CCA Senior Care Options (HMO D-SNP)

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

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

H2225_26_LOCD_C | Formulary ID 00026339, Version Number 14

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

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

Introduction

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

Table of Contents

A. Disclaimers 5

B. Frequently Asked Questions (FAQ) 15

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.) 15

B2. Does the *Drug List* ever change? 16

B3. What happens when there's a change to the *Drug List*? 18

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs? 21

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? 23

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

B7. How can I find a drug on the *Drug List*? 25

B8. What if the drug I want to take isn't on the *Drug List*? 26

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

B10. Can I ask for an exception to cover my drug? 29

B11. How can I ask for an exception? 29

B12. How long does it take to get an exception? 30

B13. What are generic drugs? 31

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

B15. What are OTC drugs? 32

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

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

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

B19. What's my copay? 34

C. Overview of the *List of Covered Drugs* 35

C1. List of Drugs by Medical Condition 36

D.Index of Covered Drugs 365

A. Disclaimers

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

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

- The List of Covered Drugs may change at any time. You will receive notice when necessary.
- You can always check CCA Senior Care Options' up-to-date *List of Covered Drugs* online at ccama.org or by calling Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.
- This document is available for free in other languages.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.

Notice of Nondiscrimination

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

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

If you need these services, contact Member Services.

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

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

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

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

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

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

Massachusetts 2026 ND

Notice of Availability

Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711)

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

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

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

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

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

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

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

B. Frequently Asked Questions (FAQ)

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

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

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

- CCA Senior Care Options will cover all medically necessary drugs on the *Drug List* if:
    - your doctor or other prescriber says you need them to get better or stay healthy,
    - CCA Senior Care Options agrees that the drug is medically necessary for you, **and**

    - you fill the prescription at a CCA Senior Care Options network pharmacy.

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

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

B2. Does the *Drug List* ever change?

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

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

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

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

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

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

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

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

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

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

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:

- is a new generic version of a brand name drug, or
- is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
- Some of these drug types may be new to you. For more information, refer to **Section B14**.

  - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

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

your healthcare provider. Your provider will issue a prescription for a new medication to replace the drug that is taken off the market.

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

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

- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

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

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

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

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

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or

other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CCA Senior Care Options before you fill your prescription. Prior authorization is different from a referral. CCA Senior Care Options may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes CCA Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes CCA Senior Care Options requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If CCA Senior Care Options covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered. Prior authorization is required for

non-preferred diabetic testing supplies (glucose monitors and test strips).

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

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

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

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

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

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

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

There are two ways to find a drug:

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

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

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

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

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

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

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

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of CCA Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if

there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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

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

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

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

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

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new CCA Senior Care Options member.
- This is in addition to the temporary supply during the first 90- days you're a member of CCA Senior Care Options.

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

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

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

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

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

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

B11. How can I ask for an exception?

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

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

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

A member, a member's prescriber, and/or appointed representative (with written consent) can request the exception by completing the Prescription Drug Coverage Determination Request form available on our website at ccama.org. The form may be submitted by mail or fax:

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

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

B13. What are generic drugs?

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

CCA Senior Care Options covers both brand name drugs and generic drugs.

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There

are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

B15. What are OTC drugs?

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

You can read the MassHealth (Medicaid) *Drug List* to find out what OTC drugs are covered.

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

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

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

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

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

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

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

B19. What's my copay?

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

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

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

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

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

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by CCA Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by CCA Senior Care Options. For non–Part D drugs or OTC items that are covered by MassHealth (Medicaid), plans should place an asterisk (*) or another symbol by the drug to indicate that the member may need to follow a different process for appeals and include the following text.

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

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or MassHealth (Medicaid).

- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week or at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the Member Handbook to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

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

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

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

PA = Prior approval (or prior authorization). For some drugs, you or your doctor or other prescriber must get approval from CCA Senior Care Options before you fill your prescription. If you don't get approval, CCA Senior Care Options may not cover the drug.

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

QL = Quantity Limit. Sometimes CCA Senior Care Options limits the amount of a drug you can get.

ST = Step Therapy. Sometimes CCA Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical conditions. You might have to try one drug before we will cover another drug. If your healthcare provider thinks the first drug doesn't work for you, then we will cover the second.

Asterisk (*) = Denotes non-Part D drugs

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

CCA_CY26_1T_SNP eff 08/01/2026

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION	
GOUT - DRUGS TO TREAT GOUT	
allopurinol tab 100 mg	
allopurinol tab 300 mg	
colchicine tab 0.6 mg	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	
probenecid tab 500 mg	
MISCELLANEOUS	
JOURNAVX TAB 50MG	QL (29 tabs / 14 days), PA
lidocaine hcl local inj 0.5%	B/D
lidocaine hcl local inj 1%	B/D
lidocaine hcl local inj 2%	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	B/D
lidocaine hcl local preservative free (pf) inj 1%	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	B/D

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate tab 30 mg	QL (180 tabs / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	QL (240 tabs / 30 days)

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

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

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

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

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

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
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	
sulfamethoxazole-trimethoprim tab 400-80 mg	
sulfamethoxazole-trimethoprim tab 800-160 mg	
tinidazole tab 250 mg	
tinidazole tab 500 mg	
TOBI PODHALR CAP 28MG	NDS, PA
tobramycin nebu soln 300 mg/5ml	NDS, PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	
tobramycin sulfate inj 10 mg/ml (base equivalent)	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	
trimethoprim tab 100 mg	

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIREAD TAB 150MG	NDS
VIREAD TAB 200MG	NDS
VIREAD TAB 250MG	NDS
zidovudine cap 100 mg	
zidovudine syrup 10 mg/ml	
zidovudine tab 300 mg	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION	
abacavir sulfate-lamivudine tab 600-300 mg	
BIKTARVY TAB 30-120-15 MG	NDS
BIKTARVY TAB 50-200-25 MG	NDS
CIMDUO TAB 300-300	NDS
DELSTRIGO TAB	NDS
DESCOVY TAB 120-15MG	NDS
DESCOVY TAB 200/25MG	NDS
DOVATO TAB 50-300MG	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	NDS

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famciclovir tab 250 mg	
famciclovir tab 500 mg	
ganciclovir sodium for inj 500 mg	B/D
lamivudine tab 100 mg (hbv)	
LIVTENCITY TAB 200MG	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	NDS, PA
MAVYRET TAB 100-40MG	NDS, PA
oseltamivir phosphate cap 30 mg (base equiv)	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	QL (1080 mL / year)
PAXLOVID PAK	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	NDS, PA
PEGASYS INJ 180MCG/M	NDS, PA
PREVYMIS TAB 240MG	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
ribavirin cap 200 mg	
ribavirin tab 200 mg	
rimantadine hydrochloride tab 100 mg	
valacyclovir hcl tab 1 gm	
valacyclovir hcl tab 500 mg	
valganciclovir hcl for soln 50 mg/ml (base equiv)	NDS
valganciclovir hcl tab 450 mg (base equivalent)	
VOSEVI TAB	NDS, PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOFLUZA TAB 80MG	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	
cefaclor cap 250 mg	
cefaclor cap 500 mg	
cefadroxil cap 500 mg	
cefadroxil for susp 250 mg/5ml	
cefadroxil for susp 500 mg/5ml	
CEFAZOLIN INJ 1GM/50ML	
CEFAZOLIN INJ 2GM	
CEFAZOLIN INJ 3GM	
cefazolin sodium for inj 1 gm	
cefazolin sodium for inj 2 gm	
cefazolin sodium for inj 3 gm	
cefazolin sodium for inj 10 gm	
cefazolin sodium for inj 500 mg	
cefazolin sodium for iv soln 1 gm	
CEFAZOLIN SOLN 2GM/100ML-4%	

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
ciprofloxacin 200 mg/100ml in d5w	
ciprofloxacin 400 mg/200ml in d5w	
ciprofloxacin hcl tab 250 mg (base equiv)	
ciprofloxacin hcl tab 500 mg (base equiv)	
ciprofloxacin hcl tab 750 mg (base equiv)	
levofloxacin in d5w iv soln 250 mg/50ml	
levofloxacin in d5w iv soln 500 mg/100ml	
levofloxacin in d5w iv soln 750 mg/150ml	
levofloxacin iv soln 25 mg/ml	
levofloxacin oral soln 25 mg/ml	
levofloxacin tab 250 mg	
levofloxacin tab 500 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levofloxacin tab 750 mg	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	
moxifloxacin hcl tab 400 mg (base equiv)	
PENICILLINS - DRUGS TO TREAT INFECTIONS	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	
amoxicillin & k clavulanate tab 250-125 mg	
amoxicillin & k clavulanate tab 500-125 mg	
amoxicillin & k clavulanate tab 875-125 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin (trihydrate) cap 250 mg	
amoxicillin (trihydrate) cap 500 mg	
amoxicillin (trihydrate) chew tab 125 mg	
amoxicillin (trihydrate) chew tab 250 mg	
amoxicillin (trihydrate) for susp 125 mg/5ml	
amoxicillin (trihydrate) for susp 200 mg/5ml	
amoxicillin (trihydrate) for susp 250 mg/5ml	
amoxicillin (trihydrate) for susp 400 mg/5ml	
amoxicillin (trihydrate) tab 500 mg	
amoxicillin (trihydrate) tab 875 mg	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin & sulbactam sodium for inj 3 (2-1) gm	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	
ampicillin cap 500 mg	
ampicillin sodium for inj 1 gm	
ampicillin sodium for inj 2 gm	
ampicillin sodium for inj 250 mg	
ampicillin sodium for inj 500 mg	
ampicillin sodium for iv soln 1 gm	
ampicillin sodium for iv soln 2 gm	
ampicillin sodium for iv soln 10 gm	
BICILLIN L-A INJ 600000	
BICILLIN L-A INJ 1200000	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A INJ 2400000	
dicloxacillin sodium cap 250 mg	
dicloxacillin sodium cap 500 mg	
nafcillin sodium for inj 1 gm	
nafcillin sodium for inj 2 gm	
nafcillin sodium for iv soln 10 gm	NDS
oxacillin sodium for inj 1 gm (base equivalent)	
oxacillin sodium for inj 2 gm (base equivalent)	
oxacillin sodium for iv soln 10 gm (base equivalent)	
penicillin g potassium for inj 5000000 unit	
penicillin g potassium for inj 20000000 unit	
penicillin g sodium for inj 5000000 unit	
penicillin v potassium for soln 125 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
penicillin v potassium for soln 250 mg/5ml	
penicillin v potassium tab 250 mg	
penicillin v potassium tab 500 mg	
pfizerpen	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	
doxy 100	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxycycline hyclate cap 50 mg	
doxycycline hyclate cap 100 mg	
doxycycline hyclate for inj 100 mg	
doxycycline hyclate tab 20 mg	
doxycycline hyclate tab 100 mg	
doxycycline monohydrate cap 50 mg	
doxycycline monohydrate cap 100 mg	
doxycycline monohydrate for susp 25 mg/5ml	
doxycycline monohydrate tab 50 mg	
doxycycline monohydrate tab 75 mg	
doxycycline monohydrate tab 100 mg	
minocycline hcl cap 50 mg	
minocycline hcl cap 75 mg	
minocycline hcl cap 100 mg	

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

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cisplatin inj 200 mg/200ml (1 mg/ml)	B/D
CYCLOPHOSPH INJ 1GM/2ML	NDS, B/D
CYCLOPHOSPH INJ 1GM/5ML	NDS, B/D
CYCLOPHOSPH INJ 2GM/4ML	NDS, B/D
CYCLOPHOSPH INJ 500/5ML	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	NDS, B/D
CYCLOPHOSPH INJ 1000MG	NDS, B/D
CYCLOPHOSPH INJ 2000MG	NDS, B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	NDS, B/D
CYCLOPHOSPHA INJ 500/2.5	NDS, B/D
cyclophosphamide cap 25 mg	B/D
cyclophosphamide cap 50 mg	B/D
cyclophosphamide for inj 1 gm	B/D
cyclophosphamide for inj 2 gm	NDS, B/D
cyclophosphamide for inj 500 mg	B/D
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	NDS, B/D

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

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS	
BESREMI SOL 500MCG	NDS, QL (2 syringes / 28 days), PA
bexarotene cap 75 mg	NDS, QL (300 caps / 30 days), PA
doxorubicin hcl inj 2 mg/ml	B/D
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	NDS, B/D
hydroxyurea cap 500 mg	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	B/D
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	B/D
IWILFIN TAB 192MG	NDS, QL (240 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
leucovorin calcium for inj 50 mg	B/D
leucovorin calcium for inj 100 mg	B/D
leucovorin calcium for inj 200 mg	B/D
leucovorin calcium for inj 350 mg	B/D
leucovorin calcium for inj 500 mg	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	B/D
leucovorin calcium tab 5 mg	
leucovorin calcium tab 10 mg	
leucovorin calcium tab 15 mg	
leucovorin calcium tab 25 mg	
MATULANE CAP 50MG	NDS
mesna tab 400 mg	NDS
MODEYSO CAP 125MG	NDS, QL (20 caps / 28 days), PA
tretinoin cap 10 mg	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
WELIREG TAB 40MG	NDS, QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS	
docetaxel for inj conc 20 mg/ml	B/D
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	NDS, B/D
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	NDS, B/D
DOCETAXEL INJ 80MG/4ML	NDS, B/D
DOCETAXEL INJ 80MG/8ML	NDS, B/D
DOCETAXEL INJ 160/8ML	NDS, B/D
DOCETAXEL INJ 160/16ML	NDS, B/D
docetaxel soln for iv infusion 20 mg/2ml	NDS, B/D
docetaxel soln for iv infusion 80 mg/8ml	NDS, B/D
docetaxel soln for iv infusion 160 mg/16ml	NDS, B/D
DOCIVYX INJ 20MG/2ML	NDS, B/D
DOCIVYX INJ 80MG/8ML	NDS, B/D
DOCIVYX INJ 160/16ML	NDS, B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
etoposide inj 1 gm/50ml (20 mg/ml)	B/D
etoposide inj 100 mg/5ml (20 mg/ml)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	B/D
paclitaxel inj 100mg	NDS, B/D
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	B/D
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	B/D
vincristine sulfate iv soln 1 mg/ml	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	B/D

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

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ICLUSIG TAB 10MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
imatinib mesylate tab 100 mg (base equivalent)	QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	NDS, QL (120 caps / 30 days), PA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEJULA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	NDS, PA
ZIRABEV INJ 400/16ML	NDS, PA
ZOLINZA CAP 100MG	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	NDS, QL (84 tabs / 28 days), PA

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

amlodipine besylate-benazepril hcl cap 2.5-10 mg	QL (30 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-benazepril hcl cap 5-10 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	
benazepril & hydrochlorothiazide tab 10-12.5 mg	
benazepril & hydrochlorothiazide tab 20-12.5 mg	
benazepril & hydrochlorothiazide tab 20-25 mg	

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	QL (60 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
telmisartan-amlodipine tab 80-5 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
candesartan cilexetil tab 4 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 32 mg	QL (30 tabs / 30 days)
irbesartan tab 75 mg	QL (30 tabs / 30 days)
irbesartan tab 150 mg	QL (30 tabs / 30 days)
irbesartan tab 300 mg	QL (30 tabs / 30 days)
losartan potassium tab 25 mg	
losartan potassium tab 50 mg	
losartan potassium tab 100 mg	
olmesartan medoxomil tab 5 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olmesartan medoxomil tab 20 mg	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	QL (30 tabs / 30 days)
telmisartan tab 20 mg	QL (30 tabs / 30 days)
telmisartan tab 40 mg	QL (30 tabs / 30 days)
telmisartan tab 80 mg	QL (30 tabs / 30 days)
valsartan tab 40 mg	QL (60 tabs / 30 days)
valsartan tab 80 mg	QL (60 tabs / 30 days)
valsartan tab 160 mg	QL (60 tabs / 30 days)
valsartan tab 320 mg	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM	
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fenofibrate micronized cap 134 mg	
fenofibrate micronized cap 200 mg	
fenofibrate tab 48 mg	
fenofibrate tab 54 mg	
fenofibrate tab 145 mg	
fenofibrate tab 160 mg	
gemfibrozil tab 600 mg	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL	
atorvastatin calcium tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	QL (30 tabs / 30 days)
lovastatin tab 10 mg	QL (60 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
simvastatin tab 10 mg	QL (30 tabs / 30 days)
simvastatin tab 20 mg	QL (30 tabs / 30 days)
simvastatin tab 40 mg	QL (30 tabs / 30 days)
simvastatin tab 80 mg	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL	
cholestyramine light powder 4 gm/dose	
cholestyramine light powder packets 4 gm	
cholestyramine powder 4 gm/dose	
cholestyramine powder packets 4 gm	
colesevelam hcl packet for susp 3.75 gm	
colesevelam hcl tab 625 mg	
colestipol hcl granule packets 5 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
colestipol hcl granules 5 gm	
colestipol hcl tab 1 gm	
ezetimibe tab 10 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
omega-3-acid ethyl esters cap 1 gm	
prevalite	
REPATHA INJ 140MG/ML	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	
VASCEPA CAP 1GM	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nadolol tab 80 mg	
nebivolol hcl tab 2.5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	QL (60 tabs / 30 days)
pindolol tab 5 mg	
pindolol tab 10 mg	
propranolol hcl cap er 24hr 60 mg	
propranolol hcl cap er 24hr 80 mg	
propranolol hcl cap er 24hr 120 mg	
propranolol hcl cap er 24hr 160 mg	
propranolol hcl oral soln 20 mg/5ml	
propranolol hcl oral soln 40 mg/5ml	

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonidine hcl tab 0.2 mg	
clonidine hcl tab 0.3 mg	
clonidine td patch weekly 0.1 mg/24hr	
clonidine td patch weekly 0.2 mg/24hr	
clonidine td patch weekly 0.3 mg/24hr	
CORLANOR SOL 5MG/5ML	QL (450 mL / 30 days)
digoxin inj 0.25 mg/ml	
digoxin oral soln 0.05 mg/ml	
digoxin tab 125 mcg (0.125 mg)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	QL (30 tabs / 30 days)
droxidopa cap 100 mg	QL (90 caps / 30 days), PA
droxidopa cap 200 mg	NDS, QL (180 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
droxidopa cap 300 mg	NDS, QL (180 caps / 30 days), PA
epinephrine inj 1 mg/ml	
guanfacine hcl tab 1 mg	PA; PA applies if 65 years and older
guanfacine hcl tab 2 mg	PA; PA applies if 65 years and older
hydralazine hcl inj 20 mg/ml	
hydralazine hcl tab 10 mg	
hydralazine hcl tab 25 mg	
hydralazine hcl tab 50 mg	
hydralazine hcl tab 100 mg	
ivabradine hcl tab 5 mg (base equiv)	QL (60 tabs / 30 days)
ivabradine hcl tab 7.5 mg (base equiv)	QL (60 tabs / 30 days)
metyrosine cap 250 mg	NDS, PA
midodrine hcl tab 2.5 mg	
midodrine hcl tab 5 mg	
midodrine hcl tab 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minoxidil tab 2.5 mg	
minoxidil tab 10 mg	
ranolazine tab er 12hr 500 mg	
ranolazine tab er 12hr 1000 mg	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA
VYNDAMAX CAP 61MG	NDS, QL (30 caps / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS	
isosorbide dinitrate tab 5 mg	
isosorbide dinitrate tab 10 mg	
isosorbide dinitrate tab 20 mg	
isosorbide dinitrate tab 30 mg	
isosorbide mononitrate tab er 24hr 30 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isosorbide mononitrate tab er 24hr 60 mg	
isosorbide mononitrate tab er 24hr 120 mg	
nitro-bid	
nitroglycerin oint 2%	
nitroglycerin sl tab 0.3 mg	
nitroglycerin sl tab 0.4 mg	
nitroglycerin sl tab 0.6 mg	
nitroglycerin td patch 24hr 0.1 mg/hr	
nitroglycerin td patch 24hr 0.2 mg/hr	
nitroglycerin td patch 24hr 0.4 mg/hr	
nitroglycerin td patch 24hr 0.6 mg/hr	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION	
ADEMPAS TAB 0.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	NDS, QL (90 tabs / 30 days), PA
alyq	NDS, QL (60 tabs / 30 days), PA
ambrisentan tab 5 mg	NDS, QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	NDS, QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	NDS, QL (60 tabs / 30 days), PA
bosentan tab 125 mg	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bosentan tab for oral susp 32 mg	NDS, QL (120 tabs / 30 days), PA
macitentan tab 10 mg	NDS, QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	NDS, QL (30 tabs / 30 days), PA
sildenafil citrate tab 20 mg	QL (360 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	QL (60 tabs / 30 days), PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	NDS, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	NDS, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	NDS, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	NDS, PA
UPTRAVI PACK TAB 200/800	NDS, QL (1 pack / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YUTREPIA CAP 26.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	NDS, QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

alprazolam tab 0.5 mg	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	QL (150 tabs / 30 days)
alprazolam tab 1 mg	QL (150 tabs / 30 days)
alprazolam tab 2 mg	QL (150 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buspirone hcl tab 5 mg	
buspirone hcl tab 7.5 mg	
buspirone hcl tab 10 mg	
buspirone hcl tab 15 mg	
buspirone hcl tab 30 mg	
fluvoxamine maleate tab 25 mg	
fluvoxamine maleate tab 50 mg	
fluvoxamine maleate tab 100 mg	
lorazepam conc 2 mg/ml	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	
lorazepam inj 4 mg/ml	
lorazepam intensol	QL (150 mL / 30 days)
lorazepam tab 0.5 mg	QL (150 tabs / 30 days)
lorazepam tab 1 mg	QL (150 tabs / 30 days)
lorazepam tab 2 mg	QL (150 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS	
donepezil hydrochloride orally disintegrating tab 5 mg	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	
donepezil hydrochloride tab 5 mg	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	
galantamine hydrobromide cap er 24hr 8 mg	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	QL (200 mL / 30 days)
galantamine hydrobromide tab 4 mg	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
galantamine hydrobromide tab 12 mg	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 14 mg	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 21 mg	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 28 mg	PA; PA applies if 29 years and younger
memantine hcl oral solution 2 mg/ml	PA; PA applies if 29 years and younger
memantine hcl tab 5 mg	PA; PA applies if 29 years and younger
memantine hcl tab 10 mg	PA; PA applies if 29 years and younger

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	
NAMZARIC CAP 7-10MG	
rivastigmine tartrate cap 1.5 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	QL (30 patches / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivastigmine td patch 24hr 13.3 mg/24hr	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	
amitriptyline hcl tab 10 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 25 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 50 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 75 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 100 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 150 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxapine tab 25 mg	PA; PA applies if 65 years and older
amoxapine tab 50 mg	PA; PA applies if 65 years and older
amoxapine tab 100 mg	PA; PA applies if 65 years and older
amoxapine tab 150 mg	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
bupropion hcl tab 75 mg	
bupropion hcl tab 100 mg	
bupropion hcl tab er 12hr 100 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 150 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 200 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bupropion hcl tab er 24hr 150 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	
citalopram hydrobromide tab 10 mg (base equiv)	
citalopram hydrobromide tab 20 mg (base equiv)	
citalopram hydrobromide tab 40 mg (base equiv)	
clomipramine hcl cap 25 mg	PA
clomipramine hcl cap 50 mg	PA
clomipramine hcl cap 75 mg	PA
desipramine hcl tab 10 mg	PA; PA applies if 65 years and older
desipramine hcl tab 25 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desipramine hcl tab 50 mg	PA; PA applies if 65 years and older
desipramine hcl tab 75 mg	PA; PA applies if 65 years and older
desipramine hcl tab 100 mg	PA; PA applies if 65 years and older
desipramine hcl tab 150 mg	PA; PA applies if 65 years and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxepin hcl cap 25 mg	PA; PA applies if 65 years and older
doxepin hcl cap 50 mg	PA; PA applies if 65 years and older
doxepin hcl cap 75 mg	PA; PA applies if 65 years and older
doxepin hcl cap 100 mg	PA; PA applies if 65 years and older
doxepin hcl cap 150 mg	PA; PA applies if 65 years and older
doxepin hcl conc 10 mg/ml	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	QL (60 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DRIZALMA CAP 40MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	
escitalopram oxalate tab 5 mg (base equiv)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
escitalopram oxalate tab 10 mg (base equiv)	
escitalopram oxalate tab 20 mg (base equiv)	
EXXUA TAB 18.2MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	NDS, QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
fluoxetine hcl cap 10 mg	
fluoxetine hcl cap 20 mg	
fluoxetine hcl cap 40 mg	
fluoxetine hcl solution 20 mg/5ml	
imipramine hcl tab 10 mg	PA; PA applies if 65 years and older
imipramine hcl tab 25 mg	PA; PA applies if 65 years and older
imipramine hcl tab 50 mg	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	
mirtazapine orally disintegrating tab 30 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mirtazapine orally disintegrating tab 45 mg	
mirtazapine tab 7.5 mg	
mirtazapine tab 15 mg	
mirtazapine tab 30 mg	
mirtazapine tab 45 mg	
nefazodone hcl tab 50 mg	
nefazodone hcl tab 100 mg	
nefazodone hcl tab 150 mg	
nefazodone hcl tab 200 mg	
nefazodone hcl tab 250 mg	
nortriptyline hcl cap 10 mg	
nortriptyline hcl cap 25 mg	
nortriptyline hcl cap 50 mg	
nortriptyline hcl cap 75 mg	
nortriptyline hcl soln 10 mg/5ml	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	QL (900 mL / 30 days), PA; PA applies if 65 years and older

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tranylcypromine sulfate tab 10 mg	
trazodone hcl tab 50 mg	
trazodone hcl tab 100 mg	
trazodone hcl tab 150 mg	
trimipramine maleate cap 25 mg	QL (120 caps / 30 days)
trimipramine maleate cap 50 mg	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	QL (30 tabs / 30 days), PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 25 mg (base equivalent)	
venlafaxine hcl tab 37.5 mg (base equivalent)	
venlafaxine hcl tab 50 mg (base equivalent)	
venlafaxine hcl tab 75 mg (base equivalent)	
venlafaxine hcl tab 100 mg (base equivalent)	
vilazodone hcl tab 10 mg	QL (30 tabs / 30 days)
vilazodone hcl tab 20 mg	QL (30 tabs / 30 days)
vilazodone hcl tab 40 mg	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	NDS, QL (28 caps / 14 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZURZUVAE CAP 30MG	NDS, QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	
amantadine hcl cap 100 mg	QL (120 caps / 30 days)
amantadine hcl soln 50 mg/5ml	
amantadine hcl tab 100 mg	
benztropine mesylate inj 1 mg/ml	
benztropine mesylate tab 0.5 mg	PA; PA applies if 65 years and older
benztropine mesylate tab 1 mg	PA; PA applies if 65 years and older
benztropine mesylate tab 2 mg	PA; PA applies if 65 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bromocriptine mesylate tab 2.5 mg (base equivalent)	
carb/levo orally disintegrating tab 10-100mg	
carb/levo orally disintegrating tab 25-100mg	
carb/levo orally disintegrating tab 25-250mg	
carbidopa & levodopa tab 10-100 mg	
carbidopa & levodopa tab 25-100 mg	
carbidopa & levodopa tab 25-250 mg	
carbidopa & levodopa tab er 25-100 mg	
carbidopa & levodopa tab er 50-200 mg	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	
entacapone tab 200 mg	
INBRIJA CAP 42MG	NDS, QL (300 caps / 30 days), PA
pramipexole dihydrochloride tab 0.5 mg	
pramipexole dihydrochloride tab 0.25 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pramipexole dihydrochloride tab 0.75 mg	
pramipexole dihydrochloride tab 0.125 mg	
pramipexole dihydrochloride tab 1 mg	
pramipexole dihydrochloride tab 1.5 mg	
rasagiline mesylate tab 0.5 mg (base equiv)	QL (30 tabs / 30 days)
rasagiline mesylate tab 1 mg (base equiv)	QL (30 tabs / 30 days)
ropinirole hydrochloride tab 0.5 mg	
ropinirole hydrochloride tab 0.25 mg	
ropinirole hydrochloride tab 1 mg	
ropinirole hydrochloride tab 2 mg	
ropinirole hydrochloride tab 3 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ropinirole hydrochloride tab 4 mg	
ropinirole hydrochloride tab 5 mg	
selegiline hcl cap 5 mg	
selegiline hcl tab 5 mg	
trihexyphenidyl hcl oral soln 0.4 mg/ml	
trihexyphenidyl hcl tab 2 mg	
trihexyphenidyl hcl tab 5 mg	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES	
ABILIFY ASIM INJ 720MG	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	NDS, QL (1 injection / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 300MG	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 syringe / 28 days)
aripiprazole oral solution 1 mg/ml	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	QL (60 tabs / 30 days), ST
aripiprazole tab 2 mg	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAPLYTA CAP 10.5MG	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	NDS, QL (30 caps / 30 days)
chlorpromazine hcl conc 30 mg/ml	
chlorpromazine hcl conc 100 mg/ml	
chlorpromazine hcl inj 25 mg/ml	
chlorpromazine hcl inj 50 mg/2ml	
chlorpromazine hcl tab 10 mg	
chlorpromazine hcl tab 25 mg	
chlorpromazine hcl tab 50 mg	
chlorpromazine hcl tab 100 mg	
chlorpromazine hcl tab 200 mg	
clozapine orally disintegrating tab 12.5 mg	PA
clozapine orally disintegrating tab 25 mg	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine orally disintegrating tab 100 mg	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	QL (120 tabs / 30 days), PA
clozapine tab 25 mg	
clozapine tab 50 mg	
clozapine tab 100 mg	QL (270 tabs / 30 days)
clozapine tab 200 mg	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	NDS, QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 2MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	NDS, QL (60 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	
fluphenazine hcl elixir 2.5 mg/5ml	
fluphenazine hcl inj 2.5 mg/ml	
fluphenazine hcl oral conc 5 mg/ml	
fluphenazine hcl tab 1 mg	
fluphenazine hcl tab 2.5 mg	
fluphenazine hcl tab 5 mg	
fluphenazine hcl tab 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
haloperidol decanoate im soln 50 mg/ml	
haloperidol decanoate im soln 100 mg/ml	
haloperidol lactate inj 5 mg/ml	
haloperidol lactate oral conc 2 mg/ml	
haloperidol tab 0.5 mg	
haloperidol tab 1 mg	
haloperidol tab 2 mg	
haloperidol tab 5 mg	
haloperidol tab 10 mg	
haloperidol tab 20 mg	
INVEGA HAFYE INJ 1092MG	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZ INJ 819MG	NDS, QL (1 syringe / 90 days)
loxapine succinate cap 5 mg	
loxapine succinate cap 10 mg	
loxapine succinate cap 25 mg	
loxapine succinate cap 50 mg	
lurasidone hcl tab 20 mg	QL (30 tabs / 30 days)
lurasidone hcl tab 40 mg	QL (30 tabs / 30 days)
lurasidone hcl tab 60 mg	QL (30 tabs / 30 days)
lurasidone hcl tab 80 mg	QL (60 tabs / 30 days)
lurasidone hcl tab 120 mg	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	NDS, QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYBALVI TAB 20-10MG	NDS, QL (30 tabs / 30 days)
molindone hcl tab 5 mg	
molindone hcl tab 10 mg	
molindone hcl tab 25 mg	
NUPLAZID CAP 34MG	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	NDS, QL (30 tabs / 30 days), PA
olanzapine for im inj 10 mg	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 10 mg	QL (60 tabs / 30 days), ST
olanzapine orally disintegrating tab 15 mg	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 20 mg	QL (30 tabs / 30 days), ST
olanzapine tab 2.5 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olanzapine tab 5 mg	QL (60 tabs / 30 days)
olanzapine tab 7.5 mg	QL (30 tabs / 30 days)
olanzapine tab 10 mg	QL (60 tabs / 30 days)
olanzapine tab 15 mg	QL (30 tabs / 30 days)
olanzapine tab 20 mg	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	NDS, QL (90 films / 30 days), PA
paliperidone tab er 24hr 1.5 mg	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paliperidone tab er 24hr 6 mg	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	QL (30 tabs / 30 days)
perphenazine tab 2 mg	
perphenazine tab 4 mg	
perphenazine tab 8 mg	
perphenazine tab 16 mg	
pimozide tab 1 mg	
pimozide tab 2 mg	
quetiapine fumarate tab 25 mg	QL (180 tabs / 30 days)
quetiapine fumarate tab 50 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 150 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 200 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quetiapine fumarate tab 400 mg	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 150 mg	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 200 mg	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 300 mg	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 400 mg	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	NDS, QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone orally disintegrating tab 4 mg	QL (120 tabs / 30 days), ST
risperidone soln 1 mg/ml	QL (240 mL / 30 days)
risperidone tab 0.5 mg	
risperidone tab 0.25 mg	
risperidone tab 1 mg	
risperidone tab 2 mg	
risperidone tab 3 mg	
risperidone tab 4 mg	
SECUADO DIS 3.8MG	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	NDS, QL (30 patches / 30 days)
SECUADO DIS 7.6MG	NDS, QL (30 patches / 30 days)
thioridazine hcl tab 10 mg	
thioridazine hcl tab 25 mg	
thioridazine hcl tab 50 mg	
thioridazine hcl tab 100 mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VRAYLAR CAP 4.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	NDS, QL (30 caps / 30 days)
ziprasidone hcl cap 20 mg	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	QL (60 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	NDS, QL (1 vial / 28 days), PA
ANTISEIZURE AGENTS	
APTIOM TAB 200MG	NDS, QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
APTIOM TAB 400MG	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	NDS, QL (60 tabs / 30 days)
brivaracetam oral soln 10 mg/ml	QL (600 mL / 30 days), PA
brivaracetam tab 10 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 25 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 50 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 75 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 100 mg	QL (60 tabs / 30 days), PA
BRIVIACT SOL 10MG/ML	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRIVIACT TAB 25MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	NDS, QL (60 tabs / 30 days), PA
carbamazepine cap er 12hr 100 mg	
carbamazepine cap er 12hr 200 mg	
carbamazepine cap er 12hr 300 mg	
carbamazepine chew tab 100 mg	
carbamazepine chew tab 200 mg	
carbamazepine susp 100 mg/5ml	
carbamazepine tab 200 mg	
carbamazepine tab er 12hr 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine tab er 12hr 200 mg	
carbamazepine tab er 12hr 400 mg	
clobazam suspension 2.5 mg/ml	QL (480 mL / 30 days), PA
clobazam tab 10 mg	QL (60 tabs / 30 days), PA
clobazam tab 20 mg	QL (60 tabs / 30 days), PA
clonazepam orally disintegrating tab 0.5 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	QL (90 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonazepam tab 1 mg	QL (90 tabs / 30 days)
clonazepam tab 2 mg	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 7.5 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 15 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	NDS, QL (180 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIACOMIT PAK 250MG	NDS, QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	NDS, QL (180 packets / 30 days), PA
diazepam inj	
diazepam intensol	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam oral soln 1 mg/ml	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam rectal gel delivery system 2.5 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eslicarbazepine acetate tab 200 mg	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 400 mg	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 600 mg	QL (60 tabs / 30 days)
eslicarbazepine acetate tab 800 mg	QL (60 tabs / 30 days)
ethosuximide cap 250 mg	
ethosuximide soln 250 mg/5ml	
felbamate susp 600 mg/5ml	
felbamate tab 400 mg	
felbamate tab 600 mg	
FINTEPLA SOL 2.2MG/ML	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	NDS, QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 8MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	NDS, QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	QL (360 caps / 30 days)
gabapentin cap 300 mg	QL (360 caps / 30 days)
gabapentin cap 400 mg	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	QL (2160 mL / 30 days)
gabapentin tab 600 mg	QL (180 tabs / 30 days)
gabapentin tab 800 mg	QL (120 tabs / 30 days)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	
lacosamide oral	QL (1200 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lacosamide tab 50 mg	QL (120 tabs / 30 days)
lacosamide tab 100 mg	QL (60 tabs / 30 days)
lacosamide tab 150 mg	QL (60 tabs / 30 days)
lacosamide tab 200 mg	QL (60 tabs / 30 days)
lamotrigine tab 25 mg	
lamotrigine tab 100 mg	
lamotrigine tab 150 mg	
lamotrigine tab 200 mg	
lamotrigine tab chewable dispersible 5 mg	
lamotrigine tab chewable dispersible 25 mg	
lamotrigine tab er 24hr 25 mg	ST
lamotrigine tab er 24hr 50 mg	ST
lamotrigine tab er 24hr 100 mg	ST
lamotrigine tab er 24hr 200 mg	ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine tab er 24hr 250 mg	ST
lamotrigine tab er 24hr 300 mg	ST
levetiracetam in sodium chloride iv soln 500 mg/100ml	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	
levetiracetam inj 500 mg/5ml (100 mg/ml)	
levetiracetam oral soln 100 mg/ml	
levetiracetam tab 250 mg	
levetiracetam tab 500 mg	
levetiracetam tab 750 mg	
levetiracetam tab 1000 mg	
levetiracetam tab disintegrating soluble 250 mg	QL (360 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam tab disintegrating soluble 500 mg	QL (180 tabs / 30 days)
levetiracetam tab er 24hr 500 mg	
levetiracetam tab er 24hr 750 mg	
methsuximide cap 300 mg	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	
oxcarbazepine tab 150 mg	
oxcarbazepine tab 300 mg	
oxcarbazepine tab 600 mg	
perampanel susp 0.5 mg/ml	NDS, QL (680 mL / 28 days), PA
perampanel tab 2 mg	QL (60 tabs / 30 days), PA
perampanel tab 4 mg	QL (30 tabs / 30 days), PA
perampanel tab 6 mg	QL (30 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital tab 16.2 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 30 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 32.4 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 60 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 64.8 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 97.2 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin cap 75 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 100 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 150 mg	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 200 mg	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 225 mg	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 300 mg	QL (60 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin soln 20 mg/ml	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone tab 50 mg	
primidone tab 125 mg	
primidone tab 250 mg	
relgaabi	QL (270 caps / 30 days)
relgaabi	QL (360 caps / 30 days)
roweepra	
rufinamide susp 40 mg/ml	NDS, QL (2400 mL / 30 days), PA
rufinamide tab 200 mg	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TAB 500MG	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
subvenite	
SUBVENITE SUS 10MG/ML	NDS, ST
SYMPAZAN MIS 5MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	NDS, QL (60 films / 30 days), PA
tiagabine hcl tab 2 mg	
tiagabine hcl tab 4 mg	
tiagabine hcl tab 12 mg	
tiagabine hcl tab 16 mg	
topiramate oral soln 25 mg/ml	QL (480 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
topiramate sprinkle cap 15 mg	
topiramate sprinkle cap 25 mg	
topiramate sprinkle cap 50 mg	
topiramate tab 25 mg	
topiramate tab 50 mg	
topiramate tab 100 mg	
topiramate tab 200 mg	
valproate sodium inj 100 mg/ml	
valproate sodium oral soln 250 mg/5ml (base equiv)	
valproic acid cap 250 mg	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
vigabatrin powd pack 500 mg	NDS, QL (180 packets / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI TAB 50MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	NDS, QL (900 mL / 30 days), PA
zonisamide cap 25 mg	
zonisamide cap 50 mg	
zonisamide cap 100 mg	
ZTALMY SUS 50MG/ML	NDS, QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD	
amphetamine-dextroamphetamine cap er 24hr 5 mg	QL (30 caps / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine tab 12.5 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	QL (60 tabs / 30 days), PA
atomoxetine hcl cap 10 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	QL (30 caps / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylphenidate hcl chew tab 2.5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 10 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl soln 5 mg/5ml	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 10 mg	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 20 mg	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA	
DAYVIGO TAB 5MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	QL (30 tabs / 30 days)
eszopiclone tab 1 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naratriptan hcl tab 1 mg (base equiv)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	QL (18 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan nasal spray 5 mg/act	QL (24 units / 30 days)
sumatriptan nasal spray 20 mg/act	QL (12 units / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	QL (12 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA
MISCELLANEOUS	
AUSTEDO TAB 6MG	NDS, QL (60 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB TITR KIT	NDS, QL (2 packs / year), PA
lithium carbonate cap 150 mg	
lithium carbonate cap 300 mg	
lithium carbonate cap 600 mg	
lithium carbonate tab 300 mg	
lithium carbonate tab er 300 mg	
lithium carbonate tab er 450 mg	
lithium oral solution 8 meq/5ml	
NUEDEXTA CAP 20-10MG	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	
riluzole tab 50 mg	
tetrabenazine tab 12.5 mg	QL (90 tabs / 30 days), PA
tetrabenazine tab 25 mg	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS	
BAFIERTAM CAP 95MG	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	NDS, QL (14 kits / 28 days), PA
COPAXONE INJ 20MG/ML	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	NDS, QL (12 syringes / 28 days), PA
dalfampridine tab er 12hr 10 mg	QL (60 tabs / 30 days), PA
fingolimod hcl cap 0.5 mg (base equiv)	NDS, QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml	NDS, QL (30 syringes / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glatiramer acetate soln prefilled syringe 40 mg/ml	NDS, QL (12 syringes / 28 days), PA
glatopa	NDS, QL (12 syringes / 28 days), PA
glatopa	NDS, QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	NDS, QL (16 pens / 365 days), PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	
baclofen tab 5 mg	QL (90 tabs / 30 days)
baclofen tab 10 mg	
baclofen tab 20 mg	

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

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

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

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

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

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glipizide tab 10 mg	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	QL (90 tabs / 30 days)
nateglinide tab 120 mg	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC TAB 1.5MG	QL (30 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
sitagliptin phosphate tab 25 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate tab 50 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate tab 100 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	QL (60 tabs / 30 days)
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR KWP INJ 100/ML	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
GLARGIN YFGN INJ 100U/ML	
GLARGIN YFGN SOL 100U/ML	
HUMALOG INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	
HUMALOG KWPN INJ 100/ML	
HUMALOG KWPN INJ 200/ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	NDS, B/D
HUMULIN R INJ U-500KWP	NDS
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	

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
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
OMNIPOD5 LIB KIT INTRO	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)
CALCIUM REGULATORS	
alendronate sodium oral soln 70 mg/75ml	ST
alendronate sodium tab 10 mg	
alendronate sodium tab 35 mg	
alendronate sodium tab 70 mg	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	NDS, QL (1 pen / 28 days), PA
calcitonin (salmon) spray	B/D
ibandronate sodium tab 150 mg (base equivalent)	B/D
OSPOMYV INJ 60MG/ML	QL (1 syringe / 180 days)
pamidronate disodium iv soln 3	B/D
mg/ml	
pamidronate disodium iv soln 9	B/D
mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
risedronate sodium tab 5 mg	
risedronate sodium tab 35 mg	
risedronate sodium tab 150 mg	
risedronate sodium tab delayed release 35 mg	ST
TERIPARATIDE INJ 560/2.24	NDS, QL (1 pen / 28 days), PA; (ALVOGEN product)
teriparatide soln pen-inj 560 mcg/2.24ml	NDS, QL (1 pen / 28 days), PA
TYMLOS INJ	NDS, QL (1 pen / 30 days), PA
WYOST INJ 120/1.7	NDS, PA
XTRENBO SOL 120/1.7	PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	B/D
zoledronic acid iv soln 5 mg/100ml	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CHELATING AGENTS	
CHEMET CAP 100MG	NDS
deferasirox tab 90 mg	PA
deferasirox tab 180 mg	PA
deferasirox tab 360 mg	PA
deferasirox tab for oral susp 125 mg	PA
deferasirox tab for oral susp 250 mg	NDS, PA
deferasirox tab for oral susp 500 mg	NDS, PA
kionex	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
penicillamine tab 250 mg	NDS
sodium polystyrene sulfonate powder	
sodium polystyrene sulfonate susp 15 gm/60ml	
sps	
sps rectal	
trientine hcl cap 250 mg	NDS, PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
camila	
camrese	
camrese lo	
chateal eq	
cryselle	
cyred eq	
dasetta 1/35	
dasetta 7/7/7	
daysee	
deblitane	
DEPO-SQ PROV INJ 104	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	
dolishale	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	
drospirenone-ethinyl estradiol tab 3-0.02 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonest	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	
levora 0.15/30-28	
LILETTA IUD 52MG	
loestrin 1.5/30-21	
loestrin 1/20-21	
loestrin fe 1.5/30	
loestrin fe 1/20	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lojaimiess	
loryna	
low-ogestrel	
luizza 1.5/30	
luizza 1/20	
lutera	
lyleq	
lyza	
marlissa	
medroxyprogesterone acetate im susp 150 mg/ml	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	
meleya	
mibelas 24 fe	
microgestin 1.5/30	
microgestin 1/20	
microgestin fe 1.5/30	
microgestin fe 1/20	
mili	
mono-linyah	
necon 0.5/35-28	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEXPLANON IMP 68MG	
nikki	
nora-be	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	
norethindrone tab 0.35 mg	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	
norlyroc	
nortrel 0.5/35 (28)	
nortrel 1/35 (21)	
nortrel 1/35 (28)	
nortrel 7/7/7	
nylia 1/35	
nylia 7/7/7	
orquidea	
philith	
pimtrea	
portia-28	
reclipsen	
rivelsa	
rosyrah	
setlakin	
sharobel	
simliya	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
simpesse	
sprintec 28	
sronyx	
syeda	
tarina 24 fe	
tarina fe 1/20 eq	
tilia fe	
tri-estarylla	
tri-legest fe	
tri-linyah	
tri-lo-estarylla	
tri-lo-marzia	
tri-lo-mili	
tri-lo-sprintec	
tri-mili	
tri-sprintec	
tri-vylibra	
tri-vylibra lo	
turqoz	
tydemy	
valtya 1/35	
valtya 1/50	
velivet	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	
estradiol vaginal cream 0.01%	
estradiol vaginal tab 10 mcg	
estradiol valerate im in oil 10 mg/ml	
estradiol valerate im in oil 20 mg/ml	
estradiol valerate im in oil 40 mg/ml	
fyavolv tab 0.5mg-2.5mcg	
fyavolv tab 1mg-5mcg	
jinteli	
lyllana	
mimvey	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
yuvafem	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
DEXAMETHASON CON 1MG/ML	
dexamethasone elixir 0.5 mg/5ml	
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	
dexamethasone sodium phosphate inj 4 mg/ml	
dexamethasone sodium phosphate inj 10 mg/ml	
dexamethasone sodium phosphate inj 20 mg/5ml	
dexamethasone sodium phosphate inj 100 mg/10ml	
dexamethasone sodium phosphate inj 120 mg/30ml	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone soln 0.5 mg/5ml	
dexamethasone tab 0.5 mg	
dexamethasone tab 0.75 mg	
dexamethasone tab 1 mg	
dexamethasone tab 1.5 mg	
dexamethasone tab 2 mg	
dexamethasone tab 4 mg	
dexamethasone tab 6 mg	
fludrocortisone acetate tab 0.1 mg	
hydrocortisone sodium succinate pf for inj 100 mg	
hydrocortisone tab 5 mg	
hydrocortisone tab 10 mg	
hydrocortisone tab 20 mg	
methylprednisolone acetate inj susp 40 mg/ml	B/D
methylprednisolone acetate inj susp 80 mg/ml	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylprednisolone sod succ for inj 125 mg (base equiv)	B/D
methylprednisolone sod succ for inj 500 mg (base equiv)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	B/D
methylprednisolone tab 4 mg	B/D
methylprednisolone tab 8 mg	B/D
methylprednisolone tab 16 mg	B/D
methylprednisolone tab 32 mg	B/D
methylprednisolone tab therapy pack 4 mg (21)	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	B/D
prednisolone soln 15 mg/5ml	B/D
PREDNISONE CON 5MG/ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisone oral soln 5 mg/5ml	B/D
prednisone tab 1 mg	B/D
prednisone tab 2.5 mg	B/D
prednisone tab 5 mg	B/D
prednisone tab 10 mg	B/D
prednisone tab 20 mg	B/D
prednisone tab 50 mg	B/D
prednisone tab therapy pack 5 mg (21)	
prednisone tab therapy pack 5 mg (48)	
prednisone tab therapy pack 10 mg (21)	
prednisone tab therapy pack 10 mg (48)	
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-CORTEF INJ 1000MG	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR	
BAQSIMI ONE POW 3MG/DOSE	
BAQSIMI TWO POW 3MG/DOSE	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazoxide susp 50 mg/ml	NDS
GVOKE HYPO 1 INJ 0.5/.1ML	
GVOKE HYPO 1 INJ 1/0.2ML	
GVOKE HYPO 2 INJ 0.5/.1ML	
GVOKE HYPO 2 INJ 1/0.2ML	
GVOKE KIT SOL 1/0.2ML	
GVOKE PFS INJ 1/0.2ML	
ZEGALOGUE INJ 0.6/0.6	
MISCELLANEOUS	
ALDURAZYME INJ 2.9MG/5M	NDS, PA
betaine powder for oral solution	NDS
cabergoline tab 0.5 mg	
carglumic acid soluble tab 200 mg	NDS, PA
CERDELGA CAP 84MG	NDS, PA
CEREZYME INJ 400UNIT	NDS, PA
cinacalcet hcl tab 30 mg (base equiv)	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 60 mg (base equiv)	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 90 mg (base equiv)	B/D, QL (120 tabs / 30 days)

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitisinone cap 5 mg	NDS, PA
nitisinone cap 10 mg	NDS, PA
nitisinone cap 20 mg	NDS, PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	NDS, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	NDS, PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	NDS, PA
raloxifene hcl tab 60 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
gallifrey	
medroxyprogesterone acetate tab 2.5 mg	
medroxyprogesterone acetate tab 5 mg	
medroxyprogesterone acetate tab 10 mg	
megestrol acetate susp 40 mg/ml	
megestrol acetate susp 625 mg/5ml	PA
norethindrone acetate tab 5 mg	
progesterone cap 100 mg	
progesterone cap 200 mg	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
levo-t	
levothyroxine sodium tab 25 mcg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
liomny	
liothyronine sodium tab 5 mcg	
liothyronine sodium tab 25 mcg	
liothyronine sodium tab 50 mcg	
methimazole tab 5 mg	
methimazole tab 10 mg	
propylthiouracil tab 50 mg	
SYNTHROID TAB 25MCG	
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	
SYNTHROID TAB 88MCG	
SYNTHROID TAB 100MCG	
SYNTHROID TAB 112MCG	
SYNTHROID TAB 125MCG	
SYNTHROID TAB 137MCG	
SYNTHROID TAB 150MCG	
SYNTHROID TAB 175MCG	
SYNTHROID TAB 200MCG	
SYNTHROID TAB 300MCG	
unithroid	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	
ondansetron hcl inj soln pref syr 4 mg/2ml	
ondansetron hcl oral soln 4 mg/5ml	B/D
ondansetron hcl tab 4 mg	B/D
ondansetron hcl tab 8 mg	B/D
ondansetron orally disintegrating tab 4 mg	B/D
ondansetron orally disintegrating tab 8 mg	B/D
prochlorperazine edisylate inj 10 mg/2ml	
prochlorperazine maleate tab 5 mg (base equivalent)	
prochlorperazine maleate tab 10 mg (base equivalent)	
prochlorperazine suppos 25 mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine td patch 72hr 1 mg/3days	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	
dicyclomine hcl cap 10 mg	PA; PA applies if 65 years and older
dicyclomine hcl oral soln 10 mg/5ml	PA; PA applies if 65 years and older
dicyclomine hcl tab 20 mg	PA; PA applies if 65 years and older

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CREON CAP 24000UNT	
CREON CAP 36000UNT	
cromolyn sodium oral conc 100 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
GATTEX KIT 5MG	NDS, PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	
lubiprostone cap 8 mcg	QL (60 caps / 30 days)
lubiprostone cap 24 mcg	QL (60 caps / 30 days)
misoprostol tab 100 mcg	
misoprostol tab 200 mcg	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 vials / 28 days), PA
sucralfate susp 1 gm/10ml	
sucralfate tab 1 gm	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
ursodiol cap 300 mg	
ursodiol tab 250 mg	
ursodiol tab 500 mg	
VOQUEZNA PAK DUAL PAK	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	QL (2 kits / year), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VOWST CAP	NDS, QL (12 caps / 30 days), PA
XERMELO TAB 250MG	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	NDS, PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID	
esomeprazole magnesium cap delayed release 20 mg (base eq)	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	QL (30 caps / 30 days), ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
esomeprazole magnesium for delayed release susp pack 2.5 mg	
esomeprazole magnesium for delayed release susp packet 5 mg	
esomeprazole magnesium for delayed release susp packet 10 mg	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 20 mg	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	QL (30 packets / 30 days)
lansoprazole cap delayed release 15 mg	QL (60 caps / 30 days)
lansoprazole cap delayed release 30 mg	QL (60 caps / 30 days)
omeprazole cap delayed release 10 mg	
omeprazole cap delayed release 20 mg	

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

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tadalafil tab 5 mg	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	QL (60 caps / 30 days)
MISCELLANEOUS	
acetic acid irrigation soln 0.25%	
bethanechol chloride tab 5 mg	
bethanechol chloride tab 10 mg	
bethanechol chloride tab 25 mg	
bethanechol chloride tab 50 mg	
potassium citrate tab er 5 meq (540 mg)	
potassium citrate tab er 10 meq (1080 mg)	
potassium citrate tab er 15 meq (1620 mg)	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxybutynin chloride tab er 24hr 5 mg	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	QL (60 tabs / 30 days)
solifenacin succinate tab 5 mg	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	QL (30 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	QL (30 caps / 30 days)
tolterodine tartrate cap er 24hr 4 mg	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	QL (60 tabs / 30 days)
tolterodine tartrate tab 2 mg	QL (60 tabs / 30 days)
trospium chloride tab 20 mg	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES	
clindamycin phosphate vaginal cream 2%	

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

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	QL (60 caps / 30 days)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	
enoxaparin sodium inj soln pref syr 100 mg/ml	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj soln pref syr 150 mg/ml	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	NDS
HEP SOD/NACL INJ 25000UNT	
heparin sodium (porcine) inj 1000 unit/ml	B/D
heparin sodium (porcine) inj 5000 unit/ml	B/D
heparin sodium (porcine) inj 10000 unit/ml	B/D
heparin sodium (porcine) inj 20000 unit/ml	B/D
heparin sodium (porcine) pf inj 1000 unit/ml	B/D
jantoven	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivaroxaban for susp 1 mg/ml	QL (620 mL / 30 days)
rivaroxaban tab 2.5 mg	QL (60 tabs / 30 days)
warfarin sodium tab 1 mg	
warfarin sodium tab 2 mg	
warfarin sodium tab 2.5 mg	
warfarin sodium tab 3 mg	
warfarin sodium tab 4 mg	
warfarin sodium tab 5 mg	
warfarin sodium tab 6 mg	
warfarin sodium tab 7.5 mg	
warfarin sodium tab 10 mg	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HEMATOPOIETIC GROWTH FACTORS	
FULPHILA INJ 6/0.6ML	NDS, QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	NDS, PA
PROCRIT INJ 40000/ML	NDS, PA
ZARXIO INJ 300/0.5	NDS, PA
ZARXIO INJ 480/0.8	NDS, PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	NDS, QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	
anagrelide hcl cap 1 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dipyridamole tab 75 mg	PA; PA applies if 65 years and older
prasugrel hcl tab 5 mg (base equiv)	
prasugrel hcl tab 10 mg (base equiv)	
ticagrelor tab 60 mg	
ticagrelor tab 90 mg	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM	
AUTOIMMUNE AGENTS	
ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 syringes / 28 days), PA

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	NDS, QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	NDS, PA
REMICADE INJ 100MG	NDS, PA
RENFLEXIS INJ 100MG	NDS, PA
RINVOQ LQ SOL 1MG/ML	NDS, QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	NDS, QL (168 tabs / year), PA

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YESINTEK INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS	
hydroxychloroquine sulfate tab 200 mg	
JYLAMVO SOL 2MG/ML	B/D
leflunomide tab 10 mg	QL (30 tabs / 30 days)
leflunomide tab 20 mg	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	
XATMEP SOL 2.5MG/ML	B/D
IMMUNOGLOBULINS	
ALYGLO INJ 5GM/50ML	NDS, PA
ALYGLO INJ 10/100ML	NDS, PA
ALYGLO INJ 20/200ML	NDS, PA
BIVIGAM INJ 10%	NDS, PA
FLEBOGAMMA INJ 10/200ML	NDS, PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARCALYST INJ 220MG	NDS, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	NDS, B/D
azathioprine tab 50 mg	B/D
BENLYSTA INJ 120MG	NDS, PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	NDS, PA
cyclosporine cap 25 mg	B/D
cyclosporine cap 100 mg	B/D
cyclosporine modified cap 25 mg	B/D
cyclosporine modified cap 50 mg	B/D
cyclosporine modified cap 100 mg	B/D
cyclosporine modified oral soln 100 mg/ml	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus tab 0.5 mg	NDS, B/D
everolimus tab 0.25 mg	B/D
everolimus tab 0.75 mg	NDS, B/D
everolimus tab 1 mg	NDS, B/D
gengraf	B/D
mycophenolate mofetil cap 250 mg	B/D
mycophenolate mofetil for oral susp 200 mg/ml	NDS, B/D
mycophenolate mofetil tab 500 mg	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	B/D
NULOJIX INJ 250MG	NDS, B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	NDS, QL (30 tabs / 30 days), PA
sirolimus oral soln 1 mg/ml	B/D

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 40 meq/l (0.298%) in nacl 0.9% inj	
KCL/D5W/NACL INJ 0.3/0.9%	
KCL/D5W/NACL INJ 0.15/0.2	
LACTATED RIN INJ	
lactated ringer's solution	
MAGNESIUM SU INJ 2GM/50ML	
MAGNESIUM SU INJ 4G/100ML	
MAGNESIUM SU INJ 20/500ML	
MAGNESIUM SU INJ 40G/1000	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	
magnesium sulfate inj 50%	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride inj 40 meq/100ml	
sodium chloride inj 2.5 meq/ml (14.6%)	
sodium chloride iv soln 0.9%	
sodium chloride iv soln 0.45%	
sodium chloride iv soln 3%	
sodium chloride iv soln 5%	
TPN ELECTROL INJ	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
klor-con	
klor-con 8	
KLOR-CON 8 TAB 8MEQ ER	
klor-con 10	
KLOR-CON 10 TAB 10MEQ ER	
klor-con m10	
klor-con m15	
klor-con m20	
M-NATAL PLUS TAB	
potassium chloride cap er 8 meq	

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

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

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

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin ophth oint 5 mg/gm	
gatifloxacin ophth soln 0.5%	
gentamicin sulfate ophth soln 0.3%	
moxifloxacin hcl ophth soln 0.5% (base equiv)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	
ofloxacin ophth soln 0.3%	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	
sulfacetamide sodium ophth soln 10%	
tobramycin ophth soln 0.3%	
trifluridine ophth soln 1%	
XDEMVY DRO 0.25%	NDS, PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES	
azelastine hcl ophth soln 0.05%	
cromolyn sodium ophth soln 4%	
ZERVIATE DRO 0.24%	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA	
betaxolol hcl ophth soln 0.5%	
brimonidine tartrate ophth soln 0.2%	
brinzolamide ophth susp 1%	ST
carteolol hcl ophth soln 1%	
COMBIGAN SOL 0.2/0.5%	
dorzolamide hcl ophth soln 2%	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	
latanoprost ophth soln 0.005%	
levobunolol hcl ophth soln 0.5%	
LUMIGAN SOL 0.01% OP	
pilocarpine hcl ophth soln 1%	

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

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

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD	
ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	QL (60 blisters / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTICHOLINERGICS - DRUGS TO TREAT COPD	
ATROVENT HFA AER 17MCG	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act	QL (2 inhalers / 30 days)
ipratropium bromide inhal soln 0.02%	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	QL (300 mL / 30 days)

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine pamoate cap 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	QL (300 mL / 30 days)
levocetirizine dihydrochloride tab 5 mg	QL (30 tabs / 30 days)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate soln nebu 0.5% (5 mg/ml)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	B/D
albuterol sulfate syrup 2 mg/5ml	
albuterol sulfate tab 2 mg	
albuterol sulfate tab 4 mg	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	QL (2 inhalers / 30 days), ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	
terbutaline sulfate tab 5 mg	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS	
montelukast sodium chew tab 4 mg (base equiv)	
montelukast sodium chew tab 5 mg (base equiv)	
montelukast sodium oral granules packet 4 mg (base equiv)	
montelukast sodium tab 10 mg (base equiv)	
zafirlukast tab 10 mg	
zafirlukast tab 20 mg	
MISCELLANEOUS	
acetylcysteine inhal soln 10%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
acetylcysteine inhal soln 20%	B/D
ALYFTREK TAB 4-20-50	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	NDS, PA
ARALAST NP INJ 1000MG	NDS, PA
cromolyn sodium soln nebu 20 mg/2ml	B/D
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	(generic of Adrenaclick)

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMDEKO TAB 50-75MG	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	NDS, QL (56 tabs / 28 days), PA
theophylline elixir 80 mg/15ml	
theophylline soln 80 mg/15ml	
theophylline tab er 12hr 100 mg	
theophylline tab er 12hr 200 mg	
theophylline tab er 12hr 300 mg	
theophylline tab er 12hr 450 mg	
theophylline tab er 24hr 400 mg	
theophylline tab er 24hr 600 mg	
TRIKAFTA PAK 59.5MG	NDS, QL (56 packs / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOLAIR SOL 150MG	NDS, QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	NDS, PA
ZEMAIRA INJ 4000MG	NDS, PA
ZEMAIRA INJ 5000MG	NDS, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES	
flunisolide nasal soln 25 mcg/act (0.025%)	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA	
ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	B/D
budesonide inhalation susp 0.25 mg/2ml	B/D
fluticasone propionate hfa inhal aer 110 mcg/act	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aer 220 mcg/act	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD	
ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
breyna	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	QL (60 inhalations / 30 days)
wixela inhub	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	QL (45 gm / 30 days)
clindamycin phosphate gel 1% (once-daily)	QL (75 mL / 30 days), PA
clindamycin phosphate lotion 1%	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	QL (60 mL / 30 days)
ery	QL (60 pledgets / 30 days)
erythromycin gel 2%	QL (60 gm / 30 days)
erythromycin soln 2%	QL (60 mL / 30 days)
isotretinoin cap 10 mg	PA
isotretinoin cap 20 mg	PA
isotretinoin cap 30 mg	PA
isotretinoin cap 40 mg	PA
neuac	QL (45 gm / 30 days)
sulfacetamide sodium lotion 10% (acne)	QL (118 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tretinoin cream 0.1%	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	QL (45 gm / 30 days), PA
tretinoin gel 0.01%	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical)	QL (60 gm / 30 days)
zenatane	PA
DERMATOLOGY, ANTIBIOTICS	
gentamicin sulfate cream 0.1%	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	QL (30 gm / 30 days)
mupirocin oint 2%	QL (220 gm / 30 days)
silver sulfadiazine cream 1%	
ssd	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS	
ciclopirox olamine cream 0.77% (base equiv)	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	QL (60 mL / 30 days)
ciclopirox shampoo 1%	QL (120 mL / 30 days)
clotrimazole cream 1%	QL (45 gm / 30 days)
clotrimazole soln 1%	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	QL (45 gm / 30 days)
econazole nitrate cream 1%	QL (85 gm / 30 days)
ketoconazole cream 2%	QL (60 gm / 30 days)
ketoconazole shampoo 2%	QL (120 mL / 30 days)
klayesta	QL (60 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nyamyc	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	QL (60 gm / 30 days)
nystop	QL (60 gm / 30 days)
selenium sulfide lotion 2.5%	
DERMATOLOGY, ANTIPSORIATICS	
acitretin cap 10 mg	PA
acitretin cap 17.5 mg	PA
acitretin cap 25 mg	PA
calcipotriene cream 0.005%	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	QL (120 mL / 30 days), PA
calcitrene	QL (120 gm / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENSTILAR AER	NDS, QL (120 gm / 30 days), PA
tazarotene cream 0.1%	QL (60 gm / 30 days), PA
tazarotene cream 0.05%	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS	
ala-cort	
alclometasone dipropionate cream 0.05%	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	QL (120 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	QL (120 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betamethasone dipropionate lotion 0.05%	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	QL (120 mL / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	QL (120 gm / 30 days)
clobetasol propionate e	QL (120 gm / 30 days)
clobetasol propionate gel 0.05%	QL (120 gm / 30 days)
clobetasol propionate oint 0.05%	QL (120 gm / 30 days)
clobetasol propionate shampoo 0.05%	QL (236 mL / 30 days)
clobetasol propionate soln 0.05%	QL (100 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clodan	QL (236 mL / 30 days)
fluocinolone acetonide cream 0.01%	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	QL (118.28 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	QL (118.28 mL / 30 days)
fluocinolone acetonide oint 0.025%	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	QL (60 mL / 30 days)
fluocinonide cream 0.1%	QL (120 gm / 30 days)
fluocinonide cream 0.05%	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	QL (120 gm / 30 days)
fluocinonide gel 0.05%	QL (60 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinonide oint 0.05%	QL (60 gm / 30 days)
fluocinonide soln 0.05%	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	
fluticasone propionate oint 0.005%	
halobetasol propionate cream 0.05%	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	QL (50 gm / 30 days)
hydrocortisone cream 1%	
hydrocortisone cream 2.5%	
hydrocortisone lotion 2.5%	
hydrocortisone oint 1%	QL (30 gm / 30 days)
hydrocortisone oint 2.5%	
hydrocortisone valerate cream 0.2%	QL (60 gm / 30 days)
mometasone furoate cream 0.1%	
mometasone furoate oint 0.1%	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine hcl soln 4%	QL (50 mL / 30 days), PA
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	QL (60 mL / 30 days), PA
lidocaine oint 5%	QL (50 gm / 30 days), PA
lidocaine patch 5%	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	B/D, QL (30 gm / 30 days)
lidocan	QL (3 patches / 1 day), PA
tridacaine iii	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
bexarotene gel 1%	NDS, QL (60 gm / 30 days), PA
diclofenac sodium soln 1.5%	QL (300 mL / 28 days)
EUCRISA OIN 2%	QL (120 gm / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil cream 5%	QL (40 gm / 30 days)
fluorouracil soln 2%	QL (10 mL / 30 days)
fluorouracil soln 5%	QL (10 mL / 30 days)
hydrocortisone perianal cream 1%	
hydrocortisone perianal cream 2.5%	
imiquimod cream 5%	QL (24 packets / 30 days)
lactic acid (ammonium lactate) cream 12%	
lactic acid (ammonium lactate) lotion 12%	
metronidazole cream 0.75%	QL (45 gm / 30 days)
metronidazole gel 0.75%	QL (45 gm / 30 days)
metronidazole lotion 0.75%	QL (59 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitroglycerin oint 0.4%	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	NDS, QL (60 gm / 30 days), PA
pimecrolimus cream 1%	QL (100 gm / 30 days), PA
podofilox soln 0.5%	QL (7 mL / 28 days)
procto-med hc	
proctocort	
proctosol hc	
proctozone-hc	
tacrolimus oint 0.1%	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
malathion lotion 0.5%	QL (59 mL / 30 days)

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

D. Index of Covered Drugs

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

Index

A

abacavir sulfate soln 20 mg/ml (base equiv)..59
abacavir sulfate tab 300 mg (base equiv) 59
abacavir sulfate-lamivudine tab 600-300 mg 62
abigale.....266
abigale lo 266
ABILIFY ASIM INJ 720MG 183
ABILIFY ASIM INJ 960MG 183
ABILIFY MAIN INJ 300MG 183, 184
ABILIFY MAIN INJ 400MG 184
abiraterone acetate tab 250 mg 86
abiraterone acetate tab 500 mg 86
abirtega 86
ABRYSVO INJ 120MCG 318
acamprosate calcium tab delayed release 333 mg.....238
*acarbose tab 100 mg*241
acarbose tab 25 mg . 241
acarbose tab 50 mg . 241
accutane 351
acebutolol hcl cap 200 mg 145
acebutolol hcl cap 400 mg 145
acetaminophen w/ codeine soln 120-12 mg/5ml 45
acetaminophen w/ codeine tab 300-15 mg 45
acetaminophen w/ codeine tab 300-30 mg 45
acetaminophen w/ codeine tab 300-60 mg 45
acetazolamide cap er 12hr 500 mg..... 152
acetazolamide tab 125 mg 152
acetazolamide tab 250 mg 152
acetic acid irrigation soln 0.25%..... 295

acetic acid otic soln 2% 334
acetylcysteine inhal soln 10% 341
acetylcysteine inhal soln 20% 342
acitretin cap 10 mg .. 355
acitretin cap 17.5 mg 355
acitretin cap 25 mg .. 355
ACTHIB INJ 318
ACTIMMUNE INJ 2MU/0.5 315
acyclovir cap 200 mg .65
acyclovir sodium iv soln 50 mg/ml 65
acyclovir susp 200 mg/5ml 65
acyclovir tab 400 mg .. 65
acyclovir tab 800 mg .. 65
ADACEL INJ 318
ADALIMU-BWWD INJ 40/0.4ML 305
adefovir dipivoxil tab 10 mg 65
ADEMPAS TAB 0.5MG 159
ADEMPAS TAB 1.5MG 159
ADEMPAS TAB 1MG .. 159
ADEMPAS TAB 2.5MG 159
ADEMPAS TAB 2MG . 159
ADMELOG INJ 100U/ML 249
ADMELOG SOLO INJ 100U/ML 249
ADVAIR HFA AER 115/21 349
ADVAIR HFA AER 230/21 350
ADVAIR HFA AER 45/21 349
afirmelle 257
AIMOVIG INJ 140MG/ML 229
AIMOVIG INJ 70MG/ML 229
AIRSUPRA AER 90-80MCG 350
AKEEGA TAB 100/500 86
AKEEGA TAB 50/500MG 86
ala-cort 356
albendazole tab 200 mg 49
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 339

albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 340
albuterol sulfate soln nebu 0.5% (5 mg/ml) 340
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 340
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 340
albuterol sulfate syrup 2 mg/5ml 340
albuterol sulfate tab 2 mg 340
albuterol sulfate tab 4 mg 340
alclometasone dipropionate cream 0.05% 356
alclometasone dipropionate oint 0.05% 356
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 250
ALDURAZYME INJ 2.9MG/5M 273
ALECENSA CAP 150MG 96
alendronate sodium oral soln 70 mg/75ml ... 254
alendronate sodium tab 10 mg 254
alendronate sodium tab 35 mg 254
alendronate sodium tab 70 mg 254
alfuzosin hcl tab er 24hr 10 mg 294
aliskiren fumarate tab 150 mg (base equivalent) 154
aliskiren fumarate tab 300 mg (base equivalent) 154
allopurinol tab 100 mg 39
allopurinol tab 300 mg 39
alosetron hcl tab 0.5 mg (base equiv) 289
alosetron hcl tab 1 mg (base equiv) 289
alprazolam tab 0.25 mg 162
alprazolam tab 0.5 mg 162
alprazolam tab 1 mg 162
alprazolam tab 2 mg 162

altavera 257
ALUNBRIG PAK..... 96
ALUNBRIG TAB 180MG 96
ALUNBRIG TAB 30MG. 96
ALUNBRIG TAB 90MG. 96
ALVAIZ TAB 18MG ... 302
ALVAIZ TAB 36MG ... 302
ALVAIZ TAB 54MG ... 302
ALVAIZ TAB 9MG..... 302
ALVESCO AER 160MCG 348
ALVESCO AER 80MCG 348
alyacen 1/35..... 257
alyacen 7/7/7 257
ALYFTREK TAB 10-50-125..... 342
ALYFTREK TAB 4-20-50 342
ALYGLO INJ 10/100ML 313
ALYGLO INJ 20/200ML 313
ALYGLO INJ 5GM/50ML 313
alyq 159
amantadine hcl cap 100 mg..... 179
amantadine hcl soln 50 mg/5ml 179
amantadine hcl tab 100 mg 179
ambrisentan tab 10 mg 159
ambrisentan tab 5 mg 159
amethyst..... 257
*amikacin sulfate inj 1 gm/4ml (250 mg/ml)*49
*amikacin sulfate inj 500 mg/2ml (250 mg/ml)*49
amiloride & hydrochlorothiazide tab 5-50 mg 152
amiloride hcl tab 5 mg 152
aminosyn ii soln 15% 327
AMINOSYN INJ 10% 327
AMINOSYN-PF INJ 10% 327
*amiodarone hcl inj 150 mg/3ml (50 mg/ml)*137
*amiodarone hcl inj 450 mg/9ml (50 mg/ml)*138
amiodarone hcl inj 900 mg/18ml (50 mg/ml) 138

amiodarone hcl tab 100 mg 138
amiodarone hcl tab 200 mg 138
amiodarone hcl tab 400 mg 138
amitriptyline hcl tab 10 mg 167
amitriptyline hcl tab 100 mg 167
amitriptyline hcl tab 150 mg 167
amitriptyline hcl tab 25 mg 167
amitriptyline hcl tab 50 mg 167
amitriptyline hcl tab 75 mg 167
amlodipine besylate tab 10 mg (base equivalent) 148
amlodipine besylate tab 2.5 mg (base equivalent) 148
amlodipine besylate tab 5 mg (base equivalent) 148
amlodipine besylate-benazepril hcl cap 10-20 mg 126
amlodipine besylate-benazepril hcl cap 10-40 mg 126
amlodipine besylate-benazepril hcl cap 2.5-10 mg 125
amlodipine besylate-benazepril hcl cap 5-10 mg 126
amlodipine besylate-benazepril hcl cap 5-20 mg 126
amlodipine besylate-benazepril hcl cap 5-40 mg 126
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 131
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 131
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 131
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 131
amlodipine besylate-valsartan tab 10-160 mg 132

amlodipine besylate-valsartan tab 10-320 mg 132
amlodipine besylate-valsartan tab 5-160 mg 131
amlodipine besylate-valsartan tab 5-320 mg 131
amnesteem 351
amoxapine tab 100 mg 168
amoxapine tab 150 mg 168
amoxapine tab 25 mg 168
amoxapine tab 50 mg 168
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 75
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 75
amoxicillin & k clavulanate for susp 400-57 mg/5ml 75
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 75
amoxicillin & k clavulanate tab 250-125 mg 75
amoxicillin & k clavulanate tab 500-125 mg 75
amoxicillin & k clavulanate tab 875-125 mg 75
amoxicillin (trihydrate) cap 250 mg 76
amoxicillin (trihydrate) cap 500 mg 76
amoxicillin (trihydrate) chew tab 125 mg 76
amoxicillin (trihydrate) chew tab 250 mg 76
amoxicillin (trihydrate) for susp 125 mg/5ml 76
amoxicillin (trihydrate) for susp 200 mg/5ml 76
amoxicillin (trihydrate) for susp 250 mg/5ml 76
amoxicillin (trihydrate) for susp 400 mg/5ml 76
amoxicillin (trihydrate) tab 500 mg 76
amoxicillin (trihydrate) tab 875 mg 76

amphetamine-dextroamphetamine cap er 24hr 10 mg . 222
amphetamine-dextroamphetamine cap er 24hr 15 mg . 222
amphetamine-dextroamphetamine cap er 24hr 20 mg . 222
amphetamine-dextroamphetamine cap er 24hr 25 mg . 222
amphetamine-dextroamphetamine cap er 24hr 30 mg . 222
amphetamine-dextroamphetamine cap er 24hr 5 mg ... 221
amphetamine-dextroamphetamine tab 10 mg 222
amphetamine-dextroamphetamine tab 12.5 mg 223
amphetamine-dextroamphetamine tab 15 mg 223
amphetamine-dextroamphetamine tab 20 mg 223
amphetamine-dextroamphetamine tab 30 mg 223
amphetamine-dextroamphetamine tab 5 mg 222
amphetamine-dextroamphetamine tab 7.5 mg 222
amphotericin b for iv soln 50 mg 56
amphotericin b liposome iv for susp 50 mg 56
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 76
ampicillin & sulbactam sodium for inj 3 (2-1) gm 77
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm 77
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 77
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 77
ampicillin cap 500 mg 77

ampicillin sodium for inj 1 gm 77
ampicillin sodium for inj 2 gm 77
ampicillin sodium for inj 250 mg 77
ampicillin sodium for inj 500 mg 77
ampicillin sodium for iv soln 1 gm 77
ampicillin sodium for iv soln 10 gm 77
ampicillin sodium for iv soln 2 gm 77
anagrelide hcl cap 0.5 mg 302
anagrelide hcl cap 1 mg 302
anastrozole tab 1 mg .87
ANORO ELLIPT AER 62.5-25 335
APIDRA INJ SOLOSTAR 250
APIDRA INJ U-100 ... 250
aprepitant capsule 125 mg 282
aprepitant capsule 40 mg 282
aprepitant capsule 80 mg 282
aprepitant capsule therapy pack 80 & 125 mg 282
apri 257
APTIOM TAB 200MG. 200
APTIOM TAB 400MG. 201
APTIOM TAB 600MG. 201
APTIOM TAB 800MG. 201
APTIVUS CAP 250MG .59
ARALAST NP INJ 1000MG 342
ARALAST NP INJ 500MG 342
aranelle..... 257
ARCALYST INJ 220MG 316
AREXVY INJ 120MCG 318
ARIKAYCE SUS.....49
aripiprazole oral solution 1 mg/ml 184
aripiprazole orally disintegrating tab 10 mg 184
aripiprazole orally disintegrating tab 15 mg 184
aripiprazole tab 10 mg 184
aripiprazole tab 15 mg 184

aripiprazole tab 2 mg 184
aripiprazole tab 20 mg 185
aripiprazole tab 30 mg 185
aripiprazole tab 5 mg 184
ARISTADA INJ 1064MG 185
ARISTADA INJ 441MG/1. 185
ARISTADA INJ 662MG/2 185
ARISTADA INJ 882MG/3 185
ARISTADA INJ INITIO 185
armodafinil tab 150 mg 238
armodafinil tab 200 mg 238
armodafinil tab 250 mg 238
armodafinil tab 50 mg 237
ARNUITY ELPT INH 100MCG 349
ARNUITY ELPT INH 200MCG 349
ARNUITY ELPT INH 50MCG 348
asenapine maleate sl tab 10 mg (base equiv) 185
asenapine maleate sl tab 2.5 mg (base equiv) 185
asenapine maleate sl tab 5 mg (base equiv) . 185
ashlyna 257
aspirin-dipyridamole cap er 12hr 25-200 mg 304
ASTAGRAF XL CAP 0.5MG 316
ASTAGRAF XL CAP 1MG 316
ASTAGRAF XL CAP 5MG 316
atazanavir sulfate cap 150 mg (base equiv) 59
atazanavir sulfate cap 200 mg (base equiv) 59
atazanavir sulfate cap 300 mg (base equiv) 59
atenolol & chlorthalidone tab 100-25 mg 144
atenolol & chlorthalidone tab 50-25 mg 144
atenolol tab 100 mg. 145
atenolol tab 25 mg .. 145
atenolol tab 50 mg .. 145

atomoxetine hcl cap 10 mg (base equiv) 223
atomoxetine hcl cap 100 mg (base equiv) 223
atomoxetine hcl cap 18 mg (base equiv) 223
atomoxetine hcl cap 25 mg (base equiv) 223
atomoxetine hcl cap 40 mg (base equiv) 223
atomoxetine hcl cap 60 mg (base equiv) 223
atomoxetine hcl cap 80 mg (base equiv) 223
atorvastatin calcium tab 10 mg (base equivalent) 140
atorvastatin calcium tab 20 mg (base equivalent) 140
atorvastatin calcium tab 40 mg (base equivalent) 140
atorvastatin calcium tab 80 mg (base equivalent) 140
atovaquone susp 750 mg/5ml 49
atovaquone-proguanil hcl tab 250-100 mg..58
atovaquone-proguanil hcl tab 62.5-25 mg ..58
ATROPINE SUL SOL 1% OP 333
atropine sulfate ophth soln 1%..... 333
ATROVENT HFA AER 17MCG 336
aubra eq 257
AUGTYRO CAP 160MG 96
AUGTYRO CAP 40MG..96
aurovela 1/20 257
aurovela 24 fe..... 257
aurovela fe 1.5/30 ... 257
aurovela fe 1/20..... 257
AUSTEDO TAB 12MG 232
AUSTEDO TAB 6MG . 231
AUSTEDO TAB 9MG . 232
AUSTEDO XR TAB 12MG 232
AUSTEDO XR TAB 18MG 232
AUSTEDO XR TAB 24MG 232
AUSTEDO XR TAB 30MG 232
AUSTEDO XR TAB 36MG 232
AUSTEDO XR TAB 42MG 232

AUSTEDO XR TAB 48MG 232
AUSTEDO XR TAB 6MG 232
AUSTEDO XR TAB TITR KIT 233
AUVELITY TAB 45-105MG 168
aviane 257
AVMAPKI PAK FAKZYNJA 96
ayuna 257
AYVAKIT TAB 100MG 97
AYVAKIT TAB 200MG 97
AYVAKIT TAB 25MG 96
AYVAKIT TAB 300MG 97
AYVAKIT TAB 50MG 97
azacitidine for inj 100 mg 83
azathioprine tab 50 mg 316
azelastine hcl nasal spray 0.1% (137 mcg/spray) 336
azelastine hcl ophth soln 0.05% 332
azithromycin for susp 100 mg/5ml 72
azithromycin for susp 200 mg/5ml 72
azithromycin iv for soln 500 mg 72
azithromycin tab 250 mg 72
azithromycin tab 500 mg 72
azithromycin tab 600 mg 72
aztreonam for inj 1 gm 49
aztreonam for inj 2 gm 49
azurette 257

B

bacitracin-polymyxin b ophth oint 329
bacitracin-polymyxin-neomycin-hc ophth oint 1% 328
baclofen tab 10 mg 235
baclofen tab 20 mg 235
baclofen tab 5 mg 235
BAFIERTAM CAP 95MG 234
balsalazide disodium cap 750 mg 287
BALVERSA TAB 3MG 97
BALVERSA TAB 4MG 97
BALVERSA TAB 5MG 97
balziva 257

BAQSIMI ONE POW 3MG/DOSE..... 272
BAQSIMI TWO POW 3MG/DOSE..... 272
BARACLUDE SOL 65
BASAGLAR KWP INJ 100/ML..... 250
BCG VACCINE INJ 50MG 318
benazepril & hydrochlorothiazide tab 10-12.5 mg..... 126
benazepril & hydrochlorothiazide tab 20-12.5 mg..... 126
benazepril & hydrochlorothiazide tab 20-25 mg 126
benazepril & hydrochlorothiazide tab 5-6.25mg 126
benazepril hcl tab 10 mg 128
benazepril hcl tab 20 mg 128
benazepril hcl tab 40 mg 128
benazepril hcl tab 5 mg 128
BENDAMUSTINE SOL 100/4ML..... 81
BENDEKA INJ 100/4ML 81
BENLYSTA INJ 120MG 316
BENLYSTA INJ 200MG/ML 316
BENLYSTA INJ 400MG 316
benzoyl peroxide-erythromycin gel 5-3% 351
benztropine mesylate inj 1 mg/ml 179
benztropine mesylate tab 0.5 mg..... 179
benztropine mesylate tab 1 mg 179
benztropine mesylate tab 2 mg 179
BERINERT INJ 500UNIT 303
besifloxacin hcl ophth susp 0.6% (base equiv) 329
BESIVANCE SUS 0.6% 329
BESREMI SOL 500MCG 92

betaine powder for oral solution 273
betamethasone dipropionate augmented cream 0.05% 356
betamethasone dipropionate augmented gel 0.05% 356
betamethasone dipropionate augmented lotion 0.05% 356
betamethasone dipropionate augmented oint 0.05% 356
betamethasone dipropionate cream 0.05% 356
betamethasone dipropionate lotion 0.05% 357
betamethasone dipropionate oint 0.05% 357
betamethasone valerate cream 0.1% (base equivalent) 357
betamethasone valerate lotion 0.1% (base equivalent) 357
betamethasone valerate oint 0.1% (base equivalent) 357
BETASERON INJ 0.3MG 234
betaxolol hcl ophth soln 0.5% 332
betaxolol hcl tab 10 mg 145
betaxolol hcl tab 20 mg 145
bethanechol chloride tab 10 mg 295
bethanechol chloride tab 25 mg 295
bethanechol chloride tab 5 mg 295
bethanechol chloride tab 50 mg 295
BEVESPI AER 9-4.8MCG 335
bexarotene cap 75 mg 92
bexarotene gel 1% .. 361
BEXSERO INJ 318
bicalutamide tab 50 mg 87

BICILLIN L-A INJ 1200000 77
BICILLIN L-A INJ 2400000 78
BICILLIN L-A INJ 600000 77
BIKTARVY TAB 30-120-15 MG 62
BIKTARVY TAB 50-200-25 MG 62
BILDYOS INJ 60MG/ML 254
BIMZELX INJ 160MG/ML 305
BIMZELX INJ 320MG/2 306
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 145
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 144
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 144
bisoprolol fumarate tab 10 mg 146
bisoprolol fumarate tab 5 mg 145
BIVIGAM INJ 10% ... 313
blisovi 24 fe 257
blisovi fe 1.5/30 257
blisovi fe 1/20 257
BLUJEPA TAB 750MG . 49
BONSITY INJ 560/2.24 254
BOOSTRIX INJ 318
bortezomib for inj 3.5 mg 97
BORTEZOMIB INJ 1MG 97
BORTEZOMIB INJ 2.5MG 97
bosentan tab 125 mg 159
bosentan tab 62.5 mg 159
bosentan tab for oral susp 32 mg 160
BOSULIF CAP 100MG . 97
BOSULIF CAP 50MG ... 97
BOSULIF TAB 100MG . 98
BOSULIF TAB 400MG . 98
BOSULIF TAB 500MG . 98
BRAFTOVI CAP 75MG . 98
BREO ELLIPTA INH 100-25 350
BREO ELLIPTA INH 200-25 350

BREO ELLIPTA INH 50-25MCG 350
breyna 350
BREZTRI AERO AER SPHERE 335
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 335
briellyn 257
brimonidine tartrate ophth soln 0.2% 332
brinzolamide ophth susp 1% 332
brivaracetam oral soln 10 mg/ml 201
brivaracetam tab 10 mg 201
brivaracetam tab 100 mg 201
brivaracetam tab 25 mg 201
brivaracetam tab 50 mg 201
brivaracetam tab 75 mg 201
BRIVIACT SOL 10MG/ML 201
BRIVIACT TAB 100MG 202
BRIVIACT TAB 10MG 201
BRIVIACT TAB 25MG 202
BRIVIACT TAB 50MG 202
BRIVIACT TAB 75MG 202
bromocriptine mesylate cap 5 mg (base equivalent) 179
bromocriptine mesylate tab 2.5 mg (base equivalent) 180
BRUKINSA CAP 80MG 98
BRUKINSA TAB 160MG 98
budesonide delayed release particles cap 3 mg 287
budesonide inhalation susp 0.25 mg/2ml . 349
budesonide inhalation susp 0.5 mg/2ml ... 349
budesonide tab er 24hr 9 mg 288
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 350
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 350
bumetanide inj 0.25 mg/ml 152

bumetanide tab 0.5 mg 153
bumetanide tab 1 mg 153
bumetanide tab 2 mg 153
buprenorphine hcl sl tab 2 mg (base equiv) . 238
buprenorphine hcl sl tab 8 mg (base equiv) . 238
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) . 239
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 238
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 239
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 239
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 239
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 239
buprenorphine td patch weekly 10 mcg/hr 42
buprenorphine td patch weekly 15 mcg/hr 42
buprenorphine td patch weekly 20 mcg/hr 42
buprenorphine td patch weekly 5 mcg/hr 42
buprenorphine td patch weekly 7.5 mcg/hr ... 42
bupropion hcl (smoking deterrent) tab er 12hr 150 mg 239
bupropion hcl tab 100 mg 168
bupropion hcl tab 75 mg 168
bupropion hcl tab er 12hr 100 mg 168
bupropion hcl tab er 12hr 150 mg 168
bupropion hcl tab er 12hr 200 mg 168
bupropion hcl tab er 24hr 150 mg 169
bupropion hcl tab er 24hr 300 mg 169
buspirone hcl tab 10 mg 163

buspirone hcl tab 15 mg 163
buspirone hcl tab 30 mg 163
buspirone hcl tab 5 mg 163
buspirone hcl tab 7.5 mg 163
butorphanol tartrate inj 1 mg/ml 45
butorphanol tartrate inj 2 mg/ml 46

C

cabergoline tab 0.5 mg 273
CABOMETYX TAB 20MG 98
CABOMETYX TAB 40MG 98
CABOMETYX TAB 60MG 98
calcipotriene cream 0.005% 355
calcipotriene oint 0.005% 355
calcipotriene soln 0.005% (50 mcg/ml) 355
calcitonin (salmon) spray 254
calcitrene 355
calcitriol (oral) 282
calcitriol cap 0.25 mcg 282
calcitriol cap 0.5 mcg 282
CALQUENCE TAB 100MG 98
camila 258
camrese 258
camrese lo 258
candesartan cilexetil tab 16 mg 136
candesartan cilexetil tab 32 mg 136
candesartan cilexetil tab 4 mg 136
candesartan cilexetil tab 8 mg 136
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 132
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 132
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 132
CAPLYTA CAP 10.5MG 186
CAPLYTA CAP 21MG . 186

CAPLYTA CAP 42MG . 186
CAPRELSA TAB 100MG 99
CAPRELSA TAB 300MG 99
captopril & hydrochlorothiazide tab 25-15 mg 127
captopril & hydrochlorothiazide tab 25-25 mg 127
captopril & hydrochlorothiazide tab 50-15 mg 127
captopril & hydrochlorothiazide tab 50-25 mg 127
captopril tab 100 mg 128
captopril tab 12.5 mg 128
captopril tab 25 mg . 128
captopril tab 50 mg . 128
carb/levo orally disintegrating tab 10-100mg 180
carb/levo orally disintegrating tab 25-100mg 180
carb/levo orally disintegrating tab 25-250mg 180
carbamazepine cap er 12hr 100 mg 202
carbamazepine cap er 12hr 200 mg 202
carbamazepine cap er 12hr 300 mg 202
carbamazepine chew tab 100 mg 202
carbamazepine chew tab 200 mg 202
carbamazepine susp 100 mg/5ml 202
carbamazepine tab 200 mg 202
carbamazepine tab er 12hr 100 mg 202
carbamazepine tab er 12hr 200 mg 203
carbamazepine tab er 12hr 400 mg 203
carbidopa & levodopa tab 10-100 mg 180
carbidopa & levodopa tab 25-100 mg 180
carbidopa & levodopa tab 25-250 mg 180

carbidopa & levodopa tab er 25-100 mg ..180
carbidopa & levodopa tab er 50-200 mg ..180
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....180
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....181
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....181
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....181
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....181
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....181
carboplatin iv soln 150 mg/15ml 81
carboplatin iv soln 450 mg/45ml 81
carboplatin iv soln 50 mg/5ml 81
carboplatin iv soln 600 mg/60ml 81
carglumic acid soluble tab 200 mg.....273
carisoprodol tab 350 mg 236
carteolol hcl ophth soln 1% 332
cartia xt 148
carvedilol tab 12.5 mg 146
carvedilol tab 25 mg 146
carvedilol tab 3.125 mg 146
carvedilol tab 6.25 mg 146
caspofungin acetate for iv soln 50 mg 56
caspofungin acetate for iv soln 70 mg 56
CAYSTON INH 75MG ..49
cefaclor cap 250 mg ..68
cefaclor cap 500 mg ..68
cefadroxil cap 500 mg 68
cefadroxil for susp 250 mg/5ml 68
cefadroxil for susp 500 mg/5ml 68
CEFAZOLIN INJ 1GM/50ML 68
CEFAZOLIN INJ 2GM ..68
CEFAZOLIN INJ 3GM ..68

cefazolin sodium for inj 1 gm 68
cefazolin sodium for inj 10 gm 68
cefazolin sodium for inj 2 gm 68
cefazolin sodium for inj 3 gm 68
cefazolin sodium for inj 500 mg 68
cefazolin sodium for iv soln 1 gm 68
CEFAZOLIN SOLN 2GM/100ML-4% 68
CEFAZOLIN/DEX SOL 1GM/50ML-4% 69
CEFAZOLIN/DEX SOL 2GM/50ML-3% 69
CEFAZOLIN/DEX SOL 3GM/150ML-4% 69
CEFAZOLIN/DEX SOL 3GM/50ML-2% 69
cefdinir cap 300 mg ...69
cefdinir for susp 125 mg/5ml 69
cefdinir for susp 250 mg/5ml 69
cefepime hcl for inj 1 gm 69
cefepime hcl for iv soln 2 gm 69
cefixime cap 400 mg ..69
cefixime for susp 100 mg/5ml 69
cefixime for susp 200 mg/5ml 69
cefotetan disodium for inj 1 gm 69
cefotetan disodium for inj 2 gm 69
cefoxitin sodium for iv soln 1 gm 69
cefoxitin sodium for iv soln 10 gm 70
cefoxitin sodium for iv soln 2 gm 70
cefpodoxime proxetil for susp 100 mg/5ml 70
cefpodoxime proxetil for susp 50 mg/5ml 70
cefpodoxime proxetil tab 100 mg 70
cefpodoxime proxetil tab 200 mg 70
cefprozil for susp 125 mg/5ml 70
cefprozil for susp 250 mg/5ml 70
cefprozil tab 250 mg ..70

cefprozil tab 500 mg ..70
ceftaroline fosamil for iv soln 400 mg 70
ceftaroline fosamil for iv soln 600 mg 70
ceftazidime for inj 1 gm 70
ceftazidime for inj 6 gm 70
ceftazidime for iv soln 2 gm.....70
ceftriaxone sodium for inj 1 gm 71
ceftriaxone sodium for inj 10 gm.....71
ceftriaxone sodium for inj 2 gm 71
ceftriaxone sodium for inj 250 mg 71
ceftriaxone sodium for inj 500 mg 71
ceftriaxone sodium for iv soln 1 gm 71
ceftriaxone sodium for iv soln 2 gm 71
cefuroxime axetil tab 250 mg 71
cefuroxime axetil tab 500 mg 71
cefuroxime sodium for inj 750 mg.....71
cefuroxime sodium for iv soln 1.5 gm 71
celecoxib cap 100 mg.40
celecoxib cap 200 mg.40
celecoxib cap 400 mg.40
celecoxib cap 50 mg ..40
cephalexin cap 250 mg 71
cephalexin cap 500 mg 71
cephalexin for susp 125 mg/5ml 72
cephalexin for susp 250 mg/5ml 72
CEQUR SIMPL KIT PATCH 2U (3-DAY). 250
CEQUR SIMPL KIT PATCH 2U (4-DAY). 250
CEQUR SIMPL MIS INSERTER..... 250
CERDELGA CAP 84MG 273
CEREZYME INJ 400UNIT 273
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml). 336
cevimeline hcl cap 30 mg 364

chateal eq 258
CHEMET CAP 100MG 256
chlorhexidine gluconate soln 0.12% 364
chloroquine phosphate tab 250 mg 58
chloroquine phosphate tab 500 mg 58
chlorpromazine hcl conc 100 mg/ml 186
chlorpromazine hcl conc 30 mg/ml 186
chlorpromazine hcl inj 25 mg/ml 186
chlorpromazine hcl inj 50 mg/2ml 186
chlorpromazine hcl tab 10 mg 186
chlorpromazine hcl tab 100 mg 186
chlorpromazine hcl tab 200 mg 186
chlorpromazine hcl tab 25 mg 186
chlorpromazine hcl tab 50 mg 186
chlorthalidone tab 25 mg 153
chlorthalidone tab 50 mg 153
cholestyramine light powder 4 gm/dose . 142
cholestyramine light powder packets 4 gm 142
cholestyramine powder 4 gm/dose 142
cholestyramine powder packets 4 gm 142
ciclopirox olamine cream 0.77% (base equiv) 354
ciclopirox olamine susp 0.77% (base equiv) 354
ciclopirox shampoo 1% 354
cilostazol tab 100 mg 303
cilostazol tab 50 mg . 303
CILOXAN OIN 0.3% OP 329
CIMDUO TAB 300-300 62
cinacalcet hcl tab 30 mg (base equiv) 273
cinacalcet hcl tab 60 mg (base equiv) 273
cinacalcet hcl tab 90 mg (base equiv) 273
ciprofloxacin 200 mg/100ml in d5w 74
ciprofloxacin 400 mg/200ml in d5w 74

ciprofloxacin hcl ophth soln 0.3% (base equivalent) 329
ciprofloxacin hcl tab 250 mg (base equiv) 74
ciprofloxacin hcl tab 500 mg (base equiv) 74
ciprofloxacin hcl tab 750 mg (base equiv) 74
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 334
*cisplatin inj 100 mg/100ml (1 mg/ml)*81
*cisplatin inj 200 mg/200ml (1 mg/ml)*82
cisplatin inj 50 mg/50ml (1 mg/ml).....81
citalopram hydrobromide oral soln 10 mg/5ml 169
citalopram hydrobromide tab 10 mg (base equiv) 169
citalopram hydrobromide tab 20 mg (base equiv) 169
citalopram hydrobromide tab 40 mg (base equiv) 169
claravis 351
clarithromycin for susp 125 mg/5ml.....72
clarithromycin for susp 250 mg/5ml.....72
clarithromycin tab 250 mg 72
clarithromycin tab 500 mg 73
clarithromycin tab er 24hr 500 mg.....73
clindamycin hcl cap 150 mg 50
clindamycin hcl cap 300 mg 50
clindamycin hcl cap 75 mg 49
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 50
*clindamycin phosphate gel 1% (once-daily)*352
clindamycin phosphate in d5w iv soln 300 mg/50ml 50
clindamycin phosphate in d5w iv soln 600 mg/50ml 50

clindamycin phosphate in d5w iv soln 900 mg/50ml 50
clindamycin phosphate inj 300 mg/2ml 50
clindamycin phosphate inj 600 mg/4ml 50
clindamycin phosphate inj 900 mg/6ml 50
clindamycin phosphate lotion 1% 352
clindamycin phosphate soln 1% 352
clindamycin phosphate vaginal cream 2% .. 297
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 352
CLINDMYC/NAC INJ 300/50ML 50
CLINDMYC/NAC INJ 600/50ML 50
CLINDMYC/NAC INJ 900/50ML 50
CLINIMIX INJ 4.25/D10 327
CLINIMIX INJ 4.25/D5W 327
CLINIMIX INJ 5%/D15W 327
CLINIMIX INJ 5%/D20W 327
CLINIMIX INJ 6/5 327
CLINIMIX INJ 8/10 .. 327
CLINIMIX INJ 8/14 .. 327
clinisol sf 15% 327
CLINOLIPID EMU 20% 327
clobazam suspension 2.5 mg/ml 203
clobazam tab 10 mg 203
clobazam tab 20 mg 203
clobetasol propionate cream 0.05% 357
clobetasol propionate e 357
clobetasol propionate gel 0.05% 357
clobetasol propionate oint 0.05% 357
clobetasol propionate shampoo 0.05% 357
clobetasol propionate soln 0.05% 357
clodan 358
clomipramine hcl cap 25 mg 169

clomipramine hcl cap 50 mg 169
clomipramine hcl cap 75 mg 169
clonazepam orally disintegrating tab 0.125 mg 203
clonazepam orally disintegrating tab 0.25 mg 203
clonazepam orally disintegrating tab 0.5 mg 203
clonazepam orally disintegrating tab 1 mg 203
clonazepam orally disintegrating tab 2 mg 203
clonazepam tab 0.5 mg 203
clonazepam tab 1 mg 204
clonazepam tab 2 mg 204
clonidine hcl tab 0.1 mg 154
clonidine hcl tab 0.2 mg 155
clonidine hcl tab 0.3 mg 155
clonidine td patch weekly 0.1 mg/24hr 155
clonidine td patch weekly 0.2 mg/24hr 155
clonidine td patch weekly 0.3 mg/24hr 155
clopidogrel bisulfate tab 75 mg (base equiv) 304
clorazepate dipotassium tab 15 mg 204
clorazepate dipotassium tab 3.75 mg 204
clorazepate dipotassium tab 7.5 mg 204
clotrimazole cream 1% 354
clotrimazole soln 1% 354
clotrimazole troche 10 mg 364
clotrimazole w/ betamethasone cream 1-0.05% 354
clozapine orally disintegrating tab 100 mg 187

clozapine orally disintegrating tab 12.5 mg 186
clozapine orally disintegrating tab 150 mg 187
clozapine orally disintegrating tab 200 mg 187
clozapine orally disintegrating tab 25 mg 186
clozapine tab 100 mg 187
clozapine tab 200 mg 187
clozapine tab 25 mg . 187
clozapine tab 50 mg . 187
COARTEM TAB 20-120MG 58
COBENFY CAP 100-20MG 187
COBENFY CAP 125-30MG 187
COBENFY CAP 50-20MG 187
COBENFY STRT CAP PACK 187
colchicine tab 0.6 mg . 39
colchicine w/ probenecid tab 0.5-500 mg 39
colesevelam hcl packet for susp 3.75 gm ... 142
colesevelam hcl tab 625 mg 142
colestipol hcl granule packets 5 gm 142
colestipol hcl granules 5 gm 143
colestipol hcl tab 1 gm 143
colistimethate sod for inj 150 mg (colistin base activity) 50
COMBIGAN SOL 0.2/0.5% 332
COMBIVENT AER 20-100 335
COMETRIQ (60MG DOSE) 99
COMETRIQ KIT 100MG 99
COMETRIQ KIT 140MG 99
compro 282
constulose 288
COPAXONE INJ 20MG/ML 234

COPAXONE INJ 40MG/ML 234
COPIKTRA CAP 15MG . 99
COPIKTRA CAP 25MG . 99
CORLANOR SOL 5MG/5ML 155
COTELLIC TAB 20MG .. 99
CREON CAP 12000UNT 289
CREON CAP 24000UNT 290
CREON CAP 3000UNIT 289
CREON CAP 36000UNT 290
CREON CAP 6000UNIT 289
CRESEMBA CAP 186MG 56
CRESEMBA CAP 74.5MG 56
cromolyn sodium ophth soln 4% 332
cromolyn sodium oral conc 100 mg/5ml ... 290
cromolyn sodium soln nebu 20 mg/2ml 342
cryselle 258
cyclobenzaprine hcl tab 10 mg 236
cyclobenzaprine hcl tab 5 mg 236
CYCLOPHOSPH INJ 1000MG 82
CYCLOPHOSPH INJ 1GM/2ML 82
CYCLOPHOSPH INJ 1GM/5ML 82
CYCLOPHOSPH INJ 2000MG 82
CYCLOPHOSPH INJ 2GM/4ML 82
CYCLOPHOSPH INJ 500/5ML 82
CYCLOPHOSPH INJ 500MG/ML 82
CYCLOPHOSPH TAB 25MG 82
CYCLOPHOSPH TAB 50MG 82
CYCLOPHOSPHA INJ 2GM/10ML 82
CYCLOPHOSPHA INJ 500/2.5 82
cyclophosphamide cap 25 mg 82
cyclophosphamide cap 50 mg 82
cyclophosphamide for inj 1 gm 82

cyclophosphamide for inj 2 gm 82
cyclophosphamide for inj 500 mg 82
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml) 82
cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml) 83
cycloserine cap 250 mg 64
cyclosporine cap 100 mg 316
cyclosporine cap 25 mg 316
cyclosporine modified cap 100 mg 316
cyclosporine modified cap 25 mg 316
cyclosporine modified cap 50 mg 316
cyclosporine modified oral soln 100 mg/ml 316
cyproheptadine hcl syrup 2 mg/5ml 337
cyproheptadine hcl tab 4 mg 337
cyred eq 258
CYSTADROPS SOL 0.37% 333
CYSTAGON CAP 150MG 274
CYSTAGON CAP 50MG 274
CYSTARAN SOL 0.44% 333
cytarabine inj 20 mg/ml 83

D

D10W/NACL INJ 0.2% 321
D10W/NACL INJ 0.45% 321
D2.5W/NACL INJ 0.45% 321
D5W/NACL INJ 0.2% 321
D5W/NACL INJ 0.45% 321
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) . 298
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) . 298
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) . 298

dalfampridine tab er 12hr 10 mg 234
danazol cap 100 mg . 240
danazol cap 200 mg . 240
danazol cap 50 mg .. 240
dantrolene sodium cap 100 mg 236
dantrolene sodium cap 25 mg 236
dantrolene sodium cap 50 mg 236
DANZITEN TAB 71MG 100
DANZITEN TAB 95MG 100
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg .. 242
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg 242
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg 241
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 241
dapagliflozin tab 10 mg 242
dapagliflozin tab 5 mg 242
dapsone tab 100 mg .. 50
dapsone tab 25 mg 50
DAPTACEL INJ 318
daptomycin for iv soln 350 mg 51
daptomycin for iv soln 500 mg 51
DAPTOMYCIN INJ 350MG 51
darunavir tab 600 mg 59
darunavir tab 800 mg 59
dasatinib tab 100 mg 100
dasatinib tab 140 mg 100
dasatinib tab 20 mg . 100
dasatinib tab 50 mg . 100
dasatinib tab 70 mg . 100
dasatinib tab 80 mg . 100
dasetta 1/35 258
dasetta 7/7/7 258
DAURISMO TAB 100MG 100
DAURISMO TAB 25MG 100
daysee 258
DAYVIGO TAB 10MG 226
DAYVIGO TAB 5MG .. 225
deblitane 258

deferasirox tab 180 mg 256
deferasirox tab 360 mg 256
deferasirox tab 90 mg 256
deferasirox tab for oral susp 125 mg 256
deferasirox tab for oral susp 250 mg 256
deferasirox tab for oral susp 500 mg 256
DELSTRIGO TAB 62
DENGVAXIA SUS 318
DEPO-SQ PROV INJ 104 258
depo-testosterone ... 240
DESCOVY TAB 120-15MG 62
DESCOVY TAB 200/25MG 62
desipramine hcl tab 10 mg 169
desipramine hcl tab 100 mg 170
desipramine hcl tab 150 mg 170
desipramine hcl tab 25 mg 169
desipramine hcl tab 50 mg 170
desipramine hcl tab 75 mg 170
desmopressin acetate inj 4 mcg/ml 274
desmopressin acetate nasal spray soln 0.01% 274
desmopressin acetate nasal spray soln 0.01% (refrigerated) 274
desmopressin acetate preservative free (pf) inj 4 mcg/ml 274
desmopressin acetate tab 0.1 mg 274
desmopressin acetate tab 0.2 mg 274
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 258
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 170
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 170

desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....170
DEXAMETHASON CON 1MG/ML.....269
dexamethasone elixir 0.5 mg/5ml.....269
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf).....269
dexamethasone sod phosphate preservative free inj 10 mg/ml...269
dexamethasone sodium phosphate inj 10 mg/ml.....269
dexamethasone sodium phosphate inj 100 mg/10ml.....269
dexamethasone sodium phosphate inj 120 mg/30ml.....269
dexamethasone sodium phosphate inj 20 mg/5ml.....269
dexamethasone sodium phosphate inj 4 mg/ml.....269
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml.....269
dexamethasone sodium phosphate ophth soln 0.1%.....331
dexamethasone soln 0.5 mg/5ml.....270
dexamethasone tab 0.5 mg.....270
dexamethasone tab 0.75 mg.....270
dexamethasone tab 1 mg.....270
dexamethasone tab 1.5 mg.....270
dexamethasone tab 2 mg.....270
dexamethasone tab 4 mg.....270
dexamethasone tab 6 mg.....270
dexmethylphenidate hcl tab 10 mg.....224
dexmethylphenidate hcl tab 2.5 mg.....224
dexmethylphenidate hcl tab 5 mg.....224

dextrose 2.5% w/ sodium chloride 0.45% 321
dextrose 5% in lactated ringers 321
dextrose 5% w/ sodium chloride 0.225% 321
dextrose 5% w/ sodium chloride 0.3% 321
dextrose 5% w/ sodium chloride 0.45% 321
dextrose 5% w/ sodium chloride 0.9% 321
dextrose inj 10% 327
DEXTROSE INJ 10%. 327
dextrose inj 5% 327
dextrose inj 50% 327
DEXTROSE INJ 70%. 327
DIACOMIT CAP 250MG 204
DIACOMIT CAP 500MG 204
DIACOMIT PAK 250MG 205
DIACOMIT PAK 500MG 205
diazepam inj 205
diazepam intensol 205
diazepam oral soln 1 mg/ml 205
diazepam rectal gel delivery system 10 mg 206
diazepam rectal gel delivery system 2.5 mg 205
diazepam rectal gel delivery system 20 mg 206
diazepam tab 10 mg 207
diazepam tab 2 mg .. 206
diazepam tab 5 mg .. 206
diazoxide susp 50 mg/ml 273
diclofenac potassium tab 50 mg 40
diclofenac sodium ophth soln 0.1% 331
diclofenac sodium soln 1.5% 361
diclofenac sodium tab delayed release 25 mg 40
diclofenac sodium tab delayed release 50 mg 40
diclofenac sodium tab delayed release 75 mg 40

diclofenac sodium tab er 24hr 100 mg 40
dicloxacillin sodium cap 250 mg 78
dicloxacillin sodium cap 500 mg 78
dicyclomine hcl cap 10 mg 286
dicyclomine hcl oral soln 10 mg/5ml 286
dicyclomine hcl tab 20 mg 286
DIFICID SUS 73
diflunisal tab 500 mg .40
difluprednate ophth emulsion 0.05% 331
digoxin inj 0.25 mg/ml 155
digoxin oral soln 0.05 mg/ml 155
digoxin tab 125 mcg (0.125 mg) 155
digoxin tab 250 mcg (0.25 mg) 155
dihydroergotamine mesylate nasal spray 4 mg/ml 229
DILANTIN CAP 30MG 207
diltiazem hcl cap er 12hr 120 mg 149
diltiazem hcl cap er 12hr 60 mg 148
diltiazem hcl cap er 12hr 90 mg 148
diltiazem hcl cap er 24hr 120 mg 149
diltiazem hcl cap er 24hr 180 mg 149
diltiazem hcl cap er 24hr 240 mg 149
diltiazem hcl coated beads cap er 24hr 120 mg 149
diltiazem hcl coated beads cap er 24hr 180 mg 149
diltiazem hcl coated beads cap er 24hr 240 mg 149
diltiazem hcl coated beads cap er 24hr 300 mg 149
diltiazem hcl coated beads cap er 24hr 360 mg 149
diltiazem hcl extended release beads cap er 24hr 120 mg 149

diltiazem hcl extended release beads cap er 24hr 180 mg 149
diltiazem hcl extended release beads cap er 24hr 240 mg 150
diltiazem hcl extended release beads cap er 24hr 300 mg 150
diltiazem hcl extended release beads cap er 24hr 360 mg 150
diltiazem hcl extended release beads cap er 24hr 420 mg 150
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 150
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) . 150
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 150
diltiazem hcl tab 120 mg 150
diltiazem hcl tab 30 mg 150
diltiazem hcl tab 60 mg 150
diltiazem hcl tab 90 mg 150
dilt-xr 148
diphenhydramine hcl inj 50 mg/ml 337
diphenoxylate w/ atropine tab 2.5-0.025 mg 290
dipyridamole tab 25 mg 304
dipyridamole tab 50 mg 304
dipyridamole tab 75 mg 305
disopyramide phosphate cap 100 mg 138
disopyramide phosphate cap 150 mg 138
disulfiram tab 250 mg 239
disulfiram tab 500 mg 239
divalproex sodium cap delayed release sprinkle 125 mg 207
divalproex sodium tab delayed release 125 mg 207
divalproex sodium tab delayed release 250 mg 207

divalproex sodium tab delayed release 500 mg 207
divalproex sodium tab er 24 hr 250 mg 207
divalproex sodium tab er 24 hr 500 mg 207
docetaxel for inj conc 160 mg/8ml (20 mg/ml) 94
docetaxel for inj conc 20 mg/ml 94
docetaxel for inj conc 80 mg/4ml (20 mg/ml) .94
DOCETAXEL INJ 160/16ML 94
DOCETAXEL INJ 160/8ML 94
DOCETAXEL INJ 20MG/2ML 94
DOCETAXEL INJ 80MG/4ML 94
DOCETAXEL INJ 80MG/8ML 94
docetaxel soln for iv infusion 160 mg/16ml 94
docetaxel soln for iv infusion 20 mg/2ml ..94
docetaxel soln for iv infusion 80 mg/8ml ..94
DOCIVYX INJ 160/16ML 94
DOCIVYX INJ 20MG/2ML 94
DOCIVYX INJ 80MG/8ML 94
dofetilide cap 125 mcg (0.125 mg) 138
dofetilide cap 250 mcg (0.25 mg) 138
dofetilide cap 500 mcg (0.5 mg) 138
dolishale 258
donepezil hydrochloride orally disintegrating tab 10 mg 164
donepezil hydrochloride orally disintegrating tab 5 mg 164
donepezil hydrochloride tab 10 mg 164
donepezil hydrochloride tab 5 mg 164
DOPTELET SPR CAP 10MG 303
DOPTELET TAB 20MG 303

dorzolamide hcl ophth soln 2% 332
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 332
dotti 266
DOVATO TAB 50-300MG 62
doxazosin mesylate tab 1 mg 130
doxazosin mesylate tab 2 mg 130
doxazosin mesylate tab 4 mg 130
doxazosin mesylate tab 8 mg 130
doxepin hcl (sleep) tab 3 mg (base equiv) 226
doxepin hcl (sleep) tab 6 mg (base equiv) 226
doxepin hcl cap 10 mg 170
doxepin hcl cap 100 mg 171
doxepin hcl cap 150 mg 171
doxepin hcl cap 25 mg 171
doxepin hcl cap 50 mg 171
doxepin hcl cap 75 mg 171
doxepin hcl conc 10 mg/ml 171
doxorubicin hcl inj 2 mg/ml 92
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml 92
doxy 100 79
doxycycline hyclate cap 100 mg 80
doxycycline hyclate cap 50 mg 80
doxycycline hyclate for inj 100 mg 80
doxycycline hyclate tab 100 mg 80
doxycycline hyclate tab 20 mg 80
doxycycline monohydrate cap 100 mg 80
doxycycline monohydrate cap 50 mg 80
doxycycline monohydrate for susp 25 mg/5ml 80

doxycycline monohydrate tab 100 mg 80
doxycycline monohydrate tab 50 mg 80
doxycycline monohydrate tab 75 mg 80
DRIZALMA CAP 20MG DR 171
DRIZALMA CAP 30MG DR 171
DRIZALMA CAP 40MG DR 172
DRIZALMA CAP 60MG DR 172
dronabinol cap 10 mg 282
dronabinol cap 2.5 mg 282
dronabinol cap 5 mg 282
drospirenone-ethinyl estradiol tab 3-0.02 mg 258
drospirenone-ethinyl estradiol tab 3-0.03 mg 259
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg ... 258
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg ... 258
DROXIA CAP 200MG 303
DROXIA CAP 300MG 303
DROXIA CAP 400MG 303
droxidopa cap 100 mg 155
droxidopa cap 200 mg 155
droxidopa cap 300 mg 156
DULERA AER 100-5MCG 350
DULERA AER 200-5MCG 351
DULERA AER 50-5MCG 350
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 172
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 172
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 172

DUPIXENT INJ 200/1.14 306
DUPIXENT INJ 200MG 306
DUPIXENT INJ 300/2ML 306
dutasteride cap 0.5 mg 294
dutasteride-tamsulosin hcl cap 0.5-0.4 mg . 294

E

e.e.s. 400 73
econazole nitrate cream 1% 354
EDURANT PED TAB 2.5MG 59
EDURANT TAB 25MG .. 60
efavirenz tab 600 mg . 60
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 62
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 62
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 63
ELIGARD INJ 22.5MG . 87
ELIGARD INJ 30MG 87
ELIGARD INJ 45MG 87
ELIGARD INJ 7.5MG ... 87
elinest 259
ELIQUIS (1.5MG PACK) 3 X 298
ELIQUIS (2MG PACK) 4 X 298
ELIQUIS CAP 0.15MG 298
ELIQUIS ST P TAB 5MG 299
ELIQUIS TAB 0.5MG. 299
ELIQUIS TAB 2.5MG. 299
ELIQUIS TAB 5MG ... 299
eluryng 259
EMGALITY INJ 100MG/ML 229
EMGALITY INJ 120MG/ML 229
EMSAM DIS 12MG/24H 172
EMSAM DIS 6MG/24HR 172
EMSAM DIS 9MG/24HR 172
emtricitabine caps 200 mg 60
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 63

emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 63
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 63
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 63
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 63
EMTRIVA SOL 10MG/ML 60
EMVERM CHW 100MG 51
emzahh 259
enalapril maleate & hydrochlorothiazide tab 10-25 mg 127
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 127
enalapril maleate tab 10 mg 128
enalapril maleate tab 2.5 mg 128
enalapril maleate tab 20 mg 128
enalapril maleate tab 5 mg 128
ENBREL INJ 25/0.5ML 306
ENBREL INJ 25MG ... 306
ENBREL INJ 50MG/ML 307
ENBREL MINI INJ 50MG/ML 307
ENBREL SRCLK INJ 50MG/ML 307
endocet tab 10-325mg 46
endocet tab 2.5-325mg 46
endocet tab 5-325mg . 46
endocet tab 7.5-325mg 46
ENGERIX-B INJ 10/0.5ML 318
ENGERIX-B INJ 20MCG/ML 318
enilloring 259
enoxaparin sodium inj 300 mg/3ml 299
enoxaparin sodium inj soln pref syr 100 mg/ml 299
enoxaparin sodium inj soln pref syr 120 mg/0.8ml 299

enoxaparin sodium inj soln pref syr 150 mg/ml 300
enoxaparin sodium inj soln pref syr 30 mg/0.3ml 299
enoxaparin sodium inj soln pref syr 40 mg/0.4ml 299
enoxaparin sodium inj soln pref syr 60 mg/0.6ml 299
enoxaparin sodium inj soln pref syr 80 mg/0.8ml 299
ENSACOVE CAP 100MG 101
ENSACOVE CAP 25MG 101
enskyce 259
ENSTILAR AER 356
entacapone tab 200 mg 181
entecavir tab 0.5 mg .. 65
entecavir tab 1 mg 65
ENTRESTO CAP 15-16MG 132
ENTRESTO CAP 6-6MG 132
enulose 288
EPCLUSA PAK 150-37.5 65
EPCLUSA PAK 200-50MG 65
EPCLUSA TAB 200-50MG 65
EPCLUSA TAB 400-100 65
EPIDIOLEX SOL 100MG/ML 207
epinephrine inj 1 mg/ml 156
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 342
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 342
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 342
eplerenone tab 25 mg 129
eplerenone tab 50 mg 130
ergotamine w/ caffeine tab 1-100 mg 229
ERIVEDGE CAP 150MG 101

ERLEADA TAB 240MG.87
ERLEADA TAB 60MG...87
erlotinib hcl tab 100 mg (base equivalent)...101
erlotinib hcl tab 150 mg (base equivalent)...101
erlotinib hcl tab 25 mg (base equivalent)...101
errin 259
ertapenem sodium for inj 1 gm (base equivalent) 51
ery 352
ERYTHROCIN INJ 500MG 73
erythromycin ethylsuccinate tab 400 mg.....73
erythromycin gel 2% 352
erythromycin lactobionate for inj 500 mg.....73
erythromycin ophth oint 5 mg/gm 330
erythromycin soln 2% 352
erythromycin tab 250 mg.....73
erythromycin tab 500 mg.....73
erythromycin tab delayed release 250 mg 73
erythromycin tab delayed release 333 mg 73
erythromycin tab delayed release 500 mg 73
erythromycin w/ delayed release particles cap 250 mg 73
ERZOFRI INJ 117/0.75 188
ERZOFRI INJ 156MG/ML 188
ERZOFRI INJ 234/1.5 188
ERZOFRI INJ 351/2.25 188
ERZOFRI INJ 39/0.25 187
ERZOFRI INJ 78/0.5ML 188
escitalopram oxalate soln 5 mg/5ml (base equiv) 172
escitalopram oxalate tab 10 mg (base equiv) 173

escitalopram oxalate tab 20 mg (base equiv) 173
escitalopram oxalate tab 5 mg (base equiv) .172
eslicarbazepine acetate tab 200 mg 208
eslicarbazepine acetate tab 400 mg 208
eslicarbazepine acetate tab 600 mg 208
eslicarbazepine acetate tab 800 mg 208
esomeprazole magnesium cap delayed release 20 mg (base eq).....292
esomeprazole magnesium cap delayed release 40 mg (base eq).....292
esomeprazole magnesium for delayed release susp pack 2.5 mg.....293
esomeprazole magnesium for delayed release susp packet 10 mg.....293
esomeprazole magnesium for delayed release susp packet 20 mg 293
esomeprazole magnesium for delayed release susp packet 40 mg 293
esomeprazole magnesium for delayed release susp packet 5 mg 293
estarylla.....259
estradiol & norethindrone acetate tab 0.5-0.1 mg.....266
estradiol & norethindrone acetate tab 1-0.5 mg.....266
estradiol tab 0.5 mg 266
estradiol tab 1 mg ...267
estradiol tab 2 mg ...267
estradiol td patch twice weekly 0.025 mg/24hr 267
estradiol td patch twice weekly 0.0375 mg/24hr.....267
estradiol td patch twice weekly 0.05 mg/24hr 267

estradiol td patch twice weekly 0.075 mg/24hr 267
estradiol td patch twice weekly 0.1 mg/24hr 267
estradiol td patch weekly 0.025 mg/24hr 267
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 268
estradiol td patch weekly 0.05 mg/24hr 267
estradiol td patch weekly 0.06 mg/24hr 267
estradiol td patch weekly 0.075 mg/24hr 267
estradiol td patch weekly 0.1 mg/24hr 267
estradiol vaginal cream 0.01% 268
estradiol vaginal tab 10 mcg 268
estradiol valerate im in oil 10 mg/ml 268
estradiol valerate im in oil 20 mg/ml 268
estradiol valerate im in oil 40 mg/ml 268
eszopiclone tab 1 mg 226
eszopiclone tab 2 mg 226
eszopiclone tab 3 mg 227
ethambutol hcl tab 100 mg 64
ethambutol hcl tab 400 mg 64
ethosuximide cap 250 mg 208
ethosuximide soln 250 mg/5ml 208
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 259
etodolac cap 200 mg .. 40
etodolac cap 300 mg .. 40
etodolac tab 400 mg .. 41
etodolac tab 500 mg .. 41
etodolac tab er 24hr 400 mg 41
etodolac tab er 24hr 500 mg 41
etodolac tab er 24hr 600 mg 41
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 259
etoposide inj 1 gm/50ml (20 mg/ml) 95
etoposide inj 100 mg/5ml (20 mg/ml) . 95

etoposide inj 500 mg/25ml (20 mg/ml) 95
etravirine tab 100 mg 60
etravirine tab 200 mg 60
EUCRISA OIN 2% 361
EULEXIN CAP 125MG . 87
everolimus tab 0.25 mg 317
everolimus tab 0.5 mg 317
everolimus tab 0.75 mg 317
everolimus tab 1 mg 317
everolimus tab 10 mg 101
everolimus tab 2.5 mg 101
everolimus tab 5 mg 101
everolimus tab 7.5 mg 101
everolimus tab for oral susp 2 mg 102
everolimus tab for oral susp 3 mg 102
everolimus tab for oral susp 5 mg 102
EVOTAZ TAB 300-150 63
exemestane tab 25 mg 87
EXXUA TAB 18.2MG . 173
EXXUA TAB 36.3MG . 173
EXXUA TAB 54.5MG . 173
EXXUA TAB 72.6MG . 173
EXXUA TITRAT TAB 18.2MG 173
EYSUVIS DRO 0.25% 333
ezetimibe tab 10 mg 143
ezetimibe-simvastatin tab 10-10 mg 143
ezetimibe-simvastatin tab 10-20 mg 143
ezetimibe-simvastatin tab 10-40 mg 143
ezetimibe-simvastatin tab 10-80 mg 143

F

FABRAZYME INJ 35MG 274
FABRAZYME INJ 5MG 274
falmina 259
famciclovir tab 125 mg 65
famciclovir tab 250 mg 66
famciclovir tab 500 mg 66
famotidine for susp 40 mg/5ml 287
famotidine in nacl 0.9% iv soln 20 mg/50ml 287

famotidine inj 200 mg/20ml 287
famotidine inj 40 mg/4ml 287
famotidine preservative free inj 20 mg/2ml . 287
famotidine tab 20 mg 287
famotidine tab 40 mg 287
FANAPT PAK PACK A 188
FANAPT PAK PACK B 188
FANAPT PAK PACK C 188
FANAPT TAB 10MG... 189
FANAPT TAB 12MG... 189
FANAPT TAB 1MG 188
FANAPT TAB 2MG 189
FANAPT TAB 4MG 189
FANAPT TAB 6MG 189
FANAPT TAB 8MG 189
FARXIGA TAB 10MG . 242
FARXIGA TAB 5MG... 242
FASENRA INJ 10MG/0.5 343
FASENRA INJ 30MG/ML 343
FASENRA PEN INJ 30MG/ML 343
feirza 1.5/30 259
feirza 1/20 259
felbamate susp 600 mg/5ml 208
felbamate tab 400 mg 208
felbamate tab 600 mg 208
felodipine tab er 24hr 10 mg 150
felodipine tab er 24hr 2.5 mg 150
felodipine tab er 24hr 5 mg 150
fenofibrate micronized cap 134 mg 140
fenofibrate micronized cap 200 mg 140
fenofibrate micronized cap 67 mg 139
fenofibrate tab 145 mg 140
fenofibrate tab 160 mg 140
fenofibrate tab 48 mg 140
fenofibrate tab 54 mg 140
fentanyl td patch 72hr 100 mcg/hr 43
fentanyl td patch 72hr 12 mcg/hr 42

fentanyl td patch 72hr 25 mcg/hr 42
fentanyl td patch 72hr 37.5 mcg/hr.....42
fentanyl td patch 72hr 50 mcg/hr 42
fentanyl td patch 72hr 62.5 mcg/hr.....43
fentanyl td patch 72hr 75 mcg/hr 43
fentanyl td patch 72hr 87.5 mcg/hr.....43
fesoterodine fumarate tab er 24hr 4 mg ...296
fesoterodine fumarate tab er 24hr 8 mg ...296
FETZIMA CAP 120MG173
FETZIMA CAP 20MG .173
FETZIMA CAP 40MG .173
FETZIMA CAP 80MG .173
FETZIMA CAP TITRATIO 174
FIASP FLEX INJ TOUCH 250
FIASP INJ 100/ML....250
FIASP PENFIL INJ U-100 250
FIASP PMPCRT INJ U-100.....250
fidaxomicin tab 200 mg 73
finasteride tab 5 mg 294
fingolimod hcl cap 0.5 mg (base equiv) 234
FINTEPLA SOL 2.2MG/ML 208
finzala..... 259
FIRMAGON INJ 120MG87
FIRMAGON INJ 80MG .87
flac..... 334
FLEBOGAMMA INJ 10/200ML..... 313
FLEBOGAMMA INJ 20/400ML..... 314
FLEBOGAMMA INJ DIF 5% 314
flecainide acetate tab 100 mg 138
flecainide acetate tab 150 mg 138
flecainide acetate tab 50 mg 138
fluconazole for susp 10 mg/ml.....56
fluconazole for susp 40 mg/ml.....56
fluconazole in nacl 0.9% inj 200 mg/100ml....56

fluconazole in nacl 0.9% inj 400 mg/200ml 56
fluconazole tab 100 mg 56
fluconazole tab 150 mg 56
fluconazole tab 200 mg 56
fluconazole tab 50 mg 56
flucytosine cap 250 mg 56
flucytosine cap 500 mg 57
fludrocortisone acetate tab 0.1 mg.....270
flunisolide nasal soln 25 mcg/act (0.025%) .348
fluocinolone acetonide (otic) oil 0.01% 334
fluocinolone acetonide cream 0.01% 358
fluocinolone acetonide cream 0.025% 358
*fluocinolone acetonide oil 0.01% (body oil)*358
fluocinolone acetonide oil 0.01% (scalp oil) 358
fluocinolone acetonide oint 0.025%.....358
fluocinolone acetonide soln 0.01% 358
fluocinonide cream 0.05%.....358
fluocinonide cream 0.1% 358
fluocinonide emulsified base cream 0.05%. 358
fluocinonide gel 0.05% 358
fluocinonide oint 0.05% 359
fluocinonide soln 0.05% 359
fluorometholone ophth susp 0.1% 331
fluorouracil cream 5% 362
*fluorouracil iv soln 1 gm/20ml (50 mg/ml)*84
*fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)*84
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 84
*fluorouracil iv soln 500 mg/10ml (50 mg/ml)*84
fluorouracil soln 2%. 362
fluorouracil soln 5%. 362

fluoxetine hcl cap 10 mg 174
fluoxetine hcl cap 20 mg 174
fluoxetine hcl cap 40 mg 174
fluoxetine hcl solution 20 mg/5ml 174
fluphenazine decanoate inj 25 mg/ml 189
fluphenazine hcl elixir 2.5 mg/5ml 189
fluphenazine hcl inj 2.5 mg/ml 189
fluphenazine hcl oral conc 5 mg/ml 189
fluphenazine hcl tab 1 mg 189
fluphenazine hcl tab 10 mg 189
fluphenazine hcl tab 2.5 mg 189
fluphenazine hcl tab 5 mg 189
flurbiprofen sodium ophth soln 0.03% .. 331
flurbiprofen tab 100 mg 41
fluticasone propionate cream 0.05% 359
fluticasone propionate hfa inhal aer 110 mcg/act 349
fluticasone propionate hfa inhal aer 220 mcg/act 349
fluticasone propionate hfa inhal aero 44 mcg/act 349
fluticasone propionate nasal susp 50 mcg/act 348
fluticasone propionate oint 0.005% 359
fluticasone-salmeterol aer powder ba 100-50 mcg/act 351
fluticasone-salmeterol aer powder ba 250-50 mcg/act 351
fluticasone-salmeterol aer powder ba 500-50 mcg/act 351
fluvoxamine maleate tab 100 mg 163
fluvoxamine maleate tab 25 mg 163
fluvoxamine maleate tab 50 mg 163

fondaparinux sodium subcutaneous inj 10 mg/0.8ml 300
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 300
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 300
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 300
fosamprenavir calcium tab 700 mg (base equiv) 60
fosfomycin tromethamine powd pack 3 gm (base equivalent) 51
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 127
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 127
fosinopril sodium tab 10 mg 128
fosinopril sodium tab 20 mg 128
fosinopril sodium tab 40 mg 128
FOTIVDA CAP 0.89MG 102
FOTIVDA CAP 1.34MG 102
FRINDOVYX INJ 1GM/2ML 83
FRINDOVYX INJ 2GM/4ML 83
FRINDOVYX INJ 500MG/ML 83
FRUZAQLA CAP 1MG 102
FRUZAQLA CAP 5MG 102
FULPHILA INJ 6/0.6ML 302
fulvestrant inj soln pref syr 250 mg/5ml 87
furosemide inj 153
furosemide oral soln 10 mg/ml 153
furosemide oral soln 8 mg/ml 153
furosemide tab 20 mg 153
furosemide tab 40 mg 153
furosemide tab 80 mg 153

fyavolv tab 0.5mg-2.5mcg 268
fyavolv tab 1mg-5mcg 268
FYCOMPA SUS 0.5MG/ML 208
FYCOMPA TAB 10MG 209
FYCOMPA TAB 12MG 209
FYCOMPA TAB 2MG .. 208
FYCOMPA TAB 4MG .. 208
FYCOMPA TAB 6MG .. 208
FYCOMPA TAB 8MG .. 209

G

gabapentin cap 100 mg 209
gabapentin cap 300 mg 209
gabapentin cap 400 mg 209
gabapentin oral soln 250 mg/5ml 209
gabapentin tab 600 mg 209
gabapentin tab 800 mg 209
galantamine hydrobromide cap er 24hr 16 mg 164
galantamine hydrobromide cap er 24hr 24 mg 164
galantamine hydrobromide cap er 24hr 8 mg 164
galantamine hydrobromide oral soln 4 mg/ml 164
galantamine hydrobromide tab 12 mg 165
galantamine hydrobromide tab 4 mg 164
galantamine hydrobromide tab 8 mg 164
galbriela 259
gallifrey 279
GAMASTAN INJ 314
GAMMAGARD INJ 10GM/100 314
GAMMAGARD INJ 1GM/10ML 314
GAMMAGARD INJ 2.5GM/25 314
GAMMAGARD INJ 20GM/200 314

GAMMAGARD INJ 30GM/300 314
GAMMAGARD INJ 5GM/50ML 314
GAMMAGARD SD INJ 10GM HU 314
GAMMAGARD SD INJ 5GM HU 314
GAMMAKED INJ 10GM/100 314
GAMMAKED INJ 1GM/10ML 314
GAMMAKED INJ 20GM/200 314
GAMMAKED INJ 5GM/50ML 314
GAMMAPLEX INJ 10% 314
GAMMAPLEX INJ 5% 314
GAMMGD ERC INJ 10/100ML 314
GAMMGD ERC INJ 5GM/50ML 314
GAMUNEX-C INJ 10GM/100 314
GAMUNEX-C INJ 1GM/10ML 314
GAMUNEX-C INJ 2.5GM/25 314
GAMUNEX-C INJ 20GM/200 315
GAMUNEX-C INJ 40/400ML 315
GAMUNEX-C INJ 5GM/50ML 314
ganciclovir sodium for inj 500 mg 66
GARDASIL 9 INJ 318
gatifloxacin ophth soln 0.5% 330
GATTEX KIT 5MG 290
GAUZE PADS 2 250
gavilyte-c 289
gavilyte-g 289
gavilyte-n/flavor pack 289
GAVRETO CAP 100MG 102
gefitinib tab 250 mg 102
gemcitabine hcl for inj 1 gm 84
gemcitabine hcl for inj 2 gm 84
gemcitabine hcl for inj 200 mg 84
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv) 84

gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv).....84
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv).....84
gemfibrozil tab 600 mg 140
GEMTESA TAB 75MG 296
generlac 289
gengraf 317
GENOTROPIN INJ 0.2MG 274
GENOTROPIN INJ 0.4MG 274
GENOTROPIN INJ 0.6MG 274
GENOTROPIN INJ 0.8MG 274
GENOTROPIN INJ 1.2MG 274
GENOTROPIN INJ 1.4MG 275
GENOTROPIN INJ 1.6MG 275
GENOTROPIN INJ 1.8MG 275
GENOTROPIN INJ 12MG 275
GENOTROPIN INJ 1MG 275
GENOTROPIN INJ 2MG 275
GENOTROPIN INJ 5MG 275
gentamicin in saline inj 0.8 mg/ml 51
gentamicin in saline inj 1 mg/ml.....51
gentamicin in saline inj 1.2 mg/ml 51
gentamicin in saline inj 1.6 mg/ml 51
gentamicin in saline inj 2 mg/ml.....51
gentamicin sulfate cream 0.1%..... 353
gentamicin sulfate inj 10 mg/ml.....51
gentamicin sulfate inj 40 mg/ml.....52
gentamicin sulfate oint 0.1% 353
gentamicin sulfate ophth soln 0.3%..... 330
GENVOYA TAB.....63
GILOTRIF TAB 20MG 103
GILOTRIF TAB 30MG 103
GILOTRIF TAB 40MG 103

GLARGIN YFGN INJ 100U/ML..... 250
GLARGIN YFGN SOL 100U/ML..... 250
glatiramer acetate soln prefilled syringe 20 mg/ml..... 234
glatiramer acetate soln prefilled syringe 40 mg/ml..... 235
glatopa..... 235
GLEOSTINE CAP 100MG 83
GLEOSTINE CAP 10MG 83
GLEOSTINE CAP 40MG 83
glimepiride tab 1 mg 242
glimepiride tab 2 mg 242
glimepiride tab 4 mg 242
glipizide tab 10 mg.. 243
glipizide tab 5 mg.... 242
glipizide tab er 24hr 10 mg..... 243
glipizide tab er 24hr 2.5 mg..... 243
glipizide tab er 24hr 5 mg..... 243
glipizide-metformin hcl tab 2.5-250 mg..... 243
glipizide-metformin hcl tab 2.5-500 mg..... 243
glipizide-metformin hcl tab 5-500 mg..... 243
glycopyrrolate tab 1 mg 287
glycopyrrolate tab 2 mg 287
glydo..... 360
GLYXAMBI TAB 10-5 MG 243
GLYXAMBI TAB 25-5 MG 243
GOMEKLI CAP 1MG.. 103
GOMEKLI CAP 2MG.. 103
GOMEKLI TAB 1MG.. 103
granisetron hcl inj 1 mg/ml..... 283
granisetron hcl inj 4 mg/4ml (1 mg/ml). 283
granisetron hcl tab 1 mg 283
griseofulvin microsize susp 125 mg/5ml.... 57
griseofulvin microsize tab 500 mg..... 57
griseofulvin ultramicrosize tab 125 mg..... 57

griseofulvin ultramicrosize tab 250 mg 57
guanfacine hcl tab 1 mg 156
guanfacine hcl tab 2 mg 156
guanfacine hcl tab er 24hr 1 mg (base equiv) 224
guanfacine hcl tab er 24hr 2 mg (base equiv) 224
guanfacine hcl tab er 24hr 3 mg (base equiv) 224
guanfacine hcl tab er 24hr 4 mg (base equiv) 224
GVOKE HYPO 1 INJ 0.5/.1ML 273
GVOKE HYPO 1 INJ 1/0.2ML 273
GVOKE HYPO 2 INJ 0.5/.1ML 273
GVOKE HYPO 2 INJ 1/0.2ML 273
GVOKE KIT SOL 1/0.2ML 273
GVOKE PFS INJ 1/0.2ML 273

H

HADLIMA INJ 40/0.4ML 307
HADLIMA INJ 40/0.8ML 307
HADLIMA PUSH INJ 40/0.4ML 307
HADLIMA PUSH INJ 40/0.8ML 307
HAEGARDA INJ 2000UNIT 303
HAEGARDA INJ 3000UNIT 303
hailey 1.5/30 259
hailey 24 fe 259
hailey fe 1/20 259
halobetasol propionate cream 0.05% 359
halobetasol propionate oint 0.05% 359
haloperidol decanoate im soln 100 mg/ml 190
haloperidol decanoate im soln 50 mg/ml 190
haloperidol lactate inj 5 mg/ml 190
haloperidol lactate oral conc 2 mg/ml 190

haloperidol tab 0.5 mg 190
haloperidol tab 1 mg 190
haloperidol tab 10 mg 190
haloperidol tab 2 mg 190
haloperidol tab 20 mg 190
haloperidol tab 5 mg 190
HAVRIX INJ 1440UNIT 319
HAVRIX INJ 720UNIT 318
heather 259
HEP SOD/NACL INJ 25000UNT 300
heparin sodium (porcine) inj 1000 unit/ml 300
heparin sodium (porcine) inj 10000 unit/ml 300
heparin sodium (porcine) inj 20000 unit/ml 300
heparin sodium (porcine) inj 5000 unit/ml 300
heparin sodium (porcine) pf inj 1000 unit/ml 300
HEPLISAV-B INJ 20/0.5ML 319
HERCEP HYLEC SOL 60-10000 103
HERCEPTIN INJ 150MG 103
HERCESSI INJ 150MG 103
HERCESSI INJ 420MG 103
HERNEXEOS TAB 60MG 103
HERZUMA INJ 150MG 103
HERZUMA INJ 420MG 104
HIBERIX SOL 10MCG 319
HUMALOG INJ 100/ML 250
HUMALOG JR INJ 100/ML 250
HUMALOG KWPN INJ 100/ML 250
HUMALOG KWPN INJ 200/ML 250
HUMALOG MIX INJ 50/50KWP 251
HUMALOG MIX INJ 75/25KWP 251

HUMALOG MIX SUS 75/25 251
HUMALOG TMPO INJ 100/ML 251
HUMIRA INJ 10/0.1ML 307
HUMIRA INJ 20/0.2ML 308
HUMIRA INJ 40/0.4ML 308
HUMIRA KIT 40MG/0.8 308
HUMIRA PEN INJ 40/0.4ML 308
HUMIRA PEN INJ 40MG/0.8 308
HUMIRA PEN INJ 80/0.8ML 308
HUMIRA PEN KIT CD/UC/HS 308
HUMIRA PEN KIT PS/UV 308
HUMULIN INJ 70/30 . 251
HUMULIN INJ 70/30KWP 251
HUMULIN N INJ U-100 251
HUMULIN N INJ U-100KWP 251
HUMULIN R INJ U-100 251
HUMULIN R INJ U-500 251
HUMULIN R INJ U-500KWP 251
hydralazine hcl inj 20 mg/ml 156
hydralazine hcl tab 10 mg 156
hydralazine hcl tab 100 mg 156
hydralazine hcl tab 25 mg 156
hydralazine hcl tab 50 mg 156
hydrochlorothiazide cap 12.5 mg 153
hydrochlorothiazide tab 12.5 mg 153
hydrochlorothiazide tab 25 mg 153
hydrochlorothiazide tab 50 mg 153
hydrocodone bitartrate tab er 24hr deter 100 mg 43
hydrocodone bitartrate tab er 24hr deter 120 mg 43

hydrocodone bitartrate tab er 24hr deter 20 mg 43
hydrocodone bitartrate tab er 24hr deter 30 mg 43
hydrocodone bitartrate tab er 24hr deter 40 mg 43
hydrocodone bitartrate tab er 24hr deter 60 mg 43
hydrocodone bitartrate tab er 24hr deter 80 mg 43
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 46
hydrocodone-acetaminophen tab 10-325 mg 46
hydrocodone-acetaminophen tab 5-325 mg 46
hydrocodone-acetaminophen tab 7.5-325 mg 46
hydrocodone-ibuprofen tab 7.5-200 mg 46
hydrocortisone cream 1% 359
hydrocortisone cream 2.5% 359
hydrocortisone enema 100 mg/60ml 288
hydrocortisone lotion 2.5% 359
hydrocortisone oint 1% 359
hydrocortisone oint 2.5% 359
hydrocortisone perianal cream 1% 362
hydrocortisone perianal cream 2.5% 362
hydrocortisone sodium succinate pf for inj 100 mg 270
hydrocortisone tab 10 mg 270
hydrocortisone tab 20 mg 270
hydrocortisone tab 5 mg 270
hydrocortisone valerate cream 0.2% 359
hydrocortisone w/ acetic acid otic soln 1-2% 334

hydromorphone hcl liqd 1 mg/ml 46
hydromorphone hcl tab 2 mg 47
hydromorphone hcl tab 4 mg 47
hydromorphone hcl tab 8 mg 47
hydroxychloroquine sulfate tab 200 mg .313
hydroxyurea cap 500 mg 92
hydroxyzine hcl im soln 25 mg/ml 337
hydroxyzine hcl im soln 50 mg/ml 337
hydroxyzine hcl syrup 10 mg/5ml 337
hydroxyzine hcl tab 10 mg 338
hydroxyzine hcl tab 25 mg 338
hydroxyzine hcl tab 50 mg 338
hydroxyzine pamoate cap 25 mg 338
hydroxyzine pamoate cap 50 mg 339
HYRNUO TAB 10MG . 104

I

ibandronate sodium tab 150 mg (base equivalent) 254
IBRANCE CAP 100MG104
IBRANCE CAP 125MG104
IBRANCE CAP 75MG. 104
IBRANCE TAB 100MG104
IBRANCE TAB 125MG104
IBRANCE TAB 75MG. 104
IBTROZI CAP 200MG 104
ibu 41
ibuprofen susp 100 mg/5ml 41
ibuprofen tab 400 mg 41
ibuprofen tab 600 mg 41
ibuprofen tab 800 mg 41
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 303
iclevia 259
ICLUSIG TAB 10MG . 105
ICLUSIG TAB 15MG . 105
ICLUSIG TAB 30MG . 105
ICLUSIG TAB 45MG . 105
IDHIFA TAB 100MG . 105
IDHIFA TAB 50MG ... 105
IDVYNSO TAB 100-0.25 63

imatinib mesylate tab 100 mg (base equivalent) 105
imatinib mesylate tab 400 mg (base equivalent) 105
IMBRUVICA CAP 140MG 105
IMBRUVICA CAP 70MG 105
IMBRUVICA SUS 70MG/ML 106
IMBRUVICA TAB 140MG 106
IMBRUVICA TAB 280MG 106
IMBRUVICA TAB 420MG 106
imipenem-cilastatin intravenous for soln 250 mg 52
imipenem-cilastatin intravenous for soln 500 mg 52
imipramine hcl tab 10 mg 174
imipramine hcl tab 25 mg 174
imipramine hcl tab 50 mg 174
imiquimod cream 5% 362
IMKELDI SOL 80MG/ML 106
IMOVAX RABIE INJ 2.5/ML 319
IMPAVIDO CAP 50MG . 52
INBRIJA CAP 42MG .. 181
incassia 260
INCRELEX INJ 40MG/4ML 275
INCRUSE ELPT INH 62.5MCG 336
indapamide tab 1.25 mg 153
indapamide tab 2.5 mg 153
INFANRIX INJ 319
INFLIXIMAB INJ 100MG 308
INLURIYO TAB 200MG 87
INLYTA TAB 1MG 106
INLYTA TAB 5MG 106
INQOVI TAB 35-100MG 84
INREBIC CAP 100MG 106
INSULIN GLAR INJ 300/ML 251
INSULIN LISP INJ 100/ML 251

INSULIN LISP INJ JR KWPN..... 251
INSULIN LISP INJ PROT KWP..... 251
INSULIN PEN NEEDLES: EMBECTA-BD..... 251
INSULIN SAFETY NEEDLES: EMBECTA-BD..... 251
INSULIN SYRINGES: EMBECTA-BD..... 251
INTELENCE TAB 25MG 60
INTRALIPID INJ 20% 328
INTRALIPID INJ 30% 328
introvale..... 260
INVEGA HAFYE INJ 1092MG..... 190
INVEGA HAFYE INJ 1560MG..... 190
INVEGA SUST INJ 117/0.75 191
INVEGA SUST INJ 156MG/ML 191
INVEGA SUST INJ 234/1.5 191
INVEGA SUST INJ 39/0.25 190
INVEGA SUST INJ 78/0.5ML..... 191
INVEGA TRINZ INJ 273MG 191
INVEGA TRINZ INJ 410MG 191
INVEGA TRINZ INJ 546MG 191
INVEGA TRINZ INJ 819MG 192
IPOL INJ INACTIVE .. 319
ipratropium bromide hfa inhal aerosol 17 mcg/act..... 336
ipratropium bromide inhal soln 0.02% ... 336
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 336
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 336
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 335
irbesartan tab 150 mg 136
irbesartan tab 300 mg 136
irbesartan tab 75 mg 136

irbesartan-hydrochlorothiazide tab 150-12.5 mg 132
irbesartan-hydrochlorothiazide tab 300-12.5 mg 132
irinotecan hcl inj 100 mg/5ml (20 mg/ml) .92
*irinotecan hcl inj 300 mg/15ml (20 mg/ml)*92
irinotecan hcl inj 40 mg/2ml (20 mg/ml) .92
*irinotecan hcl inj 500 mg/25ml (20 mg/ml)*92
ISENTRESS CHW 100MG 60
ISENTRESS CHW 25MG 60
ISENTRESS HD TAB 600MG 60
ISENTRESS POW 100MG 60
ISENTRESS TAB 400MG 60
isibloom 260
ISOLYTE-P INJ /D5W 321
ISOLYTE-S INJ PH 7.4 321
isoniazid syrup 50 mg/5ml 64
isoniazid tab 100 mg..64
isoniazid tab 300 mg..64
isosorbide dinitrate tab 10 mg 157
isosorbide dinitrate tab 20 mg 157
isosorbide dinitrate tab 30 mg 157
isosorbide dinitrate tab 5 mg 157
isosorbide mononitrate tab er 24hr 120 mg 158
isosorbide mononitrate tab er 24hr 30 mg . 157
isosorbide mononitrate tab er 24hr 60 mg . 158
isotretinoin cap 10 mg 352
isotretinoin cap 20 mg 352
isotretinoin cap 30 mg 352
isotretinoin cap 40 mg 352
isradipine cap 2.5 mg 150
isradipine cap 5 mg . 150
ITOVEBI TAB 3MG ... 106
ITOVEBI TAB 9MG ... 106

itraconazole cap 100 mg 57
ivabradine hcl tab 5 mg (base equiv) 156
ivabradine hcl tab 7.5 mg (base equiv) 156
ivermectin tab 3 mg ... 52
ivermectin tab 6 mg ... 52
IWILFIN TAB 192MG .. 92
IXIARO INJ 319

J

jaimiess 260
JAKAFI TAB 10MG 107
JAKAFI TAB 15MG 107
JAKAFI TAB 20MG 107
JAKAFI TAB 25MG 107
JAKAFI TAB 5MG 107
jantoven 300
JANUMET TAB 50-1000 243
JANUMET TAB 50-500MG 243
JANUMET XR TAB 100-1000 244
JANUMET XR TAB 50-1000 244
JANUMET XR TAB 50-500MG 244
JANUVIA TAB 100MG 244
JANUVIA TAB 25MG . 244
JANUVIA TAB 50MG . 244
JARDIANCE TAB 10MG 244
JARDIANCE TAB 25MG 244
jasmiel 260
javygtor 275
JAYPIRCA TAB 100MG 107
JAYPIRCA TAB 50MG 107
jencycla 260
JENTADUETO TAB 2.5-1000 244
JENTADUETO TAB 2.5-500 244
JENTADUETO TAB 2.5-850 244
JENTADUETO TAB XR 2.5-1000MG 245
JENTADUETO TAB XR 5-1000MG 245
jinteli 268
jolessa 260
JOURNAVX TAB 50MG 39
juleber 260
JULUCA TAB 50-25MG 63
junel 1.5/30 260
junel 1/20 260
junel fe 1.5/30 260
junel fe 1/20 260

junel fe 24 260
JYLAMVO SOL 2MG/ML 313
JYNNEOS INJ 319

K

KADCYLA INJ 100MG 107
KADCYLA INJ 160MG 107
kaitlib fe 260
KALETRA SOL 63
KALYDECO GRA 13.4MG 343
KALYDECO GRA 5.8MG 343
KALYDECO PAK 25MG 343
KALYDECO PAK 50MG 343
KALYDECO PAK 75MG 343
KALYDECO TAB 150MG 344
KANJINTI INJ 420MG 107
KANJINTI SOL 150MG 107
kariva 260
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 322
kcl 20 meq/l (0.149%) in nacl 0.45% inj ... 322
kcl 20 meq/l (0.149%) in nacl 0.9% inj 322
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 322
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 322
kcl 20 meq/l (0.15%) in nacl 0.45% inj 322
kcl 20 meq/l (0.15%) in nacl 0.9% inj 322
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 322
kcl 40 meq/l (0.298%) in nacl 0.9% inj 323
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 322
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 322
kcl 40 meq/l (0.3%) in nacl 0.9% inj 322
KCL/D5W/NACL INJ 0.15/0.2 323
KCL/D5W/NACL INJ 0.3/0.9% 323
kelnor 1/35 260

KERENDIA TAB 10MG 130
KERENDIA TAB 20MG 130
KERENDIA TAB 40MG 130
KESIMPTA INJ 20/.4ML 235
ketoconazole cream 2% 354
ketoconazole shampoo 2% 354
ketoconazole tab 200 mg 57
ketorolac tromethamine ophth soln 0.4% 331
ketorolac tromethamine ophth soln 0.5% 331
KEYTRUDA INJ 100MG/4M 107
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 107
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 107
KINERET INJ 308
KINRIX INJ 319
kionex 256
KISQALI 200 DOSE .. 108
KISQALI 400 DOSE .. 108
KISQALI 600 DOSE .. 108
klayesta 354
klor-con 325
klor-con 10 325
KLOR-CON 10 TAB 10MEQ ER 325
klor-con 8 325
KLOR-CON 8 TAB 8MEQ ER 325
klor-con m10 325
klor-con m15 325
klor-con m20 325
KLOXXADO SPR 8MG 239
KOMZIFTI CAP 200MG 108
KOSELUGO CAP 10MG 108
KOSELUGO CAP 25MG 108
KOSELUGO CAP 5MG 108
KOSELUGO CAP 7.5MG 108
kourzeq 364
KRAZATI TAB 200MG 109
kurvelo 260

L

labetalol hcl tab 100 mg 146

labetalol hcl tab 200 mg 146
labetalol hcl tab 300 mg 146
lacosamide iv inj 200 mg/20ml (10 mg/ml) 209
lacosamide oral 209
lacosamide tab 100 mg 210
lacosamide tab 150 mg 210
lacosamide tab 200 mg 210
lacosamide tab 50 mg 210
LACTATED RIN INJ ... 323
lactated ringer's solution 323
lactic acid (ammonium lactate) cream 12% 362
lactic acid (ammonium lactate) lotion 12% 362
lactulose (encephalopathy) solution 10 gm/15ml 289
lactulose solution 10 gm/15ml 289
lamivudine oral soln 10 mg/ml 60
lamivudine tab 100 mg (hbv) 66
lamivudine tab 150 mg 60
lamivudine tab 300 mg 60
lamivudine-zidovudine tab 150-300 mg 64
lamotrigine tab 100 mg 210
lamotrigine tab 150 mg 210
lamotrigine tab 200 mg 210
lamotrigine tab 25 mg 210
lamotrigine tab chewable dispersible 25 mg .. 210
lamotrigine tab chewable dispersible 5 mg 210
lamotrigine tab er 24hr 100 mg 210
lamotrigine tab er 24hr 200 mg 210
lamotrigine tab er 24hr 25 mg 210
lamotrigine tab er 24hr 250 mg 211

lamotrigine tab er 24hr 300 mg 211
lamotrigine tab er 24hr 50 mg 210
lanreotide acetate extended release inj 120 mg/0.5ml 275
lansoprazole cap delayed release 15 mg 293
lansoprazole cap delayed release 30 mg 293
LANTUS INJ 100/ML. 251
LANTUS SOLOS INJ 100/ML..... 252
lapatinib ditosylate tab 250 mg (base equiv) 109
larin 1.5/30 260
larin 1/20 260
larin 24 fe..... 260
larin fe 1.5/30..... 260
larin fe 1/20..... 260
latanoprost ophth soln 0.005% 332
LAZCLUZE TAB 240MG 109
LAZCLUZE TAB 80MG 109
leflunomide tab 10 mg 313
leflunomide tab 20 mg 313
lenalidomide cap 10 mg 89
lenalidomide cap 15 mg 90
lenalidomide cap 20 mg 90
lenalidomide cap 25 mg 90
*lenalidomide cap 5 mg*89
lenalidomide caps 2.5 mg 90
LENVIMA CAP 10 MG 109
LENVIMA CAP 12MG. 109
LENVIMA CAP 14 MG 110
LENVIMA CAP 18 MG 110
LENVIMA CAP 20 MG 110
LENVIMA CAP 24 MG 110
LENVIMA CAP 4MG .. 109
LENVIMA CAP 8 MG . 109
lessina 260
letrozole tab 2.5 mg ..87
leucovorin calcium for inj 100 mg 93
leucovorin calcium for inj 200 mg 93
leucovorin calcium for inj 350 mg 93

leucovorin calcium for inj 50 mg 93
leucovorin calcium for inj 500 mg 93
leucovorin calcium inj 500 mg/50ml (10 mg/ml) 93
leucovorin calcium tab 10 mg 93
leucovorin calcium tab 15 mg 93
leucovorin calcium tab 25 mg 93
leucovorin calcium tab 5 mg 93
LEUKERAN TAB 2MG .. 83
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 87
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 340
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 340
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 340
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 340
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 340
levetiracetam in sodium chloride iv soln 1000 mg/100ml 211
levetiracetam in sodium chloride iv soln 1500 mg/100ml 211
levetiracetam in sodium chloride iv soln 500 mg/100ml 211
levetiracetam inj 500 mg/5ml (100 mg/ml) 211
levetiracetam oral soln 100 mg/ml 211
levetiracetam tab 1000 mg 211
levetiracetam tab 250 mg 211
levetiracetam tab 500 mg 211
levetiracetam tab 750 mg 211

levetiracetam tab disintegrating soluble 250 mg 211
levetiracetam tab disintegrating soluble 500 mg 212
levetiracetam tab er 24hr 500 mg 212
levetiracetam tab er 24hr 750 mg 212
levobunolol hcl ophth soln 0.5% 332
levocarnitine oral soln 1 gm/10ml (10%) 275
levocarnitine tab 330 mg 275
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 339
levocetirizine dihydrochloride tab 5 mg 339
levofloxacin in d5w iv soln 250 mg/50ml 74
levofloxacin in d5w iv soln 500 mg/100ml .. 74
levofloxacin in d5w iv soln 750 mg/150ml .. 74
levofloxacin iv soln 25 mg/ml 74
levofloxacin oral soln 25 mg/ml 74
levofloxacin tab 250 mg 74
levofloxacin tab 500 mg 74
levofloxacin tab 750 mg 75
levonest 261
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 261
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 261
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 261
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 261
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 261

levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) .. 261
levora 0.15/30-28 ... 261
levo-t 279
levothyroxine sodium tab 100 mcg 280
levothyroxine sodium tab 112 mcg 280
levothyroxine sodium tab 125 mcg 280
levothyroxine sodium tab 137 mcg 280
levothyroxine sodium tab 150 mcg 280
levothyroxine sodium tab 175 mcg 280
levothyroxine sodium tab 200 mcg 280
levothyroxine sodium tab 25 mcg 279
levothyroxine sodium tab 300 mcg 280
levothyroxine sodium tab 50 mcg 280
levothyroxine sodium tab 75 mcg 280
levothyroxine sodium tab 88 mcg 280
levoxyl 280
l-glutamine (sickle cell) 303
lidocaine hcl local inj 0.5% 39
lidocaine hcl local inj 1% 39
lidocaine hcl local inj 2% 39
lidocaine hcl local preservative free (pf) inj 0.5% 39
lidocaine hcl local preservative free (pf) inj 1% 39
lidocaine hcl local preservative free (pf) inj 1.5% 39
lidocaine hcl soln 4% 361
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 361
lidocaine hcl viscous soln 2% 364
lidocaine oint 5% 361
lidocaine patch 5% .. 361
lidocaine-prilocaine cream 2.5-2.5% 361
lidocan 361
LIFYORLI CAP 125MG DS 88

LIFYORLI CAP 150MG DS 88
LILETTA IUD 52MG .. 261
linezolid for susp 100 mg/5ml 52
LINEZOLID INJ 2MG/ML 52
linezolid iv soln 600 mg/300ml (2 mg/ml) 52
linezolid tab 600 mg .. 52
LINZESS CAP 145MCG 290
LINZESS CAP 290MCG 290
LINZESS CAP 72MCG 290
liomny 281
liothyronine sodium tab 25 mcg 281
liothyronine sodium tab 5 mcg 281
liothyronine sodium tab 50 mcg 281
lisinopril & hydrochlorothiazide tab 10-12.5 mg 127
lisinopril & hydrochlorothiazide tab 20-12.5 mg 128
lisinopril & hydrochlorothiazide tab 20-25 mg 128
lisinopril tab 10 mg .. 129
lisinopril tab 2.5 mg . 128
lisinopril tab 20 mg .. 129
lisinopril tab 30 mg .. 129
lisinopril tab 40 mg .. 129
lisinopril tab 5 mg 128
lithium carbonate cap 150 mg 233
lithium carbonate cap 300 mg 233
lithium carbonate cap 600 mg 233
lithium carbonate tab 300 mg 233
lithium carbonate tab er 300 mg 233
lithium carbonate tab er 450 mg 233
lithium oral solution 8 meq/5ml 233
LIVTENCITY TAB 200MG 66
loestrin 1.5/30-21 ... 261
loestrin 1/20-21 261
loestrin fe 1.5/30 261
loestrin fe 1/20 261
lojaimiess 262

LOKELMA PAK 10GM 256
LOKELMA PAK 5GM .. 256
lomustine cap 10 mg .. 83
lomustine cap 100 mg 83
lomustine cap 40 mg .. 83
LONSURF TAB 15-6.14 85
LONSURF TAB 20-8.19 85
loperamide hcl cap 2 mg 290
lopinavir-ritonavir tab 100-25 mg 64
lopinavir-ritonavir tab 200-50 mg 64
lorazepam conc 2 mg/ml 163
lorazepam inj 2 mg/ml 163
lorazepam inj 4 mg/ml 163
lorazepam intensol ... 163
lorazepam tab 0.5 mg 163
lorazepam tab 1 mg . 163
lorazepam tab 2 mg . 163
LORBRENA TAB 100MG 110
LORBRENA TAB 25MG 110
loryna 262
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 133
losartan potassium & hydrochlorothiazide tab 100-25 mg 133
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 133
losartan potassium tab 100 mg 136
losartan potassium tab 25 mg 136
losartan potassium tab 50 mg 136
LOTEMAX OIN 0.5%. 331
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 328
lovastatin tab 10 mg 140
lovastatin tab 20 mg 141
lovastatin tab 40 mg 141
low-ogestrel 262
loxapine succinate cap 10 mg 192
loxapine succinate cap 25 mg 192
loxapine succinate cap 5 mg 192

loxapine succinate cap 50 mg 192
lubiprostone cap 24 mcg 290
lubiprostone cap 8 mcg 290
luizza 1.5/30 262
luizza 1/20 262
LUMAKRAS TAB 120MG 110
LUMAKRAS TAB 240MG 110
LUMAKRAS TAB 320MG 111
LUMIGAN SOL 0.01% OP 332
LUMIZYME INJ 50MG 275
LUPR DEP-PED INJ 11.25MG..... 275
LUPR DEP-PED INJ 15MG 275
LUPR DEP-PED INJ 3M 30MG 275
LUPR DEP-PED INJ 7.5MG 275
LUPRON DEPOT INJ 11.25MG..... 88
LUPRON DEPOT INJ 3.75MG 88
LUPRON DEPOT INJ 45MG 275
lurasidone hcl tab 120 mg 192
lurasidone hcl tab 20 mg 192
lurasidone hcl tab 40 mg 192
lurasidone hcl tab 60 mg 192
lurasidone hcl tab 80 mg 192
lutera 262
LYBALVI TAB 10-10MG 192
LYBALVI TAB 15-10MG 192
LYBALVI TAB 20-10MG 193
LYBALVI TAB 5-10MG 192
lyleq 262
lyllana..... 268
LYNPARZA TAB 100MG 111
LYNPARZA TAB 150MG 111
LYSODREN TAB 500MG 88

LYTGOBI (12 MG DAILY DOSE) 111
LYTGOBI (16 MG DAILY DOSE) 111
LYTGOBI (20 MG DAILY DOSE) 111
LYUMJEV INJ 100UT/ML 252
LYUMJEV KWPN INJ 100UT/ML 252
LYUMJEV KWPN INJ 200UT/ML 252
lyza 262

M

macitentan tab 10 mg 160
MAGNESIUM SU INJ 20/500ML 323
MAGNESIUM SU INJ 2GM/50ML 323
MAGNESIUM SU INJ 40G/1000 323
MAGNESIUM SU INJ 4G/100ML 323
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 323
magnesium sulfate inj 50% 323
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) 323
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) 324
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml) 323
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) 323
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) 323
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) 324
malathion lotion 0.5% 363
maraviroc tab 150 mg 60
maraviroc tab 300 mg 60
marlissa 262
MARPLAN TAB 10MG 174
MATULANE CAP 50MG 93
MAVYRET PAK 50-20MG 66
MAVYRET TAB 100-40MG 66

meclizine hcl tab 12.5 mg 283
meclizine hcl tab 25 mg 283
medroxyprogesterone acetate im susp 150 mg/ml 262
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 262
medroxyprogesterone acetate tab 10 mg .. 279
medroxyprogesterone acetate tab 2.5 mg . 279
medroxyprogesterone acetate tab 5 mg ... 279
mefloquine hcl tab 250 mg 59
megestrol acetate susp 40 mg/ml 279
megestrol acetate susp 625 mg/5ml 279
megestrol acetate tab 20 mg 88
megestrol acetate tab 40 mg 88
MEKINIST SOL 0.05/ML 111
MEKINIST TAB 0.5MG 111
MEKINIST TAB 2MG . 111
MEKTOVI TAB 15MG 112
meleya 262
meloxicam tab 15 mg 41
meloxicam tab 7.5 mg 41
memantine hcl cap er 24hr 14 mg 165
memantine hcl cap er 24hr 21 mg 165
memantine hcl cap er 24hr 28 mg 165
memantine hcl cap er 24hr 7 mg 165
memantine hcl oral solution 2 mg/ml ... 165
memantine hcl tab 10 mg 165
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 166
memantine hcl tab 5 mg 165
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 166
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 166

memantine hcl-donepezil hcl cap er 24hr 28-10 mg 166
MENQUADFI INJ 319
MENVEO INJ 319
MENVEO SOL 319
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 85
mercaptopurine tab 50 mg 85
meropenem iv for soln 1 gm 52
meropenem iv for soln 2 gm 52
meropenem iv for soln 500 mg 52
mesalamine cap dr 400 mg 288
mesalamine cap er 24hr 0.375 gm 288
mesalamine enema 4 gm 288
mesalamine rectal enema 4 gm & cleanser wipe kit 288
mesalamine suppos 1000 mg 288
mesalamine tab delayed release 1.2 gm 288
mesna tab 400 mg 93
metformin hcl oral soln 500 mg/5ml 245
metformin hcl tab 1000 mg 245
metformin hcl tab 500 mg 245
metformin hcl tab 850 mg 245
metformin hcl tab er 24hr 500 mg 245
metformin hcl tab er 24hr 750 mg 245
methadone hcl soln 10 mg/5ml 44
methadone hcl soln 5 mg/5ml 44
methadone hcl tab 10 mg 44
methadone hcl tab 5 mg 44
methadone hydrochloride i 44
methazolamide tab 25 mg 153
methazolamide tab 50 mg 153
methenamine hippurate tab 1 gm 52

methimazole tab 10 mg 281
methimazole tab 5 mg 281
methocarbamol tab 500 mg 237
methocarbamol tab 750 mg 237
methotrexate sodium for inj 1 gm 85
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 85
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 85
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 85
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 85
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 85
methotrexate sodium tab 2.5 mg (base equiv) 313
methsuximide cap 300 mg 212
methylphenidate hcl chew tab 10 mg 225
methylphenidate hcl chew tab 2.5 mg 225
methylphenidate hcl chew tab 5 mg 225
methylphenidate hcl soln 10 mg/5ml 225
methylphenidate hcl soln 5 mg/5ml 225
methylphenidate hcl tab 10 mg 225
methylphenidate hcl tab 20 mg 225
methylphenidate hcl tab 5 mg 225
methylphenidate hcl tab er 10 mg 225
methylphenidate hcl tab er 20 mg 225
methylprednisolone acetate inj susp 40 mg/ml 270
methylprednisolone acetate inj susp 80 mg/ml 270
methylprednisolone sod succ for inj 1000 mg (base equiv) 271

methylprednisolone sod succ for inj 125 mg (base equiv).....271
methylprednisolone sod succ for inj 40 mg (base equiv).....270
methylprednisolone sod succ for inj 500 mg (base equiv).....271
methylprednisolone tab 16 mg 271
methylprednisolone tab 32 mg 271
methylprednisolone tab 4 mg 271
methylprednisolone tab 8 mg 271
methylprednisolone tab therapy pack 4 mg (21) 271
metoclopramide hcl inj 5 mg/ml (base equivalent) 283
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 283
metoclopramide hcl tab 10 mg (base equivalent) 283
metoclopramide hcl tab 5 mg (base equivalent) 283
metolazone tab 10 mg 154
metolazone tab 2.5 mg 153
*metolazone tab 5 mg*153
metoprolol & hydrochlorothiazide tab 100-25 mg 145
metoprolol & hydrochlorothiazide tab 100-50 mg 145
metoprolol & hydrochlorothiazide tab 50-25 mg 145
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 146
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 146
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 146
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 146

metoprolol tartrate iv soln 5 mg/5ml 146
metoprolol tartrate tab 100 mg 146
metoprolol tartrate tab 25 mg 146
metoprolol tartrate tab 50 mg 146
metronidazole cream 0.75% 362
metronidazole gel 0.75% 362
metronidazole iv soln 500 mg/100ml 53
metronidazole lotion 0.75% 362
metronidazole tab 250 mg 53
metronidazole tab 500 mg 53
metronidazole vaginal gel 0.75% 298
metyrosine cap 250 mg 156
mibelas 24 fe 262
micafungin sodium for iv soln 100 mg 57
micafungin sodium for iv soln 50 mg 57
microgestin 1.5/30 .. 262
microgestin 1/20 262
microgestin fe 1.5/30 262
microgestin fe 1/20 . 262
midodrine hcl tab 10 mg 156
midodrine hcl tab 2.5 mg 156
midodrine hcl tab 5 mg 156
MIEBO DRO 1.3GM/ML 333
mifepristone tab 300 mg 275
mili 262
mimvey 268
minocycline hcl cap 100 mg 80
minocycline hcl cap 50 mg 80
minocycline hcl cap 75 mg 80
minoxidil tab 10 mg . 157
minoxidil tab 2.5 mg 157
mirabegron tab er 24 hr 25 mg 296
mirabegron tab er 24 hr 50 mg 296

mirtazapine orally disintegrating tab 15 mg 174
mirtazapine orally disintegrating tab 30 mg 174
mirtazapine orally disintegrating tab 45 mg 175
mirtazapine tab 15 mg 175
mirtazapine tab 30 mg 175
mirtazapine tab 45 mg 175
mirtazapine tab 7.5 mg 175
misoprostol tab 100 mcg 290
misoprostol tab 200 mcg 290
M-M-R II INJ 319
M-NATAL PLUS TAB .. 325
modafinil tab 100 mg 238
modafinil tab 200 mg 238
MODEYSO CAP 125MG 93
moexipril hcl tab 15 mg 129
moexipril hcl tab 7.5 mg 129
molindone hcl tab 10 mg 193
molindone hcl tab 25 mg 193
molindone hcl tab 5 mg 193
mometasone furoate cream 0.1% 359
mometasone furoate oint 0.1% 359
mometasone furoate solution 0.1% (lotion) 360
MONJUVI INJ 200MG 112
mono-linyah 262
montelukast sodium chew tab 4 mg (base equiv) 341
montelukast sodium chew tab 5 mg (base equiv) 341
montelukast sodium oral granules packet 4 mg (base equiv) 341
montelukast sodium tab 10 mg (base equiv) 341
morphine sulfate iv soln 10 mg/ml 47

morphine sulfate iv soln 2 mg/ml 47
morphine sulfate iv soln 4 mg/ml 47
morphine sulfate iv soln 8 mg/ml 47
morphine sulfate oral soln 10 mg/5ml 47
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....47
morphine sulfate oral soln 20 mg/5ml 47
morphine sulfate tab 15 mg.....47
morphine sulfate tab 30 mg.....48
morphine sulfate tab er 100 mg 44
morphine sulfate tab er 15 mg 44
morphine sulfate tab er 200 mg 44
morphine sulfate tab er 30 mg 44
morphine sulfate tab er 60 mg 44
MOUNJARO INJ 10MG/0.5 246
MOUNJARO INJ 12.5/0.5 246
MOUNJARO INJ 15MG/0.5 246
MOUNJARO INJ 2.5/0.5 245
MOUNJARO INJ 5MG/0.5 246
MOUNJARO INJ 7.5/0.5 246
MOVANTIK TAB 12.5MG 290
MOVANTIK TAB 25MG 291
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 75
moxifloxacin hcl ophth soln 0.5% (base equiv) 330
moxifloxacin hcl tab 400 mg (base equiv) 75
MRESVIA INJ 50MCG 319
MULTAQ TAB 400MG 138
multiple electrolytes ph 5.5 324
mupirocin oint 2% ... 353
mycophenolate mofetil cap 250 mg 317

mycophenolate mofetil for oral susp 200 mg/ml 317
mycophenolate mofetil tab 500 mg 317
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 317
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 317
MYRBETRIQ SUS 8MG/ML 296
MYRBETRIQ TAB 25MG 296
MYRBETRIQ TAB 50MG 296

N

nabumetone tab 500 mg 41
nabumetone tab 750 mg 41
nadolol tab 20 mg ... 146
nadolol tab 40 mg ... 146
nadolol tab 80 mg ... 147
nafcillin sodium for inj 1 gm 78
nafcillin sodium for inj 2 gm 78
nafcillin sodium for iv soln 10 gm 78
NAGLAZYME INJ 1MG/ML 275
naloxone hcl inj 0.4 mg/ml 239
naloxone hcl inj 4 mg/10ml 239
naloxone hcl soln cartridge 0.4 mg/ml 239
naloxone hcl soln prefilled syringe 0.4 mg/ml 239
naloxone hcl soln prefilled syringe 2 mg/2ml 240
naltrexone hcl tab 50 mg 240
NAMZARIC CAP 7-10MG 166
naproxen sodium tab 275 mg 41
naproxen sodium tab 550 mg 41
naproxen tab 250 mg . 41
naproxen tab 375 mg . 41
naproxen tab 500 mg . 41

naproxen tab ec 375 mg 41
naratriptan hcl tab 1 mg (base equiv) 230
naratriptan hcl tab 2.5 mg (base equiv) 230
NATACYN SUS 5% OP 330
nateglinide tab 120 mg 246
nateglinide tab 60 mg 246
NAYZILAM SPR 5MG. 212
nebivolol hcl tab 10 mg (base equivalent) ... 147
nebivolol hcl tab 2.5 mg (base equivalent) ... 147
nebivolol hcl tab 20 mg (base equivalent) ... 147
nebivolol hcl tab 5 mg (base equivalent) ... 147
necon 0.5/35-28 262
nefazodone hcl tab 100 mg 175
nefazodone hcl tab 150 mg 175
nefazodone hcl tab 200 mg 175
nefazodone hcl tab 250 mg 175
nefazodone hcl tab 50 mg 175
neomycin sulfate tab 500 mg 53
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 330
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 330
neomycin-polymyxin-dexamethasone ophth oint 0.1% 328
neomycin-polymyxin-dexamethasone ophth susp 0.1% 329
neomycin-polymyxin-hc ophth susp 329
neomycin-polymyxin-hc otic soln 1% 334
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% . 334
NERLYNX TAB 40MG 112
neuac 352
nevirapine susp 50 mg/5ml 60

nevirapine tab 200 mg 60
nevirapine tab er 24hr 400 mg 60
NEXLETOL TAB 180MG 143
NEXLIZET TAB 180/10MG 143
NEXPLANON IMP 68MG 263
*niacin tab er 1000 mg (antihyperlipidemic)*143
*niacin tab er 500 mg (antihyperlipidemic)*143
*niacin tab er 750 mg (antihyperlipidemic)*143
nicardipine hcl cap 20 mg.....151
nicardipine hcl cap 30 mg.....151
NICOTROL NS SPR 10MG/ML.....240
nifedipine tab er 24hr 30 mg.....151
nifedipine tab er 24hr 60 mg.....151
nifedipine tab er 24hr 90 mg.....151
nifedipine tab er 24hr osmotic release 30 mg 151
nifedipine tab er 24hr osmotic release 60 mg 151
nifedipine tab er 24hr osmotic release 90 mg 151
nikki 263
nilotinib hcl cap 150 mg (base equivalent)...112
nilotinib hcl cap 200 mg (base equivalent)...112
nilotinib hcl cap 50 mg (base equivalent)...112
nilutamide tab 150 mg 88
nimodipine cap 30 mg 151
NINLARO CAP 2.3MG112
NINLARO CAP 3MG ..112
NINLARO CAP 4MG ..112
nintedanib esylate cap 100 mg (base equivalent) 344
nintedanib esylate cap 150 mg (base equivalent) 344

nitazoxanide tab 500 mg 53
nitisinone cap 10 mg 276
nitisinone cap 2 mg .. 275
nitisinone cap 20 mg 276
nitisinone cap 5 mg .. 276
nitro-bid 158
nitrofurantoin macrocrystalline cap 100 mg 53
nitrofurantoin macrocrystalline cap 50 mg 53
nitrofurantoin monohydrate macrocrystalline cap 100 mg 53
nitroglycerin oint 0.4% 363
nitroglycerin oint 2% 158
nitroglycerin sl tab 0.3 mg 158
nitroglycerin sl tab 0.4 mg 158
nitroglycerin sl tab 0.6 mg 158
nitroglycerin td patch 24hr 0.1 mg/hr 158
nitroglycerin td patch 24hr 0.2 mg/hr 158
nitroglycerin td patch 24hr 0.4 mg/hr 158
nitroglycerin td patch 24hr 0.6 mg/hr 158
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 158
nizatidine cap 150 mg 287
nizatidine cap 300 mg 287
nora-be 263
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 263
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 263
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 263
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 263
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 263
norethindrone acetate tab 5 mg 279

norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 268
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 268
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg ... 263
norethindrone tab 0.35 mg 263
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 263
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 264
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 264
norlyroc 264
nortrel 0.5/35 (28) .. 264
nortrel 1/35 (21) 264
nortrel 1/35 (28) 264
nortrel 7/7/7 264
nortriptyline hcl cap 10 mg 175
nortriptyline hcl cap 25 mg 175
nortriptyline hcl cap 50 mg 175
nortriptyline hcl cap 75 mg 175
nortriptyline hcl soln 10 mg/5ml 175
NORVIR POW 100MG . 60
NOVOLIN INJ 70/30 . 252
NOVOLIN INJ 70/30 FP 252
NOVOLIN N INJ 100 UNIT 252
NOVOLIN N INJ U-100 252
NOVOLIN R INJ 100 UNIT 252
NOVOLIN R INJ U-100 252
NOVOLOG INJ 100/ML 252
NOVOLOG INJ FLEX REL 252
NOVOLOG INJ FLEXPEN 252
NOVOLOG INJ PENFILL 252
NOVOLOG INJ RELION 252

NOVOLOG MIX INJ 70/30 253
NOVOLOG MIX INJ FLEXPEN 253
NUBEQA TAB 300MG .. 88
NUEDEXTA CAP 20-10MG 233
NULOJIX INJ 250MG. 317
NUPLAZID CAP 34MG 193
NUPLAZID TAB 10MG 193
NURTEC TAB 75MG ODT 230
NUTRILIPID EMU 20% 328
NUZYRA INJ 100MG ... 81
NUZYRA TAB 150MG .. 81
nyamyc 355
nylia 1/35 264
nylia 7/7/7 264
nystatin cream 100000 unit/gm 355
nystatin oint 100000 unit/gm 355
nystatin susp 100000 unit/ml 364
nystatin tab 500000 unit 57
nystatin topical powder 100000 unit/gm 355
nystop 355

O

OCTAGAM INJ 10/100ML 315
OCTAGAM INJ 10GM 315
OCTAGAM INJ 1GM .. 315
OCTAGAM INJ 2.5GM 315
OCTAGAM INJ 20/200ML 315
OCTAGAM INJ 2GM/20ML 315
OCTAGAM INJ 30/300ML 315
OCTAGAM INJ 5GM .. 315
OCTAGAM INJ 5GM/50ML 315
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 276
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 276
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 276
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 276
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 276

octreotide acetate subcutaneous soln pref syr 100 mcg/ml 276
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 276
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 276
ODEFSEY TAB 64
ODOMZO CAP 200MG 113
OFEV CAP 100MG 344
OFEV CAP 150MG 344
ofloxacin ophth soln 0.3% 330
ofloxacin otic soln 0.3% 334
OGIVRI INJ 150MG .. 113
OGIVRI INJ 420MG .. 113
OGSIVEO TAB 100MG 113
OGSIVEO TAB 150MG 113
OJEMDA SUS 25MG/ML 113
OJEMDA TAB 100MG 113
OJJAARA TAB 100MG 113
OJJAARA TAB 150MG 113
OJJAARA TAB 200MG 113
olanzapine for im inj 10 mg 193
olanzapine orally disintegrating tab 10 mg 193
olanzapine orally disintegrating tab 15 mg 193
olanzapine orally disintegrating tab 20 mg 193
olanzapine orally disintegrating tab 5 mg 193
olanzapine tab 10 mg 194
olanzapine tab 15 mg 194
olanzapine tab 2.5 mg 193
olanzapine tab 20 mg 194
olanzapine tab 5 mg 194
olanzapine tab 7.5 mg 194
olmesartan medoxomil tab 20 mg 137
olmesartan medoxomil tab 40 mg 137

olmesartan medoxomil tab 5 mg 136
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 133
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 133
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 133
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 133
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 134
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 134
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 134
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 134
omega-3-acid ethyl esters cap 1 gm 144
omeprazole cap delayed release 10 mg 293
omeprazole cap delayed release 20 mg 293
omeprazole cap delayed release 40 mg 294
OMNIPOD 5 DX KIT INT G7G6 253
OMNIPOD 5 DX MIS POD G7G6 253
OMNIPOD DASH KIT INTRO 253
OMNIPOD DASH MIS PODS 253
OMNIPOD5 LIB KIT INTRO 253
OMNIPOD5 LIB MIS PODS 253
ondansetron hcl inj 4 mg/2ml (2 mg/ml) . 284
ondansetron hcl inj 40 mg/20ml (2 mg/ml) 284
ondansetron hcl inj soln pref syr 4 mg/2ml .. 284
ondansetron hcl oral soln 4 mg/5ml 284
ondansetron hcl tab 4 mg 284
ondansetron hcl tab 8 mg 284

ondansetron orally disintegrating tab 4 mg 284
ondansetron orally disintegrating tab 8 mg 284
ONTRUZANT INJ 150MG 113
ONTRUZANT INJ 420MG 113
ONUREG TAB 200MG.. 85
ONUREG TAB 300MG.. 86
OPIPZA MIS 10MG ... 194
OPIPZA MIS 2MG..... 194
OPIPZA MIS 5MG..... 194
OPSUMIT TAB 10MG 160
ORGOVYX TAB 120MG 88
ORKAMBI GRA 100-125 344
ORKAMBI GRA 150-188 344
ORKAMBI GRA 75-94MG 344
ORKAMBI TAB 100-125 345
ORKAMBI TAB 200-125 345
orquidea..... 264
ORSERDU TAB 345MG 88
ORSERDU TAB 86MG.. 88
oseltamivir phosphate cap 30 mg (base equiv) 66
oseltamivir phosphate cap 45 mg (base equiv) 66
oseltamivir phosphate cap 75 mg (base equiv) 66
oseltamivir phosphate for susp 6 mg/ml (base equiv) 66
OSPOMYV INJ 60MG/ML 254
oxacillin sodium for inj 1 gm (base equivalent) 78
oxacillin sodium for inj 2 gm (base equivalent) 78
oxacillin sodium for iv soln 10 gm (base equivalent) 78
oxaliplatin for iv inj 100 mg 83
oxaliplatin for iv inj 50 mg 83
oxaliplatin iv soln 100 mg/20ml 83
oxaliplatin iv soln 200 mg/40ml 83

oxaliplatin iv soln 50 mg/10ml 83
*oxcarbazepine susp 300 mg/5ml (60 mg/ml)*212
oxcarbazepine tab 150 mg.....212
oxcarbazepine tab 300 mg.....212
oxcarbazepine tab 600 mg.....212
oxybutynin chloride solution 5 mg/5ml..296
oxybutynin chloride tab 5 mg.....296
oxybutynin chloride tab er 24hr 10 mg.....297
oxybutynin chloride tab er 24hr 15 mg.....297
oxybutynin chloride tab er 24hr 5 mg.....297
oxycodone hcl conc 100 mg/5ml (20 mg/ml) .48
oxycodone hcl soln 5 mg/5ml 48
oxycodone hcl tab 10 mg.....48
oxycodone hcl tab 15 mg.....48
oxycodone hcl tab 20 mg.....48
oxycodone hcl tab 30 mg 48
oxycodone hcl tab 5 mg 48
oxycodone w/ acetaminophen tab 10-325 mg 49
oxycodone w/ acetaminophen tab 2.5-325 mg 48
oxycodone w/ acetaminophen tab 5-325 mg 48
oxycodone w/ acetaminophen tab 7.5-325 mg 48
OXYCONTIN TAB 10MG ER 44
OXYCONTIN TAB 15MG ER 45
OXYCONTIN TAB 20MG ER 45
OXYCONTIN TAB 30MG ER 45
OXYCONTIN TAB 40MG ER 45
OXYCONTIN TAB 60MG ER 45
OXYCONTIN TAB 80MG ER 45

OZEMPIC (0.25 OR 0.5MG/DOSE)..... 246
OZEMPIC (1MG/DOSE) 246
OZEMPIC (2MG/DOSE) 246
OZEMPIC TAB 1.5MG 246
OZEMPIC TAB 4MG .. 247
OZEMPIC TAB 9MG .. 247

P

pacerone 138
paclitaxel inj 100mg ... 95
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) 95
paclitaxel iv conc 150 mg/25ml (6 mg/ml) . 95
paclitaxel iv conc 30 mg/5ml (6 mg/ml) ... 95
paclitaxel iv conc 300 mg/50ml (6 mg/ml) . 95
paliperidone tab er 24hr 1.5 mg 194
paliperidone tab er 24hr 3 mg 194
paliperidone tab er 24hr 6 mg 195
paliperidone tab er 24hr 9 mg 195
pamidronate disodium iv soln 3 mg/ml 254
pamidronate disodium iv soln 9 mg/ml 254
PAMIDRONATE INJ 6MG/ML 255
PANRETIN GEL 0.1% 363
pantoprazole sodium ec tab 20 mg (base equiv) 294
pantoprazole sodium ec tab 40 mg (base equiv) 294
pantoprazole sodium for iv soln 40 mg (base equiv) 294
PANZYGA SOL 10/100ML 315
PANZYGA SOL 1GM/10ML 315
PANZYGA SOL 2.5/25ML 315
PANZYGA SOL 20/200ML 315
PANZYGA SOL 30/300ML 315
PANZYGA SOL 5GM/50ML 315
paricalcitol cap 1 mcg 282

paricalcitol cap 2 mcg 282
paricalcitol cap 4 mcg 282
paroxetine hcl oral susp 10 mg/5ml (base equiv) 175
paroxetine hcl tab 10 mg 176
paroxetine hcl tab 20 mg 176
paroxetine hcl tab 30 mg 176
paroxetine hcl tab 40 mg 176
PAXLOVID PAK 66
PAXLOVID TAB 150-100 66
PAXLOVID TAB 300-100 67
pazopanib hcl tab 200 mg (base equiv) 114
pazopanib hcl tab 400 mg (base equiv) 114
PEDIARIX INJ 0.5ML 319
PEDVAX HIB INJ 319
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 289
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 289
PEGASYS INJ 67
PEGASYS INJ 180MCG/M 67
PEMAZYRE TAB 13.5MG 114
PEMAZYRE TAB 4.5MG 114
PEMAZYRE TAB 9MG 114
pemetrexed disodium for iv soln 100 mg (base equiv) 86
pemetrexed disodium for iv soln 1000 mg (base equiv) 86
pemetrexed disodium for iv soln 500 mg (base equiv) 86
pemetrexed disodium for iv soln 750 mg (base equiv) 86
PENBRAYA INJ 319
penicillamine tab 250 mg 256
penicillin g potassium for inj 20000000 unit 78
penicillin g potassium for inj 5000000 unit 78

penicillin g sodium for inj 5000000 unit 78
penicillin v potassium for soln 125 mg/5ml 78
penicillin v potassium for soln 250 mg/5ml 79
penicillin v potassium tab 250 mg 79
penicillin v potassium tab 500 mg 79
PENMENVY INJ 319
PENTACEL INJ 319
pentamidine isethionate inh 53
pentamidine isethionate inj 53
pentoxifylline tab er 400 mg 303
perampanel susp 0.5 mg/ml 212
perampanel tab 10 mg 213
perampanel tab 12 mg 213
perampanel tab 2 mg 212
perampanel tab 4 mg 212
perampanel tab 6 mg 212
perampanel tab 8 mg 213
perindopril erbumine tab 2 mg 129
perindopril erbumine tab 4 mg 129
perindopril erbumine tab 8 mg 129
periogard 364
permethrin cream 5% 364
perphenazine tab 16 mg 195
perphenazine tab 2 mg 195
perphenazine tab 4 mg 195
perphenazine tab 8 mg 195
pfizerpen 79
phenelzine sulfate tab 15 mg 176
phenobarbital elixir 20 mg/5ml 213
phenobarbital sodium inj 130 mg/ml 213
phenobarbital sodium inj 65 mg/ml 213
phenobarbital tab 100 mg 215

phenobarbital tab 15 mg 213
phenobarbital tab 16.2 mg 214
phenobarbital tab 30 mg 214
phenobarbital tab 32.4 mg 214
phenobarbital tab 60 mg 214
phenobarbital tab 64.8 mg 214
phenobarbital tab 97.2 mg 214
phenytek 215
phenytoin chew tab 50 mg 215
phenytoin sodium extended cap 100 mg 215
phenytoin sodium extended cap 200 mg 215
phenytoin sodium extended cap 300 mg 215
phenytoin sodium inj 50 mg/ml 215
phenytoin susp 125 mg/5ml 215
PHESGO SOL 114
philith 264
PIFELTRO TAB 100MG 61
pilocarpine hcl ophth soln 1% 332
pilocarpine hcl ophth soln 2% 333
pilocarpine hcl ophth soln 4% 333
pilocarpine hcl tab 5 mg 364
pilocarpine hcl tab 7.5 mg 364
pimecrolimus cream 1% 363
pimozide tab 1 mg ... 195
pimozide tab 2 mg ... 195
pimtrea 264
pindolol tab 10 mg ... 147
pindolol tab 5 mg 147
pioglitazone hcl tab 15 mg (base equiv) 247
pioglitazone hcl tab 30 mg (base equiv) 247
pioglitazone hcl tab 45 mg (base equiv) 247
pioglitazone hcl-metformin hcl tab 15-500 mg 247

pioglitazone hcl-metformin hcl tab 15-850 mg 247
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 79
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 79
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 79
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) ... 79
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 79
PIQRAY 200MG TAB DOSE 114
PIQRAY 250MG TAB DOSE 114
PIQRAY 300MG TAB DOSE 114
pirfenidone cap 267 mg 345
pirfenidone tab 267 mg 345
pirfenidone tab 534 mg 345
pirfenidone tab 801 mg 345
piroxicam cap 10 mg . 41
piroxicam cap 20 mg . 42
plenamine 328
PLENVU SOL 289
podofilox soln 0.5% . 363
polymyxin b sulfate for inj 500000 unit 53
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 330
pomalidomide cap 1 mg 90
pomalidomide cap 2 mg 90
pomalidomide cap 3 mg 90
pomalidomide cap 4 mg 91
POMALYST CAP 1MG .. 91
POMALYST CAP 2MG .. 91
POMALYST CAP 3MG .. 91
POMALYST CAP 4MG .. 91
portia-28 264

posaconazole tab delayed release 100 mg 57
POT CHL 20MEQ/L IN NACL 0.45% INJ 324
POT CHL 20MEQ/L IN NACL 0.9% INJ 324
POT CHL 40MEQ/L IN NACL 0.9% INJ 324
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 324
potassium chloride cap er 10 meq 326
potassium chloride cap er 8 meq 325
potassium chloride inj 10 meq/100ml 324
potassium chloride inj 10 meq/50ml 324
potassium chloride inj 2 meq/ml 324
potassium chloride inj 20 meq/100ml 324
potassium chloride inj 20 meq/50ml 324
potassium chloride inj 40 meq/100ml 325
potassium chloride microencapsulated crys er tab 10 meq 326
potassium chloride microencapsulated crys er tab 15 meq 326
potassium chloride microencapsulated crys er tab 20 meq 326
potassium chloride oral soln 10% (20 meq/15ml) 326
potassium chloride oral soln 20% (40 meq/15ml) 326
potassium chloride powder packet 20 meq 326
potassium chloride tab er 10 meq 326
potassium chloride tab er 20 meq (1500 mg) 326
potassium chloride tab er 8 meq (600 mg) 326
potassium citrate tab er 10 meq (1080 mg) 295
potassium citrate tab er 15 meq (1620 mg) 295

potassium citrate tab er 5 meq (540 mg) 295
pramipexole dihydrochloride tab 0.125 mg 182
pramipexole dihydrochloride tab 0.25 mg 181
pramipexole dihydrochloride tab 0.5 mg 181
pramipexole dihydrochloride tab 0.75 mg 182
pramipexole dihydrochloride tab 1 mg 182
pramipexole dihydrochloride tab 1.5 mg 182
prasugrel hcl tab 10 mg (base equiv) 305
prasugrel hcl tab 5 mg (base equiv) 305
pravastatin sodium tab 10 mg 141
pravastatin sodium tab 20 mg 141
pravastatin sodium tab 40 mg 141
pravastatin sodium tab 80 mg 141
praziquantel tab 600 mg 53
prazosin hcl cap 1 mg 130
prazosin hcl cap 2 mg 130
prazosin hcl cap 5 mg 130
PRED SOD PHO SOL 1% OP 331
prednisolone acetate ophth susp 1% 331
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 271
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) 271
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) .. 271
prednisolone soln 15 mg/5ml 271
PREDNISONE CON 5MG/ML 271

prednisone oral soln 5 mg/5ml 272
prednisone tab 1 mg 272
prednisone tab 10 mg 272
prednisone tab 2.5 mg 272
prednisone tab 20 mg 272
prednisone tab 5 mg 272
prednisone tab 50 mg 272
prednisone tab therapy pack 10 mg (21) 272
prednisone tab therapy pack 10 mg (48) 272
prednisone tab therapy pack 5 mg (21) 272
prednisone tab therapy pack 5 mg (48) 272
pregabalin cap 100 mg 216
pregabalin cap 150 mg 216
pregabalin cap 200 mg 216
pregabalin cap 225 mg 216
pregabalin cap 25 mg 215
pregabalin cap 300 mg 216
pregabalin cap 50 mg 215
pregabalin cap 75 mg 216
pregabalin soln 20 mg/ml 217
PREMASOL SOL 10% 328
PRENATAL TAB 27-1MG 327
PRENATAL TAB PLUS 327
prevalite 144
PREVYMIS TAB 240MG67
PREVYMIS TAB 480MG67
PREZCOBIX TAB 675/150 64
PREZCOBIX TAB 800-150..... 64
PREZISTA SUS 100MG/ML 61
PREZISTA TAB 150MG 61
PREZISTA TAB 75MG . 61
PRIFTIN TAB 150MG .. 64
primaquine phosphate tab 26.3 mg (15 mg base) 59
PRIMAQUINE TAB 26.3MG 59

primidone tab 125 mg 217
primidone tab 250 mg 217
primidone tab 50 mg 217
PRIORIX INJ 319
PRIVIGEN INJ 10GRAMS 315
PRIVIGEN INJ 20GRAMS 315
PRIVIGEN INJ 40GRAMS 315
PRIVIGEN INJ 5 GRAMS 315
probenecid tab 500 mg 39
prochlorperazine edisylate inj 10 mg/2ml 284
prochlorperazine maleate tab 10 mg (base equivalent) ... 284
prochlorperazine maleate tab 5 mg (base equivalent) ... 284
prochlorperazine suppos 25 mg 284
PROCRIT INJ 10000/ML 302
PROCRIT INJ 2000/ML 302
PROCRIT INJ 20000/ML 302
PROCRIT INJ 3000/ML 302
PROCRIT INJ 4000/ML 302
PROCRIT INJ 40000/ML 302
proctocort 363
procto-med hc 363
proctosol hc 363
proctozone-hc 363
progesterone cap 100 mg 279
progesterone cap 200 mg 279
PROGRAF GRA 0.2MG 317
PROGRAF GRA 1MG . 317
PROLASTIN-C INJ 1000MG 345
PROLIA INJ 60MG/ML 255
promethazine hcl inj 25 mg/ml 285
promethazine hcl inj 50 mg/ml 285

promethazine hcl oral soln 6.25 mg/5ml .. 285
promethazine hcl tab 12.5 mg 285
promethazine hcl tab 25 mg 286
promethazine hcl tab 50 mg 286
propafenone hcl cap er 12hr 225 mg 139
propafenone hcl cap er 12hr 325 mg 139
propafenone hcl cap er 12hr 425 mg 139
propafenone hcl tab 150 mg 139
propafenone hcl tab 225 mg 139
propafenone hcl tab 300 mg 139
proparacaine hcl ophth soln 0.5% 333
propranolol hcl cap er 24hr 120 mg 147
propranolol hcl cap er 24hr 160 mg 147
propranolol hcl cap er 24hr 60 mg 147
propranolol hcl cap er 24hr 80 mg 147
propranolol hcl oral soln 20 mg/5ml 147
propranolol hcl oral soln 40 mg/5ml 147
propranolol hcl tab 10 mg 148
propranolol hcl tab 20 mg 148
propranolol hcl tab 40 mg 148
propranolol hcl tab 60 mg 148
propranolol hcl tab 80 mg 148
propylthiouracil tab 50 mg 281
PROQUAD INJ 319
PROSOL INJ 20% 328
protriptyline hcl tab 10 mg 176
protriptyline hcl tab 5 mg 176
PULMOZYME SOL 1MG/ML 345
pyrazinamide tab 500 mg 64
pyridostigmine bromide tab 60 mg 233
pyrimethamine tab 25 mg 53

PYZCHIVA INJ 130/26ML 309
PYZCHIVA INJ 45/0.5ML 309
PYZCHIVA INJ 90MG/ML 309

Q

QINLOCK TAB 50MG 114
QUADRACEL INJ 0.5ML 319
quetiapine fumarate tab 100 mg 195
quetiapine fumarate tab 150 mg 195
quetiapine fumarate tab 200 mg 195
quetiapine fumarate tab 25 mg 195
quetiapine fumarate tab 300 mg 195
quetiapine fumarate tab 400 mg 196
quetiapine fumarate tab 50 mg 195
quetiapine fumarate tab er 24hr 150 mg 196
quetiapine fumarate tab er 24hr 200 mg 196
quetiapine fumarate tab er 24hr 300 mg 196
quetiapine fumarate tab er 24hr 400 mg 196
quetiapine fumarate tab er 24hr 50 mg 196
quinapril hcl tab 10 mg 129
quinapril hcl tab 20 mg 129
quinapril hcl tab 40 mg 129
quinapril hcl tab 5 mg 129
quinidine sulfate tab 200 mg 139
quinidine sulfate tab 300 mg 139
quinine sulfate cap 324 mg 59
QULIPTA TAB 10MG . 230
QULIPTA TAB 30MG . 230
QULIPTA TAB 60MG . 230

R

RABAVERT INJ 319
rabeprazole sodium ec tab 20 mg 294
RALDESY SOL 10MG/ML 176
raloxifene hcl tab 60 mg 276
ramelteon tab 8 mg . 227

ramipril cap 1.25 mg 129
ramipril cap 10 mg .. 129
ramipril cap 2.5 mg . 129
ramipril cap 5 mg 129
ranolazine tab er 12hr 1000 mg 157
ranolazine tab er 12hr 500 mg 157
rasagiline mesylate tab 0.5 mg (base equiv) 182
rasagiline mesylate tab 1 mg (base equiv) 182
reclipsen 264
RECOMBIVA HB INJ 10MCG/ML 320
RECOMBIVA HB INJ 5MCG/0.5 320
RECOMBIVA-HB INJ 40MCG/ML 320
RELENZA MIS DISKHALE 67
relgaabi 217
RELISTOR INJ 12/0.6ML 291
RELISTOR INJ 8/0.4ML 291
REMICADE INJ 100MG 309
RENFLEXIS INJ 100MG 309
repaglinide tab 0.5 mg 247
repaglinide tab 1 mg 247
repaglinide tab 2 mg 247
REPATHA INJ 140MG/ML 144
REPATHA SURE INJ 140MG/ML 144
RESTASIS EMU 0.05% OP 334
RESTASIS MUL EMU 0.05% OP 334
RETEVMO TAB 120MG 115
RETEVMO TAB 160MG 115
RETEVMO TAB 40MG 114
RETEVMO TAB 80MG 115
REVCOVI INJ 1.6MG/ML 277
REVUFORJ TAB 110MG 115
REVUFORJ TAB 160MG 115
REVUFORJ TAB 25MG 115
REXULTI TAB 0.25MG 196

REXULTI TAB 0.5MG 196
REXULTI TAB 1MG ... 196
REXULTI TAB 2MG ... 196
REXULTI TAB 3MG ... 196
REXULTI TAB 4MG ... 197
REYATAZ POW 50MG .. 61
REZDIFFRA TAB 100MG 277
REZDIFFRA TAB 60MG 277
REZDIFFRA TAB 80MG 277
REZLIDHIA CAP 150MG 115
REZUROCK TAB 200MG 317
REZVOGLAR KP INJ 100UT/ML 253
RHOPRESSA SOL 0.02% 333
ribavirin cap 200 mg .. 67
ribavirin tab 200 mg .. 67
rifabutin cap 150 mg .. 65
rifampin cap 150 mg .. 65
rifampin cap 300 mg .. 65
rifampin for inj 600 mg 65
rilpivirine hcl tab 25 mg (base equivalent) 61
riluzole tab 50 mg ... 233
rimantadine hydrochloride tab 100 mg 67
RINVOQ LQ SOL 1MG/ML 309
RINVOQ TAB 15MG ER 309
RINVOQ TAB 30MG ER 309
RINVOQ TAB 45MG ER 309
risedronate sodium tab 150 mg 255
risedronate sodium tab 35 mg 255
risedronate sodium tab 5 mg 255
risedronate sodium tab delayed release 35 mg 255
risperidone microspheres for im extended rel susp 12.5 mg 197
risperidone microspheres for im extended rel susp 25 mg 197
risperidone microspheres for im extended rel susp 37.5 mg 197

risperidone microspheres for im extended rel susp 50 mg 197
risperidone orally disintegrating tab 0.25 mg 197
risperidone orally disintegrating tab 0.5 mg 197
risperidone orally disintegrating tab 1 mg 197
risperidone orally disintegrating tab 2 mg 197
risperidone orally disintegrating tab 3 mg 197
risperidone orally disintegrating tab 4 mg 198
risperidone soln 1 mg/ml 198
risperidone tab 0.25 mg 198
risperidone tab 0.5 mg 198
risperidone tab 1 mg 198
risperidone tab 2 mg 198
risperidone tab 3 mg 198
risperidone tab 4 mg 198
ritonavir tab 100 mg .. 61
rivaroxaban for susp 1 mg/ml 301
rivaroxaban tab 2.5 mg 301
rivastigmine tartrate cap 1.5 mg (base equivalent) 166
rivastigmine tartrate cap 3 mg (base equivalent) 166
rivastigmine tartrate cap 4.5 mg (base equivalent) 166
rivastigmine tartrate cap 6 mg (base equivalent) 166
rivastigmine td patch 24hr 13.3 mg/24hr 167
rivastigmine td patch 24hr 4.6 mg/24hr .. 166
rivastigmine td patch 24hr 9.5 mg/24hr .. 166
rivelsa 264
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 230

rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 230
rizatriptan benzoate tab 10 mg (base equivalent) 230
rizatriptan benzoate tab 5 mg (base equivalent) 230
ROCKLATAN DRO 333
roflumilast tab 250 mcg 345
roflumilast tab 500 mcg 345
ROMVIMZA CAP 14MG 115
ROMVIMZA CAP 20MG 115
ROMVIMZA CAP 30MG 116
ropinirole hydrochloride tab 0.25 mg 182
ropinirole hydrochloride tab 0.5 mg 182
ropinirole hydrochloride tab 1 mg 182
ropinirole hydrochloride tab 2 mg 182
ropinirole hydrochloride tab 3 mg 182
ropinirole hydrochloride tab 4 mg 183
ropinirole hydrochloride tab 5 mg 183
rosuvastatin calcium tab 10 mg 141
rosuvastatin calcium tab 20 mg 141
rosuvastatin calcium tab 40 mg 141
rosuvastatin calcium tab 5 mg 141
rosyrah 264
ROTARIX SUS 320
ROTATEQ SOL 320
roweepra 217
ROZLYTREK CAP 100MG 116
ROZLYTREK CAP 200MG 116
ROZLYTREK PAK 50MG 116
RUBRACA TAB 200MG 116
RUBRACA TAB 250MG 116
RUBRACA TAB 300MG 116
rufinamide susp 40 mg/ml 217

rufinamide tab 200 mg 217
rufinamide tab 400 mg 217
RUKOBIA TAB 600MG ER 61
RYBELSUS TAB 14MG 248
RYBELSUS TAB 3MG. 247
RYBELSUS TAB 7MG. 248
RYDAPT CAP 25MG .. 116

S

sacubitril-valsartan tab 24-26 mg 134
sacubitril-valsartan tab 49-51 mg 134
sacubitril-valsartan tab 97-103 mg 134
sajazir 304
SANTYL OIN 250/GM 364
sapropterin dihydrochloride powder packet 100 mg 277
sapropterin dihydrochloride powder packet 500 mg 277
sapropterin dihydrochloride tab 100 mg 277
SCEMBLIX TAB 100MG 117
SCEMBLIX TAB 20MG 117
SCEMBLIX TAB 40MG 117
scopolamine td patch 72hr 1 mg/3days ... 286
SECUADO DIS 3.8MG 198
SECUADO DIS 5.7MG 198
SECUADO DIS 7.6MG 198
selegiline hcl cap 5 mg 183
selegiline hcl tab 5 mg 183
selenium sulfide lotion 2.5% 355
SELZENTRY SOL 20MG/ML 61
SEMGLEE INJ 100U/ML 253
SEREVENT DIS AER 50MCG 341
sertraline hcl oral concentrate for solution 20 mg/ml 176

sertraline hcl tab 100 mg 176
sertraline hcl tab 25 mg 176
sertraline hcl tab 50 mg 176
setlakin 264
sharobel 264
SHINGRIX INJ 50/0.5ML 320
SIGNIFOR INJ 0.3MG/ML 277
SIGNIFOR INJ 0.6MG/ML 277
SIGNIFOR INJ 0.9MG/ML 277
SIKLOS TAB 1000MG 304
SIKLOS TAB 100MG . 304
sildenafil citrate tab 20 mg 160
silver sulfadiazine cream 1% 353
SIMBRINZA SUS 1-0.2% 333
simliya 264
simpesse 265
simvastatin tab 10 mg 142
simvastatin tab 20 mg 142
simvastatin tab 40 mg 142
simvastatin tab 5 mg 141
simvastatin tab 80 mg 142
sirolimus oral soln 1 mg/ml 317
sirolimus tab 0.5 mg 318
sirolimus tab 1 mg ... 318
sirolimus tab 2 mg ... 318
SIRTURO TAB 100MG . 65
SIRTURO TAB 20MG .. 65
sitagliptin phosphate tab 100 mg (base equiv) 248
sitagliptin phosphate tab 25 mg (base equiv) 248
sitagliptin phosphate tab 50 mg (base equiv) 248
sitagliptin phosphate-metformin hcl tab 50-1000 mg 248
sitagliptin phosphate-metformin hcl tab 50-500 mg 248
SKYRIZI INJ 150MG/ML 310
SKYRIZI INJ 180/1.2 310
SKYRIZI INJ 360/2.4 310

SKYRIZI PEN INJ 150MG/ML 310
SKYRIZI SOL 60MG/ML 310
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 289
sodium chloride inj 2.5 meq/ml (14.6%) 325
sodium chloride irrigation soln 0.9% 364
sodium chloride iv soln 0.45% 325
sodium chloride iv soln 0.9% 325
sodium chloride iv soln 3% 325
sodium chloride iv soln 5% 325
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 327
sodium oxybate oral solution 500 mg/ml 238
sodium phenylbutyrate oral powder 3 gm/teaspoonful 277
sodium phenylbutyrate tab 500 mg 277
sodium polystyrene sulfonate powder ... 256
sodium polystyrene sulfonate susp 15 gm/60ml 256
solifenacin succinate tab 10 mg 297
solifenacin succinate tab 5 mg 297
SOLIQUA INJ 100/33 253
SOLTAMOX SOL 10MG/5ML 88
SOLU-CORTEF INJ 1000MG 272
SOLU-CORTEF INJ 250MG 272
SOLU-CORTEF INJ 500MG 272
SOMATULINE INJ 60/0.2ML 277
SOMATULINE INJ 90/0.3ML 277
SOMAVERT INJ 10MG 277
SOMAVERT INJ 15MG 278
SOMAVERT INJ 20MG 278
SOMAVERT INJ 25MG 278

SOMAVERT INJ 30MG 278
sorafenib tosylate tab 200 mg (base equivalent) 117
sotalol hcl (afib/afl) tab 120 mg 139
sotalol hcl (afib/afl) tab 160 mg 139
sotalol hcl (afib/afl) tab 80 mg 139
sotalol hcl tab 120 mg 139
sotalol hcl tab 160 mg 139
sotalol hcl tab 240 mg 139
sotalol hcl tab 80 mg 139
SOTYKTU TAB 6MG .. 310
SPIRIVA RESP AER 1.25MCG 336
spironolactone & hydrochlorothiazide tab 25-25 mg 154
spironolactone tab 100 mg 130
spironolactone tab 25 mg 130
spironolactone tab 50 mg 130
sprintec 28 265
SPRITAM TAB 1000MG 218
SPRITAM TAB 250MG 217
SPRITAM TAB 500MG 218
SPRITAM TAB 750MG 218
sps 256
sps rectal 256
sronyx 265
ssd 353
STELARA INJ 45/0.5ML 310
STELARA INJ 5MG/ML 310
STELARA INJ 90MG/ML 310
STIVARGA TAB 40MG 117
streptomycin sulfate for inj 1 gm 53
STRIBILD TAB 64
subvenite 218
SUBVENITE SUS 10MG/ML 218
sucralfate susp 1 gm/10ml 291
sucralfate tab 1 gm . 291
sulfacetamide sodium lotion 10% (acne) .. 352

sulfacetamide sodium ophth soln 10% 330
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 329
sulfadiazine tab 500 mg 53
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 54
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 54
sulfamethoxazole-trimethoprim tab 400-80 mg 54
sulfamethoxazole-trimethoprim tab 800-160 mg 54
SULFAMYLON CRE 85MG/GM 354
sulfasalazine tab 500 mg 288
sulfasalazine tab delayed release 500 mg 288
sulindac tab 150 mg ..42
sulindac tab 200 mg ..42
sumatriptan nasal spray 20 mg/act 231
sumatriptan nasal spray 5 mg/act 231
sumatriptan succinate inj 6 mg/0.5ml 231
sumatriptan succinate solution auto-injector 6 mg/0.5ml 231
sumatriptan succinate tab 100 mg 231
sumatriptan succinate tab 25 mg 231
sumatriptan succinate tab 50 mg 231
sunitinib malate cap 12.5 mg (base equivalent) 117
sunitinib malate cap 25 mg (base equivalent) 117
sunitinib malate cap 37.5 mg (base equivalent) 117
sunitinib malate cap 50 mg (base equivalent) 118
SUNLENCA TAB 300MG 61
syeda 265
SYMDEKO TAB 100-150 346

SYMDEKO TAB 50-75MG 346
SYMPAZAN MIS 10MG 218
SYMPAZAN MIS 20MG 218
SYMPAZAN MIS 5MG 218
SYMTUZA TAB 64
SYNAREL SOL 2MG/ML 278
SYNTHROID TAB 100MCG 281
SYNTHROID TAB 112MCG 281
SYNTHROID TAB 125MCG 281
SYNTHROID TAB 137MCG 281
SYNTHROID TAB 150MCG 281
SYNTHROID TAB 175MCG 281
SYNTHROID TAB 200MCG 281
SYNTHROID TAB 25MCG 281
SYNTHROID TAB 300MCG 281
SYNTHROID TAB 50MCG 281
SYNTHROID TAB 75MCG 281
SYNTHROID TAB 88MCG 281

T

TABLOID TAB 40MG ... 86
TABRECTA TAB 150MG 118
TABRECTA TAB 200MG 118
tacrolimus cap 0.5 mg 318
tacrolimus cap 1 mg 318
tacrolimus cap 5 mg 318
tacrolimus cap er 24hr 0.5 mg 318
tacrolimus cap er 24hr 1 mg 318
tacrolimus cap er 24hr 5 mg 318
tacrolimus oint 0.03% 363
tacrolimus oint 0.1% 363
tadalafil tab 20 mg (pah) 160
tadalafil tab 5 mg 295
TAFINLAR CAP 50MG 118
TAFINLAR CAP 75MG 118
TAFINLAR TAB 10MG 118

TAGRISSO TAB 40MG 118
TAGRISSO TAB 80MG 118
TALZENNA CAP 0.1MG 119
TALZENNA CAP 0.25MG 119
TALZENNA CAP 0.35MG 119
TALZENNA CAP 0.5MG 119
TALZENNA CAP 0.75MG 119
TALZENNA CAP 1MG 119
tamoxifen citrate tab 10 mg (base equivalent) 88
tamoxifen citrate tab 20 mg (base equivalent) 89
tamsulosin hcl cap 0.4 mg 295
tarina 24 fe 265
tarina fe 1/20 eq 265
tasimelteon capsule 20 mg 227
TAVNEOS CAP 10MG 304
tazarotene cream 0.05% 356
tazarotene cream 0.1% 356
tazicef 72
TECENTRIQ INJ 1200/20 119
TECENTRIQ INJ 840/14 119
TECENTRIQ INJ HYBREZA 119
TEFLARO INJ 400MG .. 72
TEFLARO INJ 600MG .. 72
telmisartan tab 20 mg 137
telmisartan tab 40 mg 137
telmisartan tab 80 mg 137
telmisartan-amlodipine tab 40-10 mg 134
telmisartan-amlodipine tab 40-5 mg 134
telmisartan-amlodipine tab 80-10 mg 135
telmisartan-amlodipine tab 80-5 mg 135
telmisartan-hydrochlorothiazide tab 40-12.5 mg 135
telmisartan-hydrochlorothiazide tab 80-12.5 mg 135

telmisartan-hydrochlorothiazide tab 80-25 mg 135
temazepam cap 15 mg 227
temazepam cap 30 mg 227
temazepam cap 7.5 mg 227
TENIVAC INJ 5-2LF .. 320
tenofovir disoproxil fumarate tab 300 mg 61
TEPMETKO TAB 225MG 120
terazosin hcl cap 1 mg (base equivalent) ... 130
terazosin hcl cap 10 mg (base equivalent) ... 131
terazosin hcl cap 2 mg (base equivalent) ... 130
terazosin hcl cap 5 mg (base equivalent) ... 131
terbinafine hcl tab 250 mg 58
terbutaline sulfate tab 2.5 mg 341
terbutaline sulfate tab 5 mg 341
terconazole vaginal cream 0.4% 298
terconazole vaginal cream 0.8% 298
terconazole vaginal suppos 80 mg 298
TERIPARATIDE INJ 560/2.24 255
teriparatide soln pen-inj 560 mcg/2.24ml 255
testosterone cypionate im inj in oil 100 mg/ml 240
testosterone cypionate im inj in oil 200 mg/ml 241
testosterone enanthate im inj in oil 200 mg/ml 241
testosterone pump .. 241
testosterone td gel 12.5 mg/act (1%) 241
testosterone td gel 25 mg/2.5gm (1%) 241
testosterone td gel 50 mg/5gm (1%) 241
tetrabenazine tab 12.5 mg 233
tetrabenazine tab 25 mg 233
tetracycline hcl cap 250 mg 81

tetracycline hcl cap 500 mg 81
THALOMID CAP 100MG 91
THALOMID CAP 50MG 91
theophylline elixir 80 mg/15ml 346
theophylline soln 80 mg/15ml 346
theophylline tab er 12hr 100 mg 346
theophylline tab er 12hr 200 mg 346
theophylline tab er 12hr 300 mg 346
theophylline tab er 12hr 450 mg 346
theophylline tab er 24hr 400 mg 346
theophylline tab er 24hr 600 mg 346
thioridazine hcl tab 10 mg 198
thioridazine hcl tab 100 mg 198
thioridazine hcl tab 25 mg 198
thioridazine hcl tab 50 mg 198
thiothixene cap 1 mg 199
thiothixene cap 10 mg 199
thiothixene cap 2 mg 199
thiothixene cap 5 mg 199
tiadylt er 151
tiagabine hcl tab 12 mg 218
tiagabine hcl tab 16 mg 218
tiagabine hcl tab 2 mg 218
tiagabine hcl tab 4 mg 218
TIBSOVO TAB 250MG 120
ticagrelor tab 60 mg 305
ticagrelor tab 90 mg 305
TICOVAC INJ 320
tigecycline for iv soln 50 mg 81
tilia fe 265
timolol maleate ophth gel forming soln 0.25% 333
timolol maleate ophth gel forming soln 0.5% 333
timolol maleate ophth soln 0.25% 333

timolol maleate ophth soln 0.5% 333
timolol maleate tab 10 mg 148
timolol maleate tab 20 mg 148
timolol maleate tab 5 mg 148
tinidazole tab 250 mg 54
tinidazole tab 500 mg 54
TIVICAY PD TAB 5MG . 61
TIVICAY TAB 50MG 61
tizanidine hcl tab 2 mg (base equivalent) ... 237
tizanidine hcl tab 4 mg (base equivalent) ... 237
TOBI PODHALR CAP 28MG 54
TOBRADEX OIN 0.3-0.1% 329
tobramycin nebu soln 300 mg/5ml 54
tobramycin ophth soln 0.3% 330
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv) 54
tobramycin sulfate inj 10 mg/ml (base equivalent) 54
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) 54
tobramycin-dexamethasone ophth susp 0.3-0.1% 329
tolterodine tartrate cap er 24hr 2 mg 297
tolterodine tartrate cap er 24hr 4 mg 297
tolterodine tartrate tab 1 mg 297
tolterodine tartrate tab 2 mg 297
tolvaptan tab 15 mg 278
tolvaptan tab 30 mg 278
tolvaptan tab therapy pack 15 mg 278
tolvaptan tab therapy pack 30 & 15 mg ... 278
tolvaptan tab therapy pack 45 & 15 mg ... 278
tolvaptan tab therapy pack 60 & 30 mg ... 278
tolvaptan tab therapy pack 90 & 30 mg ... 278
topiramate oral soln 25 mg/ml 218
topiramate sprinkle cap 15 mg 219

topiramate sprinkle cap 25 mg 219
topiramate sprinkle cap 50 mg 219
topiramate tab 100 mg 219
topiramate tab 200 mg 219
topiramate tab 25 mg 219
topiramate tab 50 mg 219
toremifene citrate tab 60 mg (base equivalent) 89
torpenz 120
torsemide tab 10 mg 154
torsemide tab 100 mg 154
torsemide tab 20 mg 154
torsemide tab 5 mg . 154
TOUJEO MAX INJ 300/ML 253
TOUJEO SOLO INJ 300/ML..... 253
TPN ELECTROL INJ... 325
TRADJENTA TAB 5MG 248
tramadol hcl tab 50 mg 49
tramadol-acetaminophen tab 37.5-325 mg 49
trandolapril tab 1 mg 129
trandolapril tab 2 mg 129
trandolapril tab 4 mg 129
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml) 304
tranexamic acid tab 650 mg 304
tranylcypromine sulfate tab 10 mg..... 177
TRAVASOL INJ 10% . 328
TRAZIMERA INJ 150MG 120
TRAZIMERA INJ 420MG 120
trazodone hcl tab 100 mg 177
trazodone hcl tab 150 mg 177
trazodone hcl tab 50 mg 177
TRELEGY AER ELLIPTA 100-62.5-25 MCG .. 335
TRELEGY AER ELLIPTA 200-62.5-25 MCG .. 335
TREMFYA INJ 100MG/ML 311

TREMFYA INJ 200/20ML 311
TREMFYA INJ 200/2ML 311
treprostinil inj soln 100 mg/20ml (5 mg/ml) 160
treprostinil inj soln 20 mg/20ml (1 mg/ml) 160
treprostinil inj soln 200 mg/20ml (10 mg/ml) 160
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) 160
TRESIBA FLEX INJ 100UNIT 253
TRESIBA FLEX INJ 200UNIT 254
TRESIBA INJ 100UNIT 254
tretinoin cap 10 mg ... 93
tretinoin cream 0.025% 353
tretinoin cream 0.05% 353
tretinoin cream 0.1% 353
tretinoin gel 0.01% .. 353
tretinoin gel 0.025% 353
triamcinolone acetonide cream 0.025% 360
triamcinolone acetonide cream 0.1% 360
triamcinolone acetonide cream 0.5% 360
triamcinolone acetonide dental paste 0.1% . 364
triamcinolone acetonide lotion 0.025% 360
triamcinolone acetonide lotion 0.1% 360
triamcinolone acetonide oint 0.025% 360
triamcinolone acetonide oint 0.1% 360
triamcinolone acetonide oint 0.5% 360
triamterene & hydrochlorothiazide cap 37.5-25 mg 154
triamterene & hydrochlorothiazide tab 37.5-25 mg 154
triamterene & hydrochlorothiazide tab 75-50 mg 154
tridacaine iii 361
triderm 360
trientine hcl cap 250 mg 256
tri-estarylla 265

trifluoperazine hcl tab 1 mg (base equivalent) 199
trifluoperazine hcl tab 10 mg (base equivalent) 199
trifluoperazine hcl tab 2 mg (base equivalent) 199
trifluoperazine hcl tab 5 mg (base equivalent) 199
trifluridine ophth soln 1% 330
trihexyphenidyl hcl oral soln 0.4 mg/ml 183
trihexyphenidyl hcl tab 2 mg 183
trihexyphenidyl hcl tab 5 mg 183
TRIJARDY XR TAB ER 24HR 10-5-1000MG 248
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 248
TRIJARDY XR TAB ER 24HR 25-5-1000MG 249
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 248
TRIKAFTA PAK 59.5MG 346
TRIKAFTA PAK 75MG 347
TRIKAFTA TAB 100-50-75MG & 150MG 347
TRIKAFTA TAB 50-25-37.5MG & 75MG 347
tri-legest fe 265
tri-linyah 265
tri-lo-estarylla 265
tri-lo-marzia 265
tri-lo-mili 265
tri-lo-sprintec 265
trimethoprim tab 100 mg 54
tri-mili 265
trimipramine maleate cap 100 mg 177
trimipramine maleate cap 25 mg 177
trimipramine maleate cap 50 mg 177
TRINTELLIX TAB 10MG 177
TRINTELLIX TAB 20MG 177
TRINTELLIX TAB 5MG 177
tri-sprintec 265
TRIUMEQ PD TAB 64

TRIUMEQ TAB 64
tri-vylibra 265
tri-vylibra lo.....265
TROGARZO INJ 150MG/ML 61
TROPHAMINE INJ 10% 328
trospium chloride tab 20 mg.....297
TRULANCE TAB 3MG 291
TRULICITY INJ 0.75/0.5 249
TRULICITY INJ 1.5/0.5 249
TRULICITY INJ 3/0.5 249
TRULICITY INJ 4.5/0.5 249
TRUMENBA INJ.....320
TRUQAP PAK 160MG 120
TRUQAP PAK 200MG 120
TRUQAP TAB 160MG 120
TRUQAP TAB 200MG 120
TRUXIMA INJ 100/10ML 120
TRUXIMA INJ 500/50ML 120
TUKYSA TAB 150MG. 121
TUKYSA TAB 50MG ..120
TURALIO CAP 125MG121
turqoz 265
twice-daily clindamycin phosphate (topical) 353
TWINRIX INJ..... 320
TYBOST TAB 150MG ..61
tydemy 265
TYENNE INJ 162/0.9 311
TYENNE INJ 162MG . 311
TYENNE INJ 200/10ML 311
TYENNE INJ 400/20ML 311
TYENNE INJ 80MG/4ML 311
TYMLOS INJ..... 255
TYPHIM VI INJ 320

U

UBRELVY TAB 100MG 231
UBRELVY TAB 50MG. 231
unithroid 281
UPTRAVI PACK TAB 200/800 160
UPTRAVI TAB 1000MCG 161
UPTRAVI TAB 1200MCG 161
UPTRAVI TAB 1400MCG 161
UPTRAVI TAB 1600MCG 161

UPTRAVI TAB 200MCG 161
UPTRAVI TAB 400MCG 161
UPTRAVI TAB 600MCG 161
UPTRAVI TAB 800MCG 161
ursodiol cap 300 mg 291
ursodiol tab 250 mg . 291
ursodiol tab 500 mg . 291
USTEKINUMAB INJ 130/26ML 312
USTEKINUMAB INJ 45/0.5ML 311, 312
USTEKINUMAB INJ 90MG/ML 312

V

valacyclovir hcl tab 1 gm 67
valacyclovir hcl tab 500 mg 67
VALCHLOR GEL 0.016% 363
valganciclovir hcl for soln 50 mg/ml (base equiv) 67
valganciclovir hcl tab 450 mg (base equivalent) 67
valproate sodium inj 100 mg/ml 219
valproate sodium oral soln 250 mg/5ml (base equiv) 219
valproic acid cap 250 mg 219
valsartan tab 160 mg 137
valsartan tab 320 mg 137
valsartan tab 40 mg . 137
valsartan tab 80 mg . 137
valsartan-hydrochlorothiazide tab 160-12.5 mg 135
valsartan-hydrochlorothiazide tab 160-25 mg 135
valsartan-hydrochlorothiazide tab 320-12.5 mg 135
valsartan-hydrochlorothiazide tab 320-25 mg 135
valsartan-hydrochlorothiazide tab 80-12.5 mg 135
VALTOCO SPR 10MG 219
VALTOCO SPR 15MG 219

VALTOCO SPR 20MG 219
VALTOCO SPR 5MG .. 219
valtya 1/35 265
valtya 1/50 265
vancomycin hcl cap 125 mg (base equivalent) 55
vancomycin hcl cap 250 mg (base equivalent) 55
vancomycin hcl for iv soln 1 gm (base equivalent) 55
vancomycin hcl for iv soln 1.25 gm (base equivalent) 55
vancomycin hcl for iv soln 1.5 gm (base equivalent) 55
vancomycin hcl for iv soln 10 gm (base equivalent) 55
vancomycin hcl for iv soln 5 gm (base equivalent) 55
vancomycin hcl for iv soln 500 mg (base equivalent) 55
vancomycin hcl for iv soln 750 mg (base equivalent) 55
VANCOMYCIN INJ 1 GM 55
VANCOMYCIN INJ 500MG 55
VANCOMYCIN INJ 750MG 55
VANFLYTA TAB 17.7MG 121
VANFLYTA TAB 26.5MG 121
VAQTA INJ 25/0.5ML 320
VAQTA INJ 50UNT/ML 320
varenicline tartrate tab 0.5 mg (base equiv) 240
varenicline tartrate tab 1 mg (base equiv) 240
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 240
VARIVAX INJ..... 320
VASCEPA CAP 0.5GM 144
VASCEPA CAP 1GM .. 144
VAXCHORA SUS 320
velivet 265
VELSIPITY TAB 2MG. 312
VENCLEXTA TAB 100MG 121

VENCLEXTA TAB 10MG 121
VENCLEXTA TAB 50MG 121
VENCLEXTA TAB START PK 121
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 177
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 177
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 177
venlafaxine hcl tab 100 mg (base equivalent) 178
venlafaxine hcl tab 25 mg (base equivalent) 178
venlafaxine hcl tab 37.5 mg (base equivalent) 178
venlafaxine hcl tab 50 mg (base equivalent) 178
venlafaxine hcl tab 75 mg (base equivalent) 178
VENTOLIN HFA (INSTITUTIONAL PACK) 341
VENTOLIN HFA AER . 341
verapamil hcl cap er 24hr 100 mg 151
verapamil hcl cap er 24hr 120 mg 151
verapamil hcl cap er 24hr 180 mg 151
verapamil hcl cap er 24hr 200 mg 151
verapamil hcl cap er 24hr 240 mg 151
verapamil hcl cap er 24hr 300 mg 152
verapamil hcl cap er 24hr 360 mg 152
verapamil hcl iv soln 2.5 mg/ml 152
verapamil hcl tab 120 mg 152
verapamil hcl tab 40 mg 152
verapamil hcl tab 80 mg 152
verapamil hcl tab er 120 mg 152
verapamil hcl tab er 180 mg 152

verapamil hcl tab er 240 mg 152
VERQUVO TAB 10MG 157
VERQUVO TAB 2.5MG 157
VERQUVO TAB 5MG . 157
VERSACLOZ SUS 50MG/ML 199
VERZENIO TAB 100MG 122
VERZENIO TAB 150MG 122
VERZENIO TAB 200MG 122
VERZENIO TAB 50MG 121
vestura 266
vienva 266
vigabatrin powd pack 500 mg 219
vigabatrin tab 500 mg 220
vigadrone 220
VIGAFYDE SOL 100MG/ML 220
vilazodone hcl tab 10 mg 178
vilazodone hcl tab 20 mg 178
vilazodone hcl tab 40 mg 178
VIMKUNYA INJ 40/0.8ML 320
vincristine sulfate iv soln 1 mg/ml 95
vinorelbine tartrate inj 10 mg/ml (base equiv) 95
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) 95
viorele 266
VIRACEPT TAB 250MG 61
VIRACEPT TAB 625MG 61
VIREAD POW 40MG/GM 61
VIREAD TAB 150MG... 62
VIREAD TAB 200MG... 62
VIREAD TAB 250MG... 62
VITRAKVI CAP 100MG 122
VITRAKVI CAP 25MG 122
VITRAKVI SOL 20MG/ML 122
VIVIMUSTA INJ 100/4ML 83
VIVITROL INJ 380MG 240
VIVOTIF CAP EC 320
VIZIMPRO TAB 15MG 122

VIZIMPRO TAB 30MG 122
VIZIMPRO TAB 45MG 122
VONJO CAP 100MG .. 122
VOQUEZNA PAK DUAL PAK 291
VOQUEZNA PAK TRIP PK 291
VORANIGO TAB 10MG 123
VORANIGO TAB 40MG 123
voriconazole for inj 200 mg 58
voriconazole for susp 40 mg/ml 58
voriconazole tab 200 mg 58
voriconazole tab 50 mg 58
VOSEVI TAB 67
VOWST CAP 292
VRAYLAR CAP 0.5MG 199
VRAYLAR CAP 0.75MG 199
VRAYLAR CAP 1.5MG 199
VRAYLAR CAP 3MG .. 199
VRAYLAR CAP 4.5MG 200
VRAYLAR CAP 6MG .. 200
vyfemla 266
vylibra 266
VYNDAMAX CAP 61MG 157
VYZULTA SOL 0.024% 333

W

warfarin sodium tab 1 mg 301
warfarin sodium tab 10 mg 301
warfarin sodium tab 2 mg 301
warfarin sodium tab 2.5 mg 301
warfarin sodium tab 3 mg 301
warfarin sodium tab 4 mg 301
warfarin sodium tab 5 mg 301
warfarin sodium tab 6 mg 301
warfarin sodium tab 7.5 mg 301
water for irrigation, sterile irrigation soln 364
WELIREG TAB 40MG .. 94
wera 266
WESTAB PLUS TAB 27-1MG 327

WINREVAIR INJ 45MG 161
WINREVAIR INJ 60MG 161
wixela inhub 351
wymzya fe 266
WYOST INJ 120/1.7 . 255

X

XALKORI CAP 150MG 123
XALKORI CAP 200MG 123
XALKORI CAP 20MG . 123
XALKORI CAP 250MG 123
XALKORI CAP 50MG . 123
xarah fe 266
XARELTO STAR TAB 15/20MG 301
XARELTO TAB 10MG. 301
XARELTO TAB 15MG. 301
XARELTO TAB 2.5MG 301
XARELTO TAB 20MG. 301
XATMEP SOL 2.5MG/ML 313
XCOPRI PAK 100-150 220
XCOPRI PAK 12.5-25 220
XCOPRI PAK 150-200MG (MAINTENANCE) 220
XCOPRI PAK 150-200MG (TITRATION) 220
XCOPRI PAK 50-100MG 220
XCOPRI TAB 100MG. 221
XCOPRI TAB 150MG. 221
XCOPRI TAB 200MG. 221
XCOPRI TAB 25MG .. 220
XCOPRI TAB 50MG .. 221
XDEMVY DRO 0.25% 330
XELJANZ SOL 1MG/ML 312
XELJANZ TAB 10MG . 312
XELJANZ TAB 5MG... 312
XELJANZ XR TAB 11MG 312
XELJANZ XR TAB 22MG 312
xelria fe 266
XERMELO TAB 250MG 292
XHANCE MIS 93MCG 348
XIFAXAN TAB 550MG 292
XIGDUO XR TAB 10-1000 249
XIGDUO XR TAB 10-500MG 249
XIGDUO XR TAB 2.5-1000 249
XIGDUO XR TAB 5-1000MG 249

XIGDUO XR TAB 5-500MG 249
XIIDRA DRO 5% 334
XOFLUZA TAB 40MG .. 67
XOFLUZA TAB 80MG .. 68
XOLAIR INJ 150MG/ML 347
XOLAIR INJ 300/2ML 347
XOLAIR INJ 75/0.5 .. 347
XOLAIR SOL 150MG . 348
XOSPATA TAB 40MG 123
XPOVIO PAK (100 MG ONCE WEEKLY) 124
XPOVIO PAK (40 MG ONCE WEEKLY) 123, 124
XPOVIO PAK (40 MG TWICE WEEKLY) 124
XPOVIO PAK (60 MG ONCE WEEKLY) 124
XPOVIO PAK (60 MG TWICE WEEKLY) 124
XPOVIO PAK (80 MG ONCE WEEKLY) 124
XPOVIO PAK (80 MG TWICE WEEKLY) 124
XTANDI CAP 40MG 89
XTANDI TAB 40MG 89
XTANDI TAB 80MG 89
XTRENBO SOL 120/1.7 255
xulane 266
XULTOPHY INJ 100/3.6 254

Y

YESINTEK INJ 130/26ML 313
YESINTEK INJ 45/0.5ML 312
YESINTEK INJ 90MG/ML 313
YF-VAX INJ 320
YONSA TAB 125MG 89
yulithira 124
YUTREPIA CAP 106MCG 162
YUTREPIA CAP 26.5MCG 162
YUTREPIA CAP 53MCG 162
YUTREPIA CAP 79.5MCG 162
yuvafem 268

Z

zafemy 266
zafirlukast tab 10 mg 341
zafirlukast tab 20 mg 341
zaleplon cap 10 mg .. 228
zaleplon cap 5 mg ... 228

ZARXIO INJ 300/0.5 302
ZARXIO INJ 480/0.8 302
ZEGALOGUE INJ 0.6/0.6 273
ZEJULA TAB 100MG . 124
ZEJULA TAB 200MG . 124
ZEJULA TAB 300MG . 125
ZELBORAF TAB 240MG 125
zelvysia 278
ZEMAIRA INJ 1000MG 348
ZEMAIRA INJ 4000MG 348
ZEMAIRA INJ 5000MG 348
zenatane 353
ZENPEP CAP 10000UNT 292
ZENPEP CAP 15000UNT 292
ZENPEP CAP 20000UNT 292
ZENPEP CAP 25000UNT 292
ZENPEP CAP 3000UNIT 292
ZENPEP CAP 40000UNT 292
ZENPEP CAP 5000UNIT 292
ZENPEP CAP 60000UNT 292
ZERVIATE DRO 0.24% 332
zidovudine cap 100 mg 62
zidovudine syrup 10 mg/ml 62
zidovudine tab 300 mg 62
ziprasidone hcl cap 20 mg 200
ziprasidone hcl cap 40 mg 200
ziprasidone hcl cap 60 mg 200
ziprasidone hcl cap 80 mg 200
ziprasidone mesylate for inj 20 mg (base equivalent) 200
ZIRABEV INJ 100/4ML 125
ZIRABEV INJ 400/16ML 125
ZIRGAN GEL 0.15% . 331

zoledronic acid inj conc for iv infusion 4 mg/5ml 255
zoledronic acid iv soln 5 mg/100ml 255
ZOLINZA CAP 100MG 125
zolpidem tartrate tab 10 mg 229
zolpidem tartrate tab 5 mg 228
ZONISADE SUS 100MG/5 221
zonisamide cap 100 mg 221
zonisamide cap 25 mg 221
zonisamide cap 50 mg 221
zovia 1/35 266
ZTALMY SUS 50MG/ML 221
zumandimine 266
ZURZUVAE CAP 20MG 178
ZURZUVAE CAP 25MG 178
ZURZUVAE CAP 30MG 179
ZYDELIG TAB 100MG 125
ZYDELIG TAB 150MG 125
ZYKADIA TAB 150MG 125
ZYLET SUS 0.5-0.3% 329
ZYPREXA RELP INJ 210MG 200
ZYPREXA RELP INJ 300MG 200
ZYPREXA RELP INJ 405MG 200

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

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

Analgesics

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

Anthelmintic Agents

*Reese's Pinworm (pyrantel pamoate)

Antihistamines/ Decongestants

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

Antimicrobials, Topical

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

*tolnaftate cream, powder
*triple antibiotic ointment

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

Contraceptives, Topical
*nonoxynol-9

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

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

*Branded OTC nonoxynol-9 products are covered by MassHealth without PA. OTCDL (Rev. 07/26)

*famotidine tablet
*Florastor (saccharomyces boulardii) < 21 years
*glycerin
*lactase
*loperamide
*magnesium salts
*meclizine
*methylcellulose
*mineral oil
*polyethylene glycol 3350
*psyllium capsule
*psyllium powder
*sennosides tablet
*sennosides syrup
*simethicone
*sodium bicarbonate
*sodium phosphate

Intranasal Sprays

*budesonide nasal spray ≤ 1 inhaler/ 30 days
*triamcinolone nasal spray ≤ 1 inhaler/30 days

Medical Foods

*levomethylfolate tablet ≤ 1 unit/day

Opioid Reversal Agents

*Narcan (naloxone 4 mg nasal spray) †
*Rivive (naloxone 3 mg nasal spray)

Otic Agents

*carbamide peroxide

Pediculicides /Scabicides

*permethrin
*piperonyl butoxide/pyrethrins

Respiratory Agents

*sodium chloride for inhalation

Smoking Cessation

*nicotine gum, lozenge, patch

Tear/Saliva Replacement Agents

*artificial tears
*saliva substitute

Vitamins/ Nutrients/ Supplements

*calcium replacement

*coenzyme Q10 < 21 years

*electrolyte solution, pediatric

*ferrous fumarate

*ferrous gluconate

*ferrous sulfate

*folic acid

*glucose products < 21 years

*iron polysaccharide complex

*magnesium salts

*melatonin

*melatonin/ pyridoxine tablet

*multivitamins

*niacinamide

*nicotinic acid

*pediatric multivitamins

*Phos-Flur (sodium fluoride oral rinse)

*prenatal vitamins

*potassium phosphate

*sodium chloride tablet

*sodium fluoride

*vitamin A (retinol)

*vitamin B-1 (thiamine)

*vitamin B-2 (riboflavin)

*vitamin B-3 (niacin)

*vitamin B-6 (pyridoxine)

*vitamin B-12 (cyanocobalamin)

*vitamin B complex

*vitamin C (ascorbic acid)

*vitamin D

*vitamin E, oral

*vitamins, multiple vitamins,

*multiple/minerals

*vitamins, pediatric

*vitamins, prenatal

† Brand and generic products are covered by MassHealth without PA.

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

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