatriptan succinate tab 50 mg</i>	77
<i>ssd</i>	119	<i>sunitinib malate cap 12.5 mg (base</i>	
STELARA INJ 45/0.5ML.....	104	<i>equivalent)</i>	43
STELARA INJ 5MG/ML.....	104	<i>sunitinib malate cap 25 mg (base</i>	
STELARA INJ 90MG/ML.....	104	<i>equivalent)</i>	43
STIVARGA TAB 40MG	43	<i>sunitinib malate cap 37.5 mg (base</i>	
<i>streptomycin sulfate for inj 1 gm</i>	24	<i>equivalent)</i>	43
STRIBILD TAB	28	<i>sunitinib malate cap 50 mg (base</i>	
<i>subvenite</i>	73	<i>equivalent)</i>	43
<i>sucralfate susp 1 gm/10ml.....</i>	98	SUNLENCA TAB 300MG	26
<i>sucralfate tab 1 gm</i>	98	<i>syeda</i>	88
<i>sulfacetamide sodium lotion 10%</i>		SYMDEKO TAB 100-150.....	116
<i>(acne)</i>	119	SYMDEKO TAB 50-75MG.....	116
<i>sulfacetamide sodium ophth oint 10%</i>		SYMPAZAN MIS 10MG	73
<i>.....</i>	112		

SYMPAZAN MIS 20MG	73
SYMPAZAN MIS 5MG	73
SYMTUZA TAB	28
SYNAREL SOL 2MG/ML	94
SYNTHROID TAB 100MCG	95
SYNTHROID TAB 112MCG	95
SYNTHROID TAB 125MCG	95
SYNTHROID TAB 137MCG	95
SYNTHROID TAB 150MCG	95
SYNTHROID TAB 175MCG	95
SYNTHROID TAB 200MCG	95
SYNTHROID TAB 25MCG	94
SYNTHROID TAB 300MCG	95
SYNTHROID TAB 50MCG	94
SYNTHROID TAB 75MCG	94
SYNTHROID TAB 88MCG	95
T	
TABLOID TAB 40MG	35
TABRECTA TAB 150MG	43
TABRECTA TAB 200MG	43
<i>tacrolimus cap 0.5 mg</i>	107
<i>tacrolimus cap 1 mg</i>	107
<i>tacrolimus cap 5 mg</i>	107
<i>tacrolimus oint 0.03%</i>	122
<i>tacrolimus oint 0.1%</i>	122
<i>tadalafil tab 20 mg (pah)</i>	56
<i>tadalafil tab 5 mg</i>	99
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>	99
<i>tarina 24 fe</i>	88
<i>tarina fe 1/20 eq</i>	88
<i>tasimelteon capsule 20 mg</i>	76
TAVNEOS CAP 10MG	102

<i>tazarotene cream 0.05%</i>	120
<i>tazarotene cream 0.1%</i>	120
<i>tazicef</i>	30
TAZVERIK TAB 200MG	43
TECENTRIQ INJ 1200/20	43
TECENTRIQ INJ 840/14	43
TECENTRIQ INJ HYBREZA	43
TEFLARO INJ 400MG	30
TEFLARO INJ 600MG	30
<i>telmisartan tab 20 mg</i>	48
<i>telmisartan tab 40 mg</i>	48
<i>telmisartan tab 80 mg</i>	48
<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>	76
<i>temazepam cap 30 mg</i>	76
<i>temazepam cap 7.5 mg</i>	76
TENIVAC INJ 5-2LF	108
<i>tenofovir disoproxil fumarate tab 300 mg</i>	26
TEPMETKO TAB 225MG	43
<i>terazosin hcl cap 1 mg (base equivalent)</i>	46
<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>	115
<i>terbutaline sulfate tab 5 mg</i>	115
<i>terconazole vaginal cream 0.4%</i>	100
<i>terconazole vaginal cream 0.8%</i>	100
<i>terconazole vaginal suppos 80 mg</i> .	100
TERIPARATIDE INJ 560/2.24	84

testosterone cypionate im inj in oil 100 mg/ml	80	timolol maleate ophth gel forming soln 0.5%	113
testosterone cypionate im inj in oil 200 mg/ml	80	timolol maleate ophth soln 0.25%..	113
testosterone enanthate im inj in oil 200 mg/ml	80	timolol maleate ophth soln 0.5% ...	113
testosterone pump	80	timolol maleate tab 10 mg	52
testosterone td gel 12.5 mg/act (1%)	80	timolol maleate tab 20 mg	52
testosterone td gel 25 mg/2.5gm (1%)	80	timolol maleate tab 5 mg	52
testosterone td gel 50 mg/5gm (1%)	80	tinidazole tab 250 mg	24
tetrabenazine tab 12.5 mg	78	tinidazole tab 500 mg	24
tetrabenazine tab 25 mg	78	TIVICAY PD TAB 5MG	26
tetracycline hcl cap 250 mg	33	TIVICAY TAB 50MG	26
tetracycline hcl cap 500 mg	34	tizanidine hcl tab 2 mg (base equivalent)	79
THALOMID CAP 100MG	37	tizanidine hcl tab 4 mg (base equivalent)	79
THALOMID CAP 50MG	37	TOBI PODHALR CAP 28MG	24
theophylline elixir 80 mg/15ml	116	TOBRADEX OIN 0.3-0.1%	111
theophylline soln 80 mg/15ml	117	tobramycin nebu soln 300 mg/5ml ...	24
theophylline tab er 12hr 100 mg ...	117	tobramycin ophth soln 0.3%	112
theophylline tab er 12hr 200 mg ...	117	tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	24
theophylline tab er 12hr 300 mg ...	117	tobramycin sulfate inj 10 mg/ml (base equivalent)	24
theophylline tab er 12hr 450 mg ...	117	tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	24
theophylline tab er 24hr 400 mg ...	117	tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	24
theophylline tab er 24hr 600 mg ...	117	tobramycin-dexamethasone ophth susp 0.3-0.1%	111
thioridazine hcl tab 10 mg	67	tolterodine tartrate cap er 24hr 2 mg	100
thioridazine hcl tab 100 mg	67	tolterodine tartrate cap er 24hr 4 mg	100
thioridazine hcl tab 25 mg	67	tolterodine tartrate tab 1 mg	100
thioridazine hcl tab 50 mg	67	tolterodine tartrate tab 2 mg	100
thiothixene cap 1 mg	67	tolvaptan tab 15 mg	94
thiothixene cap 10 mg	67	tolvaptan tab 30 mg	94
thiothixene cap 2 mg	67	tolvaptan tab therapy pack 15 mg....	94
thiothixene cap 5 mg	67	tolvaptan tab therapy pack 30 & 15 mg	94
tiadylt er	53	tolvaptan tab therapy pack 45 & 15 mg	94
tiagabine hcl tab 12 mg	73	tolvaptan tab therapy pack 60 & 30 mg	94
tiagabine hcl tab 16 mg	73	tolvaptan tab therapy pack 90 & 30 mg	94
tiagabine hcl tab 2 mg	73	topiramate oral soln 25 mg/ml	73
tiagabine hcl tab 4 mg	73		
TIBSOVO TAB 250MG	43		
ticagrelor tab 60 mg	102		
ticagrelor tab 90 mg	102		
TICOVAC INJ	108		
tigecycline for iv soln 50 mg	34		
tilia fe	88		
timolol maleate ophth gel forming soln 0.25%	113		

<i>topiramate sprinkle cap 15 mg</i>	73	<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
<i>topiramate sprinkle cap 25 mg</i>	73	<i>mg/ml)</i>	56
<i>topiramate sprinkle cap 50 mg</i>	73	TRESIBA FLEX INJ 100UNIT	84
<i>topiramate tab 100 mg</i>	73	TRESIBA FLEX INJ 200UNIT	84
<i>topiramate tab 200 mg</i>	73	TRESIBA INJ 100UNIT	84
<i>topiramate tab 25 mg</i>	73	<i>tretinoin cap 10 mg</i>	37
<i>topiramate tab 50 mg</i>	73	<i>tretinoin cream 0.025%</i>	119
<i>toremifene citrate tab 60 mg (base</i>		<i>tretinoin cream 0.05%</i>	119
<i>equivalent)</i>	36	<i>tretinoin cream 0.1%</i>	119
<i>torpenz</i>	43	<i>tretinoin gel 0.01%</i>	119
<i>toremide tab 10 mg</i>	54	<i>tretinoin gel 0.025%</i>	119
<i>toremide tab 100 mg</i>	54	<i>triamcinolone acetonide cream 0.025%</i>	
<i>toremide tab 20 mg</i>	54	.....	121
<i>toremide tab 5 mg</i>	54	<i>triamcinolone acetonide cream 0.1%</i>	
TOUJEO MAX INJ 300/ML	84	.....	121
TOUJEO SOLO INJ 300/ML	84	<i>triamcinolone acetonide cream 0.5%</i>	
TPN ELECTROL INJ	110	.....	121
TRADJENTA TAB 5MG	82	<i>triamcinolone acetonide dental paste</i>	
<i>tramadol hcl tab 50 mg</i>	22	<i>0.1%</i>	122
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>triamcinolone acetonide lotion 0.025%</i>	
<i>mg</i>	22	.....	121
<i>trandolapril tab 1 mg</i>	46	<i>triamcinolone acetonide lotion 0.1%</i>	
<i>trandolapril tab 2 mg</i>	46	.....	121
<i>trandolapril tab 4 mg</i>	46	<i>triamcinolone acetonide oint 0.025%</i>	
<i>tranexamic acid iv soln 1000 mg/10ml</i>		.....	121
<i>(100 mg/ml)</i>	102	<i>triamcinolone acetonide oint 0.1%</i> .	121
<i>tranexamic acid tab 650 mg</i>	102	<i>triamcinolone acetonide oint 0.5%</i> .	121
<i>tranylcypramine sulfate tab 10 mg</i> ...	61	<i>triamterene & hydrochlorothiazide cap</i>	
TRAVASOL INJ 10%	111	<i>37.5-25 mg</i>	54
TRAZIMERA INJ 150MG	43	<i>triamterene & hydrochlorothiazide tab</i>	
TRAZIMERA INJ 420MG	43	<i>37.5-25 mg</i>	54
<i>trazodone hcl tab 100 mg</i>	61	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trazodone hcl tab 150 mg</i>	61	<i>75-50 mg</i>	54
<i>trazodone hcl tab 50 mg</i>	61	<i>tridacaine ii</i>	121
TRELEGY AER ELLIPTA 100-62.5-25		<i>triderm</i>	121
MCG	113	<i>trientine hcl cap 250 mg</i>	85
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-estarylla</i>	88
MCG	113	<i>trifluoperazine hcl tab 1 mg (base</i>	
TREMFYA INJ 100MG/ML	104	<i>equivalent)</i>	67
TREMFYA INJ 200/20ML	104	<i>trifluoperazine hcl tab 10 mg (base</i>	
TREMFYA INJ 200/2ML	104	<i>equivalent)</i>	68
<i>treprostinil inj soln 100 mg/20ml (5</i>		<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>mg/ml)</i>	56	<i>equivalent)</i>	67
<i>treprostinil inj soln 20 mg/20ml (1</i>		<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>mg/ml)</i>	56	<i>equivalent)</i>	67
<i>treprostinil inj soln 200 mg/20ml (10</i>		<i>trifluridine ophth soln 1%</i>	112
<i>mg/ml)</i>	56		

<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	43
.....63	
<i>trihexyphenidyl hcl tab 2 mg</i>	63
<i>trihexyphenidyl hcl tab 5 mg</i>	63
TRIJARDY XR TAB ER 24HR 10-5-1000MG.....	82
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....	82
TRIJARDY XR TAB ER 24HR 25-5-1000MG.....	82
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG.....	82
TRIKAFTA PAK 59.5MG	117
TRIKAFTA PAK 75MG	117
TRIKAFTA TAB 100-50-75MG & 150MG	117
TRIKAFTA TAB 50-25-37.5MG & 75MG	117
<i>tri-legest fe</i>	88
<i>tri-linyah</i>	89
<i>tri-lo-estarylla</i>	89
<i>tri-lo-marzia</i>	89
<i>tri-lo-mili</i>	89
<i>tri-lo-sprintec</i>	89
<i>trimethoprim tab 100 mg</i>	24
<i>tri-mili</i>	89
<i>trimipramine maleate cap 100 mg</i>	61
<i>trimipramine maleate cap 25 mg</i>	61
<i>trimipramine maleate cap 50 mg</i>	61
TRINTELLIX TAB 10MG	61
TRINTELLIX TAB 20MG	61
TRINTELLIX TAB 5MG	61
<i>tri-sprintec</i>	89
TRIUMEQ PD TAB.....	28
TRIUMEQ TAB	28
<i>tri-vylibra</i>	89
<i>tri-vylibra lo</i>	89
TROGARZO INJ 150MG/ML	26
TROPHAMINE INJ 10%	111
<i>trospium chloride tab 20 mg</i>	100
TRULANCE TAB 3MG.....	98
TRULICITY INJ 0.75/0.5	82
TRULICITY INJ 1.5/0.5	82
TRULICITY INJ 3/0.5	82
TRULICITY INJ 4.5/0.5	82
TRUMENBA INJ	108
TRUQAP PAK 160MG	43
TRUQAP PAK 200MG	43
TRUQAP TAB 160MG	43
TRUQAP TAB 200MG	43
TRUXIMA INJ 100/10ML.....	43
TRUXIMA INJ 500/50ML.....	43
TUKYSA TAB 150MG	43
TUKYSA TAB 50MG	43
TURALIO CAP 125MG	43
<i>turqoz</i>	89
<i>twice-daily clindamycin phosphate (topical)</i>	119
TWINRIX INJ.....	108
TYBOST TAB 150MG.....	27
TYENNE INJ 162/0.9	104
TYENNE INJ 162MG.....	104
TYENNE INJ 200/10ML	104
TYENNE INJ 400/20ML	104
TYENNE INJ 80MG/4ML	104
TYPHIM VI INJ.....	108
U	
UBRELVY TAB 100MG	77
UBRELVY TAB 50MG.....	77
<i>unithroid</i>	95
UPTRAVI PACK TAB 200/800	56
UPTRAVI TAB 1000MCG.....	56
UPTRAVI TAB 1200MCG.....	56
UPTRAVI TAB 1400MCG.....	56
UPTRAVI TAB 1600MCG.....	56
UPTRAVI TAB 200MCG	56
UPTRAVI TAB 400MCG	56
UPTRAVI TAB 600MCG	56
UPTRAVI TAB 800MCG	56
<i>ursodiol cap 300 mg</i>	98
<i>ursodiol tab 250 mg</i>	98
<i>ursodiol tab 500 mg</i>	98
USTEKINUMAB INJ 130/26ML.....	104
USTEKINUMAB INJ 45/0.5ML.....	104
USTEKINUMAB INJ 90MG/ML.....	104
V	
<i>valacyclovir hcl tab 1 gm</i>	29
<i>valacyclovir hcl tab 500 mg</i>	29
VALCHLOR GEL 0.016%	122
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	29
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	29
<i>valproate sodium inj 100 mg/ml</i>	73

<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	73	<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	80
<i>valproic acid cap 250 mg</i>	73	<i>varenicline tartrate tab 1 mg (base equiv)</i>	80
<i>valsartan tab 160 mg</i>	48	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	80
<i>valsartan tab 320 mg</i>	48	VARIVAX INJ.....	108
<i>valsartan tab 40 mg</i>	48	VASCEPA CAP 0.5GM	51
<i>valsartan tab 80 mg</i>	48	VASCEPA CAP 1GM	51
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	48	VAXCHORA SUS	108
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	48	<i>velivet</i>	89
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	48	VELSIPITY TAB 2MG.....	104
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	48	VENCLEXTA TAB 100MG	44
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	48	VENCLEXTA TAB 10MG	43
VALTOCO SPR 10MG	73	VENCLEXTA TAB 50MG	44
VALTOCO SPR 15MG	74	VENCLEXTA TAB START PK	44
VALTOCO SPR 20MG	74	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	61
VALTOCO SPR 5MG	73	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	61
<i>valtya 1/50 tab</i>	89	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	61
<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)	115
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	24	VENTOLIN HFA AER	115
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	24	<i>verapamil hcl cap er 24hr 100 mg</i>	53
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	24	<i>verapamil hcl cap er 24hr 120 mg</i>	53
VANCOMYCIN INJ 1 GM	24	<i>verapamil hcl cap er 24hr 180 mg</i>	53
VANCOMYCIN INJ 500MG.....	24	<i>verapamil hcl cap er 24hr 200 mg</i>	53
VANCOMYCIN INJ 750MG.....	24	<i>verapamil hcl cap er 24hr 240 mg</i>	53
VANFLYTA TAB 17.7MG.....	43	<i>verapamil hcl cap er 24hr 300 mg</i>	53
VANFLYTA TAB 26.5MG.....	43	<i>verapamil hcl cap er 24hr 360 mg</i>	53
VAQTA INJ 25/0.5ML.....	108	<i>verapamil hcl iv soln 2.5 mg/ml</i>	53
VAQTA INJ 50UNT/ML.....	108	<i>verapamil hcl tab 120 mg</i>	53
		<i>verapamil hcl tab 40 mg</i>	53
		<i>verapamil hcl tab 80 mg</i>	53
		<i>verapamil hcl tab er 120 mg</i>	53

<i>verapamil hcl tab er 180 mg</i>	53	<i>voriconazole for inj 200 mg</i>	25
<i>verapamil hcl tab er 240 mg</i>	54	<i>voriconazole for susp 40 mg/ml</i>	25
VERQUVO TAB 10MG.....	55	<i>voriconazole tab 200 mg</i>	25
VERQUVO TAB 2.5MG.....	55	<i>voriconazole tab 50 mg</i>	25
VERQUVO TAB 5MG.....	55	VOSEVI TAB	29
VERSACLOZ SUS 50MG/ML	68	VOWST CAP	98
VERZENIO TAB 100MG	44	VRAYLAR CAP 1.5MG.....	68
VERZENIO TAB 150MG	44	VRAYLAR CAP 3MG	68
VERZENIO TAB 200MG	44	VRAYLAR CAP 4.5MG.....	68
VERZENIO TAB 50MG	44	VRAYLAR CAP 6MG	68
<i>vestura</i>	89	<i>vyfemla</i>	89
<i>vienna</i>	89	<i>vylibra</i>	89
<i>vigabatrin powd pack 500 mg</i>	74	VYZULTA SOL 0.024%.....	113
<i>vigabatrin tab 500 mg</i>	74	W	
<i>vigadrone</i>	74	<i>warfarin sodium tab 1 mg</i>	101
VIGAFYDE SOL 100MG/ML	74	<i>warfarin sodium tab 10 mg</i>	101
<i>vigpoder</i>	74	<i>warfarin sodium tab 2 mg</i>	101
<i>vilazodone hcl tab 10 mg</i>	62	<i>warfarin sodium tab 2.5 mg</i>	101
<i>vilazodone hcl tab 20 mg</i>	62	<i>warfarin sodium tab 3 mg</i>	101
<i>vilazodone hcl tab 40 mg</i>	62	<i>warfarin sodium tab 4 mg</i>	101
VIMKUNYA INJ 40/0.8ML.....	108	<i>warfarin sodium tab 5 mg</i>	101
<i>vincristine sulfate iv soln 1 mg/ml</i>	38	<i>warfarin sodium tab 6 mg</i>	101
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	38	<i>warfarin sodium tab 7.5 mg</i>	101
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	38	<i>water for irrigation, sterile irrigation soln</i>	122
<i>viorele</i>	89	WELIREG TAB 40MG	37
VIRACEPT TAB 250MG	27	<i>wera</i>	89
VIRACEPT TAB 625MG	27	WESTAB PLUS TAB 27-1MG	110
VIREAD POW 40MG/GM	27	WINREVAIR INJ 45MG.....	56
VIREAD TAB 150MG	27	WINREVAIR INJ 60MG.....	56
VIREAD TAB 200MG	27	<i>wixela inhub</i>	118
VIREAD TAB 250MG	27	<i>wymzya fe</i>	89
VITRAKVI CAP 100MG	44	WYOST INJ 120/1.7	84
VITRAKVI CAP 25MG	44	X	
VITRAKVI SOL 20MG/ML.....	44	XALKORI CAP 150MG	44
VIVIMUSTA INJ 100/4ML.....	34	XALKORI CAP 200MG	44
VIVITROL INJ 380MG	80	XALKORI CAP 20MG.....	44
VIVOTIF CAP EC	108	XALKORI CAP 250MG	44
VIZIMPRO TAB 15MG	44	XALKORI CAP 50MG.....	44
VIZIMPRO TAB 30MG	44	<i>xarah fe tab</i>	89
VIZIMPRO TAB 45MG	44	XARELTO STAR TAB 15/20MG	101
VONJO CAP 100MG	44	XARELTO TAB 10MG	101
VOQUEZNA PAK DUAL PAK.....	98	XARELTO TAB 15MG	101
VOQUEZNA PAK TRIP PK.....	98	XARELTO TAB 2.5MG	101
VORANIGO TAB 10MG	44	XARELTO TAB 20MG	101
VORANIGO TAB 40MG	44	XATMEP SOL 2.5MG/ML.....	105
		XCOPRI PAK 100-150.....	74

XCOPRI PAK 12.5-25.....	74	XTANDI TAB 80MG	36
XCOPRI PAK 150-200MG		<i>xulane</i>	89
(MAINTENANCE)	74	XULTOPHY INJ 100/3.6.....	84
XCOPRI PAK 150-200MG (TITRATION)		Y	
.....	74	YESINTEK INJ 130/26ML.....	105
XCOPRI PAK 50-100MG	74	YESINTEK INJ 45/0.5ML	104
XCOPRI TAB 100MG	74	YESINTEK INJ 90MG/ML	105
XCOPRI TAB 150MG	74	YF-VAX INJ	108
XCOPRI TAB 200MG	74	YONSA TAB 125MG.....	36
XCOPRI TAB 25MG.....	74	YUTREPIA CAP 106MCG.....	57
XCOPRI TAB 50MG.....	74	YUTREPIA CAP 26.5MCG.....	56
XDEMVY DRO 0.25%	112	YUTREPIA CAP 53MCG.....	56
XELJANZ SOL 1MG/ML.....	104	YUTREPIA CAP 79.5MCG.....	56
XELJANZ TAB 10MG	104	<i>yuvaferm</i>	90
XELJANZ TAB 5MG	104	Z	
XELJANZ XR TAB 11MG.....	104	<i>zafemy</i>	89
XELJANZ XR TAB 22MG.....	104	<i>zafirlukast tab 10 mg</i>	115
<i>xelria fe chw 0.4mg-35</i>	89	<i>zafirlukast tab 20 mg</i>	115
XERMELO TAB 250MG.....	98	<i>zaleplon cap 10 mg</i>	76
XHANCE MIS 93MCG	117	<i>zaleplon cap 5 mg</i>	76
XIFAXAN TAB 550MG	98	ZARXIO INJ 300/0.5	101
XIGDUO XR TAB 10-1000.....	82	ZARXIO INJ 480/0.8	101
XIGDUO XR TAB 10-500MG.....	82	ZEGALOGUE INJ 0.6/0.6.....	92
XIGDUO XR TAB 2.5-1000.....	82	ZEJULA TAB 100MG	44
XIGDUO XR TAB 5-1000MG.....	82	ZEJULA TAB 200MG	44
XIGDUO XR TAB 5-500MG.....	82	ZEJULA TAB 300MG	44
XIIDRA DRO 5%	113	ZELBORAF TAB 240MG	44
XOFLUZA TAB 40MG.....	29	ZEMAIRA INJ 1000MG	117
XOFLUZA TAB 80MG.....	29	ZEMAIRA INJ 4000MG	117
XOLAIR INJ 150MG/ML	117	ZEMAIRA INJ 5000MG	117
XOLAIR INJ 300/2ML.....	117	<i>zenatane</i>	119
XOLAIR INJ 75/0.5.....	117	ZENPEP CAP 10000UNT	98
XOLAIR SOL 150MG	117	ZENPEP CAP 15000UNT	98
XOSPATA TAB 40MG.....	44	ZENPEP CAP 20000UNT	98
XPOVIO PAK (100 MG ONCE WEEKLY)		ZENPEP CAP 25000UNT	98
.....	44	ZENPEP CAP 3000UNIT.....	98
XPOVIO PAK (40 MG ONCE WEEKLY)	44	ZENPEP CAP 40000UNT	98
XPOVIO PAK (40 MG TWICE WEEKLY)		ZENPEP CAP 5000UNIT.....	98
.....	44	ZENPEP CAP 60000UNT	98
XPOVIO PAK (60 MG ONCE WEEKLY)	44	ZERViate DRO 0.24%	112
XPOVIO PAK (60 MG TWICE WEEKLY)		<i>zidovudine cap 100 mg</i>	27
.....	44	<i>zidovudine syrup 10 mg/ml</i>	27
XPOVIO PAK (80 MG ONCE WEEKLY)	44	<i>zidovudine tab 300 mg</i>	27
XPOVIO PAK (80 MG TWICE WEEKLY)		<i>ziprasidone hcl cap 20 mg</i>	68
.....	44	<i>ziprasidone hcl cap 40 mg</i>	68
XTANDI CAP 40MG.....	36	<i>ziprasidone hcl cap 60 mg</i>	68
XTANDI TAB 40MG.....	36	<i>ziprasidone hcl cap 80 mg</i>	68

<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	68	<i>zonisamide cap 50 mg</i>	74
ZIRABEV INJ 100/4ML	44	<i>zovia 1/35</i>	89
ZIRABEV INJ 400/16ML	44	ZTALMY SUS 50MG/ML	74
ZIRGAN GEL 0.15%	112	<i>zumandimine</i>	89
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	84	ZURZUVAE CAP 20MG	62
<i>zoledronic acid iv soln 5 mg/100ml</i> ...	84	ZURZUVAE CAP 25MG	62
ZOLINZA CAP 100MG	44	ZURZUVAE CAP 30MG	62
<i>zolpidem tartrate tab 10 mg</i>	76	ZYDELIG TAB 100MG	44
<i>zolpidem tartrate tab 5 mg</i>	76	ZYDELIG TAB 150MG	44
ZONISADE SUS 100MG/5	74	ZYKADIA TAB 150MG	44
<i>zonisamide cap 100 mg</i>	74	ZYLET SUS 0.5-0.3%	111
<i>zonisamide cap 25 mg</i>	74	ZYPREXA RELP INJ 210MG	68
		ZYPREXA RELP INJ 300MG	68
		ZYPREXA RELP INJ 405MG	68

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

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

Analgesics

- *acetaminophen ≤ 4
grams/day
- *aspirin 81 mg
- *aspirin 325 mg, 500 mg,
650 mg
- *aspirin suppository
- *aspirin with buffers
- *capsaicin
- *diclofenac 1% gel
- *ibuprofen
- *lidocaine 4% patches $\leq$
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 ≤ 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 12/22/2025.

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.

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