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

H1486_26_LOCD_C | Formulary ID 00026339, Version Number 14

This *Drug List* was updated on 08/01/2026.

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 364

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 ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງ ສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. 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 08/01/2026

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	
JOURNAVX TAB 50MG	QL (29 tabs / 14 days), PA
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	NDS, QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	NDS, 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)

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	NDS, 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	NDS, 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	NDS
daptomycin for iv soln 500 mg	NDS
DAPTOMYCIN INJ 350MG	NDS
EMVERM CHW 100MG	NDS, 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	NDS, 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	NDS, 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	NDS, 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	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate for inj 1 gm	NDS
sulfadiazine tab 500 mg	NDS

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	NDS, PA
tobramycin nebu soln 300 mg/5ml	NDS, 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	NDS, B/D
caspofungin acetate for iv soln 50 mg	
caspofungin acetate for iv soln 70 mg	
CRESEMBA CAP 74.5MG	NDS, PA
CRESEMBA CAP 186MG	NDS, 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	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flucytosine cap 500 mg	NDS, 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	NDS, 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	NDS, 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	NDS
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	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EDURANT TAB 25MG	NDS
efavirenz tab 600 mg	
emtricitabine caps 200 mg	
EMTRIVA SOL 10MG/ML	
etravirine tab 100 mg	NDS
etravirine tab 200 mg	NDS
fosamprenavir calcium tab 700 mg (base equiv)	NDS
INTELENCE TAB 25MG	
ISENTRESS CHW 25MG	
ISENTRESS CHW 100MG	NDS
ISENTRESS HD TAB 600MG	NDS
ISENTRESS POW 100MG	NDS
ISENTRESS TAB 400MG	NDS
lamivudine oral soln 10 mg/ml	
lamivudine tab 150 mg	
lamivudine tab 300 mg	
maraviroc tab 150 mg	NDS
maraviroc tab 300 mg	NDS
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	NDS
PREZISTA SUS 100MG/ML	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	NDS, QL (240 tabs / 30 days)
REYATAZ POW 50MG	NDS
rilpivirine hcl tab 25 mg (base equivalent)	NDS
ritonavir tab 100 mg	
RUKOBIA TAB 600MG ER	NDS
SELZENTRY SOL 20MG/ML	NDS
SUNLENCA TAB 300MG	NDS
tenofovir disoproxil fumarate tab 300 mg	
TIVICAY PD TAB 5MG	NDS
TIVICAY TAB 50MG	NDS
TROGARZO INJ 150MG/ML	NDS
TYBOST TAB 150MG	
VIRACEPT TAB 250MG	NDS
VIRACEPT TAB 625MG	NDS
VIREAD POW 40MG/GM	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIREAD TAB 150MG	NDS
VIREAD TAB 200MG	NDS
VIREAD TAB 250MG	NDS
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	NDS
BIKTARVY TAB 50-200-25 MG	NDS
CIMDUO TAB 300-300	NDS
DELSTRIGO TAB	NDS
DESCOVY TAB 120-15MG	NDS
DESCOVY TAB 200/25MG	NDS
DOVATO TAB 50-300MG	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	NDS
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	NDS
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	
EVOTAZ TAB 300-150	NDS
GENVOYA TAB	NDS
IDVYNSO TAB 100-0.25	NDS
JULUCA TAB 50-25MG	NDS
KALETRA SOL	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamivudine-zidovudine tab 150-300 mg	
lopinavir-ritonavir tab 100-25 mg	
lopinavir-ritonavir tab 200-50 mg	
ODEFSEY TAB	NDS
PREZCOBIX TAB 675/150	NDS
PREZCOBIX TAB 800-150	NDS
STRIBILD TAB	NDS
SYMTUZA TAB	NDS
TRIUMEQ PD TAB	
TRIUMEQ TAB	NDS
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS	
cycloserine cap 250 mg	NDS
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rifabutin cap 150 mg	
rifampin cap 150 mg	
rifampin cap 300 mg	
rifampin for inj 600 mg	
SIRTURO TAB 20MG	NDS, PA
SIRTURO TAB 100MG	NDS, 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	NDS, ST
entecavir tab 0.5 mg	
entecavir tab 1 mg	
EPCLUSA PAK 150-37.5	NDS, PA
EPCLUSA PAK 200-50MG	NDS, PA
EPCLUSA TAB 200-50MG	NDS, PA
EPCLUSA TAB 400-100	NDS, PA
famciclovir tab 125 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famciclovir tab 250 mg	
famciclovir tab 500 mg	
ganciclovir sodium for inj 500 mg	B/D
lamivudine tab 100 mg (hbv)	
LIVTENCITY TAB 200MG	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	NDS, PA
MAVYRET TAB 100-40MG	NDS, 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	NDS, PA
PEGASYS INJ 180MCG/M	NDS, PA
PREVYMIS TAB 240MG	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	NDS, 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)	NDS
valganciclovir hcl tab 450 mg (base equivalent)	
VOSEVI TAB	NDS, PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOFLUZA TAB 80MG	QL (1 tab / 180 days)
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%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN/DEX SOL 1GM/50ML-4%	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefoxitin sodium for iv soln 2 gm	
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	NDS
ceftaroline fosamil for iv soln 600 mg	NDS
ceftazidime for inj 1 gm	
ceftazidime for inj 6 gm	
ceftazidime for iv soln 2 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ceftriaxone sodium for inj 1 gm	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cephalexin for susp 125 mg/5ml	
cephalexin for susp 250 mg/5ml	
tazicef	
TEFLARO INJ 400MG	NDS
TEFLARO INJ 600MG	NDS
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clarithromycin tab 500 mg	
clarithromycin tab er 24hr 500 mg	
DIFICID SUS	NDS
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	NDS

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	NDS
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	NDS
NUZYRA TAB 150MG	NDS, 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	NDS, B/D
BENDEKA INJ 100/4ML	NDS, 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	NDS, B/D
CYCLOPHOSPH INJ 1GM/5ML	NDS, B/D
CYCLOPHOSPH INJ 2GM/4ML	NDS, B/D
CYCLOPHOSPH INJ 500/5ML	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	NDS, B/D
CYCLOPHOSPH INJ 1000MG	NDS, B/D
CYCLOPHOSPH INJ 2000MG	NDS, B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	NDS, B/D
CYCLOPHOSPHA INJ 500/2.5	NDS, 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	NDS, B/D
cyclophosphamide for inj 500 mg	B/D
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	NDS, 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	NDS, B/D
FRINDOVYX INJ 2GM/4ML	NDS, B/D
FRINDOVYX INJ 500MG/ML	NDS, B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	NDS
LEUKERAN TAB 2MG	NDS, PA
lomustine cap 10 mg	
lomustine cap 40 mg	
lomustine cap 100 mg	NDS
oxaliplatin for iv inj 50 mg	NDS, B/D
oxaliplatin for iv inj 100 mg	NDS, 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	NDS, B/D
ANTIMETABOLITES	
azacitidine for inj 100 mg	NDS, 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	NDS, QL (5 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LONSURF TAB 15-6.14	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	NDS, QL (80 tabs / 28 days), PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	NDS
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	NDS, QL (14 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONUREG TAB 300MG	NDS, QL (14 tabs / 28 days), PA
pemetrexed disodium for iv soln 100 mg (base equiv)	NDS, B/D
pemetrexed disodium for iv soln 500 mg (base equiv)	NDS, B/D
pemetrexed disodium for iv soln 750 mg (base equiv)	NDS, B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	NDS, B/D
TABLOID TAB 40MG	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS	
abiraterone acetate tab 250 mg	NDS, QL (120 tabs / 30 days), PA
abiraterone acetate tab 500 mg	NDS, QL (60 tabs / 30 days), PA
abirtega	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
anastrozole tab 1 mg	
bicalutamide tab 50 mg	
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
ERLEADA TAB 60MG	NDS, QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	NDS
exemestane tab 25 mg	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	NDS, PA
fulvestrant inj soln pref syr 250 mg/5ml	NDS, B/D
INLURIYO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
letrozole tab 2.5 mg	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LIFYORLI CAP 125MG DS	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	NDS, PA
LUPRON DEPOT INJ 11.25MG	NDS, PA
LYSODREN TAB 500MG	NDS
megestrol acetate tab 20 mg	
megestrol acetate tab 40 mg	
nilutamide tab 150 mg	NDS
NUBEQA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	NDS, PA
ORSERDU TAB 86MG	NDS, QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	NDS
tamoxifen citrate tab 10 mg (base equivalent)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tamoxifen citrate tab 20 mg (base equivalent)	
toremifene citrate tab 60 mg (base equivalent)	PA
XTANDI CAP 40MG	NDS, QL (120 caps / 30 days), PA
XTANDI TAB 40MG	NDS, QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	NDS, QL (60 tabs / 30 days), PA
YONSA TAB 125MG	NDS, QL (120 tabs / 30 days), PA
IMMUNOMODULATORS	
lenalidomide cap 5 mg	NDS, QL (28 caps / 28 days), PA
lenalidomide cap 10 mg	NDS, QL (28 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lenalidomide cap 15 mg	NDS, QL (28 caps / 28 days), PA
lenalidomide cap 20 mg	NDS, QL (21 caps / 28 days), PA
lenalidomide cap 25 mg	NDS, QL (21 caps / 28 days), PA
lenalidomide caps 2.5 mg	NDS, QL (28 caps / 28 days), PA
pomalidomide cap 1 mg	NDS, QL (21 caps / 28 days), PA
pomalidomide cap 2 mg	NDS, QL (21 caps / 28 days), PA
pomalidomide cap 3 mg	NDS, QL (21 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pomalidomide cap 4 mg	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 1MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 2MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	NDS, QL (112 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS	
BESREMI SOL 500MCG	NDS, QL (2 syringes / 28 days), PA
bexarotene cap 75 mg	NDS, QL (300 caps / 30 days), PA
doxorubicin hcl inj 2 mg/ml	B/D
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	NDS, B/D
hydroxyurea cap 500 mg	
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	NDS, QL (240 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
leucovorin calcium tab 10 mg	
leucovorin calcium tab 15 mg	
leucovorin calcium tab 25 mg	
MATULANE CAP 50MG	NDS
mesna tab 400 mg	NDS
MODEYSO CAP 125MG	NDS, QL (20 caps / 28 days), PA
tretinoin cap 10 mg	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
WELIREG TAB 40MG	NDS, 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)	NDS, B/D
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	NDS, B/D
DOCETAXEL INJ 80MG/4ML	NDS, B/D
DOCETAXEL INJ 80MG/8ML	NDS, B/D
DOCETAXEL INJ 160/8ML	NDS, B/D
DOCETAXEL INJ 160/16ML	NDS, B/D
docetaxel soln for iv infusion 20 mg/2ml	NDS, B/D
docetaxel soln for iv infusion 80 mg/8ml	NDS, B/D
docetaxel soln for iv infusion 160 mg/16ml	NDS, B/D
DOCIVYX INJ 20MG/2ML	NDS, B/D
DOCIVYX INJ 80MG/8ML	NDS, B/D
DOCIVYX INJ 160/16ML	NDS, B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, 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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOLECULAR TARGET AGENTS	
ALECENSA CAP 150MG	NDS, QL (240 caps / 30 days), PA
ALUNBRIG PAK	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	NDS, QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAP 40MG	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	NDS, QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AYVAKIT TAB 50MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	NDS, QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	NDS, QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	NDS, QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	NDS, QL (28 tabs / 28 days), PA
bortezomib for inj 3.5 mg	NDS, PA
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	NDS, QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	NDS, QL (300 caps / 30 days), PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DANZITEN TAB 71MG	NDS, QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	NDS, QL (112 tabs / 28 days), PA
dasatinib tab 20 mg	NDS, QL (90 tabs / 30 days), PA
dasatinib tab 50 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 70 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 80 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 100 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 140 mg	NDS, QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	NDS, QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENSACOVE CAP 25MG	NDS, QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	NDS, QL (30 caps / 30 days), PA
erlotinib hcl tab 25 mg (base equivalent)	NDS, QL (90 tabs / 30 days), PA
erlotinib hcl tab 100 mg (base equivalent)	NDS, QL (30 tabs / 30 days), PA
erlotinib hcl tab 150 mg (base equivalent)	NDS, QL (30 tabs / 30 days), PA
everolimus tab 2.5 mg	NDS, QL (30 tabs / 30 days), PA
everolimus tab 5 mg	NDS, QL (30 tabs / 30 days), PA
everolimus tab 7.5 mg	NDS, QL (30 tabs / 30 days), PA
everolimus tab 10 mg	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus tab for oral susp 2 mg	NDS, QL (60 tabs / 30 days), PA
everolimus tab for oral susp 3 mg	NDS, QL (90 tabs / 30 days), PA
everolimus tab for oral susp 5 mg	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	NDS, QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	NDS, QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	NDS, QL (120 caps / 30 days), PA
gefitinib tab 250 mg	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GILOTRIF TAB 20MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	NDS, QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	NDS, PA
HERCEPTIN INJ 150MG	NDS, PA
HERCESSI INJ 150MG	NDS, PA
HERCESSI INJ 420MG	NDS, PA
HERNEXEOS TAB 60MG	NDS, QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	NDS, PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ICLUSIG TAB 10MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	NDS, 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)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	NDS, QL (120 caps / 30 days), PA

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KRAZATI TAB 200MG	NDS, QL (180 tabs / 30 days), PA
lapatinib ditosylate tab 250 mg (base equiv)	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	NDS, QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	NDS, QL (90 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 14 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	NDS, QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	NDS, QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUMAKRAS TAB 320MG	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	NDS, QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	NDS, QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	NDS, QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	NDS, QL (30 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ODOMZO CAP 200MG	NDS, QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	NDS, PA
OGIVRI INJ 420MG	NDS, PA
OGSIVEO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	NDS, QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	NDS, QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	NDS, PA
ONTRUZANT INJ 420MG	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pazopanib hcl tab 200 mg (base equiv)	NDS, QL (120 tabs / 30 days), PA
pazopanib hcl tab 400 mg (base equiv)	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	NDS, PA
PIQRAY 200MG TAB DOSE	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	NDS, QL (90 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RETEVMO TAB 80MG	NDS, QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	NDS, QL (8 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ROMVIMZA CAP 30MG	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	NDS, QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	NDS, QL (224 caps / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sunitinib malate cap 50 mg (base equivalent)	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	NDS, QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	NDS, QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	NDS, QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	NDS, QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 0.1MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	NDS, QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	NDS, QL (30 caps / 30 days), PA
TECENTRIQ INJ 840/14	NDS, PA
TECENTRIQ INJ 1200/20	NDS, PA
TECENTRIQ INJ HYBREZA	NDS, QL (1 vial / 21 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TEPMETKO TAB 225MG	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	NDS, QL (60 tabs / 30 days), PA
torpenz	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	NDS, PA
TRAZIMERA INJ 420MG	NDS, PA
TRUQAP PAK 160MG	NDS, QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	NDS, QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	NDS, QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	NDS, QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	NDS, PA
TRUXIMA INJ 500/50ML	NDS, PA
TUKYSA TAB 50MG	NDS, QL (120 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VERZENIO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	NDS, QL (30 tabs / 30 days), PA
VONJO CAP 100MG	NDS, QL (120 caps / 30 days), PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEJULA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	NDS, PA
ZIRABEV INJ 400/16ML	NDS, PA
ZOLINZA CAP 100MG	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	NDS, 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
benazepril & hydrochlorothiazide tab 10-12.5 mg	
benazepril & hydrochlorothiazide tab 20-12.5 mg	
benazepril & hydrochlorothiazide tab 20-25 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eplerenone tab 50 mg	
KERENDIA TAB 10MG	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	QL (30 tabs / 30 days)
spironolactone tab 25 mg	
spironolactone tab 50 mg	
spironolactone tab 100 mg	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
doxazosin mesylate tab 1 mg	
doxazosin mesylate tab 2 mg	
doxazosin mesylate tab 4 mg	
doxazosin mesylate tab 8 mg	
prazosin hcl cap 1 mg	
prazosin hcl cap 2 mg	
prazosin hcl cap 5 mg	
terazosin hcl cap 1 mg (base equivalent)	
terazosin hcl cap 2 mg (base equivalent)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
terazosin hcl cap 5 mg (base equivalent)	
terazosin hcl cap 10 mg (base equivalent)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-valsartan tab 10-160 mg	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	
losartan potassium & hydrochlorothiazide tab 100-25 mg	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	QL (30 tabs / 30 days)

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM	
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	
amiodarone hcl tab 100 mg	
amiodarone hcl tab 200 mg	
amiodarone hcl tab 400 mg	
disopyramide phosphate cap 100 mg	
disopyramide phosphate cap 150 mg	
dofetilide cap 125 mcg (0.125 mg)	
dofetilide cap 250 mcg (0.25 mg)	
dofetilide cap 500 mcg (0.5 mg)	
flecainide acetate tab 50 mg	
flecainide acetate tab 100 mg	
flecainide acetate tab 150 mg	
MULTAQ TAB 400MG	QL (60 tabs / 30 days)
pacerone	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propafenone hcl cap er 12hr 225 mg	
propafenone hcl cap er 12hr 325 mg	
propafenone hcl cap er 12hr 425 mg	
propafenone hcl tab 150 mg	
propafenone hcl tab 225 mg	
propafenone hcl tab 300 mg	
quinidine sulfate tab 200 mg	
quinidine sulfate tab 300 mg	
sotalol hcl (afib/afl) tab 80 mg	
sotalol hcl (afib/afl) tab 120 mg	
sotalol hcl (afib/afl) tab 160 mg	
sotalol hcl tab 80 mg	
sotalol hcl tab 120 mg	
sotalol hcl tab 160 mg	
sotalol hcl tab 240 mg	
ANTILIPEMICS, FIBRATES	
fenofibrate micronized cap 67 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fenofibrate micronized cap 134 mg	
fenofibrate micronized cap 200 mg	
fenofibrate tab 48 mg	
fenofibrate tab 54 mg	
fenofibrate tab 145 mg	
fenofibrate tab 160 mg	
gemfibrozil tab 600 mg	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL	
atorvastatin calcium tab 10 mg (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)
atorvastatin calcium tab 80 mg (base equivalent)	QL (30 tabs / 30 days)
lovastatin tab 10 mg	QL (60 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
colesevelam hcl packet for susp 3.75 gm	
colesevelam hcl tab 625 mg	
colestipol hcl granule packets 5 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
niacin tab er 750 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	
metoprolol & hydrochlorothiazide tab 50-25 mg	
metoprolol & hydrochlorothiazide tab 100-25 mg	
metoprolol & hydrochlorothiazide tab 100-50 mg	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
acebutolol hcl cap 200 mg	
acebutolol hcl cap 400 mg	
atenolol tab 25 mg	
atenolol tab 50 mg	
atenolol tab 100 mg	
betaxolol hcl tab 10 mg	
betaxolol hcl tab 20 mg	
bisoprolol fumarate tab 5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bisoprolol fumarate tab 10 mg	
carvedilol tab 3.125 mg	
carvedilol tab 6.25 mg	
carvedilol tab 12.5 mg	
carvedilol tab 25 mg	
labetalol hcl tab 100 mg	
labetalol hcl tab 200 mg	
labetalol hcl tab 300 mg	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	
metoprolol tartrate iv soln 5 mg/5ml	
metoprolol tartrate tab 25 mg	
metoprolol tartrate tab 50 mg	
metoprolol tartrate tab 100 mg	
nadolol tab 20 mg	
nadolol tab 40 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl tab 10 mg	
propranolol hcl tab 20 mg	
propranolol hcl tab 40 mg	
propranolol hcl tab 60 mg	
propranolol hcl tab 80 mg	
timolol maleate tab 5 mg	
timolol maleate tab 10 mg	
timolol maleate tab 20 mg	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
amlodipine besylate tab 2.5 mg (base equivalent)	
amlodipine besylate tab 5 mg (base equivalent)	
amlodipine besylate tab 10 mg (base equivalent)	
cartia xt	
dilt-xr	
diltiazem hcl cap er 12hr 60 mg	
diltiazem hcl cap er 12hr 90 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl cap er 12hr 120 mg	
diltiazem hcl cap er 24hr 120 mg	
diltiazem hcl cap er 24hr 180 mg	
diltiazem hcl cap er 24hr 240 mg	
diltiazem hcl coated beads cap er 24hr 120 mg	
diltiazem hcl coated beads cap er 24hr 180 mg	
diltiazem hcl coated beads cap er 24hr 240 mg	
diltiazem hcl coated beads cap er 24hr 300 mg	
diltiazem hcl coated beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 120 mg	
diltiazem hcl extended release beads cap er 24hr 180 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl extended release beads cap er 24hr 240 mg	
diltiazem hcl extended release beads cap er 24hr 300 mg	
diltiazem hcl extended release beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 420 mg	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	
diltiazem hcl tab 30 mg	
diltiazem hcl tab 60 mg	
diltiazem hcl tab 90 mg	
diltiazem hcl tab 120 mg	
felodipine tab er 24hr 2.5 mg	
felodipine tab er 24hr 5 mg	
felodipine tab er 24hr 10 mg	
isradipine cap 2.5 mg	
isradipine cap 5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nicardipine hcl cap 20 mg	
nicardipine hcl cap 30 mg	
nifedipine tab er 24hr 30 mg	
nifedipine tab er 24hr 60 mg	
nifedipine tab er 24hr 90 mg	
nifedipine tab er 24hr osmotic release 30 mg	
nifedipine tab er 24hr osmotic release 60 mg	
nifedipine tab er 24hr osmotic release 90 mg	
nimodipine cap 30 mg	
tiadylt er	
verapamil hcl cap er 24hr 100 mg	
verapamil hcl cap er 24hr 120 mg	
verapamil hcl cap er 24hr 180 mg	
verapamil hcl cap er 24hr 200 mg	
verapamil hcl cap er 24hr 240 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
verapamil hcl cap er 24hr 300 mg	
verapamil hcl cap er 24hr 360 mg	
verapamil hcl iv soln 2.5 mg/ml	
verapamil hcl tab 40 mg	
verapamil hcl tab 80 mg	
verapamil hcl tab 120 mg	
verapamil hcl tab er 120 mg	
verapamil hcl tab er 180 mg	
verapamil hcl tab er 240 mg	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	
acetazolamide cap er 12hr 500 mg	
acetazolamide tab 125 mg	
acetazolamide tab 250 mg	
amiloride & hydrochlorothiazide tab 5-50 mg	
amiloride hcl tab 5 mg	
bumetanide inj 0.25 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bumetanide tab 0.5 mg	
bumetanide tab 1 mg	
bumetanide tab 2 mg	
chlorthalidone tab 25 mg	
chlorthalidone tab 50 mg	
furosemide inj	
furosemide oral soln 8 mg/ml	
furosemide oral soln 10 mg/ml	
furosemide tab 20 mg	
furosemide tab 40 mg	
furosemide tab 80 mg	
hydrochlorothiazide cap 12.5 mg	
hydrochlorothiazide tab 12.5 mg	
hydrochlorothiazide tab 25 mg	
hydrochlorothiazide tab 50 mg	
indapamide tab 1.25 mg	
indapamide tab 2.5 mg	
methazolamide tab 25 mg	
methazolamide tab 50 mg	
metolazone tab 2.5 mg	
metolazone tab 5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metolazone tab 10 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
torsemide tab 5 mg	
torsemide tab 10 mg	
torsemide tab 20 mg	
torsemide tab 100 mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	
MISCELLANEOUS	
aliskiren fumarate tab 150 mg (base equivalent)	QL (30 tabs / 30 days)
aliskiren fumarate tab 300 mg (base equivalent)	QL (30 tabs / 30 days)
clonidine hcl tab 0.1 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	NDS, QL (180 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
droxidopa cap 300 mg	NDS, 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	
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	NDS, PA
midodrine hcl tab 2.5 mg	
midodrine hcl tab 5 mg	
midodrine hcl tab 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
VYNDAMAX CAP 61MG	NDS, QL (30 caps / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS	
isosorbide dinitrate tab 5 mg	
isosorbide dinitrate tab 10 mg	
isosorbide dinitrate tab 20 mg	
isosorbide dinitrate tab 30 mg	
isosorbide mononitrate tab er 24hr 30 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isosorbide mononitrate tab er 24hr 60 mg	
isosorbide mononitrate tab er 24hr 120 mg	
nitro-bid	
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	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	NDS, QL (90 tabs / 30 days), PA
alyq	NDS, QL (60 tabs / 30 days), PA
ambrisentan tab 5 mg	NDS, QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	NDS, QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	NDS, QL (60 tabs / 30 days), PA
bosentan tab 125 mg	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bosentan tab for oral susp 32 mg	NDS, QL (120 tabs / 30 days), PA
macitentan tab 10 mg	NDS, QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	NDS, 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)	NDS, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	NDS, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	NDS, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	NDS, PA
UPTRAVI PACK TAB 200/800	NDS, QL (1 pack / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 200MCG	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	NDS, QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	NDS, QL (2 vials / 21 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YUTREPIA CAP 26.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	NDS, 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxapine tab 25 mg	PA; PA applies if 65 years and older
amoxapine tab 50 mg	PA; PA applies if 65 years and older
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
escitalopram oxalate tab 10 mg (base equiv)	
escitalopram oxalate tab 20 mg (base equiv)	
EXXUA TAB 18.2MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
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	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	NDS, QL (28 caps / 14 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZURZUVAE CAP 30MG	NDS, 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	
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)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES	
ABILIFY ASIM INJ 720MG	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	NDS, QL (1 injection / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 300MG	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	NDS, 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)
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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAPLYTA CAP 10.5MG	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	NDS, 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
clozapine orally disintegrating tab 25 mg	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	NDS, QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ERZOFRI INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	NDS, 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	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 2MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	NDS, 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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
haloperidol decanoate im soln 50 mg/ml	
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	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUST INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	NDS, QL (1 syringe / 90 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZ INJ 819MG	NDS, 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)
lurasidone hcl tab 120 mg	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	NDS, QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYBALVI TAB 20-10MG	NDS, QL (30 tabs / 30 days)
molindone hcl tab 5 mg	
molindone hcl tab 10 mg	
molindone hcl tab 25 mg	
NUPLAZID CAP 34MG	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	NDS, 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
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	NDS, QL (90 films / 30 days), PA
paliperidone tab er 24hr 1.5 mg	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
quetiapine fumarate tab 200 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	NDS, QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	NDS, QL (30 patches / 30 days)
SECUADO DIS 7.6MG	NDS, 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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thiothixene cap 1 mg	
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	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 0.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 0.75MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 3MG	NDS, QL (30 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VRAYLAR CAP 4.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	NDS, 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	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	NDS, QL (1 vial / 28 days), PA
ANTISEIZURE AGENTS	
APTIOM TAB 200MG	NDS, QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
APTIOM TAB 400MG	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	NDS, 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	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRIVIACT TAB 25MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	NDS, 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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine tab er 12hr 200 mg	
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonazepam tab 1 mg	QL (90 tabs / 30 days)
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	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	NDS, QL (180 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIACOMIT PAK 250MG	NDS, QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	NDS, QL (180 packets / 30 days), PA
diazepam inj	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam rectal gel delivery system 10 mg	
diazepam rectal gel delivery system 20 mg	
diazepam tab 2 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 5 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam tab 10 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	
divalproex sodium cap delayed release sprinkle 125 mg	
divalproex sodium tab delayed release 125 mg	
divalproex sodium tab delayed release 250 mg	
divalproex sodium tab delayed release 500 mg	
divalproex sodium tab er 24 hr 250 mg	
divalproex sodium tab er 24 hr 500 mg	
EPIDIOLEX SOL 100MG/ML	NDS, QL (600 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
felbamate tab 400 mg	
felbamate tab 600 mg	
FINTEPLA SOL 2.2MG/ML	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	NDS, QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 8MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	NDS, QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	QL (360 caps / 30 days)
gabapentin cap 300 mg	QL (360 caps / 30 days)
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
oxcarbazepine tab 600 mg	
perampanel susp 0.5 mg/ml	NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	QL (270 caps / 30 days)
relgaabi	QL (360 caps / 30 days)
roweepra	
rufinamide susp 40 mg/ml	NDS, QL (2400 mL / 30 days), PA
rufinamide tab 200 mg	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, ST
SYMPAZAN MIS 5MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	NDS, QL (60 films / 30 days), PA
tiagabine hcl tab 2 mg	
tiagabine hcl tab 4 mg	
tiagabine hcl tab 12 mg	
tiagabine hcl tab 16 mg	
topiramate oral soln 25 mg/ml	QL (480 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
vigabatrin powd pack 500 mg	NDS, QL (180 packets / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI TAB 50MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	NDS, QL (900 mL / 30 days), PA
zonisamide cap 25 mg	
zonisamide cap 50 mg	
zonisamide cap 100 mg	
ZTALMY SUS 50MG/ML	NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine cap er 24hr 10 mg	QL (30 caps / 30 days), PA
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine tab 12.5 mg	QL (60 tabs / 30 days), PA
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexmethylphenidate hcl tab 2.5 mg	QL (120 tabs / 30 days), PA
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylphenidate hcl chew tab 2.5 mg	QL (180 tabs / 30 days), PA
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
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	NDS, 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	NDS, 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	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO TAB 9MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB TITR KIT	NDS, QL (2 packs / year), PA
lithium carbonate cap 150 mg	
lithium carbonate cap 300 mg	
lithium carbonate cap 600 mg	
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	NDS, 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	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS	
BAFIERTAM CAP 95MG	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	NDS, QL (14 kits / 28 days), PA
COPAXONE INJ 20MG/ML	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	NDS, 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)	NDS, QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml	NDS, QL (30 syringes / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glatiramer acetate soln prefilled syringe 40 mg/ml	NDS, QL (12 syringes / 28 days), PA
glatopa	NDS, QL (12 syringes / 28 days), PA
glatopa	NDS, QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	NDS, 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	
baclofen tab 20 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carisoprodol tab 350 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl tab 5 mg	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl tab 10 mg	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
dantrolene sodium cap 25 mg	
dantrolene sodium cap 50 mg	
dantrolene sodium cap 100 mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, 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	NDS

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
sitagliptin phosphate tab 25 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate tab 50 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate tab 100 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	QL (60 tabs / 30 days)
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	NDS, B/D
HUMULIN R INJ U-500KWP	NDS
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
alendronate sodium tab 35 mg	
alendronate sodium tab 70 mg	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	NDS, 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	B/D
mg/ml	
pamidronate disodium iv soln 9	B/D
mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
risedronate sodium tab delayed release 35 mg	ST
TERIPARATIDE INJ 560/2.24	NDS, QL (1 pen / 28 days), PA; (ALVOGEN product)
teriparatide soln pen-inj 560 mcg/2.24ml	NDS, QL (1 pen / 28 days), PA
TYMLOS INJ	NDS, QL (1 pen / 30 days), PA
WYOST INJ 120/1.7	NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CHELATING AGENTS	
CHEMET CAP 100MG	NDS
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	NDS, PA
deferasirox tab for oral susp 500 mg	NDS, PA
kionex	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
penicillamine tab 250 mg	NDS
sodium polystyrene sulfonate powder	
sodium polystyrene sulfonate susp 15 gm/60ml	
sps	
sps rectal	
trientine hcl cap 250 mg	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
afirmelle	
altavera	
alyacen 1/35	
alyacen 7/7/7	
amethyst	
apri	
aranelle	
ashlyna	
aubra eq	
aurovela 1/20	
aurovela 24 fe	
aurovela fe 1.5/30	
aurovela fe 1/20	
aviane	
ayuna	
azurette	
balziva	
blisovi 24 fe	
blisovi fe 1.5/30	
blisovi fe 1/20	
briellyn	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
camila	
camrese	
camrese lo	
chateal eq	
cryselle	
cyred eq	
dasetta 1/35	
dasetta 7/7/7	
daysee	
deblitane	
DEPO-SQ PROV INJ 104	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
drospirenone-ethinyl estradiol tab 3-0.03 mg	
elinest	
eluryng	
emzahh	
enilloring	
enskyce	
errin	
estarylla	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	
falmina	
feirza 1.5/30	
feirza 1/20	
finzala	
galbriela	
hailey 1.5/30	
hailey 24 fe	
hailey fe 1/20	
heather	
iclevia	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
incassia	
introvale	
isibloom	
jaimiess	
jasmiel	
jencycla	
jolessa	
juleber	
junel 1.5/30	
junel 1/20	
junel fe 1.5/30	
junel fe 1/20	
junel fe 24	
kaitlib fe	
kariva	
kelnor 1/35	
kurvelo	
larin 1.5/30	
larin 1/20	
larin 24 fe	
larin fe 1.5/30	
larin fe 1/20	
lessina	

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
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)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	
levora 0.15/30-28	
LILETTA IUD 52MG	
loestrin 1.5/30-21	
loestrin 1/20-21	
loestrin fe 1.5/30	
loestrin fe 1/20	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lojaimiess	
loryna	
low-ogestrel	
luizza 1.5/30	
luizza 1/20	
lutera	
lyleq	
lyza	
marlissa	
medroxyprogesterone acetate im susp 150 mg/ml	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	
meleya	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEXPLANON IMP 68MG	
nikki	
nora-be	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
nortrel 1/35 (21)	
nortrel 1/35 (28)	
nortrel 7/7/7	
nylia 1/35	
nylia 7/7/7	
orquidea	
philith	
pimtrea	
portia-28	
reclipsen	
rivelsa	
rosyrah	
setlakin	
sharobel	
simliya	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
simpesse	
sprintec 28	
sronyx	
syeda	
tarina 24 fe	
tarina fe 1/20 eq	
tilia fe	
tri-estarylla	
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	
valtya 1/35	
valtya 1/50	
velivet	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vestura	
vienva	
viorele	
vyfemla	
vylibra	
wera	
wymzya fe	
xarah fe	
xelria fe	
xulane	
zafemy	
zovia 1/35	
zumandimine	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
abigale	
abigale lo	
dotti	
estradiol & norethindrone acetate tab 0.5-0.1 mg	
estradiol & norethindrone acetate tab 1-0.5 mg	
estradiol tab 0.5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol tab 1 mg	
estradiol tab 2 mg	
estradiol td patch twice weekly 0.1 mg/24hr	
estradiol td patch twice weekly 0.05 mg/24hr	
estradiol td patch twice weekly 0.025 mg/24hr	
estradiol td patch twice weekly 0.075 mg/24hr	
estradiol td patch twice weekly 0.0375 mg/24hr	
estradiol td patch weekly 0.1 mg/24hr	
estradiol td patch weekly 0.05 mg/24hr	
estradiol td patch weekly 0.06 mg/24hr	
estradiol td patch weekly 0.025 mg/24hr	
estradiol td patch weekly 0.075 mg/24hr	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazoxide susp 50 mg/ml	NDS
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	NDS, PA
betaine powder for oral solution	NDS
cabergoline tab 0.5 mg	
carglumic acid soluble tab 200 mg	NDS, PA
CERDELGA CAP 84MG	NDS, PA
CEREZYME INJ 400UNIT	NDS, 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
desmopressin acetate inj 4 mcg/ml	NDS
desmopressin acetate nasal spray soln 0.01%	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	NDS
desmopressin acetate tab 0.1 mg	
desmopressin acetate tab 0.2 mg	
FABRAZYME INJ 5MG	NDS, PA
FABRAZYME INJ 35MG	NDS, PA
GENOTROPIN INJ 0.2MG	PA
GENOTROPIN INJ 0.4MG	NDS, PA
GENOTROPIN INJ 0.6MG	NDS, PA
GENOTROPIN INJ 0.8MG	NDS, PA
GENOTROPIN INJ 1.2MG	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 1.4MG	NDS, PA
GENOTROPIN INJ 1.6MG	NDS, PA
GENOTROPIN INJ 1.8MG	NDS, PA
GENOTROPIN INJ 1MG	NDS, PA
GENOTROPIN INJ 2MG	NDS, PA
GENOTROPIN INJ 5MG	NDS, PA
GENOTROPIN INJ 12MG	NDS, PA
INCRELEX INJ 40MG/4ML	NDS, PA
javygtor	NDS, PA
lanreotide acetate extended release inj 120 mg/0.5ml	NDS, PA
levocarnitine oral soln 1 gm/10ml (10%)	B/D
levocarnitine tab 330 mg	B/D
LUMIZYME INJ 50MG	NDS, PA
LUPR DEP-PED INJ 3M 30MG	NDS, PA
LUPR DEP-PED INJ 7.5MG	NDS, PA
LUPR DEP-PED INJ 11.25MG	NDS, PA
LUPR DEP-PED INJ 15MG	NDS, PA
LUPRON DEPOT INJ 45MG	NDS, PA
mifepristone tab 300 mg	NDS, PA
NAGLAZYME INJ 1MG/ML	NDS, PA
nitisinone cap 2 mg	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitisinone cap 5 mg	NDS, PA
nitisinone cap 10 mg	NDS, PA
nitisinone cap 20 mg	NDS, 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
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	NDS, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	NDS, 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	NDS, PA
raloxifene hcl tab 60 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVCOVI INJ 1.6MG/ML	NDS, PA
REZDIFFRA TAB 60MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
sapropterin dihydrochloride powder packet 100 mg	NDS, PA
sapropterin dihydrochloride powder packet 500 mg	NDS, PA
sapropterin dihydrochloride tab 100 mg	NDS, PA
SIGNIFOR INJ 0.3MG/ML	NDS, PA
SIGNIFOR INJ 0.6MG/ML	NDS, PA
SIGNIFOR INJ 0.9MG/ML	NDS, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	NDS, PA
sodium phenylbutyrate tab 500 mg	NDS, PA
SOMATULINE INJ 60/0.2ML	NDS, PA
SOMATULINE INJ 90/0.3ML	NDS, PA
SOMAVERT INJ 10MG	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOMAVERT INJ 15MG	NDS, PA
SOMAVERT INJ 20MG	NDS, PA
SOMAVERT INJ 25MG	NDS, PA
SOMAVERT INJ 30MG	NDS, PA
SYNAREL SOL 2MG/ML	NDS, PA
tolvaptan tab 15 mg	NDS, PA; (generic of JYNARQUE)
tolvaptan tab 30 mg	NDS, PA; (generic of JYNARQUE)
tolvaptan tab therapy pack 15 mg	NDS, PA
tolvaptan tab therapy pack 30 & 15 mg	NDS, PA
tolvaptan tab therapy pack 45 & 15 mg	NDS, PA
tolvaptan tab therapy pack 60 & 30 mg	NDS, PA
tolvaptan tab therapy pack 90 & 30 mg	NDS, PA
zelvysia	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
gallifrey	
medroxyprogesterone acetate tab 2.5 mg	
medroxyprogesterone acetate tab 5 mg	
medroxyprogesterone acetate tab 10 mg	
megestrol acetate susp 40 mg/ml	
megestrol acetate susp 625 mg/5ml	PA
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 100 mcg	
levothyroxine sodium tab 112 mcg	
levothyroxine sodium tab 125 mcg	
levothyroxine sodium tab 137 mcg	
levothyroxine sodium tab 150 mcg	
levothyroxine sodium tab 175 mcg	
levothyroxine sodium tab 200 mcg	
levothyroxine sodium tab 300 mcg	
levoxyl	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
liomny	
liothyronine sodium tab 5 mcg	
liothyronine sodium tab 25 mcg	
liothyronine sodium tab 50 mcg	
methimazole tab 5 mg	
methimazole tab 10 mg	
propylthiouracil tab 50 mg	
SYNTHROID TAB 25MCG	
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMIN D ANALOGS	
calcitriol (oral)	B/D
calcitriol cap 0.5 mcg	B/D
calcitriol cap 0.25 mcg	B/D
paricalcitol cap 1 mcg	B/D
paricalcitol cap 2 mcg	B/D
paricalcitol cap 4 mcg	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	
aprepitant capsule 40 mg	B/D
aprepitant capsule 80 mg	B/D
aprepitant capsule 125 mg	B/D
aprepitant capsule therapy pack 80 & 125 mg	B/D
compro	
dronabinol cap 2.5 mg	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	B/D, QL (60 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
granisetron hcl inj 1 mg/ml	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	
granisetron hcl tab 1 mg	B/D
meclizine hcl tab 12.5 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
meclizine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl inj 5 mg/ml (base equivalent)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	
metoclopramide hcl tab 5 mg (base equivalent)	
metoclopramide hcl tab 10 mg (base equivalent)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	
ondansetron hcl inj soln pref syr 4 mg/2ml	
ondansetron hcl oral soln 4 mg/5ml	B/D
ondansetron hcl tab 4 mg	B/D
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	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine td patch 72hr 1 mg/3days	QL (10 patches / 30 days)
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glycopyrrolate tab 1 mg	QL (90 tabs / 30 days)
glycopyrrolate tab 2 mg	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID	
famotidine for susp 40 mg/5ml	
famotidine in nacl 0.9% iv soln 20 mg/50ml	
famotidine inj 40 mg/4ml	
famotidine inj 200 mg/20ml	
famotidine preservative free inj 20 mg/2ml	
famotidine tab 20 mg	
famotidine tab 40 mg	
nizatidine cap 150 mg	
nizatidine cap 300 mg	
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium cap 750 mg	
budesonide delayed release particles cap 3 mg	QL (90 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
budesonide tab er 24hr 9 mg	NDS, QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	
mesalamine cap dr 400 mg	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	QL (120 caps / 30 days)
mesalamine enema 4 gm	QL (1680 mL / 28 days)
mesalamine rectal enema 4 gm & cleanser wipe kit	QL (28 bottles / 28 days)
mesalamine suppos 1000 mg	QL (30 suppositories / 30 days)
mesalamine tab delayed release 1.2 gm	QL (120 tabs / 30 days)
sulfasalazine tab 500 mg	
sulfasalazine tab delayed release 500 mg	
LAXATIVES	
constulose	
enulose	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CREON CAP 24000UNT	
CREON CAP 36000UNT	
cromolyn sodium oral conc 100 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
GATTEX KIT 5MG	NDS, 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VOWST CAP	NDS, QL (12 caps / 30 days), PA
XERMELO TAB 250MG	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	NDS, PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
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	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	
fesoterodine fumarate tab er 24hr 4 mg	QL (30 tabs / 30 days)
fesoterodine fumarate tab er 24hr 8 mg	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 25 mg	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 50 mg	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	QL (120 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metronidazole vaginal gel 0.75%	
terconazole vaginal cream 0.4%	
terconazole vaginal cream 0.8%	
terconazole vaginal suppos 80 mg	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

dabigatran etexilate mesylate 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	NDS
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HEMATOPOIETIC GROWTH FACTORS	
FULPHILA INJ 6/0.6ML	NDS, 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	NDS, PA
PROCRIT INJ 40000/ML	NDS, PA
ZARXIO INJ 300/0.5	NDS, PA
ZARXIO INJ 480/0.8	NDS, PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	NDS, QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	
anagrelide hcl cap 1 mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sajazir	NDS, QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	NDS
TAVNEOS CAP 10MG	NDS, QL (180 caps / 30 days), PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	
tranexamic acid tab 650 mg	
PLATELET AGGREGATION INHIBITORS	
aspirin-dipyridamole cap er 12hr 25-200 mg	
clopidogrel bisulfate tab 75 mg (base equiv)	
dipyridamole tab 25 mg	PA; PA applies if 65 years and older
dipyridamole tab 50 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, QL (6 autoinjectors / 28 days), PA
ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 syringes / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL INJ 50MG/ML	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	NDS, QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	NDS, QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	NDS, QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	NDS, QL (2 syringes / 28 days), PA

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TREMFYA INJ 100MG/ML	NDS, QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	NDS, PA
TYENNE INJ 80MG/4ML	NDS, PA
TYENNE INJ 162/0.9	NDS, QL (4 pens / 28 days), PA
TYENNE INJ 162MG	NDS, QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	NDS, PA
TYENNE INJ 400/20ML	NDS, PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	NDS, PA
VELSIPITY TAB 2MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	NDS, QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	NDS, 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	NDS, 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	NDS, PA
ALYGLO INJ 10/100ML	NDS, PA
ALYGLO INJ 20/200ML	NDS, PA
BIVIGAM INJ 10%	NDS, PA
FLEBOGAMMA INJ 10/200ML	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA INJ 20/400ML	NDS, PA
FLEBOGAMMA INJ DIF 5%	NDS, PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	NDS, PA
GAMMAGARD INJ 2.5GM/25	NDS, PA
GAMMAGARD INJ 5GM/50ML	NDS, PA
GAMMAGARD INJ 10GM/100	NDS, PA
GAMMAGARD INJ 20GM/200	NDS, PA
GAMMAGARD INJ 30GM/300	NDS, PA
GAMMAGARD SD INJ 5GM HU	NDS, PA
GAMMAGARD SD INJ 10GM HU	NDS, PA
GAMMAKED INJ 1GM/10ML	NDS, PA
GAMMAKED INJ 5GM/50ML	NDS, PA
GAMMAKED INJ 10GM/100	NDS, PA
GAMMAKED INJ 20GM/200	NDS, PA
GAMMAPLEX INJ 5%	NDS, PA
GAMMAPLEX INJ 10%	NDS, PA
GAMMGD ERC INJ 5GM/50ML	NDS, PA
GAMMGD ERC INJ 10/100ML	NDS, PA
GAMUNEX-C INJ 1GM/10ML	NDS, PA
GAMUNEX-C INJ 2.5GM/25	NDS, PA
GAMUNEX-C INJ 5GM/50ML	NDS, PA
GAMUNEX-C INJ 10GM/100	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMUNEX-C INJ 20GM/200	NDS, PA
GAMUNEX-C INJ 40/400ML	NDS, PA
OCTAGAM INJ 1GM	NDS, PA
OCTAGAM INJ 2.5GM	NDS, PA
OCTAGAM INJ 2GM/20ML	NDS, PA
OCTAGAM INJ 5GM	NDS, PA
OCTAGAM INJ 5GM/50ML	NDS, PA
OCTAGAM INJ 10/100ML	NDS, PA
OCTAGAM INJ 10GM	NDS, PA
OCTAGAM INJ 20/200ML	NDS, PA
OCTAGAM INJ 30/300ML	NDS, PA
PANZYGA SOL 1GM/10ML	NDS, PA
PANZYGA SOL 2.5/25ML	NDS, PA
PANZYGA SOL 5GM/50ML	NDS, PA
PANZYGA SOL 10/100ML	NDS, PA
PANZYGA SOL 20/200ML	NDS, PA
PANZYGA SOL 30/300ML	NDS, PA
PRIVIGEN INJ 5 GRAMS	NDS, PA
PRIVIGEN INJ 10GRAMS	NDS, PA
PRIVIGEN INJ 20GRAMS	NDS, PA
PRIVIGEN INJ 40GRAMS	NDS, PA
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARCALYST INJ 220MG	NDS, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	NDS, B/D
azathioprine tab 50 mg	B/D
BENLYSTA INJ 120MG	NDS, PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus tab 0.5 mg	NDS, B/D
everolimus tab 0.25 mg	B/D
everolimus tab 0.75 mg	NDS, B/D
everolimus tab 1 mg	NDS, B/D
gengraf	B/D
mycophenolate mofetil cap 250 mg	B/D
mycophenolate mofetil for oral susp 200 mg/ml	NDS, 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	NDS, B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	NDS, QL (30 tabs / 30 days), PA
sirolimus oral soln 1 mg/ml	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sirolimus tab 0.5 mg	B/D
sirolimus tab 1 mg	B/D
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	NDS, 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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA
PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI INJ	
VAQTA INJ 25/0.5ML	
VAQTA INJ 50UNT/ML	
VARIVAX INJ	
VAXCHORA SUS	
VIMKUNYA INJ 40/0.8ML	
VIVOTIF CAP EC	
YF-VAX INJ	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS	
ELECTROLYTES/MINERALS, INJECTABLE	
D2.5W/NACL INJ 0.45%	
D5W/NACL INJ 0.2%	
D5W/NACL INJ 0.45%	
D10W/NACL INJ 0.2%	
D10W/NACL INJ 0.45%	
dextrose 2.5% w/ sodium chloride 0.45%	
dextrose 5% in lactated ringers	
dextrose 5% w/ sodium chloride 0.3%	
dextrose 5% w/ sodium chloride 0.9%	
dextrose 5% w/ sodium chloride 0.45%	
dextrose 5% w/ sodium chloride 0.225%	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ PH 7.4	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 40 meq/l (0.298%) in nacl 0.9% inj	
KCL/D5W/NACL INJ 0.3/0.9%	
KCL/D5W/NACL INJ 0.15/0.2	
LACTATED RIN INJ	
lactated ringer's solution	
MAGNESIUM SU INJ 2GM/50ML	
MAGNESIUM SU INJ 4G/100ML	
MAGNESIUM SU INJ 20/500ML	
MAGNESIUM SU INJ 40G/1000	
magnesium 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)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	
multiple electrolytes ph 5.5	
POT CHL 20MEQ/L IN NACL 0.9% INJ	
POT CHL 20MEQ/L IN NACL 0.45% INJ	
POT CHL 40MEQ/L IN NACL 0.9% INJ	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	
potassium chloride inj 2 meq/ml	
potassium chloride inj 10 meq/50ml	
potassium chloride inj 10 meq/100ml	
potassium chloride inj 20 meq/50ml	
potassium chloride inj 20 meq/100ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride inj 40 meq/100ml	
sodium chloride inj 2.5 meq/ml (14.6%)	
sodium chloride iv soln 0.9%	
sodium chloride iv soln 0.45%	
sodium chloride iv soln 3%	
sodium chloride iv soln 5%	
TPN ELECTROL 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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride cap er 10 meq	
potassium chloride microencapsulated crys er tab 10 meq	
potassium chloride microencapsulated crys er tab 15 meq	
potassium chloride microencapsulated crys er tab 20 meq	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
potassium chloride powder packet 20 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	
WESTAB PLUS TAB 27-1MG	
IV NUTRITION	
aminosyn ii soln 15%	B/D
AMINOSYN INJ 10%	B/D
AMINOSYN-PF INJ 10%	B/D
CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
clinisol sf 15%	B/D
CLINOLIPID EMU 20%	B/D
dextrose inj 5%	
dextrose inj 10%	
DEXTROSE INJ 10%	
dextrose inj 50%	B/D
DEXTROSE INJ 70%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
plenamine	B/D
PREMASOL SOL 10%	NDS, B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
neomycin-polymyxin-dexamethasone ophth susp 0.1%	
neomycin-polymyxin-hc ophth susp	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	
TOBRADEX OIN 0.3-0.1%	
tobramycin-dexamethasone ophth susp 0.3-0.1%	
ZYLET SUS 0.5-0.3%	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS	
bacitracin-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)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin ophth oint 5 mg/gm	
gatifloxacin ophth soln 0.5%	
gentamicin sulfate ophth soln 0.3%	
moxifloxacin hcl ophth soln 0.5% (base equiv)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-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%	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZIRGAN GEL 0.15%	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION	
dexamethasone sodium phosphate ophth soln 0.1%	
diclofenac sodium ophth soln 0.1%	
difluprednate ophth emulsion 0.05%	
fluorometholone ophth susp 0.1%	
flurbiprofen sodium ophth soln 0.03%	
ketorolac tromethamine ophth soln 0.4%	
ketorolac tromethamine ophth soln 0.5%	
LOTEMAX OIN 0.5%	
PRED SOD PHO SOL 1% OP	
prednisolone acetate ophth susp 1%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES	
azelastine hcl ophth soln 0.05%	
cromolyn sodium ophth soln 4%	
ZERVIATE DRO 0.24%	
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%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pilocarpine hcl ophth soln 2%	
pilocarpine hcl ophth soln 4%	
RHOPRESSA SOL 0.02%	
ROCKLATAN DRO	
SIMBRINZA SUS 1-0.2%	
timolol maleate ophth gel forming soln 0.5%	
timolol maleate ophth gel forming soln 0.25%	
timolol maleate ophth soln 0.5%	
timolol maleate ophth soln 0.25%	
VYZULTA SOL 0.024%	
MISCELLANEOUS	
ATROPINE SUL SOL 1% OP	
atropine sulfate ophth soln 1%	
CYSTADROPS SOL 0.37%	NDS, PA
CYSTARAN SOL 0.44%	NDS, PA
EYSUVIS DRO 0.25%	
MIEBO DRO 1.3GM/ML	
proparacaine hcl ophth soln 0.5%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESTASIS EMU 0.05% OP	
RESTASIS MUL EMU 0.05% OP	
XIIDRA DRO 5%	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

acetic acid otic soln 2%	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
flac	
fluocinolone acetonide (otic) oil 0.01%	
hydrocortisone w/ acetic acid otic soln 1-2%	
neomycin-polymyxin-hc otic soln 1%	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	
ofloxacin otic soln 0.3%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD	
ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyproheptadine hcl syrup 2 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
cyproheptadine hcl tab 4 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl inj 50 mg/ml	
hydroxyzine hcl im soln 25 mg/ml	PA; PA applies if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	PA; PA applies if 65 years and older
hydroxyzine hcl syrup 10 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
VENTOLIN HFA AER	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS	
montelukast sodium chew tab 4 mg (base equiv)	
montelukast sodium chew tab 5 mg (base equiv)	
montelukast sodium oral granules packet 4 mg (base equiv)	
montelukast sodium tab 10 mg (base equiv)	
zafirlukast tab 10 mg	
zafirlukast tab 20 mg	
MISCELLANEOUS	
acetylcysteine inhal soln 10%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
acetylcysteine inhal soln 20%	B/D
ALYFTREK TAB 4-20-50	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	NDS, PA
ARALAST NP INJ 1000MG	NDS, PA
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA INJ 10MG/0.5	NDS, QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	NDS, QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	NDS, QL (56 packets / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO TAB 150MG	NDS, QL (60 tabs / 30 days), PA
nintedanib esylate cap 100 mg (base equivalent)	NDS, QL (60 caps / 30 days), PA
nintedanib esylate cap 150 mg (base equivalent)	NDS, QL (60 caps / 30 days), PA
OFEV CAP 100MG	NDS, QL (60 caps / 30 days), PA
OFEV CAP 150MG	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	NDS, QL (56 packets / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMDEKO TAB 50-75MG	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	NDS, 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	NDS, QL (56 packs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA PAK 75MG	NDS, QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	NDS, QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	NDS, QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	NDS, QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	NDS, QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	NDS, QL (4 syringes / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOLAIR SOL 150MG	NDS, QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	NDS, PA
ZEMAIRA INJ 4000MG	NDS, PA
ZEMAIRA INJ 5000MG	NDS, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES	
flunisolide nasal soln 25 mcg/act (0.025%)	QL (3 bottles / 30 days)
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
wixela inhub	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
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	QL (45 gm / 30 days)
sulfacetamide sodium lotion 10% (acne)	QL (118 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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%	
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENSTILAR AER	NDS, 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)
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)

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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%	
triamcinolone acetonide lotion 0.025%	
triamcinolone acetonide oint 0.1%	
triamcinolone acetonide oint 0.5%	
triamcinolone acetonide oint 0.025%	
triderm	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS	
glydo	QL (60 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine hcl soln 4%	QL (50 mL / 30 days), PA
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	QL (60 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
tridacaine iii	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
bexarotene gel 1%	NDS, 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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitroglycerin oint 0.4%	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	NDS, 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	
tacrolimus oint 0.1%	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
malathion lotion 0.5%	QL (59 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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%	
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.....265
abigale lo 265
ABILIFY ASIM INJ 720MG 182
ABILIFY ASIM INJ 960MG 182
ABILIFY MAIN INJ 300MG 182, 183
ABILIFY MAIN INJ 400MG 183
abiraterone acetate tab 250 mg 85
abiraterone acetate tab 500 mg 85
abirtega 85
ABRYSVO INJ 120MCG 317
acamprosate calcium tab delayed release 333 mg.....237
*acarbose tab 100 mg*240
acarbose tab 25 mg . 240
acarbose tab 50 mg . 240
accutane 350
acebutolol hcl cap 200 mg 144
acebutolol hcl cap 400 mg 144
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..... 151
acetazolamide tab 125 mg 151
acetazolamide tab 250 mg 151
acetic acid irrigation soln 0.25%..... 294

acetic acid otic soln 2% 333
acetylcysteine inhal soln 10% 340
acetylcysteine inhal soln 20% 341
acitretin cap 10 mg .. 354
acitretin cap 17.5 mg 354
acitretin cap 25 mg .. 354
ACTHIB INJ 317
ACTIMMUNE INJ 2MU/0.5 314
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 317
ADALIMU-BWWD INJ 40/0.4ML 304
adefovir dipivoxil tab 10 mg 64
ADEMPAS TAB 0.5MG 158
ADEMPAS TAB 1.5MG 158
ADEMPAS TAB 1MG .. 158
ADEMPAS TAB 2.5MG 158
ADEMPAS TAB 2MG . 158
ADMELOG INJ 100U/ML 248
ADMELOG SOLO INJ 100U/ML 248
ADVAIR HFA AER 115/21 348
ADVAIR HFA AER 230/21 349
ADVAIR HFA AER 45/21 348
afirmelle 256
AIMOVIG INJ 140MG/ML 228
AIMOVIG INJ 70MG/ML 228
AIRSUPRA AER 90-80MCG 349
AKEEGA TAB 100/500 85
AKEEGA TAB 50/500MG 85
ala-cort 355
albendazole tab 200 mg 48
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 338

albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 339
albuterol sulfate soln nebu 0.5% (5 mg/ml) 339
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 339
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 339
albuterol sulfate syrup 2 mg/5ml 339
albuterol sulfate tab 2 mg 339
albuterol sulfate tab 4 mg 339
alclometasone dipropionate cream 0.05% 355
alclometasone dipropionate oint 0.05% 355
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 249
ALDURAZYME INJ 2.9MG/5M 272
ALECENSA CAP 150MG 95
alendronate sodium oral soln 70 mg/75ml ... 253
alendronate sodium tab 10 mg 253
alendronate sodium tab 35 mg 253
alendronate sodium tab 70 mg 253
alfuzosin hcl tab er 24hr 10 mg 293
aliskiren fumarate tab 150 mg (base equivalent) 153
aliskiren fumarate tab 300 mg (base equivalent) 153
allopurinol tab 100 mg 38
allopurinol tab 300 mg 38
alosetron hcl tab 0.5 mg (base equiv) 288
alosetron hcl tab 1 mg (base equiv) 288
alprazolam tab 0.25 mg 161
alprazolam tab 0.5 mg 161
alprazolam tab 1 mg 161
alprazolam tab 2 mg 161

altavera 256
ALUNBRIG PAK..... 95
ALUNBRIG TAB 180MG 95
ALUNBRIG TAB 30MG. 95
ALUNBRIG TAB 90MG. 95
ALVAIZ TAB 18MG ... 301
ALVAIZ TAB 36MG ... 301
ALVAIZ TAB 54MG ... 301
ALVAIZ TAB 9MG..... 301
ALVESCO AER 160MCG 347
ALVESCO AER 80MCG 347
alyacen 1/35..... 256
alyacen 7/7/7 256
ALYFTREK TAB 10-50-125..... 341
ALYFTREK TAB 4-20-50 341
ALYGLO INJ 10/100ML 312
ALYGLO INJ 20/200ML 312
ALYGLO INJ 5GM/50ML 312
alyq 158
amantadine hcl cap 100 mg..... 178
amantadine hcl soln 50 mg/5ml 178
amantadine hcl tab 100 mg 178
ambrisentan tab 10 mg 158
ambrisentan tab 5 mg 158
amethyst..... 256
*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 151
amiloride hcl tab 5 mg 151
aminosyn ii soln 15% 326
AMINOSYN INJ 10% 326
AMINOSYN-PF INJ 10% 326
*amiodarone hcl inj 150 mg/3ml (50 mg/ml)*136
*amiodarone hcl inj 450 mg/9ml (50 mg/ml)*137
amiodarone hcl inj 900 mg/18ml (50 mg/ml) 137

amiodarone hcl tab 100 mg 137
amiodarone hcl tab 200 mg 137
amiodarone hcl tab 400 mg 137
amitriptyline hcl tab 10 mg 166
amitriptyline hcl tab 100 mg 166
amitriptyline hcl tab 150 mg 166
amitriptyline hcl tab 25 mg 166
amitriptyline hcl tab 50 mg 166
amitriptyline hcl tab 75 mg 166
amlodipine besylate tab 10 mg (base equivalent) 147
amlodipine besylate tab 2.5 mg (base equivalent) 147
amlodipine besylate tab 5 mg (base equivalent) 147
amlodipine besylate-benazepril hcl cap 10-20 mg 125
amlodipine besylate-benazepril hcl cap 10-40 mg 125
amlodipine besylate-benazepril hcl cap 2.5-10 mg 124
amlodipine besylate-benazepril hcl cap 5-10 mg 125
amlodipine besylate-benazepril hcl cap 5-20 mg 125
amlodipine besylate-benazepril hcl cap 5-40 mg 125
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 130
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 130
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 130
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 130
amlodipine besylate-valsartan tab 10-160 mg 131

amlodipine besylate-valsartan tab 10-320 mg 131
amlodipine besylate-valsartan tab 5-160 mg 130
amlodipine besylate-valsartan tab 5-320 mg 130
amnesteem 350
amoxapine tab 100 mg 167
amoxapine tab 150 mg 167
amoxapine tab 25 mg 167
amoxapine tab 50 mg 167
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 . 221
amphetamine-dextroamphetamine cap er 24hr 15 mg . 221
amphetamine-dextroamphetamine cap er 24hr 20 mg . 221
amphetamine-dextroamphetamine cap er 24hr 25 mg . 221
amphetamine-dextroamphetamine cap er 24hr 30 mg . 221
amphetamine-dextroamphetamine cap er 24hr 5 mg ... 220
amphetamine-dextroamphetamine tab 10 mg 221
amphetamine-dextroamphetamine tab 12.5 mg 222
amphetamine-dextroamphetamine tab 15 mg 222
amphetamine-dextroamphetamine tab 20 mg 222
amphetamine-dextroamphetamine tab 30 mg 222
amphetamine-dextroamphetamine tab 5 mg 221
amphetamine-dextroamphetamine tab 7.5 mg 221
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 301
anagrelide hcl cap 1 mg 301
anastrozole tab 1 mg .86
ANORO ELLIPT AER 62.5-25 334
APIDRA INJ SOLOSTAR 249
APIDRA INJ U-100 ... 249
aprepitant capsule 125 mg 281
aprepitant capsule 40 mg 281
aprepitant capsule 80 mg 281
aprepitant capsule therapy pack 80 & 125 mg 281
apri 256
APTIOM TAB 200MG. 199
APTIOM TAB 400MG. 200
APTIOM TAB 600MG. 200
APTIOM TAB 800MG. 200
APTIVUS CAP 250MG .58
ARALAST NP INJ 1000MG 341
ARALAST NP INJ 500MG 341
aranelle 256
ARCALYST INJ 220MG 315
AREXVY INJ 120MCG 317
ARIKAYCE SUS 48
aripiprazole oral solution 1 mg/ml 183
aripiprazole orally disintegrating tab 10 mg 183
aripiprazole orally disintegrating tab 15 mg 183
aripiprazole tab 10 mg 183
aripiprazole tab 15 mg 183

aripiprazole tab 2 mg 183
aripiprazole tab 20 mg 184
aripiprazole tab 30 mg 184
aripiprazole tab 5 mg 183
ARISTADA INJ 1064MG 184
ARISTADA INJ 441MG/1. 184
ARISTADA INJ 662MG/2 184
ARISTADA INJ 882MG/3 184
ARISTADA INJ INITIO 184
armodafinil tab 150 mg 237
armodafinil tab 200 mg 237
armodafinil tab 250 mg 237
armodafinil tab 50 mg 236
ARNUITY ELPT INH 100MCG 348
ARNUITY ELPT INH 200MCG 348
ARNUITY ELPT INH 50MCG 347
asenapine maleate sl tab 10 mg (base equiv) 184
asenapine maleate sl tab 2.5 mg (base equiv) 184
asenapine maleate sl tab 5 mg (base equiv) . 184
ashlyna 256
aspirin-dipyridamole cap er 12hr 25-200 mg 303
ASTAGRAF XL CAP 0.5MG 315
ASTAGRAF XL CAP 1MG 315
ASTAGRAF XL CAP 5MG 315
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 143
atenolol & chlorthalidone tab 50-25 mg 143
atenolol tab 100 mg. 144
atenolol tab 25 mg .. 144
atenolol tab 50 mg .. 144

atomoxetine hcl cap 10 mg (base equiv) 222
atomoxetine hcl cap 100 mg (base equiv) 222
atomoxetine hcl cap 18 mg (base equiv) 222
atomoxetine hcl cap 25 mg (base equiv) 222
atomoxetine hcl cap 40 mg (base equiv) 222
atomoxetine hcl cap 60 mg (base equiv) 222
atomoxetine hcl cap 80 mg (base equiv) 222
atorvastatin calcium tab 10 mg (base equivalent) 139
atorvastatin calcium tab 20 mg (base equivalent) 139
atorvastatin calcium tab 40 mg (base equivalent) 139
atorvastatin calcium tab 80 mg (base equivalent) 139
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 332
atropine sulfate ophth soln 1%..... 332
ATROVENT HFA AER 17MCG 335
aubra eq 256
AUGTYRO CAP 160MG 95
AUGTYRO CAP 40MG..95
aurovela 1/20 256
aurovela 24 fe..... 256
aurovela fe 1.5/30 ... 256
aurovela fe 1/20..... 256
AUSTEDO TAB 12MG 231
AUSTEDO TAB 6MG . 230
AUSTEDO TAB 9MG . 231
AUSTEDO XR TAB 12MG 231
AUSTEDO XR TAB 18MG 231
AUSTEDO XR TAB 24MG 231
AUSTEDO XR TAB 30MG 231
AUSTEDO XR TAB 36MG 231
AUSTEDO XR TAB 42MG 231

AUSTEDO XR TAB 48MG 231
AUSTEDO XR TAB 6MG 231
AUSTEDO XR TAB TITR KIT 232
AUVELITY TAB 45-105MG 167
aviane.....256
AVMAPKI PAK FAKZYNJA 95
ayuna 256
AYVAKIT TAB 100MG .96
AYVAKIT TAB 200MG .96
AYVAKIT TAB 25MG ...95
AYVAKIT TAB 300MG .96
AYVAKIT TAB 50MG ...96
azacitidine for inj 100 mg.....82
azathioprine tab 50 mg 315
azelastine hcl nasal spray 0.1% (137 mcg/spray) 335
azelastine hcl ophth soln 0.05%.....331
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 256

B

bacitracin-polymyxin b ophth oint..... 328
bacitracin-polymyxin-neomycin-hc ophth oint 1% 327
baclofen tab 10 mg.. 234
baclofen tab 20 mg.. 234
baclofen tab 5 mg ... 234
BAFIERTAM CAP 95MG 233
balsalazide disodium cap 750 mg 286
BALVERSA TAB 3MG .. 96
BALVERSA TAB 4MG .. 96
BALVERSA TAB 5MG .. 96
balziva 256

BAQSIMI ONE POW 3MG/DOSE..... 271
BAQSIMI TWO POW 3MG/DOSE..... 271
BARACLUDE SOL 64
BASAGLAR KWP INJ 100/ML..... 249
BCG VACCINE INJ 50MG 317
benazepril & hydrochlorothiazide tab 10-12.5 mg..... 125
benazepril & hydrochlorothiazide tab 20-12.5 mg..... 125
benazepril & hydrochlorothiazide tab 20-25 mg 125
benazepril & hydrochlorothiazide tab 5-6.25mg 125
benazepril hcl tab 10 mg 127
benazepril hcl tab 20 mg 127
benazepril hcl tab 40 mg 127
benazepril hcl tab 5 mg 127
BENDAMUSTINE SOL 100/4ML..... 80
BENDEKA INJ 100/4ML 80
BENLYSTA INJ 120MG 315
BENLYSTA INJ 200MG/ML..... 315
BENLYSTA INJ 400MG 315
benzoyl peroxide-erythromycin gel 5-3% 350
benztropine mesylate inj 1 mg/ml 178
benztropine mesylate tab 0.5 mg..... 178
benztropine mesylate tab 1 mg 178
benztropine mesylate tab 2 mg 178
BERINERT INJ 500UNIT 302
besifloxacin hcl ophth susp 0.6% (base equiv) 328
BESIVANCE SUS 0.6% 328
BESREMI SOL 500MCG 91

betaine powder for oral solution 272
betamethasone dipropionate augmented cream 0.05% 355
betamethasone dipropionate augmented gel 0.05% 355
betamethasone dipropionate augmented lotion 0.05% 355
betamethasone dipropionate augmented oint 0.05% 355
betamethasone dipropionate cream 0.05% 355
betamethasone dipropionate lotion 0.05% 356
betamethasone dipropionate oint 0.05% 356
betamethasone valerate cream 0.1% (base equivalent) 356
betamethasone valerate lotion 0.1% (base equivalent) 356
betamethasone valerate oint 0.1% (base equivalent) 356
BETASERON INJ 0.3MG 233
betaxolol hcl ophth soln 0.5% 331
betaxolol hcl tab 10 mg 144
betaxolol hcl tab 20 mg 144
bethanechol chloride tab 10 mg 294
bethanechol chloride tab 25 mg 294
bethanechol chloride tab 5 mg 294
bethanechol chloride tab 50 mg 294
BEVESPI AER 9-4.8MCG 334
bexarotene cap 75 mg 91
bexarotene gel 1% .. 360
BEXSERO INJ 317
bicalutamide tab 50 mg 86

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 253
BIMZELX INJ 160MG/ML 304
BIMZELX INJ 320MG/2 305
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 144
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 143
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 143
bisoprolol fumarate tab 10 mg 145
bisoprolol fumarate tab 5 mg 144
BIVIGAM INJ 10% ... 312
blisovi 24 fe 256
blisovi fe 1.5/30 256
blisovi fe 1/20 256
BLUJEPA TAB 750MG . 48
BONSITY INJ 560/2.24 253
BOOSTRIX INJ 317
bortezomib for inj 3.5 mg 96
BORTEZOMIB INJ 1MG 96
BORTEZOMIB INJ 2.5MG 96
bosentan tab 125 mg 158
bosentan tab 62.5 mg 158
bosentan tab for oral susp 32 mg 159
BOSULIF CAP 100MG . 96
BOSULIF CAP 50MG ... 96
BOSULIF TAB 100MG . 97
BOSULIF TAB 400MG . 97
BOSULIF TAB 500MG . 97
BRAFTOVI CAP 75MG . 97
BREO ELLIPTA INH 100-25 349
BREO ELLIPTA INH 200-25 349

BREO ELLIPTA INH 50-25MCG 349
breyna 349
BREZTRI AERO AER SPHERE 334
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 334
briellyn 256
brimonidine tartrate ophth soln 0.2% 331
brinzolamide ophth susp 1% 331
brivaracetam oral soln 10 mg/ml 200
brivaracetam tab 10 mg 200
brivaracetam tab 100 mg 200
brivaracetam tab 25 mg 200
brivaracetam tab 50 mg 200
brivaracetam tab 75 mg 200
BRIVIACT SOL 10MG/ML 200
BRIVIACT TAB 100MG 201
BRIVIACT TAB 10MG 200
BRIVIACT TAB 25MG 201
BRIVIACT TAB 50MG 201
BRIVIACT TAB 75MG 201
bromocriptine mesylate cap 5 mg (base equivalent) 178
bromocriptine mesylate tab 2.5 mg (base equivalent) 179
BRUKINSA CAP 80MG 97
BRUKINSA TAB 160MG 97
budesonide delayed release particles cap 3 mg 286
budesonide inhalation susp 0.25 mg/2ml . 348
budesonide inhalation susp 0.5 mg/2ml ... 348
budesonide tab er 24hr 9 mg 287
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 349
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 349
bumetanide inj 0.25 mg/ml 151

bumetanide tab 0.5 mg 152
bumetanide tab 1 mg 152
bumetanide tab 2 mg 152
buprenorphine hcl sl tab 2 mg (base equiv) . 237
buprenorphine hcl sl tab 8 mg (base equiv) . 237
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) . 238
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 237
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 238
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 238
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 238
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 238
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 238
bupropion hcl tab 100 mg 167
bupropion hcl tab 75 mg 167
bupropion hcl tab er 12hr 100 mg 167
bupropion hcl tab er 12hr 150 mg 167
bupropion hcl tab er 12hr 200 mg 167
bupropion hcl tab er 24hr 150 mg 168
bupropion hcl tab er 24hr 300 mg 168
buspirone hcl tab 10 mg 162

buspirone hcl tab 15 mg 162
buspirone hcl tab 30 mg 162
buspirone hcl tab 5 mg 162
buspirone hcl tab 7.5 mg 162
butorphanol tartrate inj 1 mg/ml 44
butorphanol tartrate inj 2 mg/ml 45

C

cabergoline tab 0.5 mg 272
CABOMETYX TAB 20MG 97
CABOMETYX TAB 40MG 97
CABOMETYX TAB 60MG 97
calcipotriene cream 0.005% 354
calcipotriene oint 0.005% 354
calcipotriene soln 0.005% (50 mcg/ml) 354
calcitonin (salmon) spray 253
calcitrene 354
calcitriol (oral) 281
calcitriol cap 0.25 mcg 281
calcitriol cap 0.5 mcg 281
CALQUENCE TAB 100MG 97
camila 257
camrese 257
camrese lo 257
candesartan cilexetil tab 16 mg 135
candesartan cilexetil tab 32 mg 135
candesartan cilexetil tab 4 mg 135
candesartan cilexetil tab 8 mg 135
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 131
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 131
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 131
CAPLYTA CAP 10.5MG 185
CAPLYTA CAP 21MG . 185

CAPLYTA CAP 42MG . 185
CAPRELSA TAB 100MG 98
CAPRELSA TAB 300MG 98
captopril & hydrochlorothiazide tab 25-15 mg 126
captopril & hydrochlorothiazide tab 25-25 mg 126
captopril & hydrochlorothiazide tab 50-15 mg 126
captopril & hydrochlorothiazide tab 50-25 mg 126
captopril tab 100 mg 127
captopril tab 12.5 mg 127
captopril tab 25 mg . 127
captopril tab 50 mg . 127
carb/levo orally disintegrating tab 10-100mg 179
carb/levo orally disintegrating tab 25-100mg 179
carb/levo orally disintegrating tab 25-250mg 179
carbamazepine cap er 12hr 100 mg 201
carbamazepine cap er 12hr 200 mg 201
carbamazepine cap er 12hr 300 mg 201
carbamazepine chew tab 100 mg 201
carbamazepine chew tab 200 mg 201
carbamazepine susp 100 mg/5ml 201
carbamazepine tab 200 mg 201
carbamazepine tab er 12hr 100 mg 201
carbamazepine tab er 12hr 200 mg 202
carbamazepine tab er 12hr 400 mg 202
carbidopa & levodopa tab 10-100 mg 179
carbidopa & levodopa tab 25-100 mg 179
carbidopa & levodopa tab 25-250 mg 179

carbidopa & levodopa tab er 25-100 mg ..179
carbidopa & levodopa tab er 50-200 mg ..179
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....179
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....180
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....180
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....180
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....180
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....180
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.....272
carisoprodol tab 350 mg 235
carteolol hcl ophth soln 1% 331
cartia xt 147
carvedilol tab 12.5 mg 145
carvedilol tab 25 mg 145
carvedilol tab 3.125 mg 145
carvedilol tab 6.25 mg 145
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% 68
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 69
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 70
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 71
cephalexin for susp 250 mg/5ml 71
CEQUR SIMPL KIT PATCH 2U (3-DAY). 249
CEQUR SIMPL KIT PATCH 2U (4-DAY). 249
CEQUR SIMPL MIS INSERTER..... 249
CERDELGA CAP 84MG 272
CEREZYME INJ 400UNIT 272
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml). 335
cevimeline hcl cap 30 mg 363

chateal eq 257
CHEMET CAP 100MG 255
chlorhexidine gluconate soln 0.12% 363
chloroquine phosphate tab 250 mg 57
chloroquine phosphate tab 500 mg 57
chlorpromazine hcl conc 100 mg/ml 185
chlorpromazine hcl conc 30 mg/ml 185
chlorpromazine hcl inj 25 mg/ml 185
chlorpromazine hcl inj 50 mg/2ml 185
chlorpromazine hcl tab 10 mg 185
chlorpromazine hcl tab 100 mg 185
chlorpromazine hcl tab 200 mg 185
chlorpromazine hcl tab 25 mg 185
chlorpromazine hcl tab 50 mg 185
chlorthalidone tab 25 mg 152
chlorthalidone tab 50 mg 152
cholestyramine light powder 4 gm/dose . 141
cholestyramine light powder packets 4 gm 141
cholestyramine powder 4 gm/dose 141
cholestyramine powder packets 4 gm 141
ciclopirox olamine cream 0.77% (base equiv) 353
ciclopirox olamine susp 0.77% (base equiv) 353
ciclopirox shampoo 1% 353
cilostazol tab 100 mg 302
cilostazol tab 50 mg . 302
CILOXAN OIN 0.3% OP 328
CIMDUO TAB 300-300 61
cinacalcet hcl tab 30 mg (base equiv) 272
cinacalcet hcl tab 60 mg (base equiv) 272
cinacalcet hcl tab 90 mg (base equiv) 272
ciprofloxacin 200 mg/100ml in d5w 73
ciprofloxacin 400 mg/200ml in d5w 73

ciprofloxacin hcl ophth soln 0.3% (base equivalent) 328
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% 333
*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 168
citalopram hydrobromide tab 10 mg (base equiv) 168
citalopram hydrobromide tab 20 mg (base equiv) 168
citalopram hydrobromide tab 40 mg (base equiv) 168
claravis 350
clarithromycin for susp 125 mg/5ml.....71
clarithromycin for susp 250 mg/5ml.....71
clarithromycin tab 250 mg 71
clarithromycin tab 500 mg 72
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)*351
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% 351
clindamycin phosphate soln 1% 351
clindamycin phosphate vaginal cream 2% .. 296
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 351
CLINDMYC/NAC INJ 300/50ML 49
CLINDMYC/NAC INJ 600/50ML 49
CLINDMYC/NAC INJ 900/50ML 49
CLINIMIX INJ 4.25/D10 326
CLINIMIX INJ 4.25/D5W 326
CLINIMIX INJ 5%/D15W 326
CLINIMIX INJ 5%/D20W 326
CLINIMIX INJ 6/5 326
CLINIMIX INJ 8/10 .. 326
CLINIMIX INJ 8/14 .. 326
clinisol sf 15% 326
CLINOLIPID EMU 20% 326
clobazam suspension 2.5 mg/ml 202
clobazam tab 10 mg 202
clobazam tab 20 mg 202
clobetasol propionate cream 0.05% 356
clobetasol propionate e 356
clobetasol propionate gel 0.05% 356
clobetasol propionate oint 0.05% 356
clobetasol propionate shampoo 0.05% 356
clobetasol propionate soln 0.05% 356
clodan 357
clomipramine hcl cap 25 mg 168

clomipramine hcl cap 50 mg 168
clomipramine hcl cap 75 mg 168
clonazepam orally disintegrating tab 0.125 mg 202
clonazepam orally disintegrating tab 0.25 mg 202
clonazepam orally disintegrating tab 0.5 mg 202
clonazepam orally disintegrating tab 1 mg 202
clonazepam orally disintegrating tab 2 mg 202
clonazepam tab 0.5 mg 202
clonazepam tab 1 mg 203
clonazepam tab 2 mg 203
clonidine hcl tab 0.1 mg 153
clonidine hcl tab 0.2 mg 154
clonidine hcl tab 0.3 mg 154
clonidine td patch weekly 0.1 mg/24hr 154
clonidine td patch weekly 0.2 mg/24hr 154
clonidine td patch weekly 0.3 mg/24hr 154
clopidogrel bisulfate tab 75 mg (base equiv) 303
clorazepate dipotassium tab 15 mg 203
clorazepate dipotassium tab 3.75 mg 203
clorazepate dipotassium tab 7.5 mg 203
clotrimazole cream 1% 353
clotrimazole soln 1% 353
clotrimazole troche 10 mg 363
clotrimazole w/ betamethasone cream 1-0.05% 353
clozapine orally disintegrating tab 100 mg 186

clozapine orally disintegrating tab 12.5 mg 185
clozapine orally disintegrating tab 150 mg 186
clozapine orally disintegrating tab 200 mg 186
clozapine orally disintegrating tab 25 mg 185
clozapine tab 100 mg 186
clozapine tab 200 mg 186
clozapine tab 25 mg . 186
clozapine tab 50 mg . 186
COARTEM TAB 20-120MG 57
COBENFY CAP 100-20MG 186
COBENFY CAP 125-30MG 186
COBENFY CAP 50-20MG 186
COBENFY STRT CAP PACK 186
colchicine tab 0.6 mg . 38
colchicine w/ probenecid tab 0.5-500 mg 38
colesevelam hcl packet for susp 3.75 gm ... 141
colesevelam hcl tab 625 mg 141
colestipol hcl granule packets 5 gm 141
colestipol hcl granules 5 gm 142
colestipol hcl tab 1 gm 142
colistimethate sod for inj 150 mg (colistin base activity) 49
COMBIGAN SOL 0.2/0.5% 331
COMBIVENT AER 20-100 334
COMETRIQ (60MG DOSE) 98
COMETRIQ KIT 100MG 98
COMETRIQ KIT 140MG 98
compro 281
constulose 287
COPAXONE INJ 20MG/ML 233

COPAXONE INJ 40MG/ML.....233
COPIKTRA CAP 15MG.98
COPIKTRA CAP 25MG.98
CORLANOR SOL 5MG/5ML.....154
COTELLIC TAB 20MG..98
CREON CAP 12000UNT 288
CREON CAP 24000UNT 289
CREON CAP 3000UNIT 288
CREON CAP 36000UNT 289
CREON CAP 6000UNIT 288
CRESEMBA CAP 186MG 55
CRESEMBA CAP 74.5MG 55
cromolyn sodium ophth soln 4%.....331
cromolyn sodium oral conc 100 mg/5ml...289
cromolyn sodium soln nebu 20 mg/2ml....341
cryselle 257
cyclobenzaprine hcl tab 10 mg 235
cyclobenzaprine hcl tab 5 mg.....235
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 315
cyclosporine cap 25 mg 315
cyclosporine modified cap 100 mg 315
cyclosporine modified cap 25 mg 315
cyclosporine modified cap 50 mg 315
cyclosporine modified oral soln 100 mg/ml 315
cyproheptadine hcl syrup 2 mg/5ml 336
cyproheptadine hcl tab 4 mg 336
cyred eq 257
CYSTADROPS SOL 0.37% 332
CYSTAGON CAP 150MG 273
CYSTAGON CAP 50MG 273
CYSTARAN SOL 0.44% 332
cytarabine inj 20 mg/ml 82

D

D10W/NACL INJ 0.2% 320
D10W/NACL INJ 0.45% 320
D2.5W/NACL INJ 0.45% 320
D5W/NACL INJ 0.2% 320
D5W/NACL INJ 0.45% 320
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) . 297
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) . 297
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) . 297

dalfampridine tab er 12hr 10 mg 233
danazol cap 100 mg . 239
danazol cap 200 mg . 239
danazol cap 50 mg .. 239
dantrolene sodium cap 100 mg 235
dantrolene sodium cap 25 mg 235
dantrolene sodium cap 50 mg 235
DANZITEN TAB 71MG . 99
DANZITEN TAB 95MG . 99
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg .. 241
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg 241
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg 240
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 240
dapagliflozin tab 10 mg 241
dapagliflozin tab 5 mg 241
dapsone tab 100 mg .. 49
dapsone tab 25 mg 49
DAPTACEL INJ 317
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 . 99
dasatinib tab 140 mg . 99
dasatinib tab 20 mg ... 99
dasatinib tab 50 mg ... 99
dasatinib tab 70 mg ... 99
dasatinib tab 80 mg ... 99
dasetta 1/35 257
dasetta 7/7/7 257
DAURISMO TAB 100MG 99
DAURISMO TAB 25MG 99
daysee 257
DAYVIGO TAB 10MG 225
DAYVIGO TAB 5MG .. 224
deblitane 257
deferasirox tab 180 mg 255
deferasirox tab 360 mg 255

deferasirox tab 90 mg 255
deferasirox tab for oral susp 125 mg 255
deferasirox tab for oral susp 250 mg 255
deferasirox tab for oral susp 500 mg 255
DELSTRIGO TAB 61
DENGVAXIA SUS 317
DEPO-SQ PROV INJ 104 257
depo-testosterone ... 239
DESCOVY TAB 120-15MG 61
DESCOVY TAB 200/25MG 61
desipramine hcl tab 10 mg 168
desipramine hcl tab 100 mg 169
desipramine hcl tab 150 mg 169
desipramine hcl tab 25 mg 168
desipramine hcl tab 50 mg 169
desipramine hcl tab 75 mg 169
desmopressin acetate inj 4 mcg/ml 273
desmopressin acetate nasal spray soln 0.01% 273
desmopressin acetate nasal spray soln 0.01% (refrigerated) 273
desmopressin acetate preservative free (pf) inj 4 mcg/ml 273
desmopressin acetate tab 0.1 mg 273
desmopressin acetate tab 0.2 mg 273
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 257
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 169
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 169
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 169
DEXAMETHASON CON 1MG/ML 268

dexamethasone elixir 0.5 mg/5ml 268
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf) 268
dexamethasone sod phosphate preservative free inj 10 mg/ml ... 268
dexamethasone sodium phosphate inj 10 mg/ml 268
dexamethasone sodium phosphate inj 100 mg/10ml 268
dexamethasone sodium phosphate inj 120 mg/30ml 268
dexamethasone sodium phosphate inj 20 mg/5ml 268
dexamethasone sodium phosphate inj 4 mg/ml 268
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml 268
dexamethasone sodium phosphate ophth soln 0.1% 330
dexamethasone soln 0.5 mg/5ml 269
dexamethasone tab 0.5 mg 269
dexamethasone tab 0.75 mg 269
dexamethasone tab 1 mg 269
dexamethasone tab 1.5 mg 269
dexamethasone tab 2 mg 269
dexamethasone tab 4 mg 269
dexamethasone tab 6 mg 269
dexmethylphenidate hcl tab 10 mg 223
dexmethylphenidate hcl tab 2.5 mg 223
dexmethylphenidate hcl tab 5 mg 223
dextrose 2.5% w/ sodium chloride 0.45% 320
dextrose 5% in lactated ringers 320
dextrose 5% w/ sodium chloride 0.225% 320

dextrose 5% w/ sodium chloride 0.3% 320
dextrose 5% w/ sodium chloride 0.45% 320
dextrose 5% w/ sodium chloride 0.9% 320
dextrose inj 10% 326
DEXTROSE INJ 10% . 326
dextrose inj 5% 326
dextrose inj 50% 326
DEXTROSE INJ 70% . 326
DIACOMIT CAP 250MG 203
DIACOMIT CAP 500MG 203
DIACOMIT PAK 250MG 204
DIACOMIT PAK 500MG 204
diazepam inj 204
diazepam intensol 204
diazepam oral soln 1 mg/ml 204
diazepam rectal gel delivery system 10 mg 205
diazepam rectal gel delivery system 2.5 mg 204
diazepam rectal gel delivery system 20 mg 205
diazepam tab 10 mg 206
diazepam tab 2 mg .. 205
diazepam tab 5 mg .. 205
diazoxide susp 50 mg/ml 272
diclofenac potassium tab 50 mg 39
diclofenac sodium ophth soln 0.1% 330
diclofenac sodium soln 1.5% 360
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 285
dicyclomine hcl oral soln 10 mg/5ml 285
dicyclomine hcl tab 20 mg 285
DIFICID SUS 72
diflunisal tab 500 mg .39
difluprednate ophth emulsion 0.05% 330
digoxin inj 0.25 mg/ml 154
digoxin oral soln 0.05 mg/ml 154
digoxin tab 125 mcg (0.125 mg) 154
digoxin tab 250 mcg (0.25 mg) 154
dihydroergotamine mesylate nasal spray 4 mg/ml 228
DILANTIN CAP 30MG 206
diltiazem hcl cap er 12hr 120 mg 148
diltiazem hcl cap er 12hr 60 mg 147
diltiazem hcl cap er 12hr 90 mg 147
diltiazem hcl cap er 24hr 120 mg 148
diltiazem hcl cap er 24hr 180 mg 148
diltiazem hcl cap er 24hr 240 mg 148
diltiazem hcl coated beads cap er 24hr 120 mg 148
diltiazem hcl coated beads cap er 24hr 180 mg 148
diltiazem hcl coated beads cap er 24hr 240 mg 148
diltiazem hcl coated beads cap er 24hr 300 mg 148
diltiazem hcl coated beads cap er 24hr 360 mg 148
diltiazem hcl extended release beads cap er 24hr 120 mg 148
diltiazem hcl extended release beads cap er 24hr 180 mg 148
diltiazem hcl extended release beads cap er 24hr 240 mg 149

diltiazem hcl extended release beads cap er 24hr 300 mg 149
diltiazem hcl extended release beads cap er 24hr 360 mg 149
diltiazem hcl extended release beads cap er 24hr 420 mg 149
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 149
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) . 149
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 149
diltiazem hcl tab 120 mg 149
diltiazem hcl tab 30 mg 149
diltiazem hcl tab 60 mg 149
diltiazem hcl tab 90 mg 149
dilt-xr 147
diphenhydramine hcl inj 50 mg/ml 336
diphenoxylate w/ atropine tab 2.5-0.025 mg 289
dipyridamole tab 25 mg 303
dipyridamole tab 50 mg 303
dipyridamole tab 75 mg 304
disopyramide phosphate cap 100 mg 137
disopyramide phosphate cap 150 mg 137
disulfiram tab 250 mg 238
disulfiram tab 500 mg 238
divalproex sodium cap delayed release sprinkle 125 mg 206
divalproex sodium tab delayed release 125 mg 206
divalproex sodium tab delayed release 250 mg 206
divalproex sodium tab delayed release 500 mg 206
divalproex sodium tab er 24 hr 250 mg 206
divalproex sodium tab er 24 hr 500 mg 206

docetaxel for inj conc 160 mg/8ml (20 mg/ml).....93
docetaxel for inj conc 20 mg/ml.....93
docetaxel for inj conc 80 mg/4ml (20 mg/ml).93
DOCETAXEL INJ 160/16ML.....93
DOCETAXEL INJ 160/8ML.....93
DOCETAXEL INJ 20MG/2ML.....93
DOCETAXEL INJ 80MG/4ML.....93
DOCETAXEL INJ 80MG/8ML.....93
docetaxel soln for iv infusion 160 mg/16ml.....93
docetaxel soln for iv infusion 20 mg/2ml..93
docetaxel soln for iv infusion 80 mg/8ml..93
DOCIVYX INJ 160/16ML.....93
DOCIVYX INJ 20MG/2ML.....93
DOCIVYX INJ 80MG/8ML.....93
dofetilide cap 125 mcg (0.125 mg).....137
dofetilide cap 250 mcg (0.25 mg).....137
dofetilide cap 500 mcg (0.5 mg).....137
dolishale.....257
donepezil hydrochloride orally disintegrating tab 10 mg.....163
donepezil hydrochloride orally disintegrating tab 5 mg.....163
donepezil hydrochloride tab 10 mg.....163
donepezil hydrochloride tab 5 mg.....163
DOPTELET SPR CAP 10MG.....302
DOPTELET TAB 20MG.....302
dorzolamide hcl ophth soln 2%.....331
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....331
dotti.....265
DOVATO TAB 50-300MG.....61

doxazosin mesylate tab 1 mg 129
doxazosin mesylate tab 2 mg 129
doxazosin mesylate tab 4 mg 129
doxazosin mesylate tab 8 mg 129
doxepin hcl (sleep) tab 3 mg (base equiv) 225
doxepin hcl (sleep) tab 6 mg (base equiv) 225
doxepin hcl cap 10 mg 169
doxepin hcl cap 100 mg 170
doxepin hcl cap 150 mg 170
doxepin hcl cap 25 mg 170
doxepin hcl cap 50 mg 170
doxepin hcl cap 75 mg 170
doxepin hcl conc 10 mg/ml 170
doxorubicin hcl inj 2 mg/ml 91
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml 91
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 170
DRIZALMA CAP 30MG DR 170
DRIZALMA CAP 40MG DR 171
DRIZALMA CAP 60MG DR 171
dronabinol cap 10 mg 281
dronabinol cap 2.5 mg 281
dronabinol cap 5 mg 281
drospirenone-ethinyl estradiol tab 3-0.02 mg 257
drospirenone-ethinyl estradiol tab 3-0.03 mg 258
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg ... 257
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg ... 257
DROXIA CAP 200MG 302
DROXIA CAP 300MG 302
DROXIA CAP 400MG 302
droxidopa cap 100 mg 154
droxidopa cap 200 mg 154
droxidopa cap 300 mg 155
DULERA AER 100-5MCG 349
DULERA AER 200-5MCG 350
DULERA AER 50-5MCG 349
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 171
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 171
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 171
DUPIXENT INJ 200/1.14 305
DUPIXENT INJ 200MG 305
DUPIXENT INJ 300/2ML 305
dutasteride cap 0.5 mg 293

dutasteride-tamsulosin hcl cap 0.5-0.4 mg . 293

E

e.e.s. 400 72
econazole nitrate cream 1% 353
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 ... 86
elinest 258
ELIQUIS (1.5MG PACK) 3 X 297
ELIQUIS (2MG PACK) 4 X 297
ELIQUIS CAP 0.15MG 297
ELIQUIS ST P TAB 5MG 298
ELIQUIS TAB 0.5MG. 298
ELIQUIS TAB 2.5MG. 298
ELIQUIS TAB 5MG ... 298
eluryng 258
EMGALITY INJ 100MG/ML 228
EMGALITY INJ 120MG/ML 228
EMSAM DIS 12MG/24H 171
EMSAM DIS 6MG/24HR 171
EMSAM DIS 9MG/24HR 171
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* 258
enalapril maleate & hydrochlorothiazide tab 10-25 mg 126
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 126
enalapril maleate tab 10 mg 127
enalapril maleate tab 2.5 mg 127
enalapril maleate tab 20 mg 127
enalapril maleate tab 5 mg 127
ENBREL INJ 25/0.5ML 305
ENBREL INJ 25MG ... 305
ENBREL INJ 50MG/ML 306
ENBREL MINI INJ 50MG/ML 306
ENBREL SRCLK INJ 50MG/ML 306
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 317
ENGERIX-B INJ 20MCG/ML 317
enilloring 258
enoxaparin sodium inj 300 mg/3ml 298
enoxaparin sodium inj soln pref syr 100 mg/ml 298
enoxaparin sodium inj soln pref syr 120 mg/0.8ml 298
enoxaparin sodium inj soln pref syr 150 mg/ml 299
enoxaparin sodium inj soln pref syr 30 mg/0.3ml 298
enoxaparin sodium inj soln pref syr 40 mg/0.4ml 298

enoxaparin sodium inj soln pref syr 60 mg/0.6ml 298
enoxaparin sodium inj soln pref syr 80 mg/0.8ml 298
ENSACOVE CAP 100MG 100
ENSACOVE CAP 25MG 100
enskyce 258
ENSTILAR AER 355
entacapone tab 200 mg 180
entecavir tab 0.5 mg .. 64
entecavir tab 1 mg 64
ENTRESTO CAP 15-16MG 131
ENTRESTO CAP 6-6MG 131
enulose 287
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 206
epinephrine inj 1 mg/ml 155
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 341
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 341
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 341
eplerenone tab 25 mg 128
eplerenone tab 50 mg 129
ergotamine w/ caffeine tab 1-100 mg 228
ERIVEDGE CAP 150MG 100
ERLEADA TAB 240MG. 86
ERLEADA TAB 60MG .. 86
erlotinib hcl tab 100 mg (base equivalent) ... 100
erlotinib hcl tab 150 mg (base equivalent) ... 100
erlotinib hcl tab 25 mg (base equivalent) ... 100

errin 258
ertapenem sodium for inj 1 gm (base equivalent) 50
ery 351
ERYTHROCIN INJ 500MG 72
erythromycin ethylsuccinate tab 400 mg 72
erythromycin gel 2% 351
erythromycin lactobionate for inj 500 mg 72
erythromycin ophth oint 5 mg/gm 329
erythromycin soln 2% 351
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 117/0.75 187
ERZOFRI INJ 156MG/ML 187
ERZOFRI INJ 234/1.5 187
ERZOFRI INJ 351/2.25 187
ERZOFRI INJ 39/0.25 186
ERZOFRI INJ 78/0.5ML 187
escitalopram oxalate soln 5 mg/5ml (base equiv) 171
escitalopram oxalate tab 10 mg (base equiv) 172
escitalopram oxalate tab 20 mg (base equiv) 172
escitalopram oxalate tab 5 mg (base equiv) . 171
eslicarbazepine acetate tab 200 mg 207

eslicarbazepine acetate tab 400 mg 207
eslicarbazepine acetate tab 600 mg 207
eslicarbazepine acetate tab 800 mg 207
esomeprazole magnesium cap delayed release 20 mg (base eq) 291
esomeprazole magnesium cap delayed release 40 mg (base eq) 291
esomeprazole magnesium for delayed release susp pack 2.5 mg 292
esomeprazole magnesium for delayed release susp packet 10 mg 292
esomeprazole magnesium for delayed release susp packet 20 mg 292
esomeprazole magnesium for delayed release susp packet 40 mg 292
esomeprazole magnesium for delayed release susp packet 5 mg 292
estarylla 258
estradiol & norethindrone acetate tab 0.5-0.1 mg 265
estradiol & norethindrone acetate tab 1-0.5 mg 265
estradiol tab 0.5 mg 265
estradiol tab 1 mg ... 266
estradiol tab 2 mg ... 266
estradiol td patch twice weekly 0.025 mg/24hr 266
estradiol td patch twice weekly 0.0375 mg/24hr 266
estradiol td patch twice weekly 0.05 mg/24hr 266
estradiol td patch twice weekly 0.075 mg/24hr 266
estradiol td patch twice weekly 0.1 mg/24hr 266

estradiol td patch weekly 0.025 mg/24hr 266
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 267
estradiol td patch weekly 0.05 mg/24hr 266
estradiol td patch weekly 0.06 mg/24hr 266
estradiol td patch weekly 0.075 mg/24hr 266
estradiol td patch weekly 0.1 mg/24hr 266
estradiol vaginal cream 0.01% 267
estradiol vaginal tab 10 mcg 267
estradiol valerate im in oil 10 mg/ml 267
estradiol valerate im in oil 20 mg/ml 267
estradiol valerate im in oil 40 mg/ml 267
eszopiclone tab 1 mg 225
eszopiclone tab 2 mg 225
eszopiclone tab 3 mg 226
ethambutol hcl tab 100 mg 63
ethambutol hcl tab 400 mg 63
ethosuximide cap 250 mg 207
ethosuximide soln 250 mg/5ml 207
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 258
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 258
etoposide inj 1 gm/50ml (20 mg/ml) 94
etoposide inj 100 mg/5ml (20 mg/ml) . 94
etoposide inj 500 mg/25ml (20 mg/ml) 94
etravirine tab 100 mg 59
etravirine tab 200 mg 59
EUCRISA OIN 2% 360
EULEXIN CAP 125MG . 86

everolimus tab 0.25 mg 316
everolimus tab 0.5 mg 316
everolimus tab 0.75 mg 316
everolimus tab 1 mg 316
everolimus tab 10 mg 100
everolimus tab 2.5 mg 100
everolimus tab 5 mg 100
everolimus tab 7.5 mg 100
everolimus tab for oral susp 2 mg.....101
everolimus tab for oral susp 3 mg.....101
everolimus tab for oral susp 5 mg.....101
EVOTAZ TAB 300-150 62
exemestane tab 25 mg 86
EXXUA TAB 18.2MG .172
EXXUA TAB 36.3MG .172
EXXUA TAB 54.5MG .172
EXXUA TAB 72.6MG .172
EXXUA TITRAT TAB 18.2MG 172
EYSUVIS DRO 0.25%332
ezetimibe tab 10 mg 142
ezetimibe-simvastatin tab 10-10 mg..... 142
ezetimibe-simvastatin tab 10-20 mg..... 142
ezetimibe-simvastatin tab 10-40 mg..... 142
ezetimibe-simvastatin tab 10-80 mg..... 142

F

FABRAZYME INJ 35MG 273
FABRAZYME INJ 5MG273
falmina 258
famciclovir tab 125 mg 64
famciclovir tab 250 mg 65
famciclovir tab 500 mg 65
famotidine for susp 40 mg/5ml 286
famotidine in nacl 0.9% iv soln 20 mg/50ml 286
famotidine inj 200 mg/20ml 286
famotidine inj 40 mg/4ml 286
famotidine preservative free inj 20 mg/2ml. 286

famotidine tab 20 mg 286
famotidine tab 40 mg 286
FANAPT PAK PACK A 187
FANAPT PAK PACK B 187
FANAPT PAK PACK C 187
FANAPT TAB 10MG... 188
FANAPT TAB 12MG... 188
FANAPT TAB 1MG 187
FANAPT TAB 2MG 188
FANAPT TAB 4MG 188
FANAPT TAB 6MG 188
FANAPT TAB 8MG 188
FARXIGA TAB 10MG . 241
FARXIGA TAB 5MG... 241
FASENRA INJ 10MG/0.5 342
FASENRA INJ 30MG/ML 342
FASENRA PEN INJ 30MG/ML..... 342
feirza 1.5/30..... 258
feirza 1/20..... 258
felbamate susp 600 mg/5ml 207
felbamate tab 400 mg 207
felbamate tab 600 mg 207
felodipine tab er 24hr 10 mg 149
felodipine tab er 24hr 2.5 mg 149
felodipine tab er 24hr 5 mg 149
fenofibrate micronized cap 134 mg 139
fenofibrate micronized cap 200 mg 139
fenofibrate micronized cap 67 mg 138
fenofibrate tab 145 mg 139
fenofibrate tab 160 mg 139
fenofibrate tab 48 mg 139
fenofibrate tab 54 mg 139
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 ... 295
fesoterodine fumarate tab er 24hr 8 mg ... 295
FETZIMA CAP 120MG 172
FETZIMA CAP 20MG . 172
FETZIMA CAP 40MG . 172
FETZIMA CAP 80MG . 172
FETZIMA CAP TITRATIO 173
FIASP FLEX INJ TOUCH 249
FIASP INJ 100/ML 249
FIASP PENFIL INJ U-100 249
FIASP PMPCRT INJ U-100 249
fidaxomicin tab 200 mg 72
finasteride tab 5 mg . 293
fingolimod hcl cap 0.5 mg (base equiv) 233
FINTEPLA SOL 2.2MG/ML 207
finzala 258
FIRMAGON INJ 120MG 86
FIRMAGON INJ 80MG . 86
flac 333
FLEBOGAMMA INJ 10/200ML 312
FLEBOGAMMA INJ 20/400ML 313
FLEBOGAMMA INJ DIF 5% 313
flecainide acetate tab 100 mg 137
flecainide acetate tab 150 mg 137
flecainide acetate tab 50 mg 137
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.....269
flunisolide nasal soln 25 mcg/act (0.025%) .347
fluocinolone acetonide (otic) oil 0.01% 333
fluocinolone acetonide cream 0.01% 357
fluocinolone acetonide cream 0.025% 357
*fluocinolone acetonide oil 0.01% (body oil)*357
fluocinolone acetonide oil 0.01% (scalp oil) 357
fluocinolone acetonide oint 0.025%.....357
fluocinolone acetonide soln 0.01% 357
fluocinonide cream 0.05%.....357
fluocinonide cream 0.1% 357
fluocinonide emulsified base cream 0.05%.357
fluocinonide gel 0.05% 357
fluocinonide oint 0.05% 358
fluocinonide soln 0.05% 358
fluorometholone ophth susp 0.1% 330
fluorouracil cream 5% 361
*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%. 361
fluorouracil soln 5%. 361
fluoxetine hcl cap 10 mg 173
fluoxetine hcl cap 20 mg 173
fluoxetine hcl cap 40 mg 173
fluoxetine hcl solution 20 mg/5ml 173

fluphenazine decanoate inj 25 mg/ml 188
fluphenazine hcl elixir 2.5 mg/5ml 188
fluphenazine hcl inj 2.5 mg/ml 188
fluphenazine hcl oral conc 5 mg/ml 188
fluphenazine hcl tab 1 mg 188
fluphenazine hcl tab 10 mg 188
fluphenazine hcl tab 2.5 mg 188
fluphenazine hcl tab 5 mg 188
flurbiprofen sodium ophth soln 0.03% .. 330
flurbiprofen tab 100 mg 40
fluticasone propionate cream 0.05% 358
fluticasone propionate hfa inhal aer 110 mcg/act 348
fluticasone propionate hfa inhal aer 220 mcg/act 348
fluticasone propionate hfa inhal aero 44 mcg/act 348
fluticasone propionate nasal susp 50 mcg/act 347
fluticasone propionate oint 0.005% 358
fluticasone-salmeterol aer powder ba 100-50 mcg/act 350
fluticasone-salmeterol aer powder ba 250-50 mcg/act 350
fluticasone-salmeterol aer powder ba 500-50 mcg/act 350
fluvoxamine maleate tab 100 mg 162
fluvoxamine maleate tab 25 mg 162
fluvoxamine maleate tab 50 mg 162
fondaparinux sodium subcutaneous inj 10 mg/0.8ml 299
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 299

fondaparinux sodium subcutaneous inj 5 mg/0.4ml 299
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 299
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 126
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 126
fosinopril sodium tab 10 mg 127
fosinopril sodium tab 20 mg 127
fosinopril sodium tab 40 mg 127
FOTIVDA CAP 0.89MG 101
FOTIVDA CAP 1.34MG 101
FRINDOVYX INJ 1GM/2ML 82
FRINDOVYX INJ 2GM/4ML 82
FRINDOVYX INJ 500MG/ML 82
FRUZAQLA CAP 1MG 101
FRUZAQLA CAP 5MG 101
FULPHILA INJ 6/0.6ML 301
fulvestrant inj soln pref syr 250 mg/5ml 86
furosemide inj 152
furosemide oral soln 10 mg/ml 152
furosemide oral soln 8 mg/ml 152
furosemide tab 20 mg 152
furosemide tab 40 mg 152
furosemide tab 80 mg 152
fyavolv tab 0.5mg-2.5mcg 267
fyavolv tab 1mg-5mcg 267
FYCOMPA SUS 0.5MG/ML 207
FYCOMPA TAB 10MG 208

FYCOMPA TAB 12MG 208
FYCOMPA TAB 2MG .. 207
FYCOMPA TAB 4MG .. 207
FYCOMPA TAB 6MG .. 207
FYCOMPA TAB 8MG .. 208

G

gabapentin cap 100 mg 208
gabapentin cap 300 mg 208
gabapentin cap 400 mg 208
gabapentin oral soln 250 mg/5ml 208
gabapentin tab 600 mg 208
gabapentin tab 800 mg 208
galantamine hydrobromide cap er 24hr 16 mg 163
galantamine hydrobromide cap er 24hr 24 mg 163
galantamine hydrobromide cap er 24hr 8 mg 163
galantamine hydrobromide oral soln 4 mg/ml 163
galantamine hydrobromide tab 12 mg 164
galantamine hydrobromide tab 4 mg 163
galantamine hydrobromide tab 8 mg 163
galbriela 258
gallifrey 278
GAMASTAN INJ 313
GAMMAGARD INJ 10GM/100 313
GAMMAGARD INJ 1GM/10ML 313
GAMMAGARD INJ 2.5GM/25 313
GAMMAGARD INJ 20GM/200 313
GAMMAGARD INJ 30GM/300 313
GAMMAGARD INJ 5GM/50ML 313
GAMMAGARD SD INJ 10GM HU 313
GAMMAGARD SD INJ 5GM HU 313
GAMMAKED INJ 10GM/100 313

GAMMAKED INJ 1GM/10ML 313
GAMMAKED INJ 20GM/200 313
GAMMAKED INJ 5GM/50ML 313
GAMMAPLEX INJ 10% 313
GAMMAPLEX INJ 5% 313
GAMMGD ERC INJ 10/100ML 313
GAMMGD ERC INJ 5GM/50ML 313
GAMUNEX-C INJ 10GM/100 313
GAMUNEX-C INJ 1GM/10ML 313
GAMUNEX-C INJ 2.5GM/25 313
GAMUNEX-C INJ 20GM/200 314
GAMUNEX-C INJ 40/400ML 314
GAMUNEX-C INJ 5GM/50ML 313
ganciclovir sodium for inj 500 mg 65
GARDASIL 9 INJ 317
gatifloxacin ophth soln 0.5% 329
GATTEX KIT 5MG..... 289
GAUZE PADS 2..... 249
gavilyte-c 288
gavilyte-g 288
gavilyte-n/flavor pack 288
GAVRETO CAP 100MG 101
gefitinib tab 250 mg 101
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 139
GEMTESA TAB 75MG 295
generlac 288
gengraf 316

GENOTROPIN INJ 0.2MG 273
GENOTROPIN INJ 0.4MG 273
GENOTROPIN INJ 0.6MG 273
GENOTROPIN INJ 0.8MG 273
GENOTROPIN INJ 1.2MG 273
GENOTROPIN INJ 1.4MG 274
GENOTROPIN INJ 1.6MG 274
GENOTROPIN INJ 1.8MG 274
GENOTROPIN INJ 12MG 274
GENOTROPIN INJ 1MG 274
GENOTROPIN INJ 2MG 274
GENOTROPIN INJ 5MG 274
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% 352
gentamicin sulfate inj 10 mg/ml 50
gentamicin sulfate inj 40 mg/ml 51
gentamicin sulfate oint 0.1% 352
gentamicin sulfate ophth soln 0.3% 329
GENVOYA TAB 62
GILOTRIF TAB 20MG 102
GILOTRIF TAB 30MG 102
GILOTRIF TAB 40MG 102
GLARGIN YFGN INJ 100U/ML 249
GLARGIN YFGN SOL 100U/ML 249
glatiramer acetate soln prefilled syringe 20 mg/ml 233
glatiramer acetate soln prefilled syringe 40 mg/ml 234
glatopa 234

GLEOSTINE CAP 100MG 82
GLEOSTINE CAP 10MG 82
GLEOSTINE CAP 40MG 82
glimepiride tab 1 mg 241
glimepiride tab 2 mg 241
glimepiride tab 4 mg 241
glipizide tab 10 mg .. 242
glipizide tab 5 mg 241
glipizide tab er 24hr 10 mg 242
glipizide tab er 24hr 2.5 mg 242
glipizide tab er 24hr 5 mg 242
glipizide-metformin hcl tab 2.5-250 mg 242
glipizide-metformin hcl tab 2.5-500 mg 242
glipizide-metformin hcl tab 5-500 mg 242
glycopyrrolate tab 1 mg 286
glycopyrrolate tab 2 mg 286
glydo 359
GLYXAMBI TAB 10-5 MG 242
GLYXAMBI TAB 25-5 MG 242
GOMEKLI CAP 1MG .. 102
GOMEKLI CAP 2MG .. 102
GOMEKLI TAB 1MG .. 102
granisetron hcl inj 1 mg/ml 282
granisetron hcl inj 4 mg/4ml (1 mg/ml) . 282
granisetron hcl tab 1 mg 282
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 155
guanfacine hcl tab 2 mg 155
guanfacine hcl tab er 24hr 1 mg (base equiv) 223

guanfacine hcl tab er 24hr 2 mg (base equiv) 223
guanfacine hcl tab er 24hr 3 mg (base equiv) 223
guanfacine hcl tab er 24hr 4 mg (base equiv) 223
GVOKE HYPO 1 INJ 0.5/.1ML 272
GVOKE HYPO 1 INJ 1/0.2ML 272
GVOKE HYPO 2 INJ 0.5/.1ML 272
GVOKE HYPO 2 INJ 1/0.2ML 272
GVOKE KIT SOL 1/0.2ML 272
GVOKE PFS INJ 1/0.2ML 272

H

HADLIMA INJ 40/0.4ML 306
HADLIMA INJ 40/0.8ML 306
HADLIMA PUSH INJ 40/0.4ML 306
HADLIMA PUSH INJ 40/0.8ML 306
HAEGARDA INJ 2000UNIT 302
HAEGARDA INJ 3000UNIT 302
hailey 1.5/30 258
hailey 24 fe 258
hailey fe 1/20 258
halobetasol propionate cream 0.05% 358
halobetasol propionate oint 0.05% 358
haloperidol decanoate im soln 100 mg/ml 189
haloperidol decanoate im soln 50 mg/ml 189
haloperidol lactate inj 5 mg/ml 189
haloperidol lactate oral conc 2 mg/ml 189
haloperidol tab 0.5 mg 189
haloperidol tab 1 mg 189
haloperidol tab 10 mg 189
haloperidol tab 2 mg 189
haloperidol tab 20 mg 189
haloperidol tab 5 mg 189
HAVRIX INJ 1440UNIT 318

HAVRIX INJ 720UNIT 317
heather 258
HEP SOD/NACL INJ 25000UNT 299
heparin sodium (porcine) inj 1000 unit/ml 299
heparin sodium (porcine) inj 10000 unit/ml 299
heparin sodium (porcine) inj 20000 unit/ml 299
heparin sodium (porcine) inj 5000 unit/ml 299
heparin sodium (porcine) pf inj 1000 unit/ml 299
HEPLISAV-B INJ 20/0.5ML 318
HERCEP HYLEC SOL 60-10000 102
HERCEPTIN INJ 150MG 102
HERCESSI INJ 150MG 102
HERCESSI INJ 420MG 102
HERNEXEOS TAB 60MG 102
HERZUMA INJ 150MG 102
HERZUMA INJ 420MG 103
HIBERIX SOL 10MCG 318
HUMALOG INJ 100/ML 249
HUMALOG JR INJ 100/ML 249
HUMALOG KWPN INJ 100/ML 249
HUMALOG KWPN INJ 200/ML 249
HUMALOG MIX INJ 50/50KWP 250
HUMALOG MIX INJ 75/25KWP 250
HUMALOG MIX SUS 75/25 250
HUMALOG TMPO INJ 100/ML 250
HUMIRA INJ 10/0.1ML 306
HUMIRA INJ 20/0.2ML 307
HUMIRA INJ 40/0.4ML 307

HUMIRA KIT 40MG/0.8 307
HUMIRA PEN INJ 40/0.4ML 307
HUMIRA PEN INJ 40MG/0.8 307
HUMIRA PEN INJ 80/0.8ML 307
HUMIRA PEN KIT CD/UC/HS 307
HUMIRA PEN KIT PS/UV 307
HUMULIN INJ 70/30 . 250
HUMULIN INJ 70/30KWP 250
HUMULIN N INJ U-100 250
HUMULIN N INJ U-100KWP 250
HUMULIN R INJ U-100 250
HUMULIN R INJ U-500 250
HUMULIN R INJ U-500KWP 250
hydralazine hcl inj 20 mg/ml 155
hydralazine hcl tab 10 mg 155
hydralazine hcl tab 100 mg 155
hydralazine hcl tab 25 mg 155
hydralazine hcl tab 50 mg 155
hydrochlorothiazide cap 12.5 mg 152
hydrochlorothiazide tab 12.5 mg 152
hydrochlorothiazide tab 25 mg 152
hydrochlorothiazide tab 50 mg 152
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% 358
hydrocortisone cream 2.5% 358
hydrocortisone enema 100 mg/60ml 287
hydrocortisone lotion 2.5% 358
hydrocortisone oint 1% 358
hydrocortisone oint 2.5% 358
hydrocortisone perianal cream 1%.....361
hydrocortisone perianal cream 2.5%.....361
hydrocortisone sodium succinate pf for inj 100 mg 269
hydrocortisone tab 10 mg 269
hydrocortisone tab 20 mg 269
hydrocortisone tab 5 mg 269
hydrocortisone valerate cream 0.2%.....358
hydrocortisone w/ acetic acid otic soln 1-2% 333
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. 312

hydroxyurea cap 500 mg 91
hydroxyzine hcl im soln 25 mg/ml 336
hydroxyzine hcl im soln 50 mg/ml 336
hydroxyzine hcl syrup 10 mg/5ml 336
hydroxyzine hcl tab 10 mg.....337
hydroxyzine hcl tab 25 mg.....337
hydroxyzine hcl tab 50 mg.....337
hydroxyzine pamoate cap 25 mg 337
hydroxyzine pamoate cap 50 mg 338
HYRNUO TAB 10MG . 103

I

ibandronate sodium tab 150 mg (base equivalent) 253
IBRANCE CAP 100MG103
IBRANCE CAP 125MG103
IBRANCE CAP 75MG. 103
IBRANCE TAB 100MG103
IBRANCE TAB 125MG103
IBRANCE TAB 75MG. 103
IBTROZI CAP 200MG 103
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 302
iclevia 258
ICLUSIG TAB 10MG . 104
ICLUSIG TAB 15MG . 104
ICLUSIG TAB 30MG . 104
ICLUSIG TAB 45MG . 104
IDHIFA TAB 100MG . 104
IDHIFA TAB 50MG ... 104
IDVYNSO TAB 100-0.25 62
imatinib mesylate tab 100 mg (base equivalent) 104
imatinib mesylate tab 400 mg (base equivalent) 104
IMBRUVICA CAP 140MG 104
IMBRUVICA CAP 70MG 104
IMBRUVICA SUS 70MG/ML..... 105

IMBRUVICA TAB 140MG 105
IMBRUVICA TAB 280MG 105
IMBRUVICA TAB 420MG 105
imipenem-cilastatin intravenous for soln 250 mg 51
imipenem-cilastatin intravenous for soln 500 mg 51
imipramine hcl tab 10 mg 173
imipramine hcl tab 25 mg 173
imipramine hcl tab 50 mg 173
imiquimod cream 5% 361
IMKELDI SOL 80MG/ML 105
IMOVAX RABIE INJ 2.5/ML 318
IMPAVIDO CAP 50MG . 51
INBRIJA CAP 42MG .. 180
incassia 259
INCRELEX INJ 40MG/4ML 274
INCRUSE ELPT INH 62.5MCG 335
indapamide tab 1.25 mg 152
indapamide tab 2.5 mg 152
INFANRIX INJ 318
INFLIXIMAB INJ 100MG 307
INLURIYO TAB 200MG 86
INLYTA TAB 1MG 105
INLYTA TAB 5MG 105
INQOVI TAB 35-100MG 83
INREBIC CAP 100MG 105
INSULIN GLAR INJ 300/ML 250
INSULIN LISP INJ 100/ML 250
INSULIN LISP INJ JR KWPN 250
INSULIN LISP INJ PROT KWP..... 250
INSULIN PEN NEEDLES: EMBECTA-BD 250
INSULIN SAFETY NEEDLES: EMBECTA-BD 250
INSULIN SYRINGES: EMBECTA-BD 250

INTELENCE TAB 25MG 59
INTRALIPID INJ 20% 327
INTRALIPID INJ 30% 327
introvale 259
INVEGA HAFYE INJ 1092MG 189
INVEGA HAFYE INJ 1560MG 189
INVEGA SUST INJ 117/0.75 190
INVEGA SUST INJ 156MG/ML 190
INVEGA SUST INJ 234/1.5 190
INVEGA SUST INJ 39/0.25 189
INVEGA SUST INJ 78/0.5ML 190
INVEGA TRINZ INJ 273MG 190
INVEGA TRINZ INJ 410MG 190
INVEGA TRINZ INJ 546MG 190
INVEGA TRINZ INJ 819MG 191
IPOL INJ INACTIVE .. 318
ipratropium bromide hfa inhal aerosol 17 mcg/act 335
ipratropium bromide inhal soln 0.02% ... 335
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 335
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 335
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 334
irbesartan tab 150 mg 135
irbesartan tab 300 mg 135
irbesartan tab 75 mg 135
irbesartan-hydrochlorothiazide tab 150-12.5 mg 131
irbesartan-hydrochlorothiazide tab 300-12.5 mg 131
irinotecan hcl inj 100 mg/5ml (20 mg/ml) .91
irinotecan hcl inj 300 mg/15ml (20 mg/ml) 91
irinotecan hcl inj 40 mg/2ml (20 mg/ml) .91
irinotecan hcl inj 500 mg/25ml (20 mg/ml) 91

ISENTRESS CHW 100MG 59
ISENTRESS CHW 25MG 59
ISENTRESS HD TAB 600MG 59
ISENTRESS POW 100MG 59
ISENTRESS TAB 400MG 59
isibloom 259
ISOLYTE-P INJ /D5W 320
ISOLYTE-S INJ PH 7.4 320
isoniazid syrup 50 mg/5ml 63
isoniazid tab 100 mg ..63
isoniazid tab 300 mg ..63
isosorbide dinitrate tab 10 mg 156
isosorbide dinitrate tab 20 mg 156
isosorbide dinitrate tab 30 mg 156
isosorbide dinitrate tab 5 mg.....156
isosorbide mononitrate tab er 24hr 120 mg 157
isosorbide mononitrate tab er 24hr 30 mg..156
isosorbide mononitrate tab er 24hr 60 mg . 157
isotretinoin cap 10 mg 351
isotretinoin cap 20 mg 351
isotretinoin cap 30 mg 351
isotretinoin cap 40 mg 351
isradipine cap 2.5 mg 149
isradipine cap 5 mg . 149
ITOVEBI TAB 3MG ... 105
ITOVEBI TAB 9MG ... 105
itraconazole cap 100 mg 56
ivabradine hcl tab 5 mg (base equiv) 155
ivabradine hcl tab 7.5 mg (base equiv) 155
ivermectin tab 3 mg...51
ivermectin tab 6 mg...51
IWILFIN TAB 192MG ..91
IXIARO INJ 318

J

jaimiess 259
JAKAFI TAB 10MG.... 106
JAKAFI TAB 15MG.... 106
JAKAFI TAB 20MG.... 106

JAKAFI TAB 25MG.... 106
JAKAFI TAB 5MG 106
jantoven..... 299
JANUMET TAB 50-1000 242
JANUMET TAB 50-500MG 242
JANUMET XR TAB 100-1000 243
JANUMET XR TAB 50-1000 243
JANUMET XR TAB 50-500MG 243
JANUVIA TAB 100MG 243
JANUVIA TAB 25MG . 243
JANUVIA TAB 50MG . 243
JARDIANCE TAB 10MG 243
JARDIANCE TAB 25MG 243
jasmiel..... 259
javygtor 274
JAYPIRCA TAB 100MG 106
JAYPIRCA TAB 50MG 106
jencycla 259
JENTADUETO TAB 2.5-1000 243
JENTADUETO TAB 2.5-500..... 243
JENTADUETO TAB 2.5-850..... 243
JENTADUETO TAB XR 2.5-1000MG..... 244
JENTADUETO TAB XR 5-1000MG 244
jinteli 267
jolessa 259
JOURNAVX TAB 50MG 38
juleber 259
JULUCA TAB 50-25MG 62
junel 1.5/30 259
junel 1/20 259
junel fe 1.5/30 259
junel fe 1/20..... 259
junel fe 24..... 259
JYLAMVO SOL 2MG/ML 312
JYNNEOS INJ 318

K

KADCYLA INJ 100MG 106
KADCYLA INJ 160MG 106
kaitlib fe..... 259
KALETRA SOL 62
KALYDECO GRA 13.4MG 342
KALYDECO GRA 5.8MG 342
KALYDECO PAK 25MG 342

KALYDECO PAK 50MG 342
KALYDECO PAK 75MG 342
KALYDECO TAB 150MG 343
KANJINTI INJ 420MG 106
KANJINTI SOL 150MG 106
kariva 259
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 321
kcl 20 meq/l (0.149%) in nacl 0.45% inj ... 321
kcl 20 meq/l (0.149%) in nacl 0.9% inj 321
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 321
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 321
kcl 20 meq/l (0.15%) in nacl 0.45% inj 321
kcl 20 meq/l (0.15%) in nacl 0.9% inj 321
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 321
kcl 40 meq/l (0.298%) in nacl 0.9% inj 322
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 321
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 321
kcl 40 meq/l (0.3%) in nacl 0.9% inj 321
KCL/D5W/NACL INJ 0.15/0.2 322
KCL/D5W/NACL INJ 0.3/0.9% 322
kelnor 1/35 259
KERENDIA TAB 10MG 129
KERENDIA TAB 20MG 129
KERENDIA TAB 40MG 129
KESIMPTA INJ 20/.4ML 234
ketoconazole cream 2% 353
ketoconazole shampoo 2% 353
ketoconazole tab 200 mg 56

ketorolac tromethamine ophth soln 0.4% 330
ketorolac tromethamine ophth soln 0.5% 330
KEYTRUDA INJ 100MG/4M 106
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 106
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 106
KINERET INJ 307
KINRIX INJ 318
kionex 255
KISQALI 200 DOSE .. 107
KISQALI 400 DOSE .. 107
KISQALI 600 DOSE .. 107
klayesta 353
klor-con 324
klor-con 10 324
KLOR-CON 10 TAB 10MEQ ER 324
klor-con 8 324
KLOR-CON 8 TAB 8MEQ ER 324
klor-con m10 324
klor-con m15 324
klor-con m20 324
KLOXXADO SPR 8MG 238
KOMZIFTI CAP 200MG 107
KOSELUGO CAP 10MG 107
KOSELUGO CAP 25MG 107
KOSELUGO CAP 5MG 107
KOSELUGO CAP 7.5MG 107
kourzeq 363
KRAZATI TAB 200MG 108
kurvelo 259

L

labetalol hcl tab 100 mg 145
labetalol hcl tab 200 mg 145
labetalol hcl tab 300 mg 145
lacosamide iv inj 200 mg/20ml (10 mg/ml) 208
lacosamide oral 208
lacosamide tab 100 mg 209
lacosamide tab 150 mg 209
lacosamide tab 200 mg 209

lacosamide tab 50 mg 209
LACTATED RIN INJ ... 322
lactated ringer's solution 322
lactic acid (ammonium lactate) cream 12% 361
lactic acid (ammonium lactate) lotion 12% 361
lactulose (encephalopathy) solution 10 gm/15ml 288
lactulose solution 10 gm/15ml 288
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 63
lamotrigine tab 100 mg 209
lamotrigine tab 150 mg 209
lamotrigine tab 200 mg 209
lamotrigine tab 25 mg 209
lamotrigine tab chewable dispersible 25 mg .. 209
lamotrigine tab chewable dispersible 5 mg 209
lamotrigine tab er 24hr 100 mg 209
lamotrigine tab er 24hr 200 mg 209
lamotrigine tab er 24hr 25 mg 209
lamotrigine tab er 24hr 250 mg 210
lamotrigine tab er 24hr 300 mg 210
lamotrigine tab er 24hr 50 mg 209
lanreotide acetate extended release inj 120 mg/0.5ml 274
lansoprazole cap delayed release 15 mg 292
lansoprazole cap delayed release 30 mg 292
LANTUS INJ 100/ML. 250
LANTUS SOLOS INJ 100/ML 251

lapatinib ditosylate tab 250 mg (base equiv) 108
larin 1.5/30 259
larin 1/20 259
larin 24 fe 259
larin fe 1.5/30 259
larin fe 1/20 259
latanoprost ophth soln 0.005% 331
LAZCLUZE TAB 240MG 108
LAZCLUZE TAB 80MG 108
leflunomide tab 10 mg 312
leflunomide tab 20 mg 312
lenalidomide cap 10 mg 88
lenalidomide cap 15 mg 89
lenalidomide cap 20 mg 89
lenalidomide cap 25 mg 89
lenalidomide cap 5 mg 88
lenalidomide caps 2.5 mg 89
LENVIMA CAP 10 MG 108
LENVIMA CAP 12MG. 108
LENVIMA CAP 14 MG 109
LENVIMA CAP 18 MG 109
LENVIMA CAP 20 MG 109
LENVIMA CAP 24 MG 109
LENVIMA CAP 4MG .. 108
LENVIMA CAP 8 MG . 108
lessina 259
letrozole tab 2.5 mg .. 86
leucovorin calcium for inj 100 mg 92
leucovorin calcium for inj 200 mg 92
leucovorin calcium for inj 350 mg 92
leucovorin calcium for inj 50 mg 92
leucovorin calcium for inj 500 mg 92
leucovorin calcium inj 500 mg/50ml (10 mg/ml) 92
leucovorin calcium tab 10 mg 92
leucovorin calcium tab 15 mg 92
leucovorin calcium tab 25 mg 92
leucovorin calcium tab 5 mg 92

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).....339
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....339
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....339
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 339
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 339
levetiracetam in sodium chloride iv soln 1000 mg/100ml.....210
levetiracetam in sodium chloride iv soln 1500 mg/100ml.....210
levetiracetam in sodium chloride iv soln 500 mg/100ml.....210
levetiracetam inj 500 mg/5ml (100 mg/ml) 210
levetiracetam oral soln 100 mg/ml.....210
levetiracetam tab 1000 mg 210
levetiracetam tab 250 mg 210
levetiracetam tab 500 mg 210
levetiracetam tab 750 mg 210
levetiracetam tab disintegrating soluble 250 mg 210
levetiracetam tab disintegrating soluble 500 mg 211
levetiracetam tab er 24hr 500 mg.....211
levetiracetam tab er 24hr 750 mg.....211
levobunolol hcl ophth soln 0.5%.....331
levocarnitine oral soln 1 gm/10ml (10%) 274
levocarnitine tab 330 mg 274

levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 338
levocetirizine dihydrochloride tab 5 mg 338
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 260
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 260
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 260
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 260
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 260
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 260
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) . 260
levora 0.15/30-28 ... 260
levo-t 278
levothyroxine sodium tab 100 mcg 279
levothyroxine sodium tab 112 mcg 279
levothyroxine sodium tab 125 mcg 279
levothyroxine sodium tab 137 mcg 279
levothyroxine sodium tab 150 mcg 279
levothyroxine sodium tab 175 mcg 279

levothyroxine sodium tab 200 mcg 279
levothyroxine sodium tab 25 mcg 278
levothyroxine sodium tab 300 mcg 279
levothyroxine sodium tab 50 mcg 279
levothyroxine sodium tab 75 mcg 279
levothyroxine sodium tab 88 mcg 279
levoxyl 279
l-glutamine (sickle cell) 302
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% 360
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 360
lidocaine hcl viscous soln 2% 363
lidocaine oint 5% 360
lidocaine patch 5% .. 360
lidocaine-prilocaine cream 2.5-2.5% 360
lidocan 360
LIFYORLI CAP 125MG DS 87
LIFYORLI CAP 150MG DS 87
LILETTA IUD 52MG .. 260
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 289
LINZESS CAP 290MCG 289
LINZESS CAP 72MCG 289
liomny 280

liothyronine sodium tab 25 mcg 280
liothyronine sodium tab 5 mcg 280
liothyronine sodium tab 50 mcg 280
lisinopril & hydrochlorothiazide tab 10-12.5 mg 126
lisinopril & hydrochlorothiazide tab 20-12.5 mg 127
lisinopril & hydrochlorothiazide tab 20-25 mg 127
lisinopril tab 10 mg .. 128
lisinopril tab 2.5 mg . 127
lisinopril tab 20 mg .. 128
lisinopril tab 30 mg .. 128
lisinopril tab 40 mg .. 128
lisinopril tab 5 mg 127
lithium carbonate cap 150 mg 232
lithium carbonate cap 300 mg 232
lithium carbonate cap 600 mg 232
lithium carbonate tab 300 mg 232
lithium carbonate tab er 300 mg 232
lithium carbonate tab er 450 mg 232
lithium oral solution 8 meq/5ml 232
LIVTENCITY TAB 200MG 65
loestrin 1.5/30-21 ... 260
loestrin 1/20-21 260
loestrin fe 1.5/30 260
loestrin fe 1/20 260
lojaimiess 261
LOKELMA PAK 10GM 255
LOKELMA PAK 5GM .. 255
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 289
lopinavir-ritonavir tab 100-25 mg 63
lopinavir-ritonavir tab 200-50 mg 63
lorazepam conc 2 mg/ml 162

lorazepam inj 2 mg/ml 162
lorazepam inj 4 mg/ml 162
lorazepam intensol ... 162
lorazepam tab 0.5 mg 162
lorazepam tab 1 mg . 162
lorazepam tab 2 mg . 162
LORBRENA TAB 100MG 109
LORBRENA TAB 25MG 109
loryna 261
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 132
losartan potassium & hydrochlorothiazide tab 100-25 mg 132
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 132
losartan potassium tab 100 mg 135
losartan potassium tab 25 mg 135
losartan potassium tab 50 mg 135
LOTEMAX OIN 0.5% . 330
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 327
lovastatin tab 10 mg 139
lovastatin tab 20 mg 140
lovastatin tab 40 mg 140
low-ogestrel 261
loxapine succinate cap 10 mg 191
loxapine succinate cap 25 mg 191
loxapine succinate cap 5 mg 191
loxapine succinate cap 50 mg 191
lubiprostone cap 24 mcg 289
lubiprostone cap 8 mcg 289
luizza 1.5/30 261
luizza 1/20 261
LUMAKRAS TAB 120MG 109
LUMAKRAS TAB 240MG 109
LUMAKRAS TAB 320MG 110
LUMIGAN SOL 0.01% OP 331
LUMIZYME INJ 50MG 274

LUPR DEP-PED INJ 11.25MG..... 274
LUPR DEP-PED INJ 15MG 274
LUPR DEP-PED INJ 3M 30MG 274
LUPR DEP-PED INJ 7.5MG 274
LUPRON DEPOT INJ 11.25MG..... 87
LUPRON DEPOT INJ 3.75MG 87
LUPRON DEPOT INJ 45MG 274
lurasidone hcl tab 120 mg..... 191
lurasidone hcl tab 20 mg 191
lurasidone hcl tab 40 mg 191
lurasidone hcl tab 60 mg 191
lurasidone hcl tab 80 mg 191
lutera..... 261
LYBALVI TAB 10-10MG 191
LYBALVI TAB 15-10MG 191
LYBALVI TAB 20-10MG 192
LYBALVI TAB 5-10MG 191
lyleq 261
lyllana..... 267
LYNPARZA TAB 100MG 110
LYNPARZA TAB 150MG 110
LYSODREN TAB 500MG 87
LYTGOBI (12 MG DAILY DOSE)..... 110
LYTGOBI (16 MG DAILY DOSE)..... 110
LYTGOBI (20 MG DAILY DOSE)..... 110
LYUMJEV INJ 100UT/ML 251
LYUMJEV KWPN INJ 100UT/ML..... 251
LYUMJEV KWPN INJ 200UT/ML..... 251
lyza 261

M

macitentan tab 10 mg 159
MAGNESIUM SU INJ 20/500ML..... 322

MAGNESIUM SU INJ 2GM/50ML 322
MAGNESIUM SU INJ 40G/1000 322
MAGNESIUM SU INJ 4G/100ML 322
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 322
magnesium sulfate inj 50% 322
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) 322
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) 323
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml) 322
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) 322
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) 322
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) 323
malathion lotion 0.5% 362
maraviroc tab 150 mg 59
maraviroc tab 300 mg 59
marlissa 261
MARPLAN TAB 10MG 173
MATULANE CAP 50MG 92
MAVYRET PAK 50-20MG 65
MAVYRET TAB 100-40MG 65
meclizine hcl tab 12.5 mg 282
meclizine hcl tab 25 mg 282
medroxyprogesterone acetate im susp 150 mg/ml 261
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 261
medroxyprogesterone acetate tab 10 mg . 278
medroxyprogesterone acetate tab 2.5 mg 278
medroxyprogesterone acetate tab 5 mg ... 278
mefloquine hcl tab 250 mg 58

megestrol acetate susp 40 mg/ml 278
megestrol acetate susp 625 mg/5ml 278
megestrol acetate tab 20 mg 87
megestrol acetate tab 40 mg 87
MEKINIST SOL 0.05/ML 110
MEKINIST TAB 0.5MG 110
MEKINIST TAB 2MG . 110
MEKTOVI TAB 15MG 111
meleya 261
meloxicam tab 15 mg . 40
meloxicam tab 7.5 mg 40
memantine hcl cap er 24hr 14 mg 164
memantine hcl cap er 24hr 21 mg 164
memantine hcl cap er 24hr 28 mg 164
memantine hcl cap er 24hr 7 mg 164
memantine hcl oral solution 2 mg/ml ... 164
memantine hcl tab 10 mg 164
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 165
memantine hcl tab 5 mg 164
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 165
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 165
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 165
MENQUADFI INJ 318
MENVEO INJ 318
MENVEO SOL 318
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 287

mesalamine cap er 24hr 0.375 gm.....287
mesalamine enema 4 gm.....287
mesalamine rectal enema 4 gm & cleanser wipe kit.....287
mesalamine suppos 1000 mg.....287
mesalamine tab delayed release 1.2 gm.....287
mesna tab 400 mg.....92
metformin hcl oral soln 500 mg/5ml.....244
metformin hcl tab 1000 mg.....244
metformin hcl tab 500 mg.....244
metformin hcl tab 850 mg.....244
metformin hcl tab er 24hr 500 mg.....244
metformin hcl tab er 24hr 750 mg.....244
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.....152
methazolamide tab 50 mg.....152
methenamine hippurate tab 1 gm.....51
methimazole tab 10 mg.....280
methimazole tab 5 mg.....280
methocarbamol tab 500 mg.....236
methocarbamol tab 750 mg.....236
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) 312
methsuximide cap 300 mg.....211
methylphenidate hcl chew tab 10 mg.....224
methylphenidate hcl chew tab 2.5 mg....224
methylphenidate hcl chew tab 5 mg 224
methylphenidate hcl soln 10 mg/5ml.....224
methylphenidate hcl soln 5 mg/5ml 224
methylphenidate hcl tab 10 mg 224
methylphenidate hcl tab 20 mg 224
methylphenidate hcl tab 5 mg.....224
methylphenidate hcl tab er 10 mg 224
methylphenidate hcl tab er 20 mg 224
methylprednisolone acetate inj susp 40 mg/ml.....269
methylprednisolone acetate inj susp 80 mg/ml.....269
methylprednisolone sod succ for inj 1000 mg (base equiv) 270
methylprednisolone sod succ for inj 125 mg (base equiv) 270
methylprednisolone sod succ for inj 40 mg (base equiv) 269
methylprednisolone sod succ for inj 500 mg (base equiv) 270
methylprednisolone tab 16 mg 270
methylprednisolone tab 32 mg 270
methylprednisolone tab 4 mg.....270
methylprednisolone tab 8 mg.....270

methylprednisolone tab therapy pack 4 mg (21) 270
metoclopramide hcl inj 5 mg/ml (base equivalent) 282
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 282
metoclopramide hcl tab 10 mg (base equivalent) 282
metoclopramide hcl tab 5 mg (base equivalent) 282
metolazone tab 10 mg 153
metolazone tab 2.5 mg 152
metolazone tab 5 mg 152
metoprolol & hydrochlorothiazide tab 100-25 mg 144
metoprolol & hydrochlorothiazide tab 100-50 mg 144
metoprolol & hydrochlorothiazide tab 50-25 mg 144
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 145
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 145
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 145
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 145
metoprolol tartrate iv soln 5 mg/5ml 145
metoprolol tartrate tab 100 mg 145
metoprolol tartrate tab 25 mg 145
metoprolol tartrate tab 50 mg 145
metronidazole cream 0.75% 361
metronidazole gel 0.75% 361
metronidazole iv soln 500 mg/100ml 52
metronidazole lotion 0.75% 361
metronidazole tab 250 mg 52

metronidazole tab 500 mg 52
metronidazole vaginal gel 0.75% 297
metyrosine cap 250 mg 155
mibelas 24 fe 261
micafungin sodium for iv soln 100 mg 56
micafungin sodium for iv soln 50 mg 56
microgestin 1.5/30 .. 261
microgestin 1/20 261
microgestin fe 1.5/30 261
microgestin fe 1/20 .. 261
midodrine hcl tab 10 mg 155
midodrine hcl tab 2.5 mg 155
midodrine hcl tab 5 mg 155
MIEBO DRO 1.3GM/ML 332
mifepristone tab 300 mg 274
mili 261
mimvey 267
minocycline hcl cap 100 mg 79
minocycline hcl cap 50 mg 79
minocycline hcl cap 75 mg 79
minoxidil tab 10 mg . 156
minoxidil tab 2.5 mg 156
mirabegron tab er 24 hr 25 mg 295
mirabegron tab er 24 hr 50 mg 295
mirtazapine orally disintegrating tab 15 mg 173
mirtazapine orally disintegrating tab 30 mg 173
mirtazapine orally disintegrating tab 45 mg 174
mirtazapine tab 15 mg 174
mirtazapine tab 30 mg 174
mirtazapine tab 45 mg 174
mirtazapine tab 7.5 mg 174
misoprostol tab 100 mcg 289

misoprostol tab 200 mcg 289
M-M-R II INJ 318
M-NATAL PLUS TAB.. 324
modafinil tab 100 mg 237
modafinil tab 200 mg 237
MODEYSO CAP 125MG 92
moexipril hcl tab 15 mg 128
moexipril hcl tab 7.5 mg 128
molindone hcl tab 10 mg 192
molindone hcl tab 25 mg 192
molindone hcl tab 5 mg 192
mometasone furoate cream 0.1% 358
mometasone furoate oint 0.1% 358
mometasone furoate solution 0.1% (lotion) 359
MONJUVI INJ 200MG 111
mono-linyah 261
montelukast sodium chew tab 4 mg (base equiv) 340
montelukast sodium chew tab 5 mg (base equiv) 340
montelukast sodium oral granules packet 4 mg (base equiv) 340
montelukast sodium tab 10 mg (base equiv) 340
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/0.5 245
MOUNJARO INJ 12.5/0.5 245
MOUNJARO INJ 15MG/0.5 245
MOUNJARO INJ 2.5/0.5 244
MOUNJARO INJ 5MG/0.5 245
MOUNJARO INJ 7.5/0.5 245
MOVANTIK TAB 12.5MG 289
MOVANTIK TAB 25MG 290
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 74
moxifloxacin hcl ophth soln 0.5% (base equiv) 329
moxifloxacin hcl tab 400 mg (base equiv) 74
MRESVIA INJ 50MCG 318
MULTAQ TAB 400MG 137
multiple electrolytes ph 5.5 323
mupirocin oint 2% ... 352
mycophenolate mofetil cap 250 mg 316
mycophenolate mofetil for oral susp 200 mg/ml 316
mycophenolate mofetil tab 500 mg 316
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 316
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 316
MYRBETRIQ SUS 8MG/ML 295
MYRBETRIQ TAB 25MG 295

MYRBETRIQ TAB 50MG 295

N

nabumetone tab 500 mg 40
nabumetone tab 750 mg 40
nadolol tab 20 mg ... 145
nadolol tab 40 mg ... 145
nadolol tab 80 mg ... 146
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 274
naloxone hcl inj 0.4 mg/ml 238
naloxone hcl inj 4 mg/10ml 238
naloxone hcl soln cartridge 0.4 mg/ml 238
naloxone hcl soln prefilled syringe 0.4 mg/ml 238
naloxone hcl soln prefilled syringe 2 mg/2ml 239
naltrexone hcl tab 50 mg 239
NAMZARIC CAP 7-10MG 165
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) 229
naratriptan hcl tab 2.5 mg (base equiv) 229
NATACYN SUS 5% OP 329
nateglinide tab 120 mg 245
nateglinide tab 60 mg 245
NAYZILAM SPR 5MG. 211
nebivolol hcl tab 10 mg (base equivalent) ... 146
nebivolol hcl tab 2.5 mg (base equivalent) ... 146
nebivolol hcl tab 20 mg (base equivalent) ... 146

nebivolol hcl tab 5 mg (base equivalent) ... 146
necon 0.5/35-28 261
nefazodone hcl tab 100 mg 174
nefazodone hcl tab 150 mg 174
nefazodone hcl tab 200 mg 174
nefazodone hcl tab 250 mg 174
nefazodone hcl tab 50 mg 174
neomycin sulfate tab 500 mg 52
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 329
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 329
neomycin-polymyxin-dexamethasone ophth oint 0.1% 327
neomycin-polymyxin-dexamethasone ophth susp 0.1% 328
neomycin-polymyxin-hc ophth susp 328
neomycin-polymyxin-hc otic soln 1% 333
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% . 333
NERLYNX TAB 40MG 111
neuac 351
nevirapine susp 50 mg/5ml 59
nevirapine tab 200 mg 59
nevirapine tab er 24hr 400 mg 59
NEXLETOL TAB 180MG 142
NEXLIZET TAB 180/10MG 142
NEXPLANON IMP 68MG 262
niacin tab er 1000 mg (antihyperlipidemic) 142
niacin tab er 500 mg (antihyperlipidemic) 142
niacin tab er 750 mg (antihyperlipidemic) 142
nicardipine hcl cap 20 mg 150

nicardipine hcl cap 30 mg 150
NICOTROL NS SPR 10MG/ML 239
nifedipine tab er 24hr 30 mg 150
nifedipine tab er 24hr 60 mg 150
nifedipine tab er 24hr 90 mg 150
nifedipine tab er 24hr osmotic release 30 mg 150
nifedipine tab er 24hr osmotic release 60 mg 150
nifedipine tab er 24hr osmotic release 90 mg 150
nikki 262
nilotinib hcl cap 150 mg (base equivalent) ... 111
nilotinib hcl cap 200 mg (base equivalent) ... 111
nilotinib hcl cap 50 mg (base equivalent) ... 111
nilutamide tab 150 mg 87
nimodipine cap 30 mg 150
NINLARO CAP 2.3MG 111
NINLARO CAP 3MG .. 111
NINLARO CAP 4MG .. 111
nintedanib esylate cap 100 mg (base equivalent) 343
nintedanib esylate cap 150 mg (base equivalent) 343
nitazoxanide tab 500 mg 52
nitisinone cap 10 mg 275
nitisinone cap 2 mg . 274
nitisinone cap 20 mg 275
nitisinone cap 5 mg . 275
nitro-bid 157
nitrofurantoin macrocrystalline cap 100 mg 52
nitrofurantoin macrocrystalline cap 50 mg 52
nitrofurantoin monohydrate macrocrystalline cap 100 mg 52
nitroglycerin oint 0.4% 362
nitroglycerin oint 2% 157

nitroglycerin sl tab 0.3 mg 157
nitroglycerin sl tab 0.4 mg 157
nitroglycerin sl tab 0.6 mg 157
nitroglycerin td patch 24hr 0.1 mg/hr 157
nitroglycerin td patch 24hr 0.2 mg/hr 157
nitroglycerin td patch 24hr 0.4 mg/hr 157
nitroglycerin td patch 24hr 0.6 mg/hr 157
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 157
nizatidine cap 150 mg 286
nizatidine cap 300 mg 286
nora-be 262
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 262
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 262
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 262
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 262
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 262
norethindrone acetate tab 5 mg 278
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 267
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 267
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg ... 262
norethindrone tab 0.35 mg 262
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 262
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 263

norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 263
norlyroc 263
nortrel 0.5/35 (28) .. 263
nortrel 1/35 (21) 263
nortrel 1/35 (28) 263
nortrel 7/7/7 263
nortriptyline hcl cap 10 mg 174
nortriptyline hcl cap 25 mg 174
nortriptyline hcl cap 50 mg 174
nortriptyline hcl cap 75 mg 174
nortriptyline hcl soln 10 mg/5ml 174
NORVIR POW 100MG .59
NOVOLIN INJ 70/30 . 251
NOVOLIN INJ 70/30 FP 251
NOVOLIN N INJ 100 UNIT 251
NOVOLIN N INJ U-100 251
NOVOLIN R INJ 100 UNIT 251
NOVOLIN R INJ U-100 251
NOVOLOG INJ 100/ML 251
NOVOLOG INJ FLEX REL 251
NOVOLOG INJ FLEXPEN 251
NOVOLOG INJ PENFILL 251
NOVOLOG INJ RELION 251
NOVOLOG MIX INJ 70/30..... 252
NOVOLOG MIX INJ FLEXPEN..... 252
NUBEQA TAB 300MG..87
NUEDEXTA CAP 20-10MG..... 232
NULOJIX INJ 250MG 316
NUPLAZID CAP 34MG192
NUPLAZID TAB 10MG192
NURTEC TAB 75MG ODT 229
NUTRILIPID EMU 20% 327
NUZYRA INJ 100MG ...80
NUZYRA TAB 150MG ..80
nyamyc..... 354
nylia 1/35..... 263

nylia 7/7/7 263
nystatin cream 100000 unit/gm 354
nystatin oint 100000 unit/gm 354
nystatin susp 100000 unit/ml 363
nystatin tab 500000 unit 56
nystatin topical powder 100000 unit/gm 354
nystop 354

O

OCTAGAM INJ 10/100ML 314
OCTAGAM INJ 10GM 314
OCTAGAM INJ 1GM .. 314
OCTAGAM INJ 2.5GM 314
OCTAGAM INJ 20/200ML 314
OCTAGAM INJ 2GM/20ML 314
OCTAGAM INJ 30/300ML 314
OCTAGAM INJ 5GM .. 314
OCTAGAM INJ 5GM/50ML 314
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 275
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 275
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 275
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 275
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 275
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 275
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 275
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 275
ODEFSEY TAB 63
ODOMZO CAP 200MG 112
OFEV CAP 100MG 343
OFEV CAP 150MG 343
ofloxacin ophth soln 0.3% 329
ofloxacin otic soln 0.3% 333

OGIVRI INJ 150MG .. 112
OGIVRI INJ 420MG .. 112
OGSIVEO TAB 100MG 112
OGSIVEO TAB 150MG 112
OJEMDA SUS 25MG/ML 112
OJEMDA TAB 100MG 112
OJJAARA TAB 100MG 112
OJJAARA TAB 150MG 112
OJJAARA TAB 200MG 112
olanzapine for im inj 10 mg 192
olanzapine orally disintegrating tab 10 mg 192
olanzapine orally disintegrating tab 15 mg 192
olanzapine orally disintegrating tab 20 mg 192
olanzapine orally disintegrating tab 5 mg 192
olanzapine tab 10 mg 193
olanzapine tab 15 mg 193
olanzapine tab 2.5 mg 192
olanzapine tab 20 mg 193
olanzapine tab 5 mg 193
olanzapine tab 7.5 mg 193
olmesartan medoxomil tab 20 mg 136
olmesartan medoxomil tab 40 mg 136
olmesartan medoxomil tab 5 mg 135
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 132
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 132
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 132
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 132
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 133

olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 133
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 133
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 133
omega-3-acid ethyl esters cap 1 gm 143
omeprazole cap delayed release 10 mg 292
omeprazole cap delayed release 20 mg 292
omeprazole cap delayed release 40 mg 293
OMNIPOD 5 DX KIT INT G7G6 252
OMNIPOD 5 DX MIS POD G7G6 252
OMNIPOD DASH KIT INTRO 252
OMNIPOD DASH MIS PODS 252
OMNIPOD5 LIB KIT INTRO 252
OMNIPOD5 LIB MIS PODS 252
ondansetron hcl inj 4 mg/2ml (2 mg/ml) . 283
ondansetron hcl inj 40 mg/20ml (2 mg/ml) 283
ondansetron hcl inj soln pref syr 4 mg/2ml .. 283
ondansetron hcl oral soln 4 mg/5ml 283
ondansetron hcl tab 4 mg 283
ondansetron hcl tab 8 mg 283
ondansetron orally disintegrating tab 4 mg 283
ondansetron orally disintegrating tab 8 mg 283
ONTRUZANT INJ 150MG 112
ONTRUZANT INJ 420MG 112
ONUREG TAB 200MG . 84
ONUREG TAB 300MG . 85
OPIPZA MIS 10MG ... 193
OPIPZA MIS 2MG..... 193
OPIPZA MIS 5MG..... 193
OPSUMIT TAB 10MG 159
ORGOVYX TAB 120MG 87

ORKAMBI GRA 100-125 343
ORKAMBI GRA 150-188 343
ORKAMBI GRA 75-94MG 343
ORKAMBI TAB 100-125 344
ORKAMBI TAB 200-125 344
orquidea 263
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 253
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) 211
oxcarbazepine tab 150 mg 211
oxcarbazepine tab 300 mg 211
oxcarbazepine tab 600 mg 211
oxybutynin chloride solution 5 mg/5ml . 295
oxybutynin chloride tab 5 mg 295
oxybutynin chloride tab er 24hr 10 mg 296

oxybutynin chloride tab er 24hr 15 mg 296
oxybutynin chloride tab er 24hr 5 mg.....296
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) 245
OZEMPIC (1MG/DOSE) 245
OZEMPIC (2MG/DOSE) 245
OZEMPIC TAB 1.5MG 245
OZEMPIC TAB 4MG .. 246
OZEMPIC TAB 9MG .. 246

P

pacerone 137
paclitaxel inj 100mg ..94
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) 94

paclitaxel iv conc 150 mg/25ml (6 mg/ml) .94
paclitaxel iv conc 30 mg/5ml (6 mg/ml) ...94
paclitaxel iv conc 300 mg/50ml (6 mg/ml) .94
paliperidone tab er 24hr 1.5 mg 193
paliperidone tab er 24hr 3 mg 193
paliperidone tab er 24hr 6 mg 194
paliperidone tab er 24hr 9 mg 194
pamidronate disodium iv soln 3 mg/ml.....253
pamidronate disodium iv soln 9 mg/ml.....253
PAMIDRONATE INJ 6MG/ML.....254
PANRETIN GEL 0.1% 362
pantoprazole sodium ec tab 20 mg (base equiv) 293
pantoprazole sodium ec tab 40 mg (base equiv) 293
pantoprazole sodium for iv soln 40 mg (base equiv) 293
PANZYGA SOL 10/100ML 314
PANZYGA SOL 1GM/10ML.....314
PANZYGA SOL 2.5/25ML 314
PANZYGA SOL 20/200ML 314
PANZYGA SOL 30/300ML 314
PANZYGA SOL 5GM/50ML.....314
paricalcitol cap 1 mcg 281
paricalcitol cap 2 mcg 281
paricalcitol cap 4 mcg 281
paroxetine hcl oral susp 10 mg/5ml (base equiv) 174
paroxetine hcl tab 10 mg 175
paroxetine hcl tab 20 mg 175
paroxetine hcl tab 30 mg 175
paroxetine hcl tab 40 mg 175
PAXLOVID PAK.....65

PAXLOVID TAB 150-100 65
PAXLOVID TAB 300-100 66
pazopanib hcl tab 200 mg (base equiv) 113
pazopanib hcl tab 400 mg (base equiv) 113
PEDIARIX INJ 0.5ML 318
PEDVAX HIB INJ 318
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 288
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 288
PEGASYS INJ 66
PEGASYS INJ 180MCG/M 66
PEMAZYRE TAB 13.5MG 113
PEMAZYRE TAB 4.5MG 113
PEMAZYRE TAB 9MG 113
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 318
penicillamine tab 250 mg 255
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 318
PENTACEL INJ 318
pentamidine isethionate inh 52
pentamidine isethionate inj 52

pentoxifylline tab er 400 mg 302
perampanel susp 0.5 mg/ml 211
perampanel tab 10 mg 212
perampanel tab 12 mg 212
perampanel tab 2 mg 211
perampanel tab 4 mg 211
perampanel tab 6 mg 211
perampanel tab 8 mg 212
perindopril erbumine tab 2 mg 128
perindopril erbumine tab 4 mg 128
perindopril erbumine tab 8 mg 128
periogard 363
permethrin cream 5% 363
perphenazine tab 16 mg 194
perphenazine tab 2 mg 194
perphenazine tab 4 mg 194
perphenazine tab 8 mg 194
pfizerpen 78
phenelzine sulfate tab 15 mg 175
phenobarbital elixir 20 mg/5ml 212
phenobarbital sodium inj 130 mg/ml 212
phenobarbital sodium inj 65 mg/ml 212
phenobarbital tab 100 mg 214
phenobarbital tab 15 mg 212
phenobarbital tab 16.2 mg 213
phenobarbital tab 30 mg 213
phenobarbital tab 32.4 mg 213
phenobarbital tab 60 mg 213
phenobarbital tab 64.8 mg 213
phenobarbital tab 97.2 mg 213
phenytek 214

phenytoin chew tab 50 mg 214
phenytoin sodium extended cap 100 mg 214
phenytoin sodium extended cap 200 mg 214
phenytoin sodium extended cap 300 mg 214
phenytoin sodium inj 50 mg/ml 214
phenytoin susp 125 mg/5ml 214
PHESGO SOL 113
philith 263
PIFELTRO TAB 100MG 60
pilocarpine hcl ophth soln 1% 331
pilocarpine hcl ophth soln 2% 332
pilocarpine hcl ophth soln 4% 332
pilocarpine hcl tab 5 mg 363
pilocarpine hcl tab 7.5 mg 363
pimecrolimus cream 1% 362
pimozide tab 1 mg ... 194
pimozide tab 2 mg ... 194
pimtrea 263
pindolol tab 10 mg ... 146
pindolol tab 5 mg 146
pioglitazone hcl tab 15 mg (base equiv) 246
pioglitazone hcl tab 30 mg (base equiv) 246
pioglitazone hcl tab 45 mg (base equiv) 246
pioglitazone hcl-metformin hcl tab 15-500 mg 246
pioglitazone hcl-metformin hcl tab 15-850 mg 246
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 113
PIQRAY 250MG TAB DOSE 113
PIQRAY 300MG TAB DOSE 113
pirfenidone cap 267 mg 344
pirfenidone tab 267 mg 344
pirfenidone tab 534 mg 344
pirfenidone tab 801 mg 344
piroxicam cap 10 mg .. 40
piroxicam cap 20 mg .. 41
plenamine 327
PLENVU SOL 288
podofilox soln 0.5% . 362
polymyxin b sulfate for inj 500000 unit 52
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 329
pomalidomide cap 1 mg 89
pomalidomide cap 2 mg 89
pomalidomide cap 3 mg 89
pomalidomide cap 4 mg 90
POMALYST CAP 1MG .. 90
POMALYST CAP 2MG .. 90
POMALYST CAP 3MG .. 90
POMALYST CAP 4MG .. 90
portia-28 263
posaconazole tab delayed release 100 mg 56
POT CHL 20MEQ/L IN NACL 0.45% INJ 323
POT CHL 20MEQ/L IN NACL 0.9% INJ 323
POT CHL 40MEQ/L IN NACL 0.9% INJ 323
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 323
potassium chloride cap er 10 meq 325

potassium chloride cap er 8 meq 324
potassium chloride inj 10 meq/100ml 323
potassium chloride inj 10 meq/50ml 323
potassium chloride inj 2 meq/ml 323
potassium chloride inj 20 meq/100ml 323
potassium chloride inj 20 meq/50ml 323
potassium chloride inj 40 meq/100ml 324
potassium chloride microencapsulated crys er tab 10 meq 325
potassium chloride microencapsulated crys er tab 15 meq 325
potassium chloride microencapsulated crys er tab 20 meq 325
potassium chloride oral soln 10% (20 meq/15ml) 325
potassium chloride oral soln 20% (40 meq/15ml) 325
potassium chloride powder packet 20 meq 325
potassium chloride tab er 10 meq 325
potassium chloride tab er 20 meq (1500 mg) 325
potassium chloride tab er 8 meq (600 mg) 325
potassium citrate tab er 10 meq (1080 mg) 294
potassium citrate tab er 15 meq (1620 mg) 294
potassium citrate tab er 5 meq (540 mg) 294
pramipexole dihydrochloride tab 0.125 mg 181
pramipexole dihydrochloride tab 0.25 mg 180
pramipexole dihydrochloride tab 0.5 mg 180
pramipexole dihydrochloride tab 0.75 mg 181

pramipexole dihydrochloride tab 1 mg 181
pramipexole dihydrochloride tab 1.5 mg 181
prasugrel hcl tab 10 mg (base equiv) 304
prasugrel hcl tab 5 mg (base equiv) 304
pravastatin sodium tab 10 mg 140
pravastatin sodium tab 20 mg 140
pravastatin sodium tab 40 mg 140
pravastatin sodium tab 80 mg 140
praziquantel tab 600 mg 52
prazosin hcl cap 1 mg 129
prazosin hcl cap 2 mg 129
prazosin hcl cap 5 mg 129
PRED SOD PHO SOL 1% OP 330
prednisolone acetate ophth susp 1% 330
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 270
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) 270
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) .. 270
prednisolone soln 15 mg/5ml 270
PREDNISONE CON 5MG/ML 270
prednisone oral soln 5 mg/5ml 271
prednisone tab 1 mg 271
prednisone tab 10 mg 271
prednisone tab 2.5 mg 271
prednisone tab 20 mg 271
prednisone tab 5 mg 271
prednisone tab 50 mg 271
prednisone tab therapy pack 10 mg (21) 271

prednisone tab therapy pack 10 mg (48) 271
prednisone tab therapy pack 5 mg (21) 271
prednisone tab therapy pack 5 mg (48) 271
pregabalin cap 100 mg 215
pregabalin cap 150 mg 215
pregabalin cap 200 mg 215
pregabalin cap 225 mg 215
pregabalin cap 25 mg 214
pregabalin cap 300 mg 215
pregabalin cap 50 mg 214
pregabalin cap 75 mg 215
pregabalin soln 20 mg/ml 216
PREMASOL SOL 10% 327
PRENATAL TAB 27-1MG 326
PRENATAL TAB PLUS 326
prevalite 143
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 216
primidone tab 250 mg 216
primidone tab 50 mg 216
PRIORIX INJ 318
PRIVIGEN INJ 10GRAMS 314
PRIVIGEN INJ 20GRAMS 314
PRIVIGEN INJ 40GRAMS 314
PRIVIGEN INJ 5 GRAMS 314

probenecid tab 500 mg 38
prochlorperazine edisylate inj 10 mg/2ml 283
prochlorperazine maleate tab 10 mg (base equivalent) ... 283
prochlorperazine maleate tab 5 mg (base equivalent) ... 283
prochlorperazine suppos 25 mg 283
PROCRIT INJ 10000/ML 301
PROCRIT INJ 2000/ML 301
PROCRIT INJ 20000/ML 301
PROCRIT INJ 3000/ML 301
PROCRIT INJ 4000/ML 301
PROCRIT INJ 40000/ML 301
proctocort 362
procto-med hc 362
proctosol hc 362
proctozone-hc 362
progesterone cap 100 mg 278
progesterone cap 200 mg 278
PROGRAF GRA 0.2MG 316
PROGRAF GRA 1MG . 316
PROLASTIN-C INJ 1000MG 344
PROLIA INJ 60MG/ML 254
promethazine hcl inj 25 mg/ml 284
promethazine hcl inj 50 mg/ml 284
promethazine hcl oral soln 6.25 mg/5ml .. 284
promethazine hcl tab 12.5 mg 284
promethazine hcl tab 25 mg 285
promethazine hcl tab 50 mg 285
propafenone hcl cap er 12hr 225 mg 138
propafenone hcl cap er 12hr 325 mg 138
propafenone hcl cap er 12hr 425 mg 138

propafenone hcl tab 150 mg 138
propafenone hcl tab 225 mg 138
propafenone hcl tab 300 mg 138
proparacaine hcl ophth soln 0.5% 332
propranolol hcl cap er 24hr 120 mg 146
propranolol hcl cap er 24hr 160 mg 146
propranolol hcl cap er 24hr 60 mg 146
propranolol hcl cap er 24hr 80 mg 146
propranolol hcl oral soln 20 mg/5ml 146
propranolol hcl oral soln 40 mg/5ml 146
propranolol hcl tab 10 mg 147
propranolol hcl tab 20 mg 147
propranolol hcl tab 40 mg 147
propranolol hcl tab 60 mg 147
propranolol hcl tab 80 mg 147
propylthiouracil tab 50 mg 280
PROQUAD INJ 318
PROSOL INJ 20% 327
protriptyline hcl tab 10 mg 175
protriptyline hcl tab 5 mg 175
PULMOZYME SOL 1MG/ML 344
pyrazinamide tab 500 mg 63
pyridostigmine bromide tab 60 mg 232
pyrimethamine tab 25 mg 52
PYZCHIVA INJ 130/26ML 308
PYZCHIVA INJ 45/0.5ML 308
PYZCHIVA INJ 90MG/ML 308

Q

QINLOCK TAB 50MG 113
QUADRACEL INJ 0.5ML 318
quetiapine fumarate tab 100 mg 194
quetiapine fumarate tab 150 mg 194

quetiapine fumarate tab 200 mg 194
quetiapine fumarate tab 25 mg 194
quetiapine fumarate tab 300 mg 194
quetiapine fumarate tab 400 mg 195
quetiapine fumarate tab 50 mg 194
quetiapine fumarate tab er 24hr 150 mg 195
quetiapine fumarate tab er 24hr 200 mg 195
quetiapine fumarate tab er 24hr 300 mg 195
quetiapine fumarate tab er 24hr 400 mg 195
quetiapine fumarate tab er 24hr 50 mg 195
quinapril hcl tab 10 mg 128
quinapril hcl tab 20 mg 128
quinapril hcl tab 40 mg 128
quinapril hcl tab 5 mg 128
quinidine sulfate tab 200 mg 138
quinidine sulfate tab 300 mg 138
quinine sulfate cap 324 mg 58
QULIPTA TAB 10MG . 229
QULIPTA TAB 30MG . 229
QULIPTA TAB 60MG . 229

R

RABAVERT INJ 318
rabeprazole sodium ec tab 20 mg 293
RALDESY SOL 10MG/ML 175
raloxifene hcl tab 60 mg 275
ramelteon tab 8 mg . 226
ramipril cap 1.25 mg 128
ramipril cap 10 mg .. 128
ramipril cap 2.5 mg . 128
ramipril cap 5 mg 128
ranolazine tab er 12hr 1000 mg 156
ranolazine tab er 12hr 500 mg 156
rasagiline mesylate tab 0.5 mg (base equiv) 181
rasagiline mesylate tab 1 mg (base equiv) 181
reclipsen 263

RECOMBIVA HB INJ 10MCG/ML 319
RECOMBIVA HB INJ 5MCG/0.5 319
RECOMBIVA-HB INJ 40MCG/ML 319
RELENZA MIS DISKHALE 66
relgaabi 216
RELISTOR INJ 12/0.6ML 290
RELISTOR INJ 8/0.4ML 290
REMICADE INJ 100MG 308
RENFLEXIS INJ 100MG 308
repaglinide tab 0.5 mg 246
repaglinide tab 1 mg 246
repaglinide tab 2 mg 246
REPATHA INJ 140MG/ML 143
REPATHA SURE INJ 140MG/ML 143
RESTASIS EMU 0.05% OP 333
RESTASIS MUL EMU 0.05% OP 333
RETEVMO TAB 120MG 114
RETEVMO TAB 160MG 114
RETEVMO TAB 40MG 113
RETEVMO TAB 80MG 114
REVCOVI INJ 1.6MG/ML 276
REVUFORJ TAB 110MG 114
REVUFORJ TAB 160MG 114
REVUFORJ TAB 25MG 114
REXULTI TAB 0.25MG 195
REXULTI TAB 0.5MG 195
REXULTI TAB 1MG ... 195
REXULTI TAB 2MG ... 195
REXULTI TAB 3MG ... 195
REXULTI TAB 4MG ... 196
REYATAZ POW 50MG .60
REZDIFFRA TAB 100MG 276
REZDIFFRA TAB 60MG 276
REZDIFFRA TAB 80MG 276
REZLIDHIA CAP 150MG 114

REZUROCK TAB 200MG 316
REZVOGLAR KP INJ 100UT/ML 252
RHOPRESSA SOL 0.02% 332
ribavirin cap 200 mg ..66
ribavirin tab 200 mg ..66
rifabutin cap 150 mg ..64
rifampin cap 150 mg ..64
rifampin cap 300 mg ..64
rifampin for inj 600 mg 64
rilpivirine hcl tab 25 mg (base equivalent) 60
riluzole tab 50 mg ... 232
rimantadine hydrochloride tab 100 mg 66
RINVOQ LQ SOL 1MG/ML 308
RINVOQ TAB 15MG ER 308
RINVOQ TAB 30MG ER 308
RINVOQ TAB 45MG ER 308
risedronate sodium tab 150 mg 254
risedronate sodium tab 35 mg 254
risedronate sodium tab 5 mg 254
risedronate sodium tab delayed release 35 mg 254
risperidone microspheres for im extended rel susp 12.5 mg 196
risperidone microspheres for im extended rel susp 25 mg 196
risperidone microspheres for im extended rel susp 37.5 mg 196
risperidone microspheres for im extended rel susp 50 mg 196
risperidone orally disintegrating tab 0.25 mg 196
risperidone orally disintegrating tab 0.5 mg 196
risperidone orally disintegrating tab 1 mg 196

risperidone orally disintegrating tab 2 mg 196
risperidone orally disintegrating tab 3 mg 196
risperidone orally disintegrating tab 4 mg 197
risperidone soln 1 mg/ml 197
risperidone tab 0.25 mg 197
risperidone tab 0.5 mg 197
risperidone tab 1 mg 197
risperidone tab 2 mg 197
risperidone tab 3 mg 197
risperidone tab 4 mg 197
ritonavir tab 100 mg ..60
rivaroxaban for susp 1 mg/ml 300
rivaroxaban tab 2.5 mg 300
rivastigmine tartrate cap 1.5 mg (base equivalent) 165
rivastigmine tartrate cap 3 mg (base equivalent) 165
rivastigmine tartrate cap 4.5 mg (base equivalent) 165
rivastigmine tartrate cap 6 mg (base equivalent) 165
rivastigmine td patch 24hr 13.3 mg/24hr 166
rivastigmine td patch 24hr 4.6 mg/24hr .. 165
rivastigmine td patch 24hr 9.5 mg/24hr .. 165
rivelsa 263
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 229
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 229
rizatriptan benzoate tab 10 mg (base equivalent) 229
rizatriptan benzoate tab 5 mg (base equivalent) 229
ROCKLATAN DRO 332
roflumilast tab 250 mcg 344
roflumilast tab 500 mcg 344

ROMVIMZA CAP 14MG 114
ROMVIMZA CAP 20MG 114
ROMVIMZA CAP 30MG 115
ropinirole hydrochloride tab 0.25 mg 181
ropinirole hydrochloride tab 0.5 mg 181
ropinirole hydrochloride tab 1 mg 181
ropinirole hydrochloride tab 2 mg 181
ropinirole hydrochloride tab 3 mg 181
ropinirole hydrochloride tab 4 mg 182
ropinirole hydrochloride tab 5 mg 182
rosuvastatin calcium tab 10 mg 140
rosuvastatin calcium tab 20 mg 140
rosuvastatin calcium tab 40 mg 140
rosuvastatin calcium tab 5 mg 140
rosyrah 263
ROTARIX SUS 319
ROTATEQ SOL 319
roweepra 216
ROZLYTREK CAP 100MG 115
ROZLYTREK CAP 200MG 115
ROZLYTREK PAK 50MG 115
RUBRACA TAB 200MG 115
RUBRACA TAB 250MG 115
RUBRACA TAB 300MG 115
rufinamide susp 40 mg/ml 216
rufinamide tab 200 mg 216
rufinamide tab 400 mg 216
RUKOBIA TAB 600MG ER 60
RYBELSUS TAB 14MG 247
RYBELSUS TAB 3MG 246
RYBELSUS TAB 7MG 247
RYDAPT CAP 25MG .. 115

S

sacubitril-valsartan tab 24-26 mg 133

sacubitril-valsartan tab 49-51 mg 133
sacubitril-valsartan tab 97-103 mg 133
sajazir 303
SANTYL OIN 250/GM 363
sapropterin dihydrochloride powder packet 100 mg 276
sapropterin dihydrochloride powder packet 500 mg 276
sapropterin dihydrochloride tab 100 mg 276
SCEMBLIX TAB 100MG 116
SCEMBLIX TAB 20MG 116
SCEMBLIX TAB 40MG 116
scopolamine td patch 72hr 1 mg/3days ... 285
SECUADO DIS 3.8MG 197
SECUADO DIS 5.7MG 197
SECUADO DIS 7.6MG 197
selegiline hcl cap 5 mg 182
selegiline hcl tab 5 mg 182
selenium sulfide lotion 2.5% 354
SELZENTRY SOL 20MG/ML 60
SEMGLEE INJ 100U/ML 252
SEREVENT DIS AER 50MCG 340
sertraline hcl oral concentrate for solution 20 mg/ml 175
sertraline hcl tab 100 mg 175
sertraline hcl tab 25 mg 175
sertraline hcl tab 50 mg 175
setlakin 263
sharobel 263
SHINGRIX INJ 50/0.5ML 319
SIGNIFOR INJ 0.3MG/ML 276
SIGNIFOR INJ 0.6MG/ML 276

SIGNIFOR INJ 0.9MG/ML 276
SIKLOS TAB 1000MG 303
SIKLOS TAB 100MG . 303
sildenafil citrate tab 20 mg 159
silver sulfadiazine cream 1% 352
SIMBRINZA SUS 1-0.2% 332
simliya 263
simpesse 264
simvastatin tab 10 mg 141
simvastatin tab 20 mg 141
simvastatin tab 40 mg 141
simvastatin tab 5 mg 140
simvastatin tab 80 mg 141
sirolimus oral soln 1 mg/ml 316
sirolimus tab 0.5 mg 317
sirolimus tab 1 mg ... 317
sirolimus tab 2 mg ... 317
SIRTURO TAB 100MG . 64
SIRTURO TAB 20MG ... 64
sitagliptin phosphate tab 100 mg (base equiv) 247
sitagliptin phosphate tab 25 mg (base equiv) 247
sitagliptin phosphate tab 50 mg (base equiv) 247
sitagliptin phosphate-metformin hcl tab 50-1000 mg 247
sitagliptin phosphate-metformin hcl tab 50-500 mg 247
SKYRIZI INJ 150MG/ML 309
SKYRIZI INJ 180/1.2 309
SKYRIZI INJ 360/2.4 309
SKYRIZI PEN INJ 150MG/ML 309
SKYRIZI SOL 60MG/ML 309
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 288
sodium chloride inj 2.5 meq/ml (14.6%) ... 324
sodium chloride irrigation soln 0.9% 363
sodium chloride iv soln 0.45% 324

sodium chloride iv soln 0.9% 324
sodium chloride iv soln 3% 324
sodium chloride iv soln 5% 324
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 326
sodium oxybate oral solution 500 mg/ml 237
sodium phenylbutyrate oral powder 3 gm/teaspoonful 276
sodium phenylbutyrate tab 500 mg 276
sodium polystyrene sulfonate powder ... 255
sodium polystyrene sulfonate susp 15 gm/60ml 255
solifenacin succinate tab 10 mg 296
solifenacin succinate tab 5 mg 296
SOLIQUA INJ 100/33 252
SOLTAMOX SOL 10MG/5ML 87
SOLU-CORTEF INJ 1000MG..... 271
SOLU-CORTEF INJ 250MG 271
SOLU-CORTEF INJ 500MG 271
SOMATULINE INJ 60/0.2ML..... 276
SOMATULINE INJ 90/0.3ML..... 276
SOMAVERT INJ 10MG 276
SOMAVERT INJ 15MG 277
SOMAVERT INJ 20MG 277
SOMAVERT INJ 25MG 277
SOMAVERT INJ 30MG 277
sorafenib tosylate tab 200 mg (base equivalent) 116
sotalol hcl (afib/afl) tab 120 mg 138
sotalol hcl (afib/afl) tab 160 mg 138
sotalol hcl (afib/afl) tab 80 mg 138
sotalol hcl tab 120 mg 138

sotalol hcl tab 160 mg 138
sotalol hcl tab 240 mg 138
sotalol hcl tab 80 mg 138
SOTYKTU TAB 6MG .. 309
SPIRIVA RESP AER 1.25MCG 335
spironolactone & hydrochlorothiazide tab 25-25 mg 153
spironolactone tab 100 mg 129
spironolactone tab 25 mg 129
spironolactone tab 50 mg 129
sprintec 28 264
SPRITAM TAB 1000MG 217
SPRITAM TAB 250MG 216
SPRITAM TAB 500MG 217
SPRITAM TAB 750MG 217
sps 255
sps rectal 255
sronyx 264
ssd 352
STELARA INJ 45/0.5ML 309
STELARA INJ 5MG/ML 309
STELARA INJ 90MG/ML 309
STIVARGA TAB 40MG 116
streptomycin sulfate for inj 1 gm 52
STRIBILD TAB 63
subvenite 217
SUBVENITE SUS 10MG/ML 217
sucralfate susp 1 gm/10ml 290
sucralfate tab 1 gm . 290
sulfacetamide sodium lotion 10% (acne) .. 351
sulfacetamide sodium ophth soln 10% 329
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 328
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 353
sulfasalazine tab 500 mg 287
sulfasalazine tab delayed release 500 mg 287
sulindac tab 150 mg ..41
sulindac tab 200 mg ..41
sumatriptan nasal spray 20 mg/act 230
sumatriptan nasal spray 5 mg/act 230
sumatriptan succinate inj 6 mg/0.5ml 230
sumatriptan succinate solution auto-injector 6 mg/0.5ml 230
sumatriptan succinate tab 100 mg 230
sumatriptan succinate tab 25 mg 230
sumatriptan succinate tab 50 mg 230
sunitinib malate cap 12.5 mg (base equivalent) 116
sunitinib malate cap 25 mg (base equivalent) 116
sunitinib malate cap 37.5 mg (base equivalent) 116
sunitinib malate cap 50 mg (base equivalent) 117
SUNLENCA TAB 300MG 60
syeda 264
SYMDEKO TAB 100-150 345
SYMDEKO TAB 50-75MG 345
SYMPAZAN MIS 10MG 217
SYMPAZAN MIS 20MG 217
SYMPAZAN MIS 5MG 217
SYMTUZA TAB 63
SYNAREL SOL 2MG/ML 277
SYNTHROID TAB 100MCG 280

SYNTHROID TAB 112MCG 280
SYNTHROID TAB 125MCG 280
SYNTHROID TAB 137MCG 280
SYNTHROID TAB 150MCG 280
SYNTHROID TAB 175MCG 280
SYNTHROID TAB 200MCG 280
SYNTHROID TAB 25MCG 280
SYNTHROID TAB 300MCG 280
SYNTHROID TAB 50MCG 280
SYNTHROID TAB 75MCG 280
SYNTHROID TAB 88MCG 280

T

TABLOID TAB 40MG ...85
TABRECTA TAB 150MG 117
TABRECTA TAB 200MG 117
tacrolimus cap 0.5 mg 317
tacrolimus cap 1 mg 317
tacrolimus cap 5 mg 317
tacrolimus cap er 24hr 0.5 mg 317
tacrolimus cap er 24hr 1 mg 317
tacrolimus cap er 24hr 5 mg 317
tacrolimus oint 0.03% 362
tacrolimus oint 0.1% 362
tadalafil tab 20 mg (pah) 159
tadalafil tab 5 mg 294
TAFINLAR CAP 50MG 117
TAFINLAR CAP 75MG 117
TAFINLAR TAB 10MG 117
TAGRISSO TAB 40MG 117
TAGRISSO TAB 80MG 117
TALZENNA CAP 0.1MG 118
TALZENNA CAP 0.25MG 118
TALZENNA CAP 0.35MG 118
TALZENNA CAP 0.5MG 118

TALZENNA CAP 0.75MG 118
TALZENNA CAP 1MG 118
tamoxifen citrate tab 10 mg (base equivalent) 87
tamoxifen citrate tab 20 mg (base equivalent) 88
tamsulosin hcl cap 0.4 mg 294
tarina 24 fe 264
tarina fe 1/20 eq 264
tasimelteon capsule 20 mg 226
TAVNEOS CAP 10MG 303
tazarotene cream 0.05% 355
tazarotene cream 0.1% 355
tazicef 71
TECENTRIQ INJ 1200/20 118
TECENTRIQ INJ 840/14 118
TECENTRIQ INJ HYBREZA 118
TEFLARO INJ 400MG .. 71
TEFLARO INJ 600MG .. 71
telmisartan tab 20 mg 136
telmisartan tab 40 mg 136
telmisartan tab 80 mg 136
telmisartan-amlodipine tab 40-10 mg 133
telmisartan-amlodipine tab 40-5 mg 133
telmisartan-amlodipine tab 80-10 mg 134
telmisartan-amlodipine tab 80-5 mg 134
telmisartan-hydrochlorothiazide tab 40-12.5 mg 134
telmisartan-hydrochlorothiazide tab 80-12.5 mg 134
telmisartan-hydrochlorothiazide tab 80-25 mg 134
temazepam cap 15 mg 226
temazepam cap 30 mg 226
temazepam cap 7.5 mg 226
TENIVAC INJ 5-2LF .. 319
tenofovir disoproxil fumarate tab 300 mg 60

TEPMETKO TAB 225MG 119
terazosin hcl cap 1 mg (base equivalent) ... 129
terazosin hcl cap 10 mg (base equivalent) ... 130
terazosin hcl cap 2 mg (base equivalent) ... 129
terazosin hcl cap 5 mg (base equivalent) ... 130
terbinafine hcl tab 250 mg 57
terbutaline sulfate tab 2.5 mg 340
terbutaline sulfate tab 5 mg 340
terconazole vaginal cream 0.4% 297
terconazole vaginal cream 0.8% 297
terconazole vaginal suppos 80 mg 297
TERIPARATIDE INJ 560/2.24 254
teriparatide soln pen-inj 560 mcg/2.24ml 254
testosterone cypionate im inj in oil 100 mg/ml 239
testosterone cypionate im inj in oil 200 mg/ml 240
testosterone enanthate im inj in oil 200 mg/ml 240
testosterone pump .. 240
testosterone td gel 12.5 mg/act (1%) 240
testosterone td gel 25 mg/2.5gm (1%) 240
testosterone td gel 50 mg/5gm (1%) 240
tetrabenazine tab 12.5 mg 232
tetrabenazine tab 25 mg 232
tetracycline hcl cap 250 mg 80
tetracycline hcl cap 500 mg 80
THALOMID CAP 100MG 90
THALOMID CAP 50MG 90
theophylline elixir 80 mg/15ml 345
theophylline soln 80 mg/15ml 345
theophylline tab er 12hr 100 mg 345

theophylline tab er 12hr 200 mg 345
theophylline tab er 12hr 300 mg 345
theophylline tab er 12hr 450 mg 345
theophylline tab er 24hr 400 mg 345
theophylline tab er 24hr 600 mg 345
thioridazine hcl tab 10 mg 197
thioridazine hcl tab 100 mg 197
thioridazine hcl tab 25 mg 197
thioridazine hcl tab 50 mg 197
thiothixene cap 1 mg 198
thiothixene cap 10 mg 198
thiothixene cap 2 mg 198
thiothixene cap 5 mg 198
tiadylt er 150
tiagabine hcl tab 12 mg 217
tiagabine hcl tab 16 mg 217
tiagabine hcl tab 2 mg 217
tiagabine hcl tab 4 mg 217
TIBSOVO TAB 250MG 119
ticagrelor tab 60 mg 304
ticagrelor tab 90 mg 304
TICOVAC INJ 319
tigecycline for iv soln 50 mg 80
tilia fe 264
timolol maleate ophth gel forming soln 0.25% 332
timolol maleate ophth gel forming soln 0.5% 332
timolol maleate ophth soln 0.25% 332
timolol maleate ophth soln 0.5% 332
timolol maleate tab 10 mg 147
timolol maleate tab 20 mg 147
timolol maleate tab 5 mg 147
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) ... 236
tizanidine hcl tab 4 mg (base equivalent) ... 236
TOBI PODHALR CAP 28MG 53
TOBRADEX OIN 0.3-0.1% 328
tobramycin nebu soln 300 mg/5ml 53
tobramycin ophth soln 0.3% 329
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% 328
tolterodine tartrate cap er 24hr 2 mg 296
tolterodine tartrate cap er 24hr 4 mg 296
tolterodine tartrate tab 1 mg 296
tolterodine tartrate tab 2 mg 296
tolvaptan tab 15 mg 277
tolvaptan tab 30 mg 277
tolvaptan tab therapy pack 15 mg 277
tolvaptan tab therapy pack 30 & 15 mg ... 277
tolvaptan tab therapy pack 45 & 15 mg ... 277
tolvaptan tab therapy pack 60 & 30 mg ... 277
tolvaptan tab therapy pack 90 & 30 mg ... 277
topiramate oral soln 25 mg/ml 217
topiramate sprinkle cap 15 mg 218
topiramate sprinkle cap 25 mg 218
topiramate sprinkle cap 50 mg 218
topiramate tab 100 mg 218
topiramate tab 200 mg 218
topiramate tab 25 mg 218
topiramate tab 50 mg 218

toremifene citrate tab 60 mg (base equivalent) 88
torpenz 119
torsemide tab 10 mg 153
torsemide tab 100 mg 153
torsemide tab 20 mg 153
torsemide tab 5 mg . 153
TOUJEO MAX INJ 300/ML 252
TOUJEO SOLO INJ 300/ML..... 252
TPN ELECTROL INJ... 324
TRADJENTA TAB 5MG 247
tramadol hcl tab 50 mg 48
tramadol-acetaminophen tab 37.5-325 mg 48
trandolapril tab 1 mg 128
trandolapril tab 2 mg 128
trandolapril tab 4 mg 128
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)..... 303
tranexamic acid tab 650 mg..... 303
tranylcypromine sulfate tab 10 mg..... 176
TRAVASOL INJ 10% . 327
TRAZIMERA INJ 150MG 119
TRAZIMERA INJ 420MG 119
trazodone hcl tab 100 mg 176
trazodone hcl tab 150 mg 176
trazodone hcl tab 50 mg 176
TRELEGY AER ELLIPTA 100-62.5-25 MCG .. 334
TRELEGY AER ELLIPTA 200-62.5-25 MCG .. 334
TREMFYA INJ 100MG/ML 310
TREMFYA INJ 200/20ML 310
TREMFYA INJ 200/2ML 310
treprostinil inj soln 100 mg/20ml (5 mg/ml) 159
treprostinil inj soln 20 mg/20ml (1 mg/ml) 159
treprostinil inj soln 200 mg/20ml (10 mg/ml) 159
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) 159

TRESIBA FLEX INJ 100UNIT 252
TRESIBA FLEX INJ 200UNIT 253
TRESIBA INJ 100UNIT 253
tretinoin cap 10 mg ... 92
tretinoin cream 0.025% 352
tretinoin cream 0.05% 352
tretinoin cream 0.1% 352
tretinoin gel 0.01% .. 352
tretinoin gel 0.025% 352
triamcinolone acetonide cream 0.025% 359
triamcinolone acetonide cream 0.1% 359
triamcinolone acetonide cream 0.5% 359
triamcinolone acetonide dental paste 0.1% . 363
triamcinolone acetonide lotion 0.025% 359
triamcinolone acetonide lotion 0.1% 359
triamcinolone acetonide oint 0.025% 359
triamcinolone acetonide oint 0.1% 359
triamcinolone acetonide oint 0.5% 359
triamterene & hydrochlorothiazide cap 37.5-25 mg 153
triamterene & hydrochlorothiazide tab 37.5-25 mg 153
triamterene & hydrochlorothiazide tab 75-50 mg 153
tridacaine iii 360
triderm 359
trientine hcl cap 250 mg 255
tri-estarylla 264
trifluoperazine hcl tab 1 mg (base equivalent) 198
trifluoperazine hcl tab 10 mg (base equivalent) 198
trifluoperazine hcl tab 2 mg (base equivalent) 198
trifluoperazine hcl tab 5 mg (base equivalent) 198
trifluridine ophth soln 1% 329

trihexyphenidyl hcl oral soln 0.4 mg/ml 182
trihexyphenidyl hcl tab 2 mg 182
trihexyphenidyl hcl tab 5 mg 182
TRIJARDY XR TAB ER 24HR 10-5-1000MG 247
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 247
TRIJARDY XR TAB ER 24HR 25-5-1000MG 248
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 247
TRIKAFTA PAK 59.5MG 345
TRIKAFTA PAK 75MG 346
TRIKAFTA TAB 100-50-75MG & 150MG 346
TRIKAFTA TAB 50-25-37.5MG & 75MG 346
tri-legest fe 264
tri-linyah 264
tri-lo-estarylla 264
tri-lo-marzia 264
tri-lo-mili 264
tri-lo-sprintec 264
trimethoprim tab 100 mg 53
tri-mili 264
trimipramine maleate cap 100 mg 176
trimipramine maleate cap 25 mg 176
trimipramine maleate cap 50 mg 176
TRINTELLIX TAB 10MG 176
TRINTELLIX TAB 20MG 176
TRINTELLIX TAB 5MG 176
tri-sprintec 264
TRIUMEQ PD TAB 63
TRIUMEQ TAB 63
tri-vylibra 264
tri-vylibra lo 264
TROGARZO INJ 150MG/ML 60
TROPHAMINE INJ 10% 327
trospium chloride tab 20 mg 296
TRULANCE TAB 3MG 290
TRULICITY INJ 0.75/0.5 248

TRULICITY INJ 1.5/0.5 248
TRULICITY INJ 3/0.5 248
TRULICITY INJ 4.5/0.5 248
TRUMENBA INJ 319
TRUQAP PAK 160MG 119
TRUQAP PAK 200MG 119
TRUQAP TAB 160MG 119
TRUQAP TAB 200MG 119
TRUXIMA INJ 100/10ML 119
TRUXIMA INJ 500/50ML 119
TUKYSA TAB 150MG. 120
TUKYSA TAB 50MG .. 119
TURALIO CAP 125MG 120
turqoz 264
twice-daily clindamycin phosphate (topical) 352
TWINRIX INJ 319
TYBOST TAB 150MG ... 60
tydemy 264
TYENNE INJ 162/0.9 310
TYENNE INJ 162MG .. 310
TYENNE INJ 200/10ML 310
TYENNE INJ 400/20ML 310
TYENNE INJ 80MG/4ML 310
TYMLOS INJ 254
TYPHIM VI INJ 319

U

UBRELVY TAB 100MG 230
UBRELVY TAB 50MG. 230
unithroid 280
UPTRAVI PACK TAB 200/800 159
UPTRAVI TAB 1000MCG 160
UPTRAVI TAB 1200MCG 160
UPTRAVI TAB 1400MCG 160
UPTRAVI TAB 1600MCG 160
UPTRAVI TAB 200MCG 160
UPTRAVI TAB 400MCG 160
UPTRAVI TAB 600MCG 160
UPTRAVI TAB 800MCG 160
ursodiol cap 300 mg 290
ursodiol tab 250 mg. 290
ursodiol tab 500 mg. 290

USTEKINUMAB INJ 130/26ML 311
USTEKINUMAB INJ 45/0.5ML 310, 311
USTEKINUMAB INJ 90MG/ML 311
V
valacyclovir hcl tab 1 gm 66
valacyclovir hcl tab 500 mg 66
VALCHLOR GEL 0.016% 362
valganciclovir hcl for soln 50 mg/ml (base equiv) 66
valganciclovir hcl tab 450 mg (base equivalent) 66
valproate sodium inj 100 mg/ml 218
valproate sodium oral soln 250 mg/5ml (base equiv) 218
valproic acid cap 250 mg 218
valsartan tab 160 mg 136
valsartan tab 320 mg 136
valsartan tab 40 mg. 136
valsartan tab 80 mg. 136
valsartan-hydrochlorothiazide tab 160-12.5 mg 134
valsartan-hydrochlorothiazide tab 160-25 mg 134
valsartan-hydrochlorothiazide tab 320-12.5 mg 134
valsartan-hydrochlorothiazide tab 320-25 mg 134
valsartan-hydrochlorothiazide tab 80-12.5 mg 134
VALTOCO SPR 10MG 218
VALTOCO SPR 15MG 218
VALTOCO SPR 20MG 218
VALTOCO SPR 5MG.. 218
valtya 1/35 264
valtya 1/50 264
*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 120
VANFLYTA TAB 26.5MG 120
VAQTA INJ 25/0.5ML 319
VAQTA INJ 50UNT/ML 319
varenicline tartrate tab 0.5 mg (base equiv) 239
varenicline tartrate tab 1 mg (base equiv) 239
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack..... 239
VARIVAX INJ..... 319
VASCEPA CAP 0.5GM 143
VASCEPA CAP 1GM .. 143
VAXCHORA SUS 319
velivet 264
VELSIPITY TAB 2MG. 311
VENCLEXTA TAB 100MG 120
VENCLEXTA TAB 10MG 120
VENCLEXTA TAB 50MG 120
VENCLEXTA TAB START PK 120
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 176
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 176

venlafaxine hcl cap er 24hr 75 mg (base equivalent) 176
venlafaxine hcl tab 100 mg (base equivalent) 177
venlafaxine hcl tab 25 mg (base equivalent) 177
venlafaxine hcl tab 37.5 mg (base equivalent) 177
venlafaxine hcl tab 50 mg (base equivalent) 177
venlafaxine hcl tab 75 mg (base equivalent) 177
VENTOLIN HFA (INSTITUTIONAL PACK) 340
VENTOLIN HFA AER . 340
verapamil hcl cap er 24hr 100 mg 150
verapamil hcl cap er 24hr 120 mg 150
verapamil hcl cap er 24hr 180 mg 150
verapamil hcl cap er 24hr 200 mg 150
verapamil hcl cap er 24hr 240 mg 150
verapamil hcl cap er 24hr 300 mg 151
verapamil hcl cap er 24hr 360 mg 151
verapamil hcl iv soln 2.5 mg/ml 151
verapamil hcl tab 120 mg 151
verapamil hcl tab 40 mg 151
verapamil hcl tab 80 mg 151
verapamil hcl tab er 120 mg 151
verapamil hcl tab er 180 mg 151
verapamil hcl tab er 240 mg 151
VERQUVO TAB 10MG 156
VERQUVO TAB 2.5MG 156
VERQUVO TAB 5MG . 156
VERSACLOZ SUS 50MG/ML 198
VERZENIO TAB 100MG 121
VERZENIO TAB 150MG 121

VERZENIO TAB 200MG 121
VERZENIO TAB 50MG 120
vestura 265
vienva 265
vigabatrin powd pack 500 mg 218
vigabatrin tab 500 mg 219
vigadrone 219
VIGAFYDE SOL 100MG/ML 219
vilazodone hcl tab 10 mg 177
vilazodone hcl tab 20 mg 177
vilazodone hcl tab 40 mg 177
VIMKUNYA INJ 40/0.8ML 319
vincristine sulfate iv soln 1 mg/ml 94
vinorelbine tartrate inj 10 mg/ml (base equiv) 94
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) 94
viorele 265
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 121
VITRAKVI CAP 25MG 121
VITRAKVI SOL 20MG/ML 121
VIVIMUSTA INJ 100/4ML 82
VIVITROL INJ 380MG 239
VIVOTIF CAP EC 319
VIZIMPRO TAB 15MG 121
VIZIMPRO TAB 30MG 121
VIZIMPRO TAB 45MG 121
VONJO CAP 100MG .. 121
VOQUEZNA PAK DUAL PAK 290
VOQUEZNA PAK TRIP PK 290
VORANIGO TAB 10MG 122
VORANIGO TAB 40MG 122
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 291
VRAYLAR CAP 0.5MG 198
VRAYLAR CAP 0.75MG 198
VRAYLAR CAP 1.5MG 198
VRAYLAR CAP 3MG .. 198
VRAYLAR CAP 4.5MG 199
VRAYLAR CAP 6MG .. 199
vyfemla 265
vylibra 265
VYNDAMAX CAP 61MG 156
VYZULTA SOL 0.024% 332

W

warfarin sodium tab 1 mg 300
warfarin sodium tab 10 mg 300
warfarin sodium tab 2 mg 300
warfarin sodium tab 2.5 mg 300
warfarin sodium tab 3 mg 300
warfarin sodium tab 4 mg 300
warfarin sodium tab 5 mg 300
warfarin sodium tab 6 mg 300
warfarin sodium tab 7.5 mg 300
water for irrigation, sterile irrigation soln 363
WELIREG TAB 40MG .. 93
wera 265
WESTAB PLUS TAB 27-1MG 326
WINREVAIR INJ 45MG 160
WINREVAIR INJ 60MG 160
wixela inhub 350
wymzya fe 265
WYOST INJ 120/1.7 . 254

X

XALKORI CAP 150MG 122
XALKORI CAP 200MG 122
XALKORI CAP 20MG . 122
XALKORI CAP 250MG 122
XALKORI CAP 50MG . 122

xarah fe 265
XARELTO STAR TAB 15/20MG 300
XARELTO TAB 10MG. 300
XARELTO TAB 15MG. 300
XARELTO TAB 2.5MG 300
XARELTO TAB 20MG. 300
XATMEP SOL 2.5MG/ML 312
XCOPRI PAK 100-150 219
XCOPRI PAK 12.5-25 219
XCOPRI PAK 150-200MG (MAINTENANCE) 219
XCOPRI PAK 150-200MG (TITRATION) 219
XCOPRI PAK 50-100MG 219
XCOPRI TAB 100MG. 220
XCOPRI TAB 150MG. 220
XCOPRI TAB 200MG. 220
XCOPRI TAB 25MG... 219
XCOPRI TAB 50MG... 220
XDEMVY DRO 0.25% 329
XELJANZ SOL 1MG/ML 311
XELJANZ TAB 10MG . 311
XELJANZ TAB 5MG... 311
XELJANZ XR TAB 11MG 311
XELJANZ XR TAB 22MG 311
xelria fe 265
XERMELO TAB 250MG 291
XHANCE MIS 93MCG 347
XIFAXAN TAB 550MG 291
XIGDUO XR TAB 10-1000 248
XIGDUO XR TAB 10-500MG 248
XIGDUO XR TAB 2.5-1000 248
XIGDUO XR TAB 5-1000MG 248
XIGDUO XR TAB 5-500MG 248
XIIDRA DRO 5%..... 333
XOFLUZA TAB 40MG .. 66
XOFLUZA TAB 80MG .. 67
XOLAIR INJ 150MG/ML 346
XOLAIR INJ 300/2ML 346
XOLAIR INJ 75/0.5 .. 346
XOLAIR SOL 150MG. 347
XOSPATA TAB 40MG 122
XPOVIO PAK (100 MG ONCE WEEKLY) 123

XPOVIO PAK (40 MG ONCE WEEKLY)..... 122, 123
XPOVIO PAK (40 MG TWICE WEEKLY) 123
XPOVIO PAK (60 MG ONCE WEEKLY)..... 123
XPOVIO PAK (60 MG TWICE WEEKLY) 123
XPOVIO PAK (80 MG ONCE WEEKLY)..... 123
XPOVIO PAK (80 MG TWICE WEEKLY) 123
XTANDI CAP 40MG..... 88
XTANDI TAB 40MG..... 88
XTANDI TAB 80MG..... 88
XTRENBO SOL 120/1.7 254
xulane..... 265
XULTOPHY INJ 100/3.6 253

Y

YESINTEK INJ 130/26ML 312
YESINTEK INJ 45/0.5ML 311
YESINTEK INJ 90MG/ML 312
YF-VAX INJ 319
YONSA TAB 125MG 88
yulithira 123
YUTREPIA CAP 106MCG 161
YUTREPIA CAP 26.5MCG 161
YUTREPIA CAP 53MCG 161
YUTREPIA CAP 79.5MCG 161
yuvafem..... 267

Z

zafemy..... 265
zafirlukast tab 10 mg 340
zafirlukast tab 20 mg 340
zaleplon cap 10 mg.. 227
zaleplon cap 5 mg ... 227
ZARXIO INJ 300/0.5 301
ZARXIO INJ 480/0.8 301
ZEGALOGUE INJ 0.6/0.6 272
ZEJULA TAB 100MG . 123
ZEJULA TAB 200MG . 123
ZEJULA TAB 300MG . 124
ZELBORAF TAB 240MG 124
zelvysia..... 277
ZEMAIRA INJ 1000MG 347
ZEMAIRA INJ 4000MG 347

ZEMAIRA INJ 5000MG 347
zenatane 352
ZENPEP CAP 10000UNT 291
ZENPEP CAP 15000UNT 291
ZENPEP CAP 20000UNT 291
ZENPEP CAP 25000UNT 291
ZENPEP CAP 3000UNIT 291
ZENPEP CAP 40000UNT 291
ZENPEP CAP 5000UNIT 291
ZENPEP CAP 60000UNT 291
ZERVIATE DRO 0.24% 331
zidovudine cap 100 mg 61
zidovudine syrup 10 mg/ml 61
zidovudine tab 300 mg 61
ziprasidone hcl cap 20 mg 199
ziprasidone hcl cap 40 mg 199
ziprasidone hcl cap 60 mg 199
ziprasidone hcl cap 80 mg 199
ziprasidone mesylate for inj 20 mg (base equivalent) 199
ZIRABEV INJ 100/4ML 124
ZIRABEV INJ 400/16ML 124
ZIRGAN GEL 0.15% . 330
zoledronic acid inj conc for iv infusion 4 mg/5ml 254
zoledronic acid iv soln 5 mg/100ml 254
ZOLINZA CAP 100MG 124
zolpidem tartrate tab 10 mg 228
zolpidem tartrate tab 5 mg 227
ZONISADE SUS 100MG/5 220
zonisamide cap 100 mg 220

zonisamide cap 25 mg 220
zonisamide cap 50 mg 220
zovia 1/35 265
ZTALMY SUS 50MG/ML 220
zumandimine 265
ZURZUVAE CAP 20MG 177
ZURZUVAE CAP 25MG 177
ZURZUVAE CAP 30MG 178
ZYDELIG TAB 100MG 124
ZYDELIG TAB 150MG 124
ZYKADIA TAB 150MG 124
ZYLET SUS 0.5-0.3% 328
ZYPREXA RELP INJ 210MG 199
ZYPREXA RELP INJ 300MG 199
ZYPREXA RELP INJ 405MG 199

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

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
*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. 07/26)

*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 08/01/2026.

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.

© 2026 Commonwealth Care Alliance, Inc