CCA One Care (HMO D-SNP)

2026 List of Covered Drugs (*Drug List* or Formulary)

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

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This *Drug List* was updated on 07/01/2026.

For more recent information or other questions, contact us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or visit ccama.org.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and non-drug products are covered by CCA One Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by CCA One Care. Key terms and their definitions appear in the last chapter of the Member Handbook, otherwise known as the Evidence of Coverage.

Table of Contents

A. Disclaimers 5

B. Frequently Asked Questions (FAQ) 16

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.) 16

B2. Does the *Drug List* ever change? 17

B3. What happens when there's a change to the *Drug List*? 19

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs? 22

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? 24

B6. What happens if CCA One Care changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)? 24

B7. How can I find a drug on the *Drug List*? 24

B8. What if the drug I want to take isn't on the *Drug List*? 25

B9. What if I'm a new CCA One Care member and can't find my drug on the *Drug List* or have a problem getting my drug? 26

B10. Can I ask for an exception to cover my drug? 28

B11. How can I ask for an exception? 29

B12. How long does it take to get an exception? 29

B13. What are generic drugs? 30

B14. What are original biological products and how are they related to biosimilars? 31

B15. What are OTC drugs? 32

B16. Does CCA One Care cover non-drug OTC products? 32

B17. Does CCA One Care cover long-term supplies of prescriptions? 33

B18. Can I get prescriptions delivered to my home from my local pharmacy? 33

B19. What's my copay? 34

C. Overview of the *List of Covered Drugs* 34

C1. List of Drugs by Medical Condition 35

D.Index of Covered Drugs 350

A. Disclaimers

This is a list of drugs that members can get in *CCA One Care*.

- CCA One Care (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- When this document says "we," "us," or "our," it means Commonwealth Care Alliance, Inc. When it says "plan" or "our plan," it means CCA One Care.
- In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- **Estate Recovery Awareness:** MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit www.mass.gov/estaterecovery.

- The List of Covered Drugs may change at any time. You will receive notice when necessary.
- Benefits may change on January 1 of each year.
- You can always check CCA One Care's up-to-date *List of Covered Drugs* online at ccama.org or by calling Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- This document is available for free in other languages.
- 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.
- We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

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

If you need these services, contact Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711)
Fax: 857-453-4517
Email: civilrightscoordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Massachusetts 2026 ND

Notice of Availability

Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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 fòma aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać 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 સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કૉલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ. 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)។

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by CCA One Care. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- CCA One Care will cover all medically necessary drugs on the *Drug List* if:
    - your doctor or other prescriber says you need them to get better or stay healthy,

- CCA One Care agrees that the drug is medically necessary for you, **and**
- you fill the prescription at a CCA One Care network pharmacy.

- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at ccama.org or call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week.

B2. Does the *Drug List* ever change?

Yes, and CCA One Care must follow Medicare and MassHealth (Medicaid) rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from CCA One Care before you can get a drug.)

- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check CCA One Care's up-to-date *Drug List* online at ccama.org. Updates to the *Drug List* are posted on the website monthly.

- You can also call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:

  - is a new generic version of a brand name drug, or
  - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
  - Some of these drug types may be new to you. For more information, refer to **Section B14**.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Your provider will issue a prescription for a new medication to replace the drug that is taken off the market.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CCA One Care before you fill your prescription. Prior authorization is different from a referral. CCA One Care may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes CCA One Care limits the amount of a drug you can get.

- **Step therapy:** Sometimes CCA One Care requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If CCA One Care covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at ccama.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled, “List of Drugs by Medical Condition” has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if CCA One Care changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we’ll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in **Section D**. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find **Section C** labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the Cardiovascular Agents category. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week and ask about it. If you learn that CCA One Care won't cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that's like the one you want to take. **Or**
- Ask CCA One Care to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new CCA One Care member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of CCA One Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 31 days of medication.

We'll cover a 31-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by CCA One Care, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a covered drug that CCA One Care doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn't able to bill CCA One Care for this one-time supply, MassHealth (Medicaid) will pay for it.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days),

whether or not you're a new CCA One Care member.

- This is in addition to the temporary supply during the first 90 days you're a member of CCA One Care.

For current enrollees with level-of-care changes, we will provide an emergency supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long-term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change

B10. Can I ask for an exception to cover my drug?

Yes. You can ask CCA One Care to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, CCA One Care may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours.

A member, a member's prescriber, and/or appointed representative (with written consent) can request the exception by completing the Prescription Drug Coverage

Determination Request form available on our website at ccama.org. The form may be submitted by mail or fax:

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

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

CCA One Care covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. CCA One Care covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the CCA One Care *Drug List* to find out what OTC drugs are covered.

B16. Does CCA One Care cover non-drug OTC products?

CCA One Care covers some non-drug OTC products when they are written as prescriptions by your provider. Examples of non-drug OTC products include gauze pads and dressings, alcohol swabs, and certain needles/syringes.

You can read the CCA One Care *Drug List* to find out what non-drug OTC products are covered.

B17. Does CCA One Care cover long-term supplies of prescriptions?

- **Mail-Order Programs**. We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. There is no copay for mail-order drugs. Specialty drugs are limited to a 31-day supply.
- **100-Day Retail Pharmacy Programs**. Some retail pharmacies may also offer up to a 100-day supply of covered drugs. There is no copay for retail pharmacy prescriptions. Specialty drugs are limited to a 31-day supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copay?

CCA One Care members have no copays for prescription and OTC drugs as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

Every drug in the plan's Drug List is on tier 1. You have no copays for prescription and OTC drugs on CCA One Care's Drug List. To find your drugs, you can look in the Drug List.

Tier 1 consists of both part D drugs and non-Medicare covered drugs, and/or non-Medicare covered OTC drugs.

If you have questions, call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by CCA One Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by CCA One Care.

Note: The asterisk (*) next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or MassHealth (Medicaid).
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week *or* at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior authorization: you must have authorization from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

QL = Quantity limit. Sometimes CCA One Care limits the amount of a drug you can get.

NDS = Non-Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via retail or mail order. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.

B/D = This drug may be eligible for payment under Medicare Part B or Medicare Part D. You or your healthcare provider are required to get a prior authorization from CCA One Care to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA may not cover this drug. PA_BVD does not apply to Medicaid Only members.

Asterisk (*) = Denotes non- Part D drugs

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *valsartan*), brand name drugs are capitalized (for example, MYRBETRIQ). The information in the “Necessary actions, restrictions, or limits on use” column tells you if CCA One Care has any rules for covering your drug.

CCA_CY26_1T_SNP eff 07/01/2026

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION	
GOUT - DRUGS TO TREAT GOUT	
allopurinol tab 100 mg	
allopurinol tab 300 mg	
colchicine tab 0.6 mg	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	
probenecid tab 500 mg	
MISCELLANEOUS	
lidocaine hcl local inj 0.5%	B/D
lidocaine hcl local inj 1%	B/D
lidocaine hcl local inj 2%	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	B/D
lidocaine hcl local preservative free (pf) inj 1%	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION	
celecoxib cap 50 mg	QL (60 caps / 30 days)
celecoxib cap 100 mg	QL (60 caps / 30 days)
celecoxib cap 200 mg	QL (60 caps / 30 days)
celecoxib cap 400 mg	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	
diclofenac sodium tab delayed release 50 mg	
diclofenac sodium tab delayed release 75 mg	
diclofenac sodium tab er 24hr 100 mg	
diflunisal tab 500 mg	
etodolac cap 200 mg	
etodolac cap 300 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
etodolac tab 400 mg	
etodolac tab 500 mg	
etodolac tab er 24hr 400 mg	
etodolac tab er 24hr 500 mg	
etodolac tab er 24hr 600 mg	
flurbiprofen tab 100 mg	
ibu	
ibuprofen susp 100 mg/5ml	
ibuprofen tab 400 mg	
ibuprofen tab 600 mg	
ibuprofen tab 800 mg	
meloxicam tab 7.5 mg	
meloxicam tab 15 mg	
nabumetone tab 500 mg	
nabumetone tab 750 mg	
naproxen sodium tab 275 mg	
naproxen sodium tab 550 mg	
naproxen tab 250 mg	
naproxen tab 375 mg	
naproxen tab 500 mg	
naproxen tab ec 375 mg	QL (120 tabs / 30 days)
piroxicam cap 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
piroxicam cap 20 mg	
sulindac tab 150 mg	
sulindac tab 200 mg	
OPIOID ANALGESICS, LONG-ACTING	
buprenorphine td patch weekly 5 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 7.5 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 10 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 15 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 20 mcg/hr	QL (4 patches / 28 days), PA
fentanyl td patch 72hr 12 mcg/hr	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 37.5 mcg/hr	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	QL (10 patches / 30 days), PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING	
acetaminophen w/ codeine soln 120-12 mg/5ml	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	QL (180 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
butorphanol tartrate inj 2 mg/ml	
endocet tab 2.5-325mg	QL (360 tabs / 30 days)
endocet tab 5-325mg	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	QL (240 tabs / 30 days)
endocet tab 10-325mg	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	QL (600 mL / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate tab 30 mg	QL (180 tabs / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	QL (240 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
oxycodone w/ acetaminophen tab 10-325 mg	QL (180 tabs / 30 days)
tramadol hcl tab 50 mg	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS	
ANTI-INFECTIVES - MISCELLANEOUS	
albendazole tab 200 mg	QL (672 tabs / year), PA
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	
ARIKAYCE SUS	PA
atovaquone susp 750 mg/5ml	QL (300 mL / 30 days), PA
aztreonam for inj 1 gm	
aztreonam for inj 2 gm	
BLUJEPA TAB 750MG	
CAYSTON INH 75MG	PA
clindamycin hcl cap 75 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clindamycin hcl cap 150 mg	
clindamycin hcl cap 300 mg	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	
clindamycin phosphate in d5w iv soln 600 mg/50ml	
clindamycin phosphate in d5w iv soln 900 mg/50ml	
clindamycin phosphate inj 300 mg/2ml	
clindamycin phosphate inj 600 mg/4ml	
clindamycin phosphate inj 900 mg/6ml	
CLINDMYC/NAC INJ 300/50ML	
CLINDMYC/NAC INJ 600/50ML	
CLINDMYC/NAC INJ 900/50ML	
colistimethate sod for inj 150 mg (colistin base activity)	
dapsone tab 25 mg	
dapsone tab 100 mg	

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	
amphotericin b for iv soln 50 mg	B/D
amphotericin b liposome iv for susp 50 mg	B/D
caspofungin acetate for iv soln 50 mg	
caspofungin acetate for iv soln 70 mg	
CRESEMBA CAP 74.5MG	PA
CRESEMBA CAP 186MG	PA
fluconazole for susp 10 mg/ml	
fluconazole for susp 40 mg/ml	
fluconazole in nacl 0.9% inj 200 mg/100ml	
fluconazole in nacl 0.9% inj 400 mg/200ml	
fluconazole tab 50 mg	
fluconazole tab 100 mg	
fluconazole tab 150 mg	
fluconazole tab 200 mg	
flucytosine cap 250 mg	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
terbinafine hcl tab 250 mg	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole for inj 200 mg	PA
voriconazole for susp 40 mg/ml	QL (600 mL / 28 days), PA
voriconazole tab 50 mg	QL (480 tabs / 30 days)
voriconazole tab 200 mg	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA	
atovaquone-proguanil hcl tab 62.5-25 mg	
atovaquone-proguanil hcl tab 250-100 mg	
chloroquine phosphate tab 250 mg	
chloroquine phosphate tab 500 mg	
COARTEM TAB 20-120MG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mefloquine hcl tab 250 mg	
primaquine phosphate tab 26.3 mg (15 mg base)	
PRIMAQUINE TAB 26.3MG	
quinine sulfate cap 324 mg	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION	
abacavir sulfate soln 20 mg/ml (base equiv)	
abacavir sulfate tab 300 mg (base equiv)	
APTIVUS CAP 250MG	
atazanavir sulfate cap 150 mg (base equiv)	
atazanavir sulfate cap 200 mg (base equiv)	
atazanavir sulfate cap 300 mg (base equiv)	
darunavir tab 600 mg	QL (60 tabs / 30 days)
darunavir tab 800 mg	QL (30 tabs / 30 days)
EDURANT PED TAB 2.5MG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EDURANT TAB 25MG	
efavirenz tab 600 mg	
emtricitabine caps 200 mg	
EMTRIVA SOL 10MG/ML	
etravirine tab 100 mg	
etravirine tab 200 mg	
fosamprenavir calcium tab 700 mg (base equiv)	
INTELENCE TAB 25MG	
ISENTRESS CHW 25MG	
ISENTRESS CHW 100MG	
ISENTRESS HD TAB 600MG	
ISENTRESS POW 100MG	
ISENTRESS TAB 400MG	
lamivudine oral soln 10 mg/ml	
lamivudine tab 150 mg	
lamivudine tab 300 mg	
maraviroc tab 150 mg	
maraviroc tab 300 mg	
nevirapine susp 50 mg/5ml	
nevirapine tab 200 mg	
nevirapine tab er 24hr 400 mg	
NORVIR POW 100MG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIFELTRO TAB 100MG	
PREZISTA SUS 100MG/ML	QL (400 mL / 30 days)
PREZISTA TAB 75MG	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	QL (240 tabs / 30 days)
REYATAZ POW 50MG	
rilpivirine hcl tab 25 mg (base equivalent)	
ritonavir tab 100 mg	
RUKOBIA TAB 600MG ER	
SELZENTRY SOL 20MG/ML	
SUNLENCA TAB 300MG	
tenofovir disoproxil fumarate tab 300 mg	
TIVICAY PD TAB 5MG	
TIVICAY TAB 50MG	
TROGARZO INJ 150MG/ML	
TYBOST TAB 150MG	
VIRACEPT TAB 250MG	
VIRACEPT TAB 625MG	
VIREAD POW 40MG/GM	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lopinavir-ritonavir tab 100-25 mg	
lopinavir-ritonavir tab 200-50 mg	
ODEFSEY TAB	
PREZCOBIX TAB 675/150	
PREZCOBIX TAB 800-150	
STRIBILD TAB	
SYMTUZA TAB	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS	
cycloserine cap 250 mg	
ethambutol hcl tab 100 mg	
ethambutol hcl tab 400 mg	
isoniazid syrup 50 mg/5ml	
isoniazid tab 100 mg	
isoniazid tab 300 mg	
PRIFTIN TAB 150MG	
pyrazinamide tab 500 mg	
rifabutin cap 150 mg	
rifampin cap 150 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rifampin cap 300 mg	
rifampin for inj 600 mg	
SIRTURO TAB 20MG	PA
SIRTURO TAB 100MG	PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	
acyclovir cap 200 mg	
acyclovir sodium iv soln 50 mg/ml	B/D
acyclovir susp 200 mg/5ml	
acyclovir tab 400 mg	
acyclovir tab 800 mg	
adefovir dipivoxil tab 10 mg	
BARACLUDE SOL	ST
entecavir tab 0.5 mg	
entecavir tab 1 mg	
EPCLUSA PAK 150-37.5	PA
EPCLUSA PAK 200-50MG	PA
EPCLUSA TAB 200-50MG	PA
EPCLUSA TAB 400-100	PA
famciclovir tab 125 mg	
famciclovir tab 250 mg	
famciclovir tab 500 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ganciclovir sodium for inj 500 mg	B/D
lamivudine tab 100 mg (hbv)	
LIVTENCITY TAB 200MG	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	PA
MAVYRET TAB 100-40MG	PA
oseltamivir phosphate cap 30 mg (base equiv)	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
ribavirin cap 200 mg	
ribavirin tab 200 mg	
rimantadine hydrochloride tab 100 mg	
valacyclovir hcl tab 1 gm	
valacyclovir hcl tab 500 mg	
valganciclovir hcl for soln 50 mg/ml (base equiv)	
valganciclovir hcl tab 450 mg (base equivalent)	
VOSEVI TAB	PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	QL (1 tab / 180 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN/DEX SOL 2GM/50ML-3%	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	
cefdinir cap 300 mg	
cefdinir for susp 125 mg/5ml	
cefdinir for susp 250 mg/5ml	
cefepime hcl for inj 1 gm	
cefepime hcl for iv soln 2 gm	
cefixime cap 400 mg	
cefixime for susp 100 mg/5ml	
cefixime for susp 200 mg/5ml	
cefotetan disodium for inj 1 gm	
cefotetan disodium for inj 2 gm	
cefoxitin sodium for iv soln 1 gm	
cefoxitin sodium for iv soln 2 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefoxitin sodium for iv soln 10 gm	
cefpodoxime proxetil for susp 50 mg/5ml	
cefpodoxime proxetil for susp 100 mg/5ml	
cefpodoxime proxetil tab 100 mg	
cefpodoxime proxetil tab 200 mg	
cefprozil for susp 125 mg/5ml	
cefprozil for susp 250 mg/5ml	
cefprozil tab 250 mg	
cefprozil tab 500 mg	
ceftaroline fosamil for iv soln 400 mg	
ceftaroline fosamil for iv soln 600 mg	
ceftazidime for inj 1 gm	
ceftazidime for inj 6 gm	
ceftazidime for iv soln 2 gm	
ceftriaxone sodium for inj 1 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ceftriaxone sodium for inj 2 gm	
ceftriaxone sodium for inj 10 gm	
ceftriaxone sodium for inj 250 mg	
ceftriaxone sodium for inj 500 mg	
ceftriaxone sodium for iv soln 1 gm	
ceftriaxone sodium for iv soln 2 gm	
cefuroxime axetil tab 250 mg	
cefuroxime axetil tab 500 mg	
cefuroxime sodium for inj 750 mg	
cefuroxime sodium for iv soln 1.5 gm	
cephalexin cap 250 mg	
cephalexin cap 500 mg	
cephalexin for susp 125 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cephalexin for susp 250 mg/5ml	
tazicef	
TEFLARO INJ 400MG	
TEFLARO INJ 600MG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS	
azithromycin for susp 100 mg/5ml	
azithromycin for susp 200 mg/5ml	
azithromycin iv for soln 500 mg	
azithromycin tab 250 mg	
azithromycin tab 500 mg	
azithromycin tab 600 mg	
clarithromycin for susp 125 mg/5ml	
clarithromycin for susp 250 mg/5ml	
clarithromycin tab 250 mg	
clarithromycin tab 500 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clarithromycin tab er 24hr 500 mg	
DIFICID SUS	
e.e.s. 400	
ERYTHROCIN INJ 500MG	
erythromycin ethylsuccinate tab 400 mg	
erythromycin lactobionate for inj 500 mg	
erythromycin tab 250 mg	
erythromycin tab 500 mg	
erythromycin tab delayed release 250 mg	
erythromycin tab delayed release 333 mg	
erythromycin tab delayed release 500 mg	
erythromycin w/ delayed release particles cap 250 mg	
fidaxomicin tab 200 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levofloxacin tab 750 mg	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	
moxifloxacin hcl tab 400 mg (base equiv)	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A INJ 2400000	
dicloxacillin sodium cap 250 mg	
dicloxacillin sodium cap 500 mg	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUZYRA INJ 100MG	
NUZYRA TAB 150MG	QL (30 tabs / 14 days)
tetracycline hcl cap 250 mg	
tetracycline hcl cap 500 mg	
tigecycline for iv soln 50 mg	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDAMUSTINE SOL 100/4ML	B/D
BENDEKA INJ 100/4ML	B/D
carboplatin iv soln 50 mg/5ml	B/D
carboplatin iv soln 150 mg/15ml	B/D
carboplatin iv soln 450 mg/45ml	B/D
carboplatin iv soln 600 mg/60ml	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cisplatin inj 200 mg/200ml (1 mg/ml)	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
cyclophosphamide cap 25 mg	B/D
cyclophosphamide cap 50 mg	B/D
cyclophosphamide for inj 1 gm	B/D
cyclophosphamide for inj 2 gm	B/D
cyclophosphamide for inj 500 mg	B/D
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	B/D
FRINDOVYX INJ 1GM/2ML	B/D
FRINDOVYX INJ 2GM/4ML	B/D
FRINDOVYX INJ 500MG/ML	B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	PA
lomustine cap 10 mg	
lomustine cap 40 mg	
lomustine cap 100 mg	
oxaliplatin for iv inj 50 mg	B/D
oxaliplatin for iv inj 100 mg	B/D
oxaliplatin iv soln 50 mg/10ml	B/D
oxaliplatin iv soln 100 mg/20ml	B/D
oxaliplatin iv soln 200 mg/40ml	B/D
VIVIMUSTA INJ 100/4ML	B/D
ANTIMETABOLITES	
azacitidine for inj 100 mg	B/D
cytarabine inj 20 mg/ml	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	B/D
gemcitabine hcl for inj 1 gm	B/D
gemcitabine hcl for inj 2 gm	B/D
gemcitabine hcl for inj 200 mg	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	
mercaptopurine tab 50 mg	
methotrexate sodium for inj 1 gm	B/D
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	B/D
ONUREG TAB 200MG	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	QL (14 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pemetrexed disodium for iv soln 100 mg (base equiv)	B/D
pemetrexed disodium for iv soln 500 mg (base equiv)	B/D
pemetrexed disodium for iv soln 750 mg (base equiv)	B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	B/D
TABLOID TAB 40MG	PA
HORMONAL ANTINEOPLASTIC AGENTS	
abiraterone acetate tab 250 mg	QL (120 tabs / 30 days), PA
abiraterone acetate tab 500 mg	QL (60 tabs / 30 days), PA
abirtega tab 250mg	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), PA
anastrozole tab 1 mg	
bicalutamide tab 50 mg	
ELIGARD INJ 7.5MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
exemestane tab 25 mg	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	PA
fulvestrant inj soln pref syr 250 mg/5ml	B/D
INLURIYO TAB 200MG	QL (56 tabs / 28 days), PA
letrozole tab 2.5 mg	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	PA
LIFYORLI CAP 125MG DS	QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUPRON DEPOT INJ 11.25MG	PA
LYSODREN TAB 500MG	
megestrol acetate tab 20 mg	
megestrol acetate tab 40 mg	
nilutamide tab 150 mg	
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	
tamoxifen citrate tab 10 mg (base equivalent)	
tamoxifen citrate tab 20 mg (base equivalent)	
toremifene citrate tab 60 mg (base equivalent)	PA
XTANDI CAP 40MG	QL (120 caps / 30 days), PA
XTANDI TAB 40MG	QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XTANDI TAB 80MG	QL (60 tabs / 30 days), PA
YONSA TAB 125MG	QL (120 tabs / 30 days), PA
IMMUNOMODULATORS	
lenalidomide cap 5 mg	QL (28 caps / 28 days), PA
lenalidomide cap 10 mg	QL (28 caps / 28 days), PA
lenalidomide cap 15 mg	QL (28 caps / 28 days), PA
lenalidomide cap 20 mg	QL (21 caps / 28 days), PA
lenalidomide cap 25 mg	QL (21 caps / 28 days), PA
lenalidomide caps 2.5 mg	QL (28 caps / 28 days), PA
pomalidomide cap 1 mg	QL (21 caps / 28 days), PA
pomalidomide cap 2 mg	QL (21 caps / 28 days), PA
pomalidomide cap 3 mg	QL (21 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pomalidomide cap 4 mg	QL (21 caps / 28 days), PA
POMALYST CAP 1MG	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	QL (21 caps / 28 days), PA
POMALYST CAP 4MG	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	QL (112 caps / 28 days), PA
MISCELLANEOUS	
BESREMI SOL 500MCG	QL (2 syringes / 28 days), PA
bexarotene cap 75 mg	QL (300 caps / 30 days), PA
doxorubicin hcl inj 2 mg/ml	B/D
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	B/D
hydroxyurea cap 500 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	B/D
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	B/D
IWILFIN TAB 192MG	QL (240 tabs / 30 days), PA
leucovorin calcium for inj 50 mg	B/D
leucovorin calcium for inj 100 mg	B/D
leucovorin calcium for inj 200 mg	B/D
leucovorin calcium for inj 350 mg	B/D
leucovorin calcium for inj 500 mg	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	B/D
leucovorin calcium tab 5 mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
docetaxel soln for iv infusion 20 mg/2ml	B/D
docetaxel soln for iv infusion 80 mg/8ml	B/D
docetaxel soln for iv infusion 160 mg/16ml	B/D
DOCIVYX INJ 20MG/2ML	B/D
DOCIVYX INJ 80MG/8ML	B/D
DOCIVYX INJ 160/16ML	B/D
etoposide inj 1 gm/50ml (20 mg/ml)	B/D
etoposide inj 100 mg/5ml (20 mg/ml)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	B/D
paclitaxel inj 100mg	B/D
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	B/D
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	B/D

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
bortezomib for inj 3.5 mg	PA
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dasatinib tab 20 mg	QL (90 tabs / 30 days), PA
dasatinib tab 50 mg	QL (30 tabs / 30 days), PA
dasatinib tab 70 mg	QL (30 tabs / 30 days), PA
dasatinib tab 80 mg	QL (30 tabs / 30 days), PA
dasatinib tab 100 mg	QL (30 tabs / 30 days), PA
dasatinib tab 140 mg	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erlotinib hcl tab 25 mg (base equivalent)	QL (90 tabs / 30 days), PA
erlotinib hcl tab 100 mg (base equivalent)	QL (30 tabs / 30 days), PA
erlotinib hcl tab 150 mg (base equivalent)	QL (30 tabs / 30 days), PA
everolimus tab 2.5 mg	QL (30 tabs / 30 days), PA
everolimus tab 5 mg	QL (30 tabs / 30 days), PA
everolimus tab 7.5 mg	QL (30 tabs / 30 days), PA
everolimus tab 10 mg	QL (30 tabs / 30 days), PA
everolimus tab for oral susp 2 mg	QL (60 tabs / 30 days), PA
everolimus tab for oral susp 3 mg	QL (90 tabs / 30 days), PA
everolimus tab for oral susp 5 mg	QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	QL (21 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
gefitinib tab 250 mg	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HERCEPTIN INJ 150MG	PA
HERCESSI INJ 150MG	PA
HERCESSI INJ 420MG	PA
HERNEXEOS TAB 60MG	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	PA
HERZUMA INJ 420MG	PA
HYRNUO TAB 10MG	QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	QL (90 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
imatinib mesylate tab 100 mg (base equivalent)	QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TAB 15MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	B/D
KADCYLA INJ 160MG	B/D
KANJINTI INJ 420MG	PA
KANJINTI SOL 150MG	PA
KEYTRUDA INJ 100MG/4M	PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	QL (1 vial / 42 days), PA
KISQALI 200 DOSE	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	QL (42 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), PA
KOMZIFTI CAP 200MG	QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	QL (180 tabs / 30 days), PA
lapatinib ditosylate tab 250 mg (base equiv)	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEKTOVI TAB 15MG	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	PA
NERLYNX TAB 40MG	QL (180 tabs / 30 days), PA
nilotinib hcl cap 50 mg (base equivalent)	QL (120 caps / 30 days), PA
nilotinib hcl cap 150 mg (base equivalent)	QL (112 caps / 28 days), PA
nilotinib hcl cap 200 mg (base equivalent)	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	PA
OGIVRI INJ 420MG	PA
OGSIVEO TAB 100MG	QL (56 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
pazopanib hcl tab 200 mg (base equiv)	QL (120 tabs / 30 days), PA
pazopanib hcl tab 400 mg (base equiv)	QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	QL (28 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RYDAPT CAP 25MG	QL (224 caps / 28 days), PA
SCEMBLIX TAB 20MG	QL (60 tabs / 30 days), PA
SCEMBLIX TAB 40MG	QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	QL (120 tabs / 30 days), PA
sorafenib tosylate tab 200 mg (base equivalent)	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	QL (84 tabs / 28 days), PA
sunitinib malate cap 12.5 mg (base equivalent)	QL (30 caps / 30 days), PA
sunitinib malate cap 25 mg (base equivalent)	QL (30 caps / 30 days), PA
sunitinib malate cap 37.5 mg (base equivalent)	QL (30 caps / 30 days), PA
sunitinib malate cap 50 mg (base equivalent)	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	QL (112 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 1MG	QL (30 caps / 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
torpenz	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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUXIMA INJ 500/50ML	PA
TUKYSA TAB 50MG	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	QL (56 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	PA
ZIRABEV INJ 400/16ML	PA
ZOLINZA CAP 100MG	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYDELIG TAB 150MG	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	QL (84 tabs / 28 days), PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
benazepril & hydrochlorothiazide tab 10-12.5 mg	
benazepril & hydrochlorothiazide tab 20-12.5 mg	
benazepril & hydrochlorothiazide tab 20-25 mg	
captopril & hydrochlorothiazide tab 25-15 mg	
captopril & hydrochlorothiazide tab 25-25 mg	
captopril & hydrochlorothiazide tab 50-15 mg	
captopril & hydrochlorothiazide tab 50-25 mg	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-25 mg	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
benazepril hcl tab 5 mg	
benazepril hcl tab 10 mg	
benazepril hcl tab 20 mg	
benazepril hcl tab 40 mg	
captopril tab 12.5 mg	
captopril tab 25 mg	
captopril tab 50 mg	
captopril tab 100 mg	
enalapril maleate tab 2.5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enalapril maleate tab 5 mg	
enalapril maleate tab 10 mg	
enalapril maleate tab 20 mg	
fosinopril sodium tab 10 mg	
fosinopril sodium tab 20 mg	
fosinopril sodium tab 40 mg	
lisinopril tab 2.5 mg	
lisinopril tab 5 mg	
lisinopril tab 10 mg	
lisinopril tab 20 mg	
lisinopril tab 30 mg	
lisinopril tab 40 mg	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxazosin mesylate tab 8 mg	
prazosin hcl cap 1 mg	
prazosin hcl cap 2 mg	
prazosin hcl cap 5 mg	
terazosin hcl cap 1 mg (base equivalent)	
terazosin hcl cap 2 mg (base equivalent)	
terazosin hcl cap 5 mg (base equivalent)	
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sacubitril-valsartan tab 97-103 mg	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valsartan-hydrochlorothiazide tab 160-25 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
candesartan cilexetil tab 4 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 32 mg	QL (30 tabs / 30 days)
irbesartan tab 75 mg	QL (30 tabs / 30 days)
irbesartan tab 150 mg	QL (30 tabs / 30 days)
irbesartan tab 300 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
losartan potassium tab 25 mg	
losartan potassium tab 50 mg	
losartan potassium tab 100 mg	
olmesartan medoxomil tab 5 mg	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	QL (30 tabs / 30 days)
telmisartan tab 20 mg	QL (30 tabs / 30 days)
telmisartan tab 40 mg	QL (30 tabs / 30 days)
telmisartan tab 80 mg	QL (30 tabs / 30 days)
valsartan tab 40 mg	QL (60 tabs / 30 days)
valsartan tab 80 mg	QL (60 tabs / 30 days)
valsartan tab 160 mg	QL (60 tabs / 30 days)
valsartan tab 320 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM	
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	
amiodarone hcl tab 100 mg	
amiodarone hcl tab 200 mg	
amiodarone hcl tab 400 mg	
disopyramide phosphate cap 100 mg	
disopyramide phosphate cap 150 mg	
dofetilide cap 125 mcg (0.125 mg)	
dofetilide cap 250 mcg (0.25 mg)	
dofetilide cap 500 mcg (0.5 mg)	
flecainide acetate tab 50 mg	
flecainide acetate tab 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flecainide acetate tab 150 mg	
MULTAQ TAB 400MG	QL (60 tabs / 30 days)
pacerone	
propafenone hcl cap er 12hr 225 mg	
propafenone hcl cap er 12hr 325 mg	
propafenone hcl cap er 12hr 425 mg	
propafenone hcl tab 150 mg	
propafenone hcl tab 225 mg	
propafenone hcl tab 300 mg	
quinidine sulfate tab 200 mg	
quinidine sulfate tab 300 mg	
sotalol hcl (afib/afl) tab 80 mg	
sotalol hcl (afib/afl) tab 120 mg	
sotalol hcl (afib/afl) tab 160 mg	
sotalol hcl tab 80 mg	
sotalol hcl tab 120 mg	
sotalol hcl tab 160 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sotalol hcl tab 240 mg	
ANTILIPEMICS, FIBRATES	
fenofibrate micronized cap 67 mg	
fenofibrate micronized cap 134 mg	
fenofibrate micronized cap 200 mg	
fenofibrate tab 48 mg	
fenofibrate tab 54 mg	
fenofibrate tab 145 mg	
fenofibrate tab 160 mg	
gemfibrozil tab 600 mg	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL	
atorvastatin calcium tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rosuvastatin calcium tab 40 mg	QL (30 tabs / 30 days)
simvastatin tab 5 mg	QL (30 tabs / 30 days)
simvastatin tab 10 mg	QL (30 tabs / 30 days)
simvastatin tab 20 mg	QL (30 tabs / 30 days)
simvastatin tab 40 mg	QL (30 tabs / 30 days)
simvastatin tab 80 mg	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL	
cholestyramine light powder 4 gm/dose	
cholestyramine light powder packets 4 gm	
cholestyramine powder 4 gm/dose	
cholestyramine powder packets 4 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
colesevelam hcl packet for susp 3.75 gm	
colesevelam hcl tab 625 mg	
colestipol hcl granule packets 5 gm	
colestipol hcl granules 5 gm	
colestipol hcl tab 1 gm	
ezetimibe tab 10 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
niacin tab er 750 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	
prevalite	
REPATHA INJ 140MG/ML	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	
VASCEPA CAP 1GM	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoprolol tartrate iv soln 5 mg/5ml	
metoprolol tartrate tab 25 mg	
metoprolol tartrate tab 50 mg	
metoprolol tartrate tab 100 mg	
nadolol tab 20 mg	
nadolol tab 40 mg	
nadolol tab 80 mg	
nebivolol hcl tab 2.5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	QL (60 tabs / 30 days)
pindolol tab 5 mg	
pindolol tab 10 mg	
propranolol hcl cap er 24hr 60 mg	
propranolol hcl cap er 24hr 80 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl cap er 24hr 120 mg	
propranolol hcl cap er 24hr 160 mg	
propranolol hcl oral soln 20 mg/5ml	
propranolol hcl oral soln 40 mg/5ml	
propranolol hcl tab 10 mg	
propranolol hcl tab 20 mg	
propranolol hcl tab 40 mg	
propranolol hcl tab 60 mg	
propranolol hcl tab 80 mg	
timolol maleate tab 5 mg	
timolol maleate tab 10 mg	
timolol maleate tab 20 mg	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
amlodipine besylate tab 2.5 mg (base equivalent)	
amlodipine besylate tab 5 mg (base equivalent)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate tab 10 mg (base equivalent)	
cartia xt	
dilt-xr	
diltiazem hcl cap er 12hr 60 mg	
diltiazem hcl cap er 12hr 90 mg	
diltiazem hcl cap er 12hr 120 mg	
diltiazem hcl cap er 24hr 120 mg	
diltiazem hcl cap er 24hr 180 mg	
diltiazem hcl cap er 24hr 240 mg	
diltiazem hcl coated beads cap er 24hr 120 mg	
diltiazem hcl coated beads cap er 24hr 180 mg	
diltiazem hcl coated beads cap er 24hr 240 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl coated beads cap er 24hr 300 mg	
diltiazem hcl coated beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 120 mg	
diltiazem hcl extended release beads cap er 24hr 180 mg	
diltiazem hcl extended release beads cap er 24hr 240 mg	
diltiazem hcl extended release beads cap er 24hr 300 mg	
diltiazem hcl extended release beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 420 mg	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	
diltiazem hcl tab 30 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl tab 60 mg	
diltiazem hcl tab 90 mg	
diltiazem hcl tab 120 mg	
felodipine tab er 24hr 2.5 mg	
felodipine tab er 24hr 5 mg	
felodipine tab er 24hr 10 mg	
isradipine cap 2.5 mg	
isradipine cap 5 mg	
nicardipine hcl cap 20 mg	
nicardipine hcl cap 30 mg	
nifedipine tab er 24hr 30 mg	
nifedipine tab er 24hr 60 mg	
nifedipine tab er 24hr 90 mg	
nifedipine tab er 24hr osmotic release 30 mg	
nifedipine tab er 24hr osmotic release 60 mg	
nifedipine tab er 24hr osmotic release 90 mg	
nimodipine cap 30 mg	
tiadylt er	
verapamil hcl cap er 24hr 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
verapamil hcl cap er 24hr 120 mg	
verapamil hcl cap er 24hr 180 mg	
verapamil hcl cap er 24hr 200 mg	
verapamil hcl cap er 24hr 240 mg	
verapamil hcl cap er 24hr 300 mg	
verapamil hcl cap er 24hr 360 mg	
verapamil hcl iv soln 2.5 mg/ml	
verapamil hcl tab 40 mg	
verapamil hcl tab 80 mg	
verapamil hcl tab 120 mg	
verapamil hcl tab er 120 mg	
verapamil hcl tab er 180 mg	
verapamil hcl tab er 240 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
clonidine hcl tab 0.3 mg	
clonidine td patch weekly 0.1 mg/24hr	
clonidine td patch weekly 0.2 mg/24hr	
clonidine td patch weekly 0.3 mg/24hr	
CORLANOR SOL 5MG/5ML	QL (450 mL / 30 days)
digoxin inj 0.25 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
digoxin oral soln 0.05 mg/ml	
digoxin tab 125 mcg (0.125 mg)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	QL (30 tabs / 30 days)
droxidopa cap 100 mg	QL (90 caps / 30 days), PA
droxidopa cap 200 mg	QL (180 caps / 30 days), PA
droxidopa cap 300 mg	QL (180 caps / 30 days), PA
epinephrine inj 1 mg/ml	
guanfacine hcl tab 1 mg	PA; PA applies if 65 years and older
guanfacine hcl tab 2 mg	PA; PA applies if 65 years and older
hydralazine hcl inj 20 mg/ml	
hydralazine hcl tab 10 mg	
hydralazine hcl tab 25 mg	
hydralazine hcl tab 50 mg	
hydralazine hcl tab 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ivabradine hcl tab 5 mg (base equiv)	QL (60 tabs / 30 days)
ivabradine hcl tab 7.5 mg (base equiv)	QL (60 tabs / 30 days)
metyrosine cap 250 mg	PA
midodrine hcl tab 2.5 mg	
midodrine hcl tab 5 mg	
midodrine hcl tab 10 mg	
minoxidil tab 2.5 mg	
minoxidil tab 10 mg	
ranolazine tab er 12hr 500 mg	
ranolazine tab er 12hr 1000 mg	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS	
isosorbide dinitrate tab 5 mg	
isosorbide dinitrate tab 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isosorbide dinitrate tab 20 mg	
isosorbide dinitrate tab 30 mg	
isosorbide mononitrate tab er 24hr 30 mg	
isosorbide mononitrate tab er 24hr 60 mg	
isosorbide mononitrate tab er 24hr 120 mg	
nitro-bid oin 2%	
nitroglycerin oint 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)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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	
alprazolam tab 0.5 mg	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	QL (150 tabs / 30 days)
alprazolam tab 1 mg	QL (150 tabs / 30 days)
alprazolam tab 2 mg	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	
buspirone hcl tab 7.5 mg	
buspirone hcl tab 10 mg	
buspirone hcl tab 15 mg	
buspirone hcl tab 30 mg	
fluvoxamine maleate tab 25 mg	
fluvoxamine maleate tab 50 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluvoxamine maleate tab 100 mg	
lorazepam conc 2 mg/ml	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	
lorazepam inj 4 mg/ml	
lorazepam intensol	QL (150 mL / 30 days)
lorazepam tab 0.5 mg	QL (150 tabs / 30 days)
lorazepam tab 1 mg	QL (150 tabs / 30 days)
lorazepam tab 2 mg	QL (150 tabs / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS	
donepezil hydrochloride orally disintegrating tab 5 mg	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	
donepezil hydrochloride tab 5 mg	QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl cap er 24hr 21 mg	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 28 mg	PA; PA applies if 29 years and younger
memantine hcl oral solution 2 mg/ml	PA; PA applies if 29 years and younger
memantine hcl tab 5 mg	PA; PA applies if 29 years and younger
memantine hcl tab 10 mg	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	
NAMZARIC CAP 7-10MG	
rivastigmine tartrate cap 1.5 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	
amitriptyline hcl tab 10 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amitriptyline hcl tab 25 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 50 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 75 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 100 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 150 mg	PA; PA applies if 65 years and older
amoxapine tab 25 mg	PA; PA applies if 65 years and older
amoxapine tab 50 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxapine tab 100 mg	PA; PA applies if 65 years and older
amoxapine tab 150 mg	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
bupropion hcl tab 75 mg	
bupropion hcl tab 100 mg	
bupropion hcl tab er 12hr 100 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 150 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 200 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 150 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
citalopram hydrobromide tab 10 mg (base equiv)	
citalopram hydrobromide tab 20 mg (base equiv)	
citalopram hydrobromide tab 40 mg (base equiv)	
clomipramine hcl cap 25 mg	PA
clomipramine hcl cap 50 mg	PA
clomipramine hcl cap 75 mg	PA
desipramine hcl tab 10 mg	PA; PA applies if 65 years and older
desipramine hcl tab 25 mg	PA; PA applies if 65 years and older
desipramine hcl tab 50 mg	PA; PA applies if 65 years and older
desipramine hcl tab 75 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desipramine hcl tab 100 mg	PA; PA applies if 65 years and older
desipramine hcl tab 150 mg	PA; PA applies if 65 years and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	PA; PA applies if 65 years and older
doxepin hcl cap 25 mg	PA; PA applies if 65 years and older
doxepin hcl cap 50 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxepin hcl cap 75 mg	PA; PA applies if 65 years and older
doxepin hcl cap 100 mg	PA; PA applies if 65 years and older
doxepin hcl cap 150 mg	PA; PA applies if 65 years and older
doxepin hcl conc 10 mg/ml	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	QL (60 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	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
escitalopram oxalate soln 5 mg/5ml (base equiv)	
escitalopram oxalate tab 5 mg (base equiv)	
escitalopram oxalate tab 10 mg (base equiv)	
escitalopram oxalate tab 20 mg (base equiv)	
EXXUA TAB 18.2MG	QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EXXUA TAB 54.5MG	QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
fluoxetine hcl cap 10 mg	
fluoxetine hcl cap 20 mg	
fluoxetine hcl cap 40 mg	
fluoxetine hcl solution 20 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imipramine hcl tab 10 mg	PA; PA applies if 65 years and older
imipramine hcl tab 25 mg	PA; PA applies if 65 years and older
imipramine hcl tab 50 mg	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	
mirtazapine orally disintegrating tab 30 mg	
mirtazapine orally disintegrating tab 45 mg	
mirtazapine tab 7.5 mg	
mirtazapine tab 15 mg	
mirtazapine tab 30 mg	
mirtazapine tab 45 mg	
nefazodone hcl tab 50 mg	
nefazodone hcl tab 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nefazodone hcl tab 150 mg	
nefazodone hcl tab 200 mg	
nefazodone hcl tab 250 mg	
nortriptyline hcl cap 10 mg	
nortriptyline hcl cap 25 mg	
nortriptyline hcl cap 50 mg	
nortriptyline hcl cap 75 mg	
nortriptyline hcl soln 10 mg/5ml	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl tab 10 mg	PA; PA applies if 65 years and older
paroxetine hcl tab 20 mg	PA; PA applies if 65 years and older
paroxetine hcl tab 30 mg	PA; PA applies if 65 years and older

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 100 mg (base equivalent)	
vilazodone hcl tab 10 mg	QL (30 tabs / 30 days)
vilazodone hcl tab 20 mg	QL (30 tabs / 30 days)
vilazodone hcl tab 40 mg	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	
amantadine hcl cap 100 mg	QL (120 caps / 30 days)
amantadine hcl soln 50 mg/5ml	
amantadine hcl tab 100 mg	
benztropine mesylate inj 1 mg/ml	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa & levodopa tab 25-250 mg	
carbidopa & levodopa tab er 25-100 mg	
carbidopa & levodopa tab er 50-200 mg	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa-levodopa-entacapone tabs 50-200-200 mg	
entacapone tab 200 mg	
INBRIJA CAP 42MG	QL (300 caps / 30 days), PA
pramipexole dihydrochloride tab 0.5 mg	
pramipexole dihydrochloride tab 0.25 mg	
pramipexole dihydrochloride tab 0.75 mg	
pramipexole dihydrochloride tab 0.125 mg	
pramipexole dihydrochloride tab 1 mg	
pramipexole dihydrochloride tab 1.5 mg	
rasagiline mesylate tab 0.5 mg (base equiv)	QL (30 tabs / 30 days)
rasagiline mesylate tab 1 mg (base equiv)	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ropinirole hydrochloride tab 0.5 mg	
ropinirole hydrochloride tab 0.25 mg	
ropinirole hydrochloride tab 1 mg	
ropinirole hydrochloride tab 2 mg	
ropinirole hydrochloride tab 3 mg	
ropinirole hydrochloride tab 4 mg	
ropinirole hydrochloride tab 5 mg	
selegiline hcl cap 5 mg	
selegiline hcl tab 5 mg	
trihexyphenidyl hcl oral soln 0.4 mg/ml	
trihexyphenidyl hcl tab 2 mg	
trihexyphenidyl hcl tab 5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES	
ABILIFY ASIM INJ 720MG	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 syringe / 28 days)
aripiprazole oral solution 1 mg/ml	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	QL (60 tabs / 30 days), ST
aripiprazole tab 2 mg	QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
asenapine maleate sl tab 10 mg (base equiv)	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)
chlorpromazine hcl conc 30 mg/ml	
chlorpromazine hcl conc 100 mg/ml	
chlorpromazine hcl inj 25 mg/ml	
chlorpromazine hcl inj 50 mg/2ml	
chlorpromazine hcl tab 10 mg	
chlorpromazine hcl tab 25 mg	
chlorpromazine hcl tab 50 mg	
chlorpromazine hcl tab 100 mg	
chlorpromazine hcl tab 200 mg	
clozapine orally disintegrating tab 12.5 mg	PA

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
haloperidol decanoate im soln 100 mg/ml	
haloperidol lactate inj 5 mg/ml	
haloperidol lactate oral conc 2 mg/ml	
haloperidol tab 0.5 mg	
haloperidol tab 1 mg	
haloperidol tab 2 mg	
haloperidol tab 5 mg	
haloperidol tab 10 mg	
haloperidol tab 20 mg	
INVEGA HAFYE INJ 1092MG	QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	QL (1 syringe / 28 days)

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thiothixene cap 2 mg	
thiothixene cap 5 mg	
thiothixene cap 10 mg	
trifluoperazine hcl tab 1 mg (base equivalent)	
trifluoperazine hcl tab 2 mg (base equivalent)	
trifluoperazine hcl tab 5 mg (base equivalent)	
trifluoperazine hcl tab 10 mg (base equivalent)	
VERSACLOZ SUS 50MG/ML	QL (600 mL / 30 days), PA
VRAYLAR CAP 0.5MG	QL (30 caps / 30 days)
VRAYLAR CAP 0.75MG	QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	QL (30 caps / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
APTIOM TAB 600MG	QL (60 tabs / 30 days)
APTIOM TAB 800MG	QL (60 tabs / 30 days)
brivaracetam oral soln 10 mg/ml	QL (600 mL / 30 days), PA
brivaracetam tab 10 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 25 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 50 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 75 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 100 mg	QL (60 tabs / 30 days), PA
BRIVIACT SOL 10MG/ML	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
carbamazepine cap er 12hr 100 mg	
carbamazepine cap er 12hr 200 mg	
carbamazepine cap er 12hr 300 mg	
carbamazepine chew tab 100 mg	
carbamazepine chew tab 200 mg	
carbamazepine susp 100 mg/5ml	
carbamazepine tab 200 mg	
carbamazepine tab er 12hr 100 mg	
carbamazepine tab er 12hr 200 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine tab er 12hr 400 mg	
clobazam suspension 2.5 mg/ml	QL (480 mL / 30 days), PA
clobazam tab 10 mg	QL (60 tabs / 30 days), PA
clobazam tab 20 mg	QL (60 tabs / 30 days), PA
clonazepam orally disintegrating tab 0.5 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	QL (90 tabs / 30 days)
clonazepam tab 1 mg	QL (90 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonazepam tab 2 mg	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 7.5 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 15 mg	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
diazepam inj	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam intensol	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam oral soln 1 mg/ml	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam rectal gel delivery system 2.5 mg	
diazepam rectal gel delivery system 10 mg	
diazepam rectal gel delivery system 20 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam tab 2 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 5 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 10 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	
divalproex sodium cap delayed release sprinkle 125 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
divalproex sodium tab delayed release 125 mg	
divalproex sodium tab delayed release 250 mg	
divalproex sodium tab delayed release 500 mg	
divalproex sodium tab er 24 hr 250 mg	
divalproex sodium tab er 24 hr 500 mg	
EPIDIOLEX SOL 100MG/ML	QL (600 mL / 30 days), PA
eslicarbazepine acetate tab 200 mg	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 400 mg	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 600 mg	QL (60 tabs / 30 days)
eslicarbazepine acetate tab 800 mg	QL (60 tabs / 30 days)
ethosuximide cap 250 mg	
ethosuximide soln 250 mg/5ml	
felbamate susp 600 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
felbamate tab 400 mg	
felbamate tab 600 mg	
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
gabapentin cap 100 mg	QL (360 caps / 30 days)
gabapentin cap 300 mg	QL (360 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gabapentin cap 400 mg	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	QL (2160 mL / 30 days)
gabapentin tab 600 mg	QL (180 tabs / 30 days)
gabapentin tab 800 mg	QL (120 tabs / 30 days)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	
lacosamide oral	QL (1200 mL / 30 days)
lacosamide tab 50 mg	QL (120 tabs / 30 days)
lacosamide tab 100 mg	QL (60 tabs / 30 days)
lacosamide tab 150 mg	QL (60 tabs / 30 days)
lacosamide tab 200 mg	QL (60 tabs / 30 days)
lamotrigine tab 25 mg	
lamotrigine tab 100 mg	
lamotrigine tab 150 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine tab 200 mg	
lamotrigine tab chewable dispersible 5 mg	
lamotrigine tab chewable dispersible 25 mg	
lamotrigine tab er 24hr 25 mg	ST
lamotrigine tab er 24hr 50 mg	ST
lamotrigine tab er 24hr 100 mg	ST
lamotrigine tab er 24hr 200 mg	ST
lamotrigine tab er 24hr 250 mg	ST
lamotrigine tab er 24hr 300 mg	ST
levetiracetam in sodium chloride iv soln 500 mg/100ml	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam inj 500 mg/5ml (100 mg/ml)	
levetiracetam oral soln 100 mg/ml	
levetiracetam tab 250 mg	
levetiracetam tab 500 mg	
levetiracetam tab 750 mg	
levetiracetam tab 1000 mg	
levetiracetam tab disintegrating soluble 250 mg	QL (360 tabs / 30 days)
levetiracetam tab disintegrating soluble 500 mg	QL (180 tabs / 30 days)
levetiracetam tab er 24hr 500 mg	
levetiracetam tab er 24hr 750 mg	
methsuximide cap 300 mg	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	
oxcarbazepine tab 150 mg	
oxcarbazepine tab 300 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxcarbazepine tab 600 mg	
perampanel susp 0.5 mg/ml	QL (680 mL / 28 days), PA
perampanel tab 2 mg	QL (60 tabs / 30 days), PA
perampanel tab 4 mg	QL (30 tabs / 30 days), PA
perampanel tab 6 mg	QL (30 tabs / 30 days), PA
perampanel tab 8 mg	QL (30 tabs / 30 days), PA
perampanel tab 10 mg	QL (30 tabs / 30 days), PA
perampanel tab 12 mg	QL (30 tabs / 30 days), PA
phenobarbital elixir 20 mg/5ml	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium inj 65 mg/ml	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital sodium inj 130 mg/ml	PA; PA applies if 65 years and older
phenobarbital tab 15 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 16.2 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 30 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 32.4 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 60 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital tab 64.8 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 97.2 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 100 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenytek	
phenytoin chew tab 50 mg	
phenytoin sodium extended cap 100 mg	
phenytoin sodium extended cap 200 mg	
phenytoin sodium extended cap 300 mg	
phenytoin sodium inj 50 mg/ml	
phenytoin susp 125 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin cap 25 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 50 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 75 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 100 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 150 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 200 mg	QL (90 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin cap 225 mg	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 300 mg	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin soln 20 mg/ml	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone tab 50 mg	
primidone tab 125 mg	
primidone tab 250 mg	
relgaabi cap 300mg	QL (360 caps / 30 days)
relgaabi cap 400mg	QL (270 caps / 30 days)
roweepra	
rufinamide susp 40 mg/ml	QL (2400 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rufinamide tab 200 mg	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	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)
subvenite	
SUBVENITE SUS 10MG/ML	ST
SYMPAZAN MIS 5MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	QL (60 films / 30 days), PA
tiagabine hcl tab 2 mg	
tiagabine hcl tab 4 mg	
tiagabine hcl tab 12 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tiagabine hcl tab 16 mg	
topiramate oral soln 25 mg/ml	QL (480 mL / 30 days), PA
topiramate sprinkle cap 15 mg	
topiramate sprinkle cap 25 mg	
topiramate sprinkle cap 50 mg	
topiramate tab 25 mg	
topiramate tab 50 mg	
topiramate tab 100 mg	
topiramate tab 200 mg	
valproate sodium inj 100 mg/ml	
valproate sodium oral soln 250 mg/5ml (base equiv)	
valproic acid cap 250 mg	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vigabatrin powd pack 500 mg	QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	QL (180 tabs / 30 days), PA
vigadrone	QL (180 packets / 30 days), PA
vigadrone	QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
zonisamide cap 25 mg	
zonisamide cap 50 mg	
zonisamide cap 100 mg	
ZTALMY SUS 50MG/ML	QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD	
amphetamine-dextroamphetamine cap er 24hr 5 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	QL (30 caps / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine tab 15 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	QL (60 tabs / 30 days), PA
atomoxetine hcl cap 10 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexmethylphenidate hcl tab 5 mg	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 10 mg	QL (60 tabs / 30 days), PA
guanfacine hcl tab er 24hr 1 mg (base equiv)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl chew tab 2.5 mg	QL (180 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylphenidate hcl chew tab 5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 10 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl soln 5 mg/5ml	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 10 mg	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 20 mg	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA	
DAYVIGO TAB 5MG	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxepin hcl (sleep) tab 3 mg (base equiv)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	QL (30 tabs / 30 days)
eszopiclone tab 1 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eszopiclone tab 3 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ramelteon tab 8 mg	QL (30 tabs / 30 days)
tasimelteon capsule 20 mg	QL (30 caps / 30 days), PA
temazepam cap 7.5 mg	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 15 mg	QL (60 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 30 mg	QL (30 caps / 30 days), PA; PA applies if 65 years and older

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zolpidem tartrate tab 10 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
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
dihydroergotamine mesylate nasal spray 4 mg/ml	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	QL (40 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naratriptan hcl tab 1 mg (base equiv)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	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
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	QL (18 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan nasal spray 5 mg/act	QL (24 units / 30 days)
sumatriptan nasal spray 20 mg/act	QL (12 units / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	QL (12 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO TAB 12MG	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), PA
lithium carbonate cap 150 mg	
lithium carbonate cap 300 mg	
lithium carbonate cap 600 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lithium carbonate tab 300 mg	
lithium carbonate tab er 300 mg	
lithium carbonate tab er 450 mg	
lithium oral solution 8 meq/5ml	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	
riluzole tab 50 mg	
tetrabenazine tab 12.5 mg	QL (90 tabs / 30 days), PA
tetrabenazine tab 25 mg	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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COPAXONE INJ 20MG/ML	QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	QL (12 syringes / 28 days), PA
dalfampridine tab er 12hr 10 mg	QL (60 tabs / 30 days), PA
fingolimod hcl cap 0.5 mg (base equiv)	QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml	QL (30 syringes / 30 days), PA
glatiramer acetate soln prefilled syringe 40 mg/ml	QL (12 syringes / 28 days), PA
glatopa	QL (12 syringes / 28 days), PA
glatopa	QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	QL (16 pens / 365 days), PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	
baclofen tab 5 mg	QL (90 tabs / 30 days)
baclofen tab 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
baclofen tab 20 mg	
carisoprodol tab 350 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl tab 5 mg	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl tab 10 mg	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
dantrolene sodium cap 25 mg	
dantrolene sodium cap 50 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dantrolene sodium cap 100 mg	
methocarbamol tab 500 mg	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
methocarbamol tab 750 mg	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
tizanidine hcl tab 2 mg (base equivalent)	
tizanidine hcl tab 4 mg (base equivalent)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS	
armodafinil tab 50 mg	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
armodafinil tab 150 mg	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	QL (30 tabs / 30 days), PA
modafinil tab 100 mg	QL (30 tabs / 30 days), PA
modafinil tab 200 mg	QL (60 tabs / 30 days), PA
sodium oxybate oral solution 500 mg/ml	QL (540 mL / 30 days), PA
PSYCHOTHERAPEUTIC-MISC	
acamprosate calcium tab delayed release 333 mg	
buprenorphine hcl sl tab 2 mg (base equiv)	QL (180 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	QL (180 films / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naloxone hcl soln prefilled syringe 2 mg/2ml	
naltrexone hcl tab 50 mg	
NICOTROL NS SPR 10MG/ML	
varenicline tartrate tab 0.5 mg (base equiv)	QL (56 tabs / 28 days)
varenicline tartrate tab 1 mg (base equiv)	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	QL (2 packs / year)
VIVITROL INJ 380MG	

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

danazol cap 50 mg	
danazol cap 100 mg	
danazol cap 200 mg	
depo-testosterone	PA
testosterone cypionate im inj in oil 100 mg/ml	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
testosterone cypionate im inj in oil 200 mg/ml	PA
testosterone enanthate im inj in oil 200 mg/ml	PA
testosterone pump	QL (150 gm / 30 days), PA
testosterone td gel 12.5 mg/act (1%)	QL (300 gm / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	QL (300 gm / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	QL (300 gm / 30 days), PA
ANTIDIABETICS	
acarbose tab 25 mg	
acarbose tab 50 mg	
acarbose tab 100 mg	
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	QL (30 tabs / 30 days)
dapagliflozin tab 5 mg	QL (30 tabs / 30 days)
dapagliflozin tab 10 mg	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	QL (30 tabs / 30 days)
glimepiride tab 1 mg	QL (90 tabs / 30 days)
glimepiride tab 2 mg	QL (90 tabs / 30 days)
glimepiride tab 4 mg	QL (60 tabs / 30 days)
glipizide tab 5 mg	QL (240 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glipizide tab 10 mg	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
metformin hcl oral soln 500 mg/5ml	QL (765 mL / 30 days)
metformin hcl tab 500 mg	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
nateglinide tab 60 mg	QL (90 tabs / 30 days)
nateglinide tab 120 mg	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
OZEMPIC TAB 1.5MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC TAB 4MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 9MG	QL (30 tabs / 30 days), PA
pioglitazone hcl tab 15 mg (base equiv)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	QL (90 tabs / 30 days)
repaglinide tab 0.5 mg	QL (120 tabs / 30 days)
repaglinide tab 1 mg	QL (120 tabs / 30 days)
repaglinide tab 2 mg	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR KWP INJ 100/ML	
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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMULIN R INJ U-500	B/D
HUMULIN R INJ U-500KWP	
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
OMNIPOD5 LIB KIT INTRO	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	QL (15 pods / 30 days), PA

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 DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)
CALCIUM REGULATORS	
alendronate sodium oral soln 70 mg/75ml	ST
alendronate sodium tab 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alendronate sodium tab 35 mg	
alendronate sodium tab 70 mg	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	QL (1 pen / 28 days), PA
calcitonin (salmon) spray	B/D
ibandronate sodium tab 150 mg (base equivalent)	B/D
OSPOMYV INJ 60MG/ML	QL (1 syringe / 180 days)
pamidronate disodium iv soln 3 mg/ml	B/D
pamidronate disodium iv soln 9 mg/ml	B/D
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
risedronate sodium tab 5 mg	
risedronate sodium tab 35 mg	
risedronate sodium tab 150 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risedronate sodium tab delayed release 35 mg	ST
TERIPARATIDE INJ 560/2.24	QL (1 pen / 28 days), PA; (ALVOGEN product)
teriparatide soln pen-inj 560 mcg/2.24ml	QL (1 pen / 28 days), PA
WYOST INJ 120/1.7	PA
XTRENBO SOL 120/1.7	PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	B/D
zoledronic acid iv soln 5 mg/100ml	B/D
CHELATING AGENTS	
CHEMET CAP 100MG	
deferasirox tab 90 mg	PA
deferasirox tab 180 mg	PA
deferasirox tab 360 mg	PA
deferasirox tab for oral susp 125 mg	PA
deferasirox tab for oral susp 250 mg	PA

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	
sodium polystyrene sulfonate susp 15 gm/60ml	
sps	
sps rectal	
trientine hcl cap 250 mg	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
afirmelle	
altavera	
alyacen 1/35	
alyacen 7/7/7	
amethyst	
apri	
aranelle	
ashlyna	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aubra eq	
aurovela 1/20	
aurovela 24 fe	
aurovela fe 1.5/30	
aurovela fe 1/20	
aviane	
ayuna	
azurette	
balziva	
blisovi 24 fe	
blisovi fe 1.5/30	
blisovi fe tab 1/20	
briellyn	
camila	
camrese	
camrese lo	
chateal eq	
cryselle-28	
cyred eq	
dasetta 1/35	
dasetta 7/7/7	
daysee	
deblitane	

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
DEPO-SQ PROV INJ 104	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	
dolishale	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	
drospirenone-ethinyl estradiol tab 3-0.02 mg	
drospirenone-ethinyl estradiol tab 3-0.03 mg	
elinest	
eluryng	
emzahh	
enilloring	
enskyce	
errin	
estarylla	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	
falmina	
feirza tab 1.5/30	
feirza tab 1/20	
finzala	
galbriela chw	
hailey 1.5/30	
hailey 24 fe	
hailey fe tab 1/20	
heather	
iclevia	
incassia	
introvale	
isibloom	
jaimiess tab	
jasmiel	
jencycla tab 0.35mg	
jolessa	
juleber	
junel 1.5/30	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
junel 1/20	
junel fe 1.5/30	
junel fe 1/20	
junel fe 24	
kaitlib fe	
kariva	
kelnor 1/35	
kurvelo	
larin 1.5/30	
larin 1/20	
larin 24 fe	
larin fe 1.5/30	
larin fe 1/20	
lessina	
levonest	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	
levora-28 tab 0.15/30	
LILETTA IUD 52MG	
loestrin 1.5/30-21	
loestrin 1/20-21	
loestrin fe 1.5/30	
loestrin fe 1/20	
lojaimiess tab	
loryna	
low-ogestrel	
luizza 1/20 tab	
luizza tab 1.5/30	
lutera	
lyleq	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lyza	
marlissa	
medroxyprogesterone acetate im susp 150 mg/ml	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	
meleya tab 0.35mg	
mibelas 24 fe	
microgestin 1.5/30	
microgestin 1/20	
microgestin fe 1.5/30	
microgestin fe 1/20	
mili	
mono-linyah	
necon 0.5/35-28	
NEXPLANON IMP 68MG	
nikki	
nora-be	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	
norethindrone tab 0.35 mg	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	
norlyroc	
nortrel 0.5/35 (28)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nortrel 1/35 (21)	
nortrel 1/35 (28)	
nortrel 7/7/7	
nylia 1/35	
nylia 7/7/7	
orquidea tab 0.35mg	
philith	
pimtrea	
portia-28	
reclipsen	
rivelsa	
rosyrah tab	
setlakin	
sharobel	
simliya	
simpesse	
sprintec 28	
sronyx tab	
syeda	
tarina 24 fe	
tarina fe 1/20 eq	
tilia fe	
tri-estarylla	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tri-legest fe	
tri-linyah	
tri-lo-estarylla	
tri-lo-marzia	
tri-lo-mili	
tri-lo-sprintec	
tri-mili	
tri-sprintec	
tri-vylibra	
tri-vylibra lo	
turqoz	
tydemy tab	
valtya 1/35 tab	
valtya 1/50 tab	
velivet	
vestura	
vienva	
viorele	
vyfemla	
vylibra	
wera	
wymzya fe	
xarah fe tab	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol td patch twice weekly 0.075 mg/24hr	
estradiol td patch twice weekly 0.0375 mg/24hr	
estradiol td patch weekly 0.1 mg/24hr	
estradiol td patch weekly 0.05 mg/24hr	
estradiol td patch weekly 0.06 mg/24hr	
estradiol td patch weekly 0.025 mg/24hr	
estradiol td patch weekly 0.075 mg/24hr	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	
estradiol vaginal cream 0.01%	
estradiol vaginal tab 10 mcg	
estradiol valerate im in oil 10 mg/ml	
estradiol valerate im in oil 20 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol valerate im in oil 40 mg/ml	
fyavolv tab 0.5mg-2.5mcg	
fyavolv tab 1mg-5mcg	
jinteli	
lyllana	
mimvey	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
yuvafem	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
DEXAMETHASON CON 1MG/ML	
dexamethasone elixir 0.5 mg/5ml	
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	
dexamethasone sodium phosphate inj 4 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate inj 10 mg/ml	
dexamethasone sodium phosphate inj 20 mg/5ml	
dexamethasone sodium phosphate inj 100 mg/10ml	
dexamethasone sodium phosphate inj 120 mg/30ml	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	
dexamethasone soln 0.5 mg/5ml	
dexamethasone tab 0.5 mg	
dexamethasone tab 0.75 mg	
dexamethasone tab 1 mg	
dexamethasone tab 1.5 mg	
dexamethasone tab 2 mg	
dexamethasone tab 4 mg	
dexamethasone tab 6 mg	
fludrocortisone acetate tab 0.1 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone sodium succinate pf for inj 100 mg	
hydrocortisone tab 5 mg	
hydrocortisone tab 10 mg	
hydrocortisone tab 20 mg	
methylprednisolone acetate inj susp 40 mg/ml	B/D
methylprednisolone acetate inj susp 80 mg/ml	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	B/D
methylprednisolone sod succ for inj 500 mg (base equiv)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	B/D
methylprednisolone tab 4 mg	B/D
methylprednisolone tab 8 mg	B/D
methylprednisolone tab 16 mg	B/D
methylprednisolone tab 32 mg	B/D
methylprednisolone tab therapy pack 4 mg (21)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	B/D
prednisolone soln 15 mg/5ml	B/D
PREDNISONE CON 5MG/ML	B/D
prednisone oral soln 5 mg/5ml	B/D
prednisone tab 1 mg	B/D
prednisone tab 2.5 mg	B/D
prednisone tab 5 mg	B/D
prednisone tab 10 mg	B/D
prednisone tab 20 mg	B/D
prednisone tab 50 mg	B/D
prednisone tab therapy pack 5 mg (21)	
prednisone tab therapy pack 5 mg (48)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisone tab therapy pack 10 mg (21)	
prednisone tab therapy pack 10 mg (48)	
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-CORTEF INJ 1000MG	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR	
BAQSIMI ONE POW 3MG/DOSE	
BAQSIMI TWO POW 3MG/DOSE	
diazoxide susp 50 mg/ml	
GVOKE HYPO 1 INJ 0.5/.1ML	
GVOKE HYPO 1 INJ 1/0.2ML	
GVOKE HYPO 2 INJ 0.5/.1ML	
GVOKE HYPO 2 INJ 1/0.2ML	
GVOKE KIT SOL 1/0.2ML	
GVOKE PFS INJ 1/0.2ML	
ZEGALOGUE INJ 0.6/0.6	
MISCELLANEOUS	
ALDURAZYME INJ 2.9MG/5M	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betaine powder for oral solution	
cabergoline tab 0.5 mg	
carglumic acid soluble tab 200 mg	PA
CERDELGA CAP 84MG	PA
CEREZYME INJ 400UNIT	PA
cinacalcet hcl tab 30 mg (base equiv)	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 60 mg (base equiv)	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 90 mg (base equiv)	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
desmopressin acetate inj 4 mcg/ml	
desmopressin acetate nasal spray soln 0.01%	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desmopressin acetate preservative free (pf) inj 4 mcg/ml	
desmopressin acetate tab 0.1 mg	
desmopressin acetate tab 0.2 mg	
FABRAZYME INJ 5MG	PA
FABRAZYME INJ 35MG	PA
GENOTROPIN INJ 0.2MG	PA
GENOTROPIN INJ 0.4MG	PA
GENOTROPIN INJ 0.6MG	PA
GENOTROPIN INJ 0.8MG	PA
GENOTROPIN INJ 1.2MG	PA
GENOTROPIN INJ 1.4MG	PA
GENOTROPIN INJ 1.6MG	PA
GENOTROPIN INJ 1.8MG	PA
GENOTROPIN INJ 1MG	PA
GENOTROPIN INJ 2MG	PA
GENOTROPIN INJ 5MG	PA
GENOTROPIN INJ 12MG	PA
INCRELEX INJ 40MG/4ML	PA
javygtor	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lanreotide acetate extended release inj 120 mg/0.5ml	PA
levocarnitine oral soln 1 gm/10ml (10%)	B/D
levocarnitine tab 330 mg	B/D
LUMIZYME INJ 50MG	PA
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
LUPRON DEPOT INJ 45MG	PA
mifepristone tab 300 mg	PA
NAGLAZYME INJ 1MG/ML	PA
nitisinone cap 2 mg	PA
nitisinone cap 5 mg	PA
nitisinone cap 10 mg	PA
nitisinone cap 20 mg	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	PA
raloxifene hcl tab 60 mg	
REVCOVI INJ 1.6MG/ML	PA
REZDIFFRA TAB 60MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	QL (30 tabs / 30 days), PA
sapropterin dihydrochloride powder packet 100 mg	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tolvaptan tab therapy pack 15 mg	PA
tolvaptan tab therapy pack 30 & 15 mg	PA
tolvaptan tab therapy pack 45 & 15 mg	PA
tolvaptan tab therapy pack 60 & 30 mg	PA
tolvaptan tab therapy pack 90 & 30 mg	PA
zelvysia pow 100mg	PA
zelvysia pow 500mg	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
gallifrey	
medroxyprogesterone acetate tab 2.5 mg	
medroxyprogesterone acetate tab 5 mg	
medroxyprogesterone acetate tab 10 mg	
megestrol acetate susp 40 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
megestrol acetate susp 625 mg/5ml	PA
norethindrone acetate tab 5 mg	
progesterone cap 100 mg	
progesterone cap 200 mg	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
levo-t	
levothyroxine sodium tab 25 mcg	
levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 100 mcg	
levothyroxine sodium tab 112 mcg	
levothyroxine sodium tab 125 mcg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levothyroxine sodium tab 137 mcg	
levothyroxine sodium tab 150 mcg	
levothyroxine sodium tab 175 mcg	
levothyroxine sodium tab 200 mcg	
levothyroxine sodium tab 300 mcg	
levoxyl	
liomny tab 5mcg	
liomny tab 25mcg	
liomny tab 50mcg	
liothyronine sodium tab 5 mcg	
liothyronine sodium tab 25 mcg	
liothyronine sodium tab 50 mcg	
methimazole tab 5 mg	
methimazole tab 10 mg	
propylthiouracil tab 50 mg	
SYNTHROID TAB 25MCG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl inj 50 mg/ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl oral soln 6.25 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 12.5 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine td patch 72hr 1 mg/3days	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	
dicyclomine hcl cap 10 mg	PA; PA applies if 65 years and older
dicyclomine hcl oral soln 10 mg/5ml	PA; PA applies if 65 years and older
dicyclomine hcl tab 20 mg	PA; PA applies if 65 years and older
glycopyrrolate tab 1 mg	QL (90 tabs / 30 days)
glycopyrrolate tab 2 mg	QL (120 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID	
famotidine for susp 40 mg/5ml	
famotidine in nacl 0.9% iv soln 20 mg/50ml	
famotidine inj 40 mg/4ml	
famotidine inj 200 mg/20ml	
famotidine preservative free inj 20 mg/2ml	
famotidine tab 20 mg	
famotidine tab 40 mg	
nizatidine cap 150 mg	
nizatidine cap 300 mg	
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium cap 750 mg	
budesonide delayed release particles cap 3 mg	QL (90 caps / 30 days)
budesonide tab er 24hr 9 mg	QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
cromolyn sodium oral conc 100 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diphenoxylate w/ atropine tab 2.5-0.025 mg	
GATTEX KIT 5MG	PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	
lubiprostone cap 8 mcg	QL (60 caps / 30 days)
lubiprostone cap 24 mcg	QL (60 caps / 30 days)
misoprostol tab 100 mcg	
misoprostol tab 200 mcg	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RELISTOR INJ 12/0.6ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 vials / 28 days), PA
sucralfate susp 1 gm/10ml	
sucralfate tab 1 gm	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
ursodiol cap 300 mg	
ursodiol tab 250 mg	
ursodiol tab 500 mg	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID	
esomeprazole magnesium cap delayed release 20 mg (base eq)	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	QL (30 caps / 30 days), ST
esomeprazole magnesium for delayed release susp pack 2.5 mg	
esomeprazole magnesium for delayed release susp packet 5 mg	
esomeprazole magnesium for delayed release susp packet 10 mg	QL (30 packets / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
esomeprazole magnesium for delayed release susp packet 20 mg	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	QL (30 packets / 30 days)
lansoprazole cap delayed release 15 mg	QL (60 caps / 30 days)
lansoprazole cap delayed release 30 mg	QL (60 caps / 30 days)
omeprazole cap delayed release 10 mg	
omeprazole cap delayed release 20 mg	
omeprazole cap delayed release 40 mg	
pantoprazole sodium ec tab 20 mg (base equiv)	
pantoprazole sodium ec tab 40 mg (base equiv)	
pantoprazole sodium for iv soln 40 mg (base equiv)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rabeprazole sodium ec tab 20 mg	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE	
alfuzosin hcl tab er 24hr 10 mg	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	QL (30 caps / 30 days)
finasteride tab 5 mg	QL (30 tabs / 30 days)
tadalafil tab 5 mg	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	QL (60 caps / 30 days)
MISCELLANEOUS	
acetic acid irrigation soln 0.25%	
bethanechol chloride tab 5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bethanechol chloride tab 10 mg	
bethanechol chloride tab 25 mg	
bethanechol chloride tab 50 mg	
potassium citrate tab er 5 meq (540 mg)	
potassium citrate tab er 10 meq (1080 mg)	
potassium citrate tab er 15 meq (1620 mg)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	
fesoterodine fumarate tab er 24hr 4 mg	QL (30 tabs / 30 days)
fesoterodine fumarate tab er 24hr 8 mg	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 25 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mirabegron tab er 24 hr 50 mg	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	QL (120 tabs / 30 days)
oxybutynin chloride tab er 24hr 5 mg	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	QL (60 tabs / 30 days)
solifenacin succinate tab 5 mg	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tolterodine tartrate cap er 24hr 2 mg	QL (30 caps / 30 days)
tolterodine tartrate cap er 24hr 4 mg	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	QL (60 tabs / 30 days)
tolterodine tartrate tab 2 mg	QL (60 tabs / 30 days)
trospium chloride tab 20 mg	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES	
clindamycin phosphate vaginal cream 2%	
metronidazole vaginal gel 0.75%	
terconazole vaginal cream 0.4%	
terconazole vaginal cream 0.8%	
terconazole vaginal suppos 80 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS	
ANTICOAGULANTS - BLOOD THINNERS	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	QL (60 caps / 30 days)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj 300 mg/3ml	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	
enoxaparin sodium inj soln pref syr 100 mg/ml	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	
enoxaparin sodium inj soln pref syr 150 mg/ml	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	
HEP SOD/NACL INJ 25000UNT	
heparin sodium (porcine) inj 1000 unit/ml	B/D
heparin sodium (porcine) inj 5000 unit/ml	B/D
heparin sodium (porcine) inj 10000 unit/ml	B/D
heparin sodium (porcine) inj 20000 unit/ml	B/D
heparin sodium (porcine) pf inj 1000 unit/ml	B/D
jantoven	
rivaroxaban for susp 1 mg/ml	QL (620 mL / 30 days)
rivaroxaban tab 2.5 mg	QL (60 tabs / 30 days)
warfarin sodium tab 1 mg	
warfarin sodium tab 2 mg	
warfarin sodium tab 2.5 mg	
warfarin sodium tab 3 mg	
warfarin sodium tab 4 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
warfarin sodium tab 5 mg	
warfarin sodium tab 6 mg	
warfarin sodium tab 7.5 mg	
warfarin sodium tab 10 mg	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	
anagrelide hcl cap 1 mg	
BERINERT INJ 500UNIT	QL (24 boxes / 30 days), PA
cilostazol tab 50 mg	
cilostazol tab 100 mg	
DOPTELET SPR CAP 10MG	PA
DOPTELET TAB 20MG	PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAEGARDA INJ 2000UNIT	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	QL (20 vials / 30 days), PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	QL (9 syringes / 30 days), PA
l-glutamine (sickle cell)	PA
pentoxifylline tab er 400 mg	
sajazir	QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	
TAVNEOS CAP 10MG	QL (180 caps / 30 days), PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	
tranexamic acid tab 650 mg	
PLATELET AGGREGATION INHIBITORS	
aspirin-dipyridamole cap er 12hr 25-200 mg	
clopidogrel bisulfate tab 75 mg (base equiv)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dipyridamole tab 25 mg	PA; PA applies if 65 years and older
dipyridamole tab 50 mg	PA; PA applies if 65 years and older
dipyridamole tab 75 mg	PA; PA applies if 65 years and older
prasugrel hcl tab 5 mg (base equiv)	
prasugrel hcl tab 10 mg (base equiv)	
ticagrelor tab 60 mg	
ticagrelor tab 90 mg	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM	
AUTOIMMUNE AGENTS	
ADALIMU-BWWD INJ 40/0.4ML	QL (6 autoinjectors / 28 days), PA
ADALIMU-BWWD INJ 40/0.4ML	QL (6 syringes / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BIMZELX INJ 160MG/ML	QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 syringes / 28 days), PA
ENBREL INJ 25/0.5ML	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	QL (8 syringes / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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	
hydroxychloroquine sulfate tab 200 mg	
JYLAMVO SOL 2MG/ML	B/D
leflunomide tab 10 mg	QL (30 tabs / 30 days)
leflunomide tab 20 mg	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	
XATMEP SOL 2.5MG/ML	B/D
IMMUNOGLOBULINS	
ALYGLO INJ 5GM/50ML	PA
ALYGLO INJ 10/100ML	PA
ALYGLO INJ 20/200ML	PA
BIVIGAM INJ 10%	PA
FLEBOGAMMA INJ 10/200ML	PA
FLEBOGAMMA INJ 20/400ML	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA INJ DIF 5%	PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	PA
GAMMAGARD INJ 2.5GM/25	PA
GAMMAGARD INJ 5GM/50ML	PA
GAMMAGARD INJ 10GM/100	PA
GAMMAGARD INJ 20GM/200	PA
GAMMAGARD INJ 30GM/300	PA
GAMMAGARD SD INJ 5GM HU	PA
GAMMAGARD SD INJ 10GM HU	PA
GAMMAKED INJ 1GM/10ML	PA
GAMMAKED INJ 5GM/50ML	PA
GAMMAKED INJ 10GM/100	PA
GAMMAKED INJ 20GM/200	PA
GAMMAPLEX INJ 5%	PA
GAMMAPLEX INJ 10%	PA
GAMMGD ERC INJ 5GM/50ML	PA
GAMMGD ERC INJ 10/100ML	PA
GAMUNEX-C INJ 1GM/10ML	PA
GAMUNEX-C INJ 2.5GM/25	PA
GAMUNEX-C INJ 5GM/50ML	PA
GAMUNEX-C INJ 10GM/100	PA
GAMUNEX-C INJ 20GM/200	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	B/D
azathioprine tab 50 mg	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
cyclosporine cap 25 mg	B/D
cyclosporine cap 100 mg	B/D
cyclosporine modified cap 25 mg	B/D
cyclosporine modified cap 50 mg	B/D
cyclosporine modified cap 100 mg	B/D
cyclosporine modified oral soln 100 mg/ml	B/D
everolimus tab 0.5 mg	B/D
everolimus tab 0.25 mg	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus tab 0.75 mg	B/D
everolimus tab 1 mg	B/D
gengraf	B/D
mycophenolate mofetil cap 250 mg	B/D
mycophenolate mofetil for oral susp 200 mg/ml	B/D
mycophenolate mofetil tab 500 mg	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	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
sirolimus oral soln 1 mg/ml	B/D
sirolimus tab 0.5 mg	B/D
sirolimus tab 1 mg	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sirolimus tab 2 mg	B/D
tacrolimus cap 0.5 mg	B/D
tacrolimus cap 1 mg	B/D
tacrolimus cap 5 mg	B/D
tacrolimus cap er 24hr 0.5 mg	B/D
tacrolimus cap er 24hr 1 mg	B/D
tacrolimus cap er 24hr 5 mg	B/D
VACCINES	
ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
ENGERIX-B INJ 10/0.5ML	B/D
ENGERIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA
PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI INJ	
VAQTA INJ 25/0.5ML	
VAQTA INJ 50UNT/ML	
VARIVAX INJ	
VAXCHORA SUS	
VIMKUNYA INJ 40/0.8ML	
VIVOTIF CAP EC	
YF-VAX INJ	

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
D5W/NACL INJ 0.2%	
D5W/NACL INJ 0.45%	
D10W/NACL INJ 0.2%	
D10W/NACL INJ 0.45%	
dextrose 2.5% w/ sodium chloride 0.45%	
dextrose 5% in lactated ringers	
dextrose 5% w/ sodium chloride 0.3%	
dextrose 5% w/ sodium chloride 0.9%	
dextrose 5% w/ sodium chloride 0.45%	
dextrose 5% w/ sodium chloride 0.225%	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ PH 7.4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	
KCL/D5W/NACL INJ 0.3/0.9%	
KCL/D5W/NACL INJ 0.15/0.2	
LACTATED RIN INJ	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lactated ringer's solution	
MAGNESIUM SU INJ 2GM/50ML	
MAGNESIUM SU INJ 4G/100ML	
MAGNESIUM SU INJ 20/500ML	
MAGNESIUM SU INJ 40G/1000	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	
magnesium sulfate inj 50%	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	
multiple electrolytes ph 5.5	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POT CHL 20MEQ/L IN NACL 0.9% INJ	
POT CHL 20MEQ/L IN NACL 0.45% INJ	
POT CHL 40MEQ/L IN NACL 0.9% INJ	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	
potassium chloride inj 2 meq/ml	
potassium chloride inj 10 meq/50ml	
potassium chloride inj 10 meq/100ml	
potassium chloride inj 20 meq/50ml	
potassium chloride inj 20 meq/100ml	
potassium chloride inj 40 meq/100ml	
sodium chloride inj 2.5 meq/ml (14.6%)	
sodium chloride iv soln 0.9%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium chloride iv soln 0.45%	
sodium chloride iv soln 3%	
sodium chloride iv soln 5%	
TPN ELECTROL INJ	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
klor-con	
klor-con 8	
KLOR-CON 8 TAB 8MEQ ER	
klor-con 10	
KLOR-CON 10 TAB 10MEQ ER	
klor-con m10	
klor-con m15	
klor-con m20	
M-NATAL PLUS TAB	
potassium chloride cap er 8 meq	
potassium chloride cap er 10 meq	
potassium chloride microencapsulated crys er tab 10 meq	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride microencapsulated crys er tab 15 meq	
potassium chloride microencapsulated crys er tab 20 meq	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
potassium chloride powder packet 20 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg)	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	
WESTAB PLUS TAB 27-1MG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IV NUTRITION	
aminosyn ii soln 15%	B/D
AMINOSYN INJ 10%	B/D
AMINOSYN-PF INJ 10%	B/D
CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
clinisol sf 15%	B/D
CLINOLIPID EMU 20%	B/D
dextrose inj 5%	
dextrose inj 10%	
DEXTROSE INJ 10%	
dextrose inj 50%	B/D
DEXTROSE INJ 70%	B/D
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
plenamine	B/D
PREMASOL SOL 10%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

bacitracin-polymyxin-neomycin-hc ophth oint 1%
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%
neomycin-polymyxin-dexamethasone ophth oint 0.1%
neomycin-polymyxin-dexamethasone ophth susp 0.1%
neomycin-polymyxin-hc ophth susp

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	
TOBRADEX OIN 0.3-0.1%	
tobramycin-dexamethasone ophth susp 0.3-0.1%	
ZYLET SUS 0.5-0.3%	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS	
bacitracin-polymyxin b ophth oint	
besifloxacin hcl ophth susp 0.6% (base equiv)	
BESIVANCE SUS 0.6%	
CILOXAN OIN 0.3% OP	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	
erythromycin ophth oint 5 mg/gm	
gatifloxacin ophth soln 0.5%	
gentamicin sulfate ophth soln 0.3%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
moxifloxacin hcl ophth soln 0.5% (base equiv)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	
ofloxacin ophth soln 0.3%	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	
sulfacetamide sodium ophth soln 10%	
tobramycin ophth soln 0.3%	
trifluridine ophth soln 1%	
XDEMVY DRO 0.25%	PA
ZIRGAN GEL 0.15%	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION	
dexamethasone sodium phosphate ophth soln 0.1%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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%	
ZERVIATE DRO 0.24%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIGLAUCOMA - 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	
SIMBRINZA SUS 1-0.2%	
timolol maleate ophth gel forming soln 0.5%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
flac oil 0.01% ot	
fluocinolone acetonide (otic) oil 0.01%	
hydrocortisone w/ acetic acid otic soln 1-2%	
neomycin-polymyxin-hc otic soln 1%	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	
ofloxacin otic soln 0.3%	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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/3ml	B/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)
INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act	QL (2 inhalers / 30 days)
ipratropium bromide inhal soln 0.02%	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	QL (300 mL / 30 days)
cyproheptadine hcl syrup 2 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
cyproheptadine hcl tab 4 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl inj 50 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine hcl im soln 25 mg/ml	PA; PA applies if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	PA; PA applies if 65 years and older
hydroxyzine hcl syrup 10 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 10 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	QL (300 mL / 30 days)
levocetirizine dihydrochloride tab 5 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate syrup 2 mg/5ml	
albuterol sulfate tab 2 mg	
albuterol sulfate tab 4 mg	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	
terbutaline sulfate tab 5 mg	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENTOLIN HFA AER	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS	
montelukast sodium chew tab 4 mg (base equiv)	
montelukast sodium chew tab 5 mg (base equiv)	
montelukast sodium oral granules packet 4 mg (base equiv)	
montelukast sodium tab 10 mg (base equiv)	
zafirlukast tab 10 mg	
zafirlukast tab 20 mg	
MISCELLANEOUS	
acetylcysteine inhal soln 10%	B/D
acetylcysteine inhal soln 20%	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
cromolyn sodium soln nebu 20 mg/2ml	B/D
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	(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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
nintedanib esylate cap 100 mg (base equivalent)	QL (60 caps / 30 days), PA
nintedanib esylate cap 150 mg (base equivalent)	QL (60 caps / 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
pirfenidone cap 267 mg	QL (270 caps / 30 days), PA
pirfenidone tab 267 mg	QL (270 tabs / 30 days), PA
pirfenidone tab 534 mg	QL (90 tabs / 30 days), PA
pirfenidone tab 801 mg	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	PA
PULMOZYME SOL 1MG/ML	PA
roflumilast tab 250 mcg	QL (56 tabs / year)
roflumilast tab 500 mcg	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
flunisolide nasal soln 25 mcg/act (0.025%)	QL (3 bottles / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate nasal susp 50 mcg/act	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA	
ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	B/D
budesonide inhalation susp 0.25 mg/2ml	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate hfa inhal aer 110 mcg/act	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aer 220 mcg/act	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	QL (2 inhalers / 30 days)
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
breyna	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	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)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	QL (60 inhalations / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
wixela inhub	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS	
DERMATOLOGY, ACNE	
accutane	PA
amnesteem	PA
amnesteem cap 30mg	PA
benzoyl peroxide-erythromycin gel 5-3%	QL (46.6 gm / 30 days)
claravis	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	QL (45 gm / 30 days)
clindamycin phosphate gel 1% (once-daily)	QL (75 mL / 30 days), PA
clindamycin phosphate lotion 1%	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	QL (60 mL / 30 days)
ery	QL (60 pledgets / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin gel 2%	QL (60 gm / 30 days)
erythromycin soln 2%	QL (60 mL / 30 days)
isotretinoin cap 10 mg	PA
isotretinoin cap 20 mg	PA
isotretinoin cap 30 mg	PA
isotretinoin cap 40 mg	PA
neuac gel 1.2-5%	QL (45 gm / 30 days)
sulfacetamide sodium lotion 10% (acne)	QL (118 mL / 30 days)
tretinoin cream 0.1%	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	QL (45 gm / 30 days), PA
tretinoin gel 0.01%	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	QL (45 gm / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
twice-daily clindamycin phosphate (topical)	QL (60 gm / 30 days)
zenatane	PA
DERMATOLOGY, ANTIBIOTICS	
gentamicin sulfate cream 0.1%	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	QL (30 gm / 30 days)
mupirocin oint 2%	QL (220 gm / 30 days)
silver sulfadiazine cream 1%	
ssd	
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS	
ciclopirox olamine cream 0.77% (base equiv)	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	QL (60 mL / 30 days)
ciclopirox shampoo 1%	QL (120 mL / 30 days)
clotrimazole cream 1%	QL (45 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clotrimazole soln 1%	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	QL (45 gm / 30 days)
econazole nitrate cream 1%	QL (85 gm / 30 days)
ketoconazole cream 2%	QL (60 gm / 30 days)
ketoconazole shampoo 2%	QL (120 mL / 30 days)
klayesta	QL (60 gm / 30 days)
nyamyc	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	QL (60 gm / 30 days)
nystop	QL (60 gm / 30 days)
selenium sulfide lotion 2.5%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, ANTIPSORIATICS	
acitretin cap 10 mg	PA
acitretin cap 17.5 mg	PA
acitretin cap 25 mg	PA
calcipotriene cream 0.005%	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	QL (120 mL / 30 days), PA
calcitrene	QL (120 gm / 30 days), PA
ENSTILAR AER	QL (120 gm / 30 days), PA
tazarotene cream 0.1%	QL (60 gm / 30 days), PA
tazarotene cream 0.05%	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS	
ala-cort	
alclometasone dipropionate cream 0.05%	QL (60 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alclometasone dipropionate oint 0.05%	QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	QL (120 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	QL (120 gm / 30 days)
betamethasone dipropionate lotion 0.05%	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	QL (120 mL / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	QL (120 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clobetasol propionate cream 0.05%	QL (120 gm / 30 days)
clobetasol propionate e	QL (120 gm / 30 days)
clobetasol propionate gel 0.05%	QL (120 gm / 30 days)
clobetasol propionate oint 0.05%	QL (120 gm / 30 days)
clobetasol propionate shampoo 0.05%	QL (236 mL / 30 days)
clobetasol propionate soln 0.05%	QL (100 mL / 30 days)
clodan	QL (236 mL / 30 days)
fluocinolone acetonide cream 0.01%	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	QL (118.28 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	QL (118.28 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinolone acetonide oint 0.025%	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	QL (60 mL / 30 days)
fluocinonide cream 0.1%	QL (120 gm / 30 days)
fluocinonide cream 0.05%	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	QL (120 gm / 30 days)
fluocinonide gel 0.05%	QL (60 gm / 30 days)
fluocinonide oint 0.05%	QL (60 gm / 30 days)
fluocinonide soln 0.05%	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	
fluticasone propionate oint 0.005%	
halobetasol propionate cream 0.05%	QL (50 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
halobetasol propionate oint 0.05%	QL (50 gm / 30 days)
hydrocortisone cream 1%	
hydrocortisone cream 2.5%	
hydrocortisone lotion 2.5%	
hydrocortisone oint 1%	QL (30 gm / 30 days)
hydrocortisone oint 2.5%	
hydrocortisone valerate cream 0.2%	QL (60 gm / 30 days)
mometasone furoate cream 0.1%	
mometasone furoate oint 0.1%	
mometasone furoate solution 0.1% (lotion)	
triamcinolone acetonide cream 0.1%	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.025%	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
triamcinolone acetonide lotion 0.025%	
triamcinolone acetonide oint 0.1%	
triamcinolone acetonide oint 0.5%	
triamcinolone acetonide oint 0.025%	
triderm	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS	
glydo	QL (60 mL / 30 days), PA
lidocaine hcl soln 4%	QL (50 mL / 30 days), PA
lidocaine oint 5%	QL (50 gm / 30 days), PA
lidocaine patch 5%	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	B/D, QL (30 gm / 30 days)
lidocan	QL (3 patches / 1 day), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tridacaine ii	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
bexarotene gel 1%	QL (60 gm / 30 days), PA
diclofenac sodium soln 1.5%	QL (300 mL / 28 days)
EUCRISA OIN 2%	QL (120 gm / 30 days), PA
fluorouracil cream 5%	QL (40 gm / 30 days)
fluorouracil soln 2%	QL (10 mL / 30 days)
fluorouracil soln 5%	QL (10 mL / 30 days)
hydrocortisone perianal cream 1%	
hydrocortisone perianal cream 2.5%	
imiquimod cream 5%	QL (24 packets / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lactic acid (ammonium lactate) cream 12%	
lactic acid (ammonium lactate) lotion 12%	
metronidazole cream 0.75%	QL (45 gm / 30 days)
metronidazole gel 0.75%	QL (45 gm / 30 days)
metronidazole lotion 0.75%	QL (59 mL / 30 days)
nitroglycerin oint 0.4%	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	QL (60 gm / 30 days), PA
pimecrolimus cream 1%	QL (100 gm / 30 days), PA
podofilox soln 0.5%	QL (7 mL / 28 days)
procto-med hc	
proctocort	
proctosol hc	
proctozone-hc	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tacrolimus oint 0.1%	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
malathion lotion 0.5%	QL (59 mL / 30 days)
permethrin cream 5%	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS	
SANTYL OIN 250/GM	QL (180 gm / 30 days), PA
sodium chloride irrigation soln 0.9%	
water for irrigation, sterile irrigation soln	
MOUTH/THROAT/DENTAL AGENTS	
cevimeline hcl cap 30 mg	
chlorhexidine gluconate soln 0.12%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clotrimazole troche 10 mg	QL (150 lozenges / 30 days)
kourzeq	
lidocaine hcl viscous soln 2%	
nystatin susp 100000 unit/ml	
periogard	
pilocarpine hcl tab 5 mg	
pilocarpine hcl tab 7.5 mg	
triamcinolone acetonide dental paste 0.1%	

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Index

A

abacavir sulfate soln 20 mg/ml (base equiv)..58
abacavir sulfate tab 300 mg (base equiv) 58
abacavir sulfate-lamivudine tab 600-300 mg 61
abigale lo tab 0.5-0.1 254
abigale tab 1-0.5mg. 254
ABILIFY ASIM INJ 720MG 175
ABILIFY ASIM INJ 960MG 175
ABILIFY MAIN INJ 300MG 175
ABILIFY MAIN INJ 400MG 175
abiraterone acetate tab 250 mg 85
abiraterone acetate tab 500 mg 85
abirtega tab 250mg ...85
ABRYSVO INJ 120MCG 304
acamprosate calcium tab delayed release 333 mg 226
*acarbose tab 100 mg*229
acarbose tab 25 mg . 229
acarbose tab 50 mg . 229
accutane 336
acebutolol hcl cap 200 mg 137
acebutolol hcl cap 400 mg 137
acetaminophen w/ codeine soln 120-12 mg/5ml 44
acetaminophen w/ codeine tab 300-15 mg 44
acetaminophen w/ codeine tab 300-30 mg 44
acetaminophen w/ codeine tab 300-60 mg 44
acetazolamide cap er 12hr 500 mg 145
acetazolamide tab 125 mg 145

acetazolamide tab 250 mg 145
acetic acid irrigation soln 0.25% 282
acetic acid otic soln 2% 319
acetylcysteine inhal soln 10% 327
acetylcysteine inhal soln 20% 327
acitretin cap 10 mg .. 340
acitretin cap 17.5 mg 340
acitretin cap 25 mg .. 340
ACTHIB INJ 304
ACTIMMUNE INJ 2MU/0.5 301
acyclovir cap 200 mg .64
acyclovir sodium iv soln 50 mg/ml 64
acyclovir susp 200 mg/5ml 64
acyclovir tab 400 mg .. 64
acyclovir tab 800 mg .. 64
ADACEL INJ 304
ADALIMU-BWWD INJ 40/0.4ML 292
adefovir dipivoxil tab 10 mg 64
ADEMPAS TAB 0.5MG 151
ADEMPAS TAB 1.5MG 151
ADEMPAS TAB 1MG . 151
ADEMPAS TAB 2.5MG 151
ADEMPAS TAB 2MG . 151
ADMELOG INJ 100U/ML 237
ADMELOG SOLO INJ 100U/ML 237
ADVAIR HFA AER 115/21 334
ADVAIR HFA AER 230/21 334
ADVAIR HFA AER 45/21 334
afirmelle 244
AIMOVIG INJ 140MG/ML 218
AIMOVIG INJ 70MG/ML 218
AIRSUPRA AER 90-80MCG 334
AKEEGA TAB 100/500 85
AKEEGA TAB 50/500MG 85
ala-cort 340
albendazole tab 200 mg 48

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 325
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 325
albuterol sulfate soln nebu 0.5% (5 mg/ml) 325
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 325
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 325
albuterol sulfate syrup 2 mg/5ml 326
albuterol sulfate tab 2 mg 326
albuterol sulfate tab 4 mg 326
alclometasone dipropionate cream 0.05% 340
alclometasone dipropionate oint 0.05% 341
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 237
ALDURAZYME INJ 2.9MG/5M 260
ALECENSA CAP 150MG 93
alendronate sodium oral soln 70 mg/75ml ... 241
alendronate sodium tab 10 mg 241
alendronate sodium tab 35 mg 242
alendronate sodium tab 70 mg 242
alfuzosin hcl tab er 24hr 10 mg 282
aliskiren fumarate tab 150 mg (base equivalent) 147
aliskiren fumarate tab 300 mg (base equivalent) 147
allopurinol tab 100 mg 38
allopurinol tab 300 mg 38
alosetron hcl tab 0.5 mg (base equiv) 277
alosetron hcl tab 1 mg (base equiv) 277
alprazolam tab 0.25 mg 154
alprazolam tab 0.5 mg 154

alprazolam tab 1 mg 154
alprazolam tab 2 mg 154
altavera 244
ALUNBRIG PAK..... 93
ALUNBRIG TAB 180MG 93
ALUNBRIG TAB 30MG. 93
ALUNBRIG TAB 90MG. 93
ALVAIZ TAB 18MG ... 290
ALVAIZ TAB 36MG ... 290
ALVAIZ TAB 54MG ... 290
ALVAIZ TAB 9MG..... 290
ALVESCO AER 160MCG 333
ALVESCO AER 80MCG 333
alyacen 1/35..... 244
alyacen 7/7/7 244
ALYFTREK TAB 10-50-125..... 327
ALYFTREK TAB 4-20-50 327
ALYGLO INJ 10/100ML 299
ALYGLO INJ 20/200ML 299
ALYGLO INJ 5GM/50ML 299
alyq 151
amantadine hcl cap 100 mg 170
amantadine hcl soln 50 mg/5ml 170
amantadine hcl tab 100 mg 170
ambrisentan tab 10 mg 151
ambrisentan tab 5 mg 151
amethyst..... 244
*amikacin sulfate inj 1 gm/4ml (250 mg/ml)*48
*amikacin sulfate inj 500 mg/2ml (250 mg/ml)*48
amiloride & hydrochlorothiazide tab 5-50 mg 145
amiloride hcl tab 5 mg 145
aminosyn ii soln 15% 313
AMINOSYN INJ 10% 313
AMINOSYN-PF INJ 10% 313
*amiodarone hcl inj 150 mg/3ml (50 mg/ml)*130
*amiodarone hcl inj 450 mg/9ml (50 mg/ml)*130

amiodarone hcl inj 900 mg/18ml (50 mg/ml) 130
amiodarone hcl tab 100 mg 130
amiodarone hcl tab 200 mg 130
amiodarone hcl tab 400 mg 130
amitriptyline hcl tab 10 mg 158
amitriptyline hcl tab 100 mg 159
amitriptyline hcl tab 150 mg 159
amitriptyline hcl tab 25 mg 159
amitriptyline hcl tab 50 mg 159
amitriptyline hcl tab 75 mg 159
amlodipine besylate tab 10 mg (base equivalent) 141
amlodipine besylate tab 2.5 mg (base equivalent) 140
amlodipine besylate tab 5 mg (base equivalent) 140
amlodipine besylate-benazepril hcl cap 10-20 mg 118
amlodipine besylate-benazepril hcl cap 10-40 mg 118
amlodipine besylate-benazepril hcl cap 2.5-10 mg 118
amlodipine besylate-benazepril hcl cap 5-10 mg 118
amlodipine besylate-benazepril hcl cap 5-20 mg 118
amlodipine besylate-benazepril hcl cap 5-40 mg 118
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 124
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 124
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 123
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 123

amlodipine besylate-valsartan tab 10-160 mg 124
amlodipine besylate-valsartan tab 10-320 mg 124
amlodipine besylate-valsartan tab 5-160 mg 124
amlodipine besylate-valsartan tab 5-320 mg 124
amnesteem 336
amnesteem cap 30mg 336
amoxapine tab 100 mg 160
amoxapine tab 150 mg 160
amoxapine tab 25 mg 159
amoxapine tab 50 mg 159
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 74
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 74
amoxicillin & k clavulanate for susp 400-57 mg/5ml 74
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 74
amoxicillin & k clavulanate tab 250-125 mg 74
amoxicillin & k clavulanate tab 500-125 mg 74
amoxicillin & k clavulanate tab 875-125 mg 74
amoxicillin (trihydrate) cap 250 mg 75
amoxicillin (trihydrate) cap 500 mg 75
amoxicillin (trihydrate) chew tab 125 mg 75
amoxicillin (trihydrate) chew tab 250 mg 75
amoxicillin (trihydrate) for susp 125 mg/5ml 75
amoxicillin (trihydrate) for susp 200 mg/5ml 75
amoxicillin (trihydrate) for susp 250 mg/5ml 75

amoxicillin (trihydrate) for susp 400 mg/5ml 75
amoxicillin (trihydrate) tab 500 mg 75
amoxicillin (trihydrate) tab 875 mg 75
amphetamine-dextroamphetamine cap er 24hr 10 mg . 210
amphetamine-dextroamphetamine cap er 24hr 15 mg . 211
amphetamine-dextroamphetamine cap er 24hr 20 mg . 211
amphetamine-dextroamphetamine cap er 24hr 25 mg . 211
amphetamine-dextroamphetamine cap er 24hr 30 mg . 211
amphetamine-dextroamphetamine cap er 24hr 5 mg ... 210
amphetamine-dextroamphetamine tab 10 mg 211
amphetamine-dextroamphetamine tab 12.5 mg 211
amphetamine-dextroamphetamine tab 15 mg 212
amphetamine-dextroamphetamine tab 20 mg 212
amphetamine-dextroamphetamine tab 30 mg 212
amphetamine-dextroamphetamine tab 5 mg 211
amphetamine-dextroamphetamine tab 7.5 mg 211
amphotericin b for iv soln 50 mg 55
amphotericin b liposome iv for susp 50 mg 55
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 75
ampicillin & sulbactam sodium for inj 3 (2-1) gm 76
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm 76

ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 76
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 76
ampicillin cap 500 mg 76
ampicillin sodium for inj 1 gm 76
ampicillin sodium for inj 2 gm 76
ampicillin sodium for inj 250 mg 76
ampicillin sodium for inj 500 mg 76
ampicillin sodium for iv soln 1 gm 76
ampicillin sodium for iv soln 10 gm 76
ampicillin sodium for iv soln 2 gm 76
anagrelide hcl cap 0.5 mg 290
anagrelide hcl cap 1 mg 290
anastrozole tab 1 mg .85
ANORO ELLIPT AER 62.5-25 320
APIDRA INJ SOLOSTAR 237
APIDRA INJ U-100 ... 237
aprepitant capsule 125 mg 270
aprepitant capsule 40 mg 270
aprepitant capsule 80 mg 270
aprepitant capsule therapy pack 80 & 125 mg 270
apri 244
APTIOM TAB 200MG. 190
APTIOM TAB 400MG. 190
APTIOM TAB 600MG. 191
APTIOM TAB 800MG. 191
APTIVUS CAP 250MG .58
ARALAST NP INJ 1000MG 327
ARALAST NP INJ 500MG 327
aranelle 244
ARCALYST INJ 220MG 301
AREXVY INJ 120MCG 304
ARIKAYCE SUS 48
aripiprazole oral solution 1 mg/ml 175
aripiprazole orally disintegrating tab 10 mg 175

aripiprazole orally disintegrating tab 15 mg 175
aripiprazole tab 10 mg 176
aripiprazole tab 15 mg 176
aripiprazole tab 2 mg 175
aripiprazole tab 20 mg 176
aripiprazole tab 30 mg 176
aripiprazole tab 5 mg 176
ARISTADA INJ 1064MG 176
ARISTADA INJ 441MG/1. 176
ARISTADA INJ 662MG/2 176
ARISTADA INJ 882MG/3 176
ARISTADA INJ INITIO 176
armodafinil tab 150 mg 226
armodafinil tab 200 mg 226
armodafinil tab 250 mg 226
armodafinil tab 50 mg 225
ARNUITY ELPT INH 100MCG 333
ARNUITY ELPT INH 200MCG 333
ARNUITY ELPT INH 50MCG 333
asenapine maleate sl tab 10 mg (base equiv) 177
asenapine maleate sl tab 2.5 mg (base equiv) 176
asenapine maleate sl tab 5 mg (base equiv) . 176
ashlyna 244
aspirin-dipyridamole cap er 12hr 25-200 mg 291
ASTAGRAF XL CAP 0.5MG 302
ASTAGRAF XL CAP 1MG 302
ASTAGRAF XL CAP 5MG 302
atazanavir sulfate cap 150 mg (base equiv) 58
atazanavir sulfate cap 200 mg (base equiv) 58
atazanavir sulfate cap 300 mg (base equiv) 58

atenolol & chlorthalidone tab 100-25 mg 136
atenolol & chlorthalidone tab 50-25 mg 136
atenolol tab 100 mg . 138
atenolol tab 25 mg .. 138
atenolol tab 50 mg .. 138
atomoxetine hcl cap 10 mg (base equiv) 212
atomoxetine hcl cap 100 mg (base equiv) 212
atomoxetine hcl cap 18 mg (base equiv) 212
atomoxetine hcl cap 25 mg (base equiv) 212
atomoxetine hcl cap 40 mg (base equiv) 212
atomoxetine hcl cap 60 mg (base equiv) 212
atomoxetine hcl cap 80 mg (base equiv) 212
atorvastatin calcium tab 10 mg (base equivalent) 132
atorvastatin calcium tab 20 mg (base equivalent) 132
atorvastatin calcium tab 40 mg (base equivalent) 132
atorvastatin calcium tab 80 mg (base equivalent) 133
atovaquone susp 750 mg/5ml 48
atovaquone-proguanil hcl tab 250-100 mg . 57
atovaquone-proguanil hcl tab 62.5-25 mg .. 57
ATROPINE SUL SOL 1% OP 319
atropine sulfate ophth soln 1%..... 319
ATROVENT HFA AER 17MCG 321
aubra eq 245
AUGTYRO CAP 160MG 94
AUGTYRO CAP 40MG .. 93
aurovela 1/20 245
aurovela 24 fe..... 245
aurovela fe 1.5/30 ... 245
aurovela fe 1/20..... 245
AUSTEDO TAB 12MG 221
AUSTEDO TAB 6MG . 220
AUSTEDO TAB 9MG . 220
AUSTEDO XR TAB 12MG 221
AUSTEDO XR TAB 18MG 221

AUSTEDO XR TAB 24MG 221
AUSTEDO XR TAB 30MG 221
AUSTEDO XR TAB 36MG 221
AUSTEDO XR TAB 42MG 221
AUSTEDO XR TAB 48MG 221
AUSTEDO XR TAB 6MG 221
AUSTEDO XR TAB TITR KIT 221
AUVELITY TAB 45-105MG 160
aviane 245
AVMAPKI PAK FAKZYNJA 94
ayuna 245
AYVAKIT TAB 100MG 94
AYVAKIT TAB 200MG 94
AYVAKIT TAB 25MG 94
AYVAKIT TAB 300MG 94
AYVAKIT TAB 50MG 94
azacitidine for inj 100 mg 82
azathioprine tab 50 mg 302
azelastine hcl nasal spray 0.1% (137 mcg/spray) 322
azelastine hcl ophth soln 0.05% 317
azithromycin for susp 100 mg/5ml 71
azithromycin for susp 200 mg/5ml 71
azithromycin iv for soln 500 mg 71
azithromycin tab 250 mg 71
azithromycin tab 500 mg 71
azithromycin tab 600 mg 71
aztreonam for inj 1 gm 48
aztreonam for inj 2 gm 48
azurette 245

B

bacitracin-polymyxin b ophth oint 315
bacitracin-polymyxin-neomycin-hc ophth oint 1% 314
baclofen tab 10 mg 223
baclofen tab 20 mg 224

baclofen tab 5 mg....223
BAFIERTAM CAP 95MG 222
balsalazide disodium cap 750 mg 275
BALVERSA TAB 3MG ..94
BALVERSA TAB 4MG ..94
BALVERSA TAB 5MG ..94
balziva 245
BAQSIMI ONE POW 3MG/DOSE.....260
BAQSIMI TWO POW 3MG/DOSE.....260
BARACLUDE SOL 64
BASAGLAR KWP INJ 100/ML.....237
BCG VACCINE INJ 50MG 304
benazepril & hydrochlorothiazide tab 10-12.5 mg.....119
benazepril & hydrochlorothiazide tab 20-12.5 mg.....119
benazepril & hydrochlorothiazide tab 20-25 mg 119
benazepril & hydrochlorothiazide tab 5-6.25mg 118
benazepril hcl tab 10 mg 120
benazepril hcl tab 20 mg 120
benazepril hcl tab 40 mg 120
benazepril hcl tab 5 mg 120
BENDAMUSTINE SOL 100/4ML.....80
BENDEKA INJ 100/4ML 80
BENLYSTA INJ 120MG 302
BENLYSTA INJ 200MG/ML 302
BENLYSTA INJ 400MG 302
benzoyl peroxide-erythromycin gel 5-3% 336
benztropine mesylate inj 1 mg/ml 170
benztropine mesylate tab 0.5 mg.....171
benztropine mesylate tab 1 mg 171
benztropine mesylate tab 2 mg 171

BERINERT INJ 500UNIT 290
besifloxacin hcl ophth susp 0.6% (base equiv) 315
BESIVANCE SUS 0.6% 315
BESREMI SOL 500MCG 89
betaine powder for oral solution 261
betamethasone dipropionate augmented cream 0.05% 341
betamethasone dipropionate augmented gel 0.05% 341
betamethasone dipropionate augmented lotion 0.05% 341
betamethasone dipropionate augmented oint 0.05% 341
betamethasone dipropionate cream 0.05% 341
betamethasone dipropionate lotion 0.05% 341
betamethasone dipropionate oint 0.05% 341
betamethasone valerate cream 0.1% (base equivalent) 341
betamethasone valerate lotion 0.1% (base equivalent) 341
betamethasone valerate oint 0.1% (base equivalent) 341
BETASERON INJ 0.3MG 222
betaxolol hcl ophth soln 0.5% 318
betaxolol hcl tab 10 mg 138
betaxolol hcl tab 20 mg 138
bethanechol chloride tab 10 mg 283
bethanechol chloride tab 25 mg 283
bethanechol chloride tab 5 mg 282

bethanechol chloride tab 50 mg 283
BEVESPI AER 9-4.8MCG 320
bexarotene cap 75 mg 89
bexarotene gel 1% .. 346
BEXSERO INJ 304
bicalutamide tab 50 mg 85
BICILLIN L-A INJ 1200000 76
BICILLIN L-A INJ 2400000 77
BICILLIN L-A INJ 600000 76
BIKTARVY TAB 30-120-15 MG 61
BIKTARVY TAB 50-200-25 MG 61
BILDYOS INJ 60MG/ML 242
BIMZELX INJ 160MG/ML 293
BIMZELX INJ 320MG/2 293
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 137
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 137
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 137
bisoprolol fumarate tab 10 mg 138
bisoprolol fumarate tab 5 mg 138
BIVIGAM INJ 10% ... 299
blisovi 24 fe 245
blisovi fe 1.5/30 245
blisovi fe tab 1/20 ... 245
BLUJEPA TAB 750MG .48
BONSITY INJ 560/2.24 242
BOOSTRIX INJ 304
bortezomib for inj 3.5 mg 94
BORTEZOMIB INJ 1MG 94
BORTEZOMIB INJ 2.5MG 94
bosentan tab 125 mg 151
bosentan tab 62.5 mg 151
bosentan tab for oral susp 32 mg 152

BOSULIF CAP 100MG .95
BOSULIF CAP 50MG ...95
BOSULIF TAB 100MG .95
BOSULIF TAB 400MG .95
BOSULIF TAB 500MG .95
BRAFTOVI CAP 75MG .95
BREO ELLIPTA INH 100-25 334
BREO ELLIPTA INH 200-25 334
BREO ELLIPTA INH 50-25MCG 334
breyna 335
BREZTRI AERO AER SPHERE 320
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 321
briellyn.....245
brimonidine tartrate ophth soln 0.2% 318
brinzolamide ophth susp 1% 318
brivaracetam oral soln 10 mg/ml 191
brivaracetam tab 10 mg 191
brivaracetam tab 100 mg.....191
brivaracetam tab 25 mg 191
brivaracetam tab 50 mg 191
brivaracetam tab 75 mg 191
BRIVIACT SOL 10MG/ML 191
BRIVIACT TAB 100MG 192
BRIVIACT TAB 10MG 191
BRIVIACT TAB 25MG 191
BRIVIACT TAB 50MG 192
BRIVIACT TAB 75MG 192
bromocriptine mesylate cap 5 mg (base equivalent) 171
bromocriptine mesylate tab 2.5 mg (base equivalent) 171
BRUKINSA CAP 80MG 95
BRUKINSA TAB 160MG 95
budesonide delayed release particles cap 3 mg 275
budesonide inhalation susp 0.25 mg/2ml . 333
budesonide inhalation susp 0.5 mg/2ml ... 333

budesonide tab er 24hr 9 mg 275
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 335
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 335
bumetanide inj 0.25 mg/ml 145
bumetanide tab 0.5 mg 145
bumetanide tab 1 mg 145
bumetanide tab 2 mg 145
buprenorphine hcl sl tab 2 mg (base equiv) . 226
buprenorphine hcl sl tab 8 mg (base equiv) . 226
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) . 227
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 226
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 227
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 227
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 227
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 227
buprenorphine td patch weekly 10 mcg/hr 41
buprenorphine td patch weekly 15 mcg/hr 41
buprenorphine td patch weekly 20 mcg/hr 41
buprenorphine td patch weekly 5 mcg/hr 41
buprenorphine td patch weekly 7.5 mcg/hr ... 41
bupropion hcl (smoking deterrent) tab er 12hr 150 mg 227
bupropion hcl tab 100 mg 160
bupropion hcl tab 75 mg 160
bupropion hcl tab er 12hr 100 mg 160

bupropion hcl tab er 12hr 150 mg 160
bupropion hcl tab er 12hr 200 mg 160
bupropion hcl tab er 24hr 150 mg 160
bupropion hcl tab er 24hr 300 mg 160
buspirone hcl tab 10 mg 154
buspirone hcl tab 15 mg 154
buspirone hcl tab 30 mg 154
buspirone hcl tab 5 mg 154
buspirone hcl tab 7.5 mg 154
butorphanol tartrate inj 1 mg/ml 44
butorphanol tartrate inj 2 mg/ml 45

C

cabergoline tab 0.5 mg 261
CABOMETYX TAB 20MG 95
CABOMETYX TAB 40MG 95
CABOMETYX TAB 60MG 95
calcipotriene cream 0.005% 340
calcipotriene oint 0.005% 340
calcipotriene soln 0.005% (50 mcg/ml) 340
calcitonin (salmon) spray 242
calcitrene 340
calcitriol (oral) 269
calcitriol cap 0.25 mcg 269
calcitriol cap 0.5 mcg 269
CALQUENCE TAB 100MG 96
camila 245
camrese 245
camrese lo 245
candesartan cilexetil tab 16 mg 128
candesartan cilexetil tab 32 mg 128
candesartan cilexetil tab 4 mg 128
candesartan cilexetil tab 8 mg 128

candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 124
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 124
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 124
CAPLYTA CAP 10.5MG 177
CAPLYTA CAP 21MG . 177
CAPLYTA CAP 42MG . 177
CAPRELSA TAB 100MG 96
CAPRELSA TAB 300MG 96
captopril & hydrochlorothiazide tab 25-15 mg 119
captopril & hydrochlorothiazide tab 25-25 mg 119
captopril & hydrochlorothiazide tab 50-15 mg 119
captopril & hydrochlorothiazide tab 50-25 mg 119
captopril tab 100 mg 120
captopril tab 12.5 mg 120
captopril tab 25 mg . 120
captopril tab 50 mg . 120
carb/levo orally disintegrating tab 10-100mg 171
carb/levo orally disintegrating tab 25-100mg 171
carb/levo orally disintegrating tab 25-250mg 171
carbamazepine cap er 12hr 100 mg 192
carbamazepine cap er 12hr 200 mg 192
carbamazepine cap er 12hr 300 mg 192
carbamazepine chew tab 100 mg 192
carbamazepine chew tab 200 mg 192
carbamazepine susp 100 mg/5ml 192
carbamazepine tab 200 mg 192
carbamazepine tab er 12hr 100 mg 192

carbamazepine tab er 12hr 200 mg 192
carbamazepine tab er 12hr 400 mg 193
carbidopa & levodopa tab 10-100 mg 171
carbidopa & levodopa tab 25-100 mg 171
carbidopa & levodopa tab 25-250 mg 172
carbidopa & levodopa tab er 25-100 mg .. 172
carbidopa & levodopa tab er 50-200 mg .. 172
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 172
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 172
carbidopa-levodopa-entacapone tabs 25-100-200 mg 172
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 172
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 172
carbidopa-levodopa-entacapone tabs 50-200-200 mg 173
carboplatin iv soln 150 mg/15ml 80
carboplatin iv soln 450 mg/45ml 80
carboplatin iv soln 50 mg/5ml 80
carboplatin iv soln 600 mg/60ml 80
carglumic acid soluble tab 200 mg 261
carisoprodol tab 350 mg 224
carteolol hcl ophth soln 1% 318
cartia xt 141
carvedilol tab 12.5 mg 138
carvedilol tab 25 mg 138
carvedilol tab 3.125 mg 138
carvedilol tab 6.25 mg 138
caspofungin acetate for iv soln 50 mg 55
caspofungin acetate for iv soln 70 mg 55
CAYSTON INH 75MG .. 48

cefaclor cap 250 mg...67
cefaclor cap 500 mg...67
cefadroxil cap 500 mg 67
cefadroxil for susp 250 mg/5ml 67
cefadroxil for susp 500 mg/5ml 67
CEFAZOLIN INJ 1GM/50ML 67
CEFAZOLIN INJ 2GM ..67
CEFAZOLIN INJ 3GM ..67
cefazolin sodium for inj 1 gm 67
cefazolin sodium for inj 10 gm 67
cefazolin sodium for inj 2 gm 67
cefazolin sodium for inj 3 gm 67
cefazolin sodium for inj 500 mg 67
cefazolin sodium for iv soln 1 gm 67
CEFAZOLIN SOLN 2GM/100ML-4% 67
CEFAZOLIN/DEX SOL 1GM/50ML-4% 67
CEFAZOLIN/DEX SOL 2GM/50ML-3% 68
CEFAZOLIN/DEX SOL 3GM/150ML-4% 68
CEFAZOLIN/DEX SOL 3GM/50ML-2% 68
cefdinir cap 300 mg ...68
cefdinir for susp 125 mg/5ml 68
cefdinir for susp 250 mg/5ml 68
cefepime hcl for inj 1 gm 68
cefepime hcl for iv soln 2 gm 68
cefixime cap 400 mg..68
cefixime for susp 100 mg/5ml 68
cefixime for susp 200 mg/5ml 68
cefotetan disodium for inj 1 gm 68
cefotetan disodium for inj 2 gm 68
cefoxitin sodium for iv soln 1 gm 68
cefoxitin sodium for iv soln 10 gm 69
cefoxitin sodium for iv soln 2 gm 68
cefpodoxime proxetil for susp 100 mg/5ml 69

cefpodoxime proxetil for susp 50 mg/5ml 69
cefpodoxime proxetil tab 100 mg 69
cefpodoxime proxetil tab 200 mg 69
cefprozil for susp 125 mg/5ml 69
cefprozil for susp 250 mg/5ml 69
cefprozil tab 250 mg ..69
cefprozil tab 500 mg ..69
ceftaroline fosamil for iv soln 400 mg.....69
ceftaroline fosamil for iv soln 600 mg.....69
ceftazidime for inj 1 gm 69
ceftazidime for inj 6 gm 69
ceftazidime for iv soln 2 gm.....69
ceftriaxone sodium for inj 1 gm 69
ceftriaxone sodium for inj 10 gm.....70
ceftriaxone sodium for inj 2 gm 70
ceftriaxone sodium for inj 250 mg.....70
ceftriaxone sodium for inj 500 mg.....70
ceftriaxone sodium for iv soln 1 gm 70
ceftriaxone sodium for iv soln 2 gm 70
cefuroxime axetil tab 250 mg 70
cefuroxime axetil tab 500 mg 70
cefuroxime sodium for inj 750 mg.....70
cefuroxime sodium for iv soln 1.5 gm 70
celecoxib cap 100 mg.39
celecoxib cap 200 mg.39
celecoxib cap 400 mg.39
celecoxib cap 50 mg ..39
cephalexin cap 250 mg 70
cephalexin cap 500 mg 70
cephalexin for susp 125 mg/5ml 70
cephalexin for susp 250 mg/5ml 71
CEQUR SIMPL KIT PATCH 2U (3-DAY). 237
CEQUR SIMPL KIT PATCH 2U (4-DAY). 237

CEQUR SIMPL MIS INSERTER 238
CERDELGA CAP 84MG 261
CEREZYME INJ 400UNIT 261
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) . 322
cevimeline hcl cap 30 mg 348
chateal eq 245
CHEMET CAP 100MG 243
chlorhexidine gluconate soln 0.12% 348
chloroquine phosphate tab 250 mg 57
chloroquine phosphate tab 500 mg 57
chlorpromazine hcl conc 100 mg/ml 177
chlorpromazine hcl conc 30 mg/ml 177
chlorpromazine hcl inj 25 mg/ml 177
chlorpromazine hcl inj 50 mg/2ml 177
chlorpromazine hcl tab 10 mg 177
chlorpromazine hcl tab 100 mg 177
chlorpromazine hcl tab 200 mg 177
chlorpromazine hcl tab 25 mg 177
chlorpromazine hcl tab 50 mg 177
chlorthalidone tab 25 mg 145
chlorthalidone tab 50 mg 145
cholestyramine light powder 4 gm/dose . 134
cholestyramine light powder packets 4 gm 134
cholestyramine powder 4 gm/dose 134
cholestyramine powder packets 4 gm 134
ciclopirox olamine cream 0.77% (base equiv) 338
ciclopirox olamine susp 0.77% (base equiv) 338
ciclopirox shampoo 1% 338
cilostazol tab 100 mg 290
cilostazol tab 50 mg . 290
CILOXAN OIN 0.3% OP 315
CIMDUO TAB 300-300 61

cinacalcet hcl tab 30 mg (base equiv).....261
cinacalcet hcl tab 60 mg (base equiv).....261
cinacalcet hcl tab 90 mg (base equiv).....261
ciprofloxacin 200 mg/100ml in d5w 73
ciprofloxacin 400 mg/200ml in d5w 73
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 315
ciprofloxacin hcl tab 250 mg (base equiv) 73
ciprofloxacin hcl tab 500 mg (base equiv) 73
ciprofloxacin hcl tab 750 mg (base equiv) 73
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 320
*cisplatin inj 100 mg/100ml (1 mg/ml)*80
*cisplatin inj 200 mg/200ml (1 mg/ml)*81
cisplatin inj 50 mg/50ml (1 mg/ml).....80
citalopram hydrobromide oral soln 10 mg/5ml 160
citalopram hydrobromide tab 10 mg (base equiv) 161
citalopram hydrobromide tab 20 mg (base equiv) 161
citalopram hydrobromide tab 40 mg (base equiv) 161
claravis 336
clarithromycin for susp 125 mg/5ml.....71
clarithromycin for susp 250 mg/5ml.....71
clarithromycin tab 250 mg 71
clarithromycin tab 500 mg 71
clarithromycin tab er 24hr 500 mg.....72
clindamycin hcl cap 150 mg 49
clindamycin hcl cap 300 mg 49
clindamycin hcl cap 75 mg 48

clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....49
clindamycin phosphate gel 1% (once-daily) 336
clindamycin phosphate in d5w iv soln 300 mg/50ml 49
clindamycin phosphate in d5w iv soln 600 mg/50ml 49
clindamycin phosphate in d5w iv soln 900 mg/50ml 49
clindamycin phosphate inj 300 mg/2ml.....49
clindamycin phosphate inj 600 mg/4ml.....49
clindamycin phosphate inj 900 mg/6ml.....49
clindamycin phosphate lotion 1%.....336
clindamycin phosphate soln 1%.....336
clindamycin phosphate vaginal cream 2% ..285
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 336
CLINDMYC/NAC INJ 300/50ML.....49
CLINDMYC/NAC INJ 600/50ML.....49
CLINDMYC/NAC INJ 900/50ML.....49
CLINIMIX INJ 4.25/D10 313
CLINIMIX INJ 4.25/D5W 313
CLINIMIX INJ 5%/D15W 313
CLINIMIX INJ 5%/D20W 313
CLINIMIX INJ 6/5 313
CLINIMIX INJ 8/10 .. 313
CLINIMIX INJ 8/14 .. 313
clinisol sf 15% 313
CLINOLIPID EMU 20% 313
clobazam suspension 2.5 mg/ml..... 193
clobazam tab 10 mg 193
clobazam tab 20 mg 193
clobetasol propionate cream 0.05% 342
clobetasol propionate e 342
clobetasol propionate gel 0.05%..... 342

clobetasol propionate oint 0.05% 342
clobetasol propionate shampoo 0.05% 342
clobetasol propionate soln 0.05% 342
clodan 342
clomipramine hcl cap 25 mg 161
clomipramine hcl cap 50 mg 161
clomipramine hcl cap 75 mg 161
clonazepam orally disintegrating tab 0.125 mg 193
clonazepam orally disintegrating tab 0.25 mg 193
clonazepam orally disintegrating tab 0.5 mg 193
clonazepam orally disintegrating tab 1 mg 193
clonazepam orally disintegrating tab 2 mg 193
clonazepam tab 0.5 mg 193
clonazepam tab 1 mg 193
clonazepam tab 2 mg 194
clonidine hcl tab 0.1 mg 147
clonidine hcl tab 0.2 mg 147
clonidine hcl tab 0.3 mg 147
clonidine td patch weekly 0.1 mg/24hr 147
clonidine td patch weekly 0.2 mg/24hr 147
clonidine td patch weekly 0.3 mg/24hr 147
clopidogrel bisulfate tab 75 mg (base equiv) 291
clorazepate dipotassium tab 15 mg 194
clorazepate dipotassium tab 3.75 mg 194
clorazepate dipotassium tab 7.5 mg 194
clotrimazole cream 1% 338
clotrimazole soln 1% 339

clotrimazole troche 10 mg.....349
clotrimazole w/ betamethasone cream 1-0.05%.....339
clozapine orally disintegrating tab 100 mg.....178
clozapine orally disintegrating tab 12.5 mg.....177
clozapine orally disintegrating tab 150 mg.....178
clozapine orally disintegrating tab 200 mg.....178
clozapine orally disintegrating tab 25 mg.....178
clozapine tab 100 mg 178
clozapine tab 200 mg 178
clozapine tab 25 mg.178
clozapine tab 50 mg.178
COARTEM TAB 20-120MG 57
COBENFY CAP 100-20MG 178
COBENFY CAP 125-30MG 178
COBENFY CAP 50-20MG 178
COBENFY STRT CAP PACK 178
colchicine tab 0.6 mg.38
colchicine w/ probenecid tab 0.5-500 mg 38
colesevelam hcl packet for susp 3.75 gm ...135
colesevelam hcl tab 625 mg 135
colestipol hcl granule packets 5 gm 135
colestipol hcl granules 5 gm 135
colestipol hcl tab 1 gm 135
colistimethate sod for inj 150 mg (colistin base activity).....49
COMBIGAN SOL 0.2/0.5%.....318
COMBIVENT AER 20-100 321
COMETRIQ (60MG DOSE).....96
COMETRIQ KIT 100MG 96

COMETRIQ KIT 140MG 96
compro 270
constulose 276
COPAXONE INJ 20MG/ML.....223
COPAXONE INJ 40MG/ML.....223
COPIKTRA CAP 15MG .96
COPIKTRA CAP 25MG .96
CORLANOR SOL 5MG/5ML.....147
COTELLIC TAB 20MG..96
CREON CAP 12000UNT 277
CREON CAP 24000UNT 277
CREON CAP 3000UNIT 277
CREON CAP 36000UNT 277
CREON CAP 6000UNIT 277
CRESEMBA CAP 186MG 55
CRESEMBA CAP 74.5MG 55
cromolyn sodium ophth soln 4%.....317
cromolyn sodium oral conc 100 mg/5ml...277
cromolyn sodium soln nebu 20 mg/2ml....328
cryselle-28 245
cyclobenzaprine hcl tab 10 mg 224
cyclobenzaprine hcl tab 5 mg.....224
CYCLOPHOSPH INJ 1000MG 81
CYCLOPHOSPH INJ 1GM/2ML.....81
CYCLOPHOSPH INJ 1GM/5ML.....81
CYCLOPHOSPH INJ 2000MG 81
CYCLOPHOSPH INJ 2GM/4ML.....81
CYCLOPHOSPH INJ 500/5ML.....81
CYCLOPHOSPH INJ 500MG/ML.....81
CYCLOPHOSPH TAB 25MG.....81
CYCLOPHOSPH TAB 50MG.....81
CYCLOPHOSPHA INJ 2GM/10ML.....81

CYCLOPHOSPHA INJ 500/2.5 81
cyclophosphamide cap 25 mg 81
cyclophosphamide cap 50 mg 81
cyclophosphamide for inj 1 gm 81
cyclophosphamide for inj 2 gm 81
cyclophosphamide for inj 500 mg 81
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml).....81
cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml) 82
cycloserine cap 250 mg 63
cyclosporine cap 100 mg 302
cyclosporine cap 25 mg 302
cyclosporine modified cap 100 mg.....302
cyclosporine modified cap 25 mg 302
cyclosporine modified cap 50 mg 302
cyclosporine modified oral soln 100 mg/ml 302
cyproheptadine hcl syrup 2 mg/5ml 322
cyproheptadine hcl tab 4 mg 322
cyred eq.....245
CYSTADROPS SOL 0.37%.....319
CYSTAGON CAP 150MG 261
CYSTAGON CAP 50MG 261
CYSTARAN SOL 0.44% 319
cytarabine inj 20 mg/ml 82

D

D10W/NACL INJ 0.2% 307
D10W/NACL INJ 0.45% 307
D2.5W/NACL INJ 0.45% 306
D5W/NACL INJ 0.2% 307
D5W/NACL INJ 0.45% 307

dabigatran etexilate mesylate cap 110 mg (etexilate base eq) . 286
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) . 286
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) . 286
dalfampridine tab er 12hr 10 mg 223
danazol cap 100 mg . 228
danazol cap 200 mg . 228
danazol cap 50 mg .. 228
dantrolene sodium cap 100 mg 225
dantrolene sodium cap 25 mg 224
dantrolene sodium cap 50 mg 224
DANZITEN TAB 71MG . 96
DANZITEN TAB 95MG . 96
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg .. 230
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg 230
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg 229
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 229
dapagliflozin tab 10 mg 230
dapagliflozin tab 5 mg 230
dapsone tab 100 mg .. 49
dapsone tab 25 mg 49
DAPTACEL INJ 304
daptomycin for iv soln 350 mg 50
daptomycin for iv soln 500 mg 50
DAPTOMYCIN INJ 350MG 50
darunavir tab 600 mg 58
darunavir tab 800 mg 58
dasatinib tab 100 mg . 97
dasatinib tab 140 mg . 97
dasatinib tab 20 mg ... 97
dasatinib tab 50 mg ... 97
dasatinib tab 70 mg ... 97
dasatinib tab 80 mg ... 97
dasetta 1/35 245
dasetta 7/7/7 245

DAURISMO TAB 100MG 97
DAURISMO TAB 25MG 97
daysee 245
DAYVIGO TAB 10MG 214
DAYVIGO TAB 5MG .. 214
deblitane 245
deferasirox tab 180 mg 243
deferasirox tab 360 mg 243
deferasirox tab 90 mg 243
deferasirox tab for oral susp 125 mg 243
deferasirox tab for oral susp 250 mg 243
deferasirox tab for oral susp 500 mg 244
DELSTRIGO TAB 61
DENGVAXIA SUS 304
DEPO-SQ PROV INJ 104 246
depo-testosterone ... 228
DESCOVY TAB 120-15MG 61
DESCOVY TAB 200/25MG 61
desipramine hcl tab 10 mg 161
desipramine hcl tab 100 mg 162
desipramine hcl tab 150 mg 162
desipramine hcl tab 25 mg 161
desipramine hcl tab 50 mg 161
desipramine hcl tab 75 mg 161
desmopressin acetate inj 4 mcg/ml 261
desmopressin acetate nasal spray soln 0.01% 261
desmopressin acetate nasal spray soln 0.01% (refrigerated) 261
desmopressin acetate preservative free (pf) inj 4 mcg/ml 262
desmopressin acetate tab 0.1 mg 262
desmopressin acetate tab 0.2 mg 262
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 246

desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....162
desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....162
desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....162
DEXAMETHASON CON 1MG/ML.....256
dexamethasone elixir 0.5 mg/5ml.....256
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf).....256
dexamethasone sod phosphate preservative free inj 10 mg/ml...256
dexamethasone sodium phosphate inj 10 mg/ml.....257
dexamethasone sodium phosphate inj 100 mg/10ml.....257
dexamethasone sodium phosphate inj 120 mg/30ml.....257
dexamethasone sodium phosphate inj 20 mg/5ml.....257
dexamethasone sodium phosphate inj 4 mg/ml.....256
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml.....257
dexamethasone sodium phosphate ophth soln 0.1%.....316
dexamethasone soln 0.5 mg/5ml.....257
dexamethasone tab 0.5 mg.....257
dexamethasone tab 0.75 mg.....257
dexamethasone tab 1 mg.....257
dexamethasone tab 1.5 mg.....257
dexamethasone tab 2 mg.....257
dexamethasone tab 4 mg.....257
dexamethasone tab 6 mg.....257
dexmethylphenidate hcl tab 10 mg.....213

dexmethylphenidate hcl tab 2.5 mg 212
dexmethylphenidate hcl tab 5 mg 213
dextrose 2.5% w/ sodium chloride 0.45% 307
dextrose 5% in lactated ringers 307
dextrose 5% w/ sodium chloride 0.225% 307
dextrose 5% w/ sodium chloride 0.3% 307
dextrose 5% w/ sodium chloride 0.45% 307
dextrose 5% w/ sodium chloride 0.9% 307
dextrose inj 10% 313
DEXTROSE INJ 10% . 313
dextrose inj 5% 313
dextrose inj 50% 313
DEXTROSE INJ 70% . 313
DIACOMIT CAP 250MG 194
DIACOMIT CAP 500MG 194
DIACOMIT PAK 250MG 194
DIACOMIT PAK 500MG 194
diazepam inj 194
diazepam intensol ... 195
diazepam oral soln 1 mg/ml 195
diazepam rectal gel delivery system 10 mg 195
diazepam rectal gel delivery system 2.5 mg 195
diazepam rectal gel delivery system 20 mg 195
diazepam tab 10 mg 196
diazepam tab 2 mg .. 196
diazepam tab 5 mg .. 196
diazoxide susp 50 mg/ml 260
diclofenac potassium tab 50 mg 39
diclofenac sodium ophth soln 0.1% 317
diclofenac sodium soln 1.5% 346
diclofenac sodium tab delayed release 25 mg 39
diclofenac sodium tab delayed release 50 mg 39

diclofenac sodium tab delayed release 75 mg 39
diclofenac sodium tab er 24hr 100 mg 39
dicloxacillin sodium cap 250 mg 77
dicloxacillin sodium cap 500 mg 77
dicyclomine hcl cap 10 mg.....274
dicyclomine hcl oral soln 10 mg/5ml.....274
dicyclomine hcl tab 20 mg.....274
DIFICID SUS.....72
diflunisal tab 500 mg .39
difluprednate ophth emulsion 0.05% 317
digoxin inj 0.25 mg/ml 147
digoxin oral soln 0.05 mg/ml 148
digoxin tab 125 mcg (0.125 mg) 148
digoxin tab 250 mcg (0.25 mg) 148
dihydroergotamine mesylate nasal spray 4 mg/ml 218
DILANTIN CAP 30MG 196
diltiazem hcl cap er 12hr 120 mg 141
diltiazem hcl cap er 12hr 60 mg 141
diltiazem hcl cap er 12hr 90 mg 141
diltiazem hcl cap er 24hr 120 mg 141
diltiazem hcl cap er 24hr 180 mg 141
diltiazem hcl cap er 24hr 240 mg 141
diltiazem hcl coated beads cap er 24hr 120 mg 141
diltiazem hcl coated beads cap er 24hr 180 mg 141
diltiazem hcl coated beads cap er 24hr 240 mg 141
diltiazem hcl coated beads cap er 24hr 300 mg 142
diltiazem hcl coated beads cap er 24hr 360 mg 142

diltiazem hcl extended release beads cap er 24hr 120 mg 142
diltiazem hcl extended release beads cap er 24hr 180 mg 142
diltiazem hcl extended release beads cap er 24hr 240 mg 142
diltiazem hcl extended release beads cap er 24hr 300 mg 142
diltiazem hcl extended release beads cap er 24hr 360 mg 142
diltiazem hcl extended release beads cap er 24hr 420 mg 142
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 142
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) . 142
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 142
diltiazem hcl tab 120 mg 143
diltiazem hcl tab 30 mg 142
diltiazem hcl tab 60 mg 143
diltiazem hcl tab 90 mg 143
dilt-xr 141
diphenhydramine hcl inj 50 mg/ml 322
diphenoxylate w/ atropine tab 2.5-0.025 mg 278
dipyridamole tab 25 mg 292
dipyridamole tab 50 mg 292
dipyridamole tab 75 mg 292
disopyramide phosphate cap 100 mg 130
disopyramide phosphate cap 150 mg 130
disulfiram tab 250 mg 227
disulfiram tab 500 mg 227
divalproex sodium cap delayed release sprinkle 125 mg 196
divalproex sodium tab delayed release 125 mg 197

divalproex sodium tab delayed release 250 mg 197
divalproex sodium tab delayed release 500 mg 197
divalproex sodium tab er 24 hr 250 mg 197
divalproex sodium tab er 24 hr 500 mg 197
docetaxel for inj conc 160 mg/8ml (20 mg/ml) 91
docetaxel for inj conc 20 mg/ml 91
docetaxel for inj conc 80 mg/4ml (20 mg/ml) .91
DOCETAXEL INJ 160/16ML 91
DOCETAXEL INJ 160/8ML 91
DOCETAXEL INJ 20MG/2ML 91
DOCETAXEL INJ 80MG/4ML 91
DOCETAXEL INJ 80MG/8ML 91
docetaxel soln for iv infusion 160 mg/16ml 92
docetaxel soln for iv infusion 20 mg/2ml .. 92
docetaxel soln for iv infusion 80 mg/8ml .. 92
DOCIVYX INJ 160/16ML 92
DOCIVYX INJ 20MG/2ML 92
DOCIVYX INJ 80MG/8ML 92
dofetilide cap 125 mcg (0.125 mg) 130
dofetilide cap 250 mcg (0.25 mg) 130
dofetilide cap 500 mcg (0.5 mg) 130
dolishale 246
donepezil hydrochloride orally disintegrating tab 10 mg 155
donepezil hydrochloride orally disintegrating tab 5 mg 155
donepezil hydrochloride tab 10 mg 156
donepezil hydrochloride tab 5 mg 155
DOPTELET SPR CAP 10MG 290

DOPTELET TAB 20MG 290
dorzolamide hcl ophth soln 2%.....318
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 318
dotti 254
DOVATO TAB 50-300MG 61
doxazosin mesylate tab 1 mg.....122
doxazosin mesylate tab 2 mg.....122
doxazosin mesylate tab 4 mg.....122
doxazosin mesylate tab 8 mg.....123
doxepin hcl (sleep) tab 3 mg (base equiv) 215
doxepin hcl (sleep) tab 6 mg (base equiv) 215
doxepin hcl cap 10 mg 162
doxepin hcl cap 100 mg 163
doxepin hcl cap 150 mg 163
doxepin hcl cap 25 mg 162
doxepin hcl cap 50 mg 162
doxepin hcl cap 75 mg 163
doxepin hcl conc 10 mg/ml.....163
doxorubicin hcl inj 2 mg/ml.....89
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml....89
doxy 100.....78
doxycycline hyclate cap 100 mg 79
doxycycline hyclate cap 50 mg.....79
doxycycline hyclate for inj 100 mg.....79
doxycycline hyclate tab 100 mg 79
doxycycline hyclate tab 20 mg.....79
doxycycline monohydrate cap 100 mg 79
doxycycline monohydrate cap 50 mg 79

doxycycline monohydrate for susp 25 mg/5ml 79
doxycycline monohydrate tab 100 mg 79
doxycycline monohydrate tab 50 mg 79
doxycycline monohydrate tab 75 mg 79
DRIZALMA CAP 20MG DR 163
DRIZALMA CAP 30MG DR 163
DRIZALMA CAP 40MG DR 163
DRIZALMA CAP 60MG DR 163
dronabinol cap 10 mg 270
dronabinol cap 2.5 mg 270
dronabinol cap 5 mg 270
drospirenone-ethinyl estradiol tab 3-0.02 mg 246
drospirenone-ethinyl estradiol tab 3-0.03 mg 246
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg ... 246
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg ... 246
DROXIA CAP 200MG 290
DROXIA CAP 300MG 290
DROXIA CAP 400MG 290
droxidopa cap 100 mg 148
droxidopa cap 200 mg 148
droxidopa cap 300 mg 148
DULERA AER 100-5MCG 335
DULERA AER 200-5MCG 335
DULERA AER 50-5MCG 335
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 163
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 164

duloxetine hcl enteric coated pellets cap 60 mg (base eq) 164
DUPIXENT INJ 200/1.14 293
DUPIXENT INJ 200MG 293
DUPIXENT INJ 300/2ML 293
dutasteride cap 0.5 mg 282
dutasteride-tamsulosin hcl cap 0.5-0.4 mg . 282

E

e.e.s. 400 72
econazole nitrate cream 1% 339
EDURANT PED TAB 2.5MG 58
EDURANT TAB 25MG .. 59
efavirenz tab 600 mg . 59
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 61
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 61
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 62
ELIGARD INJ 22.5MG . 86
ELIGARD INJ 30MG 86
ELIGARD INJ 45MG 86
ELIGARD INJ 7.5MG ... 85
elinest 246
ELIQUIS (1.5MG PACK) 3 X 286
ELIQUIS (2MG PACK) 4 X 286
ELIQUIS CAP 0.15MG 286
ELIQUIS ST P TAB 5MG 286
ELIQUIS TAB 0.5MG. 286
ELIQUIS TAB 2.5MG. 286
ELIQUIS TAB 5MG ... 286
eluryng 246
EMGALITY INJ 100MG/ML 218
EMGALITY INJ 120MG/ML 218
EMSAM DIS 12MG/24H 164
EMSAM DIS 6MG/24HR 164
EMSAM DIS 9MG/24HR 164
emtricitabine caps 200 mg 59

emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 62
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 62
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 62
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 62
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 62
EMTRIVA SOL 10MG/ML 59
EMVERM CHW 100MG 50
emzahh 246
enalapril maleate & hydrochlorothiazide tab 10-25 mg 119
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 119
enalapril maleate tab 10 mg 121
enalapril maleate tab 2.5 mg 120
enalapril maleate tab 20 mg 121
enalapril maleate tab 5 mg 121
ENBREL INJ 25/0.5ML 293
ENBREL INJ 25MG ... 293
ENBREL INJ 50MG/ML 293
ENBREL MINI INJ 50MG/ML 294
ENBREL SRCLK INJ 50MG/ML 294
endocet tab 10-325mg 45
endocet tab 2.5-325mg 45
endocet tab 5-325mg 45
endocet tab 7.5-325mg 45
ENGERIX-B INJ 10/0.5ML 304
ENGERIX-B INJ 20MCG/ML 304
enilloring 246
enoxaparin sodium inj 300 mg/3ml 287
enoxaparin sodium inj soln pref syr 100 mg/ml 287

enoxaparin sodium inj soln pref syr 120 mg/0.8ml 287
enoxaparin sodium inj soln pref syr 150 mg/ml 287
enoxaparin sodium inj soln pref syr 30 mg/0.3ml 287
enoxaparin sodium inj soln pref syr 40 mg/0.4ml 287
enoxaparin sodium inj soln pref syr 60 mg/0.6ml 287
enoxaparin sodium inj soln pref syr 80 mg/0.8ml 287
ENSACOVE CAP 100MG 97
ENSACOVE CAP 25MG 97
enskyce 246
ENSTILAR AER 340
entacapone tab 200 mg 173
entecavir tab 0.5 mg .. 64
entecavir tab 1 mg 64
ENTRESTO CAP 15-16MG 125
ENTRESTO CAP 6-6MG 125
enulose 276
EPCLUSA PAK 150-37.5 64
EPCLUSA PAK 200-50MG 64
EPCLUSA TAB 200-50MG 64
EPCLUSA TAB 400-100 64
EPIDIOLEX SOL 100MG/ML 197
epinephrine inj 1 mg/ml 148
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 328
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 328
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 328
eplerenone tab 25 mg 122
eplerenone tab 50 mg 122

ergotamine w/ caffeine tab 1-100 mg 218
ERIVEDGE CAP 150MG 97
ERLEADA TAB 240MG. 86
ERLEADA TAB 60MG... 86
erlotinib hcl tab 100 mg (base equivalent) 98
erlotinib hcl tab 150 mg (base equivalent) 98
erlotinib hcl tab 25 mg (base equivalent) 98
errin 246
ertapenem sodium for inj 1 gm (base equivalent) 50
ery 336
ERYTHROCIN INJ 500MG 72
erythromycin ethylsuccinate tab 400 mg 72
erythromycin gel 2% 337
erythromycin lactobionate for inj 500 mg 72
erythromycin ophth oint 5 mg/gm 315
erythromycin soln 2% 337
erythromycin tab 250 mg 72
erythromycin tab 500 mg 72
erythromycin tab delayed release 250 mg 72
erythromycin tab delayed release 333 mg 72
erythromycin tab delayed release 500 mg 72
erythromycin w/ delayed release particles cap 250 mg 72
ERZOFRI INJ 117/0.75 179
ERZOFRI INJ 156MG/ML 179
ERZOFRI INJ 234/1.5 179
ERZOFRI INJ 351/2.25 179
ERZOFRI INJ 39/0.25 179
ERZOFRI INJ 78/0.5ML 179

escitalopram oxalate soln 5 mg/5ml (base equiv) 164
escitalopram oxalate tab 10 mg (base equiv) 164
escitalopram oxalate tab 20 mg (base equiv) 164
escitalopram oxalate tab 5 mg (base equiv) . 164
eslicarbazepine acetate tab 200 mg 197
eslicarbazepine acetate tab 400 mg 197
eslicarbazepine acetate tab 600 mg 197
eslicarbazepine acetate tab 800 mg 197
esomeprazole magnesium cap delayed release 20 mg (base eq) 280
esomeprazole magnesium cap delayed release 40 mg (base eq) 280
esomeprazole magnesium for delayed release susp pack 2.5 mg 280
esomeprazole magnesium for delayed release susp packet 10 mg 280
esomeprazole magnesium for delayed release susp packet 20 mg 281
esomeprazole magnesium for delayed release susp packet 40 mg 281
esomeprazole magnesium for delayed release susp packet 5 mg 280
estarylla 246
estradiol & norethindrone acetate tab 0.5-0.1 mg 254
estradiol & norethindrone acetate tab 1-0.5 mg 254
estradiol tab 0.5 mg 254
estradiol tab 1 mg ... 254
estradiol tab 2 mg ... 254
estradiol td patch twice weekly 0.025 mg/24hr 254

estradiol td patch twice weekly 0.0375 mg/24hr 255
estradiol td patch twice weekly 0.05 mg/24hr 254
estradiol td patch twice weekly 0.075 mg/24hr 255
estradiol td patch twice weekly 0.1 mg/24hr 254
estradiol td patch weekly 0.025 mg/24hr 255
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 255
estradiol td patch weekly 0.05 mg/24hr 255
estradiol td patch weekly 0.06 mg/24hr 255
estradiol td patch weekly 0.075 mg/24hr 255
estradiol td patch weekly 0.1 mg/24hr 255
estradiol vaginal cream 0.01% 255
estradiol vaginal tab 10 mcg 255
estradiol valerate im in oil 10 mg/ml 255
estradiol valerate im in oil 20 mg/ml 255
estradiol valerate im in oil 40 mg/ml 256
eszopiclone tab 1 mg 215
eszopiclone tab 2 mg 215
eszopiclone tab 3 mg 216
ethambutol hcl tab 100 mg 63
ethambutol hcl tab 400 mg 63
ethosuximide cap 250 mg 197
ethosuximide soln 250 mg/5ml 197
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 247
etodolac cap 200 mg .. 39
etodolac cap 300 mg .. 39
etodolac tab 400 mg .. 40
etodolac tab 500 mg .. 40
etodolac tab er 24hr 400 mg 40
etodolac tab er 24hr 500 mg 40
etodolac tab er 24hr 600 mg 40

etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 247
etoposide inj 1 gm/50ml (20 mg/ml) 92
etoposide inj 100 mg/5ml (20 mg/ml) . 92
etoposide inj 500 mg/25ml (20 mg/ml) 92
etravirine tab 100 mg 59
etravirine tab 200 mg 59
EUCRISA OIN 2% 346
EULEXIN CAP 125MG . 86
everolimus tab 0.25 mg 302
everolimus tab 0.5 mg 302
everolimus tab 0.75 mg 303
everolimus tab 1 mg 303
everolimus tab 10 mg 98
everolimus tab 2.5 mg 98
everolimus tab 5 mg .. 98
everolimus tab 7.5 mg 98
everolimus tab for oral susp 2 mg 98
everolimus tab for oral susp 3 mg 98
everolimus tab for oral susp 5 mg 98
EVOTAZ TAB 300-150 62
exemestane tab 25 mg 86
EXXUA TAB 18.2MG . 164
EXXUA TAB 36.3MG . 164
EXXUA TAB 54.5MG . 165
EXXUA TAB 72.6MG . 165
EXXUA TITRAT TAB 18.2MG 165
EYSUVIS DRO 0.25% 319
ezetimibe tab 10 mg 135
ezetimibe-simvastatin tab 10-10 mg 135
ezetimibe-simvastatin tab 10-20 mg 135
ezetimibe-simvastatin tab 10-40 mg 135
ezetimibe-simvastatin tab 10-80 mg 135

F

FABRAZYME INJ 35MG 262
FABRAZYME INJ 5MG 262
falmina 247
famciclovir tab 125 mg 64
famciclovir tab 250 mg 64
famciclovir tab 500 mg 64

famotidine for susp 40 mg/5ml 275
famotidine in nacl 0.9% iv soln 20 mg/50ml 275
famotidine inj 200 mg/20ml 275
famotidine inj 40 mg/4ml 275
famotidine preservative free inj 20 mg/2ml . 275
famotidine tab 20 mg 275
famotidine tab 40 mg 275
FANAPT PAK PACK A 179
FANAPT PAK PACK B 179
FANAPT PAK PACK C 179
FANAPT TAB 10MG... 180
FANAPT TAB 12MG... 180
FANAPT TAB 1MG 179
FANAPT TAB 2MG 179
FANAPT TAB 4MG 180
FANAPT TAB 6MG 180
FANAPT TAB 8MG 180
FARXIGA TAB 10MG . 230
FARXIGA TAB 5MG... 230
FASENRA INJ 10MG/0.5 328
FASENRA INJ 30MG/ML 328
FASENRA PEN INJ 30MG/ML..... 328
feirza tab 1.5/30 247
feirza tab 1/20 247
felbamate susp 600 mg/5ml 197
felbamate tab 400 mg 198
felbamate tab 600 mg 198
felodipine tab er 24hr 10 mg 143
felodipine tab er 24hr 2.5 mg 143
felodipine tab er 24hr 5 mg 143
fenofibrate micronized cap 134 mg 132
fenofibrate micronized cap 200 mg 132
fenofibrate micronized cap 67 mg 132
fenofibrate tab 145 mg 132
fenofibrate tab 160 mg 132
fenofibrate tab 48 mg 132
fenofibrate tab 54 mg 132

fentanyl td patch 72hr 100 mcg/hr 42
fentanyl td patch 72hr 12 mcg/hr 41
fentanyl td patch 72hr 25 mcg/hr 41
fentanyl td patch 72hr 37.5 mcg/hr 41
fentanyl td patch 72hr 50 mcg/hr 41
fentanyl td patch 72hr 62.5 mcg/hr 42
fentanyl td patch 72hr 75 mcg/hr 42
fentanyl td patch 72hr 87.5 mcg/hr 42
fesoterodine fumarate tab er 24hr 4 mg ... 283
fesoterodine fumarate tab er 24hr 8 mg ... 283
FETZIMA CAP 120MG 165
FETZIMA CAP 20MG . 165
FETZIMA CAP 40MG . 165
FETZIMA CAP 80MG . 165
FETZIMA CAP TITRATIO 165
FIASP FLEX INJ TOUCH 238
FIASP INJ 100/ML 238
FIASP PENFIL INJ U-100 238
FIASP PMPCRT INJ U-100 238
fidaxomicin tab 200 mg 72
finasteride tab 5 mg 282
fingolimod hcl cap 0.5 mg (base equiv) 223
FINTEPLA SOL 2.2MG/ML 198
finzala 247
FIRMAGON INJ 120MG 86
FIRMAGON INJ 80MG . 86
flac oil 0.01% ot 320
FLEBOGAMMA INJ 10/200ML 299
FLEBOGAMMA INJ 20/400ML 299
FLEBOGAMMA INJ DIF 5% 300
flecainide acetate tab 100 mg 130
flecainide acetate tab 150 mg 131
flecainide acetate tab 50 mg 130
fluconazole for susp 10 mg/ml 55

fluconazole for susp 40 mg/ml 55
fluconazole in nacl 0.9% inj 200 mg/100ml 55
fluconazole in nacl 0.9% inj 400 mg/200ml 55
fluconazole tab 100 mg 55
fluconazole tab 150 mg 55
fluconazole tab 200 mg 55
fluconazole tab 50 mg 55
flucytosine cap 250 mg 55
flucytosine cap 500 mg 56
fludrocortisone acetate tab 0.1 mg.....257
flunisolide nasal soln 25 mcg/act (0.025%) .332
fluocinolone acetonide (otic) oil 0.01% 320
fluocinolone acetonide cream 0.01% 342
fluocinolone acetonide cream 0.025% 342
*fluocinolone acetonide oil 0.01% (body oil)*342
fluocinolone acetonide oil 0.01% (scalp oil) 342
fluocinolone acetonide oint 0.025%.....343
fluocinolone acetonide soln 0.01% 343
fluocinonide cream 0.05%.....343
fluocinonide cream 0.1% 343
fluocinonide emulsified base cream 0.05%. 343
fluocinonide gel 0.05% 343
fluocinonide oint 0.05% 343
fluocinonide soln 0.05% 343
fluorometholone ophth susp 0.1% 317
fluorouracil cream 5% 346
*fluorouracil iv soln 1 gm/20ml (50 mg/ml)*83
*fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)*83
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 83

fluorouracil iv soln 500 mg/10ml (50 mg/ml) 83
fluorouracil soln 2% . 346
fluorouracil soln 5% . 346
fluoxetine hcl cap 10 mg 165
fluoxetine hcl cap 20 mg 165
fluoxetine hcl cap 40 mg 165
fluoxetine hcl solution 20 mg/5ml 165
fluphenazine decanoate inj 25 mg/ml 180
fluphenazine hcl elixir 2.5 mg/5ml 180
fluphenazine hcl inj 2.5 mg/ml 180
fluphenazine hcl oral conc 5 mg/ml 180
fluphenazine hcl tab 1 mg 180
fluphenazine hcl tab 10 mg 180
fluphenazine hcl tab 2.5 mg 180
fluphenazine hcl tab 5 mg 180
flurbiprofen sodium ophth soln 0.03% .. 317
flurbiprofen tab 100 mg 40
fluticasone propionate cream 0.05% 343
fluticasone propionate hfa inhal aer 110 mcg/act 334
fluticasone propionate hfa inhal aer 220 mcg/act 334
fluticasone propionate hfa inhal aero 44 mcg/act 334
fluticasone propionate nasal susp 50 mcg/act 333
fluticasone propionate oint 0.005% 343
fluticasone-salmeterol aer powder ba 100-50 mcg/act 335
fluticasone-salmeterol aer powder ba 250-50 mcg/act 335
fluticasone-salmeterol aer powder ba 500-50 mcg/act 335
fluvoxamine maleate tab 100 mg 155

fluvoxamine maleate tab 25 mg 154
fluvoxamine maleate tab 50 mg 154
fondaparinux sodium subcutaneous inj 10 mg/0.8ml 288
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 287
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 287
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 287
fosamprenavir calcium tab 700 mg (base equiv) 59
fosfomycin tromethamine powd pack 3 gm (base equivalent) 50
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 120
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 120
fosinopril sodium tab 10 mg 121
fosinopril sodium tab 20 mg 121
fosinopril sodium tab 40 mg 121
FOTIVDA CAP 0.89MG 98
FOTIVDA CAP 1.34MG 99
FRINDOVYX INJ 1GM/2ML 82
FRINDOVYX INJ 2GM/4ML 82
FRINDOVYX INJ 500MG/ML 82
FRUZAQLA CAP 1MG .. 99
FRUZAQLA CAP 5MG .. 99
FULPHILA INJ 6/0.6ML 289
fulvestrant inj soln pref syr 250 mg/5ml 86
furosemide inj 145
furosemide oral soln 10 mg/ml 145
furosemide oral soln 8 mg/ml 145
furosemide tab 20 mg 145
furosemide tab 40 mg 145

furosemide tab 80 mg 145
fyavolv tab 0.5mg-2.5mcg 256
fyavolv tab 1mg-5mcg 256
FYCOMPA SUS 0.5MG/ML 198
FYCOMPA TAB 10MG 198
FYCOMPA TAB 12MG 198
FYCOMPA TAB 2MG .. 198
FYCOMPA TAB 4MG .. 198
FYCOMPA TAB 6MG .. 198
FYCOMPA TAB 8MG .. 198

G

gabapentin cap 100 mg 198
gabapentin cap 300 mg 198
gabapentin cap 400 mg 199
gabapentin oral soln 250 mg/5ml 199
gabapentin tab 600 mg 199
gabapentin tab 800 mg 199
galantamine hydrobromide cap er 24hr 16 mg 156
galantamine hydrobromide cap er 24hr 24 mg 156
galantamine hydrobromide cap er 24hr 8 mg 156
galantamine hydrobromide oral soln 4 mg/ml 156
galantamine hydrobromide tab 12 mg 156
galantamine hydrobromide tab 4 mg 156
galantamine hydrobromide tab 8 mg 156
galbriela chw 247
gallifrey 266
GAMASTAN INJ 300
GAMMAGARD INJ 10GM/100 300
GAMMAGARD INJ 1GM/10ML 300
GAMMAGARD INJ 2.5GM/25 300
GAMMAGARD INJ 20GM/200 300

GAMMAGARD INJ 30GM/300 300
GAMMAGARD INJ 5GM/50ML 300
GAMMAGARD SD INJ 10GM HU 300
GAMMAGARD SD INJ 5GM HU 300
GAMMAKED INJ 10GM/100 300
GAMMAKED INJ 1GM/10ML 300
GAMMAKED INJ 20GM/200 300
GAMMAKED INJ 5GM/50ML 300
GAMMAPLEX INJ 10% 300
GAMMAPLEX INJ 5% 300
GAMMGD ERC INJ 10/100ML 300
GAMMGD ERC INJ 5GM/50ML 300
GAMUNEX-C INJ 10GM/100 300
GAMUNEX-C INJ 1GM/10ML 300
GAMUNEX-C INJ 2.5GM/25 300
GAMUNEX-C INJ 20GM/200 300
GAMUNEX-C INJ 40/400ML 301
GAMUNEX-C INJ 5GM/50ML 300
ganciclovir sodium for inj 500 mg 65
GARDASIL 9 INJ 304
gatifloxacin ophth soln 0.5% 315
GATTEX KIT 5MG 278
GAUZE PADS 2 238
gavilyte-c 276
gavilyte-g 276
gavilyte-n/flavor pack 276
GAVRETO CAP 100MG 99
gefitinib tab 250 mg ..99
gemcitabine hcl for inj 1 gm 83
gemcitabine hcl for inj 2 gm 83
gemcitabine hcl for inj 200 mg 83
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv) 83

gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv).....83
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv).....83
gemfibrozil tab 600 mg 132
GEMTESA TAB 75MG 283
generlac 276
gengraf 303
GENOTROPIN INJ 0.2MG 262
GENOTROPIN INJ 0.4MG 262
GENOTROPIN INJ 0.6MG 262
GENOTROPIN INJ 0.8MG 262
GENOTROPIN INJ 1.2MG 262
GENOTROPIN INJ 1.4MG 262
GENOTROPIN INJ 1.6MG 262
GENOTROPIN INJ 1.8MG 262
GENOTROPIN INJ 12MG 262
GENOTROPIN INJ 1MG 262
GENOTROPIN INJ 2MG 262
GENOTROPIN INJ 5MG 262
gentamicin in saline inj 0.8 mg/ml 50
gentamicin in saline inj 1 mg/ml.....50
gentamicin in saline inj 1.2 mg/ml 50
gentamicin in saline inj 1.6 mg/ml 50
gentamicin in saline inj 2 mg/ml.....50
gentamicin sulfate cream 0.1%..... 338
gentamicin sulfate inj 10 mg/ml.....50
gentamicin sulfate inj 40 mg/ml.....51
gentamicin sulfate oint 0.1% 338
gentamicin sulfate ophth soln 0.3%..... 315
GENVOYA TAB.....62
GILOTRIF TAB 20MG..99
GILOTRIF TAB 30MG..99
GILOTRIF TAB 40MG..99

GLARGIN YFGN INJ 100U/ML..... 238
GLARGIN YFGN SOL 100U/ML..... 238
glatiramer acetate soln prefilled syringe 20 mg/ml..... 223
glatiramer acetate soln prefilled syringe 40 mg/ml..... 223
glatopa 223
GLEOSTINE CAP 100MG 82
GLEOSTINE CAP 10MG 82
GLEOSTINE CAP 40MG 82
glimepiride tab 1 mg 230
glimepiride tab 2 mg 230
glimepiride tab 4 mg 230
glipizide tab 10 mg .. 231
glipizide tab 5 mg.... 230
glipizide tab er 24hr 10 mg..... 231
glipizide tab er 24hr 2.5 mg..... 231
glipizide tab er 24hr 5 mg..... 231
glipizide-metformin hcl tab 2.5-250 mg 231
glipizide-metformin hcl tab 2.5-500 mg 231
glipizide-metformin hcl tab 5-500 mg..... 231
glycopyrrolate tab 1 mg 274
glycopyrrolate tab 2 mg 274
glydo 345
GLYXAMBI TAB 10-5 MG 231
GLYXAMBI TAB 25-5 MG 231
GOMEKLI CAP 1MG 99
GOMEKLI CAP 2MG 99
GOMEKLI TAB 1MG 99
granisetron hcl inj 1 mg/ml..... 270
granisetron hcl inj 4 mg/4ml (1 mg/ml). 270
granisetron hcl tab 1 mg 270
griseofulvin microsize susp 125 mg/5ml 56
griseofulvin microsize tab 500 mg..... 56
griseofulvin ultramicrosize tab 125 mg 56

griseofulvin ultramicrosize tab 250 mg 56
guanfacine hcl tab 1 mg 148
guanfacine hcl tab 2 mg 148
guanfacine hcl tab er 24hr 1 mg (base equiv) 213
guanfacine hcl tab er 24hr 2 mg (base equiv) 213
guanfacine hcl tab er 24hr 3 mg (base equiv) 213
guanfacine hcl tab er 24hr 4 mg (base equiv) 213
GVOKE HYPO 1 INJ 0.5/.1ML 260
GVOKE HYPO 1 INJ 1/0.2ML 260
GVOKE HYPO 2 INJ 0.5/.1ML 260
GVOKE HYPO 2 INJ 1/0.2ML 260
GVOKE KIT SOL 1/0.2ML 260
GVOKE PFS INJ 1/0.2ML 260

H

HADLIMA INJ 40/0.4ML 294
HADLIMA INJ 40/0.8ML 294
HADLIMA PUSH INJ 40/0.4ML 294
HADLIMA PUSH INJ 40/0.8ML 294
HAEGARDA INJ 2000UNIT 291
HAEGARDA INJ 3000UNIT 291
hailey 1.5/30 247
hailey 24 fe 247
hailey fe tab 1/20 247
halobetasol propionate cream 0.05% 343
halobetasol propionate oint 0.05% 344
haloperidol decanoate im soln 100 mg/ml 181
haloperidol decanoate im soln 50 mg/ml 180
haloperidol lactate inj 5 mg/ml 181
haloperidol lactate oral conc 2 mg/ml 181

haloperidol tab 0.5 mg 181
haloperidol tab 1 mg 181
haloperidol tab 10 mg 181
haloperidol tab 2 mg 181
haloperidol tab 20 mg 181
haloperidol tab 5 mg 181
HAVRIX INJ 1440UNIT 304
HAVRIX INJ 720UNIT 304
heather 247
HEP SOD/NACL INJ 25000UNT 288
heparin sodium (porcine) inj 1000 unit/ml 288
heparin sodium (porcine) inj 10000 unit/ml 288
heparin sodium (porcine) inj 20000 unit/ml 288
heparin sodium (porcine) inj 5000 unit/ml 288
heparin sodium (porcine) pf inj 1000 unit/ml 288
HEPLISAV-B INJ 20/0.5ML 304
HERCEP HYLEC SOL 60-10000 99
HERCEPTIN INJ 150MG 100
HERCESSI INJ 150MG 100
HERCESSI INJ 420MG 100
HERNEXEOS TAB 60MG 100
HERZUMA INJ 150MG 100
HERZUMA INJ 420MG 100
HIBERIX SOL 10MCG 305
HUMALOG INJ 100/ML 238
HUMALOG JR INJ 100/ML 238
HUMALOG KWPN INJ 100/ML 238
HUMALOG KWPN INJ 200/ML 238
HUMALOG MIX INJ 50/50KWP 238
HUMALOG MIX INJ 75/25KWP 238

HUMALOG MIX SUS 75/25 238
HUMALOG TMPO INJ 100/ML 238
HUMIRA INJ 10/0.1ML 294
HUMIRA INJ 20/0.2ML 294
HUMIRA INJ 40/0.4ML 294
HUMIRA KIT 40MG/0.8 294
HUMIRA PEN INJ 40/0.4ML 295
HUMIRA PEN INJ 40MG/0.8 295
HUMIRA PEN INJ 80/0.8ML 295
HUMIRA PEN KIT CD/UC/HS 295
HUMIRA PEN KIT PS/UV 295
HUMULIN INJ 70/30 . 238
HUMULIN INJ 70/30KWP 238
HUMULIN N INJ U-100 238
HUMULIN N INJ U-100KWP 238
HUMULIN R INJ U-100 238
HUMULIN R INJ U-500 239
HUMULIN R INJ U-500KWP 239
hydralazine hcl inj 20 mg/ml 148
hydralazine hcl tab 10 mg 148
hydralazine hcl tab 100 mg 148
hydralazine hcl tab 25 mg 148
hydralazine hcl tab 50 mg 148
hydrochlorothiazide cap 12.5 mg 146
hydrochlorothiazide tab 12.5 mg 146
hydrochlorothiazide tab 25 mg 146
hydrochlorothiazide tab 50 mg 146
hydrocodone bitartrate tab er 24hr deter 100 mg 42
hydrocodone bitartrate tab er 24hr deter 120 mg 42

hydrocodone bitartrate tab er 24hr deter 20 mg.....42
hydrocodone bitartrate tab er 24hr deter 30 mg.....42
hydrocodone bitartrate tab er 24hr deter 40 mg.....42
hydrocodone bitartrate tab er 24hr deter 60 mg.....42
hydrocodone bitartrate tab er 24hr deter 80 mg.....42
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 45
hydrocodone-acetaminophen tab 10-325 mg 45
hydrocodone-acetaminophen tab 5-325 mg 45
hydrocodone-acetaminophen tab 7.5-325 mg.....45
hydrocodone-ibuprofen tab 7.5-200 mg 45
hydrocortisone cream 1% 344
hydrocortisone cream 2.5% 344
hydrocortisone enema 100 mg/60ml 275
hydrocortisone lotion 2.5% 344
hydrocortisone oint 1% 344
hydrocortisone oint 2.5% 344
hydrocortisone perianal cream 1%..... 346
hydrocortisone perianal cream 2.5%..... 346
hydrocortisone sodium succinate pf for inj 100 mg 258
hydrocortisone tab 10 mg 258
hydrocortisone tab 20 mg 258
hydrocortisone tab 5 mg 258
hydrocortisone valerate cream 0.2%..... 344
hydrocortisone w/ acetic acid otic soln 1-2% 320

hydromorphone hcl liqd 1 mg/ml 45
hydromorphone hcl tab 2 mg 46
hydromorphone hcl tab 4 mg 46
hydromorphone hcl tab 8 mg 46
hydroxychloroquine sulfate tab 200 mg . 299
hydroxyurea cap 500 mg 89
hydroxyzine hcl im soln 25 mg/ml 323
hydroxyzine hcl im soln 50 mg/ml 323
hydroxyzine hcl syrup 10 mg/5ml 323
hydroxyzine hcl tab 10 mg.....323
hydroxyzine hcl tab 25 mg.....323
hydroxyzine hcl tab 50 mg.....324
hydroxyzine pamoate cap 25 mg 324
hydroxyzine pamoate cap 50 mg 324
HYRNUO TAB 10MG . 100

I

ibandronate sodium tab 150 mg (base equivalent) 242
IBRANCE CAP 100MG100
IBRANCE CAP 125MG100
IBRANCE CAP 75MG. 100
IBRANCE TAB 100MG100
IBRANCE TAB 125MG100
IBRANCE TAB 75MG. 100
IBTROZI CAP 200MG 100
ibu 40
ibuprofen susp 100 mg/5ml 40
ibuprofen tab 400 mg 40
ibuprofen tab 600 mg 40
ibuprofen tab 800 mg 40
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 291
iclevia 247
ICLUSIG TAB 10MG . 101
ICLUSIG TAB 15MG . 101
ICLUSIG TAB 30MG . 101
ICLUSIG TAB 45MG . 101
IDHIFA TAB 100MG . 101
IDHIFA TAB 50MG ... 101
imatinib mesylate tab 100 mg (base equivalent) 101

imatinib mesylate tab 400 mg (base equivalent) 101
IMBRUVICA CAP 140MG 101
IMBRUVICA CAP 70MG 101
IMBRUVICA SUS 70MG/ML 101
IMBRUVICA TAB 140MG 102
IMBRUVICA TAB 280MG 102
IMBRUVICA TAB 420MG 102
imipenem-cilastatin intravenous for soln 250 mg 51
imipenem-cilastatin intravenous for soln 500 mg 51
imipramine hcl tab 10 mg 166
imipramine hcl tab 25 mg 166
imipramine hcl tab 50 mg 166
imiquimod cream 5% 346
IMKELDI SOL 80MG/ML 102
IMOVAX RABIE INJ 2.5/ML 305
IMPAVIDO CAP 50MG . 51
INBRIJA CAP 42MG .. 173
incassia 247
INCRELEX INJ 40MG/4ML 262
INCRUSE ELPT INH 62.5MCG 321
indapamide tab 1.25 mg 146
indapamide tab 2.5 mg 146
INFANRIX INJ 305
INFLIXIMAB INJ 100MG 295
INLURIYO TAB 200MG 86
INLYTA TAB 1MG 102
INLYTA TAB 5MG 102
INQOVI TAB 35-100MG 83
INREBIC CAP 100MG 102
INSULIN GLAR INJ 300/ML 239
INSULIN LISP INJ 100/ML 239
INSULIN LISP INJ JR KWPN 239

INSULIN LISP INJ PROT KWP..... 239
INSULIN PEN NEEDLES: EMBECTA-BD..... 239
INSULIN SAFETY NEEDLES: EMBECTA-BD..... 239
INSULIN SYRINGES: EMBECTA-BD..... 239
INTELENCE TAB 25MG 59
INTRALIPID INJ 20% 313
INTRALIPID INJ 30% 313
introvale..... 247
INVEGA HAFYE INJ 1092MG..... 181
INVEGA HAFYE INJ 1560MG..... 181
INVEGA SUST INJ 117/0.75 181
INVEGA SUST INJ 156MG/ML 181
INVEGA SUST INJ 234/1.5 182
INVEGA SUST INJ 39/0.25 181
INVEGA SUST INJ 78/0.5ML..... 181
INVEGA TRINZ INJ 273MG 182
INVEGA TRINZ INJ 410MG 182
INVEGA TRINZ INJ 546MG 182
INVEGA TRINZ INJ 819MG 182
IPOL INJ INACTIVE .. 305
ipratropium bromide hfa inhal aerosol 17 mcg/act..... 321
ipratropium bromide inhal soln 0.02% ... 321
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 321
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 322
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 321
irbesartan tab 150 mg 128
irbesartan tab 300 mg 128
irbesartan tab 75 mg 128
irbesartan-hydrochlorothiazide tab 150-12.5 mg..... 125

irbesartan-hydrochlorothiazide tab 300-12.5 mg 125
irinotecan hcl inj 100 mg/5ml (20 mg/ml) .90
*irinotecan hcl inj 300 mg/15ml (20 mg/ml)*90
irinotecan hcl inj 40 mg/2ml (20 mg/ml) .90
*irinotecan hcl inj 500 mg/25ml (20 mg/ml)*90
ISENTRESS CHW 100MG 59
ISENTRESS CHW 25MG 59
ISENTRESS HD TAB 600MG 59
ISENTRESS POW 100MG 59
ISENTRESS TAB 400MG 59
isibloom 247
ISOLYTE-P INJ /D5W 307
ISOLYTE-S INJ PH 7.4 307
isoniazid syrup 50 mg/5ml 63
isoniazid tab 100 mg ..63
isoniazid tab 300 mg ..63
isosorbide dinitrate tab 10 mg 149
isosorbide dinitrate tab 20 mg 150
isosorbide dinitrate tab 30 mg 150
isosorbide dinitrate tab 5 mg 149
isosorbide mononitrate tab er 24hr 120 mg 150
isosorbide mononitrate tab er 24hr 30 mg . 150
isosorbide mononitrate tab er 24hr 60 mg . 150
isotretinoin cap 10 mg 337
isotretinoin cap 20 mg 337
isotretinoin cap 30 mg 337
isotretinoin cap 40 mg 337
isradipine cap 2.5 mg 143
isradipine cap 5 mg . 143
ITOVEBI TAB 3MG ... 102
ITOVEBI TAB 9MG ... 102
itraconazole cap 100 mg 56

ivabradine hcl tab 5 mg (base equiv) 149
ivabradine hcl tab 7.5 mg (base equiv) 149
ivermectin tab 3 mg ... 51
ivermectin tab 6 mg ... 51
IWILFIN TAB 192MG .. 90
IXIARO INJ 305

J

jaimiess tab 247
JAKAFI TAB 10MG 102
JAKAFI TAB 15MG 103
JAKAFI TAB 20MG 103
JAKAFI TAB 25MG 103
JAKAFI TAB 5MG 102
jantoven 288
JANUMET TAB 50-1000 231
JANUMET TAB 50-500MG 231
JANUMET XR TAB 100-1000 232
JANUMET XR TAB 50-1000 232
JANUMET XR TAB 50-500MG 232
JANUVIA TAB 100MG 232
JANUVIA TAB 25MG . 232
JANUVIA TAB 50MG . 232
JARDIANCE TAB 10MG 232
JARDIANCE TAB 25MG 232
jasmiel 247
javygtor 262
JAYPIRCA TAB 100MG 103
JAYPIRCA TAB 50MG 103
jencycla tab 0.35mg 247
JENTADUETO TAB 2.5-1000 232
JENTADUETO TAB 2.5-500 232
JENTADUETO TAB 2.5-850 232
JENTADUETO TAB XR 2.5-1000MG 233
JENTADUETO TAB XR 5-1000MG 233
jinteli 256
jolessa 247
juleber 247
JULUCA TAB 50-25MG 62
junel 1.5/30 247
junel 1/20 248
junel fe 1.5/30 248
junel fe 1/20 248
junel fe 24 248

JYLAMVO SOL 2MG/ML 299
JYNNEOS INJ 305

K

KADCYLA INJ 100MG 103
KADCYLA INJ 160MG 103
kaitlib fe 248
KALETRA SOL 62
KALYDECO GRA 13.4MG 329
KALYDECO GRA 5.8MG 328
KALYDECO PAK 25MG 329
KALYDECO PAK 50MG 329
KALYDECO PAK 75MG 329
KALYDECO TAB 150MG 329
KANJINTI INJ 420MG 103
KANJINTI SOL 150MG 103
kariva 248
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 307
kcl 20 meq/l (0.149%) in nacl 0.45% inj ... 308
kcl 20 meq/l (0.149%) in nacl 0.9% inj 308
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 308
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 307
kcl 20 meq/l (0.15%) in nacl 0.45% inj 308
kcl 20 meq/l (0.15%) in nacl 0.9% inj 308
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 308
kcl 40 meq/l (0.298%) in nacl 0.9% inj 308
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 308
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 308
kcl 40 meq/l (0.3%) in nacl 0.9% inj 308
KCL/D5W/NACL INJ 0.15/0.2 308
KCL/D5W/NACL INJ 0.3/0.9% 308
kelnor 1/35 248

KERENDIA TAB 10MG 122
KERENDIA TAB 20MG 122
KERENDIA TAB 40MG 122
KESIMPTA INJ 20/.4ML 223
ketoconazole cream 2% 339
ketoconazole shampoo 2% 339
ketoconazole tab 200 mg 56
ketorolac tromethamine ophth soln 0.4% 317
ketorolac tromethamine ophth soln 0.5% 317
KEYTRUDA INJ 100MG/4M 103
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 103
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 103
KINERET INJ 295
KINRIX INJ 305
kionex 244
KISQALI 200 DOSE .. 103
KISQALI 400 DOSE .. 103
KISQALI 400 PAK FEMARA 104
KISQALI 600 DOSE .. 104
KISQALI 600 PAK FEMARA 104
klayesta 339
klor-con 311
klor-con 10 311
KLOR-CON 10 TAB 10MEQ ER 311
klor-con 8 311
KLOR-CON 8 TAB 8MEQ ER 311
klor-con m10 311
klor-con m15 311
klor-con m20 311
KLOXXADO SPR 8MG 227
KOMZIFTI CAP 200MG 104
KOSELUGO CAP 10MG 104
KOSELUGO CAP 25MG 104
KOSELUGO CAP 5MG 104
KOSELUGO CAP 7.5MG 104
kourzeq 349
KRAZATI TAB 200MG 104
kurvelo 248

L

labetalol hcl tab 100 mg 138
labetalol hcl tab 200 mg 138
labetalol hcl tab 300 mg 138
lacosamide iv inj 200 mg/20ml (10 mg/ml) 199
lacosamide oral 199
lacosamide tab 100 mg 199
lacosamide tab 150 mg 199
lacosamide tab 200 mg 199
lacosamide tab 50 mg 199
LACTATED RIN INJ ... 308
lactated ringer's solution 309
lactic acid (ammonium lactate) cream 12% 347
lactic acid (ammonium lactate) lotion 12% 347
lactulose (encephalopathy) solution 10 gm/15ml 277
lactulose solution 10 gm/15ml 277
lamivudine oral soln 10 mg/ml 59
lamivudine tab 100 mg (hbv) 65
lamivudine tab 150 mg 59
lamivudine tab 300 mg 59
lamivudine-zidovudine tab 150-300 mg 62
lamotrigine tab 100 mg 199
lamotrigine tab 150 mg 199
lamotrigine tab 200 mg 200
lamotrigine tab 25 mg 199
lamotrigine tab chewable dispersible 25 mg .. 200
lamotrigine tab chewable dispersible 5 mg 200
lamotrigine tab er 24hr 100 mg 200
lamotrigine tab er 24hr 200 mg 200
lamotrigine tab er 24hr 25 mg 200

lamotrigine tab er 24hr 250 mg 200
lamotrigine tab er 24hr 300 mg 200
lamotrigine tab er 24hr 50 mg 200
lanreotide acetate extended release inj 120 mg/0.5ml 263
lansoprazole cap delayed release 15 mg 281
lansoprazole cap delayed release 30 mg 281
LANTUS INJ 100/ML. 239
LANTUS SOLOS INJ 100/ML..... 239
lapatinib ditosylate tab 250 mg (base equiv) 104
larin 1.5/30 248
larin 1/20 248
larin 24 fe..... 248
larin fe 1.5/30..... 248
larin fe 1/20..... 248
latanoprost ophth soln 0.005% 318
LAZCLUZE TAB 240MG 105
LAZCLUZE TAB 80MG 104
leflunomide tab 10 mg 299
leflunomide tab 20 mg 299
lenalidomide cap 10 mg 88
lenalidomide cap 15 mg 88
lenalidomide cap 20 mg 88
lenalidomide cap 25 mg 88
*lenalidomide cap 5 mg*88
lenalidomide caps 2.5 mg 88
LENVIMA CAP 10 MG 105
LENVIMA CAP 12MG. 105
LENVIMA CAP 14 MG 105
LENVIMA CAP 18 MG 105
LENVIMA CAP 20 MG 105
LENVIMA CAP 24 MG 105
LENVIMA CAP 4MG .. 105
LENVIMA CAP 8 MG . 105
lessina 248
letrozole tab 2.5 mg ..86
leucovorin calcium for inj 100 mg 90
leucovorin calcium for inj 200 mg 90

leucovorin calcium for inj 350 mg 90
leucovorin calcium for inj 50 mg 90
leucovorin calcium for inj 500 mg 90
leucovorin calcium inj 500 mg/50ml (10 mg/ml).....90
leucovorin calcium tab 10 mg 91
leucovorin calcium tab 15 mg 91
leucovorin calcium tab 25 mg 91
leucovorin calcium tab 5 mg.....90
LEUKERAN TAB 2MG ..82
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 86
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....326
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....326
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....326
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 326
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 326
levetiracetam in sodium chloride iv soln 1000 mg/100ml 200
levetiracetam in sodium chloride iv soln 1500 mg/100ml 200
levetiracetam in sodium chloride iv soln 500 mg/100ml 200
levetiracetam inj 500 mg/5ml (100 mg/ml) 201
levetiracetam oral soln 100 mg/ml.....201
levetiracetam tab 1000 mg 201
levetiracetam tab 250 mg 201
levetiracetam tab 500 mg 201
levetiracetam tab 750 mg 201

levetiracetam tab disintegrating soluble 250 mg 201
levetiracetam tab disintegrating soluble 500 mg 201
levetiracetam tab er 24hr 500 mg 201
levetiracetam tab er 24hr 750 mg 201
levobunolol hcl ophth soln 0.5% 318
levocarnitine oral soln 1 gm/10ml (10%) 263
levocarnitine tab 330 mg 263
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 324
levocetirizine dihydrochloride tab 5 mg 324
levofloxacin in d5w iv soln 250 mg/50ml 73
levofloxacin in d5w iv soln 500 mg/100ml .. 73
levofloxacin in d5w iv soln 750 mg/150ml .. 73
levofloxacin iv soln 25 mg/ml 73
levofloxacin oral soln 25 mg/ml 73
levofloxacin tab 250 mg 73
levofloxacin tab 500 mg 73
levofloxacin tab 750 mg 74
levonest 248
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 248
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 249
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 249
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 249
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 249

levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) .. 248
levora-28 tab 0.15/30 249
levo-t 267
levothyroxine sodium tab 100 mcg 267
levothyroxine sodium tab 112 mcg 267
levothyroxine sodium tab 125 mcg 267
levothyroxine sodium tab 137 mcg 268
levothyroxine sodium tab 150 mcg 268
levothyroxine sodium tab 175 mcg 268
levothyroxine sodium tab 200 mcg 268
levothyroxine sodium tab 25 mcg 267
levothyroxine sodium tab 300 mcg 268
levothyroxine sodium tab 50 mcg 267
levothyroxine sodium tab 75 mcg 267
levothyroxine sodium tab 88 mcg 267
levoxyl 268
l-glutamine (sickle cell) 291
lidocaine hcl local inj 0.5% 38
lidocaine hcl local inj 1% 38
lidocaine hcl local inj 2% 38
lidocaine hcl local preservative free (pf) inj 0.5% 38
lidocaine hcl local preservative free (pf) inj 1% 38
lidocaine hcl local preservative free (pf) inj 1.5% 38
lidocaine hcl soln 4% 345
lidocaine hcl viscous soln 2% 349
lidocaine oint 5% 345
lidocaine patch 5% .. 345
lidocaine-prilocaine cream 2.5-2.5% 345
lidocan 345
LIFYORLI CAP 125MG DS 86
LIFYORLI CAP 150MG DS 86

LILETTA IUD 52MG .. 249
linezolid for susp 100 mg/5ml 51
LINEZOLID INJ 2MG/ML 51
linezolid iv soln 600 mg/300ml (2 mg/ml) 51
linezolid tab 600 mg .. 51
LINZESS CAP 145MCG 278
LINZESS CAP 290MCG 278
LINZESS CAP 72MCG 278
liomny tab 25mcg 268
liomny tab 50mcg 268
liomny tab 5mcg 268
liothyronine sodium tab 25 mcg 268
liothyronine sodium tab 5 mcg 268
liothyronine sodium tab 50 mcg 268
lisinopril & hydrochlorothiazide tab 10-12.5 mg 120
lisinopril & hydrochlorothiazide tab 20-12.5 mg 120
lisinopril & hydrochlorothiazide tab 20-25 mg 120
lisinopril tab 10 mg .. 121
lisinopril tab 2.5 mg . 121
lisinopril tab 20 mg .. 121
lisinopril tab 30 mg .. 121
lisinopril tab 40 mg .. 121
lisinopril tab 5 mg 121
lithium carbonate cap 150 mg 221
lithium carbonate cap 300 mg 221
lithium carbonate cap 600 mg 221
lithium carbonate tab 300 mg 222
lithium carbonate tab er 300 mg 222
lithium carbonate tab er 450 mg 222
lithium oral solution 8 meq/5ml 222
LIVTENCITY TAB 200MG 65
loestrin 1.5/30-21 ... 249
loestrin 1/20-21 249
loestrin fe 1.5/30 249
loestrin fe 1/20 249
lojaimiess tab 249

LOKELMA PAK 10GM 244
LOKELMA PAK 5GM .. 244
lomustine cap 10 mg .. 82
lomustine cap 100 mg 82
lomustine cap 40 mg .. 82
LONSURF TAB 15-6.14 84
LONSURF TAB 20-8.19 84
loperamide hcl cap 2 mg 278
lopinavir-ritonavir tab 100-25 mg 63
lopinavir-ritonavir tab 200-50 mg 63
lorazepam conc 2 mg/ml 155
lorazepam inj 2 mg/ml 155
lorazepam inj 4 mg/ml 155
lorazepam intensol ... 155
lorazepam tab 0.5 mg 155
lorazepam tab 1 mg . 155
lorazepam tab 2 mg . 155
LORBRENA TAB 100MG 105
LORBRENA TAB 25MG 105
loryna 249
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 125
losartan potassium & hydrochlorothiazide tab 100-25 mg 125
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 125
losartan potassium tab 100 mg 129
losartan potassium tab 25 mg 129
losartan potassium tab 50 mg 129
LOTEMAX OIN 0.5%. 317
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 314
lovastatin tab 10 mg 133
lovastatin tab 20 mg 133
lovastatin tab 40 mg 133
low-ogestrel 249
loxapine succinate cap 10 mg 182
loxapine succinate cap 25 mg 182
loxapine succinate cap 5 mg 182

loxapine succinate cap 50 mg 182
lubiprostone cap 24 mcg 278
lubiprostone cap 8 mcg 278
luizza 1/20 tab 249
luizza tab 1.5/30 249
LUMAKRAS TAB 120MG 106
LUMAKRAS TAB 240MG 106
LUMAKRAS TAB 320MG 106
LUMIGAN SOL 0.01% OP 318
LUMIZYME INJ 50MG 263
LUPR DEP-PED INJ 11.25MG..... 263
LUPR DEP-PED INJ 15MG 263
LUPR DEP-PED INJ 3M 30MG 263
LUPR DEP-PED INJ 7.5MG 263
LUPRON DEPOT INJ 11.25MG..... 87
LUPRON DEPOT INJ 3.75MG 86
LUPRON DEPOT INJ 45MG 263
lurasidone hcl tab 120 mg 183
lurasidone hcl tab 20 mg 182
lurasidone hcl tab 40 mg 182
lurasidone hcl tab 60 mg 182
lurasidone hcl tab 80 mg 182
lutera 249
LYBALVI TAB 10-10MG 183
LYBALVI TAB 15-10MG 183
LYBALVI TAB 20-10MG 183
LYBALVI TAB 5-10MG 183
lyleq 249
lyllana..... 256
LYNPARZA TAB 100MG 106
LYNPARZA TAB 150MG 106
LYSODREN TAB 500MG 87

LYTGOBI (12 MG DAILY DOSE) 106
LYTGOBI (16 MG DAILY DOSE) 106
LYTGOBI (20 MG DAILY DOSE) 106
LYUMJEV INJ 100UT/ML 239
LYUMJEV KWPN INJ 100UT/ML 239
LYUMJEV KWPN INJ 200UT/ML 239
lyza 250

M

MAGNESIUM SU INJ 20/500ML 309
MAGNESIUM SU INJ 2GM/50ML 309
MAGNESIUM SU INJ 40G/1000 309
MAGNESIUM SU INJ 4G/100ML 309
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 309
magnesium sulfate inj 50% 309
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) 309
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) 309
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml) 309
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) 309
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) 309
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) 309
malathion lotion 0.5% 348
maraviroc tab 150 mg 59
maraviroc tab 300 mg 59
marlissa 250
MARPLAN TAB 10MG 166
MATULANE CAP 50MG 91
MAVYRET PAK 50-20MG 65
MAVYRET TAB 100-40MG 65
meclizine hcl tab 12.5 mg 271
meclizine hcl tab 25 mg 271

medroxyprogesterone acetate im susp 150 mg/ml 250
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 250
medroxyprogesterone acetate tab 10 mg .. 266
medroxyprogesterone acetate tab 2.5 mg. 266
medroxyprogesterone acetate tab 5 mg ... 266
mefloquine hcl tab 250 mg 58
megestrol acetate susp 40 mg/ml 266
megestrol acetate susp 625 mg/5ml 267
megestrol acetate tab 20 mg 87
megestrol acetate tab 40 mg 87
MEKINIST SOL 0.05/ML 106
MEKINIST TAB 0.5MG 106
MEKINIST TAB 2MG . 106
MEKTOVI TAB 15MG 107
meleya tab 0.35mg .. 250
meloxicam tab 15 mg 40
meloxicam tab 7.5 mg 40
memantine hcl cap er 24hr 14 mg 156
memantine hcl cap er 24hr 21 mg 157
memantine hcl cap er 24hr 28 mg 157
memantine hcl cap er 24hr 7 mg 156
memantine hcl oral solution 2 mg/ml ... 157
memantine hcl tab 10 mg 157
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 157
memantine hcl tab 5 mg 157
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 157
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 157
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 158
MENQUADFI INJ 305
MENVEO INJ 305

MENVEO SOL 305
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 84
mercaptopurine tab 50 mg 84
meropenem iv for soln 1 gm 51
meropenem iv for soln 2 gm 51
meropenem iv for soln 500 mg 51
mesalamine cap dr 400 mg 276
mesalamine cap er 24hr 0.375 gm 276
mesalamine enema 4 gm 276
mesalamine rectal enema 4 gm & cleanser wipe kit 276
mesalamine suppos 1000 mg 276
mesalamine tab delayed release 1.2 gm 276
mesna tab 400 mg 91
metformin hcl oral soln 500 mg/5ml 233
metformin hcl tab 1000 mg 233
metformin hcl tab 500 mg 233
metformin hcl tab 850 mg 233
metformin hcl tab er 24hr 500 mg 233
metformin hcl tab er 24hr 750 mg 233
methadone hcl soln 10 mg/5ml 43
methadone hcl soln 5 mg/5ml 43
methadone hcl tab 10 mg 43
methadone hcl tab 5 mg 43
methadone hydrochloride i 43
methazolamide tab 25 mg 146
methazolamide tab 50 mg 146
methenamine hippurate tab 1 gm 51
methimazole tab 10 mg 268
methimazole tab 5 mg 268
methocarbamol tab 500 mg 225

methocarbamol tab 750 mg.....225
methotrexate sodium for inj 1 gm 84
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....84
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 84
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....84
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....84
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....84
methotrexate sodium tab 2.5 mg (base equiv) 299
methsuximide cap 300 mg.....201
methylphenidate hcl chew tab 10 mg.....214
methylphenidate hcl chew tab 2.5 mg....213
methylphenidate hcl chew tab 5 mg 214
methylphenidate hcl soln 10 mg/5ml.....214
methylphenidate hcl soln 5 mg/5ml 214
methylphenidate hcl tab 10 mg 214
methylphenidate hcl tab 20 mg 214
methylphenidate hcl tab 5 mg.....214
methylphenidate hcl tab er 10 mg 214
methylphenidate hcl tab er 20 mg 214
methylprednisolone acetate inj susp 40 mg/ml.....258
methylprednisolone acetate inj susp 80 mg/ml.....258
methylprednisolone sod succ for inj 1000 mg (base equiv) 258
methylprednisolone sod succ for inj 125 mg (base equiv) 258
methylprednisolone sod succ for inj 40 mg (base equiv) 258

methylprednisolone sod succ for inj 500 mg (base equiv) 258
methylprednisolone tab 16 mg 258
methylprednisolone tab 32 mg 258
methylprednisolone tab 4 mg 258
methylprednisolone tab 8 mg 258
methylprednisolone tab therapy pack 4 mg (21) 258
metoclopramide hcl inj 5 mg/ml (base equivalent) 271
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 271
metoclopramide hcl tab 10 mg (base equivalent) 271
metoclopramide hcl tab 5 mg (base equivalent) 271
metolazone tab 10 mg 146
metolazone tab 2.5 mg 146
metolazone tab 5 mg 146
metoprolol & hydrochlorothiazide tab 100-25 mg 137
metoprolol & hydrochlorothiazide tab 100-50 mg 137
metoprolol & hydrochlorothiazide tab 50-25 mg 137
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 138
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 138
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 138
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 138
metoprolol tartrate iv soln 5 mg/5ml 139
metoprolol tartrate tab 100 mg 139
metoprolol tartrate tab 25 mg 139

metoprolol tartrate tab 50 mg 139
metronidazole cream 0.75% 347
metronidazole gel 0.75% 347
metronidazole iv soln 500 mg/100ml 52
metronidazole lotion 0.75% 347
metronidazole tab 250 mg 52
metronidazole tab 500 mg 52
metronidazole vaginal gel 0.75% 285
metyrosine cap 250 mg 149
mibelas 24 fe 250
micafungin sodium for iv soln 100 mg 56
micafungin sodium for iv soln 50 mg 56
microgestin 1.5/30 .. 250
microgestin 1/20 250
microgestin fe 1.5/30 250
microgestin fe 1/20 .. 250
midodrine hcl tab 10 mg 149
midodrine hcl tab 2.5 mg 149
midodrine hcl tab 5 mg 149
MIEBO DRO 1.3GM/ML 319
mifepristone tab 300 mg 263
mili 250
mimvey 256
minocycline hcl cap 100 mg 79
minocycline hcl cap 50 mg 79
minocycline hcl cap 75 mg 79
minoxidil tab 10 mg . 149
minoxidil tab 2.5 mg 149
mirabegron tab er 24 hr 25 mg 283
mirabegron tab er 24 hr 50 mg 284
mirtazapine orally disintegrating tab 15 mg 166
mirtazapine orally disintegrating tab 30 mg 166

mirtazapine orally disintegrating tab 45 mg 166
mirtazapine tab 15 mg 166
mirtazapine tab 30 mg 166
mirtazapine tab 45 mg 166
mirtazapine tab 7.5 mg 166
misoprostol tab 100 mcg 278
misoprostol tab 200 mcg 278
M-M-R II INJ 305
M-NATAL PLUS TAB .. 311
modafinil tab 100 mg 226
modafinil tab 200 mg 226
MODEYSO CAP 125MG 91
moexipril hcl tab 15 mg 121
moexipril hcl tab 7.5 mg 121
molindone hcl tab 10 mg 183
molindone hcl tab 25 mg 183
molindone hcl tab 5 mg 183
mometasone furoate cream 0.1% 344
mometasone furoate oint 0.1% 344
mometasone furoate solution 0.1% (lotion) 344
MONJUVI INJ 200MG 107
mono-linyah 250
montelukast sodium chew tab 4 mg (base equiv) 327
montelukast sodium chew tab 5 mg (base equiv) 327
montelukast sodium oral granules packet 4 mg (base equiv) 327
montelukast sodium tab 10 mg (base equiv) 327
morphine sulfate iv soln 10 mg/ml 46
morphine sulfate iv soln 2 mg/ml 46
morphine sulfate iv soln 4 mg/ml 46
morphine sulfate iv soln 8 mg/ml 46

morphine sulfate oral soln 10 mg/5ml 46
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....46
morphine sulfate oral soln 20 mg/5ml 46
morphine sulfate tab 15 mg.....46
morphine sulfate tab 30 mg.....47
morphine sulfate tab er 100 mg 43
morphine sulfate tab er 15 mg 43
morphine sulfate tab er 200 mg 43
morphine sulfate tab er 30 mg 43
morphine sulfate tab er 60 mg 43
MOUNJARO INJ 10MG/0.5 234
MOUNJARO INJ 12.5/0.5 234
MOUNJARO INJ 15MG/0.5 234
MOUNJARO INJ 2.5/0.5 233
MOUNJARO INJ 5MG/0.5 234
MOUNJARO INJ 7.5/0.5 234
MOVANTIK TAB 12.5MG 278
MOVANTIK TAB 25MG 278
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 74
moxifloxacin hcl ophth soln 0.5% (base equiv) 316
moxifloxacin hcl tab 400 mg (base equiv) 74
MRESVIA INJ 50MCG 305
MULTAQ TAB 400MG 131
multiple electrolytes ph 5.5 309
mupirocin oint 2% ... 338
mycophenolate mofetil cap 250 mg 303
mycophenolate mofetil for oral susp 200 mg/ml.....303
mycophenolate mofetil tab 500 mg.....303
mycophenolate sodium tab dr 180 mg

(mycophenolic acid equiv) 303
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 303
MYRBETRIQ SUS 8MG/ML..... 284
MYRBETRIQ TAB 25MG 284
MYRBETRIQ TAB 50MG 284

N

nabumetone tab 500 mg 40
nabumetone tab 750 mg 40
nadolol tab 20 mg ...139
nadolol tab 40 mg ...139
nadolol tab 80 mg ...139
nafcillin sodium for inj 1 gm.....77
nafcillin sodium for inj 2 gm.....77
nafcillin sodium for iv soln 10 gm.....77
NAGLAZYME INJ 1MG/ML 263
naloxone hcl inj 0.4 mg/ml 227
naloxone hcl inj 4 mg/10ml 227
*naloxone hcl soln cartridge 0.4 mg/ml*227
naloxone hcl soln prefilled syringe 0.4 mg/ml 227
naloxone hcl soln prefilled syringe 2 mg/2ml 228
naltrexone hcl tab 50 mg 228
NAMZARIC CAP 7-10MG 158
naproxen sodium tab 275 mg 40
naproxen sodium tab 550 mg 40
naproxen tab 250 mg.40
naproxen tab 375 mg.40
naproxen tab 500 mg.40
naproxen tab ec 375 mg 40
naratriptan hcl tab 1 mg (base equiv) 219
naratriptan hcl tab 2.5 mg (base equiv) 219
NATACYN SUS 5% OP 316

nateglinide tab 120 mg 234
nateglinide tab 60 mg 234
NAYZILAM SPR 5MG 201
nebivolol hcl tab 10 mg (base equivalent) ... 139
nebivolol hcl tab 2.5 mg (base equivalent) ... 139
nebivolol hcl tab 20 mg (base equivalent) ... 139
nebivolol hcl tab 5 mg (base equivalent) ... 139
necon 0.5/35-28 250
nefazodone hcl tab 100 mg 166
nefazodone hcl tab 150 mg 167
nefazodone hcl tab 200 mg 167
nefazodone hcl tab 250 mg 167
nefazodone hcl tab 50 mg 166
neomycin sulfate tab 500 mg 52
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 316
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 316
neomycin-polymyxin-dexamethasone ophth oint 0.1% 314
neomycin-polymyxin-dexamethasone ophth susp 0.1% 314
neomycin-polymyxin-hc ophth susp 314
neomycin-polymyxin-hc otic soln 1% 320
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% . 320
NERLYNX TAB 40MG 107
neuac gel 1.2-5% 337
nevirapine susp 50 mg/5ml 59
nevirapine tab 200 mg 59
nevirapine tab er 24hr 400 mg 59
NEXLETOL TAB 180MG 135
NEXLIZET TAB 180/10MG 135

NEXPLANON IMP 68MG 250
*niacin tab er 1000 mg (antihyperlipidemic)*136
*niacin tab er 500 mg (antihyperlipidemic)*135
*niacin tab er 750 mg (antihyperlipidemic)*136
nicardipine hcl cap 20 mg.....143
nicardipine hcl cap 30 mg.....143
NICOTROL NS SPR 10MG/ML.....228
nifedipine tab er 24hr 30 mg.....143
nifedipine tab er 24hr 60 mg.....143
nifedipine tab er 24hr 90 mg.....143
nifedipine tab er 24hr osmotic release 30 mg 143
nifedipine tab er 24hr osmotic release 60 mg 143
nifedipine tab er 24hr osmotic release 90 mg 143
nikki 250
nilotinib hcl cap 150 mg (base equivalent)... 107
nilotinib hcl cap 200 mg (base equivalent)... 107
nilotinib hcl cap 50 mg (base equivalent)... 107
nilutamide tab 150 mg 87
nimodipine cap 30 mg 143
NINLARO CAP 2.3MG 107
NINLARO CAP 3MG .. 107
NINLARO CAP 4MG .. 107
nintedanib esylate cap 100 mg (base equivalent) 329
nintedanib esylate cap 150 mg (base equivalent) 329
nitazoxanide tab 500 mg 52
nitisinone cap 10 mg 263
nitisinone cap 2 mg . 263
nitisinone cap 20 mg 263
nitisinone cap 5 mg . 263
nitro-bid oin 2%..... 150
nitrofurantoin macrocrystalline cap 100 mg 52

nitrofurantoin macrocrystalline cap 50 mg 52
nitrofurantoin monohydrate macrocrystalline cap 100 mg 52
nitroglycerin oint 0.4% 347
nitroglycerin oint 2% 150
nitroglycerin sl tab 0.3 mg 150
nitroglycerin sl tab 0.4 mg 150
nitroglycerin sl tab 0.6 mg 150
nitroglycerin td patch 24hr 0.1 mg/hr 150
nitroglycerin td patch 24hr 0.2 mg/hr 150
nitroglycerin td patch 24hr 0.4 mg/hr 150
nitroglycerin td patch 24hr 0.6 mg/hr 150
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 150
nizatidine cap 150 mg 275
nizatidine cap 300 mg 275
nora-be 250
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 250
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 251
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 251
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 251
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 251
norethindrone acetate tab 5 mg 267
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 256
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 256
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg ... 251

norethindrone tab 0.35 mg 251
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 251
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 251
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 251
norlyroc 251
nortrel 0.5/35 (28) .. 251
nortrel 1/35 (21) 252
nortrel 1/35 (28) 252
nortrel 7/7/7 252
nortriptyline hcl cap 10 mg 167
nortriptyline hcl cap 25 mg 167
nortriptyline hcl cap 50 mg 167
nortriptyline hcl cap 75 mg 167
nortriptyline hcl soln 10 mg/5ml 167
NORVIR POW 100MG .59
NOVOLIN INJ 70/30 . 239
NOVOLIN INJ 70/30 FP 239
NOVOLIN N INJ 100 UNIT 240
NOVOLIN N INJ U-100 240
NOVOLIN R INJ 100 UNIT 240
NOVOLIN R INJ U-100 240
NOVOLOG INJ 100/ML 240
NOVOLOG INJ FLEX REL 240
NOVOLOG INJ FLEXPEN 240
NOVOLOG INJ PENFILL 240
NOVOLOG INJ RELION 240
NOVOLOG MIX INJ 70/30..... 240
NOVOLOG MIX INJ FLEXPEN..... 240
NUBEQA TAB 300MG..87
NUEDEXTA CAP 20-10MG..... 222
NULOJIX INJ 250MG 303
NUPLAZID CAP 34MG183
NUPLAZID TAB 10MG183

NURTEC TAB 75MG ODT 219
NUTRILIPID EMU 20% 313
NUZYRA INJ 100MG ... 80
NUZYRA TAB 150MG .. 80
nyamyc 339
nylia 1/35 252
nylia 7/7/7 252
nystatin cream 100000 unit/gm 339
nystatin oint 100000 unit/gm 339
nystatin susp 100000 unit/ml 349
nystatin tab 500000 unit 56
nystatin topical powder 100000 unit/gm 339
nystop 339

O

OCTAGAM INJ 10/100ML 301
OCTAGAM INJ 10GM 301
OCTAGAM INJ 1GM .. 301
OCTAGAM INJ 2.5GM 301
OCTAGAM INJ 20/200ML 301
OCTAGAM INJ 2GM/20ML 301
OCTAGAM INJ 30/300ML 301
OCTAGAM INJ 5GM .. 301
OCTAGAM INJ 5GM/50ML 301
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 263
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 264
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 263
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 263
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 264
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 264
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 264
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 264
ODEFSEY TAB 63

ODOMZO CAP 200MG 107
OFEV CAP 100MG 329
OFEV CAP 150MG 329
ofloxacin ophth soln 0.3% 316
ofloxacin otic soln 0.3% 320
OGIVRI INJ 150MG .. 107
OGIVRI INJ 420MG .. 107
OGSIVEO TAB 100MG 107
OGSIVEO TAB 150MG 108
OJEMDA SUS 25MG/ML 108
OJEMDA TAB 100MG 108
OJJAARA TAB 100MG 108
OJJAARA TAB 150MG 108
OJJAARA TAB 200MG 108
olanzapine for im inj 10 mg..... 183
olanzapine orally disintegrating tab 10 mg..... 183
olanzapine orally disintegrating tab 15 mg..... 184
olanzapine orally disintegrating tab 20 mg 184
olanzapine orally disintegrating tab 5 mg 183
olanzapine tab 10 mg 184
olanzapine tab 15 mg 184
olanzapine tab 2.5 mg 184
olanzapine tab 20 mg 184
olanzapine tab 5 mg 184
olanzapine tab 7.5 mg 184
olmesartan medoxomil tab 20 mg..... 129
olmesartan medoxomil tab 40 mg..... 129
olmesartan medoxomil tab 5 mg 129
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 125
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 125

olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 126
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 126
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 126
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 126
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 126
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 126
omega-3-acid ethyl esters cap 1 gm 136
omeprazole cap delayed release 10 mg 281
omeprazole cap delayed release 20 mg 281
omeprazole cap delayed release 40 mg 281
OMNIPOD 5 DX KIT INT G7G6 241
OMNIPOD 5 DX MIS POD G7G6 241
OMNIPOD DASH KIT INTRO 241
OMNIPOD DASH MIS PODS 241
OMNIPOD5 LIB KIT INTRO 240
OMNIPOD5 LIB MIS PODS 240
ondansetron hcl inj 4 mg/2ml (2 mg/ml) . 271
ondansetron hcl inj 40 mg/20ml (2 mg/ml) 271
ondansetron hcl inj soln pref syr 4 mg/2ml .. 272
ondansetron hcl oral soln 4 mg/5ml 272
ondansetron hcl tab 4 mg 272
ondansetron hcl tab 8 mg 272
ondansetron orally disintegrating tab 4 mg 272
ondansetron orally disintegrating tab 8 mg 272
ONTRUZANT INJ 150MG 108
ONTRUZANT INJ 420MG 108

ONUREG TAB 200MG..84
ONUREG TAB 300MG..84
OPIPZA MIS 10MG ... 184
OPIPZA MIS 2MG..... 184
OPIPZA MIS 5MG..... 184
OPSUMIT TAB 10MG 152
ORGOVYX TAB 120MG 87
ORKAMBI GRA 100-125 329
ORKAMBI GRA 150-188 330
ORKAMBI GRA 75-94MG 329
ORKAMBI TAB 100-125 330
ORKAMBI TAB 200-125 330
orquidea tab 0.35mg 252
ORSERDU TAB 345MG 87
ORSERDU TAB 86MG..87
oseltamivir phosphate cap 30 mg (base equiv) 65
oseltamivir phosphate cap 45 mg (base equiv) 65
oseltamivir phosphate cap 75 mg (base equiv) 65
oseltamivir phosphate for susp 6 mg/ml (base equiv) 65
OSPOMYV INJ 60MG/ML 242
*oxacillin sodium for inj 1 gm (base equivalent)*77
*oxacillin sodium for inj 2 gm (base equivalent)*77
oxacillin sodium for iv soln 10 gm (base equivalent) 77
oxaliplatin for iv inj 100 mg 82
oxaliplatin for iv inj 50 mg 82
oxaliplatin iv soln 100 mg/20ml 82
oxaliplatin iv soln 200 mg/40ml 82
oxaliplatin iv soln 50 mg/10ml 82
*oxcarbazepine susp 300 mg/5ml (60 mg/ml)*201
oxcarbazepine tab 150 mg 201
oxcarbazepine tab 300 mg 201
oxcarbazepine tab 600 mg 202

oxybutynin chloride solution 5 mg/5ml .. 284
oxybutynin chloride tab 5 mg 284
oxybutynin chloride tab er 24hr 10 mg 284
oxybutynin chloride tab er 24hr 15 mg 284
oxybutynin chloride tab er 24hr 5 mg 284
oxycodone hcl conc 100 mg/5ml (20 mg/ml) .47
oxycodone hcl soln 5 mg/5ml 47
oxycodone hcl tab 10 mg 47
oxycodone hcl tab 15 mg 47
oxycodone hcl tab 20 mg 47
oxycodone hcl tab 30 mg 47
oxycodone hcl tab 5 mg 47
oxycodone w/ acetaminophen tab 10-325 mg 48
oxycodone w/ acetaminophen tab 2.5-325 mg 47
oxycodone w/ acetaminophen tab 5-325 mg 47
oxycodone w/ acetaminophen tab 7.5-325 mg 47
OXYCONTIN TAB 10MG ER 43
OXYCONTIN TAB 15MG ER 44
OXYCONTIN TAB 20MG ER 44
OXYCONTIN TAB 30MG ER 44
OXYCONTIN TAB 40MG ER 44
OXYCONTIN TAB 60MG ER 44
OXYCONTIN TAB 80MG ER 44
OZEMPIC (0.25 OR 0.5MG/DOSE) 234
OZEMPIC (1MG/DOSE) 234
OZEMPIC (2MG/DOSE) 234
OZEMPIC TAB 1.5MG 234
OZEMPIC TAB 4MG .. 235
OZEMPIC TAB 9MG .. 235

P

pacerone 131
paclitaxel inj 100mg ... 92
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) 92
paclitaxel iv conc 150 mg/25ml (6 mg/ml) .92
paclitaxel iv conc 30 mg/5ml (6 mg/ml) ... 92
paclitaxel iv conc 300 mg/50ml (6 mg/ml) .93
paliperidone tab er 24hr 1.5 mg 185
paliperidone tab er 24hr 3 mg 185
paliperidone tab er 24hr 6 mg 185
paliperidone tab er 24hr 9 mg 185
pamidronate disodium iv soln 3 mg/ml 242
pamidronate disodium iv soln 9 mg/ml 242
PAMIDRONATE INJ 6MG/ML 242
PANRETIN GEL 0.1% 347
pantoprazole sodium ec tab 20 mg (base equiv) 281
pantoprazole sodium ec tab 40 mg (base equiv) 281
pantoprazole sodium for iv soln 40 mg (base equiv) 281
PANZYGA SOL 10/100ML 301
PANZYGA SOL 1GM/10ML 301
PANZYGA SOL 2.5/25ML 301
PANZYGA SOL 20/200ML 301
PANZYGA SOL 30/300ML 301
PANZYGA SOL 5GM/50ML 301
paricalcitol cap 1 mcg 269
paricalcitol cap 2 mcg 269
paricalcitol cap 4 mcg 269
paroxetine hcl oral susp 10 mg/5ml (base equiv) 167
paroxetine hcl tab 10 mg 167

paroxetine hcl tab 20 mg 167
paroxetine hcl tab 30 mg 167
paroxetine hcl tab 40 mg 168
PAXLOVID PAK 65
PAXLOVID TAB 150-100 65
PAXLOVID TAB 300-100 65
pazopanib hcl tab 200 mg (base equiv) 108
pazopanib hcl tab 400 mg (base equiv) 108
PEDIARIX INJ 0.5ML 305
PEDVAX HIB INJ 305
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 277
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 277
PEGASYS INJ 65
PEGASYS INJ 180MCG/M 65
PEMAZYRE TAB 13.5MG 109
PEMAZYRE TAB 4.5MG 108
PEMAZYRE TAB 9MG 108
pemetrexed disodium for iv soln 100 mg (base equiv) 85
pemetrexed disodium for iv soln 1000 mg (base equiv) 85
pemetrexed disodium for iv soln 500 mg (base equiv) 85
pemetrexed disodium for iv soln 750 mg (base equiv) 85
PENBRAYA INJ 305
penicillamine tab 250 mg 244
penicillin g potassium for inj 20000000 unit 77
penicillin g potassium for inj 5000000 unit 77
penicillin g sodium for inj 5000000 unit 77
penicillin v potassium for soln 125 mg/5ml 77
penicillin v potassium for soln 250 mg/5ml 78
penicillin v potassium tab 250 mg 78
penicillin v potassium tab 500 mg 78

PENMENVY INJ 305
PENTACEL INJ 305
pentamidine isethionate inh 52
pentamidine isethionate inj 52
pentoxifylline tab er 400 mg 291
perampanel susp 0.5 mg/ml 202
perampanel tab 10 mg 202
perampanel tab 12 mg 202
perampanel tab 2 mg 202
perampanel tab 4 mg 202
perampanel tab 6 mg 202
perampanel tab 8 mg 202
perindopril erbumine tab 2 mg 121
perindopril erbumine tab 4 mg 121
perindopril erbumine tab 8 mg 121
periogard 349
permethrin cream 5% 348
perphenazine tab 16 mg 185
perphenazine tab 2 mg 185
perphenazine tab 4 mg 185
perphenazine tab 8 mg 185
pfizerpen 78
phenelzine sulfate tab 15 mg 168
phenobarbital elixir 20 mg/5ml 202
phenobarbital sodium inj 130 mg/ml 203
phenobarbital sodium inj 65 mg/ml 202
phenobarbital tab 100 mg 204
phenobarbital tab 15 mg 203
phenobarbital tab 16.2 mg 203
phenobarbital tab 30 mg 203
phenobarbital tab 32.4 mg 203

phenobarbital tab 60 mg 203
phenobarbital tab 64.8 mg 204
phenobarbital tab 97.2 mg 204
phenytek 204
phenytoin chew tab 50 mg 204
phenytoin sodium extended cap 100 mg 204
phenytoin sodium extended cap 200 mg 204
phenytoin sodium extended cap 300 mg 204
phenytoin sodium inj 50 mg/ml 204
phenytoin susp 125 mg/5ml 204
PHESGO SOL 109
philith 252
PIFELTRO TAB 100MG 60
pilocarpine hcl ophth soln 1% 318
pilocarpine hcl ophth soln 2% 318
pilocarpine hcl ophth soln 4% 318
pilocarpine hcl tab 5 mg 349
pilocarpine hcl tab 7.5 mg 349
pimecrolimus cream 1% 347
pimozide tab 1 mg ... 185
pimozide tab 2 mg ... 185
pimtrea 252
pindolol tab 10 mg ... 139
pindolol tab 5 mg 139
pioglitazone hcl tab 15 mg (base equiv) 235
pioglitazone hcl tab 30 mg (base equiv) 235
pioglitazone hcl tab 45 mg (base equiv) 235
pioglitazone hcl-metformin hcl tab 15-500 mg 235
pioglitazone hcl-metformin hcl tab 15-850 mg 235
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 78

piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 78
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 78
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) ... 78
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 78
PIQRAY 200MG TAB DOSE 109
PIQRAY 250MG TAB DOSE 109
PIQRAY 300MG TAB DOSE 109
pirfenidone cap 267 mg 330
pirfenidone tab 267 mg 330
pirfenidone tab 534 mg 330
pirfenidone tab 801 mg 330
piroxicam cap 10 mg .. 40
piroxicam cap 20 mg . 41
plenamine 313
PLENVU SOL 277
podofilox soln 0.5% . 347
polymyxin b sulfate for inj 500000 unit 52
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 316
pomalidomide cap 1 mg 88
pomalidomide cap 2 mg 88
pomalidomide cap 3 mg 88
pomalidomide cap 4 mg 89
POMALYST CAP 1MG .. 89
POMALYST CAP 2MG .. 89
POMALYST CAP 3MG .. 89
POMALYST CAP 4MG .. 89
portia-28 252
posaconazole tab delayed release 100 mg 56
POT CHL 20MEQ/L IN NACL 0.45% INJ 310
POT CHL 20MEQ/L IN NACL 0.9% INJ 310

POT CHL 40MEQ/L IN NACL 0.9% INJ 310
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 310
potassium chloride cap er 10 meq 311
potassium chloride cap er 8 meq 311
potassium chloride inj 10 meq/100ml 310
potassium chloride inj 10 meq/50ml 310
potassium chloride inj 2 meq/ml 310
potassium chloride inj 20 meq/100ml 310
potassium chloride inj 20 meq/50ml 310
potassium chloride inj 40 meq/100ml 310
potassium chloride microencapsulated crys er tab 10 meq 311
potassium chloride microencapsulated crys er tab 15 meq 312
potassium chloride microencapsulated crys er tab 20 meq 312
potassium chloride oral soln 10% (20 meq/15ml) 312
potassium chloride oral soln 20% (40 meq/15ml) 312
potassium chloride powder packet 20 meq 312
potassium chloride tab er 10 meq 312
potassium chloride tab er 20 meq (1500 mg) 312
potassium chloride tab er 8 meq (600 mg) 312
potassium citrate tab er 10 meq (1080 mg) 283
potassium citrate tab er 15 meq (1620 mg) 283
potassium citrate tab er 5 meq (540 mg) 283
pramipexole dihydrochloride tab 0.125 mg 173
pramipexole dihydrochloride tab 0.25 mg 173

pramipexole dihydrochloride tab 0.5 mg 173
pramipexole dihydrochloride tab 0.75 mg 173
pramipexole dihydrochloride tab 1 mg 173
pramipexole dihydrochloride tab 1.5 mg 173
prasugrel hcl tab 10 mg (base equiv) 292
prasugrel hcl tab 5 mg (base equiv) 292
pravastatin sodium tab 10 mg 133
pravastatin sodium tab 20 mg 133
pravastatin sodium tab 40 mg 133
pravastatin sodium tab 80 mg 133
praziquantel tab 600 mg 52
prazosin hcl cap 1 mg 123
prazosin hcl cap 2 mg 123
prazosin hcl cap 5 mg 123
PRED SOD PHO SOL 1% OP 317
prednisolone acetate ophth susp 1% 317
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 259
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) 259
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) .. 259
prednisolone soln 15 mg/5ml 259
PREDNISONE CON 5MG/ML 259
prednisone oral soln 5 mg/5ml 259
prednisone tab 1 mg 259
prednisone tab 10 mg 259
prednisone tab 2.5 mg 259
prednisone tab 20 mg 259

prednisone tab 5 mg 259
prednisone tab 50 mg 259
prednisone tab therapy pack 10 mg (21) 260
prednisone tab therapy pack 10 mg (48) 260
prednisone tab therapy pack 5 mg (21) 259
prednisone tab therapy pack 5 mg (48) 259
pregabalin cap 100 mg 205
pregabalin cap 150 mg 205
pregabalin cap 200 mg 205
pregabalin cap 225 mg 206
pregabalin cap 25 mg 205
pregabalin cap 300 mg 206
pregabalin cap 50 mg 205
pregabalin cap 75 mg 205
pregabalin soln 20 mg/ml 206
PREMASOL SOL 10% 313
PRENATAL TAB 27-1MG 312
PRENATAL TAB PLUS 312
prevalite 136
PREVYMIS TAB 240MG66
PREVYMIS TAB 480MG66
PREZCOBIX TAB 675/150 63
PREZCOBIX TAB 800-150..... 63
PREZISTA SUS 100MG/ML 60
PREZISTA TAB 150MG 60
PREZISTA TAB 75MG . 60
PRIFTIN TAB 150MG .. 63
primaquine phosphate tab 26.3 mg (15 mg base) 58
PRIMAQUINE TAB 26.3MG 58
primidone tab 125 mg 206
primidone tab 250 mg 206
primidone tab 50 mg 206
PRIORIX INJ 305
PRIVIGEN INJ 10GRAMS 301
PRIVIGEN INJ 20GRAMS 301

PRIVIGEN INJ 40GRAMS 301
PRIVIGEN INJ 5 GRAMS 301
probenecid tab 500 mg 38
prochlorperazine edisylate inj 10 mg/2ml 272
prochlorperazine maleate tab 10 mg (base equivalent) ... 272
prochlorperazine maleate tab 5 mg (base equivalent) ... 272
prochlorperazine suppos 25 mg 272
PROCRIT INJ 10000/ML 289
PROCRIT INJ 2000/ML 289
PROCRIT INJ 20000/ML 289
PROCRIT INJ 3000/ML 289
PROCRIT INJ 4000/ML 289
PROCRIT INJ 40000/ML 289
proctocort 347
procto-med hc 347
proctosol hc 347
proctozone-hc 347
progesterone cap 100 mg 267
progesterone cap 200 mg 267
PROGRAF GRA 0.2MG 303
PROGRAF GRA 1MG . 303
PROLASTIN-C INJ 1000MG 330
PROLIA INJ 60MG/ML 242
promethazine hcl inj 25 mg/ml 272
promethazine hcl inj 50 mg/ml 273
promethazine hcl oral soln 6.25 mg/5ml .. 273
promethazine hcl tab 12.5 mg 273
promethazine hcl tab 25 mg 273
promethazine hcl tab 50 mg 274
propafenone hcl cap er 12hr 225 mg 131
propafenone hcl cap er 12hr 325 mg 131

propafenone hcl cap er 12hr 425 mg 131
propafenone hcl tab 150 mg 131
propafenone hcl tab 225 mg 131
propafenone hcl tab 300 mg 131
proparacaine hcl ophth soln 0.5% 319
propranolol hcl cap er 24hr 120 mg 140
propranolol hcl cap er 24hr 160 mg 140
propranolol hcl cap er 24hr 60 mg 139
propranolol hcl cap er 24hr 80 mg 139
propranolol hcl oral soln 20 mg/5ml 140
propranolol hcl oral soln 40 mg/5ml 140
propranolol hcl tab 10 mg 140
propranolol hcl tab 20 mg 140
propranolol hcl tab 40 mg 140
propranolol hcl tab 60 mg 140
propranolol hcl tab 80 mg 140
propylthiouracil tab 50 mg 268
PROQUAD INJ 305
PROSOL INJ 20% 314
protriptyline hcl tab 10 mg 168
protriptyline hcl tab 5 mg 168
PULMOZYME SOL 1MG/ML 330
pyrazinamide tab 500 mg 63
pyridostigmine bromide tab 60 mg 222
pyrimethamine tab 25 mg 52
PYZCHIVA INJ 130/26ML 296
PYZCHIVA INJ 45/0.5ML 295
PYZCHIVA INJ 90MG/ML 295

Q

QINLOCK TAB 50MG 109
QUADRACEL INJ 0.5ML 305
quetiapine fumarate tab 100 mg 185

quetiapine fumarate tab 150 mg 185
quetiapine fumarate tab 200 mg 186
quetiapine fumarate tab 25 mg 185
quetiapine fumarate tab 300 mg 186
quetiapine fumarate tab 400 mg 186
quetiapine fumarate tab 50 mg 185
quetiapine fumarate tab er 24hr 150 mg 186
quetiapine fumarate tab er 24hr 200 mg 186
quetiapine fumarate tab er 24hr 300 mg 186
quetiapine fumarate tab er 24hr 400 mg 186
quetiapine fumarate tab er 24hr 50 mg 186
quinapril hcl tab 10 mg 121
quinapril hcl tab 20 mg 121
quinapril hcl tab 40 mg 121
quinapril hcl tab 5 mg 121
quinidine sulfate tab 200 mg 131
quinidine sulfate tab 300 mg 131
quinine sulfate cap 324 mg 58
QULIPTA TAB 10MG . 219
QULIPTA TAB 30MG . 219
QULIPTA TAB 60MG . 219
R
RABAVERT INJ 305
rabeprazole sodium ec tab 20 mg..... 282
RALDESY SOL 10MG/ML 168
raloxifene hcl tab 60 mg 264
ramelteon tab 8 mg . 216
ramipril cap 1.25 mg 121
ramipril cap 10 mg .. 122
ramipril cap 2.5 mg . 121
ramipril cap 5 mg 122
ranolazine tab er 12hr 1000 mg 149
ranolazine tab er 12hr 500 mg 149
rasagiline mesylate tab 0.5 mg (base equiv) 173

rasagiline mesylate tab 1 mg (base equiv) 173
reclipsen 252
RECOMBIVA HB INJ 10MCG/ML 305
RECOMBIVA HB INJ 5MCG/0.5 305
RECOMBIVA-HB INJ 40MCG/ML 306
RELENZA MIS DISKHALE 66
relgaabi cap 300mg . 206
relgaabi cap 400mg . 206
RELISTOR INJ 12/0.6ML 279
RELISTOR INJ 8/0.4ML 278
REMICADE INJ 100MG 296
RENFLEXIS INJ 100MG 296
repaglinide tab 0.5 mg 235
repaglinide tab 1 mg 235
repaglinide tab 2 mg 235
REPATHA INJ 140MG/ML 136
REPATHA SURE INJ 140MG/ML 136
RESTASIS EMU 0.05% OP 319
RESTASIS MUL EMU 0.05% OP 319
RETEVMO TAB 120MG 109
RETEVMO TAB 160MG 109
RETEVMO TAB 40MG 109
RETEVMO TAB 80MG 109
REVCOVI INJ 1.6MG/ML 264
REVUFORJ TAB 110MG 109
REVUFORJ TAB 160MG 110
REVUFORJ TAB 25MG 109
REXULTI TAB 0.25MG 186
REXULTI TAB 0.5MG 186
REXULTI TAB 1MG ... 186
REXULTI TAB 2MG ... 187
REXULTI TAB 3MG ... 187
REXULTI TAB 4MG ... 187
REYATAZ POW 50MG . 60
REZDIFFRA TAB 100MG 264
REZDIFFRA TAB 60MG 264

REZDIFFRA TAB 80MG 264
REZLIDHIA CAP 150MG 110
REZUROCK TAB 200MG 303
REZVOGLAR KP INJ 100UT/ML 241
RHOPRESSA SOL 0.02% 318
ribavirin cap 200 mg ..66
ribavirin tab 200 mg ..66
rifabutin cap 150 mg ..63
rifampin cap 150 mg ..63
rifampin cap 300 mg ..64
rifampin for inj 600 mg 64
rilpivirine hcl tab 25 mg (base equivalent) 60
riluzole tab 50 mg ... 222
rimantadine hydrochloride tab 100 mg 66
RINVOQ LQ SOL 1MG/ML 296
RINVOQ TAB 15MG ER 296
RINVOQ TAB 30MG ER 296
RINVOQ TAB 45MG ER 296
risedronate sodium tab 150 mg 242
risedronate sodium tab 35 mg 242
risedronate sodium tab 5 mg 242
risedronate sodium tab delayed release 35 mg 243
risperidone microspheres for im extended rel susp 12.5 mg 187
risperidone microspheres for im extended rel susp 25 mg 187
risperidone microspheres for im extended rel susp 37.5 mg 187
risperidone microspheres for im extended rel susp 50 mg 187
risperidone orally disintegrating tab 0.25 mg 187
risperidone orally disintegrating tab 0.5 mg 187

risperidone orally disintegrating tab 1 mg 187
risperidone orally disintegrating tab 2 mg 187
risperidone orally disintegrating tab 3 mg 188
risperidone orally disintegrating tab 4 mg 188
risperidone soln 1 mg/ml 188
risperidone tab 0.25 mg 188
risperidone tab 0.5 mg 188
risperidone tab 1 mg 188
risperidone tab 2 mg 188
risperidone tab 3 mg 188
risperidone tab 4 mg 188
ritonavir tab 100 mg ..60
rivaroxaban for susp 1 mg/ml 288
rivaroxaban tab 2.5 mg 288
rivastigmine tartrate cap 1.5 mg (base equivalent) 158
rivastigmine tartrate cap 3 mg (base equivalent) 158
rivastigmine tartrate cap 4.5 mg (base equivalent) 158
rivastigmine tartrate cap 6 mg (base equivalent) 158
rivastigmine td patch 24hr 13.3 mg/24hr 158
rivastigmine td patch 24hr 4.6 mg/24hr .. 158
rivastigmine td patch 24hr 9.5 mg/24hr .. 158
rivelsa 252
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 219
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)..... 219
rizatriptan benzoate tab 10 mg (base equivalent) 219
rizatriptan benzoate tab 5 mg (base equivalent) 219
ROCKLATAN DRO 318

roflumilast tab 250 mcg 330
roflumilast tab 500 mcg 330
ROMVIMZA CAP 14MG 110
ROMVIMZA CAP 20MG 110
ROMVIMZA CAP 30MG 110
ropinirole hydrochloride tab 0.25 mg 174
ropinirole hydrochloride tab 0.5 mg 174
ropinirole hydrochloride tab 1 mg 174
ropinirole hydrochloride tab 2 mg 174
ropinirole hydrochloride tab 3 mg 174
ropinirole hydrochloride tab 4 mg 174
ropinirole hydrochloride tab 5 mg 174
rosuvastatin calcium tab 10 mg 133
rosuvastatin calcium tab 20 mg 133
rosuvastatin calcium tab 40 mg 134
rosuvastatin calcium tab 5 mg 133
rosyrah tab 252
ROTARIX SUS 306
ROTATEQ SOL 306
roweepra 206
ROZLYTREK CAP 100MG 110
ROZLYTREK CAP 200MG 110
ROZLYTREK PAK 50MG 110
RUBRACA TAB 200MG 110
RUBRACA TAB 250MG 110
RUBRACA TAB 300MG 110
rufinamide susp 40 mg/ml 206
rufinamide tab 200 mg 207
rufinamide tab 400 mg 207
RUKOBIA TAB 600MG ER 60
RYBELSUS TAB 14MG 236
RYBELSUS TAB 3MG 235
RYBELSUS TAB 7MG 236

RYDAPT CAP 25MG .. 111
S
sacubitril-valsartan tab 24-26 mg 126
sacubitril-valsartan tab 49-51 mg 126
sacubitril-valsartan tab 97-103 mg 127
sajazir 291
SANTYL OIN 250/GM 348
sapropterin dihydrochloride powder packet 100 mg 264
sapropterin dihydrochloride powder packet 500 mg 265
sapropterin dihydrochloride tab 100 mg 265
SCEMBLIX TAB 100MG 111
SCEMBLIX TAB 20MG 111
SCEMBLIX TAB 40MG 111
scopolamine td patch 72hr 1 mg/3days ... 274
SECUADO DIS 3.8MG 188
SECUADO DIS 5.7MG 188
SECUADO DIS 7.6MG 188
selegiline hcl cap 5 mg 174
selegiline hcl tab 5 mg 174
selenium sulfide lotion 2.5% 339
SELZENTRY SOL 20MG/ML 60
SEMGLEE INJ 100U/ML 241
SEREVENT DIS AER 50MCG 326
sertraline hcl oral concentrate for solution 20 mg/ml 168
sertraline hcl tab 100 mg 168
sertraline hcl tab 25 mg 168
sertraline hcl tab 50 mg 168
setlakin 252
sharobel 252
SHINGRIX INJ 50/0.5ML 306

SIGNIFOR INJ 0.3MG/ML 265
SIGNIFOR INJ 0.6MG/ML 265
SIGNIFOR INJ 0.9MG/ML 265
SIKLOS TAB 1000MG 291
SIKLOS TAB 100MG . 291
sildenafil citrate tab 20 mg 152
silver sulfadiazine cream 1% 338
SIMBRINZA SUS 1-0.2% 318
simliya 252
simpesse 252
simvastatin tab 10 mg 134
simvastatin tab 20 mg 134
simvastatin tab 40 mg 134
simvastatin tab 5 mg 134
simvastatin tab 80 mg 134
sirolimus oral soln 1 mg/ml 303
sirolimus tab 0.5 mg 303
sirolimus tab 1 mg ... 303
sirolimus tab 2 mg ... 304
SIRTURO TAB 100MG . 64
SIRTURO TAB 20MG .. 64
SKYRIZI INJ 150MG/ML 296
SKYRIZI INJ 180/1.2 296
SKYRIZI INJ 360/2.4 296
SKYRIZI PEN INJ 150MG/ML 296
SKYRIZI SOL 60MG/ML 296
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 277
sodium chloride inj 2.5 meq/ml (14.6%) ... 310
sodium chloride irrigation soln 0.9% 348
sodium chloride iv soln 0.45% 311
sodium chloride iv soln 0.9% 310
sodium chloride iv soln 3% 311
sodium chloride iv soln 5% 311
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 312
sodium oxybate oral solution 500 mg/ml 226

sodium phenylbutyrate oral powder 3 gm/teaspoonful 265
sodium phenylbutyrate tab 500 mg 265
sodium polystyrene sulfonate powder ... 244
sodium polystyrene sulfonate susp 15 gm/60ml 244
solifenacin succinate tab 10 mg 284
solifenacin succinate tab 5 mg 284
SOLIQUA INJ 100/33 241
SOLTAMOX SOL 10MG/5ML 87
SOLU-CORTEF INJ 1000MG..... 260
SOLU-CORTEF INJ 250MG 260
SOLU-CORTEF INJ 500MG 260
SOMATULINE INJ 60/0.2ML..... 265
SOMATULINE INJ 90/0.3ML..... 265
SOMAVERT INJ 10MG 265
SOMAVERT INJ 15MG 265
SOMAVERT INJ 20MG 265
SOMAVERT INJ 25MG 265
SOMAVERT INJ 30MG 265
sorafenib tosylate tab 200 mg (base equivalent) 111
sotalol hcl (afib/afl) tab 120 mg 131
sotalol hcl (afib/afl) tab 160 mg 131
sotalol hcl (afib/afl) tab 80 mg 131
sotalol hcl tab 120 mg 131
sotalol hcl tab 160 mg 131
sotalol hcl tab 240 mg 132
sotalol hcl tab 80 mg 131
SOTYKTU TAB 6MG .. 296
SPIRIVA RESP AER 1.25MCG 322
spironolactone & hydrochlorothiazide tab 25-25 mg 146

spironolactone tab 100 mg 122
spironolactone tab 25 mg 122
spironolactone tab 50 mg 122
sprintec 28 252
SPRITAM TAB 1000MG 207
SPRITAM TAB 250MG 207
SPRITAM TAB 500MG 207
SPRITAM TAB 750MG 207
sps 244
sps rectal 244
sronyx tab 252
ssd 338
STELARA INJ 45/0.5ML 297
STELARA INJ 5MG/ML 296
STELARA INJ 90MG/ML 297
STIVARGA TAB 40MG 111
streptomycin sulfate for inj 1 gm 52
STRIBILD TAB 63
subvenite 207
SUBVENITE SUS 10MG/ML 207
sucralfate susp 1 gm/10ml 279
sucralfate tab 1 gm . 279
sulfacetamide sodium lotion 10% (acne) .. 337
sulfacetamide sodium ophth soln 10% 316
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 315
sulfadiazine tab 500 mg 52
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 53
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 53
sulfamethoxazole-trimethoprim tab 400-80 mg 53
sulfamethoxazole-trimethoprim tab 800-160 mg 53
SULFAMYLON CRE 85MG/GM 338
sulfasalazine tab 500 mg 276
sulfasalazine tab delayed release 500 mg 276

sulindac tab 150 mg ..41
sulindac tab 200 mg ..41
sumatriptan nasal spray 20 mg/act.....220
sumatriptan nasal spray 5 mg/act 220
sumatriptan succinate inj 6 mg/0.5ml 220
sumatriptan succinate solution auto-injector 6 mg/0.5ml 220
sumatriptan succinate tab 100 mg.....220
sumatriptan succinate tab 25 mg.....220
sumatriptan succinate tab 50 mg.....220
sunitinib malate cap 12.5 mg (base equivalent) 111
sunitinib malate cap 25 mg (base equivalent) 111
sunitinib malate cap 37.5 mg (base equivalent) 111
sunitinib malate cap 50 mg (base equivalent) 111
SUNLENCA TAB 300MG 60
syeda 252
SYMDEKO TAB 100-150 331
SYMDEKO TAB 50-75MG 330
SYMPAZAN MIS 10MG 207
SYMPAZAN MIS 20MG 207
SYMPAZAN MIS 5MG 207
SYMTUZA TAB.....63
SYNAREL SOL 2MG/ML 265
SYNTHROID TAB 100MCG 269
SYNTHROID TAB 112MCG 269
SYNTHROID TAB 125MCG 269
SYNTHROID TAB 137MCG 269
SYNTHROID TAB 150MCG 269
SYNTHROID TAB 175MCG 269
SYNTHROID TAB 200MCG 269

SYNTHROID TAB 25MCG 268
SYNTHROID TAB 300MCG 269
SYNTHROID TAB 50MCG 269
SYNTHROID TAB 75MCG 269
SYNTHROID TAB 88MCG 269

T

TABLOID TAB 40MG ... 85
TABRECTA TAB 150MG 111
TABRECTA TAB 200MG 112
tacrolimus cap 0.5 mg 304
tacrolimus cap 1 mg 304
tacrolimus cap 5 mg 304
tacrolimus cap er 24hr 0.5 mg 304
tacrolimus cap er 24hr 1 mg 304
tacrolimus cap er 24hr 5 mg 304
tacrolimus oint 0.03% 348
tacrolimus oint 0.1% 348
tadalafil tab 20 mg (pah) 152
tadalafil tab 5 mg 282
TAFINLAR CAP 50MG 112
TAFINLAR CAP 75MG 112
TAFINLAR TAB 10MG 112
TAGRISSO TAB 40MG 112
TAGRISSO TAB 80MG 112
TALZENNA CAP 0.1MG 112
TALZENNA CAP 0.25MG 112
TALZENNA CAP 0.35MG 112
TALZENNA CAP 0.5MG 112
TALZENNA CAP 0.75MG 112
TALZENNA CAP 1MG 113
tamoxifen citrate tab 10 mg (base equivalent) 87
tamoxifen citrate tab 20 mg (base equivalent) 87
tamsulosin hcl cap 0.4 mg 282
tarina 24 fe 252
tarina fe 1/20 eq 252

tasimelteon capsule 20 mg 216
TAVNEOS CAP 10MG 291
tazarotene cream 0.05% 340
tazarotene cream 0.1% 340
tazicef 71
TECENTRIQ INJ 1200/20 113
TECENTRIQ INJ 840/14 113
TECENTRIQ INJ HYBREZA 113
TEFLARO INJ 400MG .. 71
TEFLARO INJ 600MG .. 71
telmisartan tab 20 mg 129
telmisartan tab 40 mg 129
telmisartan tab 80 mg 129
telmisartan-amlodipine tab 40-10 mg 127
telmisartan-amlodipine tab 40-5 mg 127
telmisartan-amlodipine tab 80-10 mg 127
telmisartan-amlodipine tab 80-5 mg 127
telmisartan-hydrochlorothiazide tab 40-12.5 mg 127
telmisartan-hydrochlorothiazide tab 80-12.5 mg 127
telmisartan-hydrochlorothiazide tab 80-25 mg 127
temazepam cap 15 mg 216
temazepam cap 30 mg 216
temazepam cap 7.5 mg 216
TENIVAC INJ 5-2LF .. 306
tenofovir disoproxil fumarate tab 300 mg 60
TEPMETKO TAB 225MG 113
terazosin hcl cap 1 mg (base equivalent) ... 123
terazosin hcl cap 10 mg (base equivalent) ... 123
terazosin hcl cap 2 mg (base equivalent) ... 123
terazosin hcl cap 5 mg (base equivalent) ... 123
terbinafine hcl tab 250 mg 57

terbutaline sulfate tab 2.5 mg 326
terbutaline sulfate tab 5 mg 326
terconazole vaginal cream 0.4% 285
terconazole vaginal cream 0.8% 285
terconazole vaginal suppos 80 mg 285
TERIPARATIDE INJ 560/2.24 243
teriparatide soln pen-inj 560 mcg/2.24ml 243
testosterone cypionate im inj in oil 100 mg/ml 228
testosterone cypionate im inj in oil 200 mg/ml 229
testosterone enanthate im inj in oil 200 mg/ml 229
testosterone pump ... 229
testosterone td gel 12.5 mg/act (1%) 229
testosterone td gel 25 mg/2.5gm (1%) 229
testosterone td gel 50 mg/5gm (1%) 229
tetrabenazine tab 12.5 mg 222
tetrabenazine tab 25 mg 222
tetracycline hcl cap 250 mg 80
tetracycline hcl cap 500 mg 80
THALOMID CAP 100MG 89
THALOMID CAP 50MG 89
theophylline elixir 80 mg/15ml 331
theophylline soln 80 mg/15ml 331
theophylline tab er 12hr 100 mg 331
theophylline tab er 12hr 200 mg 331
theophylline tab er 12hr 300 mg 331
theophylline tab er 12hr 450 mg 331
theophylline tab er 24hr 400 mg 331
theophylline tab er 24hr 600 mg 331
thioridazine hcl tab 10 mg 188

thioridazine hcl tab 100 mg 188
thioridazine hcl tab 25 mg 188
thioridazine hcl tab 50 mg 188
thiothixene cap 1 mg 188
thiothixene cap 10 mg 189
thiothixene cap 2 mg 189
thiothixene cap 5 mg 189
tiadylt er 143
tiagabine hcl tab 12 mg 207
tiagabine hcl tab 16 mg 208
tiagabine hcl tab 2 mg 207
tiagabine hcl tab 4 mg 207
TIBSOVO TAB 250MG 113
ticagrelor tab 60 mg 292
ticagrelor tab 90 mg 292
TICOVAC INJ..... 306
tigecycline for iv soln 50 mg.....80
tilia fe 252
timolol maleate ophth gel forming soln 0.25% 319
timolol maleate ophth gel forming soln 0.5% 318
timolol maleate ophth soln 0.25% 319
timolol maleate ophth soln 0.5%..... 319
timolol maleate tab 10 mg 140
timolol maleate tab 20 mg 140
timolol maleate tab 5 mg 140
tinidazole tab 250 mg 53
tinidazole tab 500 mg 53
TIVICAY PD TAB 5MG.60
TIVICAY TAB 50MG....60
tizanidine hcl tab 2 mg (base equivalent)... 225
tizanidine hcl tab 4 mg (base equivalent)... 225
TOBI PODHALR CAP 28MG.....53
TOBRADEX OIN 0.3-0.1% 315
tobramycin nebu soln 300 mg/5ml.....53

tobramycin ophth soln 0.3% 316
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv) 53
tobramycin sulfate inj 10 mg/ml (base equivalent) 53
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) 53
tobramycin-dexamethasone ophth susp 0.3-0.1% 315
tolterodine tartrate cap er 24hr 2 mg 285
tolterodine tartrate cap er 24hr 4 mg 285
tolterodine tartrate tab 1 mg 285
tolterodine tartrate tab 2 mg 285
tolvaptan tab 15 mg 265
tolvaptan tab 30 mg 265
tolvaptan tab therapy pack 15 mg 266
tolvaptan tab therapy pack 30 & 15 mg ... 266
tolvaptan tab therapy pack 45 & 15 mg ... 266
tolvaptan tab therapy pack 60 & 30 mg ... 266
tolvaptan tab therapy pack 90 & 30 mg ... 266
topiramate oral soln 25 mg/ml 208
topiramate sprinkle cap 15 mg 208
topiramate sprinkle cap 25 mg 208
topiramate sprinkle cap 50 mg 208
topiramate tab 100 mg 208
topiramate tab 200 mg 208
topiramate tab 25 mg 208
topiramate tab 50 mg 208
toremifene citrate tab 60 mg (base equivalent) 87
torpenz 113
torsemide tab 10 mg 146
torsemide tab 100 mg 146
torsemide tab 20 mg 146
torsemide tab 5 mg . 146
TOUJEO MAX INJ 300/ML 241

TOUJEO SOLO INJ 300/ML.....241
TPN ELECTROL INJ...311
TRADJENTA TAB 5MG 236
tramadol hcl tab 50 mg 48
tramadol-acetaminophen tab 37.5-325 mg 48
*trandolapril tab 1 mg*122
*trandolapril tab 2 mg*122
*trandolapril tab 4 mg*122
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml).....291
tranexamic acid tab 650 mg.....291
tranylcypromine sulfate tab 10 mg.....168
TRAVASOL INJ 10% .314
TRAZIMERA INJ 150MG 113
TRAZIMERA INJ 420MG 113
trazodone hcl tab 100 mg.....168
trazodone hcl tab 150 mg.....168
trazodone hcl tab 50 mg 168
TRELEGY AER ELLIPTA 100-62.5-25 MCG .. 321
TRELEGY AER ELLIPTA 200-62.5-25 MCG .. 321
TREMFYA INJ 100MG/ML 297
TREMFYA INJ 200/20ML 297
TREMFYA INJ 200/2ML 297
*treprostinil inj soln 100 mg/20ml (5 mg/ml)*152
*treprostinil inj soln 20 mg/20ml (1 mg/ml)*152
treprostinil inj soln 200 mg/20ml (10 mg/ml) 152
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) 152
TRESIBA FLEX INJ 100UNIT.....241
TRESIBA FLEX INJ 200UNIT.....241
TRESIBA INJ 100UNIT 241
tretinoin cap 10 mg ...91
tretinoin cream 0.025% 337

tretinoin cream 0.05% 337
tretinoin cream 0.1% 337
tretinoin gel 0.01% .. 337
tretinoin gel 0.025% 337
triamcinolone acetonide cream 0.025% 344
triamcinolone acetonide cream 0.1% 344
triamcinolone acetonide cream 0.5% 344
triamcinolone acetonide dental paste 0.1% . 349
triamcinolone acetonide lotion 0.025% 345
triamcinolone acetonide lotion 0.1% 344
triamcinolone acetonide oint 0.025% 345
triamcinolone acetonide oint 0.1% 345
triamcinolone acetonide oint 0.5% 345
triamterene & hydrochlorothiazide cap 37.5-25 mg 146
triamterene & hydrochlorothiazide tab 37.5-25 mg 147
triamterene & hydrochlorothiazide tab 75-50 mg 147
tridacaine ii 346
triderm 345
trientine hcl cap 250 mg 244
tri-estarylla 252
trifluoperazine hcl tab 1 mg (base equivalent) 189
trifluoperazine hcl tab 10 mg (base equivalent) 189
trifluoperazine hcl tab 2 mg (base equivalent) 189
trifluoperazine hcl tab 5 mg (base equivalent) 189
trifluridine ophth soln 1% 316
trihexyphenidyl hcl oral soln 0.4 mg/ml 174
trihexyphenidyl hcl tab 2 mg 174
trihexyphenidyl hcl tab 5 mg 174
TRIJARDY XR TAB ER 24HR 10-5-1000MG 236

TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 236
TRIJARDY XR TAB ER 24HR 25-5-1000MG 236
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 236
TRIKAFTA PAK 59.5MG 331
TRIKAFTA PAK 75MG 331
TRIKAFTA TAB 100-50-75MG & 150MG 332
TRIKAFTA TAB 50-25-37.5MG & 75MG 331
tri-legest fe 253
tri-linyah 253
tri-lo-estarylla 253
tri-lo-marzia 253
tri-lo-mili 253
tri-lo-sprintec 253
trimethoprim tab 100 mg 53
tri-mili 253
trimipramine maleate cap 100 mg 169
trimipramine maleate cap 25 mg 168
trimipramine maleate cap 50 mg 168
TRINTELLIX TAB 10MG 169
TRINTELLIX TAB 20MG 169
TRINTELLIX TAB 5MG 169
tri-sprintec 253
TRIUMEQ PD TAB 63
TRIUMEQ TAB 63
tri-vylibra 253
tri-vylibra lo 253
TROGARZO INJ 150MG/ML 60
TROPHAMINE INJ 10% 314
trospium chloride tab 20 mg 285
TRULANCE TAB 3MG 279
TRULICITY INJ 0.75/0.5 236
TRULICITY INJ 1.5/0.5 236
TRULICITY INJ 3/0.5 236
TRULICITY INJ 4.5/0.5 236
TRUMENBA INJ 306
TRUQAP PAK 160MG 113
TRUQAP PAK 200MG 113
TRUQAP TAB 160MG 113
TRUQAP TAB 200MG 113

TRUXIMA INJ 100/10ML 113
TRUXIMA INJ 500/50ML 114
TUKYSA TAB 150MG. 114
TUKYSA TAB 50MG .. 114
TURALIO CAP 125MG 114
turqoz 253
twice-daily clindamycin phosphate (topical) 338
TWINRIX INJ..... 306
TYBOST TAB 150MG... 60
tydemy tab 253
TYENNE INJ 162/0.9 297
TYENNE INJ 162MG.. 297
TYENNE INJ 200/10ML 297
TYENNE INJ 400/20ML 297
TYENNE INJ 80MG/4ML 297
TYPHIM VI INJ..... 306

U

UBRELVY TAB 100MG 220
UBRELVY TAB 50MG. 220
unithroid 269
UPTRAVI PACK TAB 200/800 152
UPTRAVI TAB 1000MCG 153
UPTRAVI TAB 1200MCG 153
UPTRAVI TAB 1400MCG 153
UPTRAVI TAB 1600MCG 153
UPTRAVI TAB 200MCG 152
UPTRAVI TAB 400MCG 152
UPTRAVI TAB 600MCG 153
UPTRAVI TAB 800MCG 153
ursodiol cap 300 mg 279
ursodiol tab 250 mg. 279
ursodiol tab 500 mg. 279
USTEKINUMAB INJ 130/26ML..... 298
USTEKINUMAB INJ 45/0.5ML..... 298
USTEKINUMAB INJ 90MG/ML..... 298

V

valacyclovir hcl tab 1 gm 66
valacyclovir hcl tab 500 mg 66

VALCHLOR GEL 0.016% 348
valganciclovir hcl for soln 50 mg/ml (base equiv) 66
valganciclovir hcl tab 450 mg (base equivalent) 66
valproate sodium inj 100 mg/ml 208
valproate sodium oral soln 250 mg/5ml (base equiv) 208
valproic acid cap 250 mg 208
valsartan tab 160 mg 129
valsartan tab 320 mg 129
valsartan tab 40 mg . 129
valsartan tab 80 mg . 129
valsartan-hydrochlorothiazide tab 160-12.5 mg 127
valsartan-hydrochlorothiazide tab 160-25 mg 128
valsartan-hydrochlorothiazide tab 320-12.5 mg 128
valsartan-hydrochlorothiazide tab 320-25 mg 128
valsartan-hydrochlorothiazide tab 80-12.5 mg 127
VALTOCO SPR 10MG 208
VALTOCO SPR 15MG 208
VALTOCO SPR 20MG 208
VALTOCO SPR 5MG.. 208
valtya 1/35 tab 253
valtya 1/50 tab 253
vancomycin hcl cap 125 mg (base equivalent) 54
vancomycin hcl cap 250 mg (base equivalent) 54
vancomycin hcl for iv soln 1 gm (base equivalent) 54
vancomycin hcl for iv soln 1.25 gm (base equivalent) 54
vancomycin hcl for iv soln 1.5 gm (base equivalent) 54
vancomycin hcl for iv soln 10 gm (base equivalent) 54

vancomycin hcl for iv soln 5 gm (base equivalent) 54
vancomycin hcl for iv soln 500 mg (base equivalent) 54
vancomycin hcl for iv soln 750 mg (base equivalent) 54
VANCOMYCIN INJ 1 GM 54
VANCOMYCIN INJ 500MG 54
VANCOMYCIN INJ 750MG 54
VANFLYTA TAB 17.7MG 114
VANFLYTA TAB 26.5MG 114
VAQTA INJ 25/0.5ML 306
VAQTA INJ 50UNT/ML 306
varenicline tartrate tab 0.5 mg (base equiv) 228
varenicline tartrate tab 1 mg (base equiv) 228
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 228
VARIVAX INJ 306
VASCEPA CAP 0.5GM 136
VASCEPA CAP 1GM .. 136
VAXCHORA SUS 306
velivet 253
VELSIPITY TAB 2MG. 298
VENCLEXTA TAB 100MG 114
VENCLEXTA TAB 10MG 114
VENCLEXTA TAB 50MG 114
VENCLEXTA TAB START PK 114
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 169
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 169
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 169
venlafaxine hcl tab 100 mg (base equivalent) 170
venlafaxine hcl tab 25 mg (base equivalent) 169

venlafaxine hcl tab 37.5 mg (base equivalent) 169
venlafaxine hcl tab 50 mg (base equivalent) 169
venlafaxine hcl tab 75 mg (base equivalent) 169
VENTOLIN HFA (INSTITUTIONAL PACK) 326
VENTOLIN HFA AER . 327
verapamil hcl cap er 24hr 100 mg 143
verapamil hcl cap er 24hr 120 mg 144
verapamil hcl cap er 24hr 180 mg 144
verapamil hcl cap er 24hr 200 mg 144
verapamil hcl cap er 24hr 240 mg 144
verapamil hcl cap er 24hr 300 mg 144
verapamil hcl cap er 24hr 360 mg 144
verapamil hcl iv soln 2.5 mg/ml 144
verapamil hcl tab 120 mg 144
verapamil hcl tab 40 mg 144
verapamil hcl tab 80 mg 144
verapamil hcl tab er 120 mg 144
verapamil hcl tab er 180 mg 144
verapamil hcl tab er 240 mg 144
VERQUVO TAB 10MG 149
VERQUVO TAB 2.5MG 149
VERQUVO TAB 5MG . 149
VERSACLOZ SUS 50MG/ML 189
VERZENIO TAB 100MG 114
VERZENIO TAB 150MG 115
VERZENIO TAB 200MG 115
VERZENIO TAB 50MG 114
vestura 253
vienva 253
vigabatrin powd pack 500 mg 209

vigabatrin tab 500 mg 209
vigadrone 209
VIGAFYDE SOL 100MG/ML 209
vilazodone hcl tab 10 mg 170
vilazodone hcl tab 20 mg 170
vilazodone hcl tab 40 mg 170
VIMKUNYA INJ 40/0.8ML 306
vincristine sulfate iv soln 1 mg/ml 93
vinorelbine tartrate inj 10 mg/ml (base equiv) 93
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) 93
viorele 253
VIRACEPT TAB 250MG 60
VIRACEPT TAB 625MG 60
VIREAD POW 40MG/GM 60
VIREAD TAB 150MG ... 61
VIREAD TAB 200MG ... 61
VIREAD TAB 250MG ... 61
VITRAKVI CAP 100MG 115
VITRAKVI CAP 25MG 115
VITRAKVI SOL 20MG/ML 115
VIVIMUSTA INJ 100/4ML 82
VIVITROL INJ 380MG 228
VIVOTIF CAP EC 306
VIZIMPRO TAB 15MG 115
VIZIMPRO TAB 30MG 115
VIZIMPRO TAB 45MG 115
VONJO CAP 100MG .. 115
VOQUEZNA PAK DUAL PAK 279
VOQUEZNA PAK TRIP PK 279
VORANIGO TAB 10MG 115
VORANIGO TAB 40MG 115
voriconazole for inj 200 mg 57
voriconazole for susp 40 mg/ml 57
voriconazole tab 200 mg 57
voriconazole tab 50 mg 57
VOSEVI TAB 66

VOWST CAP 279
VRAYLAR CAP 0.5MG 189
VRAYLAR CAP 0.75MG 189
VRAYLAR CAP 1.5MG 189
VRAYLAR CAP 3MG .. 189
VRAYLAR CAP 4.5MG 189
VRAYLAR CAP 6MG .. 190
vyfemla 253
vylibra 253
VYZULTA SOL 0.024% 319

W

warfarin sodium tab 1 mg 288
warfarin sodium tab 10 mg 289
warfarin sodium tab 2 mg 288
warfarin sodium tab 2.5 mg 288
warfarin sodium tab 3 mg 288
warfarin sodium tab 4 mg 288
warfarin sodium tab 5 mg 289
warfarin sodium tab 6 mg 289
warfarin sodium tab 7.5 mg 289
water for irrigation, sterile irrigation soln 348
WELIREG TAB 40MG .. 91
wera 253
WESTAB PLUS TAB 27-1MG 312
WINREVAIR INJ 45MG 153
WINREVAIR INJ 60MG 153
wixela inhub 336
wymzya fe 253
WYOST INJ 120/1.7 . 243

X

XALKORI CAP 150MG 116
XALKORI CAP 200MG 116
XALKORI CAP 20MG . 116
XALKORI CAP 250MG 116
XALKORI CAP 50MG . 116
xarah fe tab 253
XARELTO STAR TAB 15/20MG 289
XARELTO TAB 10MG 289
XARELTO TAB 15MG 289
XARELTO TAB 2.5MG 289
XARELTO TAB 20MG 289

XATMEP SOL 2.5MG/ML 299
XCOPRI PAK 100-150 209
XCOPRI PAK 12.5-25 209
XCOPRI PAK 150-200MG (MAINTENANCE) 209
XCOPRI PAK 150-200MG (TITRATION) 209
XCOPRI PAK 50-100MG 209
XCOPRI TAB 100MG . 210
XCOPRI TAB 150MG . 210
XCOPRI TAB 200MG . 210
XCOPRI TAB 25MG ... 209
XCOPRI TAB 50MG ... 210
XDEMVY DRO 0.25% 316
XELJANZ SOL 1MG/ML 298
XELJANZ TAB 10MG . 298
XELJANZ TAB 5MG ... 298
XELJANZ XR TAB 11MG 298
XELJANZ XR TAB 22MG 298
xelria fe chw 0.4mg-35 254
XERMELO TAB 250MG 279
XHANCE MIS 93MCG 333
XIFAXAN TAB 550MG279
XIGDUO XR TAB 10-1000 237
XIGDUO XR TAB 10-500MG 237
XIGDUO XR TAB 2.5-1000 237
XIGDUO XR TAB 5-1000MG 237
XIGDUO XR TAB 5-500MG 237
XIIDRA DRO 5%..... 319
XOFLUZA TAB 40MG .. 66
XOFLUZA TAB 80MG .. 66
XOLAIR INJ 150MG/ML 332
XOLAIR INJ 300/2ML 332
XOLAIR INJ 75/0.5 .. 332
XOLAIR SOL 150MG. 332
XOSPATA TAB 40MG 116
XPOVIO PAK (100 MG ONCE WEEKLY) 117
XPOVIO PAK (40 MG ONCE WEEKLY) 116
XPOVIO PAK (40 MG TWICE WEEKLY) 116
XPOVIO PAK (60 MG ONCE WEEKLY) 116
XPOVIO PAK (60 MG TWICE WEEKLY) 116

XPOVIO PAK (80 MG ONCE WEEKLY)..... 117
XPOVIO PAK (80 MG TWICE WEEKLY) 117
XTANDI CAP 40MG..... 87
XTANDI TAB 40MG..... 87
XTANDI TAB 80MG..... 88
XTRENBO SOL 120/1.7 243
xulane..... 254
XULTOPHY INJ 100/3.6 241

Y

YESINTEK INJ 130/26ML 299
YESINTEK INJ 45/0.5ML 298
YESINTEK INJ 90MG/ML 299
YF-VAX INJ 306
YONSA TAB 125MG 88
YUTREPIA CAP 106MCG 154
YUTREPIA CAP 26.5MCG 153
YUTREPIA CAP 53MCG 153
YUTREPIA CAP 79.5MCG 153
yuvafem..... 256

Z

zafemy..... 254
zafirlukast tab 10 mg 327
zafirlukast tab 20 mg 327
zaleplon cap 10 mg.. 217
zaleplon cap 5 mg ... 217
ZARXIO INJ 300/0.5 290
ZARXIO INJ 480/0.8 290
ZEGALOGUE INJ 0.6/0.6 260
ZEJULA TAB 100MG . 117
ZEJULA TAB 200MG . 117
ZEJULA TAB 300MG . 117
ZELBORAF TAB 240MG 117
zelvysia pow 100mg 266
zelvysia pow 500mg 266
ZEMAIRA INJ 1000MG 332
ZEMAIRA INJ 4000MG 332
ZEMAIRA INJ 5000MG 332
zenatane..... 338
ZENPEP CAP 10000UNT 279
ZENPEP CAP 15000UNT 280
ZENPEP CAP 20000UNT 280

ZENPEP CAP 25000UNT 280
ZENPEP CAP 3000UNIT 279
ZENPEP CAP 40000UNT 280
ZENPEP CAP 5000UNIT 279
ZENPEP CAP 60000UNT 280
ZERVIATE DRO 0.24% 317
zidovudine cap 100 mg 61
zidovudine syrup 10 mg/ml 61
zidovudine tab 300 mg 61
ziprasidone hcl cap 20 mg 190
ziprasidone hcl cap 40 mg 190
ziprasidone hcl cap 60 mg 190
ziprasidone hcl cap 80 mg 190
ziprasidone mesylate for inj 20 mg (base equivalent) 190
ZIRABEV INJ 100/4ML 117
ZIRABEV INJ 400/16ML 117
ZIRGAN GEL 0.15% . 316
zoledronic acid inj conc for iv infusion 4 mg/5ml 243
zoledronic acid iv soln 5 mg/100ml 243
ZOLINZA CAP 100MG 117
zolpidem tartrate tab 10 mg 218
zolpidem tartrate tab 5 mg 217
ZONISADE SUS 100MG/5 210
zonisamide cap 100 mg 210
zonisamide cap 25 mg 210
zonisamide cap 50 mg 210
zovia 1/35 254
ZTALMY SUS 50MG/ML 210
zumandimine 254
ZURZUVAE CAP 20MG 170

ZURZUVAE CAP 25MG 170
ZURZUVAE CAP 30MG 170
ZYDELIG TAB 100MG 117
ZYDELIG TAB 150MG 118
ZYKADIA TAB 150MG 118
ZYLET SUS 0.5-0.3% 315
ZYPREXA RELP INJ 210MG 190
ZYPREXA RELP INJ 300MG 190
ZYPREXA RELP INJ 405MG 190

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

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

Analgesics

*acetaminophen
≤ 4 grams/day
*aspirin 81 mg
*aspirin 325 mg, 500 mg, 650 mg
*aspirin suppository
*aspirin with buffers
*capsaicin
*diclofenac 1% gel
*ibuprofen
*lidocaine 4% patches
≤ 4 patches/day
*naproxen capsule, tablet

Anthelmintic Agents

*Reese's Pinworm (pyrantel pamoate)

Antihistamines/ Decongestants

*cetirizine syrup, tablet
*cetirizine/ pseudoephedrine
chlorpheniramine
diphenhydramine
doxylamine
fexofenadine tablet
*fexofenadine/ pseudoephedrine
*loratadine tablet, solution
*loratadine/ pseudoephedrine
*pseudoephedrine
≤ 240 mg/day

Antimicrobials, Topical

*bacitracin
*chlorhexidine gluconate
*clotrimazole
*double antibiotic ointment
*hydrogen peroxide
*iodine
*isopropyl alcohol
*miconazole
*neomycin
*povidone
*terbinafine 1% cream

*tolnaftate cream, powder
*triple antibiotic ointment

Compounding Agents

*cherry syrup gelatin capsule, empty
*Ora-Plus suspending vehicle
*Ora-Sweet oral syrup
*Ora-Sweet-SF oral syrup
*simple syrup

Contraceptives, Oral

*levonorgestrel 1.5 mg tablet
*Opill (norgestrel tablet)

Contraceptives, Topical

*nonoxynol-9

Dermatologic Agents, Topical

*benzoyl peroxide
*butenafine
*calamine lotion
*colloidal oatmeal
*hydrocortisone cream, lotion, ointment
*hydrophilic ointment
*lanolin
*petrolatum
*selenium sulfide
*vitamin A and D ointment
*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

* Branded OTC nonoxynol-9 products are covered by MassHealth without PA. OTCDL (Rev. 05/26)

*famotidine tablet

*Florastor (saccharomyces boulardii)
< 21 years

*glycerin

*lactase

*loperamide

*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

*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.

This *Drug List* was updated on 07/01/2026.

For more recent information or other questions, contact us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or visit ccama.org.

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