# CCA One Care (HMO D-SNP)

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

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

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Esta *Lista de Medicamentos* foi atualizada em 06/01/2026.

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

## Introdução

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

## Índice


A.Avisos legais ..... 4

B. Perguntas frequentes (FAQ) ..... 8

B1. Quais medicamentos estão na *Lista de Medicamentos Cobertos*? (Chamamos a *Lista de Medicamentos Cobertos* de *Lista de Medicamentos*, para simplificar.) .....8

B2. A *Lista de Medicamentos* muda alguma vez?.....8

B3. O que acontece quando há uma alteração na *Lista de Medicamentos*? .....9

B4. Existem restrições ou limites na cobertura de medicamentos ou alguma ação necessária para obter determinados medicamentos? .....11

B5. Como saberei se o medicamento que quero tem limitações ou se existem ações necessárias para obtê-lo? .....12

B6. O que acontece se o CCA One Care mudar suas regras sobre como cobre alguns medicamentos (por exemplo, autorização prévia, limites de quantidade e/ou restrições de terapia sequencial)? .....12

B7. Como posso encontrar um medicamento na *Lista de Medicamentos* ? .....12

B8. E se o medicamento que desejo tomar não estiver na *Lista de Medicamentos* ? .....12

B9. E se eu for um novo associado do CCA One Care e não encontrar meu medicamento na *Lista de Medicamentos* ou tiver problemas para consegui-lo? .....13

B10. Posso solicitar uma exceção para a cobertura do meu medicamento? .....14

B11. Como posso solicitar uma exceção? .....14

B12. Quanto tempo demora para conseguir uma exceção? .....14

B13. O que são medicamentos genéricos? ..... 15

B14. O que são produtos biológicos originais e como eles se relacionam com os biossimilares? ..... 15

B15. O que são medicamentos OTC? ..... 15

B16. O CCA One Care cobre produtos OTC que não sejam medicamentos? ..... 16

B17. O CCA One Care cobre fornecimentos de longo prazo de medicamentos prescritos? ..... 16

B18. Posso receber medicamentos prescritos em casa de minha farmácia local? ..... 16

B19. Qual é o meu copagamento? ..... 16

C. *Visão geral da Lista de Medicamentos Cobertos* ..... 17

C1. Lista de Medicamentos por Condição Médica ..... 17

D. Índice de Medicamentos Cobertos ..... 126

## A. Avisos legais

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

- CCA One Care (HMO D-SNP) é um plano de saúde que tem contrato tanto com o Medicare quanto com o MassHealth (Medicaid) para oferecer benefícios de ambos os programas aos beneficiários. A inscrição no plano depende da renovação do contrato do plano com o Medicare.
- Quando este documento usar “nós”, “nos” ou “nosso”, significa Commonwealth Care Alliance, Inc. Quando usar “plano” ou “nosso plano”, significa CCA One Care.
- No Commonwealth of Massachusetts, a Commonwealth Care Alliance, Inc. atua como Commonwealth Care Alliance Massachusetts (CCA).
- **Conscientização sobre recuperação de patrimônio:** O MassHealth (Medicaid) é obrigado por lei federal a recuperar dinheiro dos espólios de certos associados do MassHealth (Medicaid) que tenham 55 anos ou mais, ou de pessoas de qualquer idade que esteja recebendo cuidados de longo prazo em uma instituição de permanência longa para idosos ou outra instituição médica. Para obter mais informações sobre a recuperação de patrimônio do MassHealth (Medicaid), visite www.mass.gov/estaterecovery.
- A Lista de Medicamentos Cobertos pode mudar a qualquer momento. Você receberá um aviso sempre que necessário.
- Os benefícios podem mudar em 1º de janeiro de cada ano.
- Você pode sempre consultar a versão atualizada da *Lista de Medicamentos Cobertos* do CCA One Care online em ccama.org ou ligando para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.
- Você pode obter este documento gratuitamente em outros formatos, como em letras grandes, braile ou áudio. Ligue para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.
- Este documento está disponível gratuitamente em outros idiomas.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.
- Manteremos sua solicitação de formatos alternativos e linguagem especial registrada para futuras correspondências. Entre em contato com o Serviços ao Associado para alterar sua solicitação de idioma e/ou formato preferido.

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  - Oferecer informações escritas em outros formatos (letras grandes, áudio, formatos eletrônicos acessíveis, outros formatos)
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  - Intérpretes qualificados
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Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Telefone: 617-960-0474, ramal. 3932 (TTY 711) Fax: 857-453-4517
E-mail: civilrightscoordinator@commonwealthcare.org

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

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

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

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

Massachusetts 2026 ND

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**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).

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

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

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

**Khmer:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមាន
ការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

## B. Perguntas frequentes (FAQ)

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

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

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

- O CCA One Care cobrirá todos os medicamentos clinicamente necessários da *Lista de Medicamentos* se:
    - o seu médico ou outro prescritor disser que você precisa deles para melhorar ou manter a saúde,
    - O CCA One Care concorda que o medicamento é clinicamente necessário para você, **e**
    - você preenche a prescrição em uma farmácia da rede CCA One Care.
- Em alguns casos, é necessário fazer algo antes de poder obter um medicamento. Consulte a pergunta B4 para mais informações.

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

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

Sim, e o CCA One Care deve seguir as regras do Medicare e do MassHealth (Medicaid) ao fazer alterações. Podemos adicionar ou remover medicamentos da *Lista de Medicamentos* ao longo do ano.

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

- Decidir exigir ou não exigir autorização prévia para um medicamento. (Autorização prévia é a permissão do CCA One Care antes de você poder obter um medicamento.)
- Adicionar ou alterar a quantidade de um medicamento que você pode receber (chamado de limite de quantidade).

- Adicionar ou alterar restrições de terapia sequencial em um medicamento. (Terapia sequencial significa que você deve tentar primeiro um medicamento antes que outro seja coberto.)

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

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

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

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

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

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

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

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

– uma nova versão biossimilar de produtos biológicos originais da *Lista de Medicamentos* (por exemplo, adicionar um biossimilar intercambiável que pode substituir um produto biológico original sem a necessidade de uma nova prescrição).

– Alguns desses tipos de medicamentos podem ser novos para você. Para mais informações, consulte a **Seção B14.**

o Você ou seu médico podem solicitar uma exceção a essas alterações. Enviaremos um aviso com os passos que você pode seguir para solicitar uma exceção. Consulte as perguntas B10–B12 para mais informações sobre exceções.

- **Remoção de medicamentos inseguros e outros medicamentos retirados do mercado** Às vezes, um medicamento pode ser considerado inseguro ou retirado do mercado por outro motivo. Se isso acontecer, podemos removê-lo imediatamente da *Lista de Medicamentos*. Se você estiver usando esse medicamento, enviaremos um aviso após fazermos a alteração. O seu médico emitirá uma nova prescrição para substituir o medicamento que foi retirado do mercado.

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

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

Quando essas alterações acontecerem, nós:

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

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

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

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

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

- **Autorização prévia:** para alguns medicamentos, você, seu médico ou outro profissional autorizado a prescrever devem obter autorização do CCA One Care antes de retirar a prescrição. A autorização prévia é diferente de um encaminhamento. O CCA One Care pode não cobrir o medicamento se você não obtiver a autorização prévia.
- **Limites de quantidade:** às vezes, o CCA One Care limita a quantidade de um medicamento que você pode receber.
- **Terapia sequencial:** às vezes, o CCA One Care exige que você faça terapia sequencial. Isso significa que você terá que usar certos medicamentos em uma ordem específica para tratar sua condição médica. Pode ser necessário iniciar o tratamento com um medicamento antes que o plano cubra outro. Se o seu médico considerar que o primeiro medicamento não funciona para você, então cobriremos o segundo.
- **Cobertura baseada em indicação:** se o CCA One Care cobre um medicamento apenas para determinadas condições médicas, isso será claramente indicado na *Lista de Medicamentos*, junto com as condições médicas específicas que estão incluídas

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

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

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

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

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

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

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

Existem duas maneiras de encontrar um medicamento:

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

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

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

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

Se você não encontrar seu medicamento na *Lista de Medicamentos,* ligue para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana, e pergunte sobre ele. Se você souber que o CCA One Care não irá cobrir o medicamento, pode fazer uma destas coisas:

- Solicitar ao Serviços ao Associado uma lista de medicamentos semelhantes ao que você deseja usar. Em seguida, mostrar essa lista ao seu médico ou outro profissional de saúde habilitado para prescrever. Eles podem prescrever um medicamento da

*Lista de Medicamentos* semelhante ao que você gostaria de utilizar. **Ou**

- Solicitar ao CCA One Care que abra uma exceção para cobrir o seu medicamento. Consulte as perguntas B10-B12 para obter mais informações sobre as exceções.

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

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

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

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

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

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

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

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

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

- alta ou admissão em uma instituição de cuidados de longa duração
- alta ou admissão em um hospital, ou
- mudança no nível de cuidados especializados em uma instituição de enfermagem

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

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

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

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

### B11. Como posso solicitar uma exceção?

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

### B12. Quanto tempo demora para conseguir uma exceção?

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

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

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

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

### B13. O que são medicamentos genéricos?

Os medicamentos genéricos são compostos pelos mesmos princípios ativos que os medicamentos de marca. Eles geralmente custam menos que os medicamentos de marca e funcionam da mesma forma. Eles vocêgeralmente não têm nomes muito conhecidos. Os medicamentos genéricos são aprovados pela Food and Drug Administration (FDA). Existem medicamentos genéricos disponíveis para muitos medicamentos de marca. Os medicamentos genéricos geralmente podem ser substituídos pelos medicamentos de marca na farmácia sem a necessidade de uma nova prescrição, dependendo das leis estaduais.

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

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

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

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

### B15. O que são medicamentos OTC?

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

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

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

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

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

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

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

- **Programas de farmácias de varejo com fornecimento para 100 dias.** Algumas farmácias de varejo também podem oferecer até 100 dias de fornecimento de medicamentos cobertos. Não há copagamento para medicamentos adquiridos em farmácias de varejo. Os medicamentos especializados têm limite de fornecimento de até 31 dias.

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

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

## B19. Qual é o meu copagamento?

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

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

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

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

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

## C. Visão geral da *Lista de Medicamentos Cobertos*

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

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

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

### C1. Lista de Medicamentos por Condição Médica

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

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

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

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

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

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

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

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *hydrocodone bitartrate tab er 24hr deter 120 mg* | QL (30 tabs / 30 days), PA |
| *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 |
| 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* | |
| *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) |
| *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 |

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 |
|---|---|
| *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) |
| *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) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | QL (180 tabs / 30 days) |
| *tramadol hcl tab 50 mg* | QL (240 tabs / 30 days) |
| *tramadol-acetaminophen tab 37.5-325 mg* | QL (240 tabs / 30 days) |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | |
| *albendazole tab 200 mg* | QL (672 tabs / year), PA |
| *amikacin sulfate inj 1 gm/4ml (250 mg/ml)* | |
| *amikacin sulfate inj 500 mg/2ml (250 mg/ml)* | |
| ARIKAYCE SUS | PA |
| *atovaquone susp 750 mg/5ml* | QL (300 mL / 30 days), PA |
| *aztreonam for inj 1 gm* | |
| *aztreonam for inj 2 gm* | |
| BLUJEPA TAB 750MG | |
| CAYSTON INH 75MG | PA |
| *clindamycin hcl cap 75 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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* | |
| *daptomycin for iv soln 350 mg* | |
| *daptomycin for iv soln 500 mg* | |
| DAPTOMYCIN INJ 350MG | |
| EMVERM CHW 100MG | QL (12 tabs / year) |
| *ertapenem sodium for inj 1 gm (base equivalent)* | |
| *fosfomycin tromethamine powd pack 3 gm (base equivalent)* | |
| *gentamicin in saline inj 0.8 mg/ml* | |
| *gentamicin in saline inj 1 mg/ml* | |
| *gentamicin in saline inj 1.2 mg/ml* | |
| *gentamicin in saline inj 1.6 mg/ml* | |
| *gentamicin in saline inj 2 mg/ml* | |
| *gentamicin sulfate inj 10 mg/ml* | |
| *gentamicin sulfate inj 40 mg/ml* | |
| *imipenem-cilastatin intravenous for soln 250 mg* | |
| *imipenem-cilastatin intravenous for soln 500 mg* | |
| IMPAVIDO CAP 50MG | PA |
| *ivermectin tab 3 mg* | QL (20 tabs / 90 days), PA |
| *ivermectin tab 6 mg* | QL (10 tabs / 90 days), PA |
| *linezolid for susp 100 mg/5ml* | QL (1800 mL / 30 days) |
| LINEZOLID INJ 2MG/ML | |
| *linezolid iv soln 600 mg/300ml (2 mg/ml)* | |
| *linezolid tab 600 mg* | QL (60 tabs / 30 days) |
| *meropenem iv for soln 1 gm* | |
| *meropenem iv for soln 2 gm* | |
| *meropenem iv for soln 500 mg* | |
| *methenamine hippurate tab 1 gm* | |
| *metronidazole iv soln 500 mg/100ml* | |
| *metronidazole tab 250 mg* | |
| *metronidazole tab 500 mg* | |
| *neomycin sulfate tab 500 mg* | |
| *nitazoxanide tab 500 mg* | QL (6 tabs / 30 days) |
| *nitrofurantoin macrocrystalline cap 50 mg* | |
| *nitrofurantoin macrocrystalline cap 100 mg* | |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pentamidine isethionate inh* | B/D |
| *pentamidine isethionate inj* | |
| *polymyxin b sulfate for inj 500000 unit* | |
| *praziquantel tab 600 mg* | |
| *pyrimethamine tab 25 mg* | QL (90 tabs / 30 days), PA |
| *streptomycin sulfate for inj 1 gm* | |
| *sulfadiazine tab 500 mg* | |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | |
| *tinidazole tab 250 mg* | |
| *tinidazole tab 500 mg* | |
| TOBI PODHALR CAP 28MG | PA |
| *tobramycin nebu soln 300 mg/5ml* | PA |
| *tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)* | |
| *tobramycin sulfate inj 10 mg/ml (base equivalent)* | |
| *tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)* | |
| *trimethoprim tab 100 mg* | |
| *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 | |
| ***ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS*** | |
| *amphotericin b for iv soln 50 mg* | B/D |
| *amphotericin b liposome iv for susp 50 mg* | B/D |
| *caspofungin acetate for iv soln 50 mg* | |
| *caspofungin acetate for iv soln 70 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| CRESEMBA CAP 74.5MG | PA |
| CRESEMBA CAP 186MG | PA |
| *fluconazole for susp 10 mg/ml* | |
| *fluconazole for susp 40 mg/ml* | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | |
| *fluconazole tab 50 mg* | |
| *fluconazole tab 100 mg* | |
| *fluconazole tab 150 mg* | |
| *fluconazole tab 200 mg* | |
| *flucytosine cap 250 mg* | PA |
| *flucytosine cap 500 mg* | PA |
| *griseofulvin microsize susp 125 mg/5ml* | |
| *griseofulvin microsize tab 500 mg* | |
| *griseofulvin ultramicrosize tab 125 mg* | |
| *griseofulvin ultramicrosize tab 250 mg* | |
| *itraconazole cap 100 mg* | QL (120 caps / 30 days) |
| *ketoconazole tab 200 mg* | PA |
| *micafungin sodium for iv soln 50 mg* | |
| *micafungin sodium for iv soln 100 mg* | |
| *nystatin tab 500000 unit* | |
| *posaconazole tab delayed release 100 mg* | QL (93 tabs / 30 days), PA |
| *terbinafine hcl tab 250 mg* | QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year |
| *voriconazole for inj 200 mg* | PA |
| *voriconazole for susp 40 mg/ml* | QL (600 mL / 28 days), PA |
| *voriconazole tab 50 mg* | QL (480 tabs / 30 days) |
| *voriconazole tab 200 mg* | QL (120 tabs / 30 days) |
| ***ANTIMALARIALS - DRUGS TO TREAT MALARIA*** | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | |
| *atovaquone-proguanil hcl tab 250-100 mg* | |
| *chloroquine phosphate tab 250 mg* | |
| *chloroquine phosphate tab 500 mg* | |
| COARTEM TAB 20-120MG | |
| *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)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| APTIVUS CAP 250MG | |
| *atazanavir sulfate cap 150 mg (base equiv)* | |
| *atazanavir sulfate cap 200 mg (base equiv)* | |
| *atazanavir sulfate cap 300 mg (base equiv)* | |
| *darunavir tab 600 mg* | QL (60 tabs / 30 days) |
| *darunavir tab 800 mg* | QL (30 tabs / 30 days) |
| EDURANT PED TAB 2.5MG | |
| EDURANT TAB 25MG | |
| *efavirenz tab 600 mg* | |
| *emtricitabine caps 200 mg* | |
| EMTRIVA SOL 10MG/ML | |
| *etravirine tab 100 mg* | |
| *etravirine tab 200 mg* | |
| *fosamprenavir calcium tab 700 mg (base equiv)* | |
| INTELENCE TAB 25MG | |
| ISENTRESS CHW 25MG | |
| ISENTRESS CHW 100MG | |
| ISENTRESS HD TAB 600MG | |
| ISENTRESS POW 100MG | |
| ISENTRESS TAB 400MG | |
| *lamivudine oral soln 10 mg/ml* | |
| *lamivudine tab 150 mg* | |
| *lamivudine tab 300 mg* | |
| *maraviroc tab 150 mg* | |
| *maraviroc tab 300 mg* | |
| *nevirapine susp 50 mg/5ml* | |
| *nevirapine tab 200 mg* | |
| *nevirapine tab er 24hr 400 mg* | |
| NORVIR POW 100MG | |
| PIFELTRO TAB 100MG | |
| PREZISTA SUS 100MG/ML | QL (400 mL / 30 days) |
| PREZISTA TAB 75MG | QL (480 tabs / 30 days) |
| PREZISTA TAB 150MG | QL (240 tabs / 30 days) |
| REYATAZ POW 50MG | |
| *rilpivirine hcl tab 25 mg (base equivalent)* | |
| *ritonavir tab 100 mg* | |
| RUKOBIA TAB 600MG ER | |
| SELZENTRY SOL 20MG/ML | |
| SUNLENCA TAB 300MG | |
| *tenofovir disoproxil fumarate tab 300 mg* | |
| TIVICAY PD TAB 5MG | |
| TIVICAY TAB 50MG | |
| TROGARZO INJ 150MG/ML | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| TYBOST TAB 150MG | |
| VIRACEPT TAB 250MG | |
| VIRACEPT TAB 625MG | |
| VIREAD POW 40MG/GM | |
| VIREAD TAB 150MG | |
| VIREAD TAB 200MG | |
| VIREAD TAB 250MG | |
| *zidovudine cap 100 mg* | |
| *zidovudine syrup 10 mg/ml* | |
| *zidovudine tab 300 mg* | |
| ***ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION*** | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | |
| BIKTARVY TAB 30-120-15 MG | |
| BIKTARVY TAB 50-200-25 MG | |
| CIMDUO TAB 300-300 | |
| DELSTRIGO TAB | |
| DESCOVY TAB 120-15MG | |
| DESCOVY TAB 200/25MG | |
| DOVATO TAB 50-300MG | |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* | |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | |
| EVOTAZ TAB 300-150 | |
| GENVOYA TAB | |
| JULUCA TAB 50-25MG | |
| KALETRA SOL | |
| *lamivudine-zidovudine tab 150-300 mg* | |
| *lopinavir-ritonavir tab 100-25 mg* | |
| *lopinavir-ritonavir tab 200-50 mg* | |
| ODEFSEY TAB | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| PREZCOBIX TAB 675/150 | |
| PREZCOBIX TAB 800-150 | |
| STRIBILD TAB | |
| SYMTUZA TAB | |
| TRIUMEQ PD TAB | |
| TRIUMEQ TAB | |
| ***ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS*** | |
| *cycloserine cap 250 mg* | |
| *ethambutol hcl tab 100 mg* | |
| *ethambutol hcl tab 400 mg* | |
| *isoniazid syrup 50 mg/5ml* | |
| *isoniazid tab 100 mg* | |
| *isoniazid tab 300 mg* | |
| PRIFTIN TAB 150MG | |
| *pyrazinamide tab 500 mg* | |
| *rifabutin cap 150 mg* | |
| *rifampin cap 150 mg* | |
| *rifampin cap 300 mg* | |
| *rifampin for inj 600 mg* | |
| SIRTURO TAB 20MG | PA |
| SIRTURO TAB 100MG | PA |
| ***ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS*** | |
| *acyclovir cap 200 mg* | |
| *acyclovir sodium iv soln 50 mg/ml* | B/D |
| *acyclovir susp 200 mg/5ml* | |
| *acyclovir tab 400 mg* | |
| *acyclovir tab 800 mg* | |
| *adefovir dipivoxil tab 10 mg* | |
| BARACLUDE SOL | ST |
| *entecavir tab 0.5 mg* | |
| *entecavir tab 1 mg* | |
| EPCLUSA PAK 150-37.5 | PA |
| EPCLUSA PAK 200-50MG | PA |
| EPCLUSA TAB 200-50MG | PA |
| EPCLUSA TAB 400-100 | PA |
| *famciclovir tab 125 mg* | |
| *famciclovir tab 250 mg* | |
| *famciclovir tab 500 mg* | |
| *ganciclovir sodium for inj 500 mg* | B/D |
| *lamivudine tab 100 mg (hbv)* | |
| LIVTENCITY TAB 200MG | QL (336 tabs / 28 days), PA |
| MAVYRET PAK 50-20MG | PA |
| MAVYRET TAB 100-40MG | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *oseltamivir phosphate cap 30 mg (base equiv)* | QL (168 caps / year) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | QL (84 caps / year) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | QL (84 caps / year) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | QL (1080 mL / year) |
| PAXLOVID PAK | QL (22 tabs / 90 days) |
| PAXLOVID TAB 150-100 | QL (40 tabs / 90 days) |
| PAXLOVID TAB 300-100 | QL (60 tabs / 90 days) |
| PEGASYS INJ | PA |
| PEGASYS INJ 180MCG/M | PA |
| PREVYMIS TAB 240MG | QL (28 tabs / 28 days), PA |
| PREVYMIS TAB 480MG | QL (28 tabs / 28 days), PA |
| RELENZA MIS DISKHALE | QL (6 inhalers / year) |
| *ribavirin cap 200 mg* | |
| *ribavirin tab 200 mg* | |
| *rimantadine hydrochloride tab 100 mg* | |
| *valacyclovir hcl tab 1 gm* | |
| *valacyclovir hcl tab 500 mg* | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | |
| *valganciclovir hcl tab 450 mg (base equivalent)* | |
| VOSEVI TAB | PA |
| XOFLUZA TAB 40MG | QL (1 tab / 180 days) |
| XOFLUZA TAB 80MG | QL (1 tab / 180 days) |
| ***CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS*** | |
| *cefaclor cap 250 mg* | |
| *cefaclor cap 500 mg* | |
| *cefadroxil cap 500 mg* | |
| *cefadroxil for susp 250 mg/5ml* | |
| *cefadroxil for susp 500 mg/5ml* | |
| CEFAZOLIN INJ 1GM/50ML | |
| CEFAZOLIN INJ 2GM | |
| CEFAZOLIN INJ 3GM | |
| *cefazolin sodium for inj 1 gm* | |
| *cefazolin sodium for inj 2 gm* | |
| *cefazolin sodium for inj 3 gm* | |
| *cefazolin sodium for inj 10 gm* | |
| *cefazolin sodium for inj 500 mg* | |
| *cefazolin sodium for iv soln 1 gm* | |
| CEFAZOLIN SOLN 2GM/100ML-4% | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cefdinir cap 300 mg* | |
| *cefdinir for susp 125 mg/5ml* | |
| *cefdinir for susp 250 mg/5ml* | |
| *cefepime hcl for inj 1 gm* | |
| *cefepime hcl for iv soln 2 gm* | |
| *cefixime cap 400 mg* | |
| *cefixime for susp 100 mg/5ml* | |
| *cefixime for susp 200 mg/5ml* | |
| *cefotetan disodium for inj 1 gm* | |
| *cefotetan disodium for inj 2 gm* | |
| *cefoxitin sodium for iv soln 1 gm* | |
| *cefoxitin sodium for iv soln 2 gm* | |
| *cefoxitin sodium for iv soln 10 gm* | |
| *cefpodoxime proxetil for susp 50 mg/5ml* | |
| *cefpodoxime proxetil for susp 100 mg/5ml* | |
| *cefpodoxime proxetil tab 100 mg* | |
| *cefpodoxime proxetil tab 200 mg* | |
| *cefprozil for susp 125 mg/5ml* | |
| *cefprozil for susp 250 mg/5ml* | |
| *cefprozil tab 250 mg* | |
| *cefprozil tab 500 mg* | |
| *ceftaroline fosamil for iv soln 400 mg* | |
| *ceftaroline fosamil for iv soln 600 mg* | |
| *ceftazidime for inj 1 gm* | |
| *ceftazidime for inj 6 gm* | |
| *ceftazidime for iv soln 2 gm* | |
| *ceftriaxone sodium for inj 1 gm* | |
| *ceftriaxone sodium for inj 2 gm* | |
| *ceftriaxone sodium for inj 10 gm* | |
| *ceftriaxone sodium for inj 250 mg* | |
| *ceftriaxone sodium for inj 500 mg* | |
| *ceftriaxone sodium for iv soln 1 gm* | |
| *ceftriaxone sodium for iv soln 2 gm* | |
| *cefuroxime axetil tab 250 mg* | |
| *cefuroxime axetil tab 500 mg* | |
| *cefuroxime sodium for inj 750 mg* | |
| *cefuroxime sodium for iv soln 1.5 gm* | |
| *cephalexin cap 250 mg* | |
| *cephalexin cap 500 mg* | |
| *cephalexin for susp 125 mg/5ml* | |
| *cephalexin for susp 250 mg/5ml* | |
| *tazicef* | |
| TEFLARO INJ 400MG | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| TEFLARO INJ 600MG | |
| ***ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS*** | |
| *azithromycin for susp 100 mg/5ml* | |
| *azithromycin for susp 200 mg/5ml* | |
| *azithromycin iv for soln 500 mg* | |
| *azithromycin tab 250 mg* | |
| *azithromycin tab 500 mg* | |
| *azithromycin tab 600 mg* | |
| *clarithromycin for susp 125 mg/5ml* | |
| *clarithromycin for susp 250 mg/5ml* | |
| *clarithromycin tab 250 mg* | |
| *clarithromycin tab 500 mg* | |
| *clarithromycin tab er 24hr 500 mg* | |
| DIFICID SUS | |
| *e.e.s. 400* | |
| ERYTHROCIN INJ 500MG | |
| *erythromycin ethylsuccinate tab 400 mg* | |
| *erythromycin lactobionate for inj 500 mg* | |
| *erythromycin tab 250 mg* | |
| *erythromycin tab 500 mg* | |
| *erythromycin tab delayed release 250 mg* | |
| *erythromycin tab delayed release 333 mg* | |
| *erythromycin tab delayed release 500 mg* | |
| *erythromycin w/ delayed release particles cap 250 mg* | |
| *fidaxomicin tab 200 mg* | |
| ***FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS*** | |
| *ciprofloxacin 200 mg/100ml in d5w* | |
| *ciprofloxacin 400 mg/200ml in d5w* | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | |
| *levofloxacin iv soln 25 mg/ml* | |
| *levofloxacin oral soln 25 mg/ml* | |
| *levofloxacin tab 250 mg* | |
| *levofloxacin tab 500 mg* | |
| *levofloxacin tab 750 mg* | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | |
| *moxifloxacin hcl tab 400 mg (base equiv)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***PENICILLINS - DRUGS TO TREAT INFECTIONS*** | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | |
| *amoxicillin & k clavulanate tab 250-125 mg* | |
| *amoxicillin & k clavulanate tab 500-125 mg* | |
| *amoxicillin & k clavulanate tab 875-125 mg* | |
| *amoxicillin (trihydrate) cap 250 mg* | |
| *amoxicillin (trihydrate) cap 500 mg* | |
| *amoxicillin (trihydrate) chew tab 125 mg* | |
| *amoxicillin (trihydrate) chew tab 250 mg* | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | |
| *amoxicillin (trihydrate) tab 500 mg* | |
| *amoxicillin (trihydrate) tab 875 mg* | |
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* | |
| *ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm* | |
| *ampicillin & sulbactam sodium for iv soln 3 (2-1) gm* | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* | |
| *ampicillin cap 500 mg* | |
| *ampicillin sodium for inj 1 gm* | |
| *ampicillin sodium for inj 2 gm* | |
| *ampicillin sodium for inj 250 mg* | |
| *ampicillin sodium for inj 500 mg* | |
| *ampicillin sodium for iv soln 1 gm* | |
| *ampicillin sodium for iv soln 2 gm* | |
| *ampicillin sodium for iv soln 10 gm* | |
| BICILLIN L-A INJ 600000 | |
| BICILLIN L-A INJ 1200000 | |
| BICILLIN L-A INJ 2400000 | |
| *dicloxacillin sodium cap 250 mg* | |
| *dicloxacillin sodium cap 500 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *nafcillin sodium for inj 1 gm* | |
| *nafcillin sodium for inj 2 gm* | |
| *nafcillin sodium for iv soln 10 gm* | |
| *oxacillin sodium for inj 1 gm (base equivalent)* | |
| *oxacillin sodium for inj 2 gm (base equivalent)* | |
| *oxacillin sodium for iv soln 10 gm (base equivalent)* | |
| *penicillin g potassium for inj 5000000 unit* | |
| *penicillin g potassium for inj 20000000 unit* | |
| *penicillin g sodium for inj 5000000 unit* | |
| *penicillin v potassium for soln 125 mg/5ml* | |
| *penicillin v potassium for soln 250 mg/5ml* | |
| *penicillin v potassium tab 250 mg* | |
| *penicillin v potassium tab 500 mg* | |
| *pfizerpen* | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | |
| ***TETRACYCLINES - DRUGS TO TREAT INFECTIONS*** | |
| *doxy 100* | |
| *doxycycline hyclate cap 50 mg* | |
| *doxycycline hyclate cap 100 mg* | |
| *doxycycline hyclate for inj 100 mg* | |
| *doxycycline hyclate tab 20 mg* | |
| *doxycycline hyclate tab 100 mg* | |
| *doxycycline monohydrate cap 50 mg* | |
| *doxycycline monohydrate cap 100 mg* | |
| *doxycycline monohydrate for susp 25 mg/5ml* | |
| *doxycycline monohydrate tab 50 mg* | |
| *doxycycline monohydrate tab 75 mg* | |
| *doxycycline monohydrate tab 100 mg* | |
| *minocycline hcl cap 50 mg* | |
| *minocycline hcl cap 75 mg* | |
| *minocycline hcl cap 100 mg* | |
| NUZYRA INJ 100MG | |
| NUZYRA TAB 150MG | QL (30 tabs / 14 days) |
| *tetracycline hcl cap 250 mg* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *oxaliplatin iv soln 100 mg/20ml* | B/D |
| *oxaliplatin iv soln 200 mg/40ml* | B/D |
| VIVIMUSTA INJ 100/4ML | B/D |
| ***ANTIMETABOLITES*** | |
| *azacitidine for inj 100 mg* | B/D |
| *cytarabine inj 20 mg/ml* | B/D |
| *fluorouracil iv soln 1 gm/20ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 5 gm/100ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 500 mg/10ml (50 mg/ml)* | B/D |
| *gemcitabine hcl for inj 1 gm* | B/D |
| *gemcitabine hcl for inj 2 gm* | B/D |
| *gemcitabine hcl for inj 200 mg* | B/D |
| *gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)* | B/D |
| *gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)* | B/D |
| *gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)* | B/D |
| INQOVI TAB 35-100MG | QL (5 tabs / 28 days), PA |
| LONSURF TAB 15-6.14 | QL (100 tabs / 28 days), PA |
| LONSURF TAB 20-8.19 | QL (80 tabs / 28 days), PA |
| *mercaptopurine susp 2000 mg/100ml (20 mg/ml)* | |
| *mercaptopurine tab 50 mg* | |
| *methotrexate sodium for inj 1 gm* | B/D |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj 250 mg/10ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* | B/D |
| ONUREG TAB 200MG | QL (14 tabs / 28 days), PA |
| ONUREG TAB 300MG | QL (14 tabs / 28 days), PA |
| *pemetrexed disodium for iv soln 100 mg (base equiv)* | B/D |
| *pemetrexed disodium for iv soln 500 mg (base equiv)* | B/D |
| *pemetrexed disodium for iv soln 750 mg (base equiv)* | B/D |
| *pemetrexed disodium for iv soln 1000 mg (base equiv)* | B/D |
| TABLOID TAB 40MG | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | |
| *abiraterone acetate tab 250 mg* | QL (120 tabs / 30 days), PA |
| *abiraterone acetate tab 500 mg* | QL (60 tabs / 30 days), PA |
| *abirtega tab 250mg* | QL (120 tabs / 30 days), PA |
| AKEEGA TAB 50/500MG | QL (60 tabs / 30 days), PA |
| AKEEGA TAB 100/500 | QL (60 tabs / 30 days), PA |
| *anastrozole tab 1 mg* | |
| *bicalutamide tab 50 mg* | |
| ELIGARD INJ 7.5MG | PA |
| ELIGARD INJ 22.5MG | PA |
| ELIGARD INJ 30MG | PA |
| ELIGARD INJ 45MG | PA |
| ERLEADA TAB 60MG | QL (120 tabs / 30 days), PA |
| ERLEADA TAB 240MG | QL (30 tabs / 30 days), PA |
| EULEXIN CAP 125MG | |
| *exemestane tab 25 mg* | |
| FIRMAGON INJ 80MG | PA |
| FIRMAGON INJ 120MG | PA |
| *fulvestrant inj soln pref syr 250 mg/5ml* | B/D |
| INLURIYO TAB 200MG | QL (56 tabs / 28 days), PA |
| *letrozole tab 2.5 mg* | |
| *leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)* | PA |
| LUPRON DEPOT INJ 3.75MG | PA |
| LUPRON DEPOT INJ 11.25MG | PA |
| LYSODREN TAB 500MG | |
| *megestrol acetate tab 20 mg* | |
| *megestrol acetate tab 40 mg* | |
| *nilutamide tab 150 mg* | |
| NUBEQA TAB 300MG | QL (120 tabs / 30 days), PA |
| ORGOVYX TAB 120MG | PA |
| ORSERDU TAB 86MG | QL (90 tabs / 30 days), PA |
| ORSERDU TAB 345MG | QL (30 tabs / 30 days), PA |
| SOLTAMOX SOL 10MG/5ML | |
| *tamoxifen citrate tab 10 mg (base equivalent)* | |
| *tamoxifen citrate tab 20 mg (base equivalent)* | |
| *toremifene citrate tab 60 mg (base equivalent)* | PA |
| XTANDI CAP 40MG | QL (120 caps / 30 days), PA |
| XTANDI TAB 40MG | QL (120 tabs / 30 days), PA |
| XTANDI TAB 80MG | QL (60 tabs / 30 days), PA |
| YONSA TAB 125MG | QL (120 tabs / 30 days), PA |
| ***IMMUNOMODULATORS*** | |
| *lenalidomide cap 5 mg* | QL (28 caps / 28 days), PA |
| *lenalidomide cap 10 mg* | QL (28 caps / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lenalidomide cap 15 mg* | QL (28 caps / 28 days), PA |
| *lenalidomide cap 20 mg* | QL (21 caps / 28 days), PA |
| *lenalidomide cap 25 mg* | QL (21 caps / 28 days), PA |
| *lenalidomide caps 2.5 mg* | QL (28 caps / 28 days), PA |
| *pomalidomide cap 1 mg* | QL (21 caps / 28 days), PA |
| *pomalidomide cap 2 mg* | QL (21 caps / 28 days), PA |
| *pomalidomide cap 3 mg* | QL (21 caps / 28 days), PA |
| *pomalidomide cap 4 mg* | QL (21 caps / 28 days), PA |
| POMALYST CAP 1MG | QL (21 caps / 28 days), PA |
| POMALYST CAP 2MG | QL (21 caps / 28 days), PA |
| POMALYST CAP 3MG | QL (21 caps / 28 days), PA |
| POMALYST CAP 4MG | QL (21 caps / 28 days), PA |
| THALOMID CAP 50MG | QL (84 caps / 28 days), PA |
| THALOMID CAP 100MG | QL (112 caps / 28 days), PA |
| ***MISCELLANEOUS*** | |
| BESREMI SOL 500MCG | QL (2 syringes / 28 days), PA |
| *bexarotene cap 75 mg* | QL (300 caps / 30 days), PA |
| *doxorubicin hcl inj 2 mg/ml* | B/D |
| *doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml* | B/D |
| *hydroxyurea cap 500 mg* | |
| *irinotecan hcl inj 40 mg/2ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 100 mg/5ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 300 mg/15ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 500 mg/25ml (20 mg/ml)* | B/D |
| IWILFIN TAB 192MG | QL (240 tabs / 30 days), PA |
| *leucovorin calcium for inj 50 mg* | B/D |
| *leucovorin calcium for inj 100 mg* | B/D |
| *leucovorin calcium for inj 200 mg* | B/D |
| *leucovorin calcium for inj 350 mg* | B/D |
| *leucovorin calcium for inj 500 mg* | B/D |
| *leucovorin calcium inj 500 mg/50ml (10 mg/ml)* | B/D |
| *leucovorin calcium tab 5 mg* | |
| *leucovorin calcium tab 10 mg* | |
| *leucovorin calcium tab 15 mg* | |
| *leucovorin calcium tab 25 mg* | |
| MATULANE CAP 50MG | |
| *mesna tab 400 mg* | |
| MODEYSO CAP 125MG | QL (20 caps / 28 days), PA |
| *tretinoin cap 10 mg* | |
| WELIREG TAB 40MG | QL (90 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***MITOTIC INHIBITORS*** | |
| *docetaxel for inj conc 20 mg/ml* | B/D |
| *docetaxel for inj conc 80 mg/4ml (20 mg/ml)* | B/D |
| *docetaxel for inj conc 160 mg/8ml (20 mg/ml)* | B/D |
| DOCETAXEL INJ 20MG/2ML | B/D |
| DOCETAXEL INJ 80MG/4ML | B/D |
| DOCETAXEL INJ 80MG/8ML | B/D |
| DOCETAXEL INJ 160/8ML | B/D |
| DOCETAXEL INJ 160/16ML | B/D |
| *docetaxel soln for iv infusion 20 mg/2ml* | B/D |
| *docetaxel soln for iv infusion 80 mg/8ml* | B/D |
| *docetaxel soln for iv infusion 160 mg/16ml* | B/D |
| DOCIVYX INJ 20MG/2ML | B/D |
| DOCIVYX INJ 80MG/8ML | B/D |
| DOCIVYX INJ 160/16ML | B/D |
| *etoposide inj 1 gm/50ml (20 mg/ml)* | B/D |
| *etoposide inj 100 mg/5ml (20 mg/ml)* | B/D |
| *etoposide inj 500 mg/25ml (20 mg/ml)* | B/D |
| *paclitaxel inj 100mg* | B/D |
| *paclitaxel iv conc 30 mg/5ml (6 mg/ml)* | B/D |
| *paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)* | B/D |
| *paclitaxel iv conc 150 mg/25ml (6 mg/ml)* | B/D |
| *paclitaxel iv conc 300 mg/50ml (6 mg/ml)* | B/D |
| *vincristine sulfate iv soln 1 mg/ml* | B/D |
| *vinorelbine tartrate inj 10 mg/ml (base equiv)* | B/D |
| *vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)* | B/D |
| ***MOLECULAR TARGET AGENTS*** | |
| ALECENSA CAP 150MG | QL (240 caps / 30 days), PA |
| ALUNBRIG PAK | QL (30 tabs / 30 days), PA |
| ALUNBRIG TAB 30MG | QL (120 tabs / 30 days), PA |
| ALUNBRIG TAB 90MG | QL (30 tabs / 30 days), PA |
| ALUNBRIG TAB 180MG | QL (30 tabs / 30 days), PA |
| AUGTYRO CAP 40MG | QL (240 caps / 30 days), PA |
| AUGTYRO CAP 160MG | QL (60 caps / 30 days), PA |
| AVMAPKI PAK FAKZYNJA | QL (1 pack / 28 days), PA |
| AYVAKIT TAB 25MG | QL (30 tabs / 30 days), PA |
| AYVAKIT TAB 50MG | QL (30 tabs / 30 days), PA |
| AYVAKIT TAB 100MG | QL (30 tabs / 30 days), PA |
| AYVAKIT TAB 200MG | QL (30 tabs / 30 days), PA |
| AYVAKIT TAB 300MG | QL (30 tabs / 30 days), PA |
| BALVERSA TAB 3MG | QL (84 tabs / 28 days), PA |
| BALVERSA TAB 4MG | QL (56 tabs / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BALVERSA TAB 5MG | QL (28 tabs / 28 days), PA |
| *bortezomib for inj 3.5 mg* | PA |
| BORTEZOMIB INJ 1MG | PA |
| BORTEZOMIB INJ 2.5MG | PA |
| BOSULIF CAP 50MG | QL (30 caps / 30 days), PA |
| BOSULIF CAP 100MG | QL (300 caps / 30 days), PA |
| BOSULIF TAB 100MG | QL (180 tabs / 30 days), PA |
| BOSULIF TAB 400MG | QL (30 tabs / 30 days), PA |
| BOSULIF TAB 500MG | QL (30 tabs / 30 days), PA |
| BRAFTOVI CAP 75MG | QL (180 caps / 30 days), PA |
| BRUKINSA CAP 80MG | QL (120 caps / 30 days), PA |
| BRUKINSA TAB 160MG | QL (60 tabs / 30 days), PA |
| CABOMETYX TAB 20MG | QL (30 tabs / 30 days), PA |
| CABOMETYX TAB 40MG | QL (30 tabs / 30 days), PA |
| CABOMETYX TAB 60MG | QL (30 tabs / 30 days), PA |
| CALQUENCE TAB 100MG | QL (60 tabs / 30 days), PA |
| CAPRELSA TAB 100MG | QL (60 tabs / 30 days), PA |
| CAPRELSA TAB 300MG | QL (30 tabs / 30 days), PA |
| COMETRIQ (60MG DOSE) | QL (84 caps / 28 days), PA |
| COMETRIQ KIT 100MG | QL (56 caps / 28 days), PA |
| COMETRIQ KIT 140MG | QL (112 caps / 28 days), PA |
| COPIKTRA CAP 15MG | QL (56 caps / 28 days), PA |
| COPIKTRA CAP 25MG | QL (56 caps / 28 days), PA |
| COTELLIC TAB 20MG | QL (63 tabs / 28 days), PA |
| DANZITEN TAB 71MG | QL (112 tabs / 28 days), PA |
| DANZITEN TAB 95MG | QL (112 tabs / 28 days), PA |
| *dasatinib tab 20 mg* | QL (90 tabs / 30 days), PA |
| *dasatinib tab 50 mg* | QL (30 tabs / 30 days), PA |
| *dasatinib tab 70 mg* | QL (30 tabs / 30 days), PA |
| *dasatinib tab 80 mg* | QL (30 tabs / 30 days), PA |
| *dasatinib tab 100 mg* | QL (30 tabs / 30 days), PA |
| *dasatinib tab 140 mg* | QL (30 tabs / 30 days), PA |
| DAURISMO TAB 25MG | QL (60 tabs / 30 days), PA |
| DAURISMO TAB 100MG | QL (30 tabs / 30 days), PA |
| ENSACOVE CAP 25MG | QL (270 caps / 30 days), PA |
| ENSACOVE CAP 100MG | QL (60 caps / 30 days), PA |
| ERIVEDGE CAP 150MG | QL (30 caps / 30 days), PA |
| *erlotinib hcl tab 25 mg (base equivalent)* | QL (90 tabs / 30 days), PA |
| *erlotinib hcl tab 100 mg (base equivalent)* | QL (30 tabs / 30 days), PA |
| *erlotinib hcl tab 150 mg (base equivalent)* | QL (30 tabs / 30 days), PA |
| *everolimus tab 2.5 mg* | QL (30 tabs / 30 days), PA |
| *everolimus tab 5 mg* | QL (30 tabs / 30 days), PA |
| *everolimus tab 7.5 mg* | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *everolimus tab 10 mg* | QL (30 tabs / 30 days), PA |
| *everolimus tab for oral susp 2 mg* | QL (60 tabs / 30 days), PA |
| *everolimus tab for oral susp 3 mg* | QL (90 tabs / 30 days), PA |
| *everolimus tab for oral susp 5 mg* | QL (60 tabs / 30 days), PA |
| FOTIVDA CAP 0.89MG | QL (21 caps / 28 days), PA |
| FOTIVDA CAP 1.34MG | QL (21 caps / 28 days), PA |
| FRUZAQLA CAP 1MG | QL (84 caps / 28 days), PA |
| FRUZAQLA CAP 5MG | QL (21 caps / 28 days), PA |
| GAVRETO CAP 100MG | QL (120 caps / 30 days), PA |
| *gefitinib tab 250 mg* | QL (60 tabs / 30 days), PA |
| GILOTRIF TAB 20MG | QL (30 tabs / 30 days), PA |
| GILOTRIF TAB 30MG | QL (30 tabs / 30 days), PA |
| GILOTRIF TAB 40MG | QL (30 tabs / 30 days), PA |
| GOMEKLI CAP 1MG | QL (168 caps / 28 days), PA |
| GOMEKLI CAP 2MG | QL (84 caps / 28 days), PA |
| GOMEKLI TAB 1MG | QL (168 tabs / 28 days), PA |
| HERCEP HYLEC SOL 60-10000 | PA |
| HERCEPTIN INJ 150MG | PA |
| HERCESSI INJ 150MG | PA |
| HERCESSI INJ 420MG | PA |
| HERNEXEOS TAB 60MG | QL (120 tabs / 30 days), PA |
| HERZUMA INJ 150MG | PA |
| HERZUMA INJ 420MG | PA |
| HYRNUO TAB 10MG | QL (120 tabs / 30 days), PA |
| IBRANCE CAP 75MG | QL (21 caps / 28 days), PA |
| IBRANCE CAP 100MG | QL (21 caps / 28 days), PA |
| IBRANCE CAP 125MG | QL (21 caps / 28 days), PA |
| IBRANCE TAB 75MG | QL (21 tabs / 28 days), PA |
| IBRANCE TAB 100MG | QL (21 tabs / 28 days), PA |
| IBRANCE TAB 125MG | QL (21 tabs / 28 days), PA |
| IBTROZI CAP 200MG | QL (90 caps / 30 days), PA |
| ICLUSIG TAB 10MG | QL (30 tabs / 30 days), PA |
| ICLUSIG TAB 15MG | QL (30 tabs / 30 days), PA |
| ICLUSIG TAB 30MG | QL (30 tabs / 30 days), PA |
| ICLUSIG TAB 45MG | QL (30 tabs / 30 days), PA |
| IDHIFA TAB 50MG | QL (30 tabs / 30 days), PA |
| IDHIFA TAB 100MG | QL (30 tabs / 30 days), PA |
| *imatinib mesylate tab 100 mg (base equivalent)* | QL (90 tabs / 30 days), PA |
| *imatinib mesylate tab 400 mg (base equivalent)* | QL (60 tabs / 30 days), PA |
| IMBRUVICA CAP 70MG | QL (30 caps / 30 days), PA |
| IMBRUVICA CAP 140MG | QL (120 caps / 30 days), PA |
| IMBRUVICA SUS 70MG/ML | QL (216 mL / 27 days), PA |
| IMBRUVICA TAB 140MG | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| IMBRUVICA TAB 280MG | QL (30 tabs / 30 days), PA |
| IMBRUVICA TAB 420MG | QL (30 tabs / 30 days), PA |
| IMKELDI SOL 80MG/ML | QL (280 mL / 28 days), PA |
| INLYTA TAB 1MG | QL (180 tabs / 30 days), PA |
| INLYTA TAB 5MG | QL (120 tabs / 30 days), PA |
| INREBIC CAP 100MG | QL (120 caps / 30 days), PA |
| ITOVEBI TAB 3MG | QL (56 tabs / 28 days), PA |
| ITOVEBI TAB 9MG | QL (28 tabs / 28 days), PA |
| JAKAFI TAB 5MG | QL (60 tabs / 30 days), PA |
| JAKAFI TAB 10MG | QL (60 tabs / 30 days), PA |
| JAKAFI TAB 15MG | QL (60 tabs / 30 days), PA |
| JAKAFI TAB 20MG | QL (60 tabs / 30 days), PA |
| JAKAFI TAB 25MG | QL (60 tabs / 30 days), PA |
| JAYPIRCA TAB 50MG | QL (30 tabs / 30 days), PA |
| JAYPIRCA TAB 100MG | QL (60 tabs / 30 days), PA |
| KADCYLA INJ 100MG | B/D |
| KADCYLA INJ 160MG | B/D |
| KANJINTI INJ 420MG | PA |
| KANJINTI SOL 150MG | PA |
| KEYTRUDA INJ 100MG/4M | PA |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML | QL (1 vial / 21 days), PA |
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML | QL (1 vial / 42 days), PA |
| KISQALI 200 DOSE | QL (21 tabs / 28 days), PA |
| KISQALI 400 DOSE | QL (42 tabs / 28 days), PA |
| KISQALI 400 PAK FEMARA | QL (70 tabs / 28 days), PA |
| KISQALI 600 DOSE | QL (63 tabs / 28 days), PA |
| KISQALI 600 PAK FEMARA | QL (91 tabs / 28 days), PA |
| KOMZIFTI CAP 200MG | QL (90 caps / 30 days), PA |
| KOSELUGO CAP 5MG | QL (600 caps / 30 days), PA |
| KOSELUGO CAP 7.5MG | QL (360 caps / 30 days), PA |
| KOSELUGO CAP 10MG | QL (240 caps / 30 days), PA |
| KOSELUGO CAP 25MG | QL (120 caps / 30 days), PA |
| KRAZATI TAB 200MG | QL (180 tabs / 30 days), PA |
| *lapatinib ditosylate tab 250 mg (base equiv)* | QL (180 tabs / 30 days), PA |
| LAZCLUZE TAB 80MG | QL (60 tabs / 30 days), PA |
| LAZCLUZE TAB 240MG | QL (30 tabs / 30 days), PA |
| LENVIMA CAP 4MG | QL (30 caps / 30 days), PA |
| LENVIMA CAP 8 MG | QL (60 caps / 30 days), PA |
| LENVIMA CAP 10 MG | QL (30 caps / 30 days), PA |
| LENVIMA CAP 12MG | QL (90 caps / 30 days), PA |
| LENVIMA CAP 14 MG | QL (60 caps / 30 days), PA |
| LENVIMA CAP 18 MG | QL (90 caps / 30 days), PA |
| LENVIMA CAP 20 MG | QL (60 caps / 30 days), PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| LENVIMA CAP 24 MG | QL (90 caps / 30 days), PA |
| LORBRENA TAB 25MG | QL (90 tabs / 30 days), PA |
| LORBRENA TAB 100MG | QL (30 tabs / 30 days), PA |
| LUMAKRAS TAB 120MG | QL (240 tabs / 30 days), PA |
| LUMAKRAS TAB 240MG | QL (120 tabs / 30 days), PA |
| LUMAKRAS TAB 320MG | QL (90 tabs / 30 days), PA |
| LYNPARZA TAB 100MG | QL (120 tabs / 30 days), PA |
| LYNPARZA TAB 150MG | QL (120 tabs / 30 days), PA |
| LYTGOBI (12 MG DAILY DOSE) | QL (84 tabs / 28 days), PA |
| LYTGOBI (16 MG DAILY DOSE) | QL (112 tabs / 28 days), PA |
| LYTGOBI (20 MG DAILY DOSE) | QL (140 tabs / 28 days), PA |
| MEKINIST SOL 0.05/ML | QL (1260 mL / 30 days), PA |
| MEKINIST TAB 0.5MG | QL (90 tabs / 30 days), PA |
| MEKINIST TAB 2MG | QL (30 tabs / 30 days), PA |
| MEKTOVI TAB 15MG | QL (180 tabs / 30 days), PA |
| MONJUVI INJ 200MG | PA |
| NERLYNX TAB 40MG | QL (180 tabs / 30 days), PA |
| *nilotinib hcl cap 50 mg (base equivalent)* | QL (120 caps / 30 days), PA |
| *nilotinib hcl cap 150 mg (base equivalent)* | QL (112 caps / 28 days), PA |
| *nilotinib hcl cap 200 mg (base equivalent)* | QL (112 caps / 28 days), PA |
| NINLARO CAP 2.3MG | QL (3 caps / 28 days), PA |
| NINLARO CAP 3MG | QL (3 caps / 28 days), PA |
| NINLARO CAP 4MG | QL (3 caps / 28 days), PA |
| ODOMZO CAP 200MG | QL (30 caps / 30 days), PA |
| OGIVRI INJ 150MG | PA |
| OGIVRI INJ 420MG | PA |
| OGSIVEO TAB 100MG | QL (56 tabs / 28 days), PA |
| OGSIVEO TAB 150MG | QL (56 tabs / 28 days), PA |
| OJEMDA SUS 25MG/ML | QL (96 mL / 28 days), PA |
| OJEMDA TAB 100MG | QL (24 tabs / 28 days), PA |
| OJJAARA TAB 100MG | QL (30 tabs / 30 days), PA |
| OJJAARA TAB 150MG | QL (30 tabs / 30 days), PA |
| OJJAARA TAB 200MG | QL (30 tabs / 30 days), PA |
| ONTRUZANT INJ 150MG | PA |
| ONTRUZANT INJ 420MG | PA |
| *pazopanib hcl tab 200 mg (base equiv)* | QL (120 tabs / 30 days), PA |
| *pazopanib hcl tab 400 mg (base equiv)* | QL (60 tabs / 30 days), PA |
| PEMAZYRE TAB 4.5MG | QL (28 tabs / 28 days), PA |
| PEMAZYRE TAB 9MG | QL (28 tabs / 28 days), PA |
| PEMAZYRE TAB 13.5MG | QL (28 tabs / 28 days), PA |
| PHESGO SOL | PA |
| PIQRAY 200MG TAB DOSE | QL (28 tabs / 28 days), PA |
| PIQRAY 250MG TAB DOSE | QL (56 tabs / 28 days), PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| PIQRAY 300MG TAB DOSE | QL (56 tabs / 28 days), PA |
| QINLOCK TAB 50MG | QL (90 tabs / 30 days), PA |
| RETEVMO TAB 40MG | QL (90 tabs / 30 days), PA |
| RETEVMO TAB 80MG | QL (120 tabs / 30 days), PA |
| RETEVMO TAB 120MG | QL (60 tabs / 30 days), PA |
| RETEVMO TAB 160MG | QL (60 tabs / 30 days), PA |
| REVUFORJ TAB 25MG | QL (240 tabs / 30 days), PA |
| REVUFORJ TAB 110MG | QL (120 tabs / 30 days), PA |
| REVUFORJ TAB 160MG | QL (60 tabs / 30 days), PA |
| REZLIDHIA CAP 150MG | QL (60 caps / 30 days), PA |
| ROMVIMZA CAP 14MG | QL (8 caps / 28 days), PA |
| ROMVIMZA CAP 20MG | QL (8 caps / 28 days), PA |
| ROMVIMZA CAP 30MG | QL (8 caps / 28 days), PA |
| ROZLYTREK CAP 100MG | QL (180 caps / 30 days), PA |
| ROZLYTREK CAP 200MG | QL (90 caps / 30 days), PA |
| ROZLYTREK PAK 50MG | QL (336 packets / 28 days), PA |
| RUBRACA TAB 200MG | QL (120 tabs / 30 days), PA |
| RUBRACA TAB 250MG | QL (120 tabs / 30 days), PA |
| RUBRACA TAB 300MG | QL (120 tabs / 30 days), PA |
| RYDAPT CAP 25MG | QL (224 caps / 28 days), PA |
| SCEMBLIX TAB 20MG | QL (60 tabs / 30 days), PA |
| SCEMBLIX TAB 40MG | QL (300 tabs / 30 days), PA |
| SCEMBLIX TAB 100MG | QL (120 tabs / 30 days), PA |
| *sorafenib tosylate tab 200 mg (base equivalent)* | QL (120 tabs / 30 days), PA |
| STIVARGA TAB 40MG | QL (84 tabs / 28 days), PA |
| *sunitinib malate cap 12.5 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| *sunitinib malate cap 25 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| *sunitinib malate cap 37.5 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| *sunitinib malate cap 50 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| TABRECTA TAB 150MG | QL (112 tabs / 28 days), PA |
| TABRECTA TAB 200MG | QL (112 tabs / 28 days), PA |
| TAFINLAR CAP 50MG | QL (120 caps / 30 days), PA |
| TAFINLAR CAP 75MG | QL (120 caps / 30 days), PA |
| TAFINLAR TAB 10MG | QL (840 tabs / 28 days), PA |
| TAGRISSO TAB 40MG | QL (30 tabs / 30 days), PA |
| TAGRISSO TAB 80MG | QL (30 tabs / 30 days), PA |
| TALZENNA CAP 0.1MG | QL (30 caps / 30 days), PA |
| TALZENNA CAP 0.5MG | QL (30 caps / 30 days), PA |
| TALZENNA CAP 0.25MG | QL (90 caps / 30 days), PA |
| TALZENNA CAP 0.35MG | QL (30 caps / 30 days), PA |
| TALZENNA CAP 0.75MG | QL (30 caps / 30 days), PA |
| TALZENNA CAP 1MG | QL (30 caps / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| TECENTRIQ INJ 840/14 | PA |
| TECENTRIQ INJ 1200/20 | PA |
| TECENTRIQ INJ HYBREZA | QL (1 vial / 21 days), PA |
| TEPMETKO TAB 225MG | QL (60 tabs / 30 days), PA |
| TIBSOVO TAB 250MG | QL (60 tabs / 30 days), PA |
| *torpenz* | QL (30 tabs / 30 days), PA |
| TRAZIMERA INJ 150MG | PA |
| TRAZIMERA INJ 420MG | PA |
| TRUQAP PAK 160MG | QL (4 packs / 28 days), PA |
| TRUQAP PAK 200MG | QL (4 packs / 28 days), PA |
| TRUQAP TAB 160MG | QL (64 tabs / 28 days), PA |
| TRUQAP TAB 200MG | QL (64 tabs / 28 days), PA |
| TRUXIMA INJ 100/10ML | PA |
| TRUXIMA INJ 500/50ML | PA |
| TUKYSA TAB 50MG | QL (120 tabs / 30 days), PA |
| TUKYSA TAB 150MG | QL (120 tabs / 30 days), PA |
| TURALIO CAP 125MG | QL (120 caps / 30 days), PA |
| VANFLYTA TAB 17.7MG | QL (56 tabs / 28 days), PA |
| VANFLYTA TAB 26.5MG | QL (56 tabs / 28 days), PA |
| VENCLEXTA TAB 10MG | QL (112 tabs / 28 days), PA |
| VENCLEXTA TAB 50MG | QL (112 tabs / 28 days), PA |
| VENCLEXTA TAB 100MG | QL (180 tabs / 30 days), PA |
| VENCLEXTA TAB START PK | QL (42 tabs / 28 days), PA |
| VERZENIO TAB 50MG | QL (56 tabs / 28 days), PA |
| VERZENIO TAB 100MG | QL (56 tabs / 28 days), PA |
| VERZENIO TAB 150MG | QL (56 tabs / 28 days), PA |
| VERZENIO TAB 200MG | QL (56 tabs / 28 days), PA |
| VITRAKVI CAP 25MG | QL (180 caps / 30 days), PA |
| VITRAKVI CAP 100MG | QL (60 caps / 30 days), PA |
| VITRAKVI SOL 20MG/ML | QL (300 mL / 30 days), PA |
| VIZIMPRO TAB 15MG | QL (30 tabs / 30 days), PA |
| VIZIMPRO TAB 30MG | QL (30 tabs / 30 days), PA |
| VIZIMPRO TAB 45MG | QL (30 tabs / 30 days), PA |
| VONJO CAP 100MG | QL (120 caps / 30 days), PA |
| VORANIGO TAB 10MG | QL (60 tabs / 30 days), PA |
| VORANIGO TAB 40MG | QL (30 tabs / 30 days), PA |
| XALKORI CAP 20MG | QL (120 caps / 30 days), PA |
| XALKORI CAP 50MG | QL (120 caps / 30 days), PA |
| XALKORI CAP 150MG | QL (180 caps / 30 days), PA |
| XALKORI CAP 200MG | QL (120 caps / 30 days), PA |
| XALKORI CAP 250MG | QL (120 caps / 30 days), PA |
| XOSPATA TAB 40MG | QL (90 tabs / 30 days), PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) | QL (16 tabs / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| XPOVIO PAK (40 MG ONCE WEEKLY) | QL (4 tabs / 28 days), PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) | QL (8 tabs / 28 days), PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) | QL (4 tabs / 28 days), PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) | QL (24 tabs / 28 days), PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) | QL (4 tabs / 28 days), PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) | QL (8 tabs / 28 days), PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) | QL (32 tabs / 28 days), PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) | QL (8 tabs / 28 days), PA |
| ZEJULA TAB 100MG | QL (30 tabs / 30 days), PA |
| ZEJULA TAB 200MG | QL (30 tabs / 30 days), PA |
| ZEJULA TAB 300MG | QL (30 tabs / 30 days), PA |
| ZELBORAF TAB 240MG | QL (240 tabs / 30 days), PA |
| ZIRABEV INJ 100/4ML | PA |
| ZIRABEV INJ 400/16ML | PA |
| ZOLINZA CAP 100MG | QL (120 caps / 30 days), PA |
| ZYDELIG TAB 100MG | QL (60 tabs / 30 days), PA |
| ZYDELIG TAB 150MG | QL (60 tabs / 30 days), PA |
| ZYKADIA TAB 150MG | QL (84 tabs / 28 days), PA |

## CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

### *ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE*

| | |
|---|---|
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | QL (30 caps / 30 days) |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | |
| ***ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *benazepril hcl tab 5 mg* | |
| *benazepril hcl tab 10 mg* | |
| *benazepril hcl tab 20 mg* | |
| *benazepril hcl tab 40 mg* | |
| *captopril tab 12.5 mg* | |
| *captopril tab 25 mg* | |
| *captopril tab 50 mg* | |
| *captopril tab 100 mg* | |
| *enalapril maleate tab 2.5 mg* | |
| *enalapril maleate tab 5 mg* | |
| *enalapril maleate tab 10 mg* | |
| *enalapril maleate tab 20 mg* | |
| *fosinopril sodium tab 10 mg* | |
| *fosinopril sodium tab 20 mg* | |
| *fosinopril sodium tab 40 mg* | |
| *lisinopril tab 2.5 mg* | |
| *lisinopril tab 5 mg* | |
| *lisinopril tab 10 mg* | |
| *lisinopril tab 20 mg* | |
| *lisinopril tab 30 mg* | |
| *lisinopril tab 40 mg* | |
| *moexipril hcl tab 7.5 mg* | |
| *moexipril hcl tab 15 mg* | |
| *perindopril erbumine tab 2 mg* | |
| *perindopril erbumine tab 4 mg* | |
| *perindopril erbumine tab 8 mg* | |
| *quinapril hcl tab 5 mg* | |
| *quinapril hcl tab 10 mg* | |
| *quinapril hcl tab 20 mg* | |
| *quinapril hcl tab 40 mg* | |
| *ramipril cap 1.25 mg* | |
| *ramipril cap 2.5 mg* | |
| *ramipril cap 5 mg* | |
| *ramipril cap 10 mg* | |
| *trandolapril tab 1 mg* | |
| *trandolapril tab 2 mg* | |
| *trandolapril tab 4 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *eplerenone tab 25 mg* | |
| *eplerenone tab 50 mg* | |
| KERENDIA TAB 10MG | QL (30 tabs / 30 days) |
| KERENDIA TAB 20MG | QL (30 tabs / 30 days) |
| KERENDIA TAB 40MG | QL (30 tabs / 30 days) |
| *spironolactone tab 25 mg* | |
| *spironolactone tab 50 mg* | |
| *spironolactone tab 100 mg* | |
| ***ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *doxazosin mesylate tab 1 mg* | |
| *doxazosin mesylate tab 2 mg* | |
| *doxazosin mesylate tab 4 mg* | |
| *doxazosin mesylate tab 8 mg* | |
| *prazosin hcl cap 1 mg* | |
| *prazosin hcl cap 2 mg* | |
| *prazosin hcl cap 5 mg* | |
| *terazosin hcl cap 1 mg (base equivalent)* | |
| *terazosin hcl cap 2 mg (base equivalent)* | |
| *terazosin hcl cap 5 mg (base equivalent)* | |
| *terazosin hcl cap 10 mg (base equivalent)* | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 5-160 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 5-320 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 10-160 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 10-320 mg* | QL (30 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | QL (30 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | QL (30 tabs / 30 days) |
| ENTRESTO CAP 6-6MG | QL (240 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ENTRESTO CAP 15-16MG | QL (240 caps / 30 days) |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | QL (60 tabs / 30 days) |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | QL (30 tabs / 30 days) |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | QL (30 tabs / 30 days) |
| *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) |
| *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) |
| ***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) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *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) |
| *lovastatin tab 20 mg* | QL (60 tabs / 30 days) |
| *lovastatin tab 40 mg* | QL (60 tabs / 30 days) |
| *pravastatin sodium tab 10 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 20 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 40 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 80 mg* | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 5 mg* | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 10 mg* | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 20 mg* | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 40 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 5 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 10 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 20 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 40 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 80 mg* | QL (30 tabs / 30 days) |
| ***ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL*** | |
| *cholestyramine light powder 4 gm/dose* | |
| *cholestyramine light powder packets 4 gm* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *betaxolol hcl tab 20 mg* | |
| *bisoprolol fumarate tab 5 mg* | |
| *bisoprolol fumarate tab 10 mg* | |
| *carvedilol tab 3.125 mg* | |
| *carvedilol tab 6.25 mg* | |
| *carvedilol tab 12.5 mg* | |
| *carvedilol tab 25 mg* | |
| *labetalol hcl tab 100 mg* | |
| *labetalol hcl tab 200 mg* | |
| *labetalol hcl tab 300 mg* | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* | |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* | |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* | |
| *metoprolol tartrate iv soln 5 mg/5ml* | |
| *metoprolol tartrate tab 25 mg* | |
| *metoprolol tartrate tab 50 mg* | |
| *metoprolol tartrate tab 100 mg* | |
| *nadolol tab 20 mg* | |
| *nadolol tab 40 mg* | |
| *nadolol tab 80 mg* | |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 5 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 10 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 20 mg (base equivalent)* | QL (60 tabs / 30 days) |
| *pindolol tab 5 mg* | |
| *pindolol tab 10 mg* | |
| *propranolol hcl cap er 24hr 60 mg* | |
| *propranolol hcl cap er 24hr 80 mg* | |
| *propranolol hcl cap er 24hr 120 mg* | |
| *propranolol hcl cap er 24hr 160 mg* | |
| *propranolol hcl oral soln 20 mg/5ml* | |
| *propranolol hcl oral soln 40 mg/5ml* | |
| *propranolol hcl tab 10 mg* | |
| *propranolol hcl tab 20 mg* | |
| *propranolol hcl tab 40 mg* | |
| *propranolol hcl tab 60 mg* | |
| *propranolol hcl tab 80 mg* | |
| *timolol maleate tab 5 mg* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *isradipine cap 5 mg* | |
| *nicardipine hcl cap 20 mg* | |
| *nicardipine hcl cap 30 mg* | |
| *nifedipine tab er 24hr 30 mg* | |
| *nifedipine tab er 24hr 60 mg* | |
| *nifedipine tab er 24hr 90 mg* | |
| *nifedipine tab er 24hr osmotic release 30 mg* | |
| *nifedipine tab er 24hr osmotic release 60 mg* | |
| *nifedipine tab er 24hr osmotic release 90 mg* | |
| *nimodipine cap 30 mg* | |
| *tiadylt er* | |
| *verapamil hcl cap er 24hr 100 mg* | |
| *verapamil hcl cap er 24hr 120 mg* | |
| *verapamil hcl cap er 24hr 180 mg* | |
| *verapamil hcl cap er 24hr 200 mg* | |
| *verapamil hcl cap er 24hr 240 mg* | |
| *verapamil hcl cap er 24hr 300 mg* | |
| *verapamil hcl cap er 24hr 360 mg* | |
| *verapamil hcl iv soln 2.5 mg/ml* | |
| *verapamil hcl tab 40 mg* | |
| *verapamil hcl tab 80 mg* | |
| *verapamil hcl tab 120 mg* | |
| *verapamil hcl tab er 120 mg* | |
| *verapamil hcl tab er 180 mg* | |
| *verapamil hcl tab er 240 mg* | |
| ***DIURETICS - DRUGS TO TREAT HEART CONDITIONS*** | |
| *acetazolamide cap er 12hr 500 mg* | |
| *acetazolamide tab 125 mg* | |
| *acetazolamide tab 250 mg* | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | |
| *amiloride hcl tab 5 mg* | |
| *bumetanide inj 0.25 mg/ml* | |
| *bumetanide tab 0.5 mg* | |
| *bumetanide tab 1 mg* | |
| *bumetanide tab 2 mg* | |
| *chlorthalidone tab 25 mg* | |
| *chlorthalidone tab 50 mg* | |
| *furosemide inj* | |
| *furosemide oral soln 8 mg/ml* | |
| *furosemide oral soln 10 mg/ml* | |
| *furosemide tab 20 mg* | |
| *furosemide tab 40 mg* | |
| *furosemide tab 80 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *hydrochlorothiazide cap 12.5 mg* | |
| *hydrochlorothiazide tab 12.5 mg* | |
| *hydrochlorothiazide tab 25 mg* | |
| *hydrochlorothiazide tab 50 mg* | |
| *indapamide tab 1.25 mg* | |
| *indapamide tab 2.5 mg* | |
| *methazolamide tab 25 mg* | |
| *methazolamide tab 50 mg* | |
| *metolazone tab 2.5 mg* | |
| *metolazone tab 5 mg* | |
| *metolazone tab 10 mg* | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | |
| *torsemide tab 5 mg* | |
| *torsemide tab 10 mg* | |
| *torsemide tab 20 mg* | |
| *torsemide tab 100 mg* | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | |
| ***MISCELLANEOUS*** | |
| *aliskiren fumarate tab 150 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *aliskiren fumarate tab 300 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *clonidine hcl tab 0.1 mg* | |
| *clonidine hcl tab 0.2 mg* | |
| *clonidine hcl tab 0.3 mg* | |
| *clonidine td patch weekly 0.1 mg/24hr* | |
| *clonidine td patch weekly 0.2 mg/24hr* | |
| *clonidine td patch weekly 0.3 mg/24hr* | |
| CORLANOR SOL 5MG/5ML | QL (450 mL / 30 days) |
| *digoxin inj 0.25 mg/ml* | |
| *digoxin oral soln 0.05 mg/ml* | |
| *digoxin tab 125 mcg (0.125 mg)* | QL (30 tabs / 30 days) |
| *digoxin tab 250 mcg (0.25 mg)* | QL (30 tabs / 30 days) |
| *droxidopa cap 100 mg* | QL (90 caps / 30 days), PA |
| *droxidopa cap 200 mg* | QL (180 caps / 30 days), PA |
| *droxidopa cap 300 mg* | QL (180 caps / 30 days), PA |
| *epinephrine inj 1 mg/ml* | |
| *guanfacine hcl tab 1 mg* | PA; PA applies if 65 years and older |
| *guanfacine hcl tab 2 mg* | PA; PA applies if 65 years and older |
| *hydralazine hcl inj 20 mg/ml* | |
| *hydralazine hcl tab 10 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | PA |
| *midodrine hcl tab 2.5 mg* | |
| *midodrine hcl tab 5 mg* | |
| *midodrine hcl tab 10 mg* | |
| *minoxidil tab 2.5 mg* | |
| *minoxidil tab 10 mg* | |
| *ranolazine tab er 12hr 500 mg* | |
| *ranolazine tab er 12hr 1000 mg* | |
| VERQUVO TAB 2.5MG | QL (30 tabs / 30 days), PA |
| VERQUVO TAB 5MG | QL (30 tabs / 30 days), PA |
| VERQUVO TAB 10MG | QL (30 tabs / 30 days), PA |
| ***NITRATES - DRUGS TO TREAT HEART CONDITIONS*** | |
| *isosorbide dinitrate tab 5 mg* | |
| *isosorbide dinitrate tab 10 mg* | |
| *isosorbide dinitrate tab 20 mg* | |
| *isosorbide dinitrate tab 30 mg* | |
| *isosorbide mononitrate tab er 24hr 30 mg* | |
| *isosorbide mononitrate tab er 24hr 60 mg* | |
| *isosorbide mononitrate tab er 24hr 120 mg* | |
| *nitro-bid oin 2%* | |
| *nitroglycerin sl tab 0.3 mg* | |
| *nitroglycerin sl tab 0.4 mg* | |
| *nitroglycerin sl tab 0.6 mg* | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* | |
| *nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)* | |
| ***PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION*** | |
| ADEMPAS TAB 0.5MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 1.5MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 1MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 2.5MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 2MG | QL (90 tabs / 30 days), PA |
| *alyq* | QL (60 tabs / 30 days), PA |
| *ambrisentan tab 5 mg* | QL (30 tabs / 30 days), PA |
| *ambrisentan tab 10 mg* | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *bosentan tab 62.5 mg* | QL (60 tabs / 30 days), PA |
| *bosentan tab 125 mg* | QL (60 tabs / 30 days), PA |
| *bosentan tab for oral susp 32 mg* | QL (120 tabs / 30 days), PA |
| OPSUMIT TAB 10MG | QL (30 tabs / 30 days), PA |
| *sildenafil citrate tab 20 mg* | QL (360 tabs / 30 days), PA |
| *tadalafil tab 20 mg (pah)* | QL (60 tabs / 30 days), PA |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | PA |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | PA |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | PA |
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | PA |
| UPTRAVI PACK TAB 200/800 | QL (1 pack / 28 days), PA |
| UPTRAVI TAB 200MCG | QL (140 tabs / 28 days), PA |
| UPTRAVI TAB 400MCG | QL (60 tabs / 30 days), PA |
| UPTRAVI TAB 600MCG | QL (60 tabs / 30 days), PA |
| UPTRAVI TAB 800MCG | QL (60 tabs / 30 days), PA |
| UPTRAVI TAB 1000MCG | QL (60 tabs / 30 days), PA |
| UPTRAVI TAB 1200MCG | QL (60 tabs / 30 days), PA |
| UPTRAVI TAB 1400MCG | QL (60 tabs / 30 days), PA |
| UPTRAVI TAB 1600MCG | QL (60 tabs / 30 days), PA |
| WINREVAIR INJ 45MG | QL (2 vials / 21 days), PA |
| WINREVAIR INJ 60MG | QL (2 vials / 21 days), PA |
| YUTREPIA CAP 26.5MCG | QL (140 caps / 28 days), PA |
| YUTREPIA CAP 53MCG | QL (140 caps / 28 days), PA |
| YUTREPIA CAP 79.5MCG | QL (140 caps / 28 days), PA |
| YUTREPIA CAP 106MCG | QL (224 caps / 28 days), PA |

## CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

### *ANTIANXIETY - DRUGS TO TREAT ANXIETY*

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lorazepam intensol* | QL (150 mL / 30 days) |
| *lorazepam tab 0.5 mg* | QL (150 tabs / 30 days) |
| *lorazepam tab 1 mg* | QL (150 tabs / 30 days) |
| *lorazepam tab 2 mg* | QL (150 tabs / 30 days) |
| ***ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS*** | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | QL (30 tabs / 30 days) |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | |
| *donepezil hydrochloride tab 5 mg* | QL (30 tabs / 30 days) |
| *donepezil hydrochloride tab 10 mg* | |
| *galantamine hydrobromide cap er 24hr 8 mg* | QL (30 caps / 30 days) |
| *galantamine hydrobromide cap er 24hr 16 mg* | QL (30 caps / 30 days) |
| *galantamine hydrobromide cap er 24hr 24 mg* | QL (30 caps / 30 days) |
| *galantamine hydrobromide oral soln 4 mg/ml* | QL (200 mL / 30 days) |
| *galantamine hydrobromide tab 4 mg* | QL (60 tabs / 30 days) |
| *galantamine hydrobromide tab 8 mg* | QL (60 tabs / 30 days) |
| *galantamine hydrobromide tab 12 mg* | QL (60 tabs / 30 days) |
| *memantine hcl cap er 24hr 7 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl cap er 24hr 14 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl cap er 24hr 21 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl cap er 24hr 28 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl oral solution 2 mg/ml* | PA; PA applies if 29 years and younger |
| *memantine hcl tab 5 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl tab 10 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | PA; PA applies if 29 years and younger |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* | |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* | |
| *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 |
| *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) |
| *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 |
| *desipramine hcl tab 50 mg* | PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 |
| *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 |
| 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 | QL (30 patches / 30 days), PA |
| EMSAM DIS 9MG/24HR | QL (30 patches / 30 days), PA |
| EMSAM DIS 12MG/24H | QL (30 patches / 30 days), PA |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | |
| *escitalopram oxalate tab 5 mg (base equiv)* | |
| *escitalopram oxalate tab 10 mg (base equiv)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *escitalopram oxalate tab 20 mg (base equiv)* | |
| EXXUA TAB 18.2MG | QL (30 tabs / 30 days), PA |
| EXXUA TAB 36.3MG | QL (30 tabs / 30 days), PA |
| EXXUA TAB 54.5MG | QL (30 tabs / 30 days), PA |
| EXXUA TAB 72.6MG | QL (30 tabs / 30 days), PA |
| EXXUA TITRAT TAB 18.2MG | QL (2 packs / year), PA |
| FETZIMA CAP 20MG | QL (60 caps / 30 days), PA |
| FETZIMA CAP 40MG | QL (60 caps / 30 days), PA |
| FETZIMA CAP 80MG | QL (30 caps / 30 days), PA |
| FETZIMA CAP 120MG | QL (30 caps / 30 days), PA |
| FETZIMA CAP TITRATIO | QL (2 packs / year), PA |
| *fluoxetine hcl cap 10 mg* | |
| *fluoxetine hcl cap 20 mg* | |
| *fluoxetine hcl cap 40 mg* | |
| *fluoxetine hcl solution 20 mg/5ml* | |
| *imipramine hcl tab 10 mg* | PA; PA applies if 65 years and older |
| *imipramine hcl tab 25 mg* | PA; PA applies if 65 years and older |
| *imipramine hcl tab 50 mg* | PA; PA applies if 65 years and older |
| MARPLAN TAB 10MG | QL (180 tabs / 30 days) |
| *mirtazapine orally disintegrating tab 15 mg* | |
| *mirtazapine orally disintegrating tab 30 mg* | |
| *mirtazapine orally disintegrating tab 45 mg* | |
| *mirtazapine tab 7.5 mg* | |
| *mirtazapine tab 15 mg* | |
| *mirtazapine tab 30 mg* | |
| *mirtazapine tab 45 mg* | |
| *nefazodone hcl tab 50 mg* | |
| *nefazodone hcl tab 100 mg* | |
| *nefazodone hcl tab 150 mg* | |
| *nefazodone hcl tab 200 mg* | |
| *nefazodone hcl tab 250 mg* | |
| *nortriptyline hcl cap 10 mg* | |
| *nortriptyline hcl cap 25 mg* | |
| *nortriptyline hcl cap 50 mg* | |
| *nortriptyline hcl cap 75 mg* | |
| *nortriptyline hcl soln 10 mg/5ml* | |
| *paroxetine hcl oral susp 10 mg/5ml (base equiv)* | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *paroxetine hcl tab 10 mg* | PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *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)* | |
| *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 | QL (28 caps / 14 days), PA |
| ZURZUVAE CAP 25MG | QL (28 caps / 14 days), PA |
| ZURZUVAE CAP 30MG | QL (14 caps / 14 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***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)* | |
| *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* | |
| *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 | QL (300 caps / 30 days), PA |
| *pramipexole dihydrochloride tab 0.5 mg* | |
| *pramipexole dihydrochloride tab 0.25 mg* | |
| *pramipexole dihydrochloride tab 0.75 mg* | |
| *pramipexole dihydrochloride tab 0.125 mg* | |
| *pramipexole dihydrochloride tab 1 mg* | |
| *pramipexole dihydrochloride tab 1.5 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *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 | QL (1 syringe / 56 days) |
| ABILIFY ASIM INJ 960MG | QL (1 syringe / 56 days) |
| ABILIFY MAIN INJ 300MG | QL (1 injection / 28 days) |
| ABILIFY MAIN INJ 300MG | QL (1 syringe / 28 days) |
| ABILIFY MAIN INJ 400MG | QL (1 injection / 28 days) |
| ABILIFY MAIN INJ 400MG | QL (1 syringe / 28 days) |
| *aripiprazole oral solution 1 mg/ml* | QL (900 mL / 30 days) |
| *aripiprazole orally disintegrating tab 10 mg* | QL (60 tabs / 30 days), ST |
| *aripiprazole orally disintegrating tab 15 mg* | QL (60 tabs / 30 days), ST |
| *aripiprazole tab 2 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 5 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 10 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 15 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 20 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 30 mg* | QL (30 tabs / 30 days) |
| ARISTADA INJ 441MG/1. | QL (1 syringe / 28 days) |
| ARISTADA INJ 662MG/2 | QL (1 syringe / 28 days) |
| ARISTADA INJ 882MG/3 | QL (1 syringe / 28 days) |
| ARISTADA INJ 1064MG | QL (1 syringe / 56 days) |
| ARISTADA INJ INITIO | |
| *asenapine maleate sl tab 2.5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *asenapine maleate sl tab 5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *asenapine maleate sl tab 10 mg (base equiv)* | QL (60 tabs / 30 days) |
| CAPLYTA CAP 10.5MG | QL (30 caps / 30 days) |
| CAPLYTA CAP 21MG | QL (30 caps / 30 days) |
| CAPLYTA CAP 42MG | QL (30 caps / 30 days) |
| *chlorpromazine hcl conc 30 mg/ml* | |
| *chlorpromazine hcl conc 100 mg/ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 |
| *clozapine orally disintegrating tab 100 mg* | QL (270 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 150 mg* | QL (180 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 200 mg* | QL (120 tabs / 30 days), PA |
| *clozapine tab 25 mg* | |
| *clozapine tab 50 mg* | |
| *clozapine tab 100 mg* | QL (270 tabs / 30 days) |
| *clozapine tab 200 mg* | QL (120 tabs / 30 days) |
| COBENFY CAP 50-20MG | QL (60 caps / 30 days) |
| COBENFY CAP 100-20MG | QL (60 caps / 30 days) |
| COBENFY CAP 125-30MG | QL (60 caps / 30 days) |
| COBENFY STRT CAP PACK | QL (2 packs / year) |
| ERZOFRI INJ 39/0.25 | QL (1 syringe / 28 days) |
| ERZOFRI INJ 78/0.5ML | QL (1 syringe / 28 days) |
| ERZOFRI INJ 117/0.75 | QL (1 syringe / 28 days) |
| ERZOFRI INJ 156MG/ML | QL (1 syringe / 28 days) |
| ERZOFRI INJ 234/1.5 | QL (1 syringe / 28 days) |
| ERZOFRI INJ 351/2.25 | QL (2 syringes / year) |
| FANAPT PAK PACK A | QL (2 packs / year), PA |
| FANAPT PAK PACK B | QL (2 packs / year), PA |
| FANAPT PAK PACK C | QL (2 packs / year), PA |
| FANAPT TAB 1MG | QL (60 tabs / 30 days), PA |
| FANAPT TAB 2MG | QL (60 tabs / 30 days), PA |
| FANAPT TAB 4MG | QL (60 tabs / 30 days), PA |
| FANAPT TAB 6MG | QL (60 tabs / 30 days), PA |
| FANAPT TAB 8MG | QL (60 tabs / 30 days), PA |
| FANAPT TAB 10MG | QL (60 tabs / 30 days), PA |
| FANAPT TAB 12MG | QL (60 tabs / 30 days), PA |
| *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* | |

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 |
|---|---|
| *fluphenazine hcl tab 10 mg* | |
| *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 | QL (1 injection / 180 days) |
| INVEGA HAFYE INJ 1560MG | QL (1 injection / 180 days) |
| INVEGA SUST INJ 39/0.25 | QL (1 syringe / 28 days) |
| INVEGA SUST INJ 78/0.5ML | QL (1 syringe / 28 days) |
| INVEGA SUST INJ 117/0.75 | QL (1 syringe / 28 days) |
| INVEGA SUST INJ 156MG/ML | QL (1 syringe / 28 days) |
| INVEGA SUST INJ 234/1.5 | QL (1 syringe / 28 days) |
| INVEGA TRINZ INJ 273MG | QL (1 syringe / 90 days) |
| INVEGA TRINZ INJ 410MG | QL (1 syringe / 90 days) |
| INVEGA TRINZ INJ 546MG | QL (1 syringe / 90 days) |
| INVEGA TRINZ INJ 819MG | QL (1 syringe / 90 days) |
| *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 | QL (30 tabs / 30 days) |
| LYBALVI TAB 10-10MG | QL (30 tabs / 30 days) |
| LYBALVI TAB 15-10MG | QL (30 tabs / 30 days) |
| LYBALVI TAB 20-10MG | QL (30 tabs / 30 days) |
| *molindone hcl tab 5 mg* | |
| *molindone hcl tab 10 mg* | |
| *molindone hcl tab 25 mg* | |
| NUPLAZID CAP 34MG | QL (30 caps / 30 days), PA |
| NUPLAZID TAB 10MG | QL (30 tabs / 30 days), PA |
| *olanzapine for im inj 10 mg* | QL (3 vials / 1 day) |
| *olanzapine orally disintegrating tab 5 mg* | QL (30 tabs / 30 days), ST |
| *olanzapine orally disintegrating tab 10 mg* | QL (60 tabs / 30 days), ST |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *olanzapine orally disintegrating tab 15 mg* | QL (30 tabs / 30 days), ST |
| *olanzapine orally disintegrating tab 20 mg* | QL (30 tabs / 30 days), ST |
| *olanzapine tab 2.5 mg* | QL (60 tabs / 30 days) |
| *olanzapine tab 5 mg* | QL (60 tabs / 30 days) |
| *olanzapine tab 7.5 mg* | QL (30 tabs / 30 days) |
| *olanzapine tab 10 mg* | QL (60 tabs / 30 days) |
| *olanzapine tab 15 mg* | QL (30 tabs / 30 days) |
| *olanzapine tab 20 mg* | QL (30 tabs / 30 days) |
| OPIPZA MIS 2MG | QL (30 films / 30 days), PA |
| OPIPZA MIS 5MG | QL (30 films / 30 days), PA |
| OPIPZA MIS 10MG | QL (90 films / 30 days), PA |
| *paliperidone tab er 24hr 1.5 mg* | QL (30 tabs / 30 days) |
| *paliperidone tab er 24hr 3 mg* | QL (30 tabs / 30 days) |
| *paliperidone tab er 24hr 6 mg* | QL (60 tabs / 30 days) |
| *paliperidone tab er 24hr 9 mg* | QL (30 tabs / 30 days) |
| *perphenazine tab 2 mg* | |
| *perphenazine tab 4 mg* | |
| *perphenazine tab 8 mg* | |
| *perphenazine tab 16 mg* | |
| *pimozide tab 1 mg* | |
| *pimozide tab 2 mg* | |
| *quetiapine fumarate tab 25 mg* | QL (180 tabs / 30 days) |
| *quetiapine fumarate tab 50 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 100 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 150 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 200 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 300 mg* | QL (60 tabs / 30 days) |
| *quetiapine fumarate tab 400 mg* | QL (60 tabs / 30 days) |
| *quetiapine fumarate tab er 24hr 50 mg* | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 150 mg* | QL (30 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 200 mg* | QL (30 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 300 mg* | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 400 mg* | QL (60 tabs / 30 days), PA |
| REXULTI TAB 0.5MG | QL (60 tabs / 30 days) |
| REXULTI TAB 0.25MG | QL (60 tabs / 30 days) |
| REXULTI TAB 1MG | QL (60 tabs / 30 days) |
| REXULTI TAB 2MG | QL (60 tabs / 30 days) |
| REXULTI TAB 3MG | QL (30 tabs / 30 days) |
| REXULTI TAB 4MG | QL (30 tabs / 30 days) |
| *risperidone microspheres for im extended rel susp 12.5 mg* | QL (2 injections / 28 days) |
| *risperidone microspheres for im extended rel susp 25 mg* | QL (2 injections / 28 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *risperidone microspheres for im extended rel susp 37.5 mg* | QL (2 injections / 28 days) |
| *risperidone microspheres for im extended rel susp 50 mg* | QL (2 injections / 28 days) |
| *risperidone orally disintegrating tab 0.5 mg* | QL (90 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 0.25 mg* | QL (90 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 1 mg* | QL (60 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 2 mg* | QL (60 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 3 mg* | QL (60 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 4 mg* | QL (120 tabs / 30 days), ST |
| *risperidone soln 1 mg/ml* | QL (240 mL / 30 days) |
| *risperidone tab 0.5 mg* | |
| *risperidone tab 0.25 mg* | |
| *risperidone tab 1 mg* | |
| *risperidone tab 2 mg* | |
| *risperidone tab 3 mg* | |
| *risperidone tab 4 mg* | |
| SECUADO DIS 3.8MG | QL (30 patches / 30 days) |
| SECUADO DIS 5.7MG | QL (30 patches / 30 days) |
| SECUADO DIS 7.6MG | QL (30 patches / 30 days) |
| *thioridazine hcl tab 10 mg* | |
| *thioridazine hcl tab 25 mg* | |
| *thioridazine hcl tab 50 mg* | |
| *thioridazine hcl tab 100 mg* | |
| *thiothixene cap 1 mg* | |
| *thiothixene cap 2 mg* | |
| *thiothixene cap 5 mg* | |
| *thiothixene cap 10 mg* | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | |
| VERSACLOZ SUS 50MG/ML | QL (600 mL / 30 days), PA |
| VRAYLAR CAP 0.5MG | QL (30 caps / 30 days) |
| VRAYLAR CAP 0.75MG | QL (30 caps / 30 days) |
| VRAYLAR CAP 1.5MG | QL (60 caps / 30 days) |
| VRAYLAR CAP 3MG | QL (30 caps / 30 days) |
| VRAYLAR CAP 4.5MG | QL (30 caps / 30 days) |
| VRAYLAR CAP 6MG | QL (30 caps / 30 days) |
| *ziprasidone hcl cap 20 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 40 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 60 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 80 mg* | QL (60 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ziprasidone mesylate for inj 20 mg (base equivalent)* | QL (6 injections / 3 days) |
| ZYPREXA RELP INJ 210MG | QL (2 vials / 28 days), PA |
| ZYPREXA RELP INJ 300MG | QL (2 vials / 28 days), PA |
| ZYPREXA RELP INJ 405MG | QL (1 vial / 28 days), PA |
| ***ANTISEIZURE AGENTS*** | |
| APTIOM TAB 200MG | QL (30 tabs / 30 days) |
| APTIOM TAB 400MG | QL (30 tabs / 30 days) |
| APTIOM TAB 600MG | QL (60 tabs / 30 days) |
| APTIOM TAB 800MG | QL (60 tabs / 30 days) |
| *brivaracetam oral soln 10 mg/ml* | QL (600 mL / 30 days), PA |
| *brivaracetam tab 10 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 25 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 50 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 75 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 100 mg* | QL (60 tabs / 30 days), PA |
| BRIVIACT SOL 10MG/ML | QL (600 mL / 30 days), PA |
| BRIVIACT TAB 10MG | QL (60 tabs / 30 days), PA |
| BRIVIACT TAB 25MG | QL (60 tabs / 30 days), PA |
| BRIVIACT TAB 50MG | QL (60 tabs / 30 days), PA |
| BRIVIACT TAB 75MG | QL (60 tabs / 30 days), PA |
| BRIVIACT TAB 100MG | QL (60 tabs / 30 days), PA |
| *carbamazepine cap er 12hr 100 mg* | |
| *carbamazepine cap er 12hr 200 mg* | |
| *carbamazepine cap er 12hr 300 mg* | |
| *carbamazepine chew tab 100 mg* | |
| *carbamazepine chew tab 200 mg* | |
| *carbamazepine susp 100 mg/5ml* | |
| *carbamazepine tab 200 mg* | |
| *carbamazepine tab er 12hr 100 mg* | |
| *carbamazepine tab er 12hr 200 mg* | |
| *carbamazepine tab er 12hr 400 mg* | |
| *clobazam suspension 2.5 mg/ml* | QL (480 mL / 30 days), PA |
| *clobazam tab 10 mg* | QL (60 tabs / 30 days), PA |
| *clobazam tab 20 mg* | QL (60 tabs / 30 days), PA |
| *clonazepam orally disintegrating tab 0.5 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 0.25 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 0.125 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 1 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 2 mg* | QL (300 tabs / 30 days) |
| *clonazepam tab 0.5 mg* | QL (90 tabs / 30 days) |
| *clonazepam tab 1 mg* | QL (90 tabs / 30 days) |
| *clonazepam tab 2 mg* | QL (300 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *clorazepate dipotassium tab 3.75 mg* | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| *clorazepate dipotassium tab 7.5 mg* | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| *clorazepate dipotassium tab 15 mg* | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| DIACOMIT CAP 250MG | QL (360 caps / 30 days), PA |
| DIACOMIT CAP 500MG | QL (180 caps / 30 days), PA |
| DIACOMIT PAK 250MG | QL (360 packets / 30 days), PA |
| DIACOMIT PAK 500MG | QL (180 packets / 30 days), PA |
| *diazepam inj* | |
| *diazepam intensol* | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam oral soln 1 mg/ml* | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam rectal gel delivery system 2.5 mg* | |
| *diazepam rectal gel delivery system 10 mg* | |
| *diazepam rectal gel delivery system 20 mg* | |
| *diazepam tab 2 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam tab 5 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam tab 10 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| DILANTIN CAP 30MG | |
| *divalproex sodium cap delayed release sprinkle 125 mg* | |
| *divalproex sodium tab delayed release 125 mg* | |
| *divalproex sodium tab delayed release 250 mg* | |
| *divalproex sodium tab delayed release 500 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *divalproex sodium tab er 24 hr 250 mg* | |
| *divalproex sodium tab er 24 hr 500 mg* | |
| EPIDIOLEX SOL 100MG/ML | QL (600 mL / 30 days), PA |
| *eslicarbazepine acetate tab 200 mg* | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate tab 400 mg* | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate tab 600 mg* | QL (60 tabs / 30 days) |
| *eslicarbazepine acetate tab 800 mg* | QL (60 tabs / 30 days) |
| *ethosuximide cap 250 mg* | |
| *ethosuximide soln 250 mg/5ml* | |
| *felbamate susp 600 mg/5ml* | |
| *felbamate tab 400 mg* | |
| *felbamate tab 600 mg* | |
| FINTEPLA SOL 2.2MG/ML | QL (360 mL / 30 days), PA |
| FYCOMPA SUS 0.5MG/ML | QL (680 mL / 28 days), PA |
| FYCOMPA TAB 2MG | QL (60 tabs / 30 days), PA |
| FYCOMPA TAB 4MG | QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 6MG | QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 8MG | QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 10MG | QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 12MG | QL (30 tabs / 30 days), PA |
| *gabapentin cap 100 mg* | QL (360 caps / 30 days) |
| *gabapentin cap 300 mg* | QL (360 caps / 30 days) |
| *gabapentin cap 400 mg* | QL (270 caps / 30 days) |
| *gabapentin oral soln 250 mg/5ml* | QL (2160 mL / 30 days) |
| *gabapentin tab 600 mg* | QL (180 tabs / 30 days) |
| *gabapentin tab 800 mg* | QL (120 tabs / 30 days) |
| *lacosamide iv inj 200 mg/20ml (10 mg/ml)* | |
| *lacosamide oral* | QL (1200 mL / 30 days) |
| *lacosamide tab 50 mg* | QL (120 tabs / 30 days) |
| *lacosamide tab 100 mg* | QL (60 tabs / 30 days) |
| *lacosamide tab 150 mg* | QL (60 tabs / 30 days) |
| *lacosamide tab 200 mg* | QL (60 tabs / 30 days) |
| *lamotrigine tab 25 mg* | |
| *lamotrigine tab 100 mg* | |
| *lamotrigine tab 150 mg* | |
| *lamotrigine tab 200 mg* | |
| *lamotrigine tab chewable dispersible 5 mg* | |
| *lamotrigine tab chewable dispersible 25 mg* | |
| *lamotrigine tab er 24hr 25 mg* | ST |
| *lamotrigine tab er 24hr 50 mg* | ST |
| *lamotrigine tab er 24hr 100 mg* | ST |
| *lamotrigine tab er 24hr 200 mg* | ST |
| *lamotrigine tab er 24hr 250 mg* | ST |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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) |
| *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* | QL (680 mL / 28 days), PA |
| *perampanel tab 2 mg* | QL (60 tabs / 30 days), PA |
| *perampanel tab 4 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 6 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 8 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 10 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 12 mg* | QL (30 tabs / 30 days), PA |
| *phenobarbital elixir 20 mg/5ml* | QL (1500 mL / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital sodium inj 65 mg/ml* | PA; PA applies if 65 years and older |
| *phenobarbital sodium inj 130 mg/ml* | PA; PA applies if 65 years and older |
| *phenobarbital tab 15 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 16.2 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pregabalin cap 300 mg* | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin soln 20 mg/ml* | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *primidone tab 50 mg* | |
| *primidone tab 125 mg* | |
| *primidone tab 250 mg* | |
| *roweepra* | |
| *rufinamide susp 40 mg/ml* | QL (2400 mL / 30 days), PA |
| *rufinamide tab 200 mg* | QL (480 tabs / 30 days), PA |
| *rufinamide tab 400 mg* | QL (240 tabs / 30 days), PA |
| SPRITAM TAB 250MG | QL (360 tabs / 30 days) |
| SPRITAM TAB 500MG | QL (180 tabs / 30 days) |
| SPRITAM TAB 750MG | QL (120 tabs / 30 days) |
| SPRITAM TAB 1000MG | QL (90 tabs / 30 days) |
| *subvenite* | |
| SUBVENITE SUS 10MG/ML | ST |
| SYMPAZAN MIS 5MG | QL (60 films / 30 days), PA |
| SYMPAZAN MIS 10MG | QL (60 films / 30 days), PA |
| SYMPAZAN MIS 20MG | QL (60 films / 30 days), PA |
| *tiagabine hcl tab 2 mg* | |
| *tiagabine hcl tab 4 mg* | |
| *tiagabine hcl tab 12 mg* | |
| *tiagabine hcl tab 16 mg* | |
| *topiramate oral soln 25 mg/ml* | QL (480 mL / 30 days), PA |
| *topiramate sprinkle cap 15 mg* | |
| *topiramate sprinkle cap 25 mg* | |
| *topiramate sprinkle cap 50 mg* | |
| *topiramate tab 25 mg* | |
| *topiramate tab 50 mg* | |
| *topiramate tab 100 mg* | |
| *topiramate tab 200 mg* | |
| *valproate sodium inj 100 mg/ml* | |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | |
| *valproic acid cap 250 mg* | |
| VALTOCO SPR 5MG | QL (10 blister packs / 30 days) |
| VALTOCO SPR 10MG | QL (10 blister packs / 30 days) |
| VALTOCO SPR 15MG | QL (10 blister packs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| VALTOCO SPR 20MG | QL (10 blister packs / 30 days) |
| *vigabatrin powd pack 500 mg* | QL (180 packets / 30 days), PA |
| *vigabatrin tab 500 mg* | QL (180 tabs / 30 days), PA |
| *vigadrone* | QL (180 packets / 30 days), PA |
| *vigadrone* | QL (180 tabs / 30 days), PA |
| VIGAFYDE SOL 100MG/ML | QL (900 mL / 30 days), PA |
| XCOPRI PAK 12.5-25 | QL (28 tabs / 28 days) |
| XCOPRI PAK 50-100MG | QL (28 tabs / 28 days) |
| XCOPRI PAK 100-150 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | QL (28 tabs / 28 days) |
| XCOPRI TAB 25MG | QL (30 tabs / 30 days) |
| XCOPRI TAB 50MG | QL (30 tabs / 30 days) |
| XCOPRI TAB 100MG | QL (30 tabs / 30 days) |
| XCOPRI TAB 150MG | QL (60 tabs / 30 days) |
| XCOPRI TAB 200MG | QL (60 tabs / 30 days) |
| ZONISADE SUS 100MG/5 | QL (900 mL / 30 days), PA |
| *zonisamide cap 25 mg* | |
| *zonisamide cap 50 mg* | |
| *zonisamide cap 100 mg* | |
| ZTALMY SUS 50MG/ML | QL (1100 mL / 30 days), PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD*** | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine tab 5 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 7.5 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 10 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 12.5 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 15 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 20 mg* | QL (90 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amphetamine-dextroamphetamine tab 30 mg* | QL (60 tabs / 30 days), PA |
| *atomoxetine hcl cap 10 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 18 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 25 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 40 mg (base equiv)* | QL (60 caps / 30 days) |
| *atomoxetine hcl cap 60 mg (base equiv)* | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 80 mg (base equiv)* | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 100 mg (base equiv)* | QL (30 caps / 30 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl tab 5 mg* | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl tab 10 mg* | QL (60 tabs / 30 days), PA |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| *methylphenidate hcl chew tab 2.5 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl chew tab 5 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl chew tab 10 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl soln 5 mg/5ml* | QL (1800 mL / 30 days), PA |
| *methylphenidate hcl soln 10 mg/5ml* | QL (900 mL / 30 days), PA |
| *methylphenidate hcl tab 5 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl tab 10 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl tab 20 mg* | QL (90 tabs / 30 days), PA |
| *methylphenidate hcl tab er 10 mg* | QL (90 tabs / 30 days), PA |
| *methylphenidate hcl tab er 20 mg* | QL (90 tabs / 30 days), PA |
| ***HYPNOTICS - DRUGS TO TREAT INSOMNIA*** | |
| DAYVIGO TAB 5MG | QL (30 tabs / 30 days) |
| DAYVIGO TAB 10MG | QL (30 tabs / 30 days) |
| *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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *eszopiclone tab 2 mg* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *eszopiclone tab 3 mg* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *ramelteon tab 8 mg* | QL (30 tabs / 30 days) |
| *tasimelteon capsule 20 mg* | QL (30 caps / 30 days), PA |
| *temazepam cap 7.5 mg* | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| *temazepam cap 15 mg* | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *temazepam cap 30 mg* | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| *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 |
| *zolpidem tartrate tab 10 mg* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| ***MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES*** | |
| AIMOVIG INJ 70MG/ML | QL (1 pen / 30 days), PA |
| AIMOVIG INJ 140MG/ML | QL (1 pen / 30 days), PA |
| *dihydroergotamine mesylate nasal spray 4 mg/ml* | QL (8 mL / 30 days), PA |
| EMGALITY INJ 100MG/ML | QL (3 syringes / 30 days), PA |
| EMGALITY INJ 120MG/ML | QL (2 pens / 30 days), PA |
| EMGALITY INJ 120MG/ML | QL (2 syringes / 30 days), PA |
| *ergotamine w/ caffeine tab 1-100 mg* | QL (40 tabs / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *naratriptan hcl tab 1 mg (base equiv)* | QL (12 tabs / 30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | QL (12 tabs / 30 days) |
| NURTEC TAB 75MG ODT | QL (16 tabs / 30 days), PA |
| QULIPTA TAB 10MG | QL (30 tabs / 30 days), PA |
| QULIPTA TAB 30MG | QL (30 tabs / 30 days), PA |
| QULIPTA TAB 60MG | QL (30 tabs / 30 days), PA |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | QL (18 tabs / 30 days) |
| *sumatriptan nasal spray 5 mg/act* | QL (24 units / 30 days) |
| *sumatriptan nasal spray 20 mg/act* | QL (12 units / 30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | QL (12 injections / 30 days) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | QL (12 injections / 30 days) |
| *sumatriptan succinate tab 25 mg* | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 50 mg* | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 100 mg* | QL (12 tabs / 30 days) |
| UBRELVY TAB 50MG | QL (16 tabs / 30 days), PA |
| UBRELVY TAB 100MG | QL (16 tabs / 30 days), PA |
| ***MISCELLANEOUS*** | |
| AUSTEDO TAB 6MG | QL (60 tabs / 30 days), PA |
| AUSTEDO TAB 9MG | QL (120 tabs / 30 days), PA |
| AUSTEDO TAB 12MG | QL (120 tabs / 30 days), PA |
| AUSTEDO XR TAB 6MG | QL (90 tabs / 30 days), PA |
| AUSTEDO XR TAB 12MG | QL (120 tabs / 30 days), PA |
| AUSTEDO XR TAB 18MG | QL (30 tabs / 30 days), PA |
| AUSTEDO XR TAB 24MG | QL (60 tabs / 30 days), PA |
| AUSTEDO XR TAB 30MG | QL (30 tabs / 30 days), PA |
| AUSTEDO XR TAB 36MG | QL (30 tabs / 30 days), PA |
| AUSTEDO XR TAB 42MG | QL (30 tabs / 30 days), PA |
| AUSTEDO XR TAB 48MG | QL (30 tabs / 30 days), PA |
| AUSTEDO XR TAB TITR KIT | QL (2 packs / year), PA |
| *lithium carbonate cap 150 mg* | |
| *lithium carbonate cap 300 mg* | |
| *lithium carbonate cap 600 mg* | |
| *lithium carbonate tab 300 mg* | |
| *lithium carbonate tab er 300 mg* | |
| *lithium carbonate tab er 450 mg* | |
| *lithium oral solution 8 meq/5ml* | |
| NUEDEXTA CAP 20-10MG | QL (60 caps / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pyridostigmine bromide tab 60 mg* | |
| *riluzole tab 50 mg* | |
| *tetrabenazine tab 12.5 mg* | QL (90 tabs / 30 days), PA |
| *tetrabenazine tab 25 mg* | QL (120 tabs / 30 days), PA |
| ***MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS*** | |
| BAFIERTAM CAP 95MG | QL (120 caps / 30 days), PA |
| BETASERON INJ 0.3MG | QL (14 kits / 28 days), PA |
| COPAXONE INJ 20MG/ML | QL (30 syringes / 30 days), PA |
| COPAXONE INJ 40MG/ML | QL (12 syringes / 28 days), PA |
| *dalfampridine tab er 12hr 10 mg* | QL (60 tabs / 30 days), PA |
| *fingolimod hcl cap 0.5 mg (base equiv)* | QL (30 caps / 30 days), PA |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | QL (30 syringes / 30 days), PA |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | QL (12 syringes / 28 days), PA |
| *glatopa* | QL (12 syringes / 28 days), PA |
| *glatopa* | QL (30 syringes / 30 days), PA |
| KESIMPTA INJ 20/.4ML | QL (16 pens / 365 days), PA |
| ***MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS*** | |
| *baclofen tab 5 mg* | QL (90 tabs / 30 days) |
| *baclofen tab 10 mg* | |
| *baclofen tab 20 mg* | |
| *carisoprodol tab 350 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *cyclobenzaprine hcl tab 5 mg* | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *cyclobenzaprine hcl tab 10 mg* | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *dantrolene sodium cap 25 mg* | |
| *dantrolene sodium cap 50 mg* | |
| *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 |
| *armodafinil tab 150 mg* | QL (30 tabs / 30 days), PA |
| *armodafinil tab 200 mg* | QL (30 tabs / 30 days), PA |
| *armodafinil tab 250 mg* | QL (30 tabs / 30 days), PA |
| *modafinil tab 100 mg* | QL (30 tabs / 30 days), PA |
| *modafinil tab 200 mg* | QL (60 tabs / 30 days), PA |
| *sodium oxybate oral solution 500 mg/ml* | QL (540 mL / 30 days), PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | |
| *acamprosate calcium tab delayed release 333 mg* | |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | QL (180 tabs / 30 days) |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | QL (120 tabs / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | QL (180 films / 30 days) |
| *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 nasal spray 4 mg/0.1ml* | |
| *naloxone hcl soln cartridge 0.4 mg/ml* | |
| *naloxone hcl soln prefilled syringe 0.4 mg/ml* | |

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

## ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

### *ANDROGENS - DRUGS TO REGULATE MALE HORMONES*

| | |
|---|---|
| *danazol cap 50 mg* | |
| *danazol cap 100 mg* | |
| *danazol cap 200 mg* | |
| *depo-testosterone* | PA |
| *testosterone cypionate im inj in oil 100 mg/ml* | PA |
| *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) |
| *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) |
| *glipizide tab 10 mg* | QL (120 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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) |
| JANUMET XR TAB 50-500MG | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | QL (30 tabs / 30 days) |
| JANUVIA TAB 25MG | QL (30 tabs / 30 days) |
| JANUVIA TAB 50MG | QL (30 tabs / 30 days) |
| JANUVIA TAB 100MG | QL (30 tabs / 30 days) |
| JARDIANCE TAB 10MG | QL (30 tabs / 30 days) |
| JARDIANCE TAB 25MG | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | QL (30 tabs / 30 days) |
| *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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| OZEMPIC (2MG/DOSE) | QL (1 pen / 28 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 |
| RYBELSUS TAB 7MG | QL (30 tabs / 30 days), PA |
| RYBELSUS TAB 14MG | QL (30 tabs / 30 days), PA |
| TRADJENTA TAB 5MG | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | QL (30 tabs / 30 days) |
| TRULICITY INJ 0.75/0.5 | QL (4 pens / 28 days), PA |
| TRULICITY INJ 1.5/0.5 | QL (4 pens / 28 days), PA |
| TRULICITY INJ 3/0.5 | QL (4 pens / 28 days), PA |
| TRULICITY INJ 4.5/0.5 | QL (4 pens / 28 days), PA |
| XIGDUO XR TAB 2.5-1000 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | QL (30 tabs / 30 days) |
| ***ANTIDIABETICS, INSULINS*** | |
| ADMELOG INJ 100U/ML | B/D |
| ADMELOG SOLO INJ 100U/ML | |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY | PA |
| APIDRA INJ SOLOSTAR | |
| APIDRA INJ U-100 | B/D |
| BASAGLAR KWP INJ 100/ML | |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| GLARGIN YFGN INJ 100U/ML | |
| GLARGIN YFGN SOL 100U/ML | |
| HUMALOG INJ 100/ML | |
| HUMALOG INJ 100/ML | B/D |
| HUMALOG JR INJ 100/ML | |
| HUMALOG KWPN INJ 100/ML | |
| HUMALOG KWPN INJ 200/ML | |
| HUMALOG MIX INJ 50/50KWP | |
| HUMALOG MIX INJ 75/25KWP | |
| HUMALOG MIX SUS 75/25 | |
| HUMALOG TMPO INJ 100/ML | |
| HUMULIN INJ 70/30 | |
| HUMULIN INJ 70/30KWP | |
| HUMULIN N INJ U-100 | |
| HUMULIN N INJ U-100KWP | |
| HUMULIN R INJ U-100 | B/D |
| HUMULIN R INJ U-500 | B/D |
| HUMULIN R INJ U-500KWP | |
| INSULIN GLAR INJ 300/ML | |
| INSULIN LISP INJ 100/ML | |
| INSULIN LISP INJ 100/ML | B/D |
| INSULIN LISP INJ JR KWPN | |
| INSULIN LISP INJ PROT KWP | |
| INSULIN PEN NEEDLES: EMBECTA-BD | PA |
| INSULIN SAFETY NEEDLES: EMBECTA-BD | PA |
| INSULIN SYRINGES: EMBECTA-BD | PA |
| LANTUS INJ 100/ML | |
| LANTUS SOLOS INJ 100/ML | |
| LYUMJEV INJ 100UT/ML | B/D |
| LYUMJEV KWPN INJ 100UT/ML | |
| LYUMJEV KWPN INJ 200UT/ML | |
| NOVOLIN INJ 70/30 | (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP | (brand RELION not covered) |
| NOVOLIN N INJ 100 UNIT | (brand RELION not covered) |
| NOVOLIN N INJ U-100 | (brand RELION not covered) |
| NOVOLIN R INJ 100 UNIT | (brand RELION not covered) |
| NOVOLIN R INJ U-100 | B/D; (brand RELION not covered) |
| NOVOLOG INJ 100/ML | B/D |
| NOVOLOG INJ FLEX REL | |
| NOVOLOG INJ FLEXPEN | |
| NOVOLOG INJ PENFILL | |
| NOVOLOG INJ RELION | B/D |

| 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) |
| OMNIPOD 5 DX KIT INT G7G6 | QL (1 kit / year), PA |
| OMNIPOD 5 DX MIS POD G7G6 | QL (15 pods / 30 days), PA |
| OMNIPOD 5 L2 KIT INTRO G6 | QL (1 kit / year), PA |
| OMNIPOD 5 L2 MIS PODS G6 | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO | QL (1 kit / year), PA |
| OMNIPOD DASH MIS PODS | QL (15 pods / 30 days), PA |
| REZVOGLAR KP INJ 100UT/ML | |
| SEMGLEE INJ 100U/ML | |
| SOLIQUA INJ 100/33 | QL (5 pens / 25 days) |
| TOUJEO MAX INJ 300/ML | |
| TOUJEO SOLO INJ 300/ML | |
| TRESIBA FLEX INJ 100UNIT | |
| TRESIBA FLEX INJ 200UNIT | |
| TRESIBA INJ 100UNIT | |
| XULTOPHY INJ 100/3.6 | QL (5 pens / 30 days) |
| ***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 | QL (1 pen / 28 days), PA |
| *calcitonin (salmon) spray* | B/D |
| *ibandronate sodium tab 150 mg (base equivalent)* | B/D |
| OSPOMYV INJ 60MG/ML | QL (1 syringe / 180 days) |
| *pamidronate disodium iv soln 3 mg/ml* | B/D |
| *pamidronate disodium iv soln 9 mg/ml* | B/D |
| PAMIDRONATE INJ 6MG/ML | B/D |
| PROLIA INJ 60MG/ML | QL (1 syringe / 180 days) |
| *risedronate sodium tab 5 mg* | |
| *risedronate sodium tab 35 mg* | |
| *risedronate sodium tab 150 mg* | |
| *risedronate sodium tab delayed release 35 mg* | ST |
| TERIPARATIDE INJ 560/2.24 | QL (1 pen / 28 days), PA; (ALVOGEN product) |
| *teriparatide soln pen-inj 560 mcg/2.24ml* | QL (1 pen / 28 days), PA |
| WYOST INJ 120/1.7 | PA |
| XTRENBO SOL 120/1.7 | PA |
| *zoledronic acid inj conc for iv infusion 4 mg/5ml* | B/D |
| *zoledronic acid iv soln 5 mg/100ml* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***CHELATING AGENTS*** | |
| CHEMET CAP 100MG | |
| *deferasirox tab 90 mg* | PA |
| *deferasirox tab 180 mg* | PA |
| *deferasirox tab 360 mg* | PA |
| *deferasirox tab for oral susp 125 mg* | PA |
| *deferasirox tab for oral susp 250 mg* | PA |
| *deferasirox tab for oral susp 500 mg* | PA |
| *kionex* | |
| LOKELMA PAK 5GM | |
| LOKELMA PAK 10GM | |
| *penicillamine tab 250 mg* | |
| *sodium polystyrene sulfonate powder* | |
| *sodium polystyrene sulfonate susp 15 gm/60ml* | |
| *sps* | |
| *sps rectal* | |
| *trientine hcl cap 250 mg* | PA |
| ***CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL*** | |
| *afirmelle* | |
| *altavera* | |
| *alyacen 1/35* | |
| *alyacen 7/7/7* | |
| *amethyst* | |
| *apri* | |
| *aranelle* | |
| *ashlyna* | |
| *aubra eq* | |
| *aurovela 1/20* | |
| *aurovela 24 fe* | |
| *aurovela fe 1.5/30* | |
| *aurovela fe 1/20* | |
| *aviane* | |
| *ayuna* | |
| *azurette* | |
| *balziva* | |
| *blisovi 24 fe* | |
| *blisovi fe 1.5/30* | |
| *blisovi fe tab 1/20* | |
| *briellyn* | |
| *camila* | |
| *camrese* | |
| *camrese lo* | |
| *chateal eq* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cryselle-28* | |
| *cyred eq* | |
| *dasetta 1/35* | |
| *dasetta 7/7/7* | |
| *daysee* | |
| *deblitane* | |
| DEPO-SQ PROV INJ 104 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | |
| *dolishale* | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | |
| *elinest* | |
| *eluryng* | |
| *emzahh* | |
| *enilloring* | |
| *enskyce* | |
| *errin* | |
| *estarylla* | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | |
| *falmina* | |
| *feirza tab 1.5/30* | |
| *feirza tab 1/20* | |
| *finzala* | |
| *galbriela chw* | |
| *hailey 1.5/30* | |
| *hailey 24 fe* | |
| *hailey fe tab 1/20* | |
| *heather* | |
| *iclevia* | |
| *incassia* | |
| *introvale* | |
| *isibloom* | |
| *jaimiess tab* | |
| *jasmiel* | |
| *jencycla tab 0.35mg* | |
| *jolessa* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *juleber* | |
| *junel 1.5/30* | |
| *junel 1/20* | |
| *junel fe 1.5/30* | |
| *junel fe 1/20* | |
| *junel fe 24* | |
| *kaitlib fe* | |
| *kariva* | |
| *kelnor 1/35* | |
| *kurvelo* | |
| *larin 1.5/30* | |
| *larin 1/20* | |
| *larin 24 fe* | |
| *larin fe 1.5/30* | |
| *larin fe 1/20* | |
| *lessina* | |
| *levonest* | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &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-28 tab 0.15/30* | |
| LILETTA IUD 52MG | |
| *loestrin 1.5/30-21* | |
| *loestrin 1/20-21* | |
| *loestrin fe 1.5/30* | |
| *loestrin fe 1/20* | |
| *lojaimiess tab* | |
| *loryna* | |
| *low-ogestrel* | |
| *luizza 1/20 tab* | |
| *luizza tab 1.5/30* | |
| *lutera* | |
| *lyleq* | |
| *lyza* | |
| *marlissa* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *medroxyprogesterone acetate im susp 150 mg/ml* | |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | |
| *meleya tab 0.35mg* | |
| *mibelas 24 fe* | |
| *microgestin 1.5/30* | |
| *microgestin 1/20* | |
| *microgestin fe 1.5/30* | |
| *microgestin fe 1/20* | |
| *mili* | |
| *mono-linyah* | |
| *necon 0.5/35-28* | |
| NEXPLANON IMP 68MG | |
| *nikki* | |
| *nora-be* | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | |
| *norethindrone tab 0.35 mg* | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | |
| *norlyroc* | |
| *nortrel 0.5/35 (28)* | |
| *nortrel 1/35 (21)* | |
| *nortrel 1/35 (28)* | |
| *nortrel 7/7/7* | |
| *nylia 1/35* | |
| *nylia 7/7/7* | |
| *orquidea tab 0.35mg* | |
| *philith* | |
| *pimtrea* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *portia-28* | |
| *reclipsen* | |
| *rivelsa* | |
| *rosyrah tab* | |
| *setlakin* | |
| *sharobel* | |
| *simliya* | |
| *simpesse* | |
| *sprintec 28* | |
| *sronyx tab* | |
| *syeda* | |
| *tarina 24 fe* | |
| *tarina fe 1/20 eq* | |
| *tilia fe* | |
| *tri-estarylla* | |
| *tri-legest fe* | |
| *tri-linyah* | |
| *tri-lo-estarylla* | |
| *tri-lo-marzia* | |
| *tri-lo-mili* | |
| *tri-lo-sprintec* | |
| *tri-mili* | |
| *tri-sprintec* | |
| *tri-vylibra* | |
| *tri-vylibra lo* | |
| *turqoz* | |
| *tydemy tab* | |
| *valtya 1/35 tab* | |
| *valtya 1/50 tab* | |
| *velivet* | |
| *vestura* | |
| *vienva* | |
| *viorele* | |
| *vyfemla* | |
| *vylibra* | |
| *wera* | |
| *wymzya fe* | |
| *xarah fe tab* | |
| *xelria fe chw 0.4mg-35* | |
| *xulane* | |
| *zafemy* | |
| *zovia 1/35* | |
| *zumandimine* | |

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 |
|---|---|
| ***ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES*** | |
| *abigale lo tab 0.5-0.1* | |
| *abigale tab 1-0.5mg* | |
| *dotti* | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | |
| *estradiol tab 0.5 mg* | |
| *estradiol tab 1 mg* | |
| *estradiol tab 2 mg* | |
| *estradiol td patch twice weekly 0.1 mg/24hr* | |
| *estradiol td patch twice weekly 0.05 mg/24hr* | |
| *estradiol td patch twice weekly 0.025 mg/24hr* | |
| *estradiol td patch twice weekly 0.075 mg/24hr* | |
| *estradiol td patch twice weekly 0.0375 mg/24hr* | |
| *estradiol td patch weekly 0.1 mg/24hr* | |
| *estradiol td patch weekly 0.05 mg/24hr* | |
| *estradiol td patch weekly 0.06 mg/24hr* | |
| *estradiol td patch weekly 0.025 mg/24hr* | |
| *estradiol td patch weekly 0.075 mg/24hr* | |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | |
| *estradiol vaginal cream 0.01%* | |
| *estradiol vaginal tab 10 mcg* | |
| *estradiol valerate im in oil 10 mg/ml* | |
| *estradiol valerate im in oil 20 mg/ml* | |
| *estradiol valerate im in oil 40 mg/ml* | |
| *fyavolv tab 0.5mg-2.5mcg* | |
| *fyavolv tab 1mg-5mcg* | |
| *jinteli* | |
| *lyllana* | |
| *mimvey* | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | |
| *yuvafem* | |
| ***GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE*** | |
| DEXAMETHASON CON 1MG/ML | |
| *dexamethasone elixir 0.5 mg/5ml* | |
| *dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)* | |
| *dexamethasone sod phosphate preservative free inj 10 mg/ml* | |

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

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 |
|---|---|
| PREDNISONE CON 5MG/ML | B/D |
| *prednisone oral soln 5 mg/5ml* | B/D |
| *prednisone tab 1 mg* | B/D |
| *prednisone tab 2.5 mg* | B/D |
| *prednisone tab 5 mg* | B/D |
| *prednisone tab 10 mg* | B/D |
| *prednisone tab 20 mg* | B/D |
| *prednisone tab 50 mg* | B/D |
| *prednisone tab therapy pack 5 mg (21)* | |
| *prednisone tab therapy pack 5 mg (48)* | |
| *prednisone tab therapy pack 10 mg (21)* | |
| *prednisone tab therapy pack 10 mg (48)* | |
| SOLU-CORTEF INJ 250MG | |
| SOLU-CORTEF INJ 500MG | |
| SOLU-CORTEF INJ 1000MG | |
| ***GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR*** | |
| BAQSIMI ONE POW 3MG/DOSE | |
| BAQSIMI TWO POW 3MG/DOSE | |
| *diazoxide susp 50 mg/ml* | |
| GVOKE HYPO 1 INJ 0.5/.1ML | |
| GVOKE HYPO 1 INJ 1/0.2ML | |
| GVOKE HYPO 2 INJ 0.5/.1ML | |
| GVOKE HYPO 2 INJ 1/0.2ML | |
| GVOKE KIT SOL 1/0.2ML | |
| GVOKE PFS INJ 1/0.2ML | |
| ZEGALOGUE INJ 0.6/0.6 | |
| ***MISCELLANEOUS*** | |
| ALDURAZYME INJ 2.9MG/5M | PA |
| *betaine powder for oral solution* | |
| *cabergoline tab 0.5 mg* | |
| *carglumic acid soluble tab 200 mg* | PA |
| CERDELGA CAP 84MG | PA |
| CEREZYME INJ 400UNIT | PA |
| *cinacalcet hcl tab 30 mg (base equiv)* | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl tab 60 mg (base equiv)* | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl tab 90 mg (base equiv)* | B/D, QL (120 tabs / 30 days) |
| CYSTAGON CAP 50MG | PA |
| CYSTAGON CAP 150MG | PA |
| *desmopressin acetate inj 4 mcg/ml* | |
| *desmopressin acetate nasal spray soln 0.01%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | |
| *desmopressin acetate preservative free (pf) inj 4 mcg/ml* | |
| *desmopressin acetate tab 0.1 mg* | |
| *desmopressin acetate tab 0.2 mg* | |
| FABRAZYME INJ 5MG | PA |
| FABRAZYME INJ 35MG | PA |
| GENOTROPIN INJ 0.2MG | PA |
| GENOTROPIN INJ 0.4MG | PA |
| GENOTROPIN INJ 0.6MG | PA |
| GENOTROPIN INJ 0.8MG | PA |
| GENOTROPIN INJ 1.2MG | PA |
| GENOTROPIN INJ 1.4MG | PA |
| GENOTROPIN INJ 1.6MG | PA |
| GENOTROPIN INJ 1.8MG | PA |
| GENOTROPIN INJ 1MG | PA |
| GENOTROPIN INJ 2MG | PA |
| GENOTROPIN INJ 5MG | PA |
| GENOTROPIN INJ 12MG | PA |
| INCRELEX INJ 40MG/4ML | PA |
| *javygtor* | PA |
| *lanreotide acetate extended release inj 120 mg/0.5ml* | PA |
| *levocarnitine oral soln 1 gm/10ml (10%)* | B/D |
| *levocarnitine tab 330 mg* | B/D |
| LUMIZYME INJ 50MG | PA |
| LUPR DEP-PED INJ 3M 30MG | PA |
| LUPR DEP-PED INJ 7.5MG | PA |
| LUPR DEP-PED INJ 11.25MG | PA |
| LUPR DEP-PED INJ 15MG | PA |
| LUPRON DEPOT INJ 45MG | PA |
| *mifepristone tab 300 mg* | PA |
| NAGLAZYME INJ 1MG/ML | PA |
| *nitisinone cap 2 mg* | PA |
| *nitisinone cap 5 mg* | PA |
| *nitisinone cap 10 mg* | PA |
| *nitisinone cap 20 mg* | PA |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | PA |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | PA |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | PA |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | PA |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *octreotide acetate subcutaneous soln pref syr 50 mcg/ml* | PA |
| *octreotide acetate subcutaneous soln pref syr 100 mcg/ml* | PA |
| *octreotide acetate subcutaneous soln pref syr 500 mcg/ml* | PA |
| *raloxifene hcl tab 60 mg* | |
| REVCOVI INJ 1.6MG/ML | PA |
| REZDIFFRA TAB 60MG | QL (30 tabs / 30 days), PA |
| REZDIFFRA TAB 80MG | QL (30 tabs / 30 days), PA |
| REZDIFFRA TAB 100MG | QL (30 tabs / 30 days), PA |
| *sapropterin dihydrochloride powder packet 100 mg* | PA |
| *sapropterin dihydrochloride powder packet 500 mg* | PA |
| *sapropterin dihydrochloride tab 100 mg* | PA |
| SIGNIFOR INJ 0.3MG/ML | PA |
| SIGNIFOR INJ 0.6MG/ML | PA |
| SIGNIFOR INJ 0.9MG/ML | PA |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | PA |
| *sodium phenylbutyrate tab 500 mg* | PA |
| SOMATULINE INJ 60/0.2ML | PA |
| SOMATULINE INJ 90/0.3ML | PA |
| SOMAVERT INJ 10MG | PA |
| SOMAVERT INJ 15MG | PA |
| SOMAVERT INJ 20MG | PA |
| SOMAVERT INJ 25MG | PA |
| SOMAVERT INJ 30MG | PA |
| SYNAREL SOL 2MG/ML | PA |
| *tolvaptan tab 15 mg* | PA; (generic of JYNARQUE) |
| *tolvaptan tab 30 mg* | PA; (generic of JYNARQUE) |
| *tolvaptan tab therapy pack 15 mg* | PA |
| *tolvaptan tab therapy pack 30 & 15 mg* | PA |
| *tolvaptan tab therapy pack 45 & 15 mg* | PA |
| *tolvaptan tab therapy pack 60 & 30 mg* | PA |
| *tolvaptan tab therapy pack 90 & 30 mg* | PA |
| *zelvysia pow 100mg* | PA |
| *zelvysia pow 500mg* | PA |
| ***PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES*** | |
| *gallifrey* | |
| *medroxyprogesterone acetate tab 2.5 mg* | |
| *medroxyprogesterone acetate tab 5 mg* | |
| *medroxyprogesterone acetate tab 10 mg* | |
| *megestrol acetate susp 40 mg/ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *megestrol acetate susp 625 mg/5ml* | PA |
| *norethindrone acetate tab 5 mg* | |
| *progesterone cap 100 mg* | |
| *progesterone cap 200 mg* | |
| ***THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS*** | |
| *levo-t* | |
| *levothyroxine sodium tab 25 mcg* | |
| *levothyroxine sodium tab 50 mcg* | |
| *levothyroxine sodium tab 75 mcg* | |
| *levothyroxine sodium tab 88 mcg* | |
| *levothyroxine sodium tab 100 mcg* | |
| *levothyroxine sodium tab 112 mcg* | |
| *levothyroxine sodium tab 125 mcg* | |
| *levothyroxine sodium tab 137 mcg* | |
| *levothyroxine sodium tab 150 mcg* | |
| *levothyroxine sodium tab 175 mcg* | |
| *levothyroxine sodium tab 200 mcg* | |
| *levothyroxine sodium tab 300 mcg* | |
| *levoxyl* | |
| *liomny tab 5mcg* | |
| *liomny tab 25mcg* | |
| *liomny tab 50mcg* | |
| *liothyronine sodium tab 5 mcg* | |
| *liothyronine sodium tab 25 mcg* | |
| *liothyronine sodium tab 50 mcg* | |
| *methimazole tab 5 mg* | |
| *methimazole tab 10 mg* | |
| *propylthiouracil tab 50 mg* | |
| SYNTHROID TAB 25MCG | |
| SYNTHROID TAB 50MCG | |
| SYNTHROID TAB 75MCG | |
| SYNTHROID TAB 88MCG | |
| SYNTHROID TAB 100MCG | |
| SYNTHROID TAB 112MCG | |
| SYNTHROID TAB 125MCG | |
| SYNTHROID TAB 137MCG | |
| SYNTHROID TAB 150MCG | |
| SYNTHROID TAB 175MCG | |
| SYNTHROID TAB 200MCG | |
| SYNTHROID TAB 300MCG | |
| *unithroid* | |
| ***VITAMIN D ANALOGS*** | |
| *calcitriol (oral)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *calcitriol cap 0.5 mcg* | B/D |
| *calcitriol cap 0.25 mcg* | B/D |
| *paricalcitol cap 1 mcg* | B/D |
| *paricalcitol cap 2 mcg* | B/D |
| *paricalcitol cap 4 mcg* | B/D |

## GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

### *ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING*

| | |
|---|---|
| *aprepitant capsule 40 mg* | B/D |
| *aprepitant capsule 80 mg* | B/D |
| *aprepitant capsule 125 mg* | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | B/D |
| *compro* | |
| *dronabinol cap 2.5 mg* | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 5 mg* | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 10 mg* | B/D, QL (60 caps / 30 days) |
| *granisetron hcl inj 1 mg/ml* | |
| *granisetron hcl inj 4 mg/4ml (1 mg/ml)* | |
| *granisetron hcl tab 1 mg* | B/D |
| *meclizine hcl tab 12.5 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *meclizine hcl tab 25 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *metoclopramide hcl inj 5 mg/ml (base equivalent)* | |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | |
| *ondansetron hcl inj 4 mg/2ml (2 mg/ml)* | |
| *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)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *prochlorperazine suppos 25 mg* | |
| *promethazine hcl inj 25 mg/ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl inj 50 mg/ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl oral soln 6.25 mg/5ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl tab 12.5 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl tab 25 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl tab 50 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *scopolamine td patch 72hr 1 mg/3days* | QL (10 patches / 30 days) |
| ***ANTISPASMODICS - DRUGS FOR STOMACH SPASMS*** | |
| *dicyclomine hcl cap 10 mg* | PA; PA applies if 65 years and older |
| *dicyclomine hcl oral soln 10 mg/5ml* | PA; PA applies if 65 years and older |
| *dicyclomine hcl tab 20 mg* | PA; PA applies if 65 years and older |
| *glycopyrrolate tab 1 mg* | QL (90 tabs / 30 days) |
| *glycopyrrolate tab 2 mg* | QL (120 tabs / 30 days) |
| ***H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID*** | |
| *famotidine for susp 40 mg/5ml* | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | |
| *famotidine inj 40 mg/4ml* | |
| *famotidine inj 200 mg/20ml* | |
| *famotidine preservative free inj 20 mg/2ml* | |
| *famotidine tab 20 mg* | |
| *famotidine tab 40 mg* | |
| *nizatidine cap 150 mg* | |
| *nizatidine cap 300 mg* | |
| ***INFLAMMATORY BOWEL DISEASE*** | |
| *balsalazide disodium cap 750 mg* | |
| *budesonide delayed release particles cap 3 mg* | QL (90 caps / 30 days) |
| *budesonide tab er 24hr 9 mg* | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *hydrocortisone enema 100 mg/60ml* | |
| *mesalamine cap dr 400 mg* | QL (180 caps / 30 days) |
| *mesalamine cap er 24hr 0.375 gm* | QL (120 caps / 30 days) |
| *mesalamine enema 4 gm* | QL (1680 mL / 28 days) |
| *mesalamine rectal enema 4 gm & cleanser wipe kit* | QL (28 bottles / 28 days) |
| *mesalamine suppos 1000 mg* | QL (30 suppositories / 30 days) |
| *mesalamine tab delayed release 1.2 gm* | QL (120 tabs / 30 days) |
| *sulfasalazine tab 500 mg* | |
| *sulfasalazine tab delayed release 500 mg* | |
| ***LAXATIVES*** | |
| *constulose* | |
| *enulose* | |
| *gavilyte-c* | |
| *gavilyte-g* | |
| *gavilyte-n/flavor pack* | |
| *generlac* | |
| *lactulose (encephalopathy) solution 10 gm/15ml* | |
| *lactulose solution 10 gm/15ml* | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | |
| PLENVU SOL | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | |
| ***MISCELLANEOUS*** | |
| *alosetron hcl tab 0.5 mg (base equiv)* | QL (60 tabs / 30 days), PA |
| *alosetron hcl tab 1 mg (base equiv)* | QL (60 tabs / 30 days), PA |
| CREON CAP 3000UNIT | |
| CREON CAP 6000UNIT | |
| CREON CAP 12000UNT | |
| CREON CAP 24000UNT | |
| CREON CAP 36000UNT | |
| *cromolyn sodium oral conc 100 mg/5ml* | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | |
| GATTEX KIT 5MG | PA |
| LINZESS CAP 72MCG | QL (30 caps / 30 days) |
| LINZESS CAP 145MCG | QL (30 caps / 30 days) |
| 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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *misoprostol tab 200 mcg* | |
| MOVANTIK TAB 12.5MG | QL (30 tabs / 30 days) |
| MOVANTIK TAB 25MG | QL (30 tabs / 30 days) |
| RELISTOR INJ 8/0.4ML | QL (28 syringes / 28 days), PA |
| RELISTOR INJ 12/0.6ML | QL (28 syringes / 28 days), PA |
| RELISTOR INJ 12/0.6ML | QL (28 vials / 28 days), PA |
| *sucralfate susp 1 gm/10ml* | |
| *sucralfate tab 1 gm* | |
| TRULANCE TAB 3MG | QL (30 tabs / 30 days) |
| *ursodiol cap 300 mg* | |
| *ursodiol tab 250 mg* | |
| *ursodiol tab 500 mg* | |
| VOQUEZNA PAK DUAL PAK | QL (2 kits / year), PA |
| VOQUEZNA PAK TRIP PK | QL (2 kits / year), PA |
| VOWST CAP | QL (12 caps / 30 days), PA |
| XERMELO TAB 250MG | QL (84 tabs / 28 days), PA |
| XIFAXAN TAB 550MG | PA |
| ZENPEP CAP 3000UNIT | |
| ZENPEP CAP 5000UNIT | |
| ZENPEP CAP 10000UNT | |
| ZENPEP CAP 15000UNT | |
| ZENPEP CAP 20000UNT | |
| ZENPEP CAP 25000UNT | |
| ZENPEP CAP 40000UNT | |
| ZENPEP CAP 60000UNT | |
| ***PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID*** | |
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | QL (30 caps / 30 days), ST |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | QL (30 caps / 30 days), ST |
| *esomeprazole magnesium for delayed release susp pack 2.5 mg* | |
| *esomeprazole magnesium for delayed release susp packet 5 mg* | |
| *esomeprazole magnesium for delayed release susp packet 10 mg* | QL (30 packets / 30 days) |
| *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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lansoprazole cap delayed release 30 mg* | QL (60 caps / 30 days) |
| *omeprazole cap delayed release 10 mg* | |
| *omeprazole cap delayed release 20 mg* | |
| *omeprazole cap delayed release 40 mg* | |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | |
| *pantoprazole sodium for iv soln 40 mg (base equiv)* | |
| *rabeprazole sodium ec tab 20 mg* | QL (30 tabs / 30 days) |

## GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

### *BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE*

| | |
|---|---|
| *alfuzosin hcl tab er 24hr 10 mg* | QL (30 tabs / 30 days) |
| *dutasteride cap 0.5 mg* | QL (30 caps / 30 days) |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | QL (30 caps / 30 days) |
| *finasteride tab 5 mg* | QL (30 tabs / 30 days) |
| *tadalafil tab 5 mg* | QL (30 tabs / 30 days), PA |
| *tamsulosin hcl cap 0.4 mg* | QL (60 caps / 30 days) |

### *MISCELLANEOUS*

| | |
|---|---|
| *acetic acid irrigation soln 0.25%* | |
| *bethanechol chloride tab 5 mg* | |
| *bethanechol chloride tab 10 mg* | |
| *bethanechol chloride tab 25 mg* | |
| *bethanechol chloride tab 50 mg* | |
| *potassium citrate tab er 5 meq (540 mg)* | |
| *potassium citrate tab er 10 meq (1080 mg)* | |
| *potassium citrate tab er 15 meq (1620 mg)* | |

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

| | |
|---|---|
| *fesoterodine fumarate tab er 24hr 4 mg* | QL (30 tabs / 30 days) |
| *fesoterodine fumarate tab er 24hr 8 mg* | QL (30 tabs / 30 days) |
| GEMTESA TAB 75MG | QL (30 tabs / 30 days) |
| *mirabegron tab er 24 hr 25 mg* | QL (30 tabs / 30 days) |
| *mirabegron tab er 24 hr 50 mg* | QL (30 tabs / 30 days) |
| MYRBETRIQ SUS 8MG/ML | QL (300 mL / 28 days) |
| MYRBETRIQ TAB 25MG | QL (30 tabs / 30 days) |
| MYRBETRIQ TAB 50MG | QL (30 tabs / 30 days) |
| *oxybutynin chloride solution 5 mg/5ml* | QL (600 mL / 30 days) |
| *oxybutynin chloride tab 5 mg* | QL (120 tabs / 30 days) |
| *oxybutynin chloride tab er 24hr 5 mg* | QL (30 tabs / 30 days) |
| *oxybutynin chloride tab er 24hr 10 mg* | QL (60 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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%* | |
| *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) |
| 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* | |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | |
| HEP SOD/NACL INJ 25000UNT | |
| *heparin sodium (porcine) inj 1000 unit/ml* | B/D |
| *heparin sodium (porcine) inj 5000 unit/ml* | B/D |
| *heparin sodium (porcine) inj 10000 unit/ml* | B/D |
| *heparin sodium (porcine) inj 20000 unit/ml* | B/D |
| *heparin sodium (porcine) pf inj 1000 unit/ml* | B/D |
| *jantoven* | |
| *rivaroxaban for susp 1 mg/ml* | QL (620 mL / 30 days) |
| *rivaroxaban tab 2.5 mg* | QL (60 tabs / 30 days) |
| *warfarin sodium tab 1 mg* | |
| *warfarin sodium tab 2 mg* | |
| *warfarin sodium tab 2.5 mg* | |
| *warfarin sodium tab 3 mg* | |
| *warfarin sodium tab 4 mg* | |
| *warfarin sodium tab 5 mg* | |
| *warfarin sodium tab 6 mg* | |
| *warfarin sodium tab 7.5 mg* | |
| *warfarin sodium tab 10 mg* | |
| XARELTO STAR TAB 15/20MG | QL (51 tabs / 30 days) |
| XARELTO TAB 2.5MG | QL (60 tabs / 30 days) |
| XARELTO TAB 10MG | QL (30 tabs / 30 days) |
| XARELTO TAB 15MG | QL (30 tabs / 30 days) |
| XARELTO TAB 20MG | QL (30 tabs / 30 days) |
| ***HEMATOPOIETIC GROWTH FACTORS*** | |
| FULPHILA INJ 6/0.6ML | QL (2 syringes / 28 days), PA |
| PROCRIT INJ 2000/ML | PA |
| PROCRIT INJ 3000/ML | PA |
| PROCRIT INJ 4000/ML | PA |
| PROCRIT INJ 10000/ML | PA |
| PROCRIT INJ 20000/ML | PA |
| PROCRIT INJ 40000/ML | PA |
| ZARXIO INJ 300/0.5 | PA |
| ZARXIO INJ 480/0.8 | PA |
| ***MISCELLANEOUS*** | |
| ALVAIZ TAB 9MG | QL (60 tabs / 30 days), PA |
| ALVAIZ TAB 18MG | QL (90 tabs / 30 days), PA |
| ALVAIZ TAB 36MG | QL (90 tabs / 30 days), PA |
| ALVAIZ TAB 54MG | QL (60 tabs / 30 days), PA |
| *anagrelide hcl cap 0.5 mg* | |
| *anagrelide hcl cap 1 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BERINERT INJ 500UNIT | QL (24 boxes / 30 days), PA |
| *cilostazol tab 50 mg* | |
| *cilostazol tab 100 mg* | |
| DOPTELET SPR CAP 10MG | PA |
| DOPTELET TAB 20MG | PA |
| DROXIA CAP 200MG | |
| DROXIA CAP 300MG | |
| DROXIA CAP 400MG | |
| HAEGARDA INJ 2000UNIT | QL (30 vials / 30 days), PA |
| HAEGARDA INJ 3000UNIT | QL (20 vials / 30 days), PA |
| *icatibant acetate subcutaneous soln pref syr 30 mg/3ml* | QL (9 syringes / 30 days), PA |
| *l-glutamine (sickle cell)* | PA |
| *pentoxifylline tab er 400 mg* | |
| *sajazir* | QL (9 syringes / 30 days), PA |
| SIKLOS TAB 100MG | |
| SIKLOS TAB 1000MG | |
| TAVNEOS CAP 10MG | QL (180 caps / 30 days), PA |
| *tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)* | |
| *tranexamic acid tab 650 mg* | |
| ***PLATELET AGGREGATION INHIBITORS*** | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | |
| *dipyridamole tab 25 mg* | PA; PA applies if 65 years and older |
| *dipyridamole tab 50 mg* | PA; PA applies if 65 years and older |
| *dipyridamole tab 75 mg* | PA; PA applies if 65 years and older |
| *prasugrel hcl tab 5 mg (base equiv)* | |
| *prasugrel hcl tab 10 mg (base equiv)* | |
| *ticagrelor tab 60 mg* | |
| *ticagrelor tab 90 mg* | |
| **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM** | |
| ***AUTOIMMUNE AGENTS*** | |
| ADALIMU-BWWD INJ 40/0.4ML | QL (6 autoinjectors / 28 days), PA |
| ADALIMU-BWWD INJ 40/0.4ML | QL (6 syringes / 28 days), PA |
| BIMZELX INJ 160MG/ML | QL (2 pens / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BIMZELX INJ 160MG/ML | QL (2 syringes / 28 days), PA |
| BIMZELX INJ 320MG/2 | QL (2 pens / 28 days), PA |
| BIMZELX INJ 320MG/2 | QL (2 syringes / 28 days), PA |
| DUPIXENT INJ 200/1.14 | QL (4 syringes / 28 days), PA |
| DUPIXENT INJ 200MG | QL (4 pens / 28 days), PA |
| DUPIXENT INJ 300/2ML | QL (4 pens / 28 days), PA |
| DUPIXENT INJ 300/2ML | QL (4 syringes / 28 days), PA |
| ENBREL INJ 25/0.5ML | QL (16 syringes / 28 days), PA |
| ENBREL INJ 25MG | QL (16 vials / 28 days), PA |
| ENBREL INJ 50MG/ML | QL (8 syringes / 28 days), PA |
| ENBREL MINI INJ 50MG/ML | QL (8 cartridges / 28 days), PA |
| ENBREL SRCLK INJ 50MG/ML | QL (8 pens / 28 days), PA |
| HADLIMA INJ 40/0.4ML | QL (6 syringes / 28 days), PA |
| HADLIMA INJ 40/0.8ML | QL (6 syringes / 28 days), PA |
| HADLIMA PUSH INJ 40/0.4ML | QL (6 autoinjectors / 28 days), PA |
| HADLIMA PUSH INJ 40/0.8ML | QL (6 autoinjectors / 28 days), PA |
| HUMIRA INJ 10/0.1ML | QL (2 syringes / 28 days), PA |
| HUMIRA INJ 20/0.2ML | QL (4 syringes / 28 days), PA |
| HUMIRA INJ 40/0.4ML | QL (6 syringes / 28 days), PA |
| HUMIRA KIT 40MG/0.8 | QL (6 syringes / 28 days), PA |
| HUMIRA PEN INJ 40/0.4ML | QL (6 pens / 28 days), PA |
| HUMIRA PEN INJ 40MG/0.8 | QL (6 pens / 28 days), PA |
| HUMIRA PEN INJ 80/0.8ML | QL (4 pens / 28 days), PA |
| HUMIRA PEN KIT CD/UC/HS | QL (3 pens / 28 days), PA |
| HUMIRA PEN KIT PS/UV | QL (3 pens / 28 days), PA |
| INFLIXIMAB INJ 100MG | PA |
| KINERET INJ | QL (28 syringes / 28 days), PA |
| PYZCHIVA INJ 45/0.5ML | QL (1 pen / 28 days), PA |
| PYZCHIVA INJ 45/0.5ML | QL (1 syringe / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| PYZCHIVA INJ 45/0.5ML | QL (1 vial / 28 days), PA |
| PYZCHIVA INJ 90MG/ML | QL (1 pen / 28 days), PA |
| PYZCHIVA INJ 90MG/ML | QL (1 syringe / 28 days), PA |
| PYZCHIVA INJ 130/26ML | PA |
| REMICADE INJ 100MG | PA |
| RENFLEXIS INJ 100MG | PA |
| RINVOQ LQ SOL 1MG/ML | QL (360 mL / 30 days), PA |
| RINVOQ TAB 15MG ER | QL (30 tabs / 30 days), PA |
| RINVOQ TAB 30MG ER | QL (30 tabs / 30 days), PA |
| RINVOQ TAB 45MG ER | QL (168 tabs / year), PA |
| SKYRIZI INJ 150MG/ML | QL (6 syringes / 365 days), PA |
| SKYRIZI INJ 180/1.2 | QL (1 cartridge / 56 days), PA |
| SKYRIZI INJ 360/2.4 | QL (1 cartridge / 56 days), PA |
| SKYRIZI PEN INJ 150MG/ML | QL (6 pens / 365 days), PA |
| SKYRIZI SOL 60MG/ML | PA |
| SOTYKTU TAB 6MG | QL (30 tabs / 30 days), PA |
| STELARA INJ 5MG/ML | PA |
| STELARA INJ 45/0.5ML | QL (1 syringe / 28 days), PA |
| STELARA INJ 45/0.5ML | QL (1 vial / 28 days), PA |
| STELARA INJ 90MG/ML | QL (1 syringe / 28 days), PA |
| TREMFYA INJ 100MG/ML | QL (1 pen / 28 days), PA |
| TREMFYA INJ 100MG/ML | QL (1 syringe / 28 days), PA |
| TREMFYA INJ 200/2ML | QL (2 pens / 28 days), PA |
| TREMFYA INJ 200/2ML | QL (2 syringes / 28 days), PA |
| TREMFYA INJ 200/20ML | PA |
| TYENNE INJ 80MG/4ML | PA |
| TYENNE INJ 162/0.9 | QL (4 pens / 28 days), PA |
| TYENNE INJ 162MG | QL (4 syringes / 28 days), PA |
| TYENNE INJ 200/10ML | PA |
| TYENNE INJ 400/20ML | PA |
| USTEKINUMAB INJ 45/0.5ML | QL (1 syringe / 28 days), PA |
| USTEKINUMAB INJ 45/0.5ML | QL (1 vial / 28 days), PA |
| USTEKINUMAB INJ 90MG/ML | QL (1 syringe / 28 days), PA |
| USTEKINUMAB INJ 130/26ML | PA |
| VELSIPITY TAB 2MG | QL (30 tabs / 30 days), PA |
| XELJANZ SOL 1MG/ML | QL (480 mL / 24 days), PA |
| XELJANZ TAB 5MG | QL (60 tabs / 30 days), PA |
| XELJANZ TAB 10MG | QL (60 tabs / 30 days), PA |
| XELJANZ XR TAB 11MG | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| XELJANZ XR TAB 22MG | QL (30 tabs / 30 days), PA |
| YESINTEK INJ 45/0.5ML | QL (1 syringe / 28 days), PA |
| YESINTEK INJ 45/0.5ML | QL (1 vial / 28 days), PA |
| YESINTEK INJ 90MG/ML | QL (1 syringe / 28 days), PA |
| YESINTEK INJ 130/26ML | PA |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS*** | |
| *hydroxychloroquine sulfate tab 200 mg* | |
| JYLAMVO SOL 2MG/ML | B/D |
| *leflunomide tab 10 mg* | QL (30 tabs / 30 days) |
| *leflunomide tab 20 mg* | QL (30 tabs / 30 days) |
| *methotrexate sodium tab 2.5 mg (base equiv)* | |
| XATMEP SOL 2.5MG/ML | B/D |
| ***IMMUNOGLOBULINS*** | |
| ALYGLO INJ 5GM/50ML | PA |
| ALYGLO INJ 10/100ML | PA |
| ALYGLO INJ 20/200ML | PA |
| BIVIGAM INJ 10% | PA |
| FLEBOGAMMA INJ 10/200ML | PA |
| FLEBOGAMMA INJ 20/400ML | PA |
| FLEBOGAMMA INJ DIF 5% | PA |
| GAMASTAN INJ | B/D |
| GAMMAGARD INJ 1GM/10ML | PA |
| GAMMAGARD INJ 2.5GM/25 | PA |
| GAMMAGARD INJ 5GM/50ML | PA |
| GAMMAGARD INJ 10GM/100 | PA |
| GAMMAGARD INJ 20GM/200 | PA |
| GAMMAGARD INJ 30GM/300 | PA |
| GAMMAGARD SD INJ 5GM HU | PA |
| GAMMAGARD SD INJ 10GM HU | PA |
| GAMMAKED INJ 1GM/10ML | PA |
| GAMMAKED INJ 5GM/50ML | PA |
| GAMMAKED INJ 10GM/100 | PA |
| GAMMAKED INJ 20GM/200 | PA |
| GAMMAPLEX INJ 5% | PA |
| GAMMAPLEX INJ 10% | PA |
| GAMMGD ERC INJ 5GM/50ML | PA |
| GAMMGD ERC INJ 10/100ML | PA |
| GAMUNEX-C INJ 1GM/10ML | PA |
| GAMUNEX-C INJ 2.5GM/25 | PA |
| GAMUNEX-C INJ 5GM/50ML | PA |
| GAMUNEX-C INJ 10GM/100 | PA |
| GAMUNEX-C INJ 20GM/200 | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| GAMUNEX-C INJ 40/400ML | PA |
| OCTAGAM INJ 1GM | PA |
| OCTAGAM INJ 2.5GM | PA |
| OCTAGAM INJ 2GM/20ML | PA |
| OCTAGAM INJ 5GM | PA |
| OCTAGAM INJ 5GM/50ML | PA |
| OCTAGAM INJ 10/100ML | PA |
| OCTAGAM INJ 10GM | PA |
| OCTAGAM INJ 20/200ML | PA |
| OCTAGAM INJ 30/300ML | PA |
| PANZYGA SOL 1GM/10ML | PA |
| PANZYGA SOL 2.5/25ML | PA |
| PANZYGA SOL 5GM/50ML | PA |
| PANZYGA SOL 10/100ML | PA |
| PANZYGA SOL 20/200ML | PA |
| PANZYGA SOL 30/300ML | PA |
| PRIVIGEN INJ 5 GRAMS | PA |
| PRIVIGEN INJ 10GRAMS | PA |
| PRIVIGEN INJ 20GRAMS | PA |
| PRIVIGEN INJ 40GRAMS | PA |
| ***IMMUNOMODULATORS*** | |
| ACTIMMUNE INJ 2MU/0.5 | PA |
| ARCALYST INJ 220MG | PA |
| ***IMMUNOSUPPRESSANTS*** | |
| ASTAGRAF XL CAP 0.5MG | B/D |
| ASTAGRAF XL CAP 1MG | B/D |
| ASTAGRAF XL CAP 5MG | B/D |
| *azathioprine tab 50 mg* | B/D |
| BENLYSTA INJ 120MG | PA |
| BENLYSTA INJ 200MG/ML | QL (8 pens / 28 days), PA |
| BENLYSTA INJ 200MG/ML | QL (8 syringes / 28 days), PA |
| BENLYSTA INJ 400MG | PA |
| *cyclosporine cap 25 mg* | B/D |
| *cyclosporine cap 100 mg* | B/D |
| *cyclosporine modified cap 25 mg* | B/D |
| *cyclosporine modified cap 50 mg* | B/D |
| *cyclosporine modified cap 100 mg* | B/D |
| *cyclosporine modified oral soln 100 mg/ml* | B/D |
| *everolimus tab 0.5 mg* | B/D |
| *everolimus tab 0.25 mg* | B/D |
| *everolimus tab 0.75 mg* | B/D |
| *everolimus tab 1 mg* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *gengraf* | B/D |
| *mycophenolate mofetil cap 250 mg* | B/D |
| *mycophenolate mofetil for oral susp 200 mg/ml* | B/D |
| *mycophenolate mofetil tab 500 mg* | B/D |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | B/D |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | B/D |
| NULOJIX INJ 250MG | B/D |
| PROGRAF GRA 0.2MG | B/D |
| PROGRAF GRA 1MG | B/D |
| REZUROCK TAB 200MG | QL (30 tabs / 30 days), PA |
| *sirolimus oral soln 1 mg/ml* | B/D |
| *sirolimus tab 0.5 mg* | B/D |
| *sirolimus tab 1 mg* | B/D |
| *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 |
| ***VACCINES*** | |
| ABRYSVO INJ 120MCG | PA |
| ACTHIB INJ | |
| ADACEL INJ | |
| AREXVY INJ 120MCG | PA |
| BCG VACCINE INJ 50MG | |
| BEXSERO INJ | |
| BOOSTRIX INJ | |
| DAPTACEL INJ | |
| DENGVAXIA SUS | |
| ENGERIX-B INJ 10/0.5ML | B/D |
| ENGERIX-B INJ 20MCG/ML | B/D |
| GARDASIL 9 INJ | |
| HAVRIX INJ 720UNIT | |
| HAVRIX INJ 1440UNIT | |
| HEPLISAV-B INJ 20/0.5ML | B/D |
| 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 | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| MENQUADFI INJ | |
| MENVEO INJ | |
| MENVEO SOL | |
| MRESVIA INJ 50MCG | PA |
| PEDIARIX INJ 0.5ML | |
| PEDVAX HIB INJ | |
| PENBRAYA INJ | |
| PENMENVY INJ | |
| PENTACEL INJ | |
| PRIORIX INJ | |
| PROQUAD INJ | |
| QUADRACEL INJ 0.5ML | |
| RABAVERT INJ | B/D |
| RECOMBIVA HB INJ 5MCG/0.5 | B/D |
| RECOMBIVA HB INJ 10MCG/ML | B/D |
| RECOMBIVA-HB INJ 40MCG/ML | B/D |
| ROTARIX SUS | |
| ROTATEQ SOL | |
| SHINGRIX INJ 50/0.5ML | QL (2 syringes per lifetime) |
| SHINGRIX INJ 50/0.5ML | QL (2 vials per lifetime) |
| TENIVAC INJ 5-2LF | B/D |
| TICOVAC INJ | |
| TRUMENBA INJ | |
| TWINRIX INJ | |
| TYPHIM VI INJ | |
| VAQTA INJ 25/0.5ML | |
| VAQTA INJ 50UNT/ML | |
| VARIVAX INJ | |
| VAXCHORA SUS | |
| VIMKUNYA INJ 40/0.8ML | |
| VIVOTIF CAP EC | |
| YF-VAX INJ | |

## NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

### *ELECTROLYTES/MINERALS, INJECTABLE*

| |
|---|
| D2.5W/NACL INJ 0.45% |
| D5W/NACL INJ 0.2% |
| D5W/NACL INJ 0.45% |
| D10W/NACL INJ 0.2% |
| D10W/NACL INJ 0.45% |
| *dextrose 2.5% w/ sodium chloride 0.45%* |
| *dextrose 5% in lactated ringers* |
| *dextrose 5% w/ sodium chloride 0.3%* |
| *dextrose 5% w/ sodium chloride 0.9%* |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dextrose 5% w/ sodium chloride 0.45%* | |
| *dextrose 5% w/ sodium chloride 0.225%* | |
| ISOLYTE-P INJ /D5W | |
| ISOLYTE-S INJ PH 7.4 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* | |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* | |
| *kcl 20 meq/l (0.149%) in nacl 0.9% inj* | |
| *kcl 20 meq/l (0.149%) in nacl 0.45% inj* | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* | |
| *kcl 40 meq/l (0.298%) in nacl 0.9% inj* | |
| KCL/D5W/NACL INJ 0.3/0.9% | |
| KCL/D5W/NACL INJ 0.15/0.2 | |
| LACTATED RIN INJ | |
| *lactated ringer's solution* | |
| MAGNESIUM SU INJ 2GM/50ML | |
| MAGNESIUM SU INJ 4G/100ML | |
| MAGNESIUM SU INJ 20/500ML | |
| MAGNESIUM SU INJ 40G/1000 | |
| MAGNESIUM SU INJ 80MG/ML | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | |
| *magnesium sulfate inj 50%* | |
| *magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)* | |
| *magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)* | |
| *magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)* | |
| *magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)* | |
| *magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)* | |
| *magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)* | |
| *multiple electrolytes ph 5.5* | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| POT CHL 20MEQ/L IN NACL 0.45% INJ | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* | |
| *potassium chloride inj 2 meq/ml* | |
| *potassium chloride inj 10 meq/50ml* | |
| *potassium chloride inj 10 meq/100ml* | |
| *potassium chloride inj 20 meq/50ml* | |
| *potassium chloride inj 20 meq/100ml* | |
| *potassium chloride inj 40 meq/100ml* | |
| *sodium chloride inj 2.5 meq/ml (14.6%)* | |
| *sodium chloride iv soln 0.9%* | |
| *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 10* | |
| KLOR-CON 10 TAB 10MEQ ER | |
| *klor-con m10* | |
| *klor-con m15* | |
| *klor-con m20* | |
| M-NATAL PLUS TAB | |
| *potassium chloride cap er 8 meq* | |
| *potassium chloride cap er 10 meq* | |
| *potassium chloride microencapsulated crys er tab 10 meq* | |
| *potassium chloride microencapsulated crys er tab 15 meq* | |
| *potassium chloride microencapsulated crys er tab 20 meq* | |
| *potassium chloride oral soln 10% (20 meq/15ml)* | |
| *potassium chloride oral soln 20% (40 meq/15ml)* | |
| *potassium chloride powder packet 20 meq* | |
| *potassium chloride tab er 8 meq (600 mg)* | |
| *potassium chloride tab er 10 meq* | |
| *potassium chloride tab er 20 meq (1500 mg)* | |
| PRENATAL TAB 27-1MG | |
| PRENATAL TAB PLUS | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | |
| WESTAB PLUS TAB 27-1MG | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***IV NUTRITION*** | |
| *aminosyn ii soln 15%* | B/D |
| AMINOSYN INJ 10% | B/D |
| AMINOSYN-PF INJ 10% | B/D |
| CLINIMIX INJ 4.25/D5W | B/D |
| CLINIMIX INJ 4.25/D10 | B/D |
| CLINIMIX INJ 5%/D15W | B/D |
| CLINIMIX INJ 5%/D20W | B/D |
| CLINIMIX INJ 6/5 | B/D |
| CLINIMIX INJ 8/10 | B/D |
| CLINIMIX INJ 8/14 | B/D |
| *clinisol sf 15%* | B/D |
| CLINOLIPID EMU 20% | B/D |
| *dextrose inj 5%* | |
| *dextrose inj 10%* | |
| DEXTROSE INJ 10% | |
| *dextrose inj 50%* | B/D |
| DEXTROSE INJ 70% | B/D |
| INTRALIPID INJ 20% | B/D |
| INTRALIPID INJ 30% | B/D |
| NUTRILIPID EMU 20% | B/D |
| *plenamine* | B/D |
| PREMASOL SOL 10% | B/D |
| PROSOL INJ 20% | B/D |
| TRAVASOL INJ 10% | B/D |
| TROPHAMINE INJ 10% | B/D |
| **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS** | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION*** | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | |
| *neomycin-polymyxin-hc ophth susp* | |
| *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% | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS*** | |
| *bacitracin-polymyxin b ophth oint* | |
| *besifloxacin hcl ophth susp 0.6% (base equiv)* | |
| BESIVANCE SUS 0.6% | |
| CILOXAN OIN 0.3% OP | |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | |
| *erythromycin ophth oint 5 mg/gm* | |
| *gatifloxacin ophth soln 0.5%* | |
| *gentamicin sulfate ophth soln 0.3%* | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | QL (12 mL / 30 days) |
| NATACYN SUS 5% OP | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | |
| *ofloxacin ophth soln 0.3%* | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | |
| *sulfacetamide sodium ophth soln 10%* | |
| *tobramycin ophth soln 0.3%* | |
| *trifluridine ophth soln 1%* | |
| XDEMVY DRO 0.25% | PA |
| ZIRGAN GEL 0.15% | |
| ***ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION*** | |
| *dexamethasone sodium phosphate ophth soln 0.1%* | |
| *diclofenac sodium ophth soln 0.1%* | |
| *difluprednate ophth emulsion 0.05%* | |
| *fluorometholone ophth susp 0.1%* | |
| *flurbiprofen sodium ophth soln 0.03%* | |
| *ketorolac tromethamine ophth soln 0.4%* | |
| *ketorolac tromethamine ophth soln 0.5%* | |
| LOTEMAX OIN 0.5% | |
| PRED SOD PHO SOL 1% OP | |
| *prednisolone acetate ophth susp 1%* | |
| ***ANTIALLERGICS - DRUGS TO TREAT ALLERGIES*** | |
| *azelastine hcl ophth soln 0.05%* | |
| *cromolyn sodium ophth soln 4%* | |
| ZERVIATE DRO 0.24% | |
| ***ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA*** | |
| *betaxolol hcl ophth soln 0.5%* | |
| *brimonidine tartrate ophth soln 0.2%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *brinzolamide ophth susp 1%* | ST |
| *carteolol hcl ophth soln 1%* | |
| COMBIGAN SOL 0.2/0.5% | |
| *dorzolamide hcl ophth soln 2%* | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | |
| *latanoprost ophth soln 0.005%* | |
| *levobunolol hcl ophth soln 0.5%* | |
| LUMIGAN SOL 0.01% OP | |
| *pilocarpine hcl ophth soln 1%* | |
| *pilocarpine hcl ophth soln 2%* | |
| *pilocarpine hcl ophth soln 4%* | |
| RHOPRESSA SOL 0.02% | |
| ROCKLATAN DRO | |
| SIMBRINZA SUS 1-0.2% | |
| *timolol maleate ophth gel forming soln 0.5%* | |
| *timolol maleate ophth gel forming soln 0.25%* | |
| *timolol maleate ophth soln 0.5%* | |
| *timolol maleate ophth soln 0.25%* | |
| VYZULTA SOL 0.024% | |
| ***MISCELLANEOUS*** | |
| ATROPINE SUL SOL 1% OP | |
| *atropine sulfate ophth soln 1%* | |
| CYSTADROPS SOL 0.37% | PA |
| CYSTARAN SOL 0.44% | PA |
| EYSUVIS DRO 0.25% | |
| MIEBO DRO 1.3GM/ML | |
| *proparacaine hcl ophth soln 0.5%* | |
| RESTASIS EMU 0.05% OP | |
| RESTASIS MUL EMU 0.05% OP | |
| XIIDRA DRO 5% | |
| **OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR** | |
| ***OTIC AGENTS*** | |
| *acetic acid otic soln 2%* | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | |
| *flac oil 0.01% ot* | |
| *fluocinolone acetonide (otic) oil 0.01%* | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | |
| *neomycin-polymyxin-hc otic soln 1%* | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | |
| *ofloxacin otic soln 0.3%* | |

| 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) |
| ***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) |
| *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 |
| *hydroxyzine hcl tab 10 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *hydroxyzine hcl tab 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 |
| *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) |
| *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 |
| SEREVENT DIS AER 50MCG | QL (60 inhalations / 30 days) |
| *terbutaline sulfate tab 2.5 mg* | |
| *terbutaline sulfate tab 5 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *acetylcysteine inhal soln 20%* | B/D |
| ALYFTREK TAB 4-20-50 | QL (84 tabs / 28 days), PA |
| ALYFTREK TAB 10-50-125 | QL (56 tabs / 28 days), PA |
| ARALAST NP INJ 500MG | PA |
| ARALAST NP INJ 1000MG | PA |
| *cromolyn sodium soln nebu 20 mg/2ml* | B/D |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | (generic of Adrenaclick) |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | (generic of EpiPen) |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | (generic of EpiPen) |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | (generic of Adrenaclick) |
| FASENRA INJ 10MG/0.5 | QL (1 syringe / 28 days), PA |
| FASENRA INJ 30MG/ML | QL (1 syringe / 28 days), PA |
| FASENRA PEN INJ 30MG/ML | QL (1 pen / 28 days), PA |
| KALYDECO GRA 5.8MG | QL (56 packets / 28 days), PA |
| KALYDECO GRA 13.4MG | QL (56 packets / 28 days), PA |
| KALYDECO PAK 25MG | QL (56 packets / 28 days), PA |
| KALYDECO PAK 50MG | QL (56 packets / 28 days), PA |
| KALYDECO PAK 75MG | QL (56 packets / 28 days), PA |
| KALYDECO TAB 150MG | QL (60 tabs / 30 days), PA |
| *nintedanib esylate cap 100 mg (base equivalent)* | QL (60 caps / 30 days), PA |
| *nintedanib esylate cap 150 mg (base equivalent)* | QL (60 caps / 30 days), PA |
| OFEV CAP 100MG | QL (60 caps / 30 days), PA |
| OFEV CAP 150MG | QL (60 caps / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ORKAMBI GRA 75-94MG | QL (56 packets / 28 days), PA |
| ORKAMBI GRA 100-125 | QL (56 packets / 28 days), PA |
| ORKAMBI GRA 150-188 | QL (56 packets / 28 days), PA |
| ORKAMBI TAB 100-125 | QL (112 tabs / 28 days), PA |
| ORKAMBI TAB 200-125 | QL (112 tabs / 28 days), PA |
| *pirfenidone cap 267 mg* | QL (270 caps / 30 days), PA |
| *pirfenidone tab 267 mg* | QL (270 tabs / 30 days), PA |
| *pirfenidone tab 534 mg* | QL (90 tabs / 30 days), PA |
| *pirfenidone tab 801 mg* | QL (90 tabs / 30 days), PA |
| PROLASTIN-C INJ 1000MG | PA |
| PULMOZYME SOL 1MG/ML | PA |
| *roflumilast tab 250 mcg* | QL (56 tabs / year) |
| *roflumilast tab 500 mcg* | QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | QL (56 tabs / 28 days), PA |
| SYMDEKO TAB 100-150 | QL (56 tabs / 28 days), PA |
| *theophylline elixir 80 mg/15ml* | |
| *theophylline soln 80 mg/15ml* | |
| *theophylline tab er 12hr 100 mg* | |
| *theophylline tab er 12hr 200 mg* | |
| *theophylline tab er 12hr 300 mg* | |
| *theophylline tab er 12hr 450 mg* | |
| *theophylline tab er 24hr 400 mg* | |
| *theophylline tab er 24hr 600 mg* | |
| TRIKAFTA PAK 59.5MG | QL (56 packs / 28 days), PA |
| TRIKAFTA PAK 75MG | QL (56 packs / 28 days), PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG | QL (84 tabs / 28 days), PA |
| TRIKAFTA TAB 100-50-75MG & 150MG | QL (84 tabs / 28 days), PA |
| XOLAIR INJ 75/0.5 | QL (4 pens / 28 days), PA |
| XOLAIR INJ 75/0.5 | QL (4 syringes / 28 days), PA |
| XOLAIR INJ 150MG/ML | QL (8 pens / 28 days), PA |
| XOLAIR INJ 150MG/ML | QL (8 syringes / 28 days), PA |
| XOLAIR INJ 300/2ML | QL (4 pens / 28 days), PA |
| XOLAIR INJ 300/2ML | QL (4 syringes / 28 days), PA |
| XOLAIR SOL 150MG | QL (8 vials / 28 days), PA |
| ZEMAIRA INJ 1000MG | PA |
| ZEMAIRA INJ 4000MG | PA |
| ZEMAIRA INJ 5000MG | PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| **TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS** | |
| ***DERMATOLOGY, ACNE*** | |
| *accutane* | PA |
| *amnesteem* | PA |
| *amnesteem cap 30mg* | PA |
| *benzoyl peroxide-erythromycin gel 5-3%* | QL (46.6 gm / 30 days) |
| *claravis* | PA |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | QL (45 gm / 30 days) |
| *clindamycin phosphate gel 1% (once-daily)* | QL (75 mL / 30 days), PA |
| *clindamycin phosphate lotion 1%* | QL (60 mL / 30 days) |
| *clindamycin phosphate soln 1%* | QL (60 mL / 30 days) |
| *ery* | QL (60 pledgets / 30 days) |
| *erythromycin gel 2%* | QL (60 gm / 30 days) |
| *erythromycin soln 2%* | QL (60 mL / 30 days) |
| *isotretinoin cap 10 mg* | PA |
| *isotretinoin cap 20 mg* | PA |
| *isotretinoin cap 30 mg* | PA |
| *isotretinoin cap 40 mg* | PA |
| *neuac gel 1.2-5%* | QL (45 gm / 30 days) |
| *sulfacetamide sodium lotion 10% (acne)* | QL (118 mL / 30 days) |
| *tretinoin cream 0.1%* | QL (45 gm / 30 days), PA |
| *tretinoin cream 0.05%* | QL (45 gm / 30 days), PA |
| *tretinoin cream 0.025%* | QL (45 gm / 30 days), PA |
| *tretinoin gel 0.01%* | QL (45 gm / 30 days), PA |
| *tretinoin gel 0.025%* | QL (45 gm / 30 days), PA |
| *twice-daily clindamycin phosphate (topical)* | QL (60 gm / 30 days) |
| *zenatane* | PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | |
| *gentamicin sulfate cream 0.1%* | QL (30 gm / 30 days) |
| *gentamicin sulfate oint 0.1%* | QL (30 gm / 30 days) |
| *mupirocin oint 2%* | QL (220 gm / 30 days) |
| *silver sulfadiazine cream 1%* | |
| *ssd* | |
| SULFAMYLON CRE 85MG/GM | QL (453.6 gm / 30 days) |
| ***DERMATOLOGY, ANTIFUNGALS*** | |
| *ciclopirox olamine cream 0.77% (base equiv)* | QL (90 gm / 30 days) |
| *ciclopirox olamine susp 0.77% (base equiv)* | QL (60 mL / 30 days) |
| *ciclopirox shampoo 1%* | QL (120 mL / 30 days) |
| *clotrimazole cream 1%* | QL (45 gm / 30 days) |
| *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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ketoconazole cream 2%* | QL (60 gm / 30 days) |
| *ketoconazole shampoo 2%* | QL (120 mL / 30 days) |
| *klayesta* | QL (60 gm / 30 days) |
| *nyamyc* | QL (60 gm / 30 days) |
| *nystatin cream 100000 unit/gm* | QL (30 gm / 30 days) |
| *nystatin oint 100000 unit/gm* | QL (30 gm / 30 days) |
| *nystatin topical powder 100000 unit/gm* | QL (60 gm / 30 days) |
| *nystop* | QL (60 gm / 30 days) |
| *selenium sulfide lotion 2.5%* | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | |
| *acitretin cap 10 mg* | PA |
| *acitretin cap 17.5 mg* | PA |
| *acitretin cap 25 mg* | PA |
| *calcipotriene cream 0.005%* | QL (120 gm / 30 days), PA |
| *calcipotriene oint 0.005%* | QL (120 gm / 30 days), PA |
| *calcipotriene soln 0.005% (50 mcg/ml)* | QL (120 mL / 30 days), PA |
| *calcitrene* | QL (120 gm / 30 days), PA |
| ENSTILAR AER | QL (120 gm / 30 days), PA |
| *tazarotene cream 0.1%* | QL (60 gm / 30 days), PA |
| *tazarotene cream 0.05%* | QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | |
| *ala-cort* | |
| *alclometasone dipropionate cream 0.05%* | QL (60 gm / 30 days) |
| *alclometasone dipropionate oint 0.05%* | QL (60 gm / 30 days) |
| *betamethasone dipropionate augmented cream 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented gel 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented lotion 0.05%* | QL (120 mL / 30 days) |
| *betamethasone dipropionate augmented oint 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate cream 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate lotion 0.05%* | QL (120 mL / 30 days) |
| *betamethasone dipropionate oint 0.05%* | QL (120 gm / 30 days) |
| *betamethasone valerate cream 0.1% (base equivalent)* | QL (120 gm / 30 days) |
| *betamethasone valerate lotion 0.1% (base equivalent)* | QL (120 mL / 30 days) |
| *betamethasone valerate oint 0.1% (base equivalent)* | QL (120 gm / 30 days) |
| *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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *clobetasol propionate oint 0.05%* | QL (120 gm / 30 days) |
| *clobetasol propionate shampoo 0.05%* | QL (236 mL / 30 days) |
| *clobetasol propionate soln 0.05%* | QL (100 mL / 30 days) |
| *clodan* | QL (236 mL / 30 days) |
| *fluocinolone acetonide cream 0.01%* | QL (60 gm / 30 days) |
| *fluocinolone acetonide cream 0.025%* | QL (120 gm / 30 days) |
| *fluocinolone acetonide oil 0.01% (body oil)* | QL (118.28 mL / 30 days) |
| *fluocinolone acetonide oil 0.01% (scalp oil)* | QL (118.28 mL / 30 days) |
| *fluocinolone acetonide oint 0.025%* | QL (120 gm / 30 days) |
| *fluocinolone acetonide soln 0.01%* | QL (60 mL / 30 days) |
| *fluocinonide cream 0.1%* | QL (120 gm / 30 days) |
| *fluocinonide cream 0.05%* | QL (120 gm / 30 days) |
| *fluocinonide emulsified base cream 0.05%* | QL (120 gm / 30 days) |
| *fluocinonide gel 0.05%* | QL (60 gm / 30 days) |
| *fluocinonide oint 0.05%* | QL (60 gm / 30 days) |
| *fluocinonide soln 0.05%* | QL (60 mL / 30 days) |
| *fluticasone propionate cream 0.05%* | |
| *fluticasone propionate oint 0.005%* | |
| *halobetasol propionate cream 0.05%* | QL (50 gm / 30 days) |
| *halobetasol propionate oint 0.05%* | QL (50 gm / 30 days) |
| *hydrocortisone cream 1%* | |
| *hydrocortisone cream 2.5%* | |
| *hydrocortisone lotion 2.5%* | |
| *hydrocortisone oint 1%* | QL (30 gm / 30 days) |
| *hydrocortisone oint 2.5%* | |
| *hydrocortisone valerate cream 0.2%* | QL (60 gm / 30 days) |
| *mometasone furoate cream 0.1%* | |
| *mometasone furoate oint 0.1%* | |
| *mometasone furoate solution 0.1% (lotion)* | |
| *triamcinolone acetonide cream 0.1%* | QL (454 gm / 30 days) |
| *triamcinolone acetonide cream 0.5%* | QL (454 gm / 30 days) |
| *triamcinolone acetonide cream 0.025%* | QL (454 gm / 30 days) |
| *triamcinolone acetonide lotion 0.1%* | |
| *triamcinolone acetonide lotion 0.025%* | |
| *triamcinolone acetonide oint 0.1%* | |
| *triamcinolone acetonide oint 0.5%* | |
| *triamcinolone acetonide oint 0.025%* | |
| *triderm* | QL (454 gm / 30 days) |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | |
| *glydo* | QL (60 mL / 30 days), PA |
| *lidocaine hcl soln 4%* | QL (50 mL / 30 days), PA |
| *lidocaine oint 5%* | QL (50 gm / 30 days), PA |
| *lidocaine patch 5%* | QL (3 patches / 1 day), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lidocaine-prilocaine cream 2.5-2.5%* | B/D, QL (30 gm / 30 days) |
| *lidocan* | QL (3 patches / 1 day), PA |
| *tridacaine ii* | QL (3 patches / 1 day), PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | |
| *bexarotene gel 1%* | QL (60 gm / 30 days), PA |
| *diclofenac sodium soln 1.5%* | QL (300 mL / 28 days) |
| EUCRISA OIN 2% | QL (120 gm / 30 days), PA |
| *fluorouracil cream 5%* | QL (40 gm / 30 days) |
| *fluorouracil soln 2%* | QL (10 mL / 30 days) |
| *fluorouracil soln 5%* | QL (10 mL / 30 days) |
| *hydrocortisone perianal cream 1%* | |
| *hydrocortisone perianal cream 2.5%* | |
| *imiquimod cream 5%* | QL (24 packets / 30 days) |
| *lactic acid (ammonium lactate) cream 12%* | |
| *lactic acid (ammonium lactate) lotion 12%* | |
| *metronidazole cream 0.75%* | QL (45 gm / 30 days) |
| *metronidazole gel 0.75%* | QL (45 gm / 30 days) |
| *metronidazole lotion 0.75%* | QL (59 mL / 30 days) |
| *nitroglycerin oint 0.4%* | QL (30 gm / 30 days) |
| PANRETIN GEL 0.1% | QL (60 gm / 30 days), PA |
| *pimecrolimus cream 1%* | QL (100 gm / 30 days), PA |
| *podofilox soln 0.5%* | QL (7 mL / 28 days) |
| *procto-med hc* | |
| *proctocort* | |
| *proctosol hc* | |
| *proctozone-hc* | |
| *tacrolimus oint 0.1%* | QL (100 gm / 30 days), PA |
| *tacrolimus oint 0.03%* | QL (100 gm / 30 days), PA |
| VALCHLOR GEL 0.016% | QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | |
| *malathion lotion 0.5%* | QL (59 mL / 30 days) |
| *permethrin cream 5%* | QL (60 gm / 30 days) |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | |
| SANTYL OIN 250/GM | QL (180 gm / 30 days), PA |
| *sodium chloride irrigation soln 0.9%* | |
| *water for irrigation, sterile irrigation soln* | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | |
| *cevimeline hcl cap 30 mg* | |
| *chlorhexidine gluconate soln 0.12%* | |
| *clotrimazole troche 10 mg* | QL (150 lozenges / 30 days) |
| *kourzeq* | |
| *lidocaine hcl viscous soln 2%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *nystatin susp 100000 unit/ml* | |
| *periogard* | |
| *pilocarpine hcl tab 5 mg* | |
| *pilocarpine hcl tab 7.5 mg* | |
| *triamcinolone acetonide dental paste 0.1%* | |

## D. Índice de Medicamentos Cobertos

Nesta seção, você pode localizar um medicamento pesquisando pelo nome em ordem alfabética. O índice informa o número da página onde você pode encontrar informações adicionais sobre a cobertura do seu medicamento.

# Index


**A**

*abacavir sulfate soln 20 mg/ml (base equiv)* ..... 25
*abacavir sulfate tab 300 mg (base equiv)* ..... 25
*abacavir sulfate-lamivudine tab 600-300 mg* ..... 27
*abigale lo tab 0.5-0.1* ..... 91
*abigale tab 1-0.5mg* ..... 91
ABILIFY ASIM INJ 720MG ..... 64
ABILIFY ASIM INJ 960MG ..... 64
ABILIFY MAIN INJ 300MG ..... 64
ABILIFY MAIN INJ 400MG ..... 64
*abiraterone acetate tab 250 mg* ..... 36
*abiraterone acetate tab 500 mg* ..... 36
*abirtega tab 250mg* ..... 36
ABRYSVO INJ 120MCG ..... 109
*acamprosate calcium tab delayed release 333 mg* ..... 80
*acarbose tab 100 mg* ..... 81
*acarbose tab 25 mg* ..... 81
*acarbose tab 50 mg* ..... 81
*accutane* ..... 121
*acebutolol hcl cap 200 mg* ..... 51
*acebutolol hcl cap 400 mg* ..... 51
*acetaminophen w/ codeine soln 120-12 mg/5ml* ..... 21
*acetaminophen w/ codeine tab 300-15 mg* ..... 21
*acetaminophen w/ codeine tab 300-30 mg* ..... 21
*acetaminophen w/ codeine tab 300-60 mg* ..... 21
*acetazolamide cap er 12hr 500 mg* ... 54
*acetazolamide tab 125 mg* ..... 54
*acetazolamide tab 250 mg* ..... 54
*acetic acid irrigation soln 0.25%* .... 101
*acetic acid otic soln 2%* ..... 115
*acetylcysteine inhal soln 10%* ..... 118
*acetylcysteine inhal soln 20%* ..... 118
*acitretin cap 10 mg* ..... 122
*acitretin cap 17.5 mg* ..... 122
*acitretin cap 25 mg* ..... 122
ACTHIB INJ ..... 109
ACTIMMUNE INJ 2MU/0.5 ..... 108
*acyclovir cap 200 mg* ..... 28
*acyclovir sodium iv soln 50 mg/ml* ... 28
*acyclovir susp 200 mg/5ml* ..... 28
*acyclovir tab 400 mg* ..... 28
*acyclovir tab 800 mg* ..... 28
ADACEL INJ ..... 109
ADALIMU-BWWD INJ 40/0.4ML ..... 104
*adefovir dipivoxil tab 10 mg* ..... 28
ADEMPAS TAB 0.5MG ..... 56
ADEMPAS TAB 1.5MG ..... 56
ADEMPAS TAB 1MG ..... 56
ADEMPAS TAB 2.5MG ..... 56
ADEMPAS TAB 2MG ..... 56
ADMELOG INJ 100U/ML ..... 83
ADMELOG SOLO INJ 100U/ML ..... 83
ADVAIR HFA AER 115/21 ..... 120
ADVAIR HFA AER 230/21 ..... 120
ADVAIR HFA AER 45/21 ..... 120
*afirmelle* ..... 86
AIMOVIG INJ 140MG/ML ..... 77
AIMOVIG INJ 70MG/ML ..... 77
AIRSUPRA AER 90-80MCG ..... 120
AKEEGA TAB 100/500 ..... 36
AKEEGA TAB 50/500MG ..... 36
*ala-cort* ..... 122
*albendazole tab 200 mg* ..... 22
*albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* ..... 117
*albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* ..... 117
*albuterol sulfate soln nebu 0.5% (5 mg/ml)* ..... 117
*albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* ..... 117
*albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* ..... 117
*albuterol sulfate syrup 2 mg/5ml* ... 117
*albuterol sulfate tab 2 mg* ..... 117
*albuterol sulfate tab 4 mg* ..... 117
*alclometasone dipropionate cream 0.05%* ..... 122
*alclometasone dipropionate oint 0.05%* ..... 122
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY ..... 83

ALDURAZYME INJ 2.9MG/5M ..... 93
ALECENSA CAP 150MG ..... 38
*alendronate sodium oral soln 70 mg/75ml* ..... 85
*alendronate sodium tab 10 mg* ..... 85
*alendronate sodium tab 35 mg* ..... 85
*alendronate sodium tab 70 mg* ..... 85
*alfuzosin hcl tab er 24hr 10 mg* ..... 101
*aliskiren fumarate tab 150 mg (base equivalent)* ..... 55
*aliskiren fumarate tab 300 mg (base equivalent)* ..... 55
*allopurinol tab 100 mg* ..... 19
*allopurinol tab 300 mg* ..... 19
*alosetron hcl tab 0.5 mg (base equiv)* ..... 99
*alosetron hcl tab 1 mg (base equiv)* .99
*alprazolam tab 0.25 mg* ..... 57
*alprazolam tab 0.5 mg* ..... 57
*alprazolam tab 1 mg* ..... 57
*alprazolam tab 2 mg* ..... 57
*altavera* ..... 86
ALUNBRIG PAK ..... 38
ALUNBRIG TAB 180MG ..... 38
ALUNBRIG TAB 30MG ..... 38
ALUNBRIG TAB 90MG ..... 38
ALVAIZ TAB 18MG ..... 103
ALVAIZ TAB 36MG ..... 103
ALVAIZ TAB 54MG ..... 103
ALVAIZ TAB 9MG ..... 103
ALVESCO AER 160MCG ..... 120
ALVESCO AER 80MCG ..... 120
*alyacen 1/35* ..... 86
*alyacen 7/7/7* ..... 86
ALYFTREK TAB 10-50-125 ..... 118
ALYFTREK TAB 4-20-50 ..... 118
ALYGLO INJ 10/100ML ..... 107
ALYGLO INJ 20/200ML ..... 107
ALYGLO INJ 5GM/50ML ..... 107
*alyq* ..... 56
*amantadine hcl cap 100 mg* ..... 63
*amantadine hcl soln 50 mg/5ml* ..... 63
*amantadine hcl tab 100 mg* ..... 63
*ambrisentan tab 10 mg* ..... 56
*ambrisentan tab 5 mg* ..... 56
*amethyst* ..... 86
*amikacin sulfate inj 1 gm/4ml (250 mg/ml)* ..... 22
*amikacin sulfate inj 500 mg/2ml (250 mg/ml)* ..... 22
*amiloride & hydrochlorothiazide tab 5-50 mg* ..... 54
*amiloride hcl tab 5 mg* ..... 54
*aminosyn ii soln 15%* ..... 113
AMINOSYN INJ 10% ..... 113
AMINOSYN-PF INJ 10% ..... 113
*amiodarone hcl inj 150 mg/3ml (50 mg/ml)* ..... 49
*amiodarone hcl inj 450 mg/9ml (50 mg/ml)* ..... 49
*amiodarone hcl inj 900 mg/18ml (50 mg/ml)* ..... 49
*amiodarone hcl tab 100 mg* ..... 49
*amiodarone hcl tab 200 mg* ..... 49
*amiodarone hcl tab 400 mg* ..... 49
*amitriptyline hcl tab 10 mg* ..... 59
*amitriptyline hcl tab 100 mg* ..... 59
*amitriptyline hcl tab 150 mg* ..... 59
*amitriptyline hcl tab 25 mg* ..... 59
*amitriptyline hcl tab 50 mg* ..... 59
*amitriptyline hcl tab 75 mg* ..... 59
*amlodipine besylate tab 10 mg (base equivalent)* ..... 53
*amlodipine besylate tab 2.5 mg (base equivalent)* ..... 53
*amlodipine besylate tab 5 mg (base equivalent)* ..... 53
*amlodipine besylate-benazepril hcl cap 10-20 mg* ..... 45
*amlodipine besylate-benazepril hcl cap 10-40 mg* ..... 45
*amlodipine besylate-benazepril hcl cap 2.5-10 mg* ..... 45
*amlodipine besylate-benazepril hcl cap 5-10 mg* ..... 45
*amlodipine besylate-benazepril hcl cap 5-20 mg* ..... 45
*amlodipine besylate-benazepril hcl cap 5-40 mg* ..... 45
*amlodipine besylate-olmesartan medoxomil tab 10-20 mg* ..... 47
*amlodipine besylate-olmesartan medoxomil tab 10-40 mg* ..... 47

*amlodipine besylate-olmesartan medoxomil tab 5-20 mg* ..... 47
*amlodipine besylate-olmesartan medoxomil tab 5-40 mg* ..... 47
*amlodipine besylate-valsartan tab 10-160 mg* ..... 47
*amlodipine besylate-valsartan tab 10-320 mg* ..... 47
*amlodipine besylate-valsartan tab 5-160 mg* ..... 47
*amlodipine besylate-valsartan tab 5-320 mg* ..... 47
*amnesteem* ..... 121
*amnesteem cap 30mg* ..... 121
*amoxapine tab 100 mg* ..... 59
*amoxapine tab 150 mg* ..... 59
*amoxapine tab 25 mg* ..... 59
*amoxapine tab 50 mg* ..... 59
*amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* ..... 32
*amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* ..... 32
*amoxicillin & k clavulanate for susp 400-57 mg/5ml* ..... 32
*amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* ..... 32
*amoxicillin & k clavulanate tab 250-125 mg* ..... 32
*amoxicillin & k clavulanate tab 500-125 mg* ..... 32
*amoxicillin & k clavulanate tab 875-125 mg* ..... 32
*amoxicillin (trihydrate) cap 250 mg* .. 32
*amoxicillin (trihydrate) cap 500 mg* .. 32
*amoxicillin (trihydrate) chew tab 125 mg* ..... 32
*amoxicillin (trihydrate) chew tab 250 mg* ..... 32
*amoxicillin (trihydrate) for susp 125 mg/5ml* ..... 32
*amoxicillin (trihydrate) for susp 200 mg/5ml* ..... 32
*amoxicillin (trihydrate) for susp 250 mg/5ml* ..... 32
*amoxicillin (trihydrate) for susp 400 mg/5ml* ..... 32
*amoxicillin (trihydrate) tab 500 mg* .. 32
*amoxicillin (trihydrate) tab 875 mg* .. 32
*amphetamine-dextroamphetamine cap er 24hr 10 mg* ..... 75
*amphetamine-dextroamphetamine cap er 24hr 15 mg* ..... 75
*amphetamine-dextroamphetamine cap er 24hr 20 mg* ..... 75
*amphetamine-dextroamphetamine cap er 24hr 25 mg* ..... 75
*amphetamine-dextroamphetamine cap er 24hr 30 mg* ..... 75
*amphetamine-dextroamphetamine cap er 24hr 5 mg* ..... 75
*amphetamine-dextroamphetamine tab 10 mg* ..... 75
*amphetamine-dextroamphetamine tab 12.5 mg* ..... 75
*amphetamine-dextroamphetamine tab 15 mg* ..... 75
*amphetamine-dextroamphetamine tab 20 mg* ..... 75
*amphetamine-dextroamphetamine tab 30 mg* ..... 76
*amphetamine-dextroamphetamine tab 5 mg* ..... 75
*amphetamine-dextroamphetamine tab 7.5 mg* ..... 75
*amphotericin b for iv soln 50 mg* ..... 24
*amphotericin b liposome iv for susp 50 mg* ..... 24
*ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* ..... 32
*ampicillin & sulbactam sodium for inj 3 (2-1) gm* ..... 32
*ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm* ..... 32
*ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* ..... 32
*ampicillin & sulbactam sodium for iv soln 3 (2-1) gm* ..... 32
*ampicillin cap 500 mg* ..... 32
*ampicillin sodium for inj 1 gm* ..... 32
*ampicillin sodium for inj 2 gm* ..... 32
*ampicillin sodium for inj 250 mg* ..... 32
*ampicillin sodium for inj 500 mg* ..... 32
*ampicillin sodium for iv soln 1 gm* .... 32
*ampicillin sodium for iv soln 10 gm* .. 32

*ampicillin sodium for iv soln 2 gm* ....32
*anagrelide hcl cap 0.5 mg* .....103
*anagrelide hcl cap 1 mg* .....103
*anastrozole tab 1 mg* .....36
ANORO ELLIPT AER 62.5-25 .....116
APIDRA INJ SOLOSTAR.....83
APIDRA INJ U-100 .....83
*aprepitant capsule 125 mg* .....97
*aprepitant capsule 40 mg*.....97
*aprepitant capsule 80 mg*.....97
*aprepitant capsule therapy pack 80 & 125 mg* .....97
*apri*.....86
APTIOM TAB 200MG .....69
APTIOM TAB 400MG .....69
APTIOM TAB 600MG .....69
APTIOM TAB 800MG .....69
APTIVUS CAP 250MG.....26
ARALAST NP INJ 1000MG.....118
ARALAST NP INJ 500MG .....118
*aranelle*.....86
ARCALYST INJ 220MG .....108
AREXVY INJ 120MCG.....109
ARIKAYCE SUS .....22
*aripiprazole oral solution 1 mg/ml* ....64
*aripiprazole orally disintegrating tab 10 mg*.....64
*aripiprazole orally disintegrating tab 15 mg*.....64
*aripiprazole tab 10 mg*.....64
*aripiprazole tab 15 mg*.....64
*aripiprazole tab 2 mg* .....64
*aripiprazole tab 20 mg*.....64
*aripiprazole tab 30 mg*.....64
*aripiprazole tab 5 mg* .....64
ARISTADA INJ 1064MG.....64
ARISTADA INJ 441MG/1. .....64
ARISTADA INJ 662MG/2 .....64
ARISTADA INJ 882MG/3 .....64
ARISTADA INJ INITIO.....64
*armodafinil tab 150 mg* .....80
*armodafinil tab 200 mg* .....80
*armodafinil tab 250 mg* .....80
*armodafinil tab 50 mg* .....80
ARNUITY ELPT INH 100MCG .....120
ARNUITY ELPT INH 200MCG .....120
ARNUITY ELPT INH 50MCG.....120
*asenapine maleate sl tab 10 mg (base equiv)* .....64
*asenapine maleate sl tab 2.5 mg (base equiv)* .....64
*asenapine maleate sl tab 5 mg (base equiv)* .....64
*ashlyna* .....86
*aspirin-dipyridamole cap er 12hr 25-200 mg* ..... 104
ASTAGRAF XL CAP 0.5MG ..... 108
ASTAGRAF XL CAP 1MG..... 108
ASTAGRAF XL CAP 5MG..... 108
*atazanavir sulfate cap 150 mg (base equiv)* .....26
*atazanavir sulfate cap 200 mg (base equiv)* .....26
*atazanavir sulfate cap 300 mg (base equiv)* .....26
*atenolol & chlorthalidone tab 100-25 mg* .....51
*atenolol & chlorthalidone tab 50-25 mg* .....51
*atenolol tab 100 mg*.....51
*atenolol tab 25 mg* .....51
*atenolol tab 50 mg* .....51
*atomoxetine hcl cap 10 mg (base equiv)* .....76
*atomoxetine hcl cap 100 mg (base equiv)* .....76
*atomoxetine hcl cap 18 mg (base equiv)* .....76
*atomoxetine hcl cap 25 mg (base equiv)* .....76
*atomoxetine hcl cap 40 mg (base equiv)* .....76
*atomoxetine hcl cap 60 mg (base equiv)* .....76
*atomoxetine hcl cap 80 mg (base equiv)* .....76
*atorvastatin calcium tab 10 mg (base equivalent)* .....50
*atorvastatin calcium tab 20 mg (base equivalent)* .....50
*atorvastatin calcium tab 40 mg (base equivalent)* .....50
*atorvastatin calcium tab 80 mg (base equivalent)* .....50

*atovaquone susp 750 mg/5ml* ..... 22
*atovaquone-proguanil hcl tab 250-100 mg* ..... 25
*atovaquone-proguanil hcl tab 62.5-25 mg* ..... 25
ATROPINE SUL SOL 1% OP ..... 115
*atropine sulfate ophth soln 1%* ..... 115
ATROVENT HFA AER 17MCG ..... 116
*aubra eq* ..... 86
AUGTYRO CAP 160MG ..... 38
AUGTYRO CAP 40MG ..... 38
*aurovela 1/20* ..... 86
*aurovela 24 fe* ..... 86
*aurovela fe 1.5/30* ..... 86
*aurovela fe 1/20* ..... 86
AUSTEDO TAB 12MG ..... 78
AUSTEDO TAB 6MG ..... 78
AUSTEDO TAB 9MG ..... 78
AUSTEDO XR TAB 12MG ..... 78
AUSTEDO XR TAB 18MG ..... 78
AUSTEDO XR TAB 24MG ..... 78
AUSTEDO XR TAB 30MG ..... 78
AUSTEDO XR TAB 36MG ..... 78
AUSTEDO XR TAB 42MG ..... 78
AUSTEDO XR TAB 48MG ..... 78
AUSTEDO XR TAB 6MG ..... 78
AUSTEDO XR TAB TITR KIT ..... 78
AUVELITY TAB 45-105MG ..... 59
*aviane* ..... 86
AVMAPKI PAK FAKZYNJA ..... 38
*ayuna* ..... 86
AYVAKIT TAB 100MG ..... 38
AYVAKIT TAB 200MG ..... 38
AYVAKIT TAB 25MG ..... 38
AYVAKIT TAB 300MG ..... 38
AYVAKIT TAB 50MG ..... 38
*azacitidine for inj 100 mg* ..... 35
*azathioprine tab 50 mg* ..... 108
*azelastine hcl nasal spray 0.1% (137 mcg/spray)* ..... 116
*azelastine hcl ophth soln 0.05%* ..... 114
*azithromycin for susp 100 mg/5ml* ... 31
*azithromycin for susp 200 mg/5ml* ... 31
*azithromycin iv for soln 500 mg* ..... 31
*azithromycin tab 250 mg* ..... 31
*azithromycin tab 500 mg* ..... 31
*azithromycin tab 600 mg* ..... 31
*aztreonam for inj 1 gm* ..... 22
*aztreonam for inj 2 gm* ..... 22
*azurette* ..... 86

**B**

*bacitracin-polymyxin b ophth oint* .. 114
*bacitracin-polymyxin-neomycin-hc ophth oint 1%* ..... 113
*baclofen tab 10 mg* ..... 79
*baclofen tab 20 mg* ..... 79
*baclofen tab 5 mg* ..... 79
BAFIERTAM CAP 95MG ..... 79
*balsalazide disodium cap 750 mg* ..... 98
BALVERSA TAB 3MG ..... 38
BALVERSA TAB 4MG ..... 38
BALVERSA TAB 5MG ..... 39
*balziva* ..... 86
BAQSIMI ONE POW 3MG/DOSE ..... 93
BAQSIMI TWO POW 3MG/DOSE ..... 93
BARACLUDE SOL ..... 28
BASAGLAR KWP INJ 100/ML ..... 83
BCG VACCINE INJ 50MG ..... 109
*benazepril & hydrochlorothiazide tab 10-12.5 mg* ..... 45
*benazepril & hydrochlorothiazide tab 20-12.5 mg* ..... 45
*benazepril & hydrochlorothiazide tab 20-25 mg* ..... 45
*benazepril & hydrochlorothiazide tab 5-6.25mg* ..... 45
*benazepril hcl tab 10 mg* ..... 46
*benazepril hcl tab 20 mg* ..... 46
*benazepril hcl tab 40 mg* ..... 46
*benazepril hcl tab 5 mg* ..... 46
BENDAMUSTINE SOL 100/4ML ..... 34
BENDEKA INJ 100/4ML ..... 34
BENLYSTA INJ 120MG ..... 108
BENLYSTA INJ 200MG/ML ..... 108
BENLYSTA INJ 400MG ..... 108
*benzoyl peroxide-erythromycin gel 5-3%* ..... 121
*benztropine mesylate inj 1 mg/ml* .... 63
*benztropine mesylate tab 0.5 mg* ..... 63
*benztropine mesylate tab 1 mg* ..... 63
*benztropine mesylate tab 2 mg* ..... 63
BERINERT INJ 500UNIT ..... 104
*besifloxacin hcl ophth susp 0.6% (base equiv)* ..... 114

BESIVANCE SUS 0.6%..... 114
BESREMI SOL 500MCG ..... 37
*betaine powder for oral solution* ..... 93
*betamethasone dipropionate augmented cream 0.05%* ..... 122
*betamethasone dipropionate augmented gel 0.05%* ..... 122
*betamethasone dipropionate augmented lotion 0.05%* ..... 122
*betamethasone dipropionate augmented oint 0.05%* ..... 122
*betamethasone dipropionate cream 0.05%* ..... 122
*betamethasone dipropionate lotion 0.05%* ..... 122
*betamethasone dipropionate oint 0.05%* ..... 122
*betamethasone valerate cream 0.1% (base equivalent)* ..... 122
*betamethasone valerate lotion 0.1% (base equivalent)* ..... 122
*betamethasone valerate oint 0.1% (base equivalent)* ..... 122
BETASERON INJ 0.3MG..... 79
*betaxolol hcl ophth soln 0.5%*..... 114
*betaxolol hcl tab 10 mg* ..... 51
*betaxolol hcl tab 20 mg* ..... 52
*bethanechol chloride tab 10 mg* ..... 101
*bethanechol chloride tab 25 mg* ..... 101
*bethanechol chloride tab 5 mg*..... 101
*bethanechol chloride tab 50 mg* ..... 101
BEVESPI AER 9-4.8MCG..... 116
*bexarotene cap 75 mg*..... 37
*bexarotene gel 1%*..... 124
BEXSERO INJ ..... 109
*bicalutamide tab 50 mg* ..... 36
BICILLIN L-A INJ 1200000 ..... 32
BICILLIN L-A INJ 2400000 ..... 32
BICILLIN L-A INJ 600000 ..... 32
BIKTARVY TAB 30-120-15 MG ..... 27
BIKTARVY TAB 50-200-25 MG ..... 27
BILDYOS INJ 60MG/ML ..... 85
BIMZELX INJ 160MG/ML ..... 104, 105
BIMZELX INJ 320MG/2 ..... 105
*bisoprolol & hydrochlorothiazide tab 10-6.25 mg*..... 51
*bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg*..... 51
*bisoprolol & hydrochlorothiazide tab 5-6.25 mg* ..... 51
*bisoprolol fumarate tab 10 mg*..... 52
*bisoprolol fumarate tab 5 mg* ..... 52
BIVIGAM INJ 10% ..... 107
*blisovi 24 fe*..... 86
*blisovi fe 1.5/30* ..... 86
*blisovi fe tab 1/20* ..... 86
BLUJEPA TAB 750MG..... 22
BONSITY INJ 560/2.24 ..... 85
BOOSTRIX INJ ..... 109
*bortezomib for inj 3.5 mg* ..... 39
BORTEZOMIB INJ 1MG ..... 39
BORTEZOMIB INJ 2.5MG ..... 39
*bosentan tab 125 mg* ..... 57
*bosentan tab 62.5 mg* ..... 57
*bosentan tab for oral susp 32 mg*..... 57
BOSULIF CAP 100MG ..... 39
BOSULIF CAP 50MG ..... 39
BOSULIF TAB 100MG ..... 39
BOSULIF TAB 400MG ..... 39
BOSULIF TAB 500MG ..... 39
BRAFTOVI CAP 75MG ..... 39
BREO ELLIPTA INH 100-25..... 120
BREO ELLIPTA INH 200-25..... 120
BREO ELLIPTA INH 50-25MCG ..... 120
*breyna* ..... 120
BREZTRI AERO AER SPHERE ..... 116
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) ..... 116
*briellyn* ..... 86
*brimonidine tartrate ophth soln 0.2%* ..... 114
*brinzolamide ophth susp 1%* ..... 115
*brivaracetam oral soln 10 mg/ml* ..... 69
*brivaracetam tab 10 mg* ..... 69
*brivaracetam tab 100 mg* ..... 69
*brivaracetam tab 25 mg* ..... 69
*brivaracetam tab 50 mg* ..... 69
*brivaracetam tab 75 mg* ..... 69
BRIVIACT SOL 10MG/ML..... 69
BRIVIACT TAB 100MG ..... 69
BRIVIACT TAB 10MG..... 69
BRIVIACT TAB 25MG..... 69
BRIVIACT TAB 50MG..... 69

BRIVIACT TAB 75MG ..... 69
*bromocriptine mesylate cap 5 mg (base equivalent)* ..... 63
*bromocriptine mesylate tab 2.5 mg (base equivalent)* ..... 63
BRUKINSA CAP 80MG ..... 39
BRUKINSA TAB 160MG ..... 39
*budesonide delayed release particles cap 3 mg* ..... 98
*budesonide inhalation susp 0.25 mg/2ml* ..... 120
*budesonide inhalation susp 0.5 mg/2ml* ..... 120
*budesonide tab er 24hr 9 mg* ..... 98
*budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* ..... 120
*budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* ..... 120
*bumetanide inj 0.25 mg/ml* ..... 54
*bumetanide tab 0.5 mg* ..... 54
*bumetanide tab 1 mg* ..... 54
*bumetanide tab 2 mg* ..... 54
*buprenorphine hcl sl tab 2 mg (base equiv)* ..... 80
*buprenorphine hcl sl tab 8 mg (base equiv)* ..... 80
*buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* ..... 80
*buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* ..... 80
*buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* ..... 80
*buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* ..... 80
*buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* ..... 80
*buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* ..... 80
*buprenorphine td patch weekly 10 mcg/hr* ..... 20
*buprenorphine td patch weekly 15 mcg/hr* ..... 20
*buprenorphine td patch weekly 20 mcg/hr* ..... 20
*buprenorphine td patch weekly 5 mcg/hr* ..... 20
*buprenorphine td patch weekly 7.5 mcg/hr* ..... 20
*bupropion hcl (smoking deterrent) tab er 12hr 150 mg* ..... 80
*bupropion hcl tab 100 mg* ..... 59
*bupropion hcl tab 75 mg* ..... 59
*bupropion hcl tab er 12hr 100 mg* ..... 59
*bupropion hcl tab er 12hr 150 mg* ..... 59
*bupropion hcl tab er 12hr 200 mg* ..... 59
*bupropion hcl tab er 24hr 150 mg* ..... 59
*bupropion hcl tab er 24hr 300 mg* ..... 59
*buspirone hcl tab 10 mg* ..... 57
*buspirone hcl tab 15 mg* ..... 57
*buspirone hcl tab 30 mg* ..... 57
*buspirone hcl tab 5 mg* ..... 57
*buspirone hcl tab 7.5 mg* ..... 57
*butorphanol tartrate inj 1 mg/ml* ..... 21
*butorphanol tartrate inj 2 mg/ml* ..... 21

**C**

*cabergoline tab 0.5 mg* ..... 93
CABOMETYX TAB 20MG ..... 39
CABOMETYX TAB 40MG ..... 39
CABOMETYX TAB 60MG ..... 39
*calcipotriene cream 0.005%* ..... 122
*calcipotriene oint 0.005%* ..... 122
*calcipotriene soln 0.005% (50 mcg/ml)* ..... 122
*calcitonin (salmon) spray* ..... 85
*calcitrene* ..... 122
*calcitriol (oral)* ..... 96
*calcitriol cap 0.25 mcg* ..... 97
*calcitriol cap 0.5 mcg* ..... 97
CALQUENCE TAB 100MG ..... 39
*camila* ..... 86
*camrese* ..... 86
*camrese lo* ..... 86
*candesartan cilexetil tab 16 mg* ..... 49
*candesartan cilexetil tab 32 mg* ..... 49
*candesartan cilexetil tab 4 mg* ..... 48
*candesartan cilexetil tab 8 mg* ..... 48
*candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* ..... 47
*candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* ..... 47

*candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* .47
CAPLYTA CAP 10.5MG.....64
CAPLYTA CAP 21MG .....64
CAPLYTA CAP 42MG .....64
CAPRELSA TAB 100MG .....39
CAPRELSA TAB 300MG .....39
*captopril & hydrochlorothiazide tab 25-15 mg* .....45
*captopril & hydrochlorothiazide tab 25-25 mg* .....45
*captopril & hydrochlorothiazide tab 50-15 mg* .....45
*captopril & hydrochlorothiazide tab 50-25 mg* .....45
*captopril tab 100 mg* .....46
*captopril tab 12.5 mg* .....46
*captopril tab 25 mg*.....46
*captopril tab 50 mg*.....46
*carb/levo orally disintegrating tab 10-100mg* .....63
*carb/levo orally disintegrating tab 25-100mg* .....63
*carb/levo orally disintegrating tab 25-250mg* .....63
*carbamazepine cap er 12hr 100 mg*..69
*carbamazepine cap er 12hr 200 mg*..69
*carbamazepine cap er 12hr 300 mg*..69
*carbamazepine chew tab 100 mg* .....69
*carbamazepine chew tab 200 mg* .....69
*carbamazepine susp 100 mg/5ml*.....69
*carbamazepine tab 200 mg* .....69
*carbamazepine tab er 12hr 100 mg* ..69
*carbamazepine tab er 12hr 200 mg* ..69
*carbamazepine tab er 12hr 400 mg* ..69
*carbidopa & levodopa tab 10-100 mg*63
*carbidopa & levodopa tab 25-100 mg*63
*carbidopa & levodopa tab 25-250 mg*63
*carbidopa & levodopa tab er 25-100 mg*.....63
*carbidopa & levodopa tab er 50-200 mg*.....63
*carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* .....63
*carbidopa-levodopa-entacapone tabs 18.75-75-200 mg*.....63
*carbidopa-levodopa-entacapone tabs 25-100-200 mg* .....63
*carbidopa-levodopa-entacapone tabs 31.25-125-200 mg*.....63
*carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* .....63
*carbidopa-levodopa-entacapone tabs 50-200-200 mg* .....63
*carboplatin iv soln 150 mg/15ml*..... 34
*carboplatin iv soln 450 mg/45ml*..... 34
*carboplatin iv soln 50 mg/5ml* ..... 34
*carboplatin iv soln 600 mg/60ml*..... 34
*carglumic acid soluble tab 200 mg* ... 93
*carisoprodol tab 350 mg* ..... 79
*carteolol hcl ophth soln 1%*..... 115
*cartia xt* ..... 53
*carvedilol tab 12.5 mg* ..... 52
*carvedilol tab 25 mg* ..... 52
*carvedilol tab 3.125 mg*..... 52
*carvedilol tab 6.25 mg* ..... 52
*caspofungin acetate for iv soln 50 mg* ..... 24
*caspofungin acetate for iv soln 70 mg* ..... 24
CAYSTON INH 75MG ..... 22
*cefaclor cap 250 mg*..... 29
*cefaclor cap 500 mg*..... 29
*cefadroxil cap 500 mg* ..... 29
*cefadroxil for susp 250 mg/5ml* ..... 29
*cefadroxil for susp 500 mg/5ml* ..... 29
CEFAZOLIN INJ 1GM/50ML..... 29
CEFAZOLIN INJ 2GM ..... 29
CEFAZOLIN INJ 3GM ..... 29
*cefazolin sodium for inj 1 gm* ..... 29
*cefazolin sodium for inj 10 gm*..... 29
*cefazolin sodium for inj 2 gm* ..... 29
*cefazolin sodium for inj 3 gm* ..... 29
*cefazolin sodium for inj 500 mg* ..... 29
*cefazolin sodium for iv soln 1 gm* ..... 29
CEFAZOLIN SOLN 2GM/100ML-4%... 29
CEFAZOLIN/DEX SOL 1GM/50ML-4% 29
CEFAZOLIN/DEX SOL 2GM/50ML-3% 29
CEFAZOLIN/DEX SOL 3GM/150ML-4% ..... 29
CEFAZOLIN/DEX SOL 3GM/50ML-2% 29
*cefdinir cap 300 mg* ..... 30
*cefdinir for susp 125 mg/5ml* ..... 30

*cefdinir for susp 250 mg/5ml* ..... 30
*cefepime hcl for inj 1 gm* ..... 30
*cefepime hcl for iv soln 2 gm* ..... 30
*cefixime cap 400 mg* ..... 30
*cefixime for susp 100 mg/5ml* ..... 30
*cefixime for susp 200 mg/5ml* ..... 30
*cefotetan disodium for inj 1 gm* ..... 30
*cefotetan disodium for inj 2 gm* ..... 30
*cefoxitin sodium for iv soln 1 gm* ..... 30
*cefoxitin sodium for iv soln 10 gm* ..... 30
*cefoxitin sodium for iv soln 2 gm* ..... 30
*cefpodoxime proxetil for susp 100 mg/5ml* ..... 30
*cefpodoxime proxetil for susp 50 mg/5ml* ..... 30
*cefpodoxime proxetil tab 100 mg* ..... 30
*cefpodoxime proxetil tab 200 mg* ..... 30
*cefprozil for susp 125 mg/5ml* ..... 30
*cefprozil for susp 250 mg/5ml* ..... 30
*cefprozil tab 250 mg* ..... 30
*cefprozil tab 500 mg* ..... 30
*ceftaroline fosamil for iv soln 400 mg* 30
*ceftaroline fosamil for iv soln 600 mg* 30
*ceftazidime for inj 1 gm* ..... 30
*ceftazidime for inj 6 gm* ..... 30
*ceftazidime for iv soln 2 gm* ..... 30
*ceftriaxone sodium for inj 1 gm* ..... 30
*ceftriaxone sodium for inj 10 gm* ..... 30
*ceftriaxone sodium for inj 2 gm* ..... 30
*ceftriaxone sodium for inj 250 mg* ..... 30
*ceftriaxone sodium for inj 500 mg* ..... 30
*ceftriaxone sodium for iv soln 1 gm* ..... 30
*ceftriaxone sodium for iv soln 2 gm* ..... 30
*cefuroxime axetil tab 250 mg* ..... 30
*cefuroxime axetil tab 500 mg* ..... 30
*cefuroxime sodium for inj 750 mg* ..... 30
*cefuroxime sodium for iv soln 1.5 gm* ..... 30
*celecoxib cap 100 mg* ..... 19
*celecoxib cap 200 mg* ..... 19
*celecoxib cap 400 mg* ..... 19
*celecoxib cap 50 mg* ..... 19
*cephalexin cap 250 mg* ..... 30
*cephalexin cap 500 mg* ..... 30
*cephalexin for susp 125 mg/5ml* ..... 30
*cephalexin for susp 250 mg/5ml* ..... 30
CEQUR SIMPL KIT PATCH 2U (3-DAY) ..... 83
CEQUR SIMPL KIT PATCH 2U (4-DAY) ..... 83
CEQUR SIMPL MIS INSERTER ..... 83
CERDELGA CAP 84MG ..... 93
CEREZYME INJ 400UNIT ..... 93
*cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)* ..... 116
*cevimeline hcl cap 30 mg* ..... 124
*chateal eq* ..... 86
CHEMET CAP 100MG ..... 86
*chlorhexidine gluconate soln 0.12%* 124
*chloroquine phosphate tab 250 mg* ..... 25
*chloroquine phosphate tab 500 mg* ..... 25
*chlorpromazine hcl conc 100 mg/ml* ..... 64
*chlorpromazine hcl conc 30 mg/ml* ..... 64
*chlorpromazine hcl inj 25 mg/ml* ..... 65
*chlorpromazine hcl inj 50 mg/2ml* ..... 65
*chlorpromazine hcl tab 10 mg* ..... 65
*chlorpromazine hcl tab 100 mg* ..... 65
*chlorpromazine hcl tab 200 mg* ..... 65
*chlorpromazine hcl tab 25 mg* ..... 65
*chlorpromazine hcl tab 50 mg* ..... 65
*chlorthalidone tab 25 mg* ..... 54
*chlorthalidone tab 50 mg* ..... 54
*cholestyramine light powder 4 gm/dose* ..... 50
*cholestyramine light powder packets 4 gm* ..... 50
*cholestyramine powder 4 gm/dose* ..... 51
*cholestyramine powder packets 4 gm* 51
*ciclopirox olamine cream 0.77% (base equiv)* ..... 121
*ciclopirox olamine susp 0.77% (base equiv)* ..... 121
*ciclopirox shampoo 1%* ..... 121
*cilostazol tab 100 mg* ..... 104
*cilostazol tab 50 mg* ..... 104
CILOXAN OIN 0.3% OP ..... 114
CIMDUO TAB 300-300 ..... 27
*cinacalcet hcl tab 30 mg (base equiv)* ..... 93
*cinacalcet hcl tab 60 mg (base equiv)* ..... 93
*cinacalcet hcl tab 90 mg (base equiv)* ..... 93

*ciprofloxacin 200 mg/100ml in d5w* ..31
*ciprofloxacin 400 mg/200ml in d5w* ..31
*ciprofloxacin hcl ophth soln 0.3% (base equivalent)*.....114
*ciprofloxacin hcl tab 250 mg (base equiv)* .....31
*ciprofloxacin hcl tab 500 mg (base equiv)* .....31
*ciprofloxacin hcl tab 750 mg (base equiv)* .....31
*ciprofloxacin-dexamethasone otic susp 0.3-0.1%* .....115
*cisplatin inj 100 mg/100ml (1 mg/ml)* .....34
*cisplatin inj 200 mg/200ml (1 mg/ml)* .....34
*cisplatin inj 50 mg/50ml (1 mg/ml)* ..34
*citalopram hydrobromide oral soln 10 mg/5ml* .....59
*citalopram hydrobromide tab 10 mg (base equiv)*.....59
*citalopram hydrobromide tab 20 mg (base equiv)*.....59
*citalopram hydrobromide tab 40 mg (base equiv)*.....59
*claravis* .....121
*clarithromycin for susp 125 mg/5ml* .31
*clarithromycin for susp 250 mg/5ml* .31
*clarithromycin tab 250 mg* .....31
*clarithromycin tab 500 mg* .....31
*clarithromycin tab er 24hr 500 mg* ...31
*clindamycin hcl cap 150 mg* .....22
*clindamycin hcl cap 300 mg* .....22
*clindamycin hcl cap 75 mg* .....22
*clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* .....22
*clindamycin phosphate gel 1% (once-daily)* .....121
*clindamycin phosphate in d5w iv soln 300 mg/50ml* .....22
*clindamycin phosphate in d5w iv soln 600 mg/50ml* .....22
*clindamycin phosphate in d5w iv soln 900 mg/50ml* .....22
*clindamycin phosphate inj 300 mg/2ml* .....22
*clindamycin phosphate inj 600 mg/4ml* .....22
*clindamycin phosphate inj 900 mg/6ml* .....22
*clindamycin phosphate lotion 1%*... 121
*clindamycin phosphate soln 1%*..... 121
*clindamycin phosphate vaginal cream 2%* ..... 102
*clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* ..... 121
CLINDMYC/NAC INJ 300/50ML.....23
CLINDMYC/NAC INJ 600/50ML.....23
CLINDMYC/NAC INJ 900/50ML.....23
CLINIMIX INJ 4.25/D10 ..... 113
CLINIMIX INJ 4.25/D5W ..... 113
CLINIMIX INJ 5%/D15W..... 113
CLINIMIX INJ 5%/D20W..... 113
CLINIMIX INJ 6/5 ..... 113
CLINIMIX INJ 8/10..... 113
CLINIMIX INJ 8/14..... 113
*clinisol sf 15%*..... 113
CLINOLIPID EMU 20%..... 113
*clobazam suspension 2.5 mg/ml*.....69
*clobazam tab 10 mg* .....69
*clobazam tab 20 mg* .....69
*clobetasol propionate cream 0.05%* 122
*clobetasol propionate e* ..... 122
*clobetasol propionate gel 0.05%*.... 122
*clobetasol propionate oint 0.05%*... 123
*clobetasol propionate shampoo 0.05%* ..... 123
*clobetasol propionate soln 0.05%* .. 123
*clodan*..... 123
*clomipramine hcl cap 25 mg*.....59
*clomipramine hcl cap 50 mg*.....59
*clomipramine hcl cap 75 mg*.....59
*clonazepam orally disintegrating tab 0.125 mg* .....69
*clonazepam orally disintegrating tab 0.25 mg* .....69
*clonazepam orally disintegrating tab 0.5 mg* .....69
*clonazepam orally disintegrating tab 1 mg* .....69
*clonazepam orally disintegrating tab 2 mg* .....69
*clonazepam tab 0.5 mg* .....69

*clonazepam tab 1 mg* ..... 69
*clonazepam tab 2 mg* ..... 69
*clonidine hcl tab 0.1 mg* ..... 55
*clonidine hcl tab 0.2 mg* ..... 55
*clonidine hcl tab 0.3 mg* ..... 55
*clonidine td patch weekly 0.1 mg/24hr* ..... 55
*clonidine td patch weekly 0.2 mg/24hr* ..... 55
*clonidine td patch weekly 0.3 mg/24hr* ..... 55
*clopidogrel bisulfate tab 75 mg (base equiv)* ..... 104
*clorazepate dipotassium tab 15 mg* .. 70
*clorazepate dipotassium tab 3.75 mg* 70
*clorazepate dipotassium tab 7.5 mg* . 70
*clotrimazole cream 1%* ..... 121
*clotrimazole soln 1%* ..... 121
*clotrimazole troche 10 mg* ..... 124
*clotrimazole w/ betamethasone cream 1-0.05%* ..... 121
*clozapine orally disintegrating tab 100 mg* ..... 65
*clozapine orally disintegrating tab 12.5 mg* ..... 65
*clozapine orally disintegrating tab 150 mg* ..... 65
*clozapine orally disintegrating tab 200 mg* ..... 65
*clozapine orally disintegrating tab 25 mg* ..... 65
*clozapine tab 100 mg* ..... 65
*clozapine tab 200 mg* ..... 65
*clozapine tab 25 mg* ..... 65
*clozapine tab 50 mg* ..... 65
COARTEM TAB 20-120MG ..... 25
COBENFY CAP 100-20MG ..... 65
COBENFY CAP 125-30MG ..... 65
COBENFY CAP 50-20MG ..... 65
COBENFY STRT CAP PACK ..... 65
*colchicine tab 0.6 mg* ..... 19
*colchicine w/ probenecid tab 0.5-500 mg* ..... 19
*colesevelam hcl packet for susp 3.75 gm* ..... 51
*colesevelam hcl tab 625 mg* ..... 51
*colestipol hcl granule packets 5 gm* .. 51
*colestipol hcl granules 5 gm* ..... 51
*colestipol hcl tab 1 gm* ..... 51
*colistimethate sod for inj 150 mg (colistin base activity)* ..... 23
COMBIGAN SOL 0.2/0.5% ..... 115
COMBIVENT AER 20-100 ..... 116
COMETRIQ (60MG DOSE) ..... 39
COMETRIQ KIT 100MG ..... 39
COMETRIQ KIT 140MG ..... 39
*compro* ..... 97
*constulose* ..... 99
COPAXONE INJ 20MG/ML ..... 79
COPAXONE INJ 40MG/ML ..... 79
COPIKTRA CAP 15MG ..... 39
COPIKTRA CAP 25MG ..... 39
CORLANOR SOL 5MG/5ML ..... 55
COTELLIC TAB 20MG ..... 39
CREON CAP 12000UNT ..... 99
CREON CAP 24000UNT ..... 99
CREON CAP 3000UNIT ..... 99
CREON CAP 36000UNT ..... 99
CREON CAP 6000UNIT ..... 99
CRESEMBA CAP 186MG ..... 25
CRESEMBA CAP 74.5MG ..... 25
*cromolyn sodium ophth soln 4%* .... 114
*cromolyn sodium oral conc 100 mg/5ml* ..... 99
*cromolyn sodium soln nebu 20 mg/2ml* ..... 118
*cryselle-28* ..... 87
*cyclobenzaprine hcl tab 10 mg* ..... 79
*cyclobenzaprine hcl tab 5 mg* ..... 79
CYCLOPHOSPH INJ 1000MG ..... 34
CYCLOPHOSPH INJ 1GM/2ML ..... 34
CYCLOPHOSPH INJ 1GM/5ML ..... 34
CYCLOPHOSPH INJ 2000MG ..... 34
CYCLOPHOSPH INJ 2GM/4ML ..... 34
CYCLOPHOSPH INJ 500/5ML ..... 34
CYCLOPHOSPH INJ 500MG/ML ..... 34
CYCLOPHOSPH TAB 25MG ..... 34
CYCLOPHOSPH TAB 50MG ..... 34
CYCLOPHOSPHA INJ 2GM/10ML ..... 34
CYCLOPHOSPHA INJ 500/2.5 ..... 34
*cyclophosphamide cap 25 mg* ..... 34
*cyclophosphamide cap 50 mg* ..... 34
*cyclophosphamide for inj 1 gm* ..... 34
*cyclophosphamide for inj 2 gm* ..... 34

*cyclophosphamide for inj 500 mg* ..... 34
*cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)* ..... 34
*cycloserine cap 250 mg* ..... 28
*cyclosporine cap 100 mg* ..... 108
*cyclosporine cap 25 mg* ..... 108
*cyclosporine modified cap 100 mg* .. 108
*cyclosporine modified cap 25 mg* ... 108
*cyclosporine modified cap 50 mg* ... 108
*cyclosporine modified oral soln 100 mg/ml* ..... 108
*cyproheptadine hcl syrup 2 mg/5ml* 116
*cyproheptadine hcl tab 4 mg* ..... 116
*cyred eq* ..... 87
CYSTADROPS SOL 0.37% ..... 115
CYSTAGON CAP 150MG ..... 93
CYSTAGON CAP 50MG ..... 93
CYSTARAN SOL 0.44% ..... 115
*cytarabine inj 20 mg/ml* ..... 35

**D**

D10W/NACL INJ 0.2% ..... 110
D10W/NACL INJ 0.45% ..... 110
D2.5W/NACL INJ 0.45% ..... 110
D5W/NACL INJ 0.2% ..... 110
D5W/NACL INJ 0.45% ..... 110
*dabigatran etexilate mesylate cap 110 mg (etexilate base eq)* ..... 102
*dabigatran etexilate mesylate cap 150 mg (etexilate base eq)* ..... 102
*dabigatran etexilate mesylate cap 75 mg (etexilate base eq)* ..... 102
*dalfampridine tab er 12hr 10 mg* ..... 79
*danazol cap 100 mg* ..... 81
*danazol cap 200 mg* ..... 81
*danazol cap 50 mg* ..... 81
*dantrolene sodium cap 100 mg* ..... 79
*dantrolene sodium cap 25 mg* ..... 79
*dantrolene sodium cap 50 mg* ..... 79
DANZITEN TAB 71MG ..... 39
DANZITEN TAB 95MG ..... 39
*dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* ..... 81
*dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* ..... 81
*dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* ..... 81
*dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* ..... 81
*dapagliflozin tab 10 mg* ..... 81
*dapagliflozin tab 5 mg* ..... 81
*dapsone tab 100 mg* ..... 23
*dapsone tab 25 mg* ..... 23
DAPTACEL INJ ..... 109
*daptomycin for iv soln 350 mg* ..... 23
*daptomycin for iv soln 500 mg* ..... 23
DAPTOMYCIN INJ 350MG ..... 23
*darunavir tab 600 mg* ..... 26
*darunavir tab 800 mg* ..... 26
*dasatinib tab 100 mg* ..... 39
*dasatinib tab 140 mg* ..... 39
*dasatinib tab 20 mg* ..... 39
*dasatinib tab 50 mg* ..... 39
*dasatinib tab 70 mg* ..... 39
*dasatinib tab 80 mg* ..... 39
*dasetta 1/35* ..... 87
*dasetta 7/7/7* ..... 87
DAURISMO TAB 100MG ..... 39
DAURISMO TAB 25MG ..... 39
*daysee* ..... 87
DAYVIGO TAB 10MG ..... 76
DAYVIGO TAB 5MG ..... 76
*deblitane* ..... 87
*deferasirox tab 180 mg* ..... 86
*deferasirox tab 360 mg* ..... 86
*deferasirox tab 90 mg* ..... 86
*deferasirox tab for oral susp 125 mg* 86
*deferasirox tab for oral susp 250 mg* 86
*deferasirox tab for oral susp 500 mg* 86
DELSTRIGO TAB ..... 27
DENGVAXIA SUS ..... 109
DEPO-SQ PROV INJ 104 ..... 87
*depo-testosterone* ..... 81
DESCOVY TAB 120-15MG ..... 27
DESCOVY TAB 200/25MG ..... 27
*desipramine hcl tab 10 mg* ..... 59
*desipramine hcl tab 100 mg* ..... 60
*desipramine hcl tab 150 mg* ..... 60
*desipramine hcl tab 25 mg* ..... 59
*desipramine hcl tab 50 mg* ..... 59
*desipramine hcl tab 75 mg* ..... 60
*desmopressin acetate inj 4 mcg/ml* .. 93
*desmopressin acetate nasal spray soln 0.01%* ..... 93

*desmopressin acetate nasal spray soln 0.01% (refrigerated)* ..... 94
*desmopressin acetate preservative free (pf) inj 4 mcg/ml* ..... 94
*desmopressin acetate tab 0.1 mg* ..... 94
*desmopressin acetate tab 0.2 mg* ..... 94
*desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* ..... 87
*desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* ..... 60
*desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* ..... 60
*desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* ..... 60
DEXAMETHASON CON 1MG/ML ..... 91
*dexamethasone elixir 0.5 mg/5ml* ..... 91
*dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)* ..... 91
*dexamethasone sod phosphate preservative free inj 10 mg/ml* ..... 91
*dexamethasone sodium phosphate inj 10 mg/ml* ..... 92
*dexamethasone sodium phosphate inj 100 mg/10ml* ..... 92
*dexamethasone sodium phosphate inj 120 mg/30ml* ..... 92
*dexamethasone sodium phosphate inj 20 mg/5ml* ..... 92
*dexamethasone sodium phosphate inj 4 mg/ml* ..... 92
*dexamethasone sodium phosphate inj soln pref syr 4 mg/ml* ..... 92
*dexamethasone sodium phosphate ophth soln 0.1%* ..... 114
*dexamethasone soln 0.5 mg/5ml* ..... 92
*dexamethasone tab 0.5 mg* ..... 92
*dexamethasone tab 0.75 mg* ..... 92
*dexamethasone tab 1 mg* ..... 92
*dexamethasone tab 1.5 mg* ..... 92
*dexamethasone tab 2 mg* ..... 92
*dexamethasone tab 4 mg* ..... 92
*dexamethasone tab 6 mg* ..... 92
*dexmethylphenidate hcl tab 10 mg* ..... 76
*dexmethylphenidate hcl tab 2.5 mg* ..... 76
*dexmethylphenidate hcl tab 5 mg* ..... 76
*dextrose 2.5% w/ sodium chloride 0.45%* ..... 110
*dextrose 5% in lactated ringers* ..... 110
*dextrose 5% w/ sodium chloride 0.225%* ..... 111
*dextrose 5% w/ sodium chloride 0.3%* ..... 110
*dextrose 5% w/ sodium chloride 0.45%* ..... 111
*dextrose 5% w/ sodium chloride 0.9%* ..... 110
*dextrose inj 10%* ..... 113
DEXTROSE INJ 10% ..... 113
*dextrose inj 5%* ..... 113
*dextrose inj 50%* ..... 113
DEXTROSE INJ 70% ..... 113
DIACOMIT CAP 250MG ..... 70
DIACOMIT CAP 500MG ..... 70
DIACOMIT PAK 250MG ..... 70
DIACOMIT PAK 500MG ..... 70
*diazepam inj* ..... 70
*diazepam intensol* ..... 70
*diazepam oral soln 1 mg/ml* ..... 70
*diazepam rectal gel delivery system 10 mg* ..... 70
*diazepam rectal gel delivery system 2.5 mg* ..... 70
*diazepam rectal gel delivery system 20 mg* ..... 70
*diazepam tab 10 mg* ..... 70
*diazepam tab 2 mg* ..... 70
*diazepam tab 5 mg* ..... 70
*diazoxide susp 50 mg/ml* ..... 93
*diclofenac potassium tab 50 mg* ..... 19
*diclofenac sodium ophth soln 0.1%* 114
*diclofenac sodium soln 1.5%* ..... 124
*diclofenac sodium tab delayed release 25 mg* ..... 19
*diclofenac sodium tab delayed release 50 mg* ..... 19
*diclofenac sodium tab delayed release 75 mg* ..... 19
*diclofenac sodium tab er 24hr 100 mg* ..... 19
*dicloxacillin sodium cap 250 mg* ..... 32
*dicloxacillin sodium cap 500 mg* ..... 32
*dicyclomine hcl cap 10 mg* ..... 98
*dicyclomine hcl oral soln 10 mg/5ml* ..... 98
*dicyclomine hcl tab 20 mg* ..... 98

DIFICID SUS ..... 31
*diflunisal tab 500 mg* ..... 19
*difluprednate ophth emulsion 0.05%* ..... 114
*digoxin inj 0.25 mg/ml* ..... 55
*digoxin oral soln 0.05 mg/ml* ..... 55
*digoxin tab 125 mcg (0.125 mg)* ..... 55
*digoxin tab 250 mcg (0.25 mg)* ..... 55
*dihydroergotamine mesylate nasal spray 4 mg/ml* ..... 77
DILANTIN CAP 30MG ..... 70
*diltiazem hcl cap er 12hr 120 mg* ..... 53
*diltiazem hcl cap er 12hr 60 mg* ..... 53
*diltiazem hcl cap er 12hr 90 mg* ..... 53
*diltiazem hcl cap er 24hr 120 mg* ..... 53
*diltiazem hcl cap er 24hr 180 mg* ..... 53
*diltiazem hcl cap er 24hr 240 mg* ..... 53
*diltiazem hcl coated beads cap er 24hr 120 mg* ..... 53
*diltiazem hcl coated beads cap er 24hr 180 mg* ..... 53
*diltiazem hcl coated beads cap er 24hr 240 mg* ..... 53
*diltiazem hcl coated beads cap er 24hr 300 mg* ..... 53
*diltiazem hcl coated beads cap er 24hr 360 mg* ..... 53
*diltiazem hcl extended release beads cap er 24hr 120 mg* ..... 53
*diltiazem hcl extended release beads cap er 24hr 180 mg* ..... 53
*diltiazem hcl extended release beads cap er 24hr 240 mg* ..... 53
*diltiazem hcl extended release beads cap er 24hr 300 mg* ..... 53
*diltiazem hcl extended release beads cap er 24hr 360 mg* ..... 53
*diltiazem hcl extended release beads cap er 24hr 420 mg* ..... 53
*diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)* ..... 53
*diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)* ..... 53
*diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)* ..... 53
*diltiazem hcl tab 120 mg* ..... 53
*diltiazem hcl tab 30 mg* ..... 53
*diltiazem hcl tab 60 mg* ..... 53
*diltiazem hcl tab 90 mg* ..... 53
*dilt-xr* ..... 53
*diphenhydramine hcl inj 50 mg/ml* . 116
*diphenoxylate w/ atropine tab 2.5-0.025 mg* ..... 99
*dipyridamole tab 25 mg* ..... 104
*dipyridamole tab 50 mg* ..... 104
*dipyridamole tab 75 mg* ..... 104
*disopyramide phosphate cap 100 mg* 49
*disopyramide phosphate cap 150 mg* 49
*disulfiram tab 250 mg* ..... 80
*disulfiram tab 500 mg* ..... 80
*divalproex sodium cap delayed release sprinkle 125 mg* ..... 70
*divalproex sodium tab delayed release 125 mg* ..... 70
*divalproex sodium tab delayed release 250 mg* ..... 70
*divalproex sodium tab delayed release 500 mg* ..... 70
*divalproex sodium tab er 24 hr 250 mg* ..... 71
*divalproex sodium tab er 24 hr 500 mg* ..... 71
*docetaxel for inj conc 160 mg/8ml (20 mg/ml)* ..... 38
*docetaxel for inj conc 20 mg/ml* ..... 38
*docetaxel for inj conc 80 mg/4ml (20 mg/ml)* ..... 38
DOCETAXEL INJ 160/16ML ..... 38
DOCETAXEL INJ 160/8ML ..... 38
DOCETAXEL INJ 20MG/2ML ..... 38
DOCETAXEL INJ 80MG/4ML ..... 38
DOCETAXEL INJ 80MG/8ML ..... 38
*docetaxel soln for iv infusion 160 mg/16ml* ..... 38
*docetaxel soln for iv infusion 20 mg/2ml* ..... 38
*docetaxel soln for iv infusion 80 mg/8ml* ..... 38
DOCIVYX INJ 160/16ML ..... 38
DOCIVYX INJ 20MG/2ML ..... 38
DOCIVYX INJ 80MG/8ML ..... 38
*dofetilide cap 125 mcg (0.125 mg)* .. 49
*dofetilide cap 250 mcg (0.25 mg)* .... 49
*dofetilide cap 500 mcg (0.5 mg)* ..... 49

*dolishale* ..... 87
*donepezil hydrochloride orally disintegrating tab 10 mg* ..... 58
*donepezil hydrochloride orally disintegrating tab 5 mg* ..... 58
*donepezil hydrochloride tab 10 mg* ... 58
*donepezil hydrochloride tab 5 mg* ..... 58
DOPTELET SPR CAP 10MG ..... 104
DOPTELET TAB 20MG ..... 104
*dorzolamide hcl ophth soln 2%* ..... 115
*dorzolamide hcl-timolol maleate ophth soln 2-0.5%* ..... 115
*dotti* ..... 91
DOVATO TAB 50-300MG ..... 27
*doxazosin mesylate tab 1 mg* ..... 47
*doxazosin mesylate tab 2 mg* ..... 47
*doxazosin mesylate tab 4 mg* ..... 47
*doxazosin mesylate tab 8 mg* ..... 47
*doxepin hcl (sleep) tab 3 mg (base equiv)* ..... 76
*doxepin hcl (sleep) tab 6 mg (base equiv)* ..... 76
*doxepin hcl cap 10 mg* ..... 60
*doxepin hcl cap 100 mg* ..... 60
*doxepin hcl cap 150 mg* ..... 60
*doxepin hcl cap 25 mg* ..... 60
*doxepin hcl cap 50 mg* ..... 60
*doxepin hcl cap 75 mg* ..... 60
*doxepin hcl conc 10 mg/ml* ..... 60
*doxorubicin hcl inj 2 mg/ml* ..... 37
*doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml* ..... 37
*doxy 100* ..... 33
*doxycycline hyclate cap 100 mg* ..... 33
*doxycycline hyclate cap 50 mg* ..... 33
*doxycycline hyclate for inj 100 mg* ... 33
*doxycycline hyclate tab 100 mg* ..... 33
*doxycycline hyclate tab 20 mg* ..... 33
*doxycycline monohydrate cap 100 mg* ..... 33
*doxycycline monohydrate cap 50 mg* 33
*doxycycline monohydrate for susp 25 mg/5ml* ..... 33
*doxycycline monohydrate tab 100 mg* ..... 33
*doxycycline monohydrate tab 50 mg* 33
*doxycycline monohydrate tab 75 mg* 33
DRIZALMA CAP 20MG DR ..... 60
DRIZALMA CAP 30MG DR ..... 60
DRIZALMA CAP 40MG DR ..... 60
DRIZALMA CAP 60MG DR ..... 60
*dronabinol cap 10 mg* ..... 97
*dronabinol cap 2.5 mg* ..... 97
*dronabinol cap 5 mg* ..... 97
*drospirenone-ethinyl estradiol tab 3-0.02 mg* ..... 87
*drospirenone-ethinyl estradiol tab 3-0.03 mg* ..... 87
*drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* 87
*drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* 87
DROXIA CAP 200MG ..... 104
DROXIA CAP 300MG ..... 104
DROXIA CAP 400MG ..... 104
*droxidopa cap 100 mg* ..... 55
*droxidopa cap 200 mg* ..... 55
*droxidopa cap 300 mg* ..... 55
DULERA AER 100-5MCG ..... 120
DULERA AER 200-5MCG ..... 120
DULERA AER 50-5MCG ..... 120
*duloxetine hcl enteric coated pellets cap 20 mg (base eq)* ..... 60
*duloxetine hcl enteric coated pellets cap 30 mg (base eq)* ..... 60
*duloxetine hcl enteric coated pellets cap 60 mg (base eq)* ..... 60
DUPIXENT INJ 200/1.14 ..... 105
DUPIXENT INJ 200MG ..... 105
DUPIXENT INJ 300/2ML ..... 105
*dutasteride cap 0.5 mg* ..... 101
*dutasteride-tamsulosin hcl cap 0.5-0.4 mg* ..... 101

**E**

*e.e.s. 400* ..... 31
*econazole nitrate cream 1%* ..... 121
EDURANT PED TAB 2.5MG ..... 26
EDURANT TAB 25MG ..... 26
*efavirenz tab 600 mg* ..... 26
*efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* ..... 27
*efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* ..... 27

*efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* ..... 27
ELIGARD INJ 22.5MG ..... 36
ELIGARD INJ 30MG ..... 36
ELIGARD INJ 45MG ..... 36
ELIGARD INJ 7.5MG ..... 36
*elinest* ..... 87
ELIQUIS (1.5MG PACK) 3 X ..... 102
ELIQUIS (2MG PACK) 4 X ..... 102
ELIQUIS CAP 0.15MG ..... 102
ELIQUIS ST P TAB 5MG ..... 102
ELIQUIS TAB 0.5MG ..... 102
ELIQUIS TAB 2.5MG ..... 102
ELIQUIS TAB 5MG ..... 102
*eluryng* ..... 87
EMGALITY INJ 100MG/ML ..... 77
EMGALITY INJ 120MG/ML ..... 77
EMSAM DIS 12MG/24H ..... 60
EMSAM DIS 6MG/24HR ..... 60
EMSAM DIS 9MG/24HR ..... 60
*emtricitabine caps 200 mg* ..... 26
*emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* ..... 27
*emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* ..... 27
*emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* ..... 27
*emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* ..... 27
*emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* ..... 27
EMTRIVA SOL 10MG/ML ..... 26
EMVERM CHW 100MG ..... 23
*emzahh* ..... 87
*enalapril maleate & hydrochlorothiazide tab 10-25 mg* ..... 45
*enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* ..... 45
*enalapril maleate tab 10 mg* ..... 46
*enalapril maleate tab 2.5 mg* ..... 46
*enalapril maleate tab 20 mg* ..... 46
*enalapril maleate tab 5 mg* ..... 46
ENBREL INJ 25/0.5ML ..... 105
ENBREL INJ 25MG ..... 105
ENBREL INJ 50MG/ML ..... 105
ENBREL MINI INJ 50MG/ML ..... 105
ENBREL SRCLK INJ 50MG/ML ..... 105
*endocet tab 10-325mg* ..... 21
*endocet tab 2.5-325mg* ..... 21
*endocet tab 5-325mg* ..... 21
*endocet tab 7.5-325mg* ..... 21
ENGERIX-B INJ 10/0.5ML ..... 109
ENGERIX-B INJ 20MCG/ML ..... 109
*enilloring* ..... 87
*enoxaparin sodium inj 300 mg/3ml* 102
*enoxaparin sodium inj soln pref syr 100 mg/ml* ..... 102
*enoxaparin sodium inj soln pref syr 120 mg/0.8ml* ..... 102
*enoxaparin sodium inj soln pref syr 150 mg/ml* ..... 102
*enoxaparin sodium inj soln pref syr 30 mg/0.3ml* ..... 102
*enoxaparin sodium inj soln pref syr 40 mg/0.4ml* ..... 102
*enoxaparin sodium inj soln pref syr 60 mg/0.6ml* ..... 102
*enoxaparin sodium inj soln pref syr 80 mg/0.8ml* ..... 102
ENSACOVE CAP 100MG ..... 39
ENSACOVE CAP 25MG ..... 39
*enskyce* ..... 87
ENSTILAR AER ..... 122
*entacapone tab 200 mg* ..... 63
*entecavir tab 0.5 mg* ..... 28
*entecavir tab 1 mg* ..... 28
ENTRESTO CAP 15-16MG ..... 48
ENTRESTO CAP 6-6MG ..... 47
*enulose* ..... 99
EPCLUSA PAK 150-37.5 ..... 28
EPCLUSA PAK 200-50MG ..... 28
EPCLUSA TAB 200-50MG ..... 28
EPCLUSA TAB 400-100 ..... 28
EPIDIOLEX SOL 100MG/ML ..... 71
*epinephrine inj 1 mg/ml* ..... 55
*epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* ..... 118
*epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* ..... 118
*epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* ..... 118
*eplerenone tab 25 mg* ..... 47
*eplerenone tab 50 mg* ..... 47

*ergotamine w/ caffeine tab 1-100 mg* ..... 77
ERIVEDGE CAP 150MG ..... 39
ERLEADA TAB 240MG ..... 36
ERLEADA TAB 60MG ..... 36
*erlotinib hcl tab 100 mg (base equivalent)* ..... 39
*erlotinib hcl tab 150 mg (base equivalent)* ..... 39
*erlotinib hcl tab 25 mg (base equivalent)* ..... 39
*errin* ..... 87
*ertapenem sodium for inj 1 gm (base equivalent)* ..... 23
*ery* ..... 121
ERYTHROCIN INJ 500MG ..... 31
*erythromycin ethylsuccinate tab 400 mg* ..... 31
*erythromycin gel 2%* ..... 121
*erythromycin lactobionate for inj 500 mg* ..... 31
*erythromycin ophth oint 5 mg/gm* .. 114
*erythromycin soln 2%* ..... 121
*erythromycin tab 250 mg* ..... 31
*erythromycin tab 500 mg* ..... 31
*erythromycin tab delayed release 250 mg* ..... 31
*erythromycin tab delayed release 333 mg* ..... 31
*erythromycin tab delayed release 500 mg* ..... 31
*erythromycin w/ delayed release particles cap 250 mg* ..... 31
ERZOFRI INJ 117/0.75 ..... 65
ERZOFRI INJ 156MG/ML ..... 65
ERZOFRI INJ 234/1.5 ..... 65
ERZOFRI INJ 351/2.25 ..... 65
ERZOFRI INJ 39/0.25 ..... 65
ERZOFRI INJ 78/0.5ML ..... 65
*escitalopram oxalate soln 5 mg/5ml (base equiv)* ..... 60
*escitalopram oxalate tab 10 mg (base equiv)* ..... 60
*escitalopram oxalate tab 20 mg (base equiv)* ..... 61
*escitalopram oxalate tab 5 mg (base equiv)* ..... 60
*eslicarbazepine acetate tab 200 mg* . 71
*eslicarbazepine acetate tab 400 mg* . 71
*eslicarbazepine acetate tab 600 mg* . 71
*eslicarbazepine acetate tab 800 mg* . 71
*esomeprazole magnesium cap delayed release 20 mg (base eq)* ..... 100
*esomeprazole magnesium cap delayed release 40 mg (base eq)* ..... 100
*esomeprazole magnesium for delayed release susp pack 2.5 mg* ..... 100
*esomeprazole magnesium for delayed release susp packet 10 mg* ..... 100
*esomeprazole magnesium for delayed release susp packet 20 mg* ..... 100
*esomeprazole magnesium for delayed release susp packet 40 mg* ..... 100
*esomeprazole magnesium for delayed release susp packet 5 mg* ..... 100
*estarylla* ..... 87
*estradiol & norethindrone acetate tab 0.5-0.1 mg* ..... 91
*estradiol & norethindrone acetate tab 1-0.5 mg* ..... 91
*estradiol tab 0.5 mg* ..... 91
*estradiol tab 1 mg* ..... 91
*estradiol tab 2 mg* ..... 91
*estradiol td patch twice weekly 0.025 mg/24hr* ..... 91
*estradiol td patch twice weekly 0.0375 mg/24hr* ..... 91
*estradiol td patch twice weekly 0.05 mg/24hr* ..... 91
*estradiol td patch twice weekly 0.075 mg/24hr* ..... 91
*estradiol td patch twice weekly 0.1 mg/24hr* ..... 91
*estradiol td patch weekly 0.025 mg/24hr* ..... 91
*estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* ..... 91
*estradiol td patch weekly 0.05 mg/24hr* ..... 91
*estradiol td patch weekly 0.06 mg/24hr* ..... 91
*estradiol td patch weekly 0.075 mg/24hr* ..... 91

*estradiol td patch weekly 0.1 mg/24hr* ..... 91
*estradiol vaginal cream 0.01%* ..... 91
*estradiol vaginal tab 10 mcg* ..... 91
*estradiol valerate im in oil 10 mg/ml* 91
*estradiol valerate im in oil 20 mg/ml* 91
*estradiol valerate im in oil 40 mg/ml* 91
*eszopiclone tab 1 mg* ..... 76
*eszopiclone tab 2 mg* ..... 77
*eszopiclone tab 3 mg* ..... 77
*ethambutol hcl tab 100 mg* ..... 28
*ethambutol hcl tab 400 mg* ..... 28
*ethosuximide cap 250 mg* ..... 71
*ethosuximide soln 250 mg/5ml* ..... 71
*ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* ..... 87
*etodolac cap 200 mg* ..... 19
*etodolac cap 300 mg* ..... 19
*etodolac tab 400 mg* ..... 19
*etodolac tab 500 mg* ..... 19
*etodolac tab er 24hr 400 mg* ..... 19
*etodolac tab er 24hr 500 mg* ..... 19
*etodolac tab er 24hr 600 mg* ..... 19
*etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* ..... 87
*etoposide inj 1 gm/50ml (20 mg/ml)* 38
*etoposide inj 100 mg/5ml (20 mg/ml)* ..... 38
*etoposide inj 500 mg/25ml (20 mg/ml)* ..... 38
*etravirine tab 100 mg* ..... 26
*etravirine tab 200 mg* ..... 26
EUCRISA OIN 2% ..... 124
EULEXIN CAP 125MG ..... 36
*everolimus tab 0.25 mg* ..... 108
*everolimus tab 0.5 mg* ..... 108
*everolimus tab 0.75 mg* ..... 108
*everolimus tab 1 mg* ..... 108
*everolimus tab 10 mg* ..... 40
*everolimus tab 2.5 mg* ..... 39
*everolimus tab 5 mg* ..... 39
*everolimus tab 7.5 mg* ..... 39
*everolimus tab for oral susp 2 mg* .... 40
*everolimus tab for oral susp 3 mg* .... 40
*everolimus tab for oral susp 5 mg* .... 40
EVOTAZ TAB 300-150 ..... 27
*exemestane tab 25 mg* ..... 36
EXXUA TAB 18.2MG ..... 61
EXXUA TAB 36.3MG ..... 61
EXXUA TAB 54.5MG ..... 61
EXXUA TAB 72.6MG ..... 61
EXXUA TITRAT TAB 18.2MG ..... 61
EYSUVIS DRO 0.25% ..... 115
*ezetimibe tab 10 mg* ..... 51
*ezetimibe-simvastatin tab 10-10 mg* 51
*ezetimibe-simvastatin tab 10-20 mg* 51
*ezetimibe-simvastatin tab 10-40 mg* 51
*ezetimibe-simvastatin tab 10-80 mg* 51

**F**

FABRAZYME INJ 35MG ..... 94
FABRAZYME INJ 5MG ..... 94
*falmina* ..... 87
*famciclovir tab 125 mg* ..... 28
*famciclovir tab 250 mg* ..... 28
*famciclovir tab 500 mg* ..... 28
*famotidine for susp 40 mg/5ml* ..... 98
*famotidine in nacl 0.9% iv soln 20 mg/50ml* ..... 98
*famotidine inj 200 mg/20ml* ..... 98
*famotidine inj 40 mg/4ml* ..... 98
*famotidine preservative free inj 20 mg/2ml* ..... 98
*famotidine tab 20 mg* ..... 98
*famotidine tab 40 mg* ..... 98
FANAPT PAK PACK A ..... 65
FANAPT PAK PACK B ..... 65
FANAPT PAK PACK C ..... 65
FANAPT TAB 10MG ..... 65
FANAPT TAB 12MG ..... 65
FANAPT TAB 1MG ..... 65
FANAPT TAB 2MG ..... 65
FANAPT TAB 4MG ..... 65
FANAPT TAB 6MG ..... 65
FANAPT TAB 8MG ..... 65
FARXIGA TAB 10MG ..... 81
FARXIGA TAB 5MG ..... 81
FASENRA INJ 10MG/0.5 ..... 118
FASENRA INJ 30MG/ML ..... 118
FASENRA PEN INJ 30MG/ML ..... 118
*feirza tab 1.5/30* ..... 87
*feirza tab 1/20* ..... 87
*felbamate susp 600 mg/5ml* ..... 71
*felbamate tab 400 mg* ..... 71
*felbamate tab 600 mg* ..... 71

*felodipine tab er 24hr 10 mg* ..... 53
*felodipine tab er 24hr 2.5 mg* ..... 53
*felodipine tab er 24hr 5 mg* ..... 53
*fenofibrate micronized cap 134 mg* ... 50
*fenofibrate micronized cap 200 mg* ... 50
*fenofibrate micronized cap 67 mg* .... 50
*fenofibrate tab 145 mg* ..... 50
*fenofibrate tab 160 mg* ..... 50
*fenofibrate tab 48 mg* ..... 50
*fenofibrate tab 54 mg* ..... 50
*fentanyl td patch 72hr 100 mcg/hr* ... 20
*fentanyl td patch 72hr 12 mcg/hr* ..... 20
*fentanyl td patch 72hr 25 mcg/hr* ..... 20
*fentanyl td patch 72hr 37.5 mcg/hr* .. 20
*fentanyl td patch 72hr 50 mcg/hr* ..... 20
*fentanyl td patch 72hr 62.5 mcg/hr* .. 20
*fentanyl td patch 72hr 75 mcg/hr* ..... 20
*fentanyl td patch 72hr 87.5 mcg/hr* .. 20
*fesoterodine fumarate tab er 24hr 4 mg* ..... 101
*fesoterodine fumarate tab er 24hr 8 mg* ..... 101
FETZIMA CAP 120MG ..... 61
FETZIMA CAP 20MG ..... 61
FETZIMA CAP 40MG ..... 61
FETZIMA CAP 80MG ..... 61
FETZIMA CAP TITRATIO ..... 61
FIASP FLEX INJ TOUCH ..... 83
FIASP INJ 100/ML ..... 83
FIASP PENFIL INJ U-100 ..... 83
FIASP PMPCRT INJ U-100 ..... 83
*fidaxomicin tab 200 mg* ..... 31
*finasteride tab 5 mg* ..... 101
*fingolimod hcl cap 0.5 mg (base equiv)* ..... 79
FINTEPLA SOL 2.2MG/ML ..... 71
*finzala* ..... 87
FIRMAGON INJ 120MG ..... 36
FIRMAGON INJ 80MG ..... 36
*flac oil 0.01% ot* ..... 115
FLEBOGAMMA INJ 10/200ML ..... 107
FLEBOGAMMA INJ 20/400ML ..... 107
FLEBOGAMMA INJ DIF 5% ..... 107
*flecainide acetate tab 100 mg* ..... 49
*flecainide acetate tab 150 mg* ..... 49
*flecainide acetate tab 50 mg* ..... 49
*fluconazole for susp 10 mg/ml* ..... 25
*fluconazole for susp 40 mg/ml* ..... 25
*fluconazole in nacl 0.9% inj 200 mg/100ml* ..... 25
*fluconazole in nacl 0.9% inj 400 mg/200ml* ..... 25
*fluconazole tab 100 mg* ..... 25
*fluconazole tab 150 mg* ..... 25
*fluconazole tab 200 mg* ..... 25
*fluconazole tab 50 mg* ..... 25
*flucytosine cap 250 mg* ..... 25
*flucytosine cap 500 mg* ..... 25
*fludrocortisone acetate tab 0.1 mg* ... 92
*flunisolide nasal soln 25 mcg/act (0.025%)* ..... 120
*fluocinolone acetonide (otic) oil 0.01%* ..... 115
*fluocinolone acetonide cream 0.01%* ..... 123
*fluocinolone acetonide cream 0.025%* ..... 123
*fluocinolone acetonide oil 0.01% (body oil)* ..... 123
*fluocinolone acetonide oil 0.01% (scalp oil)* ..... 123
*fluocinolone acetonide oint 0.025%* 123
*fluocinolone acetonide soln 0.01%* . 123
*fluocinonide cream 0.05%* ..... 123
*fluocinonide cream 0.1%* ..... 123
*fluocinonide emulsified base cream 0.05%* ..... 123
*fluocinonide gel 0.05%* ..... 123
*fluocinonide oint 0.05%* ..... 123
*fluocinonide soln 0.05%* ..... 123
*fluorometholone ophth susp 0.1%* .. 114
*fluorouracil cream 5%* ..... 124
*fluorouracil iv soln 1 gm/20ml (50 mg/ml)* ..... 35
*fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)* ..... 35
*fluorouracil iv soln 5 gm/100ml (50 mg/ml)* ..... 35
*fluorouracil iv soln 500 mg/10ml (50 mg/ml)* ..... 35
*fluorouracil soln 2%* ..... 124
*fluorouracil soln 5%* ..... 124
*fluoxetine hcl cap 10 mg* ..... 61
*fluoxetine hcl cap 20 mg* ..... 61

*fluoxetine hcl cap 40 mg* ..... 61
*fluoxetine hcl solution 20 mg/5ml* .... 61
*fluphenazine decanoate inj 25 mg/ml* 65
*fluphenazine hcl elixir 2.5 mg/5ml* .... 65
*fluphenazine hcl inj 2.5 mg/ml* ..... 65
*fluphenazine hcl oral conc 5 mg/ml* .. 65
*fluphenazine hcl tab 1 mg* ..... 65
*fluphenazine hcl tab 10 mg* ..... 66
*fluphenazine hcl tab 2.5 mg* ..... 65
*fluphenazine hcl tab 5 mg* ..... 65
*flurbiprofen sodium ophth soln 0.03%* ..... 114
*flurbiprofen tab 100 mg* ..... 19
*fluticasone propionate cream 0.05%* ..... 123
*fluticasone propionate hfa inhal aer 110 mcg/act* ..... 120
*fluticasone propionate hfa inhal aer 220 mcg/act* ..... 120
*fluticasone propionate hfa inhal aero 44 mcg/act* ..... 120
*fluticasone propionate nasal susp 50 mcg/act* ..... 120
*fluticasone propionate oint 0.005%* 123
*fluticasone-salmeterol aer powder ba 100-50 mcg/act* ..... 120
*fluticasone-salmeterol aer powder ba 250-50 mcg/act* ..... 120
*fluticasone-salmeterol aer powder ba 500-50 mcg/act* ..... 120
*fluvoxamine maleate tab 100 mg* ..... 57
*fluvoxamine maleate tab 25 mg* ..... 57
*fluvoxamine maleate tab 50 mg* ..... 57
*fondaparinux sodium subcutaneous inj 10 mg/0.8ml* ..... 103
*fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* ..... 102
*fondaparinux sodium subcutaneous inj 5 mg/0.4ml* ..... 102
*fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* ..... 102
*fosamprenavir calcium tab 700 mg (base equiv)* ..... 26
*fosfomycin tromethamine powd pack 3 gm (base equivalent)* ..... 23
*fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* ..... 45
*fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* ..... 46
*fosinopril sodium tab 10 mg* ..... 46
*fosinopril sodium tab 20 mg* ..... 46
*fosinopril sodium tab 40 mg* ..... 46
FOTIVDA CAP 0.89MG ..... 40
FOTIVDA CAP 1.34MG ..... 40
FRINDOVYX INJ 1GM/2ML ..... 34
FRINDOVYX INJ 2GM/4ML ..... 34
FRINDOVYX INJ 500MG/ML ..... 34
FRUZAQLA CAP 1MG ..... 40
FRUZAQLA CAP 5MG ..... 40
FULPHILA INJ 6/0.6ML ..... 103
*fulvestrant inj soln pref syr 250 mg/5ml* ..... 36
*furosemide inj* ..... 54
*furosemide oral soln 10 mg/ml* ..... 54
*furosemide oral soln 8 mg/ml* ..... 54
*furosemide tab 20 mg* ..... 54
*furosemide tab 40 mg* ..... 54
*furosemide tab 80 mg* ..... 54
*fyavolv tab 0.5mg-2.5mcg* ..... 91
*fyavolv tab 1mg-5mcg* ..... 91
FYCOMPA SUS 0.5MG/ML ..... 71
FYCOMPA TAB 10MG ..... 71
FYCOMPA TAB 12MG ..... 71
FYCOMPA TAB 2MG ..... 71
FYCOMPA TAB 4MG ..... 71
FYCOMPA TAB 6MG ..... 71
FYCOMPA TAB 8MG ..... 71

**G**

*gabapentin cap 100 mg* ..... 71
*gabapentin cap 300 mg* ..... 71
*gabapentin cap 400 mg* ..... 71
*gabapentin oral soln 250 mg/5ml* ..... 71
*gabapentin tab 600 mg* ..... 71
*gabapentin tab 800 mg* ..... 71
*galantamine hydrobromide cap er 24hr 16 mg* ..... 58
*galantamine hydrobromide cap er 24hr 24 mg* ..... 58
*galantamine hydrobromide cap er 24hr 8 mg* ..... 58
*galantamine hydrobromide oral soln 4 mg/ml* ..... 58
*galantamine hydrobromide tab 12 mg* ..... 58

*galantamine hydrobromide tab 4 mg* 58
*galantamine hydrobromide tab 8 mg* 58
*galbriela chw* ..... 87
*gallifrey* ..... 95
GAMASTAN INJ ..... 107
GAMMAGARD INJ 10GM/100 ..... 107
GAMMAGARD INJ 1GM/10ML ..... 107
GAMMAGARD INJ 2.5GM/25 ..... 107
GAMMAGARD INJ 20GM/200 ..... 107
GAMMAGARD INJ 30GM/300 ..... 107
GAMMAGARD INJ 5GM/50ML ..... 107
GAMMAGARD SD INJ 10GM HU ..... 107
GAMMAGARD SD INJ 5GM HU ..... 107
GAMMAKED INJ 10GM/100 ..... 107
GAMMAKED INJ 1GM/10ML ..... 107
GAMMAKED INJ 20GM/200 ..... 107
GAMMAKED INJ 5GM/50ML ..... 107
GAMMAPLEX INJ 10% ..... 107
GAMMAPLEX INJ 5% ..... 107
GAMMGD ERC INJ 10/100ML ..... 107
GAMMGD ERC INJ 5GM/50ML ..... 107
GAMUNEX-C INJ 10GM/100 ..... 107
GAMUNEX-C INJ 1GM/10ML ..... 107
GAMUNEX-C INJ 2.5GM/25 ..... 107
GAMUNEX-C INJ 20GM/200 ..... 107
GAMUNEX-C INJ 40/400ML ..... 108
GAMUNEX-C INJ 5GM/50ML ..... 107
*ganciclovir sodium for inj 500 mg* ..... 28
GARDASIL 9 INJ ..... 109
*gatifloxacin ophth soln 0.5%* ..... 114
GATTEX KIT 5MG ..... 99
GAUZE PADS 2 ..... 83
*gavilyte-c* ..... 99
*gavilyte-g* ..... 99
*gavilyte-n/flavor pack* ..... 99
GAVRETO CAP 100MG ..... 40
*gefitinib tab 250 mg* ..... 40
*gemcitabine hcl for inj 1 gm* ..... 35
*gemcitabine hcl for inj 2 gm* ..... 35
*gemcitabine hcl for inj 200 mg* ..... 35
*gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)* ..... 35
*gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)* ..... 35
*gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)* ..... 35
*gemfibrozil tab 600 mg* ..... 50
GEMTESA TAB 75MG ..... 101
*generlac* ..... 99
*gengraf* ..... 109
GENOTROPIN INJ 0.2MG ..... 94
GENOTROPIN INJ 0.4MG ..... 94
GENOTROPIN INJ 0.6MG ..... 94
GENOTROPIN INJ 0.8MG ..... 94
GENOTROPIN INJ 1.2MG ..... 94
GENOTROPIN INJ 1.4MG ..... 94
GENOTROPIN INJ 1.6MG ..... 94
GENOTROPIN INJ 1.8MG ..... 94
GENOTROPIN INJ 12MG ..... 94
GENOTROPIN INJ 1MG ..... 94
GENOTROPIN INJ 2MG ..... 94
GENOTROPIN INJ 5MG ..... 94
*gentamicin in saline inj 0.8 mg/ml* ..... 23
*gentamicin in saline inj 1 mg/ml* ..... 23
*gentamicin in saline inj 1.2 mg/ml* ..... 23
*gentamicin in saline inj 1.6 mg/ml* ..... 23
*gentamicin in saline inj 2 mg/ml* ..... 23
*gentamicin sulfate cream 0.1%* ..... 121
*gentamicin sulfate inj 10 mg/ml* ..... 23
*gentamicin sulfate inj 40 mg/ml* ..... 23
*gentamicin sulfate oint 0.1%* ..... 121
*gentamicin sulfate ophth soln 0.3%* 114
GENVOYA TAB ..... 27
GILOTRIF TAB 20MG ..... 40
GILOTRIF TAB 30MG ..... 40
GILOTRIF TAB 40MG ..... 40
GLARGIN YFGN INJ 100U/ML ..... 84
GLARGIN YFGN SOL 100U/ML ..... 84
*glatiramer acetate soln prefilled syringe 20 mg/ml* ..... 79
*glatiramer acetate soln prefilled syringe 40 mg/ml* ..... 79
*glatopa* ..... 79
GLEOSTINE CAP 100MG ..... 34
GLEOSTINE CAP 10MG ..... 34
GLEOSTINE CAP 40MG ..... 34
*glimepiride tab 1 mg* ..... 81
*glimepiride tab 2 mg* ..... 81
*glimepiride tab 4 mg* ..... 81
*glipizide tab 10 mg* ..... 81
*glipizide tab 5 mg* ..... 81
*glipizide tab er 24hr 10 mg* ..... 82
*glipizide tab er 24hr 2.5 mg* ..... 82
*glipizide tab er 24hr 5 mg* ..... 82

*glipizide-metformin hcl tab 2.5-250 mg* ..... 82
*glipizide-metformin hcl tab 2.5-500 mg* ..... 82
*glipizide-metformin hcl tab 5-500 mg* 82
*glycopyrrolate tab 1 mg* ..... 98
*glycopyrrolate tab 2 mg* ..... 98
*glydo* ..... 123
GLYXAMBI TAB 10-5 MG ..... 82
GLYXAMBI TAB 25-5 MG ..... 82
GOMEKLI CAP 1MG ..... 40
GOMEKLI CAP 2MG ..... 40
GOMEKLI TAB 1MG ..... 40
*granisetron hcl inj 1 mg/ml* ..... 97
*granisetron hcl inj 4 mg/4ml (1 mg/ml)* ..... 97
*granisetron hcl tab 1 mg* ..... 97
*griseofulvin microsize susp 125 mg/5ml* ..... 25
*griseofulvin microsize tab 500 mg* .... 25
*griseofulvin ultramicrosize tab 125 mg* ..... 25
*griseofulvin ultramicrosize tab 250 mg* ..... 25
*guanfacine hcl tab 1 mg* ..... 55
*guanfacine hcl tab 2 mg* ..... 55
*guanfacine hcl tab er 24hr 1 mg (base equiv)* ..... 76
*guanfacine hcl tab er 24hr 2 mg (base equiv)* ..... 76
*guanfacine hcl tab er 24hr 3 mg (base equiv)* ..... 76
*guanfacine hcl tab er 24hr 4 mg (base equiv)* ..... 76
GVOKE HYPO 1 INJ 0.5/.1ML ..... 93
GVOKE HYPO 1 INJ 1/0.2ML ..... 93
GVOKE HYPO 2 INJ 0.5/.1ML ..... 93
GVOKE HYPO 2 INJ 1/0.2ML ..... 93
GVOKE KIT SOL 1/0.2ML ..... 93
GVOKE PFS INJ 1/0.2ML ..... 93

**H**

HADLIMA INJ 40/0.4ML ..... 105
HADLIMA INJ 40/0.8ML ..... 105
HADLIMA PUSH INJ 40/0.4ML ..... 105
HADLIMA PUSH INJ 40/0.8ML ..... 105
HAEGARDA INJ 2000UNIT ..... 104
HAEGARDA INJ 3000UNIT ..... 104
*hailey 1.5/30* ..... 87
*hailey 24 fe* ..... 87
*hailey fe tab 1/20* ..... 87
*halobetasol propionate cream 0.05%* ..... 123
*halobetasol propionate oint 0.05%* . 123
*haloperidol decanoate im soln 100 mg/ml* ..... 66
*haloperidol decanoate im soln 50 mg/ml* ..... 66
*haloperidol lactate inj 5 mg/ml* ..... 66
*haloperidol lactate oral conc 2 mg/ml* 66
*haloperidol tab 0.5 mg* ..... 66
*haloperidol tab 1 mg* ..... 66
*haloperidol tab 10 mg* ..... 66
*haloperidol tab 2 mg* ..... 66
*haloperidol tab 20 mg* ..... 66
*haloperidol tab 5 mg* ..... 66
HAVRIX INJ 1440UNIT ..... 109
HAVRIX INJ 720UNIT ..... 109
*heather* ..... 87
HEP SOD/NACL INJ 25000UNT ..... 103
*heparin sodium (porcine) inj 1000 unit/ml* ..... 103
*heparin sodium (porcine) inj 10000 unit/ml* ..... 103
*heparin sodium (porcine) inj 20000 unit/ml* ..... 103
*heparin sodium (porcine) inj 5000 unit/ml* ..... 103
*heparin sodium (porcine) pf inj 1000 unit/ml* ..... 103
HEPLISAV-B INJ 20/0.5ML ..... 109
HERCEP HYLEC SOL 60-10000 ..... 40
HERCEPTIN INJ 150MG ..... 40
HERCESSI INJ 150MG ..... 40
HERCESSI INJ 420MG ..... 40
HERNEXEOS TAB 60MG ..... 40
HERZUMA INJ 150MG ..... 40
HERZUMA INJ 420MG ..... 40
HIBERIX SOL 10MCG ..... 109
HUMALOG INJ 100/ML ..... 84
HUMALOG JR INJ 100/ML ..... 84
HUMALOG KWPN INJ 100/ML ..... 84
HUMALOG KWPN INJ 200/ML ..... 84
HUMALOG MIX INJ 50/50KWP ..... 84
HUMALOG MIX INJ 75/25KWP ..... 84

HUMALOG MIX SUS 75/25 ..... 84
HUMALOG TMPO INJ 100/ML ..... 84
HUMIRA INJ 10/0.1ML ..... 105
HUMIRA INJ 20/0.2ML ..... 105
HUMIRA INJ 40/0.4ML ..... 105
HUMIRA KIT 40MG/0.8 ..... 105
HUMIRA PEN INJ 40/0.4ML ..... 105
HUMIRA PEN INJ 40MG/0.8 ..... 105
HUMIRA PEN INJ 80/0.8ML ..... 105
HUMIRA PEN KIT CD/UC/HS ..... 105
HUMIRA PEN KIT PS/UV ..... 105
HUMULIN INJ 70/30 ..... 84
HUMULIN INJ 70/30KWP ..... 84
HUMULIN N INJ U-100 ..... 84
HUMULIN N INJ U-100KWP ..... 84
HUMULIN R INJ U-100 ..... 84
HUMULIN R INJ U-500 ..... 84
HUMULIN R INJ U-500KWP ..... 84
*hydralazine hcl inj 20 mg/ml* ..... 55
*hydralazine hcl tab 10 mg* ..... 55
*hydralazine hcl tab 100 mg* ..... 56
*hydralazine hcl tab 25 mg* ..... 56
*hydralazine hcl tab 50 mg* ..... 56
*hydrochlorothiazide cap 12.5 mg* ..... 55
*hydrochlorothiazide tab 12.5 mg* ..... 55
*hydrochlorothiazide tab 25 mg* ..... 55
*hydrochlorothiazide tab 50 mg* ..... 55
*hydrocodone bitartrate tab er 24hr deter 100 mg* ..... 20
*hydrocodone bitartrate tab er 24hr deter 120 mg* ..... 21
*hydrocodone bitartrate tab er 24hr deter 20 mg* ..... 20
*hydrocodone bitartrate tab er 24hr deter 30 mg* ..... 20
*hydrocodone bitartrate tab er 24hr deter 40 mg* ..... 20
*hydrocodone bitartrate tab er 24hr deter 60 mg* ..... 20
*hydrocodone bitartrate tab er 24hr deter 80 mg* ..... 20
*hydrocodone-acetaminophen soln 7.5-325 mg/15ml* ..... 21
*hydrocodone-acetaminophen tab 10-325 mg* ..... 21
*hydrocodone-acetaminophen tab 5-325 mg* ..... 21
*hydrocodone-acetaminophen tab 7.5-325 mg* ..... 21
*hydrocodone-ibuprofen tab 7.5-200 mg* ..... 21
*hydrocortisone cream 1%* ..... 123
*hydrocortisone cream 2.5%* ..... 123
*hydrocortisone enema 100 mg/60ml* 99
*hydrocortisone lotion 2.5%* ..... 123
*hydrocortisone oint 1%* ..... 123
*hydrocortisone oint 2.5%* ..... 123
*hydrocortisone perianal cream 1%* . 124
*hydrocortisone perianal cream 2.5%* ..... 124
*hydrocortisone sodium succinate pf for inj 100 mg* ..... 92
*hydrocortisone tab 10 mg* ..... 92
*hydrocortisone tab 20 mg* ..... 92
*hydrocortisone tab 5 mg* ..... 92
*hydrocortisone valerate cream 0.2%* ..... 123
*hydrocortisone w/ acetic acid otic soln 1-2%* ..... 115
*hydromorphone hcl liqd 1 mg/ml* ..... 21
*hydromorphone hcl tab 2 mg* ..... 21
*hydromorphone hcl tab 4 mg* ..... 21
*hydromorphone hcl tab 8 mg* ..... 21
*hydroxychloroquine sulfate tab 200 mg* ..... 107
*hydroxyurea cap 500 mg* ..... 37
*hydroxyzine hcl im soln 25 mg/ml* .. 116
*hydroxyzine hcl im soln 50 mg/ml* .. 116
*hydroxyzine hcl syrup 10 mg/5ml* .. 116
*hydroxyzine hcl tab 10 mg* ..... 116
*hydroxyzine hcl tab 25 mg* ..... 117
*hydroxyzine hcl tab 50 mg* ..... 117
*hydroxyzine pamoate cap 25 mg* ... 117
*hydroxyzine pamoate cap 50 mg* ... 117
HYRNUO TAB 10MG ..... 40

**I**

*ibandronate sodium tab 150 mg (base equivalent)* ..... 85
IBRANCE CAP 100MG ..... 40
IBRANCE CAP 125MG ..... 40
IBRANCE CAP 75MG ..... 40
IBRANCE TAB 100MG ..... 40
IBRANCE TAB 125MG ..... 40
IBRANCE TAB 75MG ..... 40

IBTROZI CAP 200MG ..... 40
*ibu* ..... 19
*ibuprofen susp 100 mg/5ml* ..... 19
*ibuprofen tab 400 mg* ..... 19
*ibuprofen tab 600 mg* ..... 19
*ibuprofen tab 800 mg* ..... 19
*icatibant acetate subcutaneous soln pref syr 30 mg/3ml* ..... 104
*iclevia* ..... 87
ICLUSIG TAB 10MG ..... 40
ICLUSIG TAB 15MG ..... 40
ICLUSIG TAB 30MG ..... 40
ICLUSIG TAB 45MG ..... 40
IDHIFA TAB 100MG ..... 40
IDHIFA TAB 50MG ..... 40
*imatinib mesylate tab 100 mg (base equivalent)* ..... 40
*imatinib mesylate tab 400 mg (base equivalent)* ..... 40
IMBRUVICA CAP 140MG ..... 40
IMBRUVICA CAP 70MG ..... 40
IMBRUVICA SUS 70MG/ML ..... 40
IMBRUVICA TAB 140MG ..... 40
IMBRUVICA TAB 280MG ..... 41
IMBRUVICA TAB 420MG ..... 41
*imipenem-cilastatin intravenous for soln 250 mg* ..... 23
*imipenem-cilastatin intravenous for soln 500 mg* ..... 23
*imipramine hcl tab 10 mg* ..... 61
*imipramine hcl tab 25 mg* ..... 61
*imipramine hcl tab 50 mg* ..... 61
*imiquimod cream 5%* ..... 124
IMKELDI SOL 80MG/ML ..... 41
IMOVAX RABIE INJ 2.5/ML ..... 109
IMPAVIDO CAP 50MG ..... 23
INBRIJA CAP 42MG ..... 63
*incassia* ..... 87
INCRELEX INJ 40MG/4ML ..... 94
INCRUSE ELPT INH 62.5MCG ..... 116
*indapamide tab 1.25 mg* ..... 55
*indapamide tab 2.5 mg* ..... 55
INFANRIX INJ ..... 109
INFLIXIMAB INJ 100MG ..... 105
INLURIYO TAB 200MG ..... 36
INLYTA TAB 1MG ..... 41
INLYTA TAB 5MG ..... 41
INQOVI TAB 35-100MG ..... 35
INREBIC CAP 100MG ..... 41
INSULIN GLAR INJ 300/ML ..... 84
INSULIN LISP INJ 100/ML ..... 84
INSULIN LISP INJ JR KWPN ..... 84
INSULIN LISP INJ PROT KWP ..... 84
INSULIN PEN NEEDLES: EMBECTA-BD ..... 84
INSULIN SAFETY NEEDLES: EMBECTA-BD ..... 84
INSULIN SYRINGES: EMBECTA-BD ... 84
INTELENCE TAB 25MG ..... 26
INTRALIPID INJ 20% ..... 113
INTRALIPID INJ 30% ..... 113
*introvale* ..... 87
INVEGA HAFYE INJ 1092MG ..... 66
INVEGA HAFYE INJ 1560MG ..... 66
INVEGA SUST INJ 117/0.75 ..... 66
INVEGA SUST INJ 156MG/ML ..... 66
INVEGA SUST INJ 234/1.5 ..... 66
INVEGA SUST INJ 39/0.25 ..... 66
INVEGA SUST INJ 78/0.5ML ..... 66
INVEGA TRINZ INJ 273MG ..... 66
INVEGA TRINZ INJ 410MG ..... 66
INVEGA TRINZ INJ 546MG ..... 66
INVEGA TRINZ INJ 819MG ..... 66
IPOL INJ INACTIVE ..... 109
*ipratropium bromide hfa inhal aerosol 17 mcg/act* ..... 116
*ipratropium bromide inhal soln 0.02%* ..... 116
*ipratropium bromide nasal soln 0.03% (21 mcg/spray)* ..... 116
*ipratropium bromide nasal soln 0.06% (42 mcg/spray)* ..... 116
*ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* ..... 116
*irbesartan tab 150 mg* ..... 49
*irbesartan tab 300 mg* ..... 49
*irbesartan tab 75 mg* ..... 49
*irbesartan-hydrochlorothiazide tab 150-12.5 mg* ..... 48
*irbesartan-hydrochlorothiazide tab 300-12.5 mg* ..... 48
*irinotecan hcl inj 100 mg/5ml (20 mg/ml)* ..... 37

*irinotecan hcl inj 300 mg/15ml (20 mg/ml)* ..... 37
*irinotecan hcl inj 40 mg/2ml (20 mg/ml)* ..... 37
*irinotecan hcl inj 500 mg/25ml (20 mg/ml)* ..... 37
ISENTRESS CHW 100MG ..... 26
ISENTRESS CHW 25MG ..... 26
ISENTRESS HD TAB 600MG ..... 26
ISENTRESS POW 100MG ..... 26
ISENTRESS TAB 400MG ..... 26
*isibloom* ..... 87
ISOLYTE-P INJ /D5W ..... 111
ISOLYTE-S INJ PH 7.4 ..... 111
*isoniazid syrup 50 mg/5ml* ..... 28
*isoniazid tab 100 mg* ..... 28
*isoniazid tab 300 mg* ..... 28
*isosorbide dinitrate tab 10 mg* ..... 56
*isosorbide dinitrate tab 20 mg* ..... 56
*isosorbide dinitrate tab 30 mg* ..... 56
*isosorbide dinitrate tab 5 mg* ..... 56
*isosorbide mononitrate tab er 24hr 120 mg* ..... 56
*isosorbide mononitrate tab er 24hr 30 mg* ..... 56
*isosorbide mononitrate tab er 24hr 60 mg* ..... 56
*isotretinoin cap 10 mg* ..... 121
*isotretinoin cap 20 mg* ..... 121
*isotretinoin cap 30 mg* ..... 121
*isotretinoin cap 40 mg* ..... 121
*isradipine cap 2.5 mg* ..... 53
*isradipine cap 5 mg* ..... 54
ITOVEBI TAB 3MG ..... 41
ITOVEBI TAB 9MG ..... 41
*itraconazole cap 100 mg* ..... 25
*ivabradine hcl tab 5 mg (base equiv)* 56
*ivabradine hcl tab 7.5 mg (base equiv)* ..... 56
*ivermectin tab 3 mg* ..... 23
*ivermectin tab 6 mg* ..... 23
IWILFIN TAB 192MG ..... 37
IXIARO INJ ..... 109

**J**

*jaimiess tab* ..... 87
JAKAFI TAB 10MG ..... 41
JAKAFI TAB 15MG ..... 41
JAKAFI TAB 20MG ..... 41
JAKAFI TAB 25MG ..... 41
JAKAFI TAB 5MG ..... 41
*jantoven* ..... 103
JANUMET TAB 50-1000 ..... 82
JANUMET TAB 50-500MG ..... 82
JANUMET XR TAB 100-1000 ..... 82
JANUMET XR TAB 50-1000 ..... 82
JANUMET XR TAB 50-500MG ..... 82
JANUVIA TAB 100MG ..... 82
JANUVIA TAB 25MG ..... 82
JANUVIA TAB 50MG ..... 82
JARDIANCE TAB 10MG ..... 82
JARDIANCE TAB 25MG ..... 82
*jasmiel* ..... 87
*javygtor* ..... 94
JAYPIRCA TAB 100MG ..... 41
JAYPIRCA TAB 50MG ..... 41
*jencycla tab 0.35mg* ..... 87
JENTADUETO TAB 2.5-1000 ..... 82
JENTADUETO TAB 2.5-500 ..... 82
JENTADUETO TAB 2.5-850 ..... 82
JENTADUETO TAB XR 2.5-1000MG ... 82
JENTADUETO TAB XR 5-1000MG ..... 82
*jinteli* ..... 91
*jolessa* ..... 87
*juleber* ..... 88
JULUCA TAB 50-25MG ..... 27
*junel 1.5/30* ..... 88
*junel 1/20* ..... 88
*junel fe 1.5/30* ..... 88
*junel fe 1/20* ..... 88
*junel fe 24* ..... 88
JYLAMVO SOL 2MG/ML ..... 107
JYNNEOS INJ ..... 109

**K**

KADCYLA INJ 100MG ..... 41
KADCYLA INJ 160MG ..... 41
*kaitlib fe* ..... 88
KALETRA SOL ..... 27
KALYDECO GRA 13.4MG ..... 118
KALYDECO GRA 5.8MG ..... 118
KALYDECO PAK 25MG ..... 118
KALYDECO PAK 50MG ..... 118
KALYDECO PAK 75MG ..... 118
KALYDECO TAB 150MG ..... 118
KANJINTI INJ 420MG ..... 41

KANJINTI SOL 150MG.....41
*kariva* .....88
*kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* .....111
*kcl 20 meq/l (0.149%) in nacl 0.45% inj*.....111
*kcl 20 meq/l (0.149%) in nacl 0.9% inj* .....111
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* .....111
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj*.....111
*kcl 20 meq/l (0.15%) in nacl 0.45% inj* .....111
*kcl 20 meq/l (0.15%) in nacl 0.9% inj* .....111
*kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* .....111
*kcl 40 meq/l (0.298%) in nacl 0.9% inj* .....111
*kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* .....111
*kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj*.....111
*kcl 40 meq/l (0.3%) in nacl 0.9% inj* .....111
KCL/D5W/NACL INJ 0.15/0.2.....111
KCL/D5W/NACL INJ 0.3/0.9%.....111
*kelnor 1/35*.....88
KERENDIA TAB 10MG .....47
KERENDIA TAB 20MG .....47
KERENDIA TAB 40MG .....47
KESIMPTA INJ 20/.4ML.....79
*ketoconazole cream 2%*.....122
*ketoconazole shampoo 2%*.....122
*ketoconazole tab 200 mg* .....25
*ketorolac tromethamine ophth soln 0.4%*.....114
*ketorolac tromethamine ophth soln 0.5%*.....114
KEYTRUDA INJ 100MG/4M.....41
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML.....41
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML.....41
KINERET INJ .....105
KINRIX INJ .....109
*kionex*.....86
KISQALI 200 DOSE.....41
KISQALI 400 DOSE.....41
KISQALI 400 PAK FEMARA .....41
KISQALI 600 DOSE.....41
KISQALI 600 PAK FEMARA .....41
*klayesta* ..... 122
*klor-con* ..... 112
*klor-con 10*..... 112
KLOR-CON 10 TAB 10MEQ ER..... 112
KLOR-CON 8 ..... 112
*klor-con m10* ..... 112
*klor-con m15* ..... 112
*klor-con m20* ..... 112
KLOXXADO SPR 8MG.....80
KOMZIFTI CAP 200MG.....41
KOSELUGO CAP 10MG.....41
KOSELUGO CAP 25MG.....41
KOSELUGO CAP 5MG.....41
KOSELUGO CAP 7.5MG.....41
*kourzeq*..... 124
KRAZATI TAB 200MG .....41
*kurvelo* .....88
**L**
*labetalol hcl tab 100 mg* .....52
*labetalol hcl tab 200 mg* .....52
*labetalol hcl tab 300 mg* .....52
*lacosamide iv inj 200 mg/20ml (10 mg/ml)*.....71
*lacosamide oral* .....71
*lacosamide tab 100 mg* .....71
*lacosamide tab 150 mg* .....71
*lacosamide tab 200 mg* .....71
*lacosamide tab 50 mg* .....71
LACTATED RIN INJ..... 111
*lactated ringer's solution*..... 111
*lactic acid (ammonium lactate) cream 12%* ..... 124
*lactic acid (ammonium lactate) lotion 12%* ..... 124
*lactulose (encephalopathy) solution 10 gm/15ml* .....99
*lactulose solution 10 gm/15ml*.....99
*lamivudine oral soln 10 mg/ml* .....26
*lamivudine tab 100 mg (hbv)* .....28
*lamivudine tab 150 mg*.....26
*lamivudine tab 300 mg*.....26

*lamivudine-zidovudine tab 150-300 mg* ..... 27
*lamotrigine tab 100 mg* ..... 71
*lamotrigine tab 150 mg* ..... 71
*lamotrigine tab 200 mg* ..... 71
*lamotrigine tab 25 mg* ..... 71
*lamotrigine tab chewable dispersible 25 mg* ..... 71
*lamotrigine tab chewable dispersible 5 mg* ..... 71
*lamotrigine tab er 24hr 100 mg* ..... 71
*lamotrigine tab er 24hr 200 mg* ..... 71
*lamotrigine tab er 24hr 25 mg* ..... 71
*lamotrigine tab er 24hr 250 mg* ..... 71
*lamotrigine tab er 24hr 300 mg* ..... 72
*lamotrigine tab er 24hr 50 mg* ..... 71
*lanreotide acetate extended release inj 120 mg/0.5ml* ..... 94
*lansoprazole cap delayed release 15 mg* ..... 100
*lansoprazole cap delayed release 30 mg* ..... 101
LANTUS INJ 100/ML ..... 84
LANTUS SOLOS INJ 100/ML ..... 84
*lapatinib ditosylate tab 250 mg (base equiv)* ..... 41
*larin 1.5/30* ..... 88
*larin 1/20* ..... 88
*larin 24 fe* ..... 88
*larin fe 1.5/30* ..... 88
*larin fe 1/20* ..... 88
*latanoprost ophth soln 0.005%* ..... 115
LAZCLUZE TAB 240MG ..... 41
LAZCLUZE TAB 80MG ..... 41
*leflunomide tab 10 mg* ..... 107
*leflunomide tab 20 mg* ..... 107
*lenalidomide cap 10 mg* ..... 36
*lenalidomide cap 15 mg* ..... 37
*lenalidomide cap 20 mg* ..... 37
*lenalidomide cap 25 mg* ..... 37
*lenalidomide cap 5 mg* ..... 36
*lenalidomide caps 2.5 mg* ..... 37
LENVIMA CAP 10 MG ..... 41
LENVIMA CAP 12MG ..... 41
LENVIMA CAP 14 MG ..... 41
LENVIMA CAP 18 MG ..... 41
LENVIMA CAP 20 MG ..... 41
LENVIMA CAP 24 MG ..... 42
LENVIMA CAP 4MG ..... 41
LENVIMA CAP 8 MG ..... 41
*lessina* ..... 88
*letrozole tab 2.5 mg* ..... 36
*leucovorin calcium for inj 100 mg* ..... 37
*leucovorin calcium for inj 200 mg* ..... 37
*leucovorin calcium for inj 350 mg* ..... 37
*leucovorin calcium for inj 50 mg* ..... 37
*leucovorin calcium for inj 500 mg* ..... 37
*leucovorin calcium inj 500 mg/50ml (10 mg/ml)* ..... 37
*leucovorin calcium tab 10 mg* ..... 37
*leucovorin calcium tab 15 mg* ..... 37
*leucovorin calcium tab 25 mg* ..... 37
*leucovorin calcium tab 5 mg* ..... 37
LEUKERAN TAB 2MG ..... 34
*leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)* ..... 36
*levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* ..... 117
*levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* ..... 117
*levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* ..... 117
*levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* ..... 117
*levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)* ..... 117
*levetiracetam in sodium chloride iv soln 1000 mg/100ml* ..... 72
*levetiracetam in sodium chloride iv soln 1500 mg/100ml* ..... 72
*levetiracetam in sodium chloride iv soln 500 mg/100ml* ..... 72
*levetiracetam inj 500 mg/5ml (100 mg/ml)* ..... 72
*levetiracetam oral soln 100 mg/ml* ..... 72
*levetiracetam tab 1000 mg* ..... 72
*levetiracetam tab 250 mg* ..... 72
*levetiracetam tab 500 mg* ..... 72
*levetiracetam tab 750 mg* ..... 72
*levetiracetam tab disintegrating soluble 250 mg* ..... 72
*levetiracetam tab disintegrating soluble 500 mg* ..... 72
*levetiracetam tab er 24hr 500 mg* ..... 72

*levetiracetam tab er 24hr 750 mg* ....72
*levobunolol hcl ophth soln 0.5%* ....115
*levocarnitine oral soln 1 gm/10ml (10%)* .....94
*levocarnitine tab 330 mg* .....94
*levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)* .....117
*levocetirizine dihydrochloride tab 5 mg* .....117
*levofloxacin in d5w iv soln 250 mg/50ml*.....31
*levofloxacin in d5w iv soln 500 mg/100ml*.....31
*levofloxacin in d5w iv soln 750 mg/150ml*.....31
*levofloxacin iv soln 25 mg/ml* .....31
*levofloxacin oral soln 25 mg/ml* .....31
*levofloxacin tab 250 mg*.....31
*levofloxacin tab 500 mg*.....31
*levofloxacin tab 750 mg*.....31
*levonest* .....88
*levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg*.....88
*levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* .....88
*levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*.....88
*levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* .....88
*levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* .....88
*levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* .....88
*levora-28 tab 0.15/30* .....88
*levo-t*.....96
*levothyroxine sodium tab 100 mcg*...96
*levothyroxine sodium tab 112 mcg*...96
*levothyroxine sodium tab 125 mcg*...96
*levothyroxine sodium tab 137 mcg*...96
*levothyroxine sodium tab 150 mcg*...96
*levothyroxine sodium tab 175 mcg*...96
*levothyroxine sodium tab 200 mcg*...96
*levothyroxine sodium tab 25 mcg*.....96
*levothyroxine sodium tab 300 mcg*...96
*levothyroxine sodium tab 50 mcg*.....96
*levothyroxine sodium tab 75 mcg*.....96
*levothyroxine sodium tab 88 mcg* ....96
*levoxyl*.....96
*l-glutamine (sickle cell)* ..... 104
*lidocaine hcl local inj 0.5%*..... 19
*lidocaine hcl local inj 1%* ..... 19
*lidocaine hcl local inj 2%* ..... 19
*lidocaine hcl local preservative free (pf) inj 0.5%* ..... 19
*lidocaine hcl local preservative free (pf) inj 1%*..... 19
*lidocaine hcl local preservative free (pf) inj 1.5%* ..... 19
*lidocaine hcl soln 4%* ..... 123
*lidocaine hcl viscous soln 2%* ..... 124
*lidocaine oint 5%*..... 123
*lidocaine patch 5%* ..... 123
*lidocaine-prilocaine cream 2.5-2.5%* ..... 124
*lidocan*..... 124
LILETTA IUD 52MG .....88
*linezolid for susp 100 mg/5ml* .....23
LINEZOLID INJ 2MG/ML.....23
*linezolid iv soln 600 mg/300ml (2 mg/ml)*.....23
*linezolid tab 600 mg* .....23
LINZESS CAP 145MCG.....99
LINZESS CAP 290MCG.....99
LINZESS CAP 72MCG .....99
*liomny tab 25mcg*.....96
*liomny tab 50mcg*.....96
*liomny tab 5mcg* .....96
*liothyronine sodium tab 25 mcg*.....96
*liothyronine sodium tab 5 mcg* .....96
*liothyronine sodium tab 50 mcg*.....96
*lisinopril & hydrochlorothiazide tab 10-12.5 mg* .....46
*lisinopril & hydrochlorothiazide tab 20-12.5 mg* .....46
*lisinopril & hydrochlorothiazide tab 20-25 mg* .....46
*lisinopril tab 10 mg*.....46
*lisinopril tab 2.5 mg*.....46
*lisinopril tab 20 mg*.....46
*lisinopril tab 30 mg*.....46
*lisinopril tab 40 mg*.....46
*lisinopril tab 5 mg*.....46
*lithium carbonate cap 150 mg* .....78

*lithium carbonate cap 300 mg* ..... 78
*lithium carbonate cap 600 mg* ..... 78
*lithium carbonate tab 300 mg* ..... 78
*lithium carbonate tab er 300 mg* ..... 78
*lithium carbonate tab er 450 mg* ..... 78
*lithium oral solution 8 meq/5ml* ..... 78
LIVTENCITY TAB 200MG ..... 28
*loestrin 1.5/30-21* ..... 88
*loestrin 1/20-21* ..... 88
*loestrin fe 1.5/30* ..... 88
*loestrin fe 1/20* ..... 88
*lojaimiess tab* ..... 88
LOKELMA PAK 10GM ..... 86
LOKELMA PAK 5GM ..... 86
*lomustine cap 10 mg* ..... 34
*lomustine cap 100 mg* ..... 34
*lomustine cap 40 mg* ..... 34
LONSURF TAB 15-6.14 ..... 35
LONSURF TAB 20-8.19 ..... 35
*loperamide hcl cap 2 mg* ..... 99
*lopinavir-ritonavir tab 100-25 mg* ..... 27
*lopinavir-ritonavir tab 200-50 mg* ..... 27
*lorazepam conc 2 mg/ml* ..... 57
*lorazepam inj 2 mg/ml* ..... 57
*lorazepam inj 4 mg/ml* ..... 57
*lorazepam intensol* ..... 58
*lorazepam tab 0.5 mg* ..... 58
*lorazepam tab 1 mg* ..... 58
*lorazepam tab 2 mg* ..... 58
LORBRENA TAB 100MG ..... 42
LORBRENA TAB 25MG ..... 42
*loryna* ..... 88
*losartan potassium & hydrochlorothiazide tab 100-12.5 mg* ..... 48
*losartan potassium & hydrochlorothiazide tab 100-25 mg* 48
*losartan potassium & hydrochlorothiazide tab 50-12.5 mg* ..... 48
*losartan potassium tab 100 mg* ..... 49
*losartan potassium tab 25 mg* ..... 49
*losartan potassium tab 50 mg* ..... 49
LOTEMAX OIN 0.5% ..... 114
*loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* ..... 113
*lovastatin tab 10 mg* ..... 50
*lovastatin tab 20 mg* ..... 50
*lovastatin tab 40 mg* ..... 50
*low-ogestrel* ..... 88
*loxapine succinate cap 10 mg* ..... 66
*loxapine succinate cap 25 mg* ..... 66
*loxapine succinate cap 5 mg* ..... 66
*loxapine succinate cap 50 mg* ..... 66
*lubiprostone cap 24 mcg* ..... 99
*lubiprostone cap 8 mcg* ..... 99
*luizza 1/20 tab* ..... 88
*luizza tab 1.5/30* ..... 88
LUMAKRAS TAB 120MG ..... 42
LUMAKRAS TAB 240MG ..... 42
LUMAKRAS TAB 320MG ..... 42
LUMIGAN SOL 0.01% OP ..... 115
LUMIZYME INJ 50MG ..... 94
LUPR DEP-PED INJ 11.25MG ..... 94
LUPR DEP-PED INJ 15MG ..... 94
LUPR DEP-PED INJ 3M 30MG ..... 94
LUPR DEP-PED INJ 7.5MG ..... 94
LUPRON DEPOT INJ 11.25MG ..... 36
LUPRON DEPOT INJ 3.75MG ..... 36
LUPRON DEPOT INJ 45MG ..... 94
*lurasidone hcl tab 120 mg* ..... 66
*lurasidone hcl tab 20 mg* ..... 66
*lurasidone hcl tab 40 mg* ..... 66
*lurasidone hcl tab 60 mg* ..... 66
*lurasidone hcl tab 80 mg* ..... 66
*lutera* ..... 88
LYBALVI TAB 10-10MG ..... 66
LYBALVI TAB 15-10MG ..... 66
LYBALVI TAB 20-10MG ..... 66
LYBALVI TAB 5-10MG ..... 66
*lyleq* ..... 88
*lyllana* ..... 91
LYNPARZA TAB 100MG ..... 42
LYNPARZA TAB 150MG ..... 42
LYSODREN TAB 500MG ..... 36
LYTGOBI (12 MG DAILY DOSE) ..... 42
LYTGOBI (16 MG DAILY DOSE) ..... 42
LYTGOBI (20 MG DAILY DOSE) ..... 42
LYUMJEV INJ 100UT/ML ..... 84
LYUMJEV KWPN INJ 100UT/ML ..... 84
LYUMJEV KWPN INJ 200UT/ML ..... 84
*lyza* ..... 88

**M**

MAGNESIUM SU INJ 20/500ML ..... 111

MAGNESIUM SU INJ 2GM/50ML ..... 111
MAGNESIUM SU INJ 40G/1000 ..... 111
MAGNESIUM SU INJ 4G/100ML ..... 111
MAGNESIUM SU INJ 80MG/ML ..... 111
*magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* ..... 111
*magnesium sulfate inj 50%* ..... 111
*magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)* ..... 111
*magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)* ..... 111
*magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)* ..... 111
*magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)* ..... 111
*magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)* ..... 111
*magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)* ..... 111
*malathion lotion 0.5%* ..... 124
*maraviroc tab 150 mg* ..... 26
*maraviroc tab 300 mg* ..... 26
*marlissa* ..... 88
MARPLAN TAB 10MG ..... 61
MATULANE CAP 50MG ..... 37
MAVYRET PAK 50-20MG ..... 28
MAVYRET TAB 100-40MG ..... 28
*meclizine hcl tab 12.5 mg* ..... 97
*meclizine hcl tab 25 mg* ..... 97
*medroxyprogesterone acetate im susp 150 mg/ml* ..... 89
*medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* ..... 89
*medroxyprogesterone acetate tab 10 mg* ..... 95
*medroxyprogesterone acetate tab 2.5 mg* ..... 95
*medroxyprogesterone acetate tab 5 mg* ..... 95
*mefloquine hcl tab 250 mg* ..... 25
*megestrol acetate susp 40 mg/ml* ..... 95
*megestrol acetate susp 625 mg/5ml* ..... 96
*megestrol acetate tab 20 mg* ..... 36
*megestrol acetate tab 40 mg* ..... 36
MEKINIST SOL 0.05/ML ..... 42
MEKINIST TAB 0.5MG ..... 42
MEKINIST TAB 2MG ..... 42
MEKTOVI TAB 15MG ..... 42
*meleya tab 0.35mg* ..... 89
*meloxicam tab 15 mg* ..... 19
*meloxicam tab 7.5 mg* ..... 19
*memantine hcl cap er 24hr 14 mg* ..... 58
*memantine hcl cap er 24hr 21 mg* ..... 58
*memantine hcl cap er 24hr 28 mg* ..... 58
*memantine hcl cap er 24hr 7 mg* ..... 58
*memantine hcl oral solution 2 mg/ml* 58
*memantine hcl tab 10 mg* ..... 58
*memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* ..... 58
*memantine hcl tab 5 mg* ..... 58
*memantine hcl-donepezil hcl cap er 24hr 14-10 mg* ..... 58
*memantine hcl-donepezil hcl cap er 24hr 21-10 mg* ..... 58
*memantine hcl-donepezil hcl cap er 24hr 28-10 mg* ..... 58
MENQUADFI INJ ..... 110
MENVEO INJ ..... 110
MENVEO SOL ..... 110
*mercaptopurine susp 2000 mg/100ml (20 mg/ml)* ..... 35
*mercaptopurine tab 50 mg* ..... 35
*meropenem iv for soln 1 gm* ..... 23
*meropenem iv for soln 2 gm* ..... 23
*meropenem iv for soln 500 mg* ..... 23
*mesalamine cap dr 400 mg* ..... 99
*mesalamine cap er 24hr 0.375 gm* ..... 99
*mesalamine enema 4 gm* ..... 99
*mesalamine rectal enema 4 gm & cleanser wipe kit* ..... 99
*mesalamine suppos 1000 mg* ..... 99
*mesalamine tab delayed release 1.2 gm* ..... 99
*mesna tab 400 mg* ..... 37
*metformin hcl oral soln 500 mg/5ml* . 82
*metformin hcl tab 1000 mg* ..... 82
*metformin hcl tab 500 mg* ..... 82
*metformin hcl tab 850 mg* ..... 82
*metformin hcl tab er 24hr 500 mg* ..... 82
*metformin hcl tab er 24hr 750 mg* ..... 82
*methadone hcl soln 10 mg/5ml* ..... 21
*methadone hcl soln 5 mg/5ml* ..... 21
*methadone hcl tab 10 mg* ..... 21
*methadone hcl tab 5 mg* ..... 21

*methadone hydrochloride i* ..... 21
*methazolamide tab 25 mg* ..... 55
*methazolamide tab 50 mg* ..... 55
*methenamine hippurate tab 1 gm* .... 23
*methimazole tab 10 mg* ..... 96
*methimazole tab 5 mg* ..... 96
*methocarbamol tab 500 mg* ..... 80
*methocarbamol tab 750 mg* ..... 80
*methotrexate sodium for inj 1 gm* .... 35
*methotrexate sodium inj 250 mg/10ml (25 mg/ml)* ..... 35
*methotrexate sodium inj 50 mg/2ml (25 mg/ml)* ..... 35
*methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* ..... 35
*methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* ..... 35
*methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* ..... 35
*methotrexate sodium tab 2.5 mg (base equiv)* ..... 107
*methsuximide cap 300 mg* ..... 72
*methylphenidate hcl chew tab 10 mg* 76
*methylphenidate hcl chew tab 2.5 mg* ..... 76
*methylphenidate hcl chew tab 5 mg* . 76
*methylphenidate hcl soln 10 mg/5ml* 76
*methylphenidate hcl soln 5 mg/5ml* .. 76
*methylphenidate hcl tab 10 mg* ..... 76
*methylphenidate hcl tab 20 mg* ..... 76
*methylphenidate hcl tab 5 mg* ..... 76
*methylphenidate hcl tab er 10 mg* .... 76
*methylphenidate hcl tab er 20 mg* .... 76
*methylprednisolone acetate inj susp 40 mg/ml* ..... 92
*methylprednisolone acetate inj susp 80 mg/ml* ..... 92
*methylprednisolone sod succ for inj 1000 mg (base equiv)* ..... 92
*methylprednisolone sod succ for inj 125 mg (base equiv)* ..... 92
*methylprednisolone sod succ for inj 40 mg (base equiv)* ..... 92
*methylprednisolone sod succ for inj 500 mg (base equiv)* ..... 92
*methylprednisolone tab 16 mg* ..... 92
*methylprednisolone tab 32 mg* ..... 92
*methylprednisolone tab 4 mg* ..... 92
*methylprednisolone tab 8 mg* ..... 92
*methylprednisolone tab therapy pack 4 mg (21)* ..... 92
*metoclopramide hcl inj 5 mg/ml (base equivalent)* ..... 97
*metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* ..... 97
*metoclopramide hcl tab 10 mg (base equivalent)* ..... 97
*metoclopramide hcl tab 5 mg (base equivalent)* ..... 97
*metolazone tab 10 mg* ..... 55
*metolazone tab 2.5 mg* ..... 55
*metolazone tab 5 mg* ..... 55
*metoprolol & hydrochlorothiazide tab 100-25 mg* ..... 51
*metoprolol & hydrochlorothiazide tab 100-50 mg* ..... 51
*metoprolol & hydrochlorothiazide tab 50-25 mg* ..... 51
*metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* ..... 52
*metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* ..... 52
*metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* ..... 52
*metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* ..... 52
*metoprolol tartrate iv soln 5 mg/5ml* 52
*metoprolol tartrate tab 100 mg* ..... 52
*metoprolol tartrate tab 25 mg* ..... 52
*metoprolol tartrate tab 50 mg* ..... 52
*metronidazole cream 0.75%* ..... 124
*metronidazole gel 0.75%* ..... 124
*metronidazole iv soln 500 mg/100ml* 23
*metronidazole lotion 0.75%* ..... 124
*metronidazole tab 250 mg* ..... 23
*metronidazole tab 500 mg* ..... 23
*metronidazole vaginal gel 0.75%* ... 102
*metyrosine cap 250 mg* ..... 56
*mibelas 24 fe* ..... 89
*micafungin sodium for iv soln 100 mg* ..... 25
*micafungin sodium for iv soln 50 mg* 25
*microgestin 1.5/30* ..... 89
*microgestin 1/20* ..... 89

*microgestin fe 1.5/30* ..... 89
*microgestin fe 1/20* ..... 89
*midodrine hcl tab 10 mg* ..... 56
*midodrine hcl tab 2.5 mg* ..... 56
*midodrine hcl tab 5 mg* ..... 56
MIEBO DRO 1.3GM/ML ..... 115
*mifepristone tab 300 mg* ..... 94
*mili* ..... 89
*mimvey* ..... 91
*minocycline hcl cap 100 mg* ..... 33
*minocycline hcl cap 50 mg* ..... 33
*minocycline hcl cap 75 mg* ..... 33
*minoxidil tab 10 mg* ..... 56
*minoxidil tab 2.5 mg* ..... 56
*mirabegron tab er 24 hr 25 mg* ..... 101
*mirabegron tab er 24 hr 50 mg* ..... 101
*mirtazapine orally disintegrating tab 15 mg* ..... 61
*mirtazapine orally disintegrating tab 30 mg* ..... 61
*mirtazapine orally disintegrating tab 45 mg* ..... 61
*mirtazapine tab 15 mg* ..... 61
*mirtazapine tab 30 mg* ..... 61
*mirtazapine tab 45 mg* ..... 61
*mirtazapine tab 7.5 mg* ..... 61
*misoprostol tab 100 mcg* ..... 99
*misoprostol tab 200 mcg* ..... 100
M-M-R II INJ ..... 109
M-NATAL PLUS TAB ..... 112
*modafinil tab 100 mg* ..... 80
*modafinil tab 200 mg* ..... 80
MODEYSO CAP 125MG ..... 37
*moexipril hcl tab 15 mg* ..... 46
*moexipril hcl tab 7.5 mg* ..... 46
*molindone hcl tab 10 mg* ..... 66
*molindone hcl tab 25 mg* ..... 66
*molindone hcl tab 5 mg* ..... 66
*mometasone furoate cream 0.1%* .. 123
*mometasone furoate oint 0.1%* ..... 123
*mometasone furoate solution 0.1% (lotion)* ..... 123
MONJUVI INJ 200MG ..... 42
*mono-linyah* ..... 89
*montelukast sodium chew tab 4 mg (base equiv)* ..... 118
*montelukast sodium chew tab 5 mg (base equiv)* ..... 118
*montelukast sodium oral granules packet 4 mg (base equiv)* ..... 118
*montelukast sodium tab 10 mg (base equiv)* ..... 118
*morphine sulfate iv soln 10 mg/ml* ... 21
*morphine sulfate iv soln 2 mg/ml* ..... 21
*morphine sulfate iv soln 4 mg/ml* ..... 21
*morphine sulfate iv soln 8 mg/ml* ..... 21
*morphine sulfate oral soln 10 mg/5ml* ..... 22
*morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* ..... 22
*morphine sulfate oral soln 20 mg/5ml* ..... 22
*morphine sulfate tab 15 mg* ..... 22
*morphine sulfate tab 30 mg* ..... 22
*morphine sulfate tab er 100 mg* ..... 21
*morphine sulfate tab er 15 mg* ..... 21
*morphine sulfate tab er 200 mg* ..... 21
*morphine sulfate tab er 30 mg* ..... 21
*morphine sulfate tab er 60 mg* ..... 21
MOUNJARO INJ 10MG/0.5 ..... 82
MOUNJARO INJ 12.5/0.5 ..... 82
MOUNJARO INJ 15MG/0.5 ..... 82
MOUNJARO INJ 2.5/0.5 ..... 82
MOUNJARO INJ 5MG/0.5 ..... 82
MOUNJARO INJ 7.5/0.5 ..... 82
MOVANTIK TAB 12.5MG ..... 100
MOVANTIK TAB 25MG ..... 100
*moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* ..... 31
*moxifloxacin hcl ophth soln 0.5% (base equiv)* ..... 114
*moxifloxacin hcl tab 400 mg (base equiv)* ..... 31
MRESVIA INJ 50MCG ..... 110
MULTAQ TAB 400MG ..... 49
*multiple electrolytes ph 5.5* ..... 111
*mupirocin oint 2%* ..... 121
*mycophenolate mofetil cap 250 mg* 109
*mycophenolate mofetil for oral susp 200 mg/ml* ..... 109
*mycophenolate mofetil tab 500 mg* 109
*mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* ..... 109

*mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* ..... 109
MYRBETRIQ SUS 8MG/ML ..... 101
MYRBETRIQ TAB 25MG ..... 101
MYRBETRIQ TAB 50MG ..... 101
**N**
*nabumetone tab 500 mg* ..... 19
*nabumetone tab 750 mg* ..... 20
*nadolol tab 20 mg* ..... 52
*nadolol tab 40 mg* ..... 52
*nadolol tab 80 mg* ..... 52
*nafcillin sodium for inj 1 gm* ..... 33
*nafcillin sodium for inj 2 gm* ..... 33
*nafcillin sodium for iv soln 10 gm* ..... 33
NAGLAZYME INJ 1MG/ML ..... 94
*naloxone hcl inj 0.4 mg/ml* ..... 80
*naloxone hcl inj 4 mg/10ml* ..... 80
*naloxone hcl nasal spray 4 mg/0.1ml* 80
*naloxone hcl soln cartridge 0.4 mg/ml* ..... 80
*naloxone hcl soln prefilled syringe 0.4 mg/ml* ..... 80
*naloxone hcl soln prefilled syringe 2 mg/2ml* ..... 81
*naltrexone hcl tab 50 mg* ..... 81
NAMZARIC CAP 7-10MG ..... 58
*naproxen sodium tab 275 mg* ..... 20
*naproxen sodium tab 550 mg* ..... 20
*naproxen tab 250 mg* ..... 20
*naproxen tab 375 mg* ..... 20
*naproxen tab 500 mg* ..... 20
*naproxen tab ec 375 mg* ..... 20
*naratriptan hcl tab 1 mg (base equiv)* ..... 78
*naratriptan hcl tab 2.5 mg (base equiv)* ..... 78
NATACYN SUS 5% OP ..... 114
*nateglinide tab 120 mg* ..... 82
*nateglinide tab 60 mg* ..... 82
NAYZILAM SPR 5MG ..... 72
*nebivolol hcl tab 10 mg (base equivalent)* ..... 52
*nebivolol hcl tab 2.5 mg (base equivalent)* ..... 52
*nebivolol hcl tab 20 mg (base equivalent)* ..... 52
*nebivolol hcl tab 5 mg (base equivalent)* ..... 52
*necon 0.5/35-28* ..... 89
*nefazodone hcl tab 100 mg* ..... 61
*nefazodone hcl tab 150 mg* ..... 61
*nefazodone hcl tab 200 mg* ..... 61
*nefazodone hcl tab 250 mg* ..... 61
*nefazodone hcl tab 50 mg* ..... 61
*neomycin sulfate tab 500 mg* ..... 23
*neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* ..... 114
*neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* 114
*neomycin-polymyxin-dexamethasone ophth oint 0.1%* ..... 113
*neomycin-polymyxin-dexamethasone ophth susp 0.1%* ..... 113
*neomycin-polymyxin-hc ophth susp* 113
*neomycin-polymyxin-hc otic soln 1%* ..... 115
*neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* ..... 115
NERLYNX TAB 40MG ..... 42
*neuac gel 1.2-5%* ..... 121
*nevirapine susp 50 mg/5ml* ..... 26
*nevirapine tab 200 mg* ..... 26
*nevirapine tab er 24hr 400 mg* ..... 26
NEXLETOL TAB 180MG ..... 51
NEXLIZET TAB 180/10MG ..... 51
NEXPLANON IMP 68MG ..... 89
*niacin tab er 1000 mg (antihyperlipidemic)* ..... 51
*niacin tab er 500 mg (antihyperlipidemic)* ..... 51
*niacin tab er 750 mg (antihyperlipidemic)* ..... 51
*nicardipine hcl cap 20 mg* ..... 54
*nicardipine hcl cap 30 mg* ..... 54
NICOTROL NS SPR 10MG/ML ..... 81
*nifedipine tab er 24hr 30 mg* ..... 54
*nifedipine tab er 24hr 60 mg* ..... 54
*nifedipine tab er 24hr 90 mg* ..... 54
*nifedipine tab er 24hr osmotic release 30 mg* ..... 54
*nifedipine tab er 24hr osmotic release 60 mg* ..... 54

*nifedipine tab er 24hr osmotic release 90 mg* ..... 54
*nikki* ..... 89
*nilotinib hcl cap 150 mg (base equivalent)* ..... 42
*nilotinib hcl cap 200 mg (base equivalent)* ..... 42
*nilotinib hcl cap 50 mg (base equivalent)* ..... 42
*nilutamide tab 150 mg* ..... 36
*nimodipine cap 30 mg* ..... 54
NINLARO CAP 2.3MG ..... 42
NINLARO CAP 3MG ..... 42
NINLARO CAP 4MG ..... 42
*nintedanib esylate cap 100 mg (base equivalent)* ..... 118
*nintedanib esylate cap 150 mg (base equivalent)* ..... 118
*nitazoxanide tab 500 mg* ..... 23
*nitisinone cap 10 mg* ..... 94
*nitisinone cap 2 mg* ..... 94
*nitisinone cap 20 mg* ..... 94
*nitisinone cap 5 mg* ..... 94
*nitro-bid oin 2%* ..... 56
*nitrofurantoin macrocrystalline cap 100 mg* ..... 23
*nitrofurantoin macrocrystalline cap 50 mg* ..... 23
*nitrofurantoin monohydrate macrocrystalline cap 100 mg* ..... 23
*nitroglycerin oint 0.4%* ..... 124
*nitroglycerin sl tab 0.3 mg* ..... 56
*nitroglycerin sl tab 0.4 mg* ..... 56
*nitroglycerin sl tab 0.6 mg* ..... 56
*nitroglycerin td patch 24hr 0.1 mg/hr* ..... 56
*nitroglycerin td patch 24hr 0.2 mg/hr* ..... 56
*nitroglycerin td patch 24hr 0.4 mg/hr* ..... 56
*nitroglycerin td patch 24hr 0.6 mg/hr* ..... 56
*nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)* ..... 56
*nizatidine cap 150 mg* ..... 98
*nizatidine cap 300 mg* ..... 98
*nora-be* ..... 89
*norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* ..... 89
*norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* ..... 89
*norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* ..... 89
*norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* ..... 89
*norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* ..... 89
*norethindrone acetate tab 5 mg* ..... 96
*norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* ..... 91
*norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* ..... 91
*norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* ..... 89
*norethindrone tab 0.35 mg* ..... 89
*norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* ..... 89
*norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* ..... 89
*norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* ..... 89
*norlyroc* ..... 89
*nortrel 0.5/35 (28)* ..... 89
*nortrel 1/35 (21)* ..... 89
*nortrel 1/35 (28)* ..... 89
*nortrel 7/7/7* ..... 89
*nortriptyline hcl cap 10 mg* ..... 61
*nortriptyline hcl cap 25 mg* ..... 61
*nortriptyline hcl cap 50 mg* ..... 61
*nortriptyline hcl cap 75 mg* ..... 61
*nortriptyline hcl soln 10 mg/5ml* ..... 61
NORVIR POW 100MG ..... 26
NOVOLIN INJ 70/30 ..... 84
NOVOLIN INJ 70/30 FP ..... 84
NOVOLIN N INJ 100 UNIT ..... 84
NOVOLIN N INJ U-100 ..... 84
NOVOLIN R INJ 100 UNIT ..... 84
NOVOLIN R INJ U-100 ..... 84
NOVOLOG INJ 100/ML ..... 84
NOVOLOG INJ FLEX REL ..... 84
NOVOLOG INJ FLEXPEN ..... 84
NOVOLOG INJ PENFILL ..... 84
NOVOLOG INJ RELION ..... 84
NOVOLOG MIX INJ 70/30 ..... 85

NOVOLOG MIX INJ FLEXPEN ..... 85
NUBEQA TAB 300MG ..... 36
NUEDEXTA CAP 20-10MG ..... 78
NULOJIX INJ 250MG ..... 109
NUPLAZID CAP 34MG ..... 66
NUPLAZID TAB 10MG ..... 66
NURTEC TAB 75MG ODT ..... 78
NUTRILIPID EMU 20% ..... 113
NUZYRA INJ 100MG ..... 33
NUZYRA TAB 150MG ..... 33
*nyamyc* ..... 122
*nylia 1/35* ..... 89
*nylia 7/7/7* ..... 89
*nystatin cream 100000 unit/gm* ..... 122
*nystatin oint 100000 unit/gm* ..... 122
*nystatin susp 100000 unit/ml* ..... 125
*nystatin tab 500000 unit* ..... 25
*nystatin topical powder 100000 unit/gm* ..... 122
*nystop* ..... 122
**O**
OCTAGAM INJ 10/100ML ..... 108
OCTAGAM INJ 10GM ..... 108
OCTAGAM INJ 1GM ..... 108
OCTAGAM INJ 2.5GM ..... 108
OCTAGAM INJ 20/200ML ..... 108
OCTAGAM INJ 2GM/20ML ..... 108
OCTAGAM INJ 30/300ML ..... 108
OCTAGAM INJ 5GM ..... 108
OCTAGAM INJ 5GM/50ML ..... 108
*octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* ..... 94
*octreotide acetate inj 1000 mcg/ml (1 mg/ml)* ..... 94
*octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* ..... 94
*octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* ..... 94
*octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* ..... 94
*octreotide acetate subcutaneous soln pref syr 100 mcg/ml* ..... 95
*octreotide acetate subcutaneous soln pref syr 50 mcg/ml* ..... 95
*octreotide acetate subcutaneous soln pref syr 500 mcg/ml* ..... 95
ODEFSEY TAB ..... 27
ODOMZO CAP 200MG ..... 42
OFEV CAP 100MG ..... 118
OFEV CAP 150MG ..... 118
*ofloxacin ophth soln 0.3%* ..... 114
*ofloxacin otic soln 0.3%* ..... 115
OGIVRI INJ 150MG ..... 42
OGIVRI INJ 420MG ..... 42
OGSIVEO TAB 100MG ..... 42
OGSIVEO TAB 150MG ..... 42
OJEMDA SUS 25MG/ML ..... 42
OJEMDA TAB 100MG ..... 42
OJJAARA TAB 100MG ..... 42
OJJAARA TAB 150MG ..... 42
OJJAARA TAB 200MG ..... 42
*olanzapine for im inj 10 mg* ..... 66
*olanzapine orally disintegrating tab 10 mg* ..... 66
*olanzapine orally disintegrating tab 15 mg* ..... 67
*olanzapine orally disintegrating tab 20 mg* ..... 67
*olanzapine orally disintegrating tab 5 mg* ..... 66
*olanzapine tab 10 mg* ..... 67
*olanzapine tab 15 mg* ..... 67
*olanzapine tab 2.5 mg* ..... 67
*olanzapine tab 20 mg* ..... 67
*olanzapine tab 5 mg* ..... 67
*olanzapine tab 7.5 mg* ..... 67
*olmesartan medoxomil tab 20 mg* ..... 49
*olmesartan medoxomil tab 40 mg* ..... 49
*olmesartan medoxomil tab 5 mg* ..... 49
*olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* ..... 48
*olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* ..... 48
*olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* ..... 48
*olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* ..... 48
*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* ..... 48

*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* ..... 48
*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* ..... 48
*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* ..... 48
*omega-3-acid ethyl esters cap 1 gm* ..... 51
*omeprazole cap delayed release 10 mg* ..... 101
*omeprazole cap delayed release 20 mg* ..... 101
*omeprazole cap delayed release 40 mg* ..... 101
OMNIPOD 5 DX KIT INT G7G6 ..... 85
OMNIPOD 5 DX MIS POD G7G6 ..... 85
OMNIPOD 5 L2 KIT INTRO G6 ..... 85
OMNIPOD 5 L2 MIS PODS G6 ..... 85
OMNIPOD DASH KIT INTRO ..... 85
OMNIPOD DASH MIS PODS ..... 85
*ondansetron hcl inj 4 mg/2ml (2 mg/ml)* ..... 97
*ondansetron hcl inj 40 mg/20ml (2 mg/ml)* ..... 97
*ondansetron hcl inj soln pref syr 4 mg/2ml* ..... 97
*ondansetron hcl oral soln 4 mg/5ml* ..... 97
*ondansetron hcl tab 4 mg* ..... 97
*ondansetron hcl tab 8 mg* ..... 97
*ondansetron orally disintegrating tab 4 mg* ..... 97
*ondansetron orally disintegrating tab 8 mg* ..... 97
ONTRUZANT INJ 150MG ..... 42
ONTRUZANT INJ 420MG ..... 42
ONUREG TAB 200MG ..... 35
ONUREG TAB 300MG ..... 35
OPIPZA MIS 10MG ..... 67
OPIPZA MIS 2MG ..... 67
OPIPZA MIS 5MG ..... 67
OPSUMIT TAB 10MG ..... 57
ORGOVYX TAB 120MG ..... 36
ORKAMBI GRA 100-125 ..... 119
ORKAMBI GRA 150-188 ..... 119
ORKAMBI GRA 75-94MG ..... 119
ORKAMBI TAB 100-125 ..... 119
ORKAMBI TAB 200-125 ..... 119
*orquidea tab 0.35mg* ..... 89
ORSERDU TAB 345MG ..... 36
ORSERDU TAB 86MG ..... 36
*oseltamivir phosphate cap 30 mg (base equiv)* ..... 29
*oseltamivir phosphate cap 45 mg (base equiv)* ..... 29
*oseltamivir phosphate cap 75 mg (base equiv)* ..... 29
*oseltamivir phosphate for susp 6 mg/ml (base equiv)* ..... 29
OSPOMYV INJ 60MG/ML ..... 85
*oxacillin sodium for inj 1 gm (base equivalent)* ..... 33
*oxacillin sodium for inj 2 gm (base equivalent)* ..... 33
*oxacillin sodium for iv soln 10 gm (base equivalent)* ..... 33
*oxaliplatin for iv inj 100 mg* ..... 34
*oxaliplatin for iv inj 50 mg* ..... 34
*oxaliplatin iv soln 100 mg/20ml* ..... 35
*oxaliplatin iv soln 200 mg/40ml* ..... 35
*oxaliplatin iv soln 50 mg/10ml* ..... 34
*oxcarbazepine susp 300 mg/5ml (60 mg/ml)* ..... 72
*oxcarbazepine tab 150 mg* ..... 72
*oxcarbazepine tab 300 mg* ..... 72
*oxcarbazepine tab 600 mg* ..... 72
*oxybutynin chloride solution 5 mg/5ml* ..... 101
*oxybutynin chloride tab 5 mg* ..... 101
*oxybutynin chloride tab er 24hr 10 mg* ..... 101
*oxybutynin chloride tab er 24hr 15 mg* ..... 102
*oxybutynin chloride tab er 24hr 5 mg* ..... 101
*oxycodone hcl conc 100 mg/5ml (20 mg/ml)* ..... 22
*oxycodone hcl soln 5 mg/5ml* ..... 22
*oxycodone hcl tab 10 mg* ..... 22
*oxycodone hcl tab 15 mg* ..... 22
*oxycodone hcl tab 20 mg* ..... 22
*oxycodone hcl tab 30 mg* ..... 22
*oxycodone hcl tab 5 mg* ..... 22

*oxycodone w/ acetaminophen tab 10-325 mg* ..... 22
*oxycodone w/ acetaminophen tab 2.5-325 mg* ..... 22
*oxycodone w/ acetaminophen tab 5-325 mg* ..... 22
*oxycodone w/ acetaminophen tab 7.5-325 mg* ..... 22
OXYCONTIN TAB 10MG ER ..... 21
OXYCONTIN TAB 15MG ER ..... 21
OXYCONTIN TAB 20MG ER ..... 21
OXYCONTIN TAB 30MG ER ..... 21
OXYCONTIN TAB 40MG ER ..... 21
OXYCONTIN TAB 60MG ER ..... 21
OXYCONTIN TAB 80MG ER ..... 21
OZEMPIC (0.25 OR 0.5MG/DOSE) ..... 82
OZEMPIC (1MG/DOSE) ..... 82
OZEMPIC (2MG/DOSE) ..... 83

**P**

*pacerone* ..... 49
*paclitaxel inj 100mg* ..... 38
*paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)* ..... 38
*paclitaxel iv conc 150 mg/25ml (6 mg/ml)* ..... 38
*paclitaxel iv conc 30 mg/5ml (6 mg/ml)* ..... 38
*paclitaxel iv conc 300 mg/50ml (6 mg/ml)* ..... 38
*paliperidone tab er 24hr 1.5 mg* ..... 67
*paliperidone tab er 24hr 3 mg* ..... 67
*paliperidone tab er 24hr 6 mg* ..... 67
*paliperidone tab er 24hr 9 mg* ..... 67
*pamidronate disodium iv soln 3 mg/ml* ..... 85
*pamidronate disodium iv soln 9 mg/ml* ..... 85
PAMIDRONATE INJ 6MG/ML ..... 85
PANRETIN GEL 0.1% ..... 124
*pantoprazole sodium ec tab 20 mg (base equiv)* ..... 101
*pantoprazole sodium ec tab 40 mg (base equiv)* ..... 101
*pantoprazole sodium for iv soln 40 mg (base equiv)* ..... 101
PANZYGA SOL 10/100ML ..... 108
PANZYGA SOL 1GM/10ML ..... 108
PANZYGA SOL 2.5/25ML ..... 108
PANZYGA SOL 20/200ML ..... 108
PANZYGA SOL 30/300ML ..... 108
PANZYGA SOL 5GM/50ML ..... 108
*paricalcitol cap 1 mcg* ..... 97
*paricalcitol cap 2 mcg* ..... 97
*paricalcitol cap 4 mcg* ..... 97
*paroxetine hcl oral susp 10 mg/5ml (base equiv)* ..... 61
*paroxetine hcl tab 10 mg* ..... 61
*paroxetine hcl tab 20 mg* ..... 62
*paroxetine hcl tab 30 mg* ..... 62
*paroxetine hcl tab 40 mg* ..... 62
PAXLOVID PAK ..... 29
PAXLOVID TAB 150-100 ..... 29
PAXLOVID TAB 300-100 ..... 29
*pazopanib hcl tab 200 mg (base equiv)* ..... 42
*pazopanib hcl tab 400 mg (base equiv)* ..... 42
PEDIARIX INJ 0.5ML ..... 110
PEDVAX HIB INJ ..... 110
*peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* ..... 99
*peg 3350-kcl-sod bicarb-nacl for soln 420 gm* ..... 99
PEGASYS INJ ..... 29
PEGASYS INJ 180MCG/M ..... 29
PEMAZYRE TAB 13.5MG ..... 42
PEMAZYRE TAB 4.5MG ..... 42
PEMAZYRE TAB 9MG ..... 42
*pemetrexed disodium for iv soln 100 mg (base equiv)* ..... 35
*pemetrexed disodium for iv soln 1000 mg (base equiv)* ..... 35
*pemetrexed disodium for iv soln 500 mg (base equiv)* ..... 35
*pemetrexed disodium for iv soln 750 mg (base equiv)* ..... 35
PENBRAYA INJ ..... 110
*penicillamine tab 250 mg* ..... 86
*penicillin g potassium for inj 20000000 unit* ..... 33
*penicillin g potassium for inj 5000000 unit* ..... 33
*penicillin g sodium for inj 5000000 unit* ..... 33

*penicillin v potassium for soln 125 mg/5ml* ..... 33
*penicillin v potassium for soln 250 mg/5ml* ..... 33
*penicillin v potassium tab 250 mg* ..... 33
*penicillin v potassium tab 500 mg* ..... 33
PENMENVY INJ ..... 110
PENTACEL INJ ..... 110
*pentamidine isethionate inh* ..... 24
*pentamidine isethionate inj* ..... 24
*pentoxifylline tab er 400 mg* ..... 104
*perampanel susp 0.5 mg/ml* ..... 72
*perampanel tab 10 mg* ..... 72
*perampanel tab 12 mg* ..... 72
*perampanel tab 2 mg* ..... 72
*perampanel tab 4 mg* ..... 72
*perampanel tab 6 mg* ..... 72
*perampanel tab 8 mg* ..... 72
*perindopril erbumine tab 2 mg* ..... 46
*perindopril erbumine tab 4 mg* ..... 46
*perindopril erbumine tab 8 mg* ..... 46
*periogard* ..... 125
*permethrin cream 5%* ..... 124
*perphenazine tab 16 mg* ..... 67
*perphenazine tab 2 mg* ..... 67
*perphenazine tab 4 mg* ..... 67
*perphenazine tab 8 mg* ..... 67
*pfizerpen* ..... 33
*phenelzine sulfate tab 15 mg* ..... 62
*phenobarbital elixir 20 mg/5ml* ..... 72
*phenobarbital sodium inj 130 mg/ml* 72
*phenobarbital sodium inj 65 mg/ml* .. 72
*phenobarbital tab 100 mg* ..... 73
*phenobarbital tab 15 mg* ..... 72
*phenobarbital tab 16.2 mg* ..... 72
*phenobarbital tab 30 mg* ..... 73
*phenobarbital tab 32.4 mg* ..... 73
*phenobarbital tab 60 mg* ..... 73
*phenobarbital tab 64.8 mg* ..... 73
*phenobarbital tab 97.2 mg* ..... 73
*phenytek* ..... 73
*phenytoin chew tab 50 mg* ..... 73
*phenytoin sodium extended cap 100 mg* ..... 73
*phenytoin sodium extended cap 200 mg* ..... 73
*phenytoin sodium extended cap 300 mg* ..... 73
*phenytoin sodium inj 50 mg/ml* ..... 73
*phenytoin susp 125 mg/5ml* ..... 73
PHESGO SOL ..... 42
*philith* ..... 89
PIFELTRO TAB 100MG ..... 26
*pilocarpine hcl ophth soln 1%* ..... 115
*pilocarpine hcl ophth soln 2%* ..... 115
*pilocarpine hcl ophth soln 4%* ..... 115
*pilocarpine hcl tab 5 mg* ..... 125
*pilocarpine hcl tab 7.5 mg* ..... 125
*pimecrolimus cream 1%* ..... 124
*pimozide tab 1 mg* ..... 67
*pimozide tab 2 mg* ..... 67
*pimtrea* ..... 89
*pindolol tab 10 mg* ..... 52
*pindolol tab 5 mg* ..... 52
*pioglitazone hcl tab 15 mg (base equiv)* ..... 83
*pioglitazone hcl tab 30 mg (base equiv)* ..... 83
*pioglitazone hcl tab 45 mg (base equiv)* ..... 83
*pioglitazone hcl-metformin hcl tab 15-500 mg* ..... 83
*pioglitazone hcl-metformin hcl tab 15-850 mg* ..... 83
*piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* ..... 33
*piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* ..... 33
*piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* ..... 33
*piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* ..... 33
*piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* ..... 33
PIQRAY 200MG TAB DOSE ..... 42
PIQRAY 250MG TAB DOSE ..... 42
PIQRAY 300MG TAB DOSE ..... 43
*pirfenidone cap 267 mg* ..... 119
*pirfenidone tab 267 mg* ..... 119
*pirfenidone tab 534 mg* ..... 119
*pirfenidone tab 801 mg* ..... 119
*piroxicam cap 10 mg* ..... 20
*piroxicam cap 20 mg* ..... 20

*plenamine* ..... 113
PLENVU SOL ..... 99
*podofilox soln 0.5%* ..... 124
*polymyxin b sulfate for injection 500000 unit* ..... 24
*polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* ..... 114
*pomalidomide cap 1 mg* ..... 37
*pomalidomide cap 2 mg* ..... 37
*pomalidomide cap 3 mg* ..... 37
*pomalidomide cap 4 mg* ..... 37
POMALYST CAP 1MG ..... 37
POMALYST CAP 2MG ..... 37
POMALYST CAP 3MG ..... 37
POMALYST CAP 4MG ..... 37
*portia-28* ..... 90
*posaconazole tab delayed release 100 mg* ..... 25
POT CHL 20MEQ/L IN NACL 0.45% INJ ..... 112
POT CHL 20MEQ/L IN NACL 0.9% INJ ..... 111
POT CHL 40MEQ/L IN NACL 0.9% INJ ..... 112
*potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* ..... 112
*potassium chloride cap er 10 meq* .. 112
*potassium chloride cap er 8 meq* .... 112
*potassium chloride inj 10 meq/100ml* ..... 112
*potassium chloride inj 10 meq/50ml* ..... 112
*potassium chloride inj 2 meq/ml* .... 112
*potassium chloride inj 20 meq/100ml* ..... 112
*potassium chloride inj 20 meq/50ml* ..... 112
*potassium chloride inj 40 meq/100ml* ..... 112
*potassium chloride microencapsulated crys er tab 10 meq* ..... 112
*potassium chloride microencapsulated crys er tab 15 meq* ..... 112
*potassium chloride microencapsulated crys er tab 20 meq* ..... 112
*potassium chloride oral soln 10% (20 meq/15ml)* ..... 112
*potassium chloride oral soln 20% (40 meq/15ml)* ..... 112
*potassium chloride powder packet 20 meq* ..... 112
*potassium chloride tab er 10 meq* .. 112
*potassium chloride tab er 20 meq (1500 mg)* ..... 112
*potassium chloride tab er 8 meq (600 mg)* ..... 112
*potassium citrate tab er 10 meq (1080 mg)* ..... 101
*potassium citrate tab er 15 meq (1620 mg)* ..... 101
*potassium citrate tab er 5 meq (540 mg)* ..... 101
*pramipexole dihydrochloride tab 0.125 mg* ..... 63
*pramipexole dihydrochloride tab 0.25 mg* ..... 63
*pramipexole dihydrochloride tab 0.5 mg* ..... 63
*pramipexole dihydrochloride tab 0.75 mg* ..... 63
*pramipexole dihydrochloride tab 1 mg* ..... 63
*pramipexole dihydrochloride tab 1.5 mg* ..... 63
*prasugrel hcl tab 10 mg (base equiv)* ..... 104
*prasugrel hcl tab 5 mg (base equiv)* 104
*pravastatin sodium tab 10 mg* ..... 50
*pravastatin sodium tab 20 mg* ..... 50
*pravastatin sodium tab 40 mg* ..... 50
*pravastatin sodium tab 80 mg* ..... 50
*praziquantel tab 600 mg* ..... 24
*prazosin hcl cap 1 mg* ..... 47
*prazosin hcl cap 2 mg* ..... 47
*prazosin hcl cap 5 mg* ..... 47
PRED SOD PHO SOL 1% OP ..... 114
*prednisolone acetate ophth susp 1%* ..... 114
*prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* ..... 92
*prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)* ..... 92
*prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* ..... 92

*prednisolone soln 15 mg/5ml* .....92
PREDNISONE CON 5MG/ML.....93
*prednisone oral soln 5 mg/5ml* .....93
*prednisone tab 1 mg* .....93
*prednisone tab 10 mg* .....93
*prednisone tab 2.5 mg* .....93
*prednisone tab 20 mg* .....93
*prednisone tab 5 mg* .....93
*prednisone tab 50 mg* .....93
*prednisone tab therapy pack 10 mg (21)* .....93
*prednisone tab therapy pack 10 mg (48)* .....93
*prednisone tab therapy pack 5 mg (21)* .....93
*prednisone tab therapy pack 5 mg (48)* .....93
*pregabalin cap 100 mg* .....73
*pregabalin cap 150 mg* .....73
*pregabalin cap 200 mg* .....73
*pregabalin cap 225 mg* .....73
*pregabalin cap 25 mg* .....73
*pregabalin cap 300 mg* .....74
*pregabalin cap 50 mg* .....73
*pregabalin cap 75 mg* .....73
*pregabalin soln 20 mg/ml* .....74
PREMASOL SOL 10% .....113
PRENATAL TAB 27-1MG .....112
PRENATAL TAB PLUS .....112
*prevalite* .....51
PREVYMIS TAB 240MG.....29
PREVYMIS TAB 480MG.....29
PREZCOBIX TAB 675/150.....28
PREZCOBIX TAB 800-150.....28
PREZISTA SUS 100MG/ML.....26
PREZISTA TAB 150MG .....26
PREZISTA TAB 75MG.....26
PRIFTIN TAB 150MG.....28
*primaquine phosphate tab 26.3 mg (15 mg base)* .....25
PRIMAQUINE TAB 26.3MG.....25
*primidone tab 125 mg* .....74
*primidone tab 250 mg* .....74
*primidone tab 50 mg* .....74
PRIORIX INJ.....110
PRIVIGEN INJ 10GRAMS .....108
PRIVIGEN INJ 20GRAMS .....108
PRIVIGEN INJ 40GRAMS .....108
PRIVIGEN INJ 5 GRAMS.....108
*probenecid tab 500 mg* .....19
*prochlorperazine edisylate inj 10 mg/2ml* .....97
*prochlorperazine maleate tab 10 mg (base equivalent)*.....97
*prochlorperazine maleate tab 5 mg (base equivalent)*.....97
*prochlorperazine suppos 25 mg* .....98
PROCRIT INJ 10000/ML.....103
PROCRIT INJ 2000/ML.....103
PROCRIT INJ 20000/ML.....103
PROCRIT INJ 3000/ML.....103
PROCRIT INJ 4000/ML.....103
PROCRIT INJ 40000/ML.....103
*proctocort* .....124
*procto-med hc* .....124
*proctosol hc*.....124
*proctozone-hc*.....124
*progesterone cap 100 mg* .....96
*progesterone cap 200 mg* .....96
PROGRAF GRA 0.2MG.....109
PROGRAF GRA 1MG .....109
PROLASTIN-C INJ 1000MG.....119
PROLIA INJ 60MG/ML.....85
*promethazine hcl inj 25 mg/ml* .....98
*promethazine hcl inj 50 mg/ml* .....98
*promethazine hcl oral soln 6.25 mg/5ml* .....98
*promethazine hcl tab 12.5 mg* .....98
*promethazine hcl tab 25 mg*.....98
*promethazine hcl tab 50 mg*.....98
*propafenone hcl cap er 12hr 225 mg* 49
*propafenone hcl cap er 12hr 325 mg* 49
*propafenone hcl cap er 12hr 425 mg* 49
*propafenone hcl tab 150 mg* .....49
*propafenone hcl tab 225 mg* .....49
*propafenone hcl tab 300 mg* .....49
*proparacaine hcl ophth soln 0.5%* .. 115
*propranolol hcl cap er 24hr 120 mg* .. 52
*propranolol hcl cap er 24hr 160 mg* .. 52
*propranolol hcl cap er 24hr 60 mg* ... 52
*propranolol hcl cap er 24hr 80 mg* ... 52
*propranolol hcl oral soln 20 mg/5ml* . 52
*propranolol hcl oral soln 40 mg/5ml* . 52
*propranolol hcl tab 10 mg* .....52

*propranolol hcl tab 20 mg* ..... 52
*propranolol hcl tab 40 mg* ..... 52
*propranolol hcl tab 60 mg* ..... 52
*propranolol hcl tab 80 mg* ..... 52
*propylthiouracil tab 50 mg* ..... 96
PROQUAD INJ..... 110
PROSOL INJ 20%..... 113
*protriptyline hcl tab 10 mg* ..... 62
*protriptyline hcl tab 5 mg*..... 62
PULMOZYME SOL 1MG/ML..... 119
*pyrazinamide tab 500 mg* ..... 28
*pyridostigmine bromide tab 60 mg* ... 79
*pyrimethamine tab 25 mg* ..... 24
PYZCHIVA INJ 130/26ML..... 106
PYZCHIVA INJ 45/0.5ML ..... 105, 106
PYZCHIVA INJ 90MG/ML ..... 106

**Q**

QINLOCK TAB 50MG..... 43
QUADRACEL INJ 0.5ML ..... 110
*quetiapine fumarate tab 100 mg* ..... 67
*quetiapine fumarate tab 150 mg* ..... 67
*quetiapine fumarate tab 200 mg* ..... 67
*quetiapine fumarate tab 25 mg*..... 67
*quetiapine fumarate tab 300 mg* ..... 67
*quetiapine fumarate tab 400 mg* ..... 67
*quetiapine fumarate tab 50 mg*..... 67
*quetiapine fumarate tab er 24hr 150 mg*..... 67
*quetiapine fumarate tab er 24hr 200 mg*..... 67
*quetiapine fumarate tab er 24hr 300 mg*..... 67
*quetiapine fumarate tab er 24hr 400 mg*..... 67
*quetiapine fumarate tab er 24hr 50 mg* ..... 67
*quinapril hcl tab 10 mg*..... 46
*quinapril hcl tab 20 mg*..... 46
*quinapril hcl tab 40 mg*..... 46
*quinapril hcl tab 5 mg*..... 46
*quinidine sulfate tab 200 mg* ..... 49
*quinidine sulfate tab 300 mg* ..... 49
*quinine sulfate cap 324 mg* ..... 25
QULIPTA TAB 10MG ..... 78
QULIPTA TAB 30MG ..... 78
QULIPTA TAB 60MG ..... 78

**R**

RABAVERT INJ ..... 110
*rabeprazole sodium ec tab 20 mg* .. 101
RALDESY SOL 10MG/ML ..... 62
*raloxifene hcl tab 60 mg* ..... 95
*ramelteon tab 8 mg* ..... 77
*ramipril cap 1.25 mg*..... 46
*ramipril cap 10 mg* ..... 46
*ramipril cap 2.5 mg* ..... 46
*ramipril cap 5 mg* ..... 46
*ranolazine tab er 12hr 1000 mg*..... 56
*ranolazine tab er 12hr 500 mg* ..... 56
*rasagiline mesylate tab 0.5 mg (base equiv)* ..... 64
*rasagiline mesylate tab 1 mg (base equiv)* ..... 64
*reclipsen* ..... 90
RECOMBIVA HB INJ 10MCG/ML..... 110
RECOMBIVA HB INJ 5MCG/0.5..... 110
RECOMBIVA-HB INJ 40MCG/ML ..... 110
RELENZA MIS DISKHALE ..... 29
RELISTOR INJ 12/0.6ML ..... 100
RELISTOR INJ 8/0.4ML..... 100
REMICADE INJ 100MG..... 106
RENFLEXIS INJ 100MG ..... 106
*repaglinide tab 0.5 mg* ..... 83
*repaglinide tab 1 mg* ..... 83
*repaglinide tab 2 mg* ..... 83
REPATHA INJ 140MG/ML..... 51
REPATHA SURE INJ 140MG/ML ..... 51
RESTASIS EMU 0.05% OP..... 115
RESTASIS MUL EMU 0.05% OP..... 115
RETEVMO TAB 120MG ..... 43
RETEVMO TAB 160MG ..... 43
RETEVMO TAB 40MG..... 43
RETEVMO TAB 80MG..... 43
REVCOVI INJ 1.6MG/ML..... 95
REVUFORJ TAB 110MG ..... 43
REVUFORJ TAB 160MG ..... 43
REVUFORJ TAB 25MG..... 43
REXULTI TAB 0.25MG..... 67
REXULTI TAB 0.5MG ..... 67
REXULTI TAB 1MG ..... 67
REXULTI TAB 2MG ..... 67
REXULTI TAB 3MG ..... 67
REXULTI TAB 4MG ..... 67
REYATAZ POW 50MG..... 26

REZDIFFRA TAB 100MG ..... 95
REZDIFFRA TAB 60MG ..... 95
REZDIFFRA TAB 80MG ..... 95
REZLIDHIA CAP 150MG ..... 43
REZUROCK TAB 200MG ..... 109
REZVOGLAR KP INJ 100UT/ML ..... 85
RHOPRESSA SOL 0.02% ..... 115
*ribavirin cap 200 mg* ..... 29
*ribavirin tab 200 mg* ..... 29
*rifabutin cap 150 mg* ..... 28
*rifampin cap 150 mg* ..... 28
*rifampin cap 300 mg* ..... 28
*rifampin for inj 600 mg* ..... 28
*rilpivirine hcl tab 25 mg (base equivalent)* ..... 26
*riluzole tab 50 mg* ..... 79
*rimantadine hydrochloride tab 100 mg* ..... 29
RINVOQ LQ SOL 1MG/ML ..... 106
RINVOQ TAB 15MG ER ..... 106
RINVOQ TAB 30MG ER ..... 106
RINVOQ TAB 45MG ER ..... 106
*risedronate sodium tab 150 mg* ..... 85
*risedronate sodium tab 35 mg* ..... 85
*risedronate sodium tab 5 mg* ..... 85
*risedronate sodium tab delayed release 35 mg* ..... 85
*risperidone microspheres for im extended rel susp 12.5 mg* ..... 67
*risperidone microspheres for im extended rel susp 25 mg* ..... 67
*risperidone microspheres for im extended rel susp 37.5 mg* ..... 68
*risperidone microspheres for im extended rel susp 50 mg* ..... 68
*risperidone orally disintegrating tab 0.25 mg* ..... 68
*risperidone orally disintegrating tab 0.5 mg* ..... 68
*risperidone orally disintegrating tab 1 mg* ..... 68
*risperidone orally disintegrating tab 2 mg* ..... 68
*risperidone orally disintegrating tab 3 mg* ..... 68
*risperidone orally disintegrating tab 4 mg* ..... 68
*risperidone soln 1 mg/ml* ..... 68
*risperidone tab 0.25 mg* ..... 68
*risperidone tab 0.5 mg* ..... 68
*risperidone tab 1 mg* ..... 68
*risperidone tab 2 mg* ..... 68
*risperidone tab 3 mg* ..... 68
*risperidone tab 4 mg* ..... 68
*ritonavir tab 100 mg* ..... 26
*rivaroxaban for susp 1 mg/ml* ..... 103
*rivaroxaban tab 2.5 mg* ..... 103
*rivastigmine tartrate cap 1.5 mg (base equivalent)* ..... 58
*rivastigmine tartrate cap 3 mg (base equivalent)* ..... 58
*rivastigmine tartrate cap 4.5 mg (base equivalent)* ..... 58
*rivastigmine tartrate cap 6 mg (base equivalent)* ..... 58
*rivastigmine td patch 24hr 13.3 mg/24hr* ..... 59
*rivastigmine td patch 24hr 4.6 mg/24hr* ..... 58
*rivastigmine td patch 24hr 9.5 mg/24hr* ..... 58
*rivelsa* ..... 90
*rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* ..... 78
*rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* ..... 78
*rizatriptan benzoate tab 10 mg (base equivalent)* ..... 78
*rizatriptan benzoate tab 5 mg (base equivalent)* ..... 78
ROCKLATAN DRO ..... 115
*roflumilast tab 250 mcg* ..... 119
*roflumilast tab 500 mcg* ..... 119
ROMVIMZA CAP 14MG ..... 43
ROMVIMZA CAP 20MG ..... 43
ROMVIMZA CAP 30MG ..... 43
*ropinirole hydrochloride tab 0.25 mg* 64
*ropinirole hydrochloride tab 0.5 mg* .. 64
*ropinirole hydrochloride tab 1 mg* .... 64
*ropinirole hydrochloride tab 2 mg* .... 64
*ropinirole hydrochloride tab 3 mg* .... 64
*ropinirole hydrochloride tab 4 mg* .... 64
*ropinirole hydrochloride tab 5 mg* .... 64
*rosuvastatin calcium tab 10 mg* ..... 50

*rosuvastatin calcium tab 20 mg* .....50
*rosuvastatin calcium tab 40 mg* .....50
*rosuvastatin calcium tab 5 mg* .....50
*rosyrah tab* .....90
ROTARIX SUS.....110
ROTATEQ SOL .....110
*roweepra* .....74
ROZLYTREK CAP 100MG .....43
ROZLYTREK CAP 200MG .....43
ROZLYTREK PAK 50MG .....43
RUBRACA TAB 200MG .....43
RUBRACA TAB 250MG .....43
RUBRACA TAB 300MG .....43
*rufinamide susp 40 mg/ml* .....74
*rufinamide tab 200 mg* .....74
*rufinamide tab 400 mg* .....74
RUKOBIA TAB 600MG ER .....26
RYBELSUS TAB 14MG .....83
RYBELSUS TAB 3MG.....83
RYBELSUS TAB 7MG.....83
RYDAPT CAP 25MG.....43

**S**

*sacubitril-valsartan tab 24-26 mg* ....48
*sacubitril-valsartan tab 49-51 mg* ....48
*sacubitril-valsartan tab 97-103 mg*...48
*sajazir*.....104
SANTYL OIN 250/GM.....124
*sapropterin dihydrochloride powder packet 100 mg* .....95
*sapropterin dihydrochloride powder packet 500 mg* .....95
*sapropterin dihydrochloride tab 100 mg* .....95
SCEMBLIX TAB 100MG .....43
SCEMBLIX TAB 20MG .....43
SCEMBLIX TAB 40MG .....43
*scopolamine td patch 72hr 1 mg/3days* .....98
SECUADO DIS 3.8MG .....68
SECUADO DIS 5.7MG .....68
SECUADO DIS 7.6MG .....68
*selegiline hcl cap 5 mg* .....64
*selegiline hcl tab 5 mg*.....64
*selenium sulfide lotion 2.5%*.....122
SELZENTRY SOL 20MG/ML .....26
SEMGLEE INJ 100U/ML .....85
SEREVENT DIS AER 50MCG.....117
*sertraline hcl oral concentrate for solution 20 mg/ml*.....62
*sertraline hcl tab 100 mg*.....62
*sertraline hcl tab 25 mg* .....62
*sertraline hcl tab 50 mg* .....62
*setlakin* .....90
*sharobel* .....90
SHINGRIX INJ 50/0.5ML..... 110
SIGNIFOR INJ 0.3MG/ML ..... 95
SIGNIFOR INJ 0.6MG/ML ..... 95
SIGNIFOR INJ 0.9MG/ML ..... 95
SIKLOS TAB 1000MG ..... 104
SIKLOS TAB 100MG ..... 104
*sildenafil citrate tab 20 mg* .....57
*silver sulfadiazine cream 1%*..... 121
SIMBRINZA SUS 1-0.2% ..... 115
*simliya* .....90
*simpesse* .....90
*simvastatin tab 10 mg*.....50
*simvastatin tab 20 mg*.....50
*simvastatin tab 40 mg*.....50
*simvastatin tab 5 mg* .....50
*simvastatin tab 80 mg*.....50
*sirolimus oral soln 1 mg/ml*..... 109
*sirolimus tab 0.5 mg* ..... 109
*sirolimus tab 1 mg*..... 109
*sirolimus tab 2 mg*..... 109
SIRTURO TAB 100MG.....28
SIRTURO TAB 20MG.....28
SKYRIZI INJ 150MG/ML..... 106
SKYRIZI INJ 180/1.2..... 106
SKYRIZI INJ 360/2.4..... 106
SKYRIZI PEN INJ 150MG/ML ..... 106
SKYRIZI SOL 60MG/ML ..... 106
*sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* .....99
*sodium chloride inj 2.5 meq/ml (14.6%)* ..... 112
*sodium chloride irrigation soln 0.9%* ..... 124
*sodium chloride iv soln 0.45%*..... 112
*sodium chloride iv soln 0.9%*..... 112
*sodium chloride iv soln 3%* ..... 112
*sodium chloride iv soln 5%* ..... 112
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln ..... 112

*sodium oxybate oral solution 500 mg/ml* ..... 80
*sodium phenylbutyrate oral powder 3 gm/teaspoonful* ..... 95
*sodium phenylbutyrate tab 500 mg* ..... 95
*sodium polystyrene sulfonate powder* ..... 86
*sodium polystyrene sulfonate susp 15 gm/60ml* ..... 86
*solifenacin succinate tab 10 mg* ..... 102
*solifenacin succinate tab 5 mg* ..... 102
SOLIQUA INJ 100/33 ..... 85
SOLTAMOX SOL 10MG/5ML ..... 36
SOLU-CORTEF INJ 1000MG ..... 93
SOLU-CORTEF INJ 250MG ..... 93
SOLU-CORTEF INJ 500MG ..... 93
SOMATULINE INJ 60/0.2ML ..... 95
SOMATULINE INJ 90/0.3ML ..... 95
SOMAVERT INJ 10MG ..... 95
SOMAVERT INJ 15MG ..... 95
SOMAVERT INJ 20MG ..... 95
SOMAVERT INJ 25MG ..... 95
SOMAVERT INJ 30MG ..... 95
*sorafenib tosylate tab 200 mg (base equivalent)* ..... 43
*sotalol hcl (afib/afl) tab 120 mg* ..... 50
*sotalol hcl (afib/afl) tab 160 mg* ..... 50
*sotalol hcl (afib/afl) tab 80 mg* ..... 50
*sotalol hcl tab 120 mg* ..... 50
*sotalol hcl tab 160 mg* ..... 50
*sotalol hcl tab 240 mg* ..... 50
*sotalol hcl tab 80 mg* ..... 50
SOTYKTU TAB 6MG ..... 106
SPIRIVA RESP AER 1.25MCG ..... 116
*spironolactone & hydrochlorothiazide tab 25-25 mg* ..... 55
*spironolactone tab 100 mg* ..... 47
*spironolactone tab 25 mg* ..... 47
*spironolactone tab 50 mg* ..... 47
*sprintec 28* ..... 90
SPRITAM TAB 1000MG ..... 74
SPRITAM TAB 250MG ..... 74
SPRITAM TAB 500MG ..... 74
SPRITAM TAB 750MG ..... 74
*sps* ..... 86
*sps rectal* ..... 86
*sronyx tab* ..... 90
*ssd* ..... 121
STELARA INJ 45/0.5ML ..... 106
STELARA INJ 5MG/ML ..... 106
STELARA INJ 90MG/ML ..... 106
STIVARGA TAB 40MG ..... 43
*streptomycin sulfate for inj 1 gm* ..... 24
STRIBILD TAB ..... 28
*subvenite* ..... 74
SUBVENITE SUS 10MG/ML ..... 74
*sucralfate susp 1 gm/10ml* ..... 100
*sucralfate tab 1 gm* ..... 100
*sulfacetamide sodium lotion 10% (acne)* ..... 121
*sulfacetamide sodium ophth soln 10%* ..... 114
*sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* ..... 113
*sulfadiazine tab 500 mg* ..... 24
*sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* ..... 24
*sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* ..... 24
*sulfamethoxazole-trimethoprim tab 400-80 mg* ..... 24
*sulfamethoxazole-trimethoprim tab 800-160 mg* ..... 24
SULFAMYLON CRE 85MG/GM ..... 121
*sulfasalazine tab 500 mg* ..... 99
*sulfasalazine tab delayed release 500 mg* ..... 99
*sulindac tab 150 mg* ..... 20
*sulindac tab 200 mg* ..... 20
*sumatriptan nasal spray 20 mg/act* ..... 78
*sumatriptan nasal spray 5 mg/act* ..... 78
*sumatriptan succinate inj 6 mg/0.5ml* ..... 78
*sumatriptan succinate solution auto-injector 6 mg/0.5ml* ..... 78
*sumatriptan succinate tab 100 mg* ..... 78
*sumatriptan succinate tab 25 mg* ..... 78
*sumatriptan succinate tab 50 mg* ..... 78
*sunitinib malate cap 12.5 mg (base equivalent)* ..... 43
*sunitinib malate cap 25 mg (base equivalent)* ..... 43
*sunitinib malate cap 37.5 mg (base equivalent)* ..... 43

*sunitinib malate cap 50 mg (base equivalent)* ..... 43
SUNLENCA TAB 300MG ..... 26
*syeda* ..... 90
SYMDEKO TAB 100-150 ..... 119
SYMDEKO TAB 50-75MG ..... 119
SYMPAZAN MIS 10MG ..... 74
SYMPAZAN MIS 20MG ..... 74
SYMPAZAN MIS 5MG ..... 74
SYMTUZA TAB ..... 28
SYNAREL SOL 2MG/ML ..... 95
SYNTHROID TAB 100MCG ..... 96
SYNTHROID TAB 112MCG ..... 96
SYNTHROID TAB 125MCG ..... 96
SYNTHROID TAB 137MCG ..... 96
SYNTHROID TAB 150MCG ..... 96
SYNTHROID TAB 175MCG ..... 96
SYNTHROID TAB 200MCG ..... 96
SYNTHROID TAB 25MCG ..... 96
SYNTHROID TAB 300MCG ..... 96
SYNTHROID TAB 50MCG ..... 96
SYNTHROID TAB 75MCG ..... 96
SYNTHROID TAB 88MCG ..... 96

**T**

TABLOID TAB 40MG ..... 35
TABRECTA TAB 150MG ..... 43
TABRECTA TAB 200MG ..... 43
*tacrolimus cap 0.5 mg* ..... 109
*tacrolimus cap 1 mg* ..... 109
*tacrolimus cap 5 mg* ..... 109
*tacrolimus oint 0.03%* ..... 124
*tacrolimus oint 0.1%* ..... 124
*tadalafil tab 20 mg (pah)* ..... 57
*tadalafil tab 5 mg* ..... 101
TAFINLAR CAP 50MG ..... 43
TAFINLAR CAP 75MG ..... 43
TAFINLAR TAB 10MG ..... 43
TAGRISSO TAB 40MG ..... 43
TAGRISSO TAB 80MG ..... 43
TALZENNA CAP 0.1MG ..... 43
TALZENNA CAP 0.25MG ..... 43
TALZENNA CAP 0.35MG ..... 43
TALZENNA CAP 0.5MG ..... 43
TALZENNA CAP 0.75MG ..... 43
TALZENNA CAP 1MG ..... 43
*tamoxifen citrate tab 10 mg (base equivalent)* ..... 36
*tamoxifen citrate tab 20 mg (base equivalent)* ..... 36
*tamsulosin hcl cap 0.4 mg* ..... 101
*tarina 24 fe* ..... 90
*tarina fe 1/20 eq* ..... 90
*tasimelteon capsule 20 mg* ..... 77
TAVNEOS CAP 10MG ..... 104
*tazarotene cream 0.05%* ..... 122
*tazarotene cream 0.1%* ..... 122
*tazicef* ..... 30
TECENTRIQ INJ 1200/20 ..... 44
TECENTRIQ INJ 840/14 ..... 44
TECENTRIQ INJ HYBREZA ..... 44
TEFLARO INJ 400MG ..... 30
TEFLARO INJ 600MG ..... 31
*telmisartan tab 20 mg* ..... 49
*telmisartan tab 40 mg* ..... 49
*telmisartan tab 80 mg* ..... 49
*telmisartan-amlodipine tab 40-10 mg* ..... 48
*telmisartan-amlodipine tab 40-5 mg* ..... 48
*telmisartan-amlodipine tab 80-10 mg* ..... 48
*telmisartan-amlodipine tab 80-5 mg* ..... 48
*telmisartan-hydrochlorothiazide tab 40-12.5 mg* ..... 48
*telmisartan-hydrochlorothiazide tab 80-12.5 mg* ..... 48
*telmisartan-hydrochlorothiazide tab 80-25 mg* ..... 48
*temazepam cap 15 mg* ..... 77
*temazepam cap 30 mg* ..... 77
*temazepam cap 7.5 mg* ..... 77
TENIVAC INJ 5-2LF ..... 110
*tenofovir disoproxil fumarate tab 300 mg* ..... 26
TEPMETKO TAB 225MG ..... 44
*terazosin hcl cap 1 mg (base equivalent)* ..... 47
*terazosin hcl cap 10 mg (base equivalent)* ..... 47
*terazosin hcl cap 2 mg (base equivalent)* ..... 47
*terazosin hcl cap 5 mg (base equivalent)* ..... 47
*terbinafine hcl tab 250 mg* ..... 25
*terbutaline sulfate tab 2.5 mg* ..... 117

*terbutaline sulfate tab 5 mg* ..... 117
*terconazole vaginal cream 0.4%* .... 102
*terconazole vaginal cream 0.8%* .... 102
*terconazole vaginal suppos 80 mg* .. 102
TERIPARATIDE INJ 560/2.24 ..... 85
*teriparatide soln pen-inj 560 mcg/2.24ml* ..... 85
*testosterone cypionate im inj in oil 100 mg/ml* ..... 81
*testosterone cypionate im inj in oil 200 mg/ml* ..... 81
*testosterone enanthate im inj in oil 200 mg/ml* ..... 81
*testosterone pump* ..... 81
*testosterone td gel 12.5 mg/act (1%)* ..... 81
*testosterone td gel 25 mg/2.5gm (1%)* ..... 81
*testosterone td gel 50 mg/5gm (1%)* 81
*tetrabenazine tab 12.5 mg* ..... 79
*tetrabenazine tab 25 mg* ..... 79
*tetracycline hcl cap 250 mg* ..... 33
*tetracycline hcl cap 500 mg* ..... 34
THALOMID CAP 100MG ..... 37
THALOMID CAP 50MG ..... 37
*theophylline elixir 80 mg/15ml* ..... 119
*theophylline soln 80 mg/15ml* ..... 119
*theophylline tab er 12hr 100 mg* .... 119
*theophylline tab er 12hr 200 mg* .... 119
*theophylline tab er 12hr 300 mg* .... 119
*theophylline tab er 12hr 450 mg* .... 119
*theophylline tab er 24hr 400 mg* .... 119
*theophylline tab er 24hr 600 mg* .... 119
*thioridazine hcl tab 10 mg* ..... 68
*thioridazine hcl tab 100 mg* ..... 68
*thioridazine hcl tab 25 mg* ..... 68
*thioridazine hcl tab 50 mg* ..... 68
*thiothixene cap 1 mg* ..... 68
*thiothixene cap 10 mg* ..... 68
*thiothixene cap 2 mg* ..... 68
*thiothixene cap 5 mg* ..... 68
*tiadylt er* ..... 54
*tiagabine hcl tab 12 mg* ..... 74
*tiagabine hcl tab 16 mg* ..... 74
*tiagabine hcl tab 2 mg* ..... 74
*tiagabine hcl tab 4 mg* ..... 74
TIBSOVO TAB 250MG ..... 44
*ticagrelor tab 60 mg* ..... 104
*ticagrelor tab 90 mg* ..... 104
TICOVAC INJ ..... 110
*tigecycline for iv soln 50 mg* ..... 34
*tilia fe* ..... 90
*timolol maleate ophth gel forming soln 0.25%* ..... 115
*timolol maleate ophth gel forming soln 0.5%* ..... 115
*timolol maleate ophth soln 0.25%* .. 115
*timolol maleate ophth soln 0.5%* ... 115
*timolol maleate tab 10 mg* ..... 53
*timolol maleate tab 20 mg* ..... 53
*timolol maleate tab 5 mg* ..... 52
*tinidazole tab 250 mg* ..... 24
*tinidazole tab 500 mg* ..... 24
TIVICAY PD TAB 5MG ..... 26
TIVICAY TAB 50MG ..... 26
*tizanidine hcl tab 2 mg (base equivalent)* ..... 80
*tizanidine hcl tab 4 mg (base equivalent)* ..... 80
TOBI PODHALR CAP 28MG ..... 24
TOBRADEX OIN 0.3-0.1% ..... 113
*tobramycin nebu soln 300 mg/5ml* ... 24
*tobramycin ophth soln 0.3%* ..... 114
*tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)* ..... 24
*tobramycin sulfate inj 10 mg/ml (base equivalent)* ..... 24
*tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)* ..... 24
*tobramycin-dexamethasone ophth susp 0.3-0.1%* ..... 113
*tolterodine tartrate cap er 24hr 2 mg* ..... 102
*tolterodine tartrate cap er 24hr 4 mg* ..... 102
*tolterodine tartrate tab 1 mg* ..... 102
*tolterodine tartrate tab 2 mg* ..... 102
*tolvaptan tab 15 mg* ..... 95
*tolvaptan tab 30 mg* ..... 95
*tolvaptan tab therapy pack 15 mg* .... 95
*tolvaptan tab therapy pack 30 & 15 mg* ..... 95
*tolvaptan tab therapy pack 45 & 15 mg* ..... 95

*tolvaptan tab therapy pack 60 & 30 mg* ..... 95
*tolvaptan tab therapy pack 90 & 30 mg* ..... 95
*topiramate oral soln 25 mg/ml* ..... 74
*topiramate sprinkle cap 15 mg* ..... 74
*topiramate sprinkle cap 25 mg* ..... 74
*topiramate sprinkle cap 50 mg* ..... 74
*topiramate tab 100 mg* ..... 74
*topiramate tab 200 mg* ..... 74
*topiramate tab 25 mg* ..... 74
*topiramate tab 50 mg* ..... 74
*toremifene citrate tab 60 mg (base equivalent)* ..... 36
*torpenz* ..... 44
*torsemide tab 10 mg* ..... 55
*torsemide tab 100 mg* ..... 55
*torsemide tab 20 mg* ..... 55
*torsemide tab 5 mg* ..... 55
TOUJEO MAX INJ 300/ML ..... 85
TOUJEO SOLO INJ 300/ML ..... 85
TPN ELECTROL INJ ..... 112
TRADJENTA TAB 5MG ..... 83
*tramadol hcl tab 50 mg* ..... 22
*tramadol-acetaminophen tab 37.5-325 mg* ..... 22
*trandolapril tab 1 mg* ..... 46
*trandolapril tab 2 mg* ..... 46
*trandolapril tab 4 mg* ..... 46
*tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)* ..... 104
*tranexamic acid tab 650 mg* ..... 104
*tranylcypromine sulfate tab 10 mg* ... 62
TRAVASOL INJ 10% ..... 113
TRAZIMERA INJ 150MG ..... 44
TRAZIMERA INJ 420MG ..... 44
*trazodone hcl tab 100 mg* ..... 62
*trazodone hcl tab 150 mg* ..... 62
*trazodone hcl tab 50 mg* ..... 62
TRELEGY AER ELLIPTA 100-62.5-25 MCG ..... 116
TRELEGY AER ELLIPTA 200-62.5-25 MCG ..... 116
TREMFYA INJ 100MG/ML ..... 106
TREMFYA INJ 200/20ML ..... 106
TREMFYA INJ 200/2ML ..... 106
*treprostinil inj soln 100 mg/20ml (5 mg/ml)* ..... 57
*treprostinil inj soln 20 mg/20ml (1 mg/ml)* ..... 57
*treprostinil inj soln 200 mg/20ml (10 mg/ml)* ..... 57
*treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* ..... 57
TRESIBA FLEX INJ 100UNIT ..... 85
TRESIBA FLEX INJ 200UNIT ..... 85
TRESIBA INJ 100UNIT ..... 85
*tretinoin cap 10 mg* ..... 37
*tretinoin cream 0.025%* ..... 121
*tretinoin cream 0.05%* ..... 121
*tretinoin cream 0.1%* ..... 121
*tretinoin gel 0.01%* ..... 121
*tretinoin gel 0.025%* ..... 121
*triamcinolone acetonide cream 0.025%* ..... 123
*triamcinolone acetonide cream 0.1%* ..... 123
*triamcinolone acetonide cream 0.5%* ..... 123
*triamcinolone acetonide dental paste 0.1%* ..... 125
*triamcinolone acetonide lotion 0.025%* ..... 123
*triamcinolone acetonide lotion 0.1%* ..... 123
*triamcinolone acetonide oint 0.025%* ..... 123
*triamcinolone acetonide oint 0.1%* . 123
*triamcinolone acetonide oint 0.5%* . 123
*triamterene & hydrochlorothiazide cap 37.5-25 mg* ..... 55
*triamterene & hydrochlorothiazide tab 37.5-25 mg* ..... 55
*triamterene & hydrochlorothiazide tab 75-50 mg* ..... 55
*tridacaine ii* ..... 124
*triderm* ..... 123
*trientine hcl cap 250 mg* ..... 86
*tri-estarylla* ..... 90
*trifluoperazine hcl tab 1 mg (base equivalent)* ..... 68
*trifluoperazine hcl tab 10 mg (base equivalent)* ..... 68

*trifluoperazine hcl tab 2 mg (base equivalent)*....68
*trifluoperazine hcl tab 5 mg (base equivalent)*....68
*trifluridine ophth soln 1%*....114
*trihexyphenidyl hcl oral soln 0.4 mg/ml*....64
*trihexyphenidyl hcl tab 2 mg*....64
*trihexyphenidyl hcl tab 5 mg*....64
TRIJARDY XR TAB ER 24HR 10-5-1000MG....83
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG....83
TRIJARDY XR TAB ER 24HR 25-5-1000MG....83
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG....83
TRIKAFTA PAK 59.5MG....119
TRIKAFTA PAK 75MG....119
TRIKAFTA TAB 100-50-75MG & 150MG....119
TRIKAFTA TAB 50-25-37.5MG & 75MG....119
*tri-legest fe*....90
*tri-linyah*....90
*tri-lo-estarylla*....90
*tri-lo-marzia*....90
*tri-lo-mili*....90
*tri-lo-sprintec*....90
*trimethoprim tab 100 mg*....24
*tri-mili*....90
*trimipramine maleate cap 100 mg*....62
*trimipramine maleate cap 25 mg*....62
*trimipramine maleate cap 50 mg*....62
TRINTELLIX TAB 10MG....62
TRINTELLIX TAB 20MG....62
TRINTELLIX TAB 5MG....62
*tri-sprintec*....90
TRIUMEQ PD TAB....28
TRIUMEQ TAB....28
*tri-vylibra*....90
*tri-vylibra lo*....90
TROGARZO INJ 150MG/ML....26
TROPHAMINE INJ 10%....113
*trospium chloride tab 20 mg*....102
TRULANCE TAB 3MG....100
TRULICITY INJ 0.75/0.5....83
TRULICITY INJ 1.5/0.5....83
TRULICITY INJ 3/0.5....83
TRULICITY INJ 4.5/0.5....83
TRUMENBA INJ....110
TRUQAP PAK 160MG....44
TRUQAP PAK 200MG....44
TRUQAP TAB 160MG....44
TRUQAP TAB 200MG....44
TRUXIMA INJ 100/10ML....44
TRUXIMA INJ 500/50ML....44
TUKYSA TAB 150MG....44
TUKYSA TAB 50MG....44
TURALIO CAP 125MG....44
*turqoz*....90
*twice-daily clindamycin phosphate (topical)*....121
TWINRIX INJ....110
TYBOST TAB 150MG....27
*tydemy tab*....90
TYENNE INJ 162/0.9....106
TYENNE INJ 162MG....106
TYENNE INJ 200/10ML....106
TYENNE INJ 400/20ML....106
TYENNE INJ 80MG/4ML....106
TYPHIM VI INJ....110

**U**

UBRELVY TAB 100MG....78
UBRELVY TAB 50MG....78
*unithroid*....96
UPTRAVI PACK TAB 200/800....57
UPTRAVI TAB 1000MCG....57
UPTRAVI TAB 1200MCG....57
UPTRAVI TAB 1400MCG....57
UPTRAVI TAB 1600MCG....57
UPTRAVI TAB 200MCG....57
UPTRAVI TAB 400MCG....57
UPTRAVI TAB 600MCG....57
UPTRAVI TAB 800MCG....57
*ursodiol cap 300 mg*....100
*ursodiol tab 250 mg*....100
*ursodiol tab 500 mg*....100
USTEKINUMAB INJ 130/26ML....106
USTEKINUMAB INJ 45/0.5ML....106
USTEKINUMAB INJ 90MG/ML....106

**V**

*valacyclovir hcl tab 1 gm*....29
*valacyclovir hcl tab 500 mg*....29

VALCHLOR GEL 0.016% ..... 124
*valganciclovir hcl for soln 50 mg/ml (base equiv)* ..... 29
*valganciclovir hcl tab 450 mg (base equivalent)* ..... 29
*valproate sodium inj 100 mg/ml* ..... 74
*valproate sodium oral soln 250 mg/5ml (base equiv)* ..... 74
*valproic acid cap 250 mg* ..... 74
*valsartan tab 160 mg* ..... 49
*valsartan tab 320 mg* ..... 49
*valsartan tab 40 mg* ..... 49
*valsartan tab 80 mg* ..... 49
*valsartan-hydrochlorothiazide tab 160-12.5 mg* ..... 48
*valsartan-hydrochlorothiazide tab 160-25 mg* ..... 48
*valsartan-hydrochlorothiazide tab 320-12.5 mg* ..... 48
*valsartan-hydrochlorothiazide tab 320-25 mg* ..... 48
*valsartan-hydrochlorothiazide tab 80-12.5 mg* ..... 48
VALTOCO SPR 10MG ..... 74
VALTOCO SPR 15MG ..... 74
VALTOCO SPR 20MG ..... 75
VALTOCO SPR 5MG ..... 74
*valtya 1/35 tab* ..... 90
*valtya 1/50 tab* ..... 90
*vancomycin hcl cap 125 mg (base equivalent)* ..... 24
*vancomycin hcl cap 250 mg (base equivalent)* ..... 24
*vancomycin hcl for iv soln 1 gm (base equivalent)* ..... 24
*vancomycin hcl for iv soln 1.25 gm (base equivalent)* ..... 24
*vancomycin hcl for iv soln 1.5 gm (base equivalent)* ..... 24
*vancomycin hcl for iv soln 10 gm (base equivalent)* ..... 24
*vancomycin hcl for iv soln 5 gm (base equivalent)* ..... 24
*vancomycin hcl for iv soln 500 mg (base equivalent)* ..... 24
*vancomycin hcl for iv soln 750 mg (base equivalent)* ..... 24
VANCOMYCIN INJ 1 GM ..... 24
VANCOMYCIN INJ 500MG ..... 24
VANCOMYCIN INJ 750MG ..... 24
VANFLYTA TAB 17.7MG ..... 44
VANFLYTA TAB 26.5MG ..... 44
VAQTA INJ 25/0.5ML ..... 110
VAQTA INJ 50UNT/ML ..... 110
*varenicline tartrate tab 0.5 mg (base equiv)* ..... 81
*varenicline tartrate tab 1 mg (base equiv)* ..... 81
*varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* ..... 81
VARIVAX INJ ..... 110
VASCEPA CAP 0.5GM ..... 51
VASCEPA CAP 1GM ..... 51
VAXCHORA SUS ..... 110
*velivet* ..... 90
VELSIPITY TAB 2MG ..... 106
VENCLEXTA TAB 100MG ..... 44
VENCLEXTA TAB 10MG ..... 44
VENCLEXTA TAB 50MG ..... 44
VENCLEXTA TAB START PK ..... 44
*venlafaxine hcl cap er 24hr 150 mg (base equivalent)* ..... 62
*venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* ..... 62
*venlafaxine hcl cap er 24hr 75 mg (base equivalent)* ..... 62
*venlafaxine hcl tab 100 mg (base equivalent)* ..... 62
*venlafaxine hcl tab 25 mg (base equivalent)* ..... 62
*venlafaxine hcl tab 37.5 mg (base equivalent)* ..... 62
*venlafaxine hcl tab 50 mg (base equivalent)* ..... 62
*venlafaxine hcl tab 75 mg (base equivalent)* ..... 62
VENTOLIN HFA (INSTITUTIONAL PACK) ..... 118
VENTOLIN HFA AER ..... 118
*verapamil hcl cap er 24hr 100 mg* ..... 54
*verapamil hcl cap er 24hr 120 mg* ..... 54
*verapamil hcl cap er 24hr 180 mg* ..... 54
*verapamil hcl cap er 24hr 200 mg* ..... 54
*verapamil hcl cap er 24hr 240 mg* ..... 54

*verapamil hcl cap er 24hr 300 mg* ....54
*verapamil hcl cap er 24hr 360 mg* ....54
*verapamil hcl iv soln 2.5 mg/ml* .....54
*verapamil hcl tab 120 mg* .....54
*verapamil hcl tab 40 mg* .....54
*verapamil hcl tab 80 mg* .....54
*verapamil hcl tab er 120 mg*.....54
*verapamil hcl tab er 180 mg*.....54
*verapamil hcl tab er 240 mg*.....54
VERQUVO TAB 10MG.....56
VERQUVO TAB 2.5MG.....56
VERQUVO TAB 5MG.....56
VERSACLOZ SUS 50MG/ML .....68
VERZENIO TAB 100MG .....44
VERZENIO TAB 150MG .....44
VERZENIO TAB 200MG .....44
VERZENIO TAB 50MG .....44
*vestura* .....90
*vienva* .....90
*vigabatrin powd pack 500 mg*.....75
*vigabatrin tab 500 mg* .....75
*vigadrone* .....75
VIGAFYDE SOL 100MG/ML .....75
*vilazodone hcl tab 10 mg* .....62
*vilazodone hcl tab 20 mg* .....62
*vilazodone hcl tab 40 mg* .....62
VIMKUNYA INJ 40/0.8ML.....110
*vincristine sulfate iv soln 1 mg/ml* ....38
*vinorelbine tartrate inj 10 mg/ml (base equiv)* .....38
*vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)* .....38
*viorele*.....90
VIRACEPT TAB 250MG.....27
VIRACEPT TAB 625MG.....27
VIREAD POW 40MG/GM .....27
VIREAD TAB 150MG .....27
VIREAD TAB 200MG .....27
VIREAD TAB 250MG .....27
VITRAKVI CAP 100MG .....44
VITRAKVI CAP 25MG .....44
VITRAKVI SOL 20MG/ML.....44
VIVIMUSTA INJ 100/4ML.....35
VIVITROL INJ 380MG .....81
VIVOTIF CAP EC .....110
VIZIMPRO TAB 15MG .....44
VIZIMPRO TAB 30MG .....44
VIZIMPRO TAB 45MG .....44
VONJO CAP 100MG.....44
VOQUEZNA PAK DUAL PAK..... 100
VOQUEZNA PAK TRIP PK..... 100
VORANIGO TAB 10MG.....44
VORANIGO TAB 40MG.....44
*voriconazole for inj 200 mg*.....25
*voriconazole for susp 40 mg/ml*.....25
*voriconazole tab 200 mg* .....25
*voriconazole tab 50 mg* .....25
VOSEVI TAB .....29
VOWST CAP..... 100
VRAYLAR CAP 0.5MG.....68
VRAYLAR CAP 0.75MG.....68
VRAYLAR CAP 1.5MG.....68
VRAYLAR CAP 3MG .....68
VRAYLAR CAP 4.5MG.....68
VRAYLAR CAP 6MG .....68
*vyfemla*.....90
*vylibra* .....90
VYZULTA SOL 0.024%..... 115

**W**

*warfarin sodium tab 1 mg*..... 103
*warfarin sodium tab 10 mg* ..... 103
*warfarin sodium tab 2 mg*..... 103
*warfarin sodium tab 2.5 mg* ..... 103
*warfarin sodium tab 3 mg*..... 103
*warfarin sodium tab 4 mg*..... 103
*warfarin sodium tab 5 mg*..... 103
*warfarin sodium tab 6 mg*..... 103
*warfarin sodium tab 7.5 mg* ..... 103
*water for irrigation, sterile irrigation soln* ..... 124
WELIREG TAB 40MG .....37
*wera*.....90
WESTAB PLUS TAB 27-1MG ..... 112
WINREVAIR INJ 45MG.....57
WINREVAIR INJ 60MG.....57
*wixela inhub* ..... 120
*wymzya fe*.....90
WYOST INJ 120/1.7 .....85

**X**

XALKORI CAP 150MG .....44
XALKORI CAP 200MG .....44
XALKORI CAP 20MG.....44
XALKORI CAP 250MG .....44
XALKORI CAP 50MG.....44

*xarah fe tab* ..... 90
XARELTO STAR TAB 15/20MG ..... 103
XARELTO TAB 10MG ..... 103
XARELTO TAB 15MG ..... 103
XARELTO TAB 2.5MG ..... 103
XARELTO TAB 20MG ..... 103
XATMEP SOL 2.5MG/ML ..... 107
XCOPRI PAK 100-150 ..... 75
XCOPRI PAK 12.5-25 ..... 75
XCOPRI PAK 150-200MG (MAINTENANCE) ..... 75
XCOPRI PAK 150-200MG (TITRATION) ..... 75
XCOPRI PAK 50-100MG ..... 75
XCOPRI TAB 100MG ..... 75
XCOPRI TAB 150MG ..... 75
XCOPRI TAB 200MG ..... 75
XCOPRI TAB 25MG ..... 75
XCOPRI TAB 50MG ..... 75
XDEMVY DRO 0.25% ..... 114
XELJANZ SOL 1MG/ML ..... 106
XELJANZ TAB 10MG ..... 106
XELJANZ TAB 5MG ..... 106
XELJANZ XR TAB 11MG ..... 106
XELJANZ XR TAB 22MG ..... 107
*xelria fe chw 0.4mg-35* ..... 90
XERMELO TAB 250MG ..... 100
XHANCE MIS 93MCG ..... 120
XIFAXAN TAB 550MG ..... 100
XIGDUO XR TAB 10-1000 ..... 83
XIGDUO XR TAB 10-500MG ..... 83
XIGDUO XR TAB 2.5-1000 ..... 83
XIGDUO XR TAB 5-1000MG ..... 83
XIGDUO XR TAB 5-500MG ..... 83
XIIDRA DRO 5% ..... 115
XOFLUZA TAB 40MG ..... 29
XOFLUZA TAB 80MG ..... 29
XOLAIR INJ 150MG/ML ..... 119
XOLAIR INJ 300/2ML ..... 119
XOLAIR INJ 75/0.5 ..... 119
XOLAIR SOL 150MG ..... 119
XOSPATA TAB 40MG ..... 44
XPOVIO PAK (100 MG ONCE WEEKLY) ..... 45
XPOVIO PAK (40 MG ONCE WEEKLY) ..... 44, 45
XPOVIO PAK (40 MG TWICE WEEKLY) ..... 45
XPOVIO PAK (60 MG ONCE WEEKLY) 45
XPOVIO PAK (60 MG TWICE WEEKLY) ..... 45
XPOVIO PAK (80 MG ONCE WEEKLY) 45
XPOVIO PAK (80 MG TWICE WEEKLY) ..... 45
XTANDI CAP 40MG ..... 36
XTANDI TAB 40MG ..... 36
XTANDI TAB 80MG ..... 36
XTRENBO SOL 120/1.7 ..... 85
*xulane* ..... 90
XULTOPHY INJ 100/3.6 ..... 85

**Y**

YESINTEK INJ 130/26ML ..... 107
YESINTEK INJ 45/0.5ML ..... 107
YESINTEK INJ 90MG/ML ..... 107
YF-VAX INJ ..... 110
YONSA TAB 125MG ..... 36
YUTREPIA CAP 106MCG ..... 57
YUTREPIA CAP 26.5MCG ..... 57
YUTREPIA CAP 53MCG ..... 57
YUTREPIA CAP 79.5MCG ..... 57
*yuvafem* ..... 91

**Z**

*zafemy* ..... 90
*zafirlukast tab 10 mg* ..... 118
*zafirlukast tab 20 mg* ..... 118
*zaleplon cap 10 mg* ..... 77
*zaleplon cap 5 mg* ..... 77
ZARXIO INJ 300/0.5 ..... 103
ZARXIO INJ 480/0.8 ..... 103
ZEGALOGUE INJ 0.6/0.6 ..... 93
ZEJULA TAB 100MG ..... 45
ZEJULA TAB 200MG ..... 45
ZEJULA TAB 300MG ..... 45
ZELBORAF TAB 240MG ..... 45
*zelvysia pow 100mg* ..... 95
*zelvysia pow 500mg* ..... 95
ZEMAIRA INJ 1000MG ..... 119
ZEMAIRA INJ 4000MG ..... 119
ZEMAIRA INJ 5000MG ..... 119
*zenatane* ..... 121
ZENPEP CAP 10000UNT ..... 100
ZENPEP CAP 15000UNT ..... 100
ZENPEP CAP 20000UNT ..... 100

ZENPEP CAP 25000UNT ..... 100
ZENPEP CAP 3000UNIT ..... 100
ZENPEP CAP 40000UNT ..... 100
ZENPEP CAP 5000UNIT ..... 100
ZENPEP CAP 60000UNT ..... 100
ZERVIATE DRO 0.24% ..... 114
*zidovudine cap 100 mg* ..... 27
*zidovudine syrup 10 mg/ml* ..... 27
*zidovudine tab 300 mg* ..... 27
*ziprasidone hcl cap 20 mg* ..... 68
*ziprasidone hcl cap 40 mg* ..... 68
*ziprasidone hcl cap 60 mg* ..... 68
*ziprasidone hcl cap 80 mg* ..... 68
*ziprasidone mesylate for inj 20 mg (base equivalent)* ..... 69
ZIRABEV INJ 100/4ML ..... 45
ZIRABEV INJ 400/16ML ..... 45
ZIRGAN GEL 0.15% ..... 114
*zoledronic acid inj conc for iv infusion 4 mg/5ml* ..... 85
*zoledronic acid iv soln 5 mg/100ml* ... 85
ZOLINZA CAP 100MG ..... 45
*zolpidem tartrate tab 10 mg* ..... 77
*zolpidem tartrate tab 5 mg* ..... 77
ZONISADE SUS 100MG/5 ..... 75
*zonisamide cap 100 mg* ..... 75
*zonisamide cap 25 mg* ..... 75
*zonisamide cap 50 mg* ..... 75
*zovia 1/35* ..... 90
ZTALMY SUS 50MG/ML ..... 75
*zumandimine* ..... 90
ZURZUVAE CAP 20MG ..... 62
ZURZUVAE CAP 25MG ..... 62
ZURZUVAE CAP 30MG ..... 62
ZYDELIG TAB 100MG ..... 45
ZYDELIG TAB 150MG ..... 45
ZYKADIA TAB 150MG ..... 45
ZYLET SUS 0.5-0.3% ..... 113
ZYPREXA RELP INJ 210MG ..... 69
ZYPREXA RELP INJ 300MG ..... 69
ZYPREXA RELP INJ 405MG ..... 69

# MassHealth Over-the-Counter Drug List

**Allergy Agents, Ophthalmic**
*alcaftadine
*ketotifen
*naphazoline
*Naphcon-A (naphazoline/ pheniramine)
*Opcon-A (naphazoline/ pheniramine)

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

**Anthelmintic Agents**
*Reese's Pinworm (pyrantel pamoate)

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

**Antimicrobials, Topical**
*bacitracin
*chlorhexidine gluconate
*clotrimazole
*double antibiotic ointment
*hydrogen peroxide
*iodine
*isopropyl alcohol
*miconazole
*neomycin
*povidone
*terbinafine 1% cream
*tolnaftate cream, powder
*triple antibiotic ointment

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

**Contraceptives, Oral**
*levonorgestrel 1.5 mg tablet
*Opill (norgestrel tablet)

**Contraceptives, Topical**
*nonoxynol-9

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

**Gastrointestinal Agents**
*Align (bifidobacterium infantis) < 21 years
*aluminum carbonate
*aluminum hydroxide
*bisacodyl enema, suppository
*bisacodyl tablet
*bismuth subsalicylate
*calcium polycarbophil
*cimetidine tablet
*Culturelle (lactobacillus rhamnosus GG) < 21 years
*dextrin
*docusate sodium capsule, tablet
*docusate sodium enema
*docusate sodium solution, syrup

* Branded OTC nonoxynol-9 products are covered by MassHealth without PA.

*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.

Esta *Lista de Medicamentos* foi atualizada em 06/01/2026.

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

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