

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 13

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

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



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

07/01/2026

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*.

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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/estater recovery.
- ❖ 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.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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: civilrightscordinator@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



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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务。請致電 1-866-610-2273 (TTY: 711)。

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

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

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

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

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

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

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



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Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और 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 fòm aksèsib 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 કોલ કરો.

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

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

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

Notice of Availability 2026



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information,** visit ccama.org.

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:



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- 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



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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.



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- **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.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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 have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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:



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Phoenix, 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.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

- 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



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**GOUT - DRUGS TO TREAT GOUT**

<i>allopurinol tab 100 mg</i>	
<i>allopurinol tab 300 mg</i>	
<i>colchicine tab 0.6 mg</i>	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>probenecid tab 500 mg</i>	

MISCELLANEOUS

<i>lidocaine hcl local inj 0.5%</i>	B/D
<i>lidocaine hcl local inj 1%</i>	B/D
<i>lidocaine hcl local inj 2%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	B/D

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>celecoxib cap 50 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	
<i>diclofenac sodium tab delayed release 50 mg</i>	
<i>diclofenac sodium tab delayed release 75 mg</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>diflunisal tab 500 mg</i>	
<i>etodolac cap 200 mg</i>	
<i>etodolac cap 300 mg</i>	
<i>etodolac tab 400 mg</i>	
<i>etodolac tab 500 mg</i>	
<i>etodolac tab er 24hr 400 mg</i>	
<i>etodolac tab er 24hr 500 mg</i>	
<i>etodolac tab er 24hr 600 mg</i>	
<i>flurbiprofen tab 100 mg</i>	
<i>ibu</i>	
<i>ibuprofen susp 100 mg/5ml</i>	
<i>ibuprofen tab 400 mg</i>	
<i>ibuprofen tab 600 mg</i>	
<i>ibuprofen tab 800 mg</i>	
<i>meloxicam tab 7.5 mg</i>	
<i>meloxicam tab 15 mg</i>	
<i>nabumetone tab 500 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nabumetone tab 750 mg</i>	
<i>naproxen sodium tab 275 mg</i>	
<i>naproxen sodium tab 550 mg</i>	
<i>naproxen tab 250 mg</i>	
<i>naproxen tab 375 mg</i>	
<i>naproxen tab 500 mg</i>	
<i>naproxen tab ec 375 mg</i>	QL (120 tabs / 30 days)
<i>piroxicam cap 10 mg</i>	
<i>piroxicam cap 20 mg</i>	
<i>sulindac tab 150 mg</i>	
<i>sulindac tab 200 mg</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	QL (30 tabs / 30 days), PA

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

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

<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	QL (30 tabs / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i>	QL (90 mL / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	
<i>butorphanol tartrate inj 2 mg/ml</i>	
<i>endocet tab 2.5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	QL (600 mL / 30 days)
<i>hydromorphone hcl tab 2 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	B/D

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

<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	QL (672 tabs / year), PA
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
ARIKAYCE SUS	PA
<i>atovaquone susp 750 mg/5ml</i>	QL (300 mL / 30 days), PA
<i>aztreonam for inj 1 gm</i>	
<i>aztreonam for inj 2 gm</i>	
BLUJEPAB 750MG	
CAYSTON INH 75MG	PA
<i>clindamycin hcl cap 75 mg</i>	
<i>clindamycin hcl cap 150 mg</i>	
<i>clindamycin hcl cap 300 mg</i>	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	
<i>clindamycin phosphate inj 300 mg/2ml</i>	
<i>clindamycin phosphate inj 600 mg/4ml</i>	
<i>clindamycin phosphate inj 900 mg/6ml</i>	

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

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

CLINDMYC/NAC INJ 300/50ML	
CLINDMYC/NAC INJ 600/50ML	
CLINDMYC/NAC INJ 900/50ML	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	
<i>daptomycin for iv soln 350 mg</i>	
<i>daptomycin for iv soln 500 mg</i>	
DAPTOMYCIN INJ 350MG	
EMVERM CHW 100MG	QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate inj 10 mg/ml</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	
IMPAVIDO CAP 50MG	PA
<i>ivermectin tab 3 mg</i>	QL (20 tabs / 90 days), PA
<i>ivermectin tab 6 mg</i>	QL (10 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	
<i>linezolid tab 600 mg</i>	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	
<i>meropenem iv for soln 2 gm</i>	
<i>meropenem iv for soln 500 mg</i>	
<i>methenamine hippurate tab 1 gm</i>	
<i>metronidazole iv soln 500 mg/100ml</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
<i>neomycin sulfate tab 500 mg</i>	
<i>nitazoxanide tab 500 mg</i>	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pentamidine isethionate inh</i>	B/D
<i>pentamidine isethionate inj</i>	
<i>polymyxin b sulfate for inj 500000 unit</i>	
<i>praziquantel tab 600 mg</i>	
<i>pyrimethamine tab 25 mg</i>	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate for inj 1 gm</i>	
<i>sulfadiazine tab 500 mg</i>	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>tinidazole tab 250 mg</i>	
<i>tinidazole tab 500 mg</i>	
TOBI PODHALR CAP 28MG	PA
<i>tobramycin nebu soln 300 mg/5ml</i>	PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	
<i>trimethoprim tab 100 mg</i>	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	
VANCOMYCIN INJ 1 GM	
VANCOMYCIN INJ 500MG	
VANCOMYCIN INJ 750MG	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	
<i>amphotericin b for iv soln 50 mg</i>	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	
<i>caspofungin acetate for iv soln 70 mg</i>	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CRESEMBA CAP 74.5MG	PA
CRESEMBA CAP 186MG	PA
<i>fluconazole for susp 10 mg/ml</i>	
<i>fluconazole for susp 40 mg/ml</i>	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>fluconazole tab 50 mg</i>	
<i>fluconazole tab 100 mg</i>	
<i>fluconazole tab 150 mg</i>	
<i>fluconazole tab 200 mg</i>	
<i>flucytosine cap 250 mg</i>	PA
<i>flucytosine cap 500 mg</i>	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>itraconazole cap 100 mg</i>	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	PA
<i>miconazole sodium for iv soln 50 mg</i>	
<i>miconazole sodium for iv soln 100 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole tab delayed release 100 mg</i>	QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole for inj 200 mg</i>	PA
<i>voriconazole for susp 40 mg/ml</i>	QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	QL (120 tabs / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate tab 250 mg</i>	
<i>chloroquine phosphate tab 500 mg</i>	
COARTEM TAB 20-120MG	
<i>mefloquine hcl tab 250 mg</i>	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	
PRIMAQUINE TAB 26.3MG	
<i>quinine sulfate cap 324 mg</i>	PA

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	

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

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

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

TYBOST TAB 150MG

VIRACEPT TAB 250MG

VIRACEPT TAB 625MG

VIREAD POW 40MG/GM

VIREAD TAB 150MG

VIREAD TAB 200MG

VIREAD TAB 250MG

*zidovudine cap 100 mg**zidovudine syrup 10 mg/ml**zidovudine tab 300 mg***ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS
HIV/AIDS INFECTION***abacavir sulfate-lamivudine tab 600-300 mg*

BIKTARVY TAB 30-120-15 MG

BIKTARVY TAB 50-200-25 MG

CIMDUO TAB 300-300

DELSTRIGO TAB

DESCOVY TAB 120-15MG

DESCOVY TAB 200/25MG

DOVATO TAB 50-300MG

*efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg**efavirenz-lamivudine-tenofovir df tab 400-300-300 mg**efavirenz-lamivudine-tenofovir df tab 600-300-300 mg**emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg**emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg**emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg**emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg**emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg*

EVOTAZ TAB 300-150

GENVOYA TAB

JULUCA TAB 50-25MG

KALETRA SOL

*lamivudine-zidovudine tab 150-300 mg**lopinavir-ritonavir tab 100-25 mg**lopinavir-ritonavir tab 200-50 mg*

ODEFSEY TAB

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

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

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

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

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (1080 mL / year)
PAXLOVID PAK	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	PA
PEGASYS INJ 180MCG/M	PA
PREVYMIS TAB 240MG	QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	
<i>ribavirin tab 200 mg</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	
<i>valacyclovir hcl tab 1 gm</i>	
<i>valacyclovir hcl tab 500 mg</i>	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
VOSEVI TAB	PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	QL (1 tab / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	
<i>cefaclor cap 500 mg</i>	
<i>cefadroxil cap 500 mg</i>	
<i>cefadroxil for susp 250 mg/5ml</i>	
<i>cefadroxil for susp 500 mg/5ml</i>	
CEFAZOLIN INJ 1GM/50ML	
CEFAZOLIN INJ 2GM	
CEFAZOLIN INJ 3GM	
<i>cefazolin sodium for inj 1 gm</i>	
<i>cefazolin sodium for inj 2 gm</i>	
<i>cefazolin sodium for inj 3 gm</i>	
<i>cefazolin sodium for inj 10 gm</i>	
<i>cefazolin sodium for inj 500 mg</i>	
<i>cefazolin sodium for iv soln 1 gm</i>	
CEFAZOLIN SOLN 2GM/100ML-4%	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	

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

<i>cefdinir cap 300 mg</i>	
<i>cefdinir for susp 125 mg/5ml</i>	
<i>cefdinir for susp 250 mg/5ml</i>	
<i>cefepime hcl for inj 1 gm</i>	
<i>cefepime hcl for iv soln 2 gm</i>	
<i>cefixime cap 400 mg</i>	
<i>cefixime for susp 100 mg/5ml</i>	
<i>cefixime for susp 200 mg/5ml</i>	
<i>cefotetan disodium for inj 1 gm</i>	
<i>cefotetan disodium for inj 2 gm</i>	
<i>cefoxitin sodium for iv soln 1 gm</i>	
<i>cefoxitin sodium for iv soln 2 gm</i>	
<i>cefoxitin sodium for iv soln 10 gm</i>	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	
<i>cefpodoxime proxetil tab 100 mg</i>	
<i>cefpodoxime proxetil tab 200 mg</i>	
<i>cefprozil for susp 125 mg/5ml</i>	
<i>cefprozil for susp 250 mg/5ml</i>	
<i>cefprozil tab 250 mg</i>	
<i>cefprozil tab 500 mg</i>	
<i>ceftaroline fosamil for iv soln 400 mg</i>	
<i>ceftaroline fosamil for iv soln 600 mg</i>	
<i>ceftazidime for inj 1 gm</i>	
<i>ceftazidime for inj 6 gm</i>	
<i>ceftazidime for iv soln 2 gm</i>	
<i>ceftriaxone sodium for inj 1 gm</i>	
<i>ceftriaxone sodium for inj 2 gm</i>	
<i>ceftriaxone sodium for inj 10 gm</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	
<i>ceftriaxone sodium for iv soln 1 gm</i>	
<i>ceftriaxone sodium for iv soln 2 gm</i>	
<i>cefuroxime axetil tab 250 mg</i>	
<i>cefuroxime axetil tab 500 mg</i>	
<i>cefuroxime sodium for inj 750 mg</i>	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	
<i>cephalexin cap 250 mg</i>	
<i>cephalexin cap 500 mg</i>	
<i>cephalexin for susp 125 mg/5ml</i>	
<i>cephalexin for susp 250 mg/5ml</i>	
<i>tazicef</i>	
TEFLARO INJ 400MG	

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

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

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin (trihydrate) cap 250 mg</i>	
<i>amoxicillin (trihydrate) cap 500 mg</i>	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	
<i>amoxicillin (trihydrate) tab 875 mg</i>	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	
<i>ampicillin cap 500 mg</i>	
<i>ampicillin sodium for inj 1 gm</i>	
<i>ampicillin sodium for inj 2 gm</i>	
<i>ampicillin sodium for inj 250 mg</i>	
<i>ampicillin sodium for inj 500 mg</i>	
<i>ampicillin sodium for iv soln 1 gm</i>	
<i>ampicillin sodium for iv soln 2 gm</i>	
<i>ampicillin sodium for iv soln 10 gm</i>	
<i>BICILLIN L-A INJ 600000</i>	
<i>BICILLIN L-A INJ 1200000</i>	
<i>BICILLIN L-A INJ 2400000</i>	
<i>dicloxacillin sodium cap 250 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	

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

QL (30 tabs / 14 days)

tetracycline hcl cap 250 mg

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

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

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

<i>oxaliplatin for iv inj 100 mg</i>	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	B/D
VIVIMUSTA INJ 100/4ML	B/D

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	B/D
<i>cytarabine inj 20 mg/ml</i>	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	B/D
<i>gemcitabine hcl for inj 1 gm</i>	B/D
<i>gemcitabine hcl for inj 2 gm</i>	B/D
<i>gemcitabine hcl for inj 200 mg</i>	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	
<i>mercaptopurine tab 50 mg</i>	
<i>methotrexate sodium for inj 1 gm</i>	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	B/D
ONUREG TAB 200MG	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	B/D

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
TABLOID TAB 40MG	PA
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tab 250 mg</i>	QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	QL (60 tabs / 30 days), PA
<i>abirtega tab 250mg</i>	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	
<i>bicalutamide tab 50 mg</i>	
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
ERLEADA TAB 60MG	QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	
<i>exemestane tab 25 mg</i>	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	B/D
INLURIYO TAB 200MG	QL (56 tabs / 28 days), PA
<i>letrozole tab 2.5 mg</i>	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	PA
LIFYORLI CAP 125MG DS	QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	PA
LUPRON DEPOT INJ 11.25MG	PA
LYSODREN TAB 500MG	
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg</i>	
NUBEQA TAB 300MG	QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	PA
ORSERDU TAB 86MG	QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	PA
XTANDI CAP 40MG	QL (120 caps / 30 days), PA
XTANDI TAB 40MG	QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	QL (60 tabs / 30 days), PA
YONSA TAB 125MG	QL (120 tabs / 30 days), PA

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
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	QL (28 caps / 28 days), PA
<i>pomalidomide cap 1 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 2 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 3 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 4 mg</i>	QL (21 caps / 28 days), PA
POMALYST CAP 1MG	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	QL (21 caps / 28 days), PA
POMALYST CAP 4MG	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	QL (112 caps / 28 days), PA
MISCELLANEOUS	
BESREMI SOL 500MCG	QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	B/D
<i>hydroxyurea cap 500 mg</i>	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	B/D
IWILFIN TAB 192MG	QL (240 tabs / 30 days), PA
<i>leucovorin calcium for inj 50 mg</i>	B/D
<i>leucovorin calcium for inj 100 mg</i>	B/D
<i>leucovorin calcium for inj 200 mg</i>	B/D
<i>leucovorin calcium for inj 350 mg</i>	B/D
<i>leucovorin calcium for inj 500 mg</i>	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	B/D
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MATULANE CAP 50MG	
<i>mesna tab 400 mg</i>	
MODEYSO CAP 125MG	QL (20 caps / 28 days), PA

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

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

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**

BALVERSA TAB 3MG	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	PA
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	QL (60 tabs / 30 days), PA
CABOMETYX TAB 20MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	QL (30 tabs / 30 days), PA

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

<i>everolimus tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	PA
HERCEPTIN INJ 150MG	PA
HERCESSI INJ 150MG	PA
HERCESSI INJ 420MG	PA
HERNEXEOS TAB 60MG	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	PA
HERZUMA INJ 420MG	PA
HYRNUO TAB 10MG	QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	QL (120 caps / 30 days), PA

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

IMBRUVICA SUS 70MG/ML	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	QL (280 mL / 28 days), PA
INLYTA TAB 1MG	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	B/D
KADCYLA INJ 160MG	B/D
KANJINTI INJ 420MG	PA
KANJINTI SOL 150MG	PA
KEYTRUDA INJ 100MG/4M	PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	QL (1 vial / 42 days), PA
KISQALI 200 DOSE	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), PA
KOMZIFTI CAP 200MG	QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), PA

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

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

LENVIMA CAP 18 MG	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	PA
NERLYNX TAB 40MG	QL (180 tabs / 30 days), PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	PA
OGIVRI INJ 420MG	PA
OGSIVEO TAB 100MG	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	PA
ONTRUZANT INJ 420MG	PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	QL (28 tabs / 28 days), PA
PHESGO SOL	PA

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

PIQRAY 200MG TAB DOSE	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	QL (224 caps / 28 days), PA
SCSEMBLIX TAB 20MG	QL (60 tabs / 30 days), PA
SCSEMBLIX TAB 40MG	QL (300 tabs / 30 days), PA
SCSEMBLIX TAB 100MG	QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 0.75MG	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	QL (30 caps / 30 days), PA
TECENTRIQ INJ 840/14	PA
TECENTRIQ INJ 1200/20	PA
TECENTRIQ INJ HYBREZA	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	QL (60 tabs / 30 days), PA
<i>torpenz</i>	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	PA
TRAZIMERA INJ 420MG	PA
TRUQAP PAK 160MG	QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	PA
TRUXIMA INJ 500/50ML	PA
TUKYSA TAB 50MG	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	QL (120 caps / 30 days), PA
XALKORI CAP 50MG	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	QL (180 caps / 30 days), PA
XALKORI CAP 200MG	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	QL (120 caps / 30 days), PA

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**

XOSPATA TAB 40MG	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	PA
ZIRABEV INJ 400/16ML	PA
ZOLINZA CAP 100MG	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	QL (84 tabs / 28 days), PA

**CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION
CONDITIONS****ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD
PRESSURE**

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

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

fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg

fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg

lisinopril & hydrochlorothiazide tab 10-12.5 mg

lisinopril & hydrochlorothiazide tab 20-12.5 mg

lisinopril & hydrochlorothiazide tab 20-25 mg

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

benazepril hcl tab 5 mg

benazepril hcl tab 10 mg

benazepril hcl tab 20 mg

benazepril hcl tab 40 mg

captopril tab 12.5 mg

captopril tab 25 mg

captopril tab 50 mg

captopril tab 100 mg

enalapril maleate tab 2.5 mg

enalapril maleate tab 5 mg

enalapril maleate tab 10 mg

enalapril maleate tab 20 mg

fosinopril sodium tab 10 mg

fosinopril sodium tab 20 mg

fosinopril sodium tab 40 mg

lisinopril tab 2.5 mg

lisinopril tab 5 mg

lisinopril tab 10 mg

lisinopril tab 20 mg

lisinopril tab 30 mg

lisinopril tab 40 mg

moexipril hcl tab 7.5 mg

moexipril hcl tab 15 mg

perindopril erbumine tab 2 mg

perindopril erbumine tab 4 mg

perindopril erbumine tab 8 mg

quinapril hcl tab 5 mg

quinapril hcl tab 10 mg

quinapril hcl tab 20 mg

quinapril hcl tab 40 mg

ramipril cap 1.25 mg

ramipril cap 2.5 mg

ramipril cap 5 mg

ramipril cap 10 mg

trandolapril tab 1 mg

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)

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
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>candesartan cilexetil tab 4 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	
<i>losartan potassium tab 50 mg</i>	
<i>losartan potassium tab 100 mg</i>	
<i>olmesartan medoxomil tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM	
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	
<i>amiodarone hcl tab 100 mg</i>	
<i>amiodarone hcl tab 200 mg</i>	
<i>amiodarone hcl tab 400 mg</i>	
<i>disopyramide phosphate cap 100 mg</i>	
<i>disopyramide phosphate cap 150 mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	
<i>flecainide acetate tab 50 mg</i>	
<i>flecainide acetate tab 100 mg</i>	
<i>flecainide acetate tab 150 mg</i>	
MULTAQ TAB 400MG	QL (60 tabs / 30 days)
<i>pacerone</i>	
<i>propafenone hcl cap er 12hr 225 mg</i>	
<i>propafenone hcl cap er 12hr 325 mg</i>	
<i>propafenone hcl cap er 12hr 425 mg</i>	
<i>propafenone hcl tab 150 mg</i>	

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***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**fenofibrate micronized cap 134 mg**fenofibrate micronized cap 200 mg**fenofibrate tab 48 mg**fenofibrate tab 54 mg**fenofibrate tab 145 mg**fenofibrate tab 160 mg**gemfibrozil tab 600 mg***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO
TREAT HIGH CHOLESTEROL***atorvastatin calcium tab 10 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 20 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 40 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 80 mg (base equivalent)* QL (30 tabs / 30 days)*lovastatin tab 10 mg* QL (60 tabs / 30 days)*lovastatin tab 20 mg* QL (60 tabs / 30 days)*lovastatin tab 40 mg* QL (60 tabs / 30 days)*pravastatin sodium tab 10 mg* QL (30 tabs / 30 days)*pravastatin sodium tab 20 mg* QL (30 tabs / 30 days)*pravastatin sodium tab 40 mg* QL (30 tabs / 30 days)*pravastatin sodium tab 80 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 5 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 10 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 20 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 40 mg* QL (30 tabs / 30 days)*simvastatin tab 5 mg* QL (30 tabs / 30 days)*simvastatin tab 10 mg* QL (30 tabs / 30 days)*simvastatin tab 20 mg* QL (30 tabs / 30 days)*simvastatin tab 40 mg* QL (30 tabs / 30 days)*simvastatin tab 80 mg* QL (30 tabs / 30 days)

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH
CHOLESTEROL**

<i>cholestyramine light powder 4 gm/dose</i>	
<i>cholestyramine light powder packets 4 gm</i>	
<i>cholestyramine powder 4 gm/dose</i>	
<i>cholestyramine powder packets 4 gm</i>	
<i>colesevelam hcl packet for susp 3.75 gm</i>	
<i>colesevelam hcl tab 625 mg</i>	
<i>colestipol hcl granule packets 5 gm</i>	
<i>colestipol hcl granules 5 gm</i>	
<i>colestipol hcl tab 1 gm</i>	
<i>ezetimibe tab 10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	
<i>prevalite</i>	
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**

<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	

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

<i>acebutolol hcl cap 200 mg</i>	
<i>acebutolol hcl cap 400 mg</i>	

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

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

<i>atenolol tab 25 mg</i>	
<i>atenolol tab 50 mg</i>	
<i>atenolol tab 100 mg</i>	
<i>betaxolol hcl tab 10 mg</i>	
<i>betaxolol hcl tab 20 mg</i>	
<i>bisoprolol fumarate tab 5 mg</i>	
<i>bisoprolol fumarate tab 10 mg</i>	
<i>carvedilol tab 3.125 mg</i>	
<i>carvedilol tab 6.25 mg</i>	
<i>carvedilol tab 12.5 mg</i>	
<i>carvedilol tab 25 mg</i>	
<i>labetalol hcl tab 100 mg</i>	
<i>labetalol hcl tab 200 mg</i>	
<i>labetalol hcl tab 300 mg</i>	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	
<i>metoprolol tartrate tab 25 mg</i>	
<i>metoprolol tartrate tab 50 mg</i>	
<i>metoprolol tartrate tab 100 mg</i>	
<i>nadolol tab 20 mg</i>	
<i>nadolol tab 40 mg</i>	
<i>nadolol tab 80 mg</i>	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl cap er 24hr 60 mg</i>	
<i>propranolol hcl cap er 24hr 80 mg</i>	
<i>propranolol hcl cap er 24hr 120 mg</i>	
<i>propranolol hcl cap er 24hr 160 mg</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	
<i>propranolol hcl tab 20 mg</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***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**diltiazem hcl cap er 12hr 120 mg**diltiazem hcl cap er 24hr 120 mg**diltiazem hcl cap er 24hr 180 mg**diltiazem hcl cap er 24hr 240 mg**diltiazem hcl coated beads cap er 24hr 120 mg**diltiazem hcl coated beads cap er 24hr 180 mg**diltiazem hcl coated beads cap er 24hr 240 mg**diltiazem hcl coated beads cap er 24hr 300 mg**diltiazem hcl coated beads cap er 24hr 360 mg**diltiazem hcl extended release beads cap er 24hr
120 mg**diltiazem hcl extended release beads cap er 24hr
180 mg**diltiazem hcl extended release beads cap er 24hr
240 mg**diltiazem hcl extended release beads cap er 24hr
300 mg**diltiazem hcl extended release beads cap er 24hr
360 mg**diltiazem hcl extended release beads cap er 24hr
420 mg**diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)**diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)**diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)**diltiazem hcl tab 30 mg**diltiazem hcl tab 60 mg**diltiazem hcl tab 90 mg**diltiazem hcl tab 120 mg*

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

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

<i>furosemide oral soln 10 mg/ml</i>	
<i>furosemide tab 20 mg</i>	
<i>furosemide tab 40 mg</i>	
<i>furosemide tab 80 mg</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	
<i>hydrochlorothiazide tab 12.5 mg</i>	
<i>hydrochlorothiazide tab 25 mg</i>	
<i>hydrochlorothiazide tab 50 mg</i>	
<i>indapamide tab 1.25 mg</i>	
<i>indapamide tab 2.5 mg</i>	
<i>methazolamide tab 25 mg</i>	
<i>methazolamide tab 50 mg</i>	
<i>metolazone tab 2.5 mg</i>	
<i>metolazone tab 5 mg</i>	
<i>metolazone tab 10 mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>torsemide tab 5 mg</i>	
<i>torsemide tab 10 mg</i>	
<i>torsemide tab 20 mg</i>	
<i>torsemide tab 100 mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	

MISCELLANEOUS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>clonidine hcl tab 0.1 mg</i>	
<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
<i>CORLANOR SOL 5MG/5ML</i>	QL (450 mL / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	QL (90 caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	QL (180 caps / 30 days), PA
<i>epinephrine inj 1 mg/ml</i>	
<i>guanfacine hcl tab 1 mg</i>	PA; PA applies if 65 years and older

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

<i>guanfacine hcl tab 2 mg</i>	PA; PA applies if 65 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>metirosine cap 250 mg</i>	PA
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	
<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	
<i>ranolazine tab er 12hr 500 mg</i>	
<i>ranolazine tab er 12hr 1000 mg</i>	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>	
<i>isosorbide dinitrate tab 10 mg</i>	
<i>isosorbide dinitrate tab 20 mg</i>	
<i>isosorbide dinitrate tab 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
<i>nitro-bid oin 2%</i>	
<i>nitroglycerin oint 2%</i>	
<i>nitroglycerin sl tab 0.3 mg</i>	
<i>nitroglycerin sl tab 0.4 mg</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	

**PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT
PULMONARY HYPERTENSION**

ADEMPAS TAB 0.5MG	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	QL (90 tabs / 30 days), PA

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

ADEMPAS TAB 2.5MG	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	QL (90 tabs / 30 days), PA
<i>alyq</i>	QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	QL (60 tabs / 30 days), PA
<i>bosentan tab for oral susp 32 mg</i>	QL (120 tabs / 30 days), PA
OPSUMIT TAB 10MG	QL (30 tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	QL (360 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	QL (60 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	PA
UPTRAVI PACK TAB 200/800	QL (1 pack / 28 days), PA
UPTRAVI TAB 200MCG	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	QL (224 caps / 28 days), PA

**CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM
DISORDERS****ANTIANXIETY - DRUGS TO TREAT ANXIETY**

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

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

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

<i>fluvoxamine maleate tab 50 mg</i>	
<i>fluvoxamine maleate tab 100 mg</i>	
<i>lorazepam conc 2 mg/ml</i>	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	
<i>lorazepam inj 4 mg/ml</i>	
<i>lorazepam intensol</i>	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	QL (150 tabs / 30 days)

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>donepezil hydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 10 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
NAMZARIC CAP 7-10MG	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	QL (60 caps / 30 days)

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

<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 150 mg</i>	PA; PA applies if 65 years and older
<i>AUVELITY TAB 45-105MG</i>	QL (60 tabs / 30 days), PA
<i>bupropion hcl tab 75 mg</i>	
<i>bupropion hcl tab 100 mg</i>	
<i>bupropion hcl tab er 12hr 100 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	
<i>clomipramine hcl cap 25 mg</i>	PA
<i>clomipramine hcl cap 50 mg</i>	PA
<i>clomipramine hcl cap 75 mg</i>	PA
<i>desipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 100 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 25 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 50 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 75 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 100 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 150 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	QL (30 patches / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMSAM DIS 12MG/24H	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	
EXXUA TAB 18.2MG	QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	
<i>fluoxetine hcl cap 20 mg</i>	
<i>fluoxetine hcl cap 40 mg</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>imipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>imipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>imipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	
<i>mirtazapine orally disintegrating tab 30 mg</i>	
<i>mirtazapine orally disintegrating tab 45 mg</i>	
<i>mirtazapine tab 7.5 mg</i>	
<i>mirtazapine tab 15 mg</i>	
<i>mirtazapine tab 30 mg</i>	
<i>mirtazapine tab 45 mg</i>	
<i>nefazodone hcl tab 50 mg</i>	
<i>nefazodone hcl tab 100 mg</i>	
<i>nefazodone hcl tab 150 mg</i>	
<i>nefazodone hcl tab 200 mg</i>	
<i>nefazodone hcl tab 250 mg</i>	
<i>nortriptyline hcl cap 10 mg</i>	
<i>nortriptyline hcl cap 25 mg</i>	
<i>nortriptyline hcl cap 50 mg</i>	
<i>nortriptyline hcl cap 75 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nortriptyline hcl soln 10 mg/5ml</i>	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 20 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 30 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 40 mg</i>	PA; PA applies if 65 years and older
<i>phenelzine sulfate tab 15 mg</i>	
<i>protriptyline hcl tab 5 mg</i>	
<i>protriptyline hcl tab 10 mg</i>	
<i>RALDESY SOL 10MG/ML</i>	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg</i>	
<i>sertraline hcl tab 50 mg</i>	
<i>sertraline hcl tab 100 mg</i>	
<i>tranylcypromine sulfate tab 10 mg</i>	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
<i>trimipramine maleate cap 25 mg</i>	QL (120 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	QL (60 caps / 30 days)
<i>TRINTELLIX TAB 5MG</i>	QL (30 tabs / 30 days), PA
<i>TRINTELLIX TAB 10MG</i>	QL (30 tabs / 30 days), PA
<i>TRINTELLIX TAB 20MG</i>	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	
<i>vilazodone hcl tab 10 mg</i>	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	QL (30 tabs / 30 days)

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

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

<i>vilazodone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	QL (14 caps / 14 days), PA

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

<i>amantadine hcl cap 100 mg</i>	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>amantadine hcl tab 100 mg</i>	
<i>benztropine mesylate inj 1 mg/ml</i>	
<i>benztropine mesylate tab 0.5 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	PA; PA applies if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tab 200 mg</i>	
INBRIJA CAP 42MG	QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	

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

<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	
<i>ropinirole hydrochloride tab 0.25 mg</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	
<i>ropinirole hydrochloride tab 2 mg</i>	
<i>ropinirole hydrochloride tab 3 mg</i>	
<i>ropinirole hydrochloride tab 4 mg</i>	
<i>ropinirole hydrochloride tab 5 mg</i>	
<i>selegiline hcl cap 5 mg</i>	
<i>selegiline hcl tab 5 mg</i>	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	
<i>trihexyphenidyl hcl tab 2 mg</i>	
<i>trihexyphenidyl hcl tab 5 mg</i>	

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY ASIM INJ 720MG	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	QL (30 caps / 30 days)

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
CAPLYTA CAP 21MG	QL (30 caps / 30 days)
CAPLYTA CAP 42MG	QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	
<i>chlorpromazine hcl conc 100 mg/ml</i>	
<i>chlorpromazine hcl inj 25 mg/ml</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	
<i>chlorpromazine hcl tab 10 mg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	
<i>chlorpromazine hcl tab 50 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	
<i>chlorpromazine hcl tab 200 mg</i>	
<i>clozapine orally disintegrating tab 12.5 mg</i>	PA
<i>clozapine orally disintegrating tab 25 mg</i>	PA
<i>clozapine orally disintegrating tab 100 mg</i>	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	
<i>clozapine tab 50 mg</i>	
<i>clozapine tab 100 mg</i>	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	QL (2 syringes / year)
FANAPT PAK PACK A	QL (2 packs / year), PA
FANAPT PAK PACK B	QL (2 packs / year), PA
FANAPT PAK PACK C	QL (2 packs / year), PA
FANAPT TAB 1MG	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	

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

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

<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	
<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>haloperidol lactate inj 5 mg/ml</i>	
<i>haloperidol lactate oral conc 2 mg/ml</i>	
<i>haloperidol tab 0.5 mg</i>	
<i>haloperidol tab 1 mg</i>	
<i>haloperidol tab 2 mg</i>	
<i>haloperidol tab 5 mg</i>	
<i>haloperidol tab 10 mg</i>	
<i>haloperidol tab 20 mg</i>	
INVEGA HAFYE INJ 1092MG	QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>lurasidone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	
<i>molindone hcl tab 10 mg</i>	
<i>molindone hcl tab 25 mg</i>	
NUPLAZID CAP 34MG	QL (30 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUPLAZID TAB 10MG	QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	QL (30 films / 30 days), PA
OPIPZA MIS 5MG	QL (30 films / 30 days), PA
OPIPZA MIS 10MG	QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	
<i>perphenazine tab 4 mg</i>	
<i>perphenazine tab 8 mg</i>	
<i>perphenazine tab 16 mg</i>	
<i>pimozide tab 1 mg</i>	
<i>pimozide tab 2 mg</i>	
<i>quetiapine fumarate tab 25 mg</i>	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	QL (60 tabs / 30 days)
REXULTI TAB 1MG	QL (60 tabs / 30 days)
REXULTI TAB 2MG	QL (60 tabs / 30 days)
REXULTI TAB 3MG	QL (30 tabs / 30 days)
REXULTI TAB 4MG	QL (30 tabs / 30 days)

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

<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	
<i>risperidone tab 0.25 mg</i>	
<i>risperidone tab 1 mg</i>	
<i>risperidone tab 2 mg</i>	
<i>risperidone tab 3 mg</i>	
<i>risperidone tab 4 mg</i>	
SECUADO DIS 3.8MG	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	
<i>thioridazine hcl tab 25 mg</i>	
<i>thioridazine hcl tab 50 mg</i>	
<i>thioridazine hcl tab 100 mg</i>	
<i>thiothixene cap 1 mg</i>	
<i>thiothixene cap 2 mg</i>	
<i>thiothixene cap 5 mg</i>	
<i>thiothixene cap 10 mg</i>	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	
VERSACLOZ SUS 50MG/ML	QL (600 mL / 30 days), PA
VRAYLAR CAP 0.5MG	QL (30 caps / 30 days)
VRAYLAR CAP 0.75MG	QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	QL (30 caps / 30 days)

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

<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	QL (1 vial / 28 days), PA

ANTIEPILEPTIC AGENTS

APTiom TAB 200MG	QL (30 tabs / 30 days)
APTiom TAB 400MG	QL (30 tabs / 30 days)
APTiom TAB 600MG	QL (60 tabs / 30 days)
APTiom TAB 800MG	QL (60 tabs / 30 days)
<i>brivaracetam oral soln 10 mg/ml</i>	QL (600 mL / 30 days), PA
<i>brivaracetam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 25 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 50 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 75 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 100 mg</i>	QL (60 tabs / 30 days), PA
BRIVIACT SOL 10MG/ML	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	
<i>carbamazepine cap er 12hr 200 mg</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine chew tab 200 mg</i>	
<i>carbamazepine susp 100 mg/5ml</i>	
<i>carbamazepine tab 200 mg</i>	
<i>carbamazepine tab er 12hr 100 mg</i>	
<i>carbamazepine tab er 12hr 200 mg</i>	
<i>carbamazepine tab er 12hr 400 mg</i>	
<i>clobazam suspension 2.5 mg/ml</i>	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	QL (90 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam orally disintegrating tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	QL (180 packets / 30 days), PA
<i>diazepam inj</i>	
<i>diazepam intensol</i>	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	
<i>diazepam rectal gel delivery system 10 mg</i>	
<i>diazepam rectal gel delivery system 20 mg</i>	
<i>diazepam tab 2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 10 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	

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

<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	
<i>divalproex sodium tab delayed release 125 mg</i>	
<i>divalproex sodium tab delayed release 250 mg</i>	
<i>divalproex sodium tab delayed release 500 mg</i>	
<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>divalproex sodium tab er 24 hr 500 mg</i>	
EPIDIOLEX SOL 100MG/ML	QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	
<i>ethosuximide soln 250 mg/5ml</i>	
<i>felbamate susp 600 mg/5ml</i>	
<i>felbamate tab 400 mg</i>	
<i>felbamate tab 600 mg</i>	
FINTEPLA SOL 2.2MG/ML	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	
<i>lacosamide oral</i>	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	
<i>lamotrigine tab 100 mg</i>	
<i>lamotrigine tab 150 mg</i>	
<i>lamotrigine tab 200 mg</i>	
<i>lamotrigine tab chewable dispersible 5 mg</i>	
<i>lamotrigine tab chewable dispersible 25 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamotrigine tab er 24hr 25 mg</i>	ST
<i>lamotrigine tab er 24hr 50 mg</i>	ST
<i>lamotrigine tab er 24hr 100 mg</i>	ST
<i>lamotrigine tab er 24hr 200 mg</i>	ST
<i>lamotrigine tab er 24hr 250 mg</i>	ST
<i>lamotrigine tab er 24hr 300 mg</i>	ST
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	
<i>levetiracetam oral soln 100 mg/ml</i>	
<i>levetiracetam tab 250 mg</i>	
<i>levetiracetam tab 500 mg</i>	
<i>levetiracetam tab 750 mg</i>	
<i>levetiracetam tab 1000 mg</i>	
<i>levetiracetam tab disintegrating soluble 250 mg</i>	QL (360 tabs / 30 days)
<i>levetiracetam tab disintegrating soluble 500 mg</i>	QL (180 tabs / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	
<i>methsuximide cap 300 mg</i>	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	
<i>oxcarbazepine tab 150 mg</i>	
<i>oxcarbazepine tab 300 mg</i>	
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital tab 15 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 30 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 60 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 100 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenytek</i>	
<i>phenytoin chew tab 50 mg</i>	
<i>phenytoin sodium extended cap 100 mg</i>	
<i>phenytoin sodium extended cap 200 mg</i>	
<i>phenytoin sodium extended cap 300 mg</i>	
<i>phenytoin sodium inj 50 mg/ml</i>	
<i>phenytoin susp 125 mg/5ml</i>	
<i>pregabalin cap 25 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 50 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 75 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 100 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 150 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pregabalin cap 200 mg</i>	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 225 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 300 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin soln 20 mg/ml</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone tab 50 mg</i>	
<i>primidone tab 125 mg</i>	
<i>primidone tab 250 mg</i>	
<i>relgaabi cap 300mg</i>	QL (360 caps / 30 days)
<i>relgaabi cap 400mg</i>	QL (270 caps / 30 days)
<i>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
<i>subvenite</i>	
SUBVENITE SUS 10MG/ML	ST
SYMPAZAN MIS 5MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	
<i>tiagabine hcl tab 4 mg</i>	
<i>tiagabine hcl tab 12 mg</i>	
<i>tiagabine hcl tab 16 mg</i>	
<i>topiramate oral soln 25 mg/ml</i>	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	
<i>topiramate sprinkle cap 25 mg</i>	
<i>topiramate sprinkle cap 50 mg</i>	
<i>topiramate tab 25 mg</i>	
<i>topiramate tab 50 mg</i>	
<i>topiramate tab 100 mg</i>	
<i>topiramate tab 200 mg</i>	
<i>valproate sodium inj 100 mg/ml</i>	

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

<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	QL (180 tabs / 30 days), PA
<i>vigadrone</i>	QL (180 packets / 30 days), PA
<i>vigadrone</i>	QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	QL (30 tabs / 30 days)
XCOPRI TAB 50MG	QL (30 tabs / 30 days)
XCOPRI TAB 100MG	QL (30 tabs / 30 days)
XCOPRI TAB 150MG	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg</i>	
ZTALMY SUS 50MG/ML	QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps / 30 days), PA

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

<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl chew tab 2.5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 tabs / 30 days), PA

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE*****HYPNOTICS - DRUGS TO TREAT INSOMNIA***

DAYVIGO TAB 5MG	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon tab 8 mg</i>	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES**

AIMOVIG INJ 70MG/ML	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TAB 6MG	QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	QL (30 tabs / 30 days), PA

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

AUSTEDO XR TAB 48MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), PA
<i>lithium carbonate cap 150 mg</i>	
<i>lithium carbonate cap 300 mg</i>	
<i>lithium carbonate cap 600 mg</i>	
<i>lithium carbonate tab 300 mg</i>	
<i>lithium carbonate tab er 300 mg</i>	
<i>lithium carbonate tab er 450 mg</i>	
<i>lithium oral solution 8 meq/5ml</i>	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	
<i>riluzole tab 50 mg</i>	
<i>tetrabenazine tab 12.5 mg</i>	QL (90 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 5 mg</i>	QL (90 tabs / 30 days)
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 20 mg</i>	
<i>carisoprodol tab 350 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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

<i>cyclobenzaprine hcl tab 5 mg</i>	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>cyclobenzaprine hcl tab 10 mg</i>	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>dantrolene sodium cap 25 mg</i>	
<i>dantrolene sodium cap 50 mg</i>	
<i>dantrolene sodium cap 100 mg</i>	
<i>methocarbamol tab 500 mg</i>	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol tab 750 mg</i>	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	QL (60 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	QL (60 tabs / 30 days), PA
<i>sodium oxybate oral solution 500 mg/ml</i>	QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (180 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (180 tabs / 30 days)

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

<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	
KLOXXADO SPR 8MG	
<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	
NICOTROL NS SPR 10MG/ML	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (2 packs / year)
VIVITROL INJ 380MG	

**ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND
REGULATE HORMONES****ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

<i>danazol cap 50 mg</i>	
<i>danazol cap 100 mg</i>	
<i>danazol cap 200 mg</i>	
<i>depo-testosterone</i>	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	PA
<i>testosterone pump</i>	QL (150 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin tab 5 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin tab 10 mg</i>	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl oral soln 500 mg/5ml</i>	QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

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**

MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC TAB 1.5MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 4MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 9MG	QL (30 tabs / 30 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA

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
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	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	B/D
HUMULIN R INJ U-500KWP	
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	

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**

LYUMJEV KWPN INJ 200UT/ML	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
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	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	ST
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	QL (1 pen / 28 days), PA
<i>calcitonin (salmon) spray</i>	B/D
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	B/D
OSPOMYV INJ 60MG/ML	QL (1 syringe / 180 days)
<i>pamidronate disodium iv soln 3 mg/ml</i>	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	B/D
PAMIDRONATE INJ 6MG/ML	B/D

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	
<i>risedronate sodium tab 35 mg</i>	
<i>risedronate sodium tab 150 mg</i>	
<i>risedronate sodium tab delayed release 35 mg</i>	ST
TERIPARATIDE INJ 560/2.24	QL (1 pen / 28 days), PA; (ALVOGEN product)
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	QL (1 pen / 28 days), PA
WYOST INJ 120/1.7	PA
XTRENBO SOL 120/1.7	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	B/D
CHELATING AGENTS	
CHEMET CAP 100MG	
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</i>	PA
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	PA
<i>deferasirox tab for oral susp 500 mg</i>	PA
<i>kionex</i>	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
<i>penicillamine tab 250 mg</i>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	
<i>sps</i>	
<i>sps rectal</i>	
<i>trientine hcl cap 250 mg</i>	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	

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

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

<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe tab 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	
<i>camrese</i>	
<i>camrese lo</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i>	
DEPO-SQ PROV INJ 104	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>emzahh</i>	
<i>enilloring</i>	
<i>enskyce</i>	
<i>errin</i>	
<i>estarylla</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	
<i>falmina</i>	
<i>feirza tab 1.5/30</i>	
<i>feirza tab 1/20</i>	
<i>finzala</i>	
<i>galbriela chw</i>	

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

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

<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>hailey fe tab 1/20</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess tab</i>	
<i>jasmiel</i>	
<i>jencycla tab 0.35mg</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora-28 tab 0.15/30</i>	
LILETTA IUD 52MG	
<i>loestrin 1.5/30-21</i>	

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

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

<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess tab</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>luizza 1/20 tab</i>	
<i>luizza tab 1.5/30</i>	
<i>luteru</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>marlissa</i>	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	
<i>meleya tab 0.35mg</i>	
<i>mibelas 24 fe</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-lynyah</i>	
<i>necon 0.5/35-28</i>	
<i>NEXPLANON IMP 68MG</i>	
<i>nikki</i>	
<i>nora-be</i>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone tab 0.35 mg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**norlyroc**nortrel 0.5/35 (28)**nortrel 1/35 (21)**nortrel 1/35 (28)**nortrel 7/7/7**nylia 1/35**nylia 7/7/7**orquidea tab 0.35mg**philith**pimtrea**portia-28**reclipsen**rivelsa**rosyrah tab**setlakin**sharobel**simliya**simpesse**sprintec 28**sronyx tab**syeda**tarina 24 fe**tarina fe 1/20 eq**tilia fe**tri-estarylla**tri-legest fe**tri-lynyah**tri-lo-estarylla**tri-lo-marzia**tri-lo-mili**tri-lo-sprintec**tri-mili**tri-sprintec**tri-vylibra**tri-vylibra lo**turqoz**tydemy tab**valtya 1/35 tab**valtya 1/50 tab**velivet**vestura*

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***vienva**viorele**vyfemla**vylibra**wera**wymzya fe**xarah fe tab**xelria fe chw 0.4mg-35**xulane**zafemy**zovia 1/35**zumandimine***ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES***abigale lo tab 0.5-0.1**abigale tab 1-0.5mg**dotti**estradiol & norethindrone acetate tab 0.5-0.1 mg**estradiol & norethindrone acetate tab 1-0.5 mg**estradiol tab 0.5 mg**estradiol tab 1 mg**estradiol tab 2 mg**estradiol td patch twice weekly 0.1 mg/24hr**estradiol td patch twice weekly 0.05 mg/24hr**estradiol td patch twice weekly 0.025 mg/24hr**estradiol td patch twice weekly 0.075 mg/24hr**estradiol td patch twice weekly 0.0375 mg/24hr**estradiol td patch weekly 0.1 mg/24hr**estradiol td patch weekly 0.05 mg/24hr**estradiol td patch weekly 0.06 mg/24hr**estradiol td patch weekly 0.025 mg/24hr**estradiol td patch weekly 0.075 mg/24hr**estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)**estradiol vaginal cream 0.01%**estradiol vaginal tab 10 mcg**estradiol valerate im in oil 10 mg/ml**estradiol valerate im in oil 20 mg/ml**estradiol valerate im in oil 40 mg/ml**fyavolv tab 0.5mg-2.5mcg**fyavolv tab 1mg-5mcg**jinteli**lyllana**mimvey*

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

norethindrone acetate-ethinyl estradiol tab 0.5
mg-2.5 mcg

norethindrone acetate-ethinyl estradiol tab 1 mg-5
mcg

yuvaferm

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

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 B/D
equiv)

methylprednisolone sod succ for inj 125 mg (base B/D
equiv)

methylprednisolone sod succ for inj 500 mg (base B/D
equiv)

methylprednisolone sod succ for inj 1000 mg (baseB/D
equiv)

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

<i>methylprednisolone tab 4 mg</i>	B/D
<i>methylprednisolone tab 8 mg</i>	B/D
<i>methylprednisolone tab 16 mg</i>	B/D
<i>methylprednisolone tab 32 mg</i>	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	B/D
<i>prednisolone soln 15 mg/5ml</i>	B/D
PREDNISONE CON 5MG/ML	B/D
<i>prednisone oral soln 5 mg/5ml</i>	B/D
<i>prednisone tab 1 mg</i>	B/D
<i>prednisone tab 2.5 mg</i>	B/D
<i>prednisone tab 5 mg</i>	B/D
<i>prednisone tab 10 mg</i>	B/D
<i>prednisone tab 20 mg</i>	B/D
<i>prednisone tab 50 mg</i>	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	
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	
<i>diazoxide susp 50 mg/ml</i>	
GVOKE HYPO 1 INJ 0.5/.1ML	
GVOKE HYPO 1 INJ 1/0.2ML	
GVOKE HYPO 2 INJ 0.5/.1ML	
GVOKE HYPO 2 INJ 1/0.2ML	
GVOKE KIT SOL 1/0.2ML	
GVOKE PFS INJ 1/0.2ML	
ZEGALOGUE INJ 0.6/0.6	

MISCELLANEOUS

ALDURAZYME INJ 2.9MG/5M	PA
<i>betaine powder for oral solution</i>	
<i>cabergoline tab 0.5 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carglumic acid soluble tab 200 mg</i>	PA
CERDELGA CAP 84MG	PA
CEREZYME INJ 400UNIT	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	
<i>desmopressin acetate tab 0.1 mg</i>	
<i>desmopressin acetate tab 0.2 mg</i>	
FABRAZYME INJ 5MG	PA
FABRAZYME INJ 35MG	PA
GENOTROPIN INJ 0.2MG	PA
GENOTROPIN INJ 0.4MG	PA
GENOTROPIN INJ 0.6MG	PA
GENOTROPIN INJ 0.8MG	PA
GENOTROPIN INJ 1.2MG	PA
GENOTROPIN INJ 1.4MG	PA
GENOTROPIN INJ 1.6MG	PA
GENOTROPIN INJ 1.8MG	PA
GENOTROPIN INJ 1MG	PA
GENOTROPIN INJ 2MG	PA
GENOTROPIN INJ 5MG	PA
GENOTROPIN INJ 12MG	PA
INCRELEX INJ 40MG/4ML	PA
<i>javygtor</i>	PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D
LUMIZYME INJ 50MG	PA
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
LUPRON DEPOT INJ 45MG	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mifepristone tab 300 mg</i>	PA
NAGLAZYME INJ 1MG/ML	PA
<i>nitisinone cap 2 mg</i>	PA
<i>nitisinone cap 5 mg</i>	PA
<i>nitisinone cap 10 mg</i>	PA
<i>nitisinone cap 20 mg</i>	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
REVCIVI INJ 1.6MG/ML	PA
REZDIFFRA TAB 60MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	PA
SIGNIFOR INJ 0.3MG/ML	PA
SIGNIFOR INJ 0.6MG/ML	PA
SIGNIFOR INJ 0.9MG/ML	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	PA
<i>sodium phenylbutyrate tab 500 mg</i>	PA
SOMATULINE INJ 60/0.2ML	PA
SOMATULINE INJ 90/0.3ML	PA
SOMAVERT INJ 10MG	PA
SOMAVERT INJ 15MG	PA
SOMAVERT INJ 20MG	PA
SOMAVERT INJ 25MG	PA
SOMAVERT INJ 30MG	PA
SYNAREL SOL 2MG/ML	PA
<i>tolvaptan tab 15 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack 15 mg</i>	PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	PA

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	PA
<i>zelvysia pow 100mg</i>	PA
<i>zelvysia pow 500mg</i>	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
<i>gallifrey</i>	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	
<i>medroxyprogesterone acetate tab 5 mg</i>	
<i>medroxyprogesterone acetate tab 10 mg</i>	
<i>megestrol acetate susp 40 mg/ml</i>	
<i>megestrol acetate susp 625 mg/5ml</i>	PA
<i>norethindrone acetate tab 5 mg</i>	
<i>progesterone cap 100 mg</i>	
<i>progesterone cap 200 mg</i>	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
<i>levo-t</i>	
<i>levothyroxine sodium tab 25 mcg</i>	
<i>levothyroxine sodium tab 50 mcg</i>	
<i>levothyroxine sodium tab 75 mcg</i>	
<i>levothyroxine sodium tab 88 mcg</i>	
<i>levothyroxine sodium tab 100 mcg</i>	
<i>levothyroxine sodium tab 112 mcg</i>	
<i>levothyroxine sodium tab 125 mcg</i>	
<i>levothyroxine sodium tab 137 mcg</i>	
<i>levothyroxine sodium tab 150 mcg</i>	
<i>levothyroxine sodium tab 175 mcg</i>	
<i>levothyroxine sodium tab 200 mcg</i>	
<i>levothyroxine sodium tab 300 mcg</i>	
<i>levoxyl</i>	
<i>liomny tab 5mcg</i>	
<i>liomny tab 25mcg</i>	
<i>liomny tab 50mcg</i>	
<i>liothyronine sodium tab 5 mcg</i>	
<i>liothyronine sodium tab 25 mcg</i>	
<i>liothyronine sodium tab 50 mcg</i>	
<i>methimazole tab 5 mg</i>	
<i>methimazole tab 10 mg</i>	
<i>propylthiouracil tab 50 mg</i>	
SYNTHROID TAB 25MCG	
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	
SYNTHROID TAB 88MCG	

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

SYNTHROID TAB 100MCG
 SYNTHROID TAB 112MCG
 SYNTHROID TAB 125MCG
 SYNTHROID TAB 137MCG
 SYNTHROID TAB 150MCG
 SYNTHROID TAB 175MCG
 SYNTHROID TAB 200MCG
 SYNTHROID TAB 300MCG
unithroid

VITAMIN D ANALOGS

calcitriol (oral) B/D
calcitriol cap 0.5 mcg B/D
calcitriol cap 0.25 mcg B/D
paricalcitol cap 1 mcg B/D
paricalcitol cap 2 mcg B/D
paricalcitol cap 4 mcg B/D

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

aprepitant capsule 40 mg B/D
aprepitant capsule 80 mg B/D
aprepitant capsule 125 mg B/D
aprepitant capsule therapy pack 80 & 125 mg B/D
compro
dronabinol cap 2.5 mg B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg B/D, QL (60 caps / 30 days)
granisetron hcl inj 1 mg/ml
granisetron hcl inj 4 mg/4ml (1 mg/ml)
granisetron hcl tab 1 mg B/D
meclizine hcl tab 12.5 mg PA; PA applies if 65 years and older after a 30 day supply in a calendar year
meclizine hcl tab 25 mg PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl inj 5 mg/ml (base equivalent)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)
metoclopramide hcl tab 5 mg (base equivalent)
metoclopramide hcl tab 10 mg (base equivalent)
ondansetron hcl inj 4 mg/2ml (2 mg/ml)
ondansetron hcl inj 40 mg/20ml (2 mg/ml)

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

<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	B/D
<i>ondansetron hcl tab 4 mg</i>	B/D
<i>ondansetron hcl tab 8 mg</i>	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	
<i>prochlorperazine suppos 25 mg</i>	
<i>promethazine hcl inj 25 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	QL (10 patches / 30 days)

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>famotidine for susp 40 mg/5ml</i>	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>famotidine inj 40 mg/4ml</i>	
<i>famotidine inj 200 mg/20ml</i>	
<i>famotidine preservative free inj 20 mg/2ml</i>	
<i>famotidine tab 20 mg</i>	
<i>famotidine tab 40 mg</i>	
<i>nizatidine cap 150 mg</i>	
<i>nizatidine cap 300 mg</i>	
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium cap 750 mg</i>	
<i>budesonide delayed release particles cap 3 mg</i>	QL (90 caps / 30 days)
<i>budesonide tab er 24hr 9 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	
<i>mesalamine cap dr 400 mg</i>	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	QL (1680 mL / 28 days)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	
<i>sulfasalazine tab delayed release 500 mg</i>	
LAXATIVES	
<i>constulose</i>	
<i>enulose</i>	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n/flavor pack</i>	
<i>generlac</i>	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	
<i>lactulose solution 10 gm/15ml</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
PLENVU SOL	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	
MISCELLANEOUS	
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	

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

CREON CAP 36000UNT	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
GATTEX KIT 5MG	PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	
<i>lubiprostone cap 8 mcg</i>	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 200 mcg</i>	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 vials / 28 days), PA
<i>sucralfate susp 1 gm/10ml</i>	
<i>sucralfate tab 1 gm</i>	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	
<i>ursodiol tab 250 mg</i>	
<i>ursodiol tab 500 mg</i>	
VOQUEZNA PAK DUAL PAK	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	QL (2 kits / year), PA
VOWST CAP	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

**PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH
ACID**

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (30 caps / 30 days), ST
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NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE**

<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	QL (30 packets / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	
<i>omeprazole cap delayed release 20 mg</i>	
<i>omeprazole cap delayed release 40 mg</i>	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	
<i>rabeprazole sodium ec tab 20 mg</i>	QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

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

MISCELLANEOUS

<i>acetic acid irrigation soln 0.25%</i>	
<i>bethanechol chloride tab 5 mg</i>	
<i>bethanechol chloride tab 10 mg</i>	
<i>bethanechol chloride tab 25 mg</i>	
<i>bethanechol chloride tab 50 mg</i>	
<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY
INCONTINENCE**

<i>fesoterodine fumarate tab er 24hr 4 mg</i>	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 25 mg</i>	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 50 mg</i>	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	QL (30 tabs / 30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	QL (60 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	
<i>metronidazole vaginal gel 0.75%</i>	
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS**ANTICOAGULANTS - BLOOD THINNERS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	QL (120 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	QL (60 caps / 30 days)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)

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

<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	
HEP SOD/NAACL INJ 25000UNT	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	B/D
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	B/D
<i>jantoven</i>	
<i>rivaroxaban for susp 1 mg/ml</i>	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	
<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS	
FULPHILA INJ 6/0.6ML	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	PA
PROCRIT INJ 40000/ML	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
BERINERT INJ 500UNIT	QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
DOPTelet SPR CAP 10MG	PA
DOPTelet TAB 20MG	PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	PA
<i>pentoxifylline tab er 400 mg</i>	
<i>sajazir</i>	QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	
TAVNEOS CAP 10MG	QL (180 caps / 30 days), PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	
<i>tranexamic acid tab 650 mg</i>	
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>dipyridamole tab 25 mg</i>	PA; PA applies if 65 years and older
<i>dipyridamole tab 50 mg</i>	PA; PA applies if 65 years and older

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

<i>dipyridamole tab 75 mg</i>	PA; PA applies if 65 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>ticagrelor tab 60 mg</i>	
<i>ticagrelor tab 90 mg</i>	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM**AUTOIMMUNE AGENTS**

ADALIMU-BWWD INJ 40/0.4ML	QL (6 autoinjectors / 28 days), PA
ADALIMU-BWWD INJ 40/0.4ML	QL (6 syringes / 28 days), PA
BIMZELX INJ 160MG/ML	QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 syringes / 28 days), PA
ENBREL INJ 25/0.5ML	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	QL (2 syringes / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA INJ 20/0.2ML	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	PA
KINERET INJ	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	PA
REMICADE INJ 100MG	PA
RENFLEXIS INJ 100MG	PA
RINVOQ LQ SOL 1MG/ML	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	QL (168 tabs / year), PA
SKYRIZI INJ 150MG/ML	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	PA
SOTYKTU TAB 6MG	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	PA
STELARA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 syringes / 28 days), PA

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**

TREMFYA INJ 200/20ML	PA
TYENNE INJ 80MG/4ML	PA
TYENNE INJ 162/0.9	QL (4 pens / 28 days), PA
TYENNE INJ 162MG	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	PA
TYENNE INJ 400/20ML	PA
USTEKINUMAB INJ 45/0.5ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	PA
VELSIPITY TAB 2MG	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

<i>hydroxychloroquine sulfate tab 200 mg</i>	
JYLAMVO SOL 2MG/ML	B/D
<i>leflunomide tab 10 mg</i>	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	
XATMEP SOL 2.5MG/ML	B/D

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML	PA
ALYGLO INJ 10/100ML	PA
ALYGLO INJ 20/200ML	PA
BIVIGAM INJ 10%	PA
FLEBOGAMMA INJ 10/200ML	PA
FLEBOGAMMA INJ 20/400ML	PA
FLEBOGAMMA INJ DIF 5%	PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	PA
GAMMAGARD INJ 2.5GM/25	PA
GAMMAGARD INJ 5GM/50ML	PA
GAMMAGARD INJ 10GM/100	PA
GAMMAGARD INJ 20GM/200	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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GAMMAGARD INJ 30GM/300	PA
GAMMAGARD SD INJ 5GM HU	PA
GAMMAGARD SD INJ 10GM HU	PA
GAMMAKED INJ 1GM/10ML	PA
GAMMAKED INJ 5GM/50ML	PA
GAMMAKED INJ 10GM/100	PA
GAMMAKED INJ 20GM/200	PA
GAMMAPLEX INJ 5%	PA
GAMMAPLEX INJ 10%	PA
GAMMGD ERC INJ 5GM/50ML	PA
GAMMGD ERC INJ 10/100ML	PA
GAMUNEX-C INJ 1GM/10ML	PA
GAMUNEX-C INJ 2.5GM/25	PA
GAMUNEX-C INJ 5GM/50ML	PA
GAMUNEX-C INJ 10GM/100	PA
GAMUNEX-C INJ 20GM/200	PA
GAMUNEX-C INJ 40/400ML	PA
OCTAGAM INJ 1GM	PA
OCTAGAM INJ 2.5GM	PA
OCTAGAM INJ 2GM/20ML	PA
OCTAGAM INJ 5GM	PA
OCTAGAM INJ 5GM/50ML	PA
OCTAGAM INJ 10/100ML	PA
OCTAGAM INJ 10GM	PA
OCTAGAM INJ 20/200ML	PA
OCTAGAM INJ 30/300ML	PA
PANZYGA SOL 1GM/10ML	PA
PANZYGA SOL 2.5/25ML	PA
PANZYGA SOL 5GM/50ML	PA
PANZYGA SOL 10/100ML	PA
PANZYGA SOL 20/200ML	PA
PANZYGA SOL 30/300ML	PA
PRIVIGEN INJ 5 GRAMS	PA
PRIVIGEN INJ 10GRAMS	PA
PRIVIGEN INJ 20GRAMS	PA
PRIVIGEN INJ 40GRAMS	PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	PA
ARCALYST INJ 220MG	PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	B/D

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	PA
BENLYSTA INJ 200MG/ML	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	PA
<i>cyclosporine cap 25 mg</i>	B/D
<i>cyclosporine cap 100 mg</i>	B/D
<i>cyclosporine modified cap 25 mg</i>	B/D
<i>cyclosporine modified cap 50 mg</i>	B/D
<i>cyclosporine modified cap 100 mg</i>	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	B/D
<i>everolimus tab 0.5 mg</i>	B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	B/D
<i>everolimus tab 1 mg</i>	B/D
<i>engraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	B/D
NULOJIX INJ 250MG	B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	B/D
<i>sirolimus tab 0.5 mg</i>	B/D
<i>sirolimus tab 1 mg</i>	B/D
<i>sirolimus tab 2 mg</i>	B/D
<i>tacrolimus cap 0.5 mg</i>	B/D
<i>tacrolimus cap 1 mg</i>	B/D
<i>tacrolimus cap 5 mg</i>	B/D
<i>tacrolimus cap er 24hr 0.5 mg</i>	B/D
<i>tacrolimus cap er 24hr 1 mg</i>	B/D
<i>tacrolimus cap er 24hr 5 mg</i>	B/D
VACCINES	
ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
ENGRIX-B INJ 10/0.5ML	B/D
ENGRIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA
PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	

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**

TYPHIM VI INJ

VAQTA INJ 25/0.5ML

VAQTA INJ 50UNT/ML

VARIVAX INJ

VAXCHORA SUS

VIMKUNYA INJ 40/0.8ML

VIVOTIF CAP EC

YF-VAX INJ

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS***ELECTROLYTES/MINERALS, INJECTABLE***

D2.5W/NACL INJ 0.45%

D5W/NACL INJ 0.2%

D5W/NACL INJ 0.45%

D10W/NACL INJ 0.2%

D10W/NACL INJ 0.45%

*dextrose 2.5% w/ sodium chloride 0.45%**dextrose 5% in lactated ringers**dextrose 5% w/ sodium chloride 0.3%**dextrose 5% w/ sodium chloride 0.9%**dextrose 5% w/ sodium chloride 0.45%**dextrose 5% w/ sodium chloride 0.225%*

ISOLYTE-P INJ /D5W

ISOLYTE-S INJ PH 7.4

*kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj**kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj**kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj**kcl 20 meq/l (0.15%) in nacl 0.9% inj**kcl 20 meq/l (0.15%) in nacl 0.45% inj**kcl 20 meq/l (0.149%) in nacl 0.9% inj**kcl 20 meq/l (0.149%) in nacl 0.45% inj**kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj**kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj**kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj**kcl 40 meq/l (0.3%) in nacl 0.9% inj**kcl 40 meq/l (0.298%) in nacl 0.9% inj*

KCL/D5W/NACL INJ 0.3/0.9%

KCL/D5W/NACL INJ 0.15/0.2

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

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)**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**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*

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

<i>klor-con m20</i>	
M-NATAL PLUS TAB	
<i>potassium chloride cap er 8 meq</i>	
<i>potassium chloride cap er 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride powder packet 20 meq</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	
<i>potassium chloride tab er 10 meq</i>	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	
WESTAB PLUS TAB 27-1MG	

IV NUTRITION

<i>aminosyn ii soln 15%</i>	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
<i>clinisol sf 15%</i>	B/D
CLINOLIPID EMU 20%	B/D
<i>dextrose inj 5%</i>	
<i>dextrose inj 10%</i>	
DEXTROSE INJ 10%	
<i>dextrose inj 50%</i>	B/D
DEXTROSE INJ 70%	B/D
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>
<i>neomycin-polymyxin-hc ophth susp</i>
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>
TOBRADEX OIN 0.3-0.1%
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>
ZYLET SUS 0.5-0.3%

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin-polymyxin b ophth oint</i>	
<i>besifloxacin hcl ophth susp 0.6% (base equiv)</i>	
BESIVANCE SUS 0.6%	
CILOXAN OIN 0.3% OP	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gatifloxacin ophth soln 0.5%</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	QL (12 mL / 30 days)
NATACYN SUS 5% OP	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	
XDEMVI DRO 0.25%	PA
ZIRGAN GEL 0.15%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>difluprednate ophth emulsion 0.05%</i>	
<i>fluorometholone ophth susp 0.1%</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>ketorolac tromethamine ophth soln 0.4%</i>	
<i>ketorolac tromethamine ophth soln 0.5%</i>	
LOTEMAX OIN 0.5%	
PRED SOD PHO SOL 1% OP	
<i>prednisolone acetate ophth susp 1%</i>	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES	
<i>azelastine hcl ophth soln 0.05%</i>	
<i>cromolyn sodium ophth soln 4%</i>	
ZERVIAE DRO 0.24%	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA	
<i>betaxolol hcl ophth soln 0.5%</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>brinzolamide ophth susp 1%</i>	ST
<i>carteolol hcl ophth soln 1%</i>	
COMBIGAN SOL 0.2/0.5%	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>levobunolol hcl ophth soln 0.5%</i>	
LUMIGAN SOL 0.01% OP	
<i>pilocarpine hcl ophth soln 1%</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	
RHOPRESSA SOL 0.02%	
ROCKLATAN DRO	
SIMBRINZA SUS 1-0.2%	
<i>timolol maleate ophth gel forming soln 0.5%</i>	
<i>timolol maleate ophth gel forming soln 0.25%</i>	
<i>timolol maleate ophth soln 0.5%</i>	
<i>timolol maleate ophth soln 0.25%</i>	
VYZULTA SOL 0.024%	
MISCELLANEOUS	
ATROPINE SUL SOL 1% OP	
<i>atropine sulfate ophth soln 1%</i>	
CYSTADROPS SOL 0.37%	PA

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

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

CYSTARAN SOL 0.44%

PA

EYSUVIS DRO 0.25%

MIEBO DRO 1.3GM/ML

proparacaine hcl ophth soln 0.5%

RESTASIS EMU 0.05% OP

RESTASIS MUL EMU 0.05% OP

XIIDRA DRO 5%

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR**OTIC AGENTS***acetic acid otic soln 2%**ciprofloxacin-dexamethasone otic susp 0.3-0.1%**flac oil 0.01% ot**fluocinolone acetonide (otic) oil 0.01%**hydrocortisone w/ acetic acid otic soln 1-2%**neomycin-polymyxin-hc otic soln 1%**neomycin-polymyxin-hc otic susp 3.5 mg/ml-
10000 unit/ml-1%**ofloxacin otic soln 0.3%***RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS****ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO
TREAT COPD**

ANORO ELLIPT AER 62.5-25

QL (60 blisters / 30 days)

BEVESPI AER 9-4.8MCG

QL (1 inhaler / 30 days)

BREZTRI AERO AER SPHERE

QL (1 inhaler / 30 days)

BREZTRI AERO AER SPHERE (INSTITUTIONAL
PACK)

QL (4 inhalers / 28 days)

COMBIVENT AER 20-100

QL (2 inhalers / 30 days)

ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3mlB/D

TRELEGY AER ELLIPTA 100-62.5-25 MCG

QL (60 blisters / 30 days)

TRELEGY AER ELLIPTA 200-62.5-25 MCG

QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG

QL (2 inhalers / 30 days)

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)

ANTI-HISTAMINES - 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)

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

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

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>cyproheptadine hcl tab 4 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl inj 50 mg/ml</i>	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	PA; PA applies if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	PA; PA applies if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 10 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5QL (300 mL / 30 days) mg/ml)</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	B/D

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

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

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast tab 10 mg</i>	
<i>zafirlukast tab 20 mg</i>	

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	B/D
<i>acetylcysteine inhal soln 20%</i>	B/D
ALYFTREK TAB 4-20-50	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	PA
ARALAST NP INJ 1000MG	PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	QL (1 syringe / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA INJ 30MG/ML	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	QL (60 tabs / 30 days), PA
<i>nintedanib esylate cap 100 mg (base equivalent)</i>	QL (60 caps / 30 days), PA
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	QL (60 caps / 30 days), PA
OFEV CAP 100MG	QL (60 caps / 30 days), PA
OFEV CAP 150MG	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	PA
PULMOZYME SOL 1MG/ML	PA
<i>roflumilast tab 250 mcg</i>	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	QL (56 tabs / 28 days), PA
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 100 mg</i>	
<i>theophylline tab er 12hr 200 mg</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), PA

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**

TRIKAFTA PAK 75MG	QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	PA
ZEMAIRA INJ 4000MG	PA
ZEMAIRA INJ 5000MG	PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

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

STEROID INHALANTS - DRUGS TO TREAT ASTHMA

ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	B/D
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)

**STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT
ASTHMA AND COPD**

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)

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

<i>breynd</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

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

<i>accutane</i>	PA
<i>amnestem</i>	PA
<i>amnestem cap 30mg</i>	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis</i>	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm / 30 days)
<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
<i>ery</i>	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac gel 1.2-5%</i>	QL (45 gm / 30 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	QL (118 mL / 30 days)
<i>tretinoin cream 0.1%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	QL (60 gm / 30 days)
<i>zenatane</i>	PA

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
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	
<i>ssd</i>	
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL / 30 days)
<i>clotrimazole cream 1%</i>	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	QL (85 gm / 30 days)
<i>ketoconazole cream 2%</i>	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 30 days)
<i>klayesta</i>	QL (60 gm / 30 days)
<i>nyamyc</i>	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (60 gm / 30 days)
<i>nystop</i>	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin cap 10 mg</i>	PA
<i>acitretin cap 17.5 mg</i>	PA
<i>acitretin cap 25 mg</i>	PA
<i>calcipotriene cream 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	QL (120 mL / 30 days), PA
<i>calcitrene</i>	QL (120 gm / 30 days), PA
ENSTILAR AER	QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS	
<i>ala-cort</i>	
<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (120 gm / 30 days)

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

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

<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	QL (120 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	QL (236 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	QL (100 mL / 30 days)
<i>clodan</i>	QL (236 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	QL (60 mL / 30 days)
<i>fluocinonide cream 0.1%</i>	QL (120 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate oint 0.005%</i>	
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone oint 1%</i>	QL (30 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	
<i>hydrocortisone valerate cream 0.2%</i>	QL (60 gm / 30 days)
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate oint 0.1%</i>	

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

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

<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>triamcinolone acetonide cream 0.1%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
<i>triderm</i>	QL (454 gm / 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	QL (3 patches / 1 day), PA
<i>tridacaine ii</i>	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene gel 1%</i>	QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	QL (300 mL / 28 days)
<i>EUCRISA OIN 2%</i>	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>imiquimod cream 5%</i>	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>metronidazole cream 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	QL (30 gm / 30 days)
<i>PANRETIN GEL 0.1%</i>	QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	QL (7 mL / 28 days)
<i>procto-med hc</i>	
<i>proctocort</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>tacrolimus oint 0.1%</i>	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	QL (100 gm / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VALCHLOR GEL 0.016%	QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS	
SANTYL OIN 250/GM	QL (180 gm / 30 days), PA
<i>sodium chloride irrigation soln 0.9%</i>	
<i>water for irrigation, sterile irrigation soln</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl cap 30 mg</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	
<i>clotrimazole troche 10 mg</i>	QL (150 lozenges / 30 days)
<i>kourzeq</i>	
<i>lidocaine hcl viscous soln 2%</i>	
<i>nystatin susp 100000 unit/ml</i>	
<i>periogard</i>	
<i>pilocarpine hcl tab 5 mg</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	

D. 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.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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<i>alendronate sodium tab 35 mg</i>	84	<i>50 mg</i>	53
<i>alendronate sodium tab 70 mg</i>	84	<i>amiloride hcl tab 5 mg</i>	53
<i>alfuzosin hcl tab er 24hr 10 mg.....</i>	100	<i>aminosyn ii soln 15%</i>	112
<i>aliskiren fumarate tab 150 mg (base</i>		AMINOSYN INJ 10%.....	112
<i>equivalent).....</i>	54	AMINOSYN-PF INJ 10%	112
<i>aliskiren fumarate tab 300 mg (base</i>		<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>equivalent).....</i>	54	<i>mg/ml).....</i>	48
<i>allopurinol tab 100 mg.....</i>	18	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>allopurinol tab 300 mg.....</i>	18	<i>mg/ml).....</i>	48
<i>alosetron hcl tab 0.5 mg (base equiv)</i>		<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>.....</i>	98	<i>mg/ml).....</i>	48
<i>alosetron hcl tab 1 mg (base equiv) .</i>	98	<i>amiodarone hcl tab 100 mg</i>	48
<i>alprazolam tab 0.25 mg.....</i>	56	<i>amiodarone hcl tab 200 mg</i>	48
<i>alprazolam tab 0.5 mg.....</i>	56	<i>amiodarone hcl tab 400 mg</i>	48
<i>alprazolam tab 1 mg</i>	56	<i>amitriptyline hcl tab 10 mg</i>	58
<i>alprazolam tab 2 mg</i>	56	<i>amitriptyline hcl tab 100 mg</i>	58
<i>altavera.....</i>	85	<i>amitriptyline hcl tab 150 mg</i>	58
ALUNBRIG PAK	37	<i>amitriptyline hcl tab 25 mg</i>	58
ALUNBRIG TAB 180MG	37	<i>amitriptyline hcl tab 50 mg</i>	58
ALUNBRIG TAB 30MG	37	<i>amitriptyline hcl tab 75 mg</i>	58
ALUNBRIG TAB 90MG	37	<i>amlodipine besylate tab 10 mg (base</i>	
ALVAIZ TAB 18MG	103	<i>equivalent)</i>	52
ALVAIZ TAB 36MG	103	<i>amlodipine besylate tab 2.5 mg (base</i>	
ALVAIZ TAB 54MG	103	<i>equivalent)</i>	52
ALVAIZ TAB 9MG	103	<i>amlodipine besylate tab 5 mg (base</i>	
ALVESCO AER 160MCG.....	119	<i>equivalent)</i>	52
ALVESCO AER 80MCG.....	119	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>alyacen 1/35.....</i>	85	<i>10-20 mg</i>	44
<i>alyacen 7/7/7.....</i>	85	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYFTREK TAB 10-50-125.....	117	<i>10-40 mg</i>	44
ALYFTREK TAB 4-20-50	117	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYGLO INJ 10/100ML.....	106	<i>2.5-10 mg</i>	44
ALYGLO INJ 20/200ML.....	106	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYGLO INJ 5GM/50ML.....	106	<i>5-10 mg</i>	44
<i>alyq</i>	56	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl cap 100 mg</i>	62	<i>5-20 mg</i>	44
<i>amantadine hcl soln 50 mg/5ml</i>	62	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl tab 100 mg</i>	62	<i>5-40 mg</i>	44
<i>ambrisentan tab 10 mg</i>	56	<i>amlodipine besylate-olmesartan</i>	
<i>ambrisentan tab 5 mg</i>	56	<i>medoxomil tab 10-20 mg</i>	46
<i>amethyst.....</i>	85	<i>amlodipine besylate-olmesartan</i>	
		<i>medoxomil tab 10-40 mg</i>	46

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	46
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	46
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	46
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	46
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	46
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	46
<i>amnesteam</i>	120
<i>amnesteam cap 30mg</i>	120
<i>amoxapine tab 100 mg</i>	58
<i>amoxapine tab 150 mg</i>	58
<i>amoxapine tab 25 mg</i>	58
<i>amoxapine tab 50 mg</i>	58
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	31
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	31
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	31
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	31
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	31
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	31
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	31
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	31
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	31
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	31
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	31
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	31
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	31
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	31
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	31
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	31
<i>amoxicillin (trihydrate) tab 875 mg</i> ..	31
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	74
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	74
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	74
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	75
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	75
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	74
<i>amphetamine-dextroamphetamine tab 10 mg</i>	75
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	75
<i>amphetamine-dextroamphetamine tab 15 mg</i>	75
<i>amphetamine-dextroamphetamine tab 20 mg</i>	75
<i>amphetamine-dextroamphetamine tab 30 mg</i>	75
<i>amphetamine-dextroamphetamine tab 5 mg</i>	75
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	75
<i>amphotericin b for iv soln 50 mg</i>	23
<i>amphotericin b liposome iv for susp 50 mg</i>	23
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	31
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	31
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	31
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	31
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	31
<i>ampicillin cap 500 mg</i>	31
<i>ampicillin sodium for inj 1 gm</i>	31
<i>ampicillin sodium for inj 2 gm</i>	31
<i>ampicillin sodium for inj 250 mg</i>	31
<i>ampicillin sodium for inj 500 mg</i>	31
<i>ampicillin sodium for iv soln 1 gm</i>	31
<i>ampicillin sodium for iv soln 10 gm</i> ..	31

<i>ampicillin sodium for iv soln 2 gm</i>	31	<i>asenapine maleate sl tab 10 mg (base equiv)</i>	63
<i>anagrelide hcl cap 0.5 mg</i>	103	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	63
<i>anagrelide hcl cap 1 mg</i>	103	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	63
<i>anastrozole tab 1 mg</i>	35	<i>ashlyna</i>	85
ANORO ELLIPT AER 62.5-25	115	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	103
APIDRA INJ SOLOSTAR	83	ASTAGRAF XL CAP 0.5MG	107
APIDRA INJ U-100	83	ASTAGRAF XL CAP 1MG	107
<i>aprepitant capsule 125 mg</i>	96	ASTAGRAF XL CAP 5MG	107
<i>aprepitant capsule 40 mg</i>	96	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	25
<i>aprepitant capsule 80 mg</i>	96	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	25
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	96	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	25
<i>apri</i>	85	<i>atenolol & chlorthalidone tab 100-25 mg</i>	50
APTIOM TAB 200MG	68	<i>atenolol & chlorthalidone tab 50-25 mg</i>	50
APTIOM TAB 400MG	68	<i>atenolol tab 100 mg</i>	51
APTIOM TAB 600MG	68	<i>atenolol tab 25 mg</i>	51
APTIOM TAB 800MG	68	<i>atenolol tab 50 mg</i>	51
APTIVUS CAP 250MG	25	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	75
ARALAST NP INJ 1000MG	117	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	75
ARALAST NP INJ 500MG	117	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	75
<i>aranelle</i>	85	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	75
ARCALYST INJ 220MG	107	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	75
AREXVY INJ 120MCG	108	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	75
ARIKAYCE SUS	21	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	75
<i>aripiprazole oral solution 1 mg/ml</i>	63	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	49
<i>aripiprazole orally disintegrating tab 10 mg</i>	63	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	49
<i>aripiprazole orally disintegrating tab 15 mg</i>	63	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	49
<i>aripiprazole tab 10 mg</i>	63	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	49
<i>aripiprazole tab 15 mg</i>	63		
<i>aripiprazole tab 2 mg</i>	63		
<i>aripiprazole tab 20 mg</i>	63		
<i>aripiprazole tab 30 mg</i>	63		
<i>aripiprazole tab 5 mg</i>	63		
ARISTADA INJ 1064MG	63		
ARISTADA INJ 441MG/1.	63		
ARISTADA INJ 662MG/2	63		
ARISTADA INJ 882MG/3	63		
ARISTADA INJ INITIO	63		
<i>armodafinil tab 150 mg</i>	79		
<i>armodafinil tab 200 mg</i>	79		
<i>armodafinil tab 250 mg</i>	79		
<i>armodafinil tab 50 mg</i>	79		
ARNUITY ELPT INH 100MCG	119		
ARNUITY ELPT INH 200MCG	119		
ARNUITY ELPT INH 50MCG	119		

<i>atovaquone susp 750 mg/5ml</i>	21
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	24
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	24
ATROPINE SUL SOL 1% OP	114
<i>atropine sulfate ophth soln 1%</i>	114
ATROVENT HFA AER 17MCG	115
<i>aubra eq</i>	85
AUGTYRO CAP 160MG	37
AUGTYRO CAP 40MG	37
<i>aurovela 1/20</i>	85
<i>aurovela 24 fe</i>	85
<i>aurovela fe 1.5/30</i>	85
<i>aurovela fe 1/20</i>	85
AUSTEDO TAB 12MG	77
AUSTEDO TAB 6MG	77
AUSTEDO TAB 9MG	77
AUSTEDO XR TAB 12MG	77
AUSTEDO XR TAB 18MG	77
AUSTEDO XR TAB 24MG	77
AUSTEDO XR TAB 30MG	77
AUSTEDO XR TAB 36MG	77
AUSTEDO XR TAB 42MG	77
AUSTEDO XR TAB 48MG	78
AUSTEDO XR TAB 6MG	77
AUSTEDO XR TAB TITR KIT	78
AUVELITY TAB 45-105MG	58
<i>aviane</i>	86
AVMAPKI PAK FAKZYNJA	37
<i>ayuna</i>	86
AYVAKIT TAB 100MG	37
AYVAKIT TAB 200MG	37
AYVAKIT TAB 25MG	37
AYVAKIT TAB 300MG	37
AYVAKIT TAB 50MG	37
<i>azacitidine for inj 100 mg</i>	34
<i>azathioprine tab 50 mg</i>	108
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	115
<i>azelastine hcl ophth soln 0.05%</i>	114
<i>azithromycin for susp 100 mg/5ml</i> ...	30
<i>azithromycin for susp 200 mg/5ml</i> ...	30
<i>azithromycin iv for soln 500 mg</i>	30
<i>azithromycin tab 250 mg</i>	30
<i>azithromycin tab 500 mg</i>	30
<i>azithromycin tab 600 mg</i>	30
<i>aztreonam for inj 1 gm</i>	21
<i>aztreonam for inj 2 gm</i>	21
<i>azurette</i>	86
B	
<i>bacitracin-polymyxin b ophth oint</i> ..	113
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	113
<i>baclofen tab 10 mg</i>	78
<i>baclofen tab 20 mg</i>	78
<i>baclofen tab 5 mg</i>	78
BAFIERTAM CAP 95MG	78
<i>balsalazide disodium cap 750 mg</i>	98
BALVERSA TAB 3MG	38
BALVERSA TAB 4MG	38
BALVERSA TAB 5MG	38
<i>balziva</i>	86
BAQSIMI ONE POW 3MG/DOSE	92
BAQSIMI TWO POW 3MG/DOSE	92
BARACLUDE SOL	27
BASAGLAR KWP INJ 100/ML	83
BCG VACCINE INJ 50MG	109
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	44
<i>benazepril hcl tab 10 mg</i>	45
<i>benazepril hcl tab 20 mg</i>	45
<i>benazepril hcl tab 40 mg</i>	45
<i>benazepril hcl tab 5 mg</i>	45
BENDAMUSTINE SOL 100/4ML	33
BENDEKA INJ 100/4ML	33
BENLYSTA INJ 120MG	108
BENLYSTA INJ 200MG/ML	108
BENLYSTA INJ 400MG	108
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	120
<i>benztropine mesylate inj 1 mg/ml</i>	62
<i>benztropine mesylate tab 0.5 mg</i>	62
<i>benztropine mesylate tab 1 mg</i>	62
<i>benztropine mesylate tab 2 mg</i>	62
BERINERT INJ 500UNIT	103
<i>besifloxacin hcl ophth susp 0.6% (base equiv)</i>	113

BESIVANCE SUS 0.6%.....	113	<i>bisoprolol & hydrochlorothiazide tab</i>	
BESREMI SOL 500MCG	36	2.5-6.25 mg.....	50
<i>betaine powder for oral solution</i>	92	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>betamethasone dipropionate</i>		6.25 mg	50
augmented cream 0.05%	121	<i>bisoprolol fumarate tab 10 mg</i>	51
<i>betamethasone dipropionate</i>		<i>bisoprolol fumarate tab 5 mg</i>	51
augmented gel 0.05%	121	BIVIGAM INJ 10%	106
<i>betamethasone dipropionate</i>		<i>blisovi 24 fe</i>	86
augmented lotion 0.05%.....	122	<i>blisovi fe 1.5/30</i>	86
<i>betamethasone dipropionate</i>		<i>blisovi fe tab 1/20</i>	86
augmented oint 0.05%	122	BLUJEPa TAB 750MG.....	21
<i>betamethasone dipropionate cream</i>		BONSITY INJ 560/2.24	84
0.05%	122	BOOSTRIX INJ	109
<i>betamethasone dipropionate lotion</i>		<i>bortezomib for inj 3.5 mg</i>	38
0.05%	122	BORTEZOMIB INJ 1MG	38
<i>betamethasone dipropionate oint</i>		BORTEZOMIB INJ 2.5MG	38
0.05%	122	<i>bosentan tab 125 mg</i>	56
<i>betamethasone valerate cream 0.1%</i>		<i>bosentan tab 62.5 mg</i>	56
(base equivalent)	122	<i>bosentan tab for oral susp 32 mg</i>	56
<i>betamethasone valerate lotion 0.1%</i>		BOSULIF CAP 100MG	38
(base equivalent)	122	BOSULIF CAP 50MG	38
<i>betamethasone valerate oint 0.1%</i>		BOSULIF TAB 100MG	38
(base equivalent)	122	BOSULIF TAB 400MG	38
BETASERON INJ 0.3MG.....	78	BOSULIF TAB 500MG	38
<i>betaxolol hcl ophth soln 0.5%</i>	114	BRAFTOVI CAP 75MG	38
<i>betaxolol hcl tab 10 mg</i>	51	BREO ELLIPTA INH 100-25.....	119
<i>betaxolol hcl tab 20 mg</i>	51	BREO ELLIPTA INH 200-25.....	119
<i>bethanechol chloride tab 10 mg</i>	100	BREO ELLIPTA INH 50-25MCG	119
<i>bethanechol chloride tab 25 mg</i>	100	<i>brey-na</i>	120
<i>bethanechol chloride tab 5 mg</i>	100	BREZTRI AERO AER SPHERE	115
<i>bethanechol chloride tab 50 mg</i>	100	BREZTRI AERO AER SPHERE	
BEVESPI AER 9-4.8MCG.....	115	(INSTITUTIONAL PACK)	115
<i>bexarotene cap 75 mg</i>	36	<i>briellyn</i>	86
<i>bexarotene gel 1%</i>	123	<i>brimonidine tartrate ophth soln 0.2%</i>	
BEXSERO INJ	109		114
<i>bicalutamide tab 50 mg</i>	35	<i>brinzolamide ophth susp 1%</i>	114
BICILLIN L-A INJ 1200000	31	<i>brivaracetam oral soln 10 mg/ml</i>	68
BICILLIN L-A INJ 2400000	31	<i>brivaracetam tab 10 mg</i>	68
BICILLIN L-A INJ 600000	31	<i>brivaracetam tab 100 mg</i>	68
BIKTARVY TAB 30-120-15 MG	26	<i>brivaracetam tab 25 mg</i>	68
BIKTARVY TAB 50-200-25 MG	26	<i>brivaracetam tab 50 mg</i>	68
BILDYOS INJ 60MG/ML	84	<i>brivaracetam tab 75 mg</i>	68
BIMZELX INJ 160MG/ML	104	BRIVIACT SOL 10MG/ML.....	68
BIMZELX INJ 320MG/2	104	BRIVIACT TAB 100MG	68
<i>bisoprolol & hydrochlorothiazide tab</i>		BRIVIACT TAB 10MG.....	68
10-6.25 mg.....	50	BRIVIACT TAB 25MG.....	68
		BRIVIACT TAB 50MG.....	68

BRIVIACT TAB 75MG	68	buprenorphine td patch weekly 7.5 mcg/hr	19
bromocriptine mesylate cap 5 mg (base equivalent)	62	bupropion hcl (smoking deterrent) tab er 12hr 150 mg	80
bromocriptine mesylate tab 2.5 mg (base equivalent)	62	bupropion hcl tab 100 mg	58
BRUKINSA CAP 80MG	38	bupropion hcl tab 75 mg	58
BRUKINSA TAB 160MG	38	bupropion hcl tab er 12hr 100 mg	58
budesonide delayed release particles cap 3 mg	98	bupropion hcl tab er 12hr 150 mg	58
budesonide inhalation susp 0.25 mg/2ml	119	bupropion hcl tab er 12hr 200 mg	58
budesonide inhalation susp 0.5 mg/2ml	119	bupropion hcl tab er 24hr 150 mg	58
budesonide tab er 24hr 9 mg	98	bupropion hcl tab er 24hr 300 mg	58
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	120	buspirone hcl tab 10 mg	56
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	120	buspirone hcl tab 15 mg	56
bumetanide inj 0.25 mg/ml	53	buspirone hcl tab 30 mg	56
bumetanide tab 0.5 mg	53	buspirone hcl tab 5 mg	56
bumetanide tab 1 mg	53	buspirone hcl tab 7.5 mg	56
bumetanide tab 2 mg	53	butorphanol tartrate inj 1 mg/ml	20
buprenorphine hcl sl tab 2 mg (base equiv)	79	butorphanol tartrate inj 2 mg/ml	20
buprenorphine hcl sl tab 8 mg (base equiv)	79	C	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	79	cabergoline tab 0.5 mg	92
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	79	CABOMETYX TAB 20MG	38
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	79	CABOMETYX TAB 40MG	38
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	79	CABOMETYX TAB 60MG	38
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	79	calcipotriene cream 0.005%	121
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	80	calcipotriene oint 0.005%	121
buprenorphine td patch weekly 10 mcg/hr	19	calcipotriene soln 0.005% (50 mcg/ml)	121
buprenorphine td patch weekly 15 mcg/hr	19	calcitonin (salmon) spray	84
buprenorphine td patch weekly 20 mcg/hr	19	calcitrene	121
buprenorphine td patch weekly 5 mcg/hr	19	calcitriol (oral)	96
		calcitriol cap 0.25 mcg	96
		calcitriol cap 0.5 mcg	96
		CALQUENCE TAB 100MG	38
		camila	86
		camrese	86
		camrese lo	86
		candesartan cilexetil tab 16 mg	48
		candesartan cilexetil tab 32 mg	48
		candesartan cilexetil tab 4 mg	48
		candesartan cilexetil tab 8 mg	48
		candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg	46
		candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg	46

<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i>	.47
CAPLYTA CAP 10.5MG	63
CAPLYTA CAP 21MG	64
CAPLYTA CAP 42MG	64
CAPRELSA TAB 100MG	38
CAPRELSA TAB 300MG	38
<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>15 mg</i>	44
<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>25 mg</i>	44
<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>15 mg</i>	44
<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>25 mg</i>	44
<i>captopril tab 100 mg</i>	45
<i>captopril tab 12.5 mg</i>	45
<i>captopril tab 25 mg</i>	45
<i>captopril tab 50 mg</i>	45
<i>carb/levo orally disintegrating tab 10-</i>	
<i>100mg</i>	62
<i>carb/levo orally disintegrating tab 25-</i>	
<i>100mg</i>	62
<i>carb/levo orally disintegrating tab 25-</i>	
<i>250mg</i>	62
<i>carbamazepine cap er 12hr 100 mg</i>	68
<i>carbamazepine cap er 12hr 200 mg</i>	68
<i>carbamazepine cap er 12hr 300 mg</i>	68
<i>carbamazepine chew tab 100 mg</i>	68
<i>carbamazepine chew tab 200 mg</i>	68
<i>carbamazepine susp 100 mg/5ml</i>	68
<i>carbamazepine tab 200 mg</i>	68
<i>carbamazepine tab er 12hr 100 mg</i>	68
<i>carbamazepine tab er 12hr 200 mg</i>	68
<i>carbamazepine tab er 12hr 400 mg</i>	68
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<i>ceftriaxone sodium for inj 1 gm</i>	29	<i>cholestyramine light powder packets 4</i> <i>gm</i>	50
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<i>clozapine orally disintegrating tab 150</i> <i>mg</i>	64	CREON CAP 3000UNIT	98
<i>clozapine orally disintegrating tab 200</i> <i>mg</i>	64	CREON CAP 36000UNT	99
<i>clozapine orally disintegrating tab 25</i> <i>mg</i>	64	CREON CAP 6000UNIT	98
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<i>colchicine tab 0.6 mg</i>	18	CYCLOPHOSPH INJ 1GM/2ML	33
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	18	CYCLOPHOSPH INJ 1GM/5ML	33
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<i>desmopressin acetate preservative free</i>		0.225%	110
(pf) inj 4 mcg/ml	93	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>desmopressin acetate tab 0.1 mg</i>	93		110
<i>desmopressin acetate tab 0.2 mg</i>	93	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>desogest-eth estrad & eth estrad tab</i>			110
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<i>dexamethasone sodium phosphate inj</i>		<i>mg</i>	69
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<i>dexamethasone sodium phosphate inj</i>		<i>diazoxide susp 50 mg/ml</i>	92
<i>soln pref syr 4 mg/ml</i>	91	<i>diclofenac potassium tab 50 mg</i>	18
<i>dexamethasone sodium phosphate</i>		<i>diclofenac sodium ophth soln 0.1%</i>	114
<i>ophth soln 0.1%</i>	114	<i>diclofenac sodium soln 1.5%</i>	123
<i>dexamethasone soln 0.5 mg/5ml</i>	91	<i>diclofenac sodium tab delayed release</i>	
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<i>dexamethasone tab 1.5 mg</i>	91	<i>diclofenac sodium tab delayed release</i>	
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<i>dexamethasone tab 4 mg</i>	91	<i>diclofenac sodium tab er 24hr 100 mg</i>	
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<i>digoxin tab 125 mcg (0.125 mg)</i>	54	<i>dipyridamole tab 25 mg</i>	103
<i>digoxin tab 250 mcg (0.25 mg)</i>	54	<i>dipyridamole tab 50 mg</i>	103
<i>dihydroergotamine mesylate nasal</i>		<i>dipyridamole tab 75 mg</i>	104
<i>spray 4 mg/ml</i>	77	<i>disopyramide phosphate cap 100 mg</i>	48
<i>DILANTIN CAP 30MG</i>	69	<i>disopyramide phosphate cap 150 mg</i>	48
<i>diltiazem hcl cap er 12hr 120 mg</i>	52	<i>disulfiram tab 250 mg</i>	80
<i>diltiazem hcl cap er 12hr 60 mg</i>	52	<i>disulfiram tab 500 mg</i>	80
<i>diltiazem hcl cap er 12hr 90 mg</i>	52	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	52	<i>sprinkle 125 mg</i>	70
<i>diltiazem hcl cap er 24hr 180 mg</i>	52	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	52	<i>125 mg</i>	70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>120 mg</i>	52	<i>250 mg</i>	70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>180 mg</i>	52	<i>500 mg</i>	70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	70
<i>240 mg</i>	52		70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	70
<i>300 mg</i>	52		70
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>360 mg</i>	52	<i>mg/ml)</i>	37
<i>diltiazem hcl extended release beads</i>		<i>docetaxel for inj conc 20 mg/ml</i>	37
<i>cap er 24hr 120 mg</i>	52	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>diltiazem hcl extended release beads</i>		<i>mg/ml)</i>	37
<i>cap er 24hr 180 mg</i>	52	<i>DOCETAXEL INJ 160/16ML</i>	37
<i>diltiazem hcl extended release beads</i>		<i>DOCETAXEL INJ 160/8ML</i>	37
<i>cap er 24hr 240 mg</i>	52	<i>DOCETAXEL INJ 20MG/2ML</i>	37
<i>diltiazem hcl extended release beads</i>		<i>DOCETAXEL INJ 80MG/4ML</i>	37
<i>cap er 24hr 300 mg</i>	52	<i>DOCETAXEL INJ 80MG/8ML</i>	37
<i>diltiazem hcl extended release beads</i>		<i>docetaxel soln for iv infusion 160</i>	
<i>cap er 24hr 360 mg</i>	52	<i>mg/16ml</i>	37
<i>diltiazem hcl extended release beads</i>		<i>docetaxel soln for iv infusion 20</i>	
<i>cap er 24hr 420 mg</i>	52	<i>mg/2ml</i>	37
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		<i>docetaxel soln for iv infusion 80</i>	
<i>mg/ml)</i>	52	<i>mg/8ml</i>	37
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>		<i>DOCIVYX INJ 160/16ML</i>	37
<i>mg/ml)</i>	52	<i>DOCIVYX INJ 20MG/2ML</i>	37
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>DOCIVYX INJ 80MG/8ML</i>	37
<i>mg/ml)</i>	52	<i>dofetilide cap 125 mcg (0.125 mg)</i>	48

<i>dofetilide cap 250 mcg (0.25 mg)</i>	48
<i>dofetilide cap 500 mcg (0.5 mg)</i>	48
<i>dolishale</i>	86
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 10 mg</i>	57
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg</i>	57
<i>donepezil hydrochloride tab 10 mg ...</i>	57
<i>donepezil hydrochloride tab 5 mg</i>	57
<i>DOPTELET SPR CAP 10MG</i>	103
<i>DOPTELET TAB 20MG</i>	103
<i>dorzolamide hcl ophth soln 2%</i>	114
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>soln 2-0.5%</i>	114
<i>dotti</i>	90
<i>DOVATO TAB 50-300MG</i>	26
<i>doxazosin mesylate tab 1 mg</i>	46
<i>doxazosin mesylate tab 2 mg</i>	46
<i>doxazosin mesylate tab 4 mg</i>	46
<i>doxazosin mesylate tab 8 mg</i>	46
<i>doxepin hcl (sleep) tab 3 mg (base</i>	
<i>equiv)</i>	76
<i>doxepin hcl (sleep) tab 6 mg (base</i>	
<i>equiv)</i>	76
<i>doxepin hcl cap 10 mg</i>	59
<i>doxepin hcl cap 100 mg</i>	59
<i>doxepin hcl cap 150 mg</i>	59
<i>doxepin hcl cap 25 mg</i>	59
<i>doxepin hcl cap 50 mg</i>	59
<i>doxepin hcl cap 75 mg</i>	59
<i>doxepin hcl conc 10 mg/ml</i>	59
<i>doxorubicin hcl inj 2 mg/ml</i>	36
<i>doxorubicin hcl liposomal susp (for iv</i>	
<i>infusion) 2 mg/ml</i>	36
<i>doxy 100</i>	32
<i>doxycycline hyclate cap 100 mg</i>	32
<i>doxycycline hyclate cap 50 mg</i>	32
<i>doxycycline hyclate for inj 100 mg ...</i>	32
<i>doxycycline hyclate tab 100 mg</i>	32
<i>doxycycline hyclate tab 20 mg</i>	32
<i>doxycycline monohydrate cap 100 mg</i>	
<i>.....</i>	32
<i>doxycycline monohydrate cap 50 mg</i>	32
<i>doxycycline monohydrate for susp 25</i>	
<i>mg/5ml</i>	32
<i>doxycycline monohydrate tab 100 mg</i>	
<i>.....</i>	32
<i>doxycycline monohydrate tab 50 mg</i>	32
<i>doxycycline monohydrate tab 75 mg</i>	32
<i>DRIZALMA CAP 20MG DR</i>	59
<i>DRIZALMA CAP 30MG DR</i>	59
<i>DRIZALMA CAP 40MG DR</i>	59
<i>DRIZALMA CAP 60MG DR</i>	59
<i>dronabinol cap 10 mg</i>	96
<i>dronabinol cap 2.5 mg</i>	96
<i>dronabinol cap 5 mg</i>	96
<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>0.02 mg</i>	86
<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>0.03 mg</i>	86
<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.02-0.451 mg</i>	86
<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i>	86
<i>DROXIA CAP 200MG</i>	103
<i>DROXIA CAP 300MG</i>	103
<i>DROXIA CAP 400MG</i>	103
<i>droxidopa cap 100 mg</i>	54
<i>droxidopa cap 200 mg</i>	54
<i>droxidopa cap 300 mg</i>	54
<i>DULERA AER 100-5MCG</i>	120
<i>DULERA AER 200-5MCG</i>	120
<i>DULERA AER 50-5MCG</i>	120
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 20 mg (base eq)</i>	59
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 30 mg (base eq)</i>	59
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 60 mg (base eq)</i>	59
<i>DUPIXENT INJ 200/1.14</i>	104
<i>DUPIXENT INJ 200MG</i>	104
<i>DUPIXENT INJ 300/2ML</i>	104
<i>dutasteride cap 0.5 mg</i>	100
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>mg</i>	100
E	
<i>e.e.s. 400</i>	30
<i>econazole nitrate cream 1%</i>	121
<i>EDURANT PED TAB 2.5MG</i>	25
<i>EDURANT TAB 25MG</i>	25
<i>efavirenz tab 600 mg</i>	25
<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>600-200-300 mg</i>	26

<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	26	ENBREL MINI INJ 50MG/ML.....	104
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	26	ENBREL SRCLK INJ 50MG/ML	104
ELIGARD INJ 22.5MG	35	<i>endocet tab 10-325mg</i>	20
ELIGARD INJ 30MG	35	<i>endocet tab 2.5-325mg</i>	20
ELIGARD INJ 45MG	35	<i>endocet tab 5-325mg</i>	20
ELIGARD INJ 7.5MG	35	<i>endocet tab 7.5-325mg</i>	20
<i>elinest</i>	86	ENGERIX-B INJ 10/0.5ML	109
ELIQUIS (1.5MG PACK) 3 X	101	ENGERIX-B INJ 20MCG/ML.....	109
ELIQUIS (2MG PACK) 4 X.....	101	<i>enilloring</i>	86
ELIQUIS CAP 0.15MG	101	<i>enoxaparin sodium inj 300 mg/3ml</i> 102	
ELIQUIS ST P TAB 5MG	101	<i>enoxaparin sodium inj soln pref syr</i> 100	
ELIQUIS TAB 0.5MG.....	101	<i>mg/ml</i>	102
ELIQUIS TAB 2.5MG.....	101	<i>enoxaparin sodium inj soln pref syr</i> 120	
ELIQUIS TAB 5MG.....	101	<i>mg/0.8ml</i>	102
<i>eluryng</i>	86	<i>enoxaparin sodium inj soln pref syr</i> 150	
EMGALITY INJ 100MG/ML.....	77	<i>mg/ml</i>	102
EMGALITY INJ 120MG/ML.....	77	<i>enoxaparin sodium inj soln pref syr</i> 30	
EMSAM DIS 12MG/24H.....	60	<i>mg/0.3ml</i>	102
EMSAM DIS 6MG/24HR.....	59	<i>enoxaparin sodium inj soln pref syr</i> 40	
EMSAM DIS 9MG/24HR.....	59	<i>mg/0.4ml</i>	102
<i>emtricitabine caps 200 mg</i>	25	<i>enoxaparin sodium inj soln pref syr</i> 60	
<i>emtricitabine- rilpivirine-tenofovir df tab</i> <i>200-25-300 mg</i>	26	<i>mg/0.6ml</i>	102
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	26	<i>enoxaparin sodium inj soln pref syr</i> 80	
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	26	<i>mg/0.8ml</i>	102
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	26	ENSACOVE CAP 100MG	38
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	26	ENSACOVE CAP 25MG	38
EMTRIVA SOL 10MG/ML.....	25	<i>enskyce</i>	86
EMVERM CHW 100MG.....	22	ENSTILAR AER	121
<i>emzahh</i>	86	<i>entacapone tab 200 mg</i>	62
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	44	<i>entecavir tab 0.5 mg</i>	27
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	44	<i>entecavir tab 1 mg</i>	27
<i>enalapril maleate tab 10 mg</i>	45	ENTRESTO CAP 15-16MG.....	47
<i>enalapril maleate tab 2.5 mg</i>	45	ENTRESTO CAP 6-6MG	47
<i>enalapril maleate tab 20 mg</i>	45	<i>enulose</i>	98
<i>enalapril maleate tab 5 mg</i>	45	EPCLUSA PAK 150-37.5.....	27
ENBREL INJ 25/0.5ML.....	104	EPCLUSA PAK 200-50MG	27
ENBREL INJ 25MG.....	104	EPCLUSA TAB 200-50MG	27
ENBREL INJ 50MG/ML.....	104	EPCLUSA TAB 400-100	27
		EPIDIOLEX SOL 100MG/ML	70
		<i>epinephrine inj 1 mg/ml</i>	54
		<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	117
		<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	117
		<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	117
		<i>eplerenone tab 25 mg</i>	46

<i>eplerenone tab 50 mg</i>	46	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	60
<i>ergotamine w/ caffeine tab 1-100 mg</i>	77	<i>eslicarbazepine acetate tab 200 mg</i> .	70
ERIVEDGE CAP 150MG	38	<i>eslicarbazepine acetate tab 400 mg</i> .	70
ERLEADA TAB 240MG	35	<i>eslicarbazepine acetate tab 600 mg</i> .	70
ERLEADA TAB 60MG	35	<i>eslicarbazepine acetate tab 800 mg</i> .	70
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	38	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	99
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	38	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	100
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	38	<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	100
<i>errin</i>	86	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	100
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	22	<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	100
<i>ery</i>	120	<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	100
ERYTHROCIN INJ 500MG	30	<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	100
<i>erythromycin ethylsuccinate tab 400 mg</i>	30	<i>estarylla</i>	86
<i>erythromycin gel 2%</i>	120	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	90
<i>erythromycin lactobionate for inj 500 mg</i>	30	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	90
<i>erythromycin ophth oint 5 mg/gm</i> ..	113	<i>estradiol tab 0.5 mg</i>	90
<i>erythromycin soln 2%</i>	120	<i>estradiol tab 1 mg</i>	90
<i>erythromycin tab 250 mg</i>	30	<i>estradiol tab 2 mg</i>	90
<i>erythromycin tab 500 mg</i>	30	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	90
<i>erythromycin tab delayed release 250 mg</i>	30	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	90
<i>erythromycin tab delayed release 333 mg</i>	30	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	90
<i>erythromycin tab delayed release 500 mg</i>	30	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	90
<i>erythromycin w/ delayed release particles cap 250 mg</i>	30	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	90
ERZOFRI INJ 117/0.75	64	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	90
ERZOFRI INJ 156MG/ML	64	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	90
ERZOFRI INJ 234/1.5	64	<i>estradiol td patch weekly 0.05 mg/24hr</i>	90
ERZOFRI INJ 351/2.25	64	<i>estradiol td patch weekly 0.06 mg/24hr</i>	90
ERZOFRI INJ 39/0.25	64		
ERZOFRI INJ 78/0.5ML	64		
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	60		
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	60		
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	60		

<i>estradiol td patch weekly 0.075 mg/24hr</i>	90	EVOTAZ TAB 300-150	26
<i>estradiol td patch weekly 0.1 mg/24hr</i>	90	<i>exemestane tab 25 mg</i>	35
<i>estradiol vaginal cream 0.01%</i>	90	EXXUA TAB 18.2MG	60
<i>estradiol vaginal tab 10 mcg</i>	90	EXXUA TAB 36.3MG	60
<i>estradiol valerate im in oil 10 mg/ml</i>	90	EXXUA TAB 54.5MG	60
<i>estradiol valerate im in oil 20 mg/ml</i>	90	EXXUA TAB 72.6MG	60
<i>estradiol valerate im in oil 40 mg/ml</i>	90	EXXUA TITRAT TAB 18.2MG	60
<i>eszopiclone tab 1 mg</i>	76	EYSUVIS DRO 0.25%	115
<i>eszopiclone tab 2 mg</i>	76	<i>ezetimibe tab 10 mg</i>	50
<i>eszopiclone tab 3 mg</i>	76	<i>ezetimibe-simvastatin tab 10-10 mg</i>	50
<i>ethambutol hcl tab 100 mg</i>	27	<i>ezetimibe-simvastatin tab 10-20 mg</i>	50
<i>ethambutol hcl tab 400 mg</i>	27	<i>ezetimibe-simvastatin tab 10-40 mg</i>	50
<i>ethosuximide cap 250 mg</i>	70	<i>ezetimibe-simvastatin tab 10-80 mg</i>	50
<i>ethosuximide soln 250 mg/5ml</i>	70	F	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	86	FABRAZYME INJ 35MG	93
<i>etodolac cap 200 mg</i>	18	FABRAZYME INJ 5MG	93
<i>etodolac cap 300 mg</i>	18	<i>falmina</i>	86
<i>etodolac tab 400 mg</i>	18	<i>famciclovir tab 125 mg</i>	27
<i>etodolac tab 500 mg</i>	18	<i>famciclovir tab 250 mg</i>	27
<i>etodolac tab er 24hr 400 mg</i>	18	<i>famciclovir tab 500 mg</i>	27
<i>etodolac tab er 24hr 500 mg</i>	18	<i>famotidine for susp 40 mg/5ml</i>	97
<i>etodolac tab er 24hr 600 mg</i>	18	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	97
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	86	<i>famotidine inj 200 mg/20ml</i>	98
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	37	<i>famotidine inj 40 mg/4ml</i>	98
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	37	<i>famotidine preservative free inj 20 mg/2ml</i>	98
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	37	<i>famotidine tab 20 mg</i>	98
<i>etravirine tab 100 mg</i>	25	<i>famotidine tab 40 mg</i>	98
<i>etravirine tab 200 mg</i>	25	FANAPT PAK PACK A	64
EUCRISA OIN 2%	123	FANAPT PAK PACK B	64
EULEXIN CAP 125MG	35	FANAPT PAK PACK C	64
<i>everolimus tab 0.25 mg</i>	108	FANAPT TAB 10MG	64
<i>everolimus tab 0.5 mg</i>	108	FANAPT TAB 12MG	64
<i>everolimus tab 0.75 mg</i>	108	FANAPT TAB 1MG	64
<i>everolimus tab 1 mg</i>	108	FANAPT TAB 2MG	64
<i>everolimus tab 10 mg</i>	39	FANAPT TAB 4MG	64
<i>everolimus tab 2.5 mg</i>	38	FANAPT TAB 6MG	64
<i>everolimus tab 5 mg</i>	39	FANAPT TAB 8MG	64
<i>everolimus tab 7.5 mg</i>	39	FARXIGA TAB 10MG	81
<i>everolimus tab for oral susp 2 mg</i>	39	FARXIGA TAB 5MG	81
<i>everolimus tab for oral susp 3 mg</i>	39	FASENRA INJ 10MG/0.5	117
<i>everolimus tab for oral susp 5 mg</i>	39	FASENRA INJ 30MG/ML	118
		FASENRA PEN INJ 30MG/ML	118
		<i>feirza tab 1.5/30</i>	86
		<i>feirza tab 1/20</i>	86
		<i>felbamate susp 600 mg/5ml</i>	70

<i>felbamate tab 400 mg</i>	70	<i>flecainide acetate tab 50 mg</i>	48
<i>felbamate tab 600 mg</i>	70	<i>fluconazole for susp 10 mg/ml</i>	24
<i>felodipine tab er 24hr 10 mg</i>	53	<i>fluconazole for susp 40 mg/ml</i>	24
<i>felodipine tab er 24hr 2.5 mg</i>	53	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>felodipine tab er 24hr 5 mg</i>	53	<i>mg/100ml</i>	24
<i>fenofibrate micronized cap 134 mg</i> ...	49	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>fenofibrate micronized cap 200 mg</i> ...	49	<i>mg/200ml</i>	24
<i>fenofibrate micronized cap 67 mg</i> ...	49	<i>fluconazole tab 100 mg</i>	24
<i>fenofibrate tab 145 mg</i>	49	<i>fluconazole tab 150 mg</i>	24
<i>fenofibrate tab 160 mg</i>	49	<i>fluconazole tab 200 mg</i>	24
<i>fenofibrate tab 48 mg</i>	49	<i>fluconazole tab 50 mg</i>	24
<i>fenofibrate tab 54 mg</i>	49	<i>flucytosine cap 250 mg</i>	24
<i>fentanyl td patch 72hr 100 mcg/hr</i> ...	19	<i>flucytosine cap 500 mg</i>	24
<i>fentanyl td patch 72hr 12 mcg/hr</i>	19	<i>fludrocortisone acetate tab 0.1 mg</i> ...	91
<i>fentanyl td patch 72hr 25 mcg/hr</i>	19	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>fentanyl td patch 72hr 37.5 mcg/hr</i> ..	19	<i>(0.025%)</i>	119
<i>fentanyl td patch 72hr 50 mcg/hr</i>	19	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> ..	19		115
<i>fentanyl td patch 72hr 75 mcg/hr</i>	19	<i>fluocinolone acetonide cream 0.01%</i>	
<i>fentanyl td patch 72hr 87.5 mcg/hr</i> ..	19		122
<i>fesoterodine fumarate tab er 24hr 4</i>		<i>fluocinolone acetonide cream 0.025%</i>	
<i>mg</i>	101		122
<i>fesoterodine fumarate tab er 24hr 8</i>		<i>fluocinolone acetonide oil 0.01% (body</i>	
<i>mg</i>	101	<i>oil)</i>	122
<i>FETZIMA CAP 120MG</i>	60	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
<i>FETZIMA CAP 20MG</i>	60	<i>oil)</i>	122
<i>FETZIMA CAP 40MG</i>	60	<i>fluocinolone acetonide oint 0.025%</i> ..	122
<i>FETZIMA CAP 80MG</i>	60	<i>fluocinolone acetonide soln 0.01%</i> .	122
<i>FETZIMA CAP TITRATIO</i>	60	<i>fluocinonide cream 0.05%</i>	122
<i>FIASP FLEX INJ TOUCH</i>	83	<i>fluocinonide cream 0.1%</i>	122
<i>FIASP INJ 100/ML</i>	83	<i>fluocinonide emulsified base cream</i>	
<i>FIASP PENFIL INJ U-100</i>	83	<i>0.05%</i>	122
<i>FIASP PMPCRT INJ U-100</i>	83	<i>fluocinonide gel 0.05%</i>	122
<i>fidaxomicin tab 200 mg</i>	30	<i>fluocinonide oint 0.05%</i>	122
<i>finasteride tab 5 mg</i>	100	<i>fluocinonide soln 0.05%</i>	122
<i>ingolimod hcl cap 0.5 mg (base equiv)</i>		<i>fluorometholone ophth susp 0.1%</i> ..	114
.....	78	<i>fluorouracil cream 5%</i>	123
<i>FINTEPLA SOL 2.2MG/ML</i>	70	<i>fluorouracil iv soln 1 gm/20ml (50</i>	
<i>finzala</i>	86	<i>mg/ml)</i>	34
<i>FIRMAGON INJ 120MG</i>	35	<i>fluorouracil iv soln 2.5 gm/50ml (50</i>	
<i>FIRMAGON INJ 80MG</i>	35	<i>mg/ml)</i>	34
<i>flac oil 0.01% ot</i>	115	<i>fluorouracil iv soln 5 gm/100ml (50</i>	
<i>FLEBOGAMMA INJ 10/200ML</i>	106	<i>mg/ml)</i>	34
<i>FLEBOGAMMA INJ 20/400ML</i>	106	<i>fluorouracil iv soln 500 mg/10ml (50</i>	
<i>FLEBOGAMMA INJ DIF 5%</i>	106	<i>mg/ml)</i>	34
<i>flecainide acetate tab 100 mg</i>	48	<i>fluorouracil soln 2%</i>	123
<i>flecainide acetate tab 150 mg</i>	48	<i>fluorouracil soln 5%</i>	123

<i>fluoxetine hcl cap 10 mg</i>	60	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluoxetine hcl cap 20 mg</i>	60	<i>tab 10-12.5 mg</i>	45
<i>fluoxetine hcl cap 40 mg</i>	60	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	60	<i>tab 20-12.5 mg</i>	45
<i>fluphenazine decanoate inj 25 mg/ml</i> 64		<i>fosinopril sodium tab 10 mg</i>	45
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	64	<i>fosinopril sodium tab 20 mg</i>	45
<i>fluphenazine hcl inj 2.5 mg/ml</i>	64	<i>fosinopril sodium tab 40 mg</i>	45
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	65	FOTIVDA CAP 0.89MG	39
<i>fluphenazine hcl tab 1 mg</i>	65	FOTIVDA CAP 1.34MG	39
<i>fluphenazine hcl tab 10 mg</i>	65	FRINDOVYX INJ 1GM/2ML.....	33
<i>fluphenazine hcl tab 2.5 mg</i>	65	FRINDOVYX INJ 2GM/4ML.....	33
<i>fluphenazine hcl tab 5 mg</i>	65	FRINDOVYX INJ 500MG/ML	33
<i>flurbiprofen sodium ophth soln 0.03%</i>		FRUZAQLA CAP 1MG	39
.....	114	FRUZAQLA CAP 5MG	39
<i>flurbiprofen tab 100 mg</i>	18	FULPHILA INJ 6/0.6ML	102
<i>fluticasone propionate cream 0.05%</i>		<i>fulvestrant inj soln pref syr 250</i>	
.....	122	<i>mg/5ml</i>	35
<i>fluticasone propionate hfa inhal aer 110</i>		<i>furosemide inj</i>	53
<i>mcg/act</i>	119	<i>furosemide oral soln 10 mg/ml</i>	54
<i>fluticasone propionate hfa inhal aer 220</i>		<i>furosemide oral soln 8 mg/ml</i>	53
<i>mcg/act</i>	119	<i>furosemide tab 20 mg</i>	54
<i>fluticasone propionate hfa inhal aero 44</i>		<i>furosemide tab 40 mg</i>	54
<i>mcg/act</i>	119	<i>furosemide tab 80 mg</i>	54
<i>fluticasone propionate nasal susp 50</i>		<i>fyavolv tab 0.5mg-2.5mcg</i>	90
<i>mcg/act</i>	119	<i>fyavolv tab 1mg-5mcg</i>	90
<i>fluticasone propionate oint 0.005%</i>	122	FYCOMPA SUS 0.5MG/ML.....	70
<i>fluticasone-salmeterol aer powder ba</i>		FYCOMPA TAB 10MG	70
<i>100-50 mcg/act</i>	120	FYCOMPA TAB 12MG	70
<i>fluticasone-salmeterol aer powder ba</i>		FYCOMPA TAB 2MG	70
<i>250-50 mcg/act</i>	120	FYCOMPA TAB 4MG	70
<i>fluticasone-salmeterol aer powder ba</i>		FYCOMPA TAB 6MG	70
<i>500-50 mcg/act</i>	120	FYCOMPA TAB 8MG	70
<i>fluvoxamine maleate tab 100 mg</i>	57	G	
<i>fluvoxamine maleate tab 25 mg</i>	56	<i>gabapentin cap 100 mg</i>	70
<i>fluvoxamine maleate tab 50 mg</i>	57	<i>gabapentin cap 300 mg</i>	70
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin cap 400 mg</i>	70
<i>10 mg/0.8ml</i>	102	<i>gabapentin oral soln 250 mg/5ml</i>	70
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 600 mg</i>	70
<i>2.5 mg/0.5ml</i>	102	<i>gabapentin tab 800 mg</i>	70
<i>fondaparinux sodium subcutaneous inj</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>5 mg/0.4ml</i>	102	<i>16 mg</i>	57
<i>fondaparinux sodium subcutaneous inj</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>7.5 mg/0.6ml</i>	102	<i>24 mg</i>	57
<i>fosamprenavir calcium tab 700 mg</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>(base equiv)</i>	25	<i>8 mg</i>	57
<i>fosfomycin tromethamine powd pack 3</i>		<i>galantamine hydrobromide oral soln 4</i>	
<i>gm (base equivalent)</i>	22	<i>mg/ml</i>	57

galantamine hydrobromide tab 12 mg	57	gemcitabine hcl inj 200 mg/5.26ml (38	34
galantamine hydrobromide tab 4 mg	57	mg/ml) (base equiv)	34
galantamine hydrobromide tab 8 mg	57	gemfibrozil tab 600 mg	49
galbriela chw	86	GEMTESA TAB 75MG	101
gallifrey	95	generlac	98
GAMASTAN INJ	106	gengraf	108
GAMMAGARD INJ 10GM/100	106	GENOTROPIN INJ 0.2MG	93
GAMMAGARD INJ 1GM/10ML	106	GENOTROPIN INJ 0.4MG	93
GAMMAGARD INJ 2.5GM/25	106	GENOTROPIN INJ 0.6MG	93
GAMMAGARD INJ 20GM/200	106	GENOTROPIN INJ 0.8MG	93
GAMMAGARD INJ 30GM/300	107	GENOTROPIN INJ 1.2MG	93
GAMMAGARD INJ 5GM/50ML	106	GENOTROPIN INJ 1.4MG	93
GAMMAGARD SD INJ 10GM HU	107	GENOTROPIN INJ 1.6MG	93
GAMMAGARD SD INJ 5GM HU	107	GENOTROPIN INJ 1.8MG	93
GAMMAKED INJ 10GM/100	107	GENOTROPIN INJ 12MG	93
GAMMAKED INJ 1GM/10ML	107	GENOTROPIN INJ 1MG	93
GAMMAKED INJ 20GM/200	107	GENOTROPIN INJ 2MG	93
GAMMAKED INJ 5GM/50ML	107	GENOTROPIN INJ 5MG	93
GAMMAPLEX INJ 10%	107	gentamicin in saline inj 0.8 mg/ml	22
GAMMAPLEX INJ 5%	107	gentamicin in saline inj 1 mg/ml	22
GAMMGD ERC INJ 10/100ML	107	gentamicin in saline inj 1.2 mg/ml	22
GAMMGD ERC INJ 5GM/50ML	107	gentamicin in saline inj 1.6 mg/ml	22
GAMUNEX-C INJ 10GM/100	107	gentamicin in saline inj 2 mg/ml	22
GAMUNEX-C INJ 1GM/10ML	107	gentamicin sulfate cream 0.1%	121
GAMUNEX-C INJ 2.5GM/25	107	gentamicin sulfate inj 10 mg/ml	22
GAMUNEX-C INJ 20GM/200	107	gentamicin sulfate inj 40 mg/ml	22
GAMUNEX-C INJ 40/400ML	107	gentamicin sulfate oint 0.1%	121
GAMUNEX-C INJ 5GM/50ML	107	gentamicin sulfate ophth soln 0.3%	113
ganciclovir sodium for inj 500 mg	27	GENVOYA TAB	26
GARDASIL 9 INJ	109	GILOTRIF TAB 20MG	39
gatifloxacin ophth soln 0.5%	113	GILOTRIF TAB 30MG	39
GATTEX KIT 5MG	99	GILOTRIF TAB 40MG	39
GAUZE PADS 2	83	GLARGIN YFGN INJ 100U/ML	83
gavilyte-c	98	GLARGIN YFGN SOL 100U/ML	83
gavilyte-g	98	glatiramer acetate soln prefilled syringe	
gavilyte-n/flavor pack	98	20 mg/ml	78
GAVRETO CAP 100MG	39	glatiramer acetate soln prefilled syringe	
gefitinib tab 250 mg	39	40 mg/ml	78
gemcitabine hcl for inj 1 gm	34	glatopa	78
gemcitabine hcl for inj 2 gm	34	GLEOSTINE CAP 100MG	33
gemcitabine hcl for inj 200 mg	34	GLEOSTINE CAP 10MG	33
gemcitabine hcl inj 1 gm/26.3ml (38		GLEOSTINE CAP 40MG	33
mg/ml) (base equiv)	34	glimepiride tab 1 mg	81
gemcitabine hcl inj 2 gm/52.6ml (38		glimepiride tab 2 mg	81
mg/ml) (base equiv)	34	glimepiride tab 4 mg	81
		glipizide tab 10 mg	81
		glipizide tab 5 mg	81

<i>glipizide tab er 24hr 10 mg</i>	81	HADLIMA PUSH INJ 40/0.8ML.....	104
<i>glipizide tab er 24hr 2.5 mg</i>	81	HAEGARDA INJ 2000UNIT.....	103
<i>glipizide tab er 24hr 5 mg</i>	81	HAEGARDA INJ 3000UNIT.....	103
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	81	<i>hailey 1.5/30</i>	87
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	81	<i>hailey 24 fe</i>	87
<i>glipizide-metformin hcl tab 5-500 mg</i> 81		<i>hailey fe tab 1/20</i>	87
<i>glycopyrrolate tab 1 mg</i>	97	<i>halobetasol propionate cream 0.05%</i>	122
<i>glycopyrrolate tab 2 mg</i>	97	<i>halobetasol propionate oint 0.05%</i> . 122	
<i>glydo</i>	123	<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	65
GLYXAMBI TAB 10-5 MG	81	<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	65
GLYXAMBI TAB 25-5 MG	81	<i>haloperidol lactate inj 5 mg/ml</i>	65
GOMEKLI CAP 1MG	39	<i>haloperidol lactate oral conc 2 mg/ml</i> 65	
GOMEKLI CAP 2MG	39	<i>haloperidol tab 0.5 mg</i>	65
GOMEKLI TAB 1MG	39	<i>haloperidol tab 1 mg</i>	65
<i>granisetron hcl inj 1 mg/ml</i>	96	<i>haloperidol tab 10 mg</i>	65
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	96	<i>haloperidol tab 2 mg</i>	65
<i>granisetron hcl tab 1 mg</i>	96	<i>haloperidol tab 20 mg</i>	65
<i>griseofulvin microsize susp 125 mg/5ml</i>	24	<i>haloperidol tab 5 mg</i>	65
<i>griseofulvin microsize tab 500 mg</i>	24	HAVRIX INJ 1440UNIT.....	109
<i>griseofulvin ultramicrosize tab 125 mg</i>	24	HAVRIX INJ 720UNIT	109
<i>griseofulvin ultramicrosize tab 250 mg</i>	24	<i>heather</i>	87
<i>guanfacine hcl tab 1 mg</i>	54	HEP SOD/NACL INJ 25000UNT.....	102
<i>guanfacine hcl tab 2 mg</i>	55	<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	102
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	75	<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	102
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	75	<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	102
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	75	<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	102
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	75	<i>heparin sodium (porcine) pf inj 1000</i> <i>unit/ml</i>	102
GVOKE HYPO 1 INJ 0.5/.1ML	92	HEPLISAV-B INJ 20/0.5ML	109
GVOKE HYPO 1 INJ 1/0.2ML	92	HERCEP HYLEC SOL 60-10000.....	39
GVOKE HYPO 2 INJ 0.5/.1ML	92	HERCEPTIN INJ 150MG.....	39
GVOKE HYPO 2 INJ 1/0.2ML	92	HERCESSI INJ 150MG	39
GVOKE KIT SOL 1/0.2ML.....	92	HERCESSI INJ 420MG	39
GVOKE PFS INJ 1/0.2ML	92	HERNEXEOS TAB 60MG	39
H		HERZUMA INJ 150MG.....	39
HADLIMA INJ 40/0.4ML	104	HERZUMA INJ 420MG.....	39
HADLIMA INJ 40/0.8ML	104	HIBERIX SOL 10MCG	109
HADLIMA PUSH INJ 40/0.4ML.....	104	HUMALOG INJ 100/ML.....	83
		HUMALOG JR INJ 100/ML.....	83
		HUMALOG KWPN INJ 100/ML.....	83

HUMALOG KWPN INJ 200/ML.....	83
HUMALOG MIX INJ 50/50KWP.....	83
HUMALOG MIX INJ 75/25KWP.....	83
HUMALOG MIX SUS 75/25.....	83
HUMALOG TMPO INJ 100/ML	83
HUMIRA INJ 10/0.1ML	104
HUMIRA INJ 20/0.2ML	105
HUMIRA INJ 40/0.4ML	105
HUMIRA KIT 40MG/0.8	105
HUMIRA PEN INJ 40/0.4ML.....	105
HUMIRA PEN INJ 40MG/0.8	105
HUMIRA PEN INJ 80/0.8ML.....	105
HUMIRA PEN KIT CD/UC/HS	105
HUMIRA PEN KIT PS/UV	105
HUMULIN INJ 70/30	83
HUMULIN INJ 70/30KWP.....	83
HUMULIN N INJ U-100.....	83
HUMULIN N INJ U-100KWP.....	83
HUMULIN R INJ U-100	83
HUMULIN R INJ U-500	83
HUMULIN R INJ U-500KWP.....	83
hydralazine hcl inj 20 mg/ml	55
hydralazine hcl tab 10 mg	55
hydralazine hcl tab 100 mg	55
hydralazine hcl tab 25 mg	55
hydralazine hcl tab 50 mg	55
hydrochlorothiazide cap 12.5 mg	54
hydrochlorothiazide tab 12.5 mg	54
hydrochlorothiazide tab 25 mg.....	54
hydrochlorothiazide tab 50 mg.....	54
hydrocodone bitartrate tab er 24hr deter 100 mg	19
hydrocodone bitartrate tab er 24hr deter 120 mg	20
hydrocodone bitartrate tab er 24hr deter 20 mg	19
hydrocodone bitartrate tab er 24hr deter 30 mg	19
hydrocodone bitartrate tab er 24hr deter 40 mg	19
hydrocodone bitartrate tab er 24hr deter 60 mg	19
hydrocodone bitartrate tab er 24hr deter 80 mg	19
hydrocodone-acetaminophen soln 7.5- 325 mg/15ml	20

hydrocodone-acetaminophen tab 10- 325 mg	20
hydrocodone-acetaminophen tab 5-325 mg	20
hydrocodone-acetaminophen tab 7.5- 325 mg	20
hydrocodone-ibuprofen tab 7.5-200 mg	20
hydrocortisone cream 1%	122
hydrocortisone cream 2.5%	122
hydrocortisone enema 100 mg/60ml	98
hydrocortisone lotion 2.5%	122
hydrocortisone oint 1%	122
hydrocortisone oint 2.5%	122
hydrocortisone perianal cream 1% .	123
hydrocortisone perianal cream 2.5%	123
hydrocortisone sodium succinate pf for inj 100 mg	91
hydrocortisone tab 10 mg	91
hydrocortisone tab 20 mg	91
hydrocortisone tab 5 mg.....	91
hydrocortisone valerate cream 0.2%	122
hydrocortisone w/ acetic acid otic soln 1-2%	115
hydromorphone hcl liqd 1 mg/ml	20
hydromorphone hcl tab 2 mg	20
hydromorphone hcl tab 4 mg	20
hydromorphone hcl tab 8 mg	20
hydroxychloroquine sulfate tab 200 mg	106
hydroxyurea cap 500 mg	36
hydroxyzine hcl im soln 25 mg/ml..	116
hydroxyzine hcl im soln 50 mg/ml..	116
hydroxyzine hcl syrup 10 mg/5ml ..	116
hydroxyzine hcl tab 10 mg.....	116
hydroxyzine hcl tab 25 mg.....	116
hydroxyzine hcl tab 50 mg.....	116
hydroxyzine pamoate cap 25 mg ...	116
hydroxyzine pamoate cap 50 mg ...	116
HYRNUO TAB 10MG	39
I	
ibandronate sodium tab 150 mg (base equivalent)	84
IBRANCE CAP 100MG	39
IBRANCE CAP 125MG	39

IBRANCE CAP 75MG	39	INFLIXIMAB INJ 100MG	105
IBRANCE TAB 100MG	39	INLURIYO TAB 200MG	35
IBRANCE TAB 125MG	39	INLYTA TAB 1MG	40
IBRANCE TAB 75MG	39	INLYTA TAB 5MG	40
IBTROZI CAP 200MG	39	INQOVI TAB 35-100MG	34
<i>ibu</i>	18	INREBIC CAP 100MG	40
<i>ibuprofen susp 100 mg/5ml</i>	18	INSULIN GLAR INJ 300/ML	83
<i>ibuprofen tab 400 mg</i>	18	INSULIN LISP INJ 100/ML	83
<i>ibuprofen tab 600 mg</i>	18	INSULIN LISP INJ JR KWP	83
<i>ibuprofen tab 800 mg</i>	18	INSULIN LISP INJ PROT KWP	83
<i>icatibant acetate subcutaneous soln</i> <i>pref syr 30 mg/3ml</i>	103	INSULIN PEN NEEDLES: EMBECTA-BD	83
<i>iclevia</i>	87	INSULIN SAFETY NEEDLES: EMBECTA- BD	83
ICLUSIG TAB 10MG	39	INSULIN SYRINGES: EMBECTA-BD ...	83
ICLUSIG TAB 15MG	39	INTELENCE TAB 25MG	25
ICLUSIG TAB 30MG	39	INTRALIPID INJ 20%	112
ICLUSIG TAB 45MG	39	INTRALIPID INJ 30%	112
IDHIFA TAB 100MG	39	<i>introvale</i>	87
IDHIFA TAB 50MG	39	INVEGA HAFYE INJ 1092MG	65
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	39	INVEGA HAFYE INJ 1560MG	65
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	39	INVEGA SUST INJ 117/0.75	65
IMBRUVICA CAP 140MG	39	INVEGA SUST INJ 156MG/ML	65
IMBRUVICA CAP 70MG	39	INVEGA SUST INJ 234/1.5	65
IMBRUVICA SUS 70MG/ML	40	INVEGA SUST INJ 39/0.25	65
IMBRUVICA TAB 140MG	40	INVEGA SUST INJ 78/0.5ML	65
IMBRUVICA TAB 280MG	40	INVEGA TRINZ INJ 273MG	65
IMBRUVICA TAB 420MG	40	INVEGA TRINZ INJ 410MG	65
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	22	INVEGA TRINZ INJ 546MG	65
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	22	INVEGA TRINZ INJ 819MG	65
<i>imipramine hcl tab 10 mg</i>	60	IPOL INJ INACTIVE	109
<i>imipramine hcl tab 25 mg</i>	60	<i>ipratropium bromide hfa inhal aerosol</i> <i>17 mcg/act</i>	115
<i>imipramine hcl tab 50 mg</i>	60	<i>ipratropium bromide inhal soln 0.02%</i>	115
<i>imiquimod cream 5%</i>	123	<i>ipratropium bromide nasal soln 0.03%</i> <i>(21 mcg/spray)</i>	115
IMKELDI SOL 80MG/ML	40	<i>ipratropium bromide nasal soln 0.06%</i> <i>(42 mcg/spray)</i>	115
IMOVAX RABIE INJ 2.5/ML	109	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	115
IMPAVIDO CAP 50MG	22	<i>irbesartan tab 150 mg</i>	48
INBRIJA CAP 42MG	62	<i>irbesartan tab 300 mg</i>	48
<i>incassia</i>	87	<i>irbesartan tab 75 mg</i>	48
INCRELEX INJ 40MG/4ML	93	<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	47
INCRUSE ELPT INH 62.5MCG	115		
<i>indapamide tab 1.25 mg</i>	54		
<i>indapamide tab 2.5 mg</i>	54		
INFANRIX INJ	109		

<i>irbesartan-hydrochlorothiazide tab</i>	
300-12.5 mg	47
<i>irinotecan hcl inj 100 mg/5ml (20</i>	
<i>mg/ml)</i>	36
<i>irinotecan hcl inj 300 mg/15ml (20</i>	
<i>mg/ml)</i>	36
<i>irinotecan hcl inj 40 mg/2ml (20</i>	
<i>mg/ml)</i>	36
<i>irinotecan hcl inj 500 mg/25ml (20</i>	
<i>mg/ml)</i>	36
ISENTRESS CHW 100MG	25
ISENTRESS CHW 25MG	25
ISENTRESS HD TAB 600MG	25
ISENTRESS POW 100MG	25
ISENTRESS TAB 400MG	25
<i>isibloom</i>	87
ISOLYTE-P INJ /D5W	110
ISOLYTE-S INJ PH 7.4	110
<i>isoniazid syrup 50 mg/5ml</i>	27
<i>isoniazid tab 100 mg</i>	27
<i>isoniazid tab 300 mg</i>	27
<i>isosorbide dinitrate tab 10 mg</i>	55
<i>isosorbide dinitrate tab 20 mg</i>	55
<i>isosorbide dinitrate tab 30 mg</i>	55
<i>isosorbide dinitrate tab 5 mg</i>	55
<i>isosorbide mononitrate tab er 24hr 120</i>	
<i>mg</i>	55
<i>isosorbide mononitrate tab er 24hr 30</i>	
<i>mg</i>	55
<i>isosorbide mononitrate tab er 24hr 60</i>	
<i>mg</i>	55
<i>isotretinoin cap 10 mg</i>	120
<i>isotretinoin cap 20 mg</i>	120
<i>isotretinoin cap 30 mg</i>	120
<i>isotretinoin cap 40 mg</i>	120
<i>isradipine cap 2.5 mg</i>	53
<i>isradipine cap 5 mg</i>	53
ITOVEBI TAB 3MG	40
ITOVEBI TAB 9MG	40
<i>itraconazole cap 100 mg</i>	24
<i>ivabradine hcl tab 5 mg (base equiv)</i>	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	
.....	55
<i>ivermectin tab 3 mg</i>	22
<i>ivermectin tab 6 mg</i>	22
IWILFIN TAB 192MG	36
IXIARO INJ	109

J

<i>jaimiess tab</i>	87
JAKAFI TAB 10MG	40
JAKAFI TAB 15MG	40
JAKAFI TAB 20MG	40
JAKAFI TAB 25MG	40
JAKAFI TAB 5MG	40
<i>jantoven</i>	102
JANUMET TAB 50-1000	81
JANUMET TAB 50-500MG	81
JANUMET XR TAB 100-1000	81
JANUMET XR TAB 50-1000	81
JANUMET XR TAB 50-500MG	81
JANUVIA TAB 100MG	81
JANUVIA TAB 25MG	81
JANUVIA TAB 50MG	81
JARDIANCE TAB 10MG	81
JARDIANCE TAB 25MG	81
<i>jasmiel</i>	87
<i>javygtor</i>	93
JAYPIRCA TAB 100MG	40
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<i>jencycla tab 0.35mg</i>	87
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<i>junel fe 1.5/30</i>	87
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<i>junel fe 24</i>	87
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KADCYLA INJ 100MG	40
KADCYLA INJ 160MG	40
<i>kaitlib fe</i>	87
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<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	110	KISQALI 600 DOSE	40
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	110	KISQALI 600 PAK FEMARA	40
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	110	<i>klayesta</i>	121
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	110	<i>klor-con</i>	111
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	110	<i>klor-con 10</i>	111
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	110	KLOR-CON 10 TAB 10MEQ ER.....	111
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	110	<i>klor-con 8</i>	111
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	110	KLOR-CON 8 TAB 8MEQ ER	111
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	110	<i>klor-con m10</i>	111
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	110	<i>klor-con m15</i>	111
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	110	<i>klor-con m20</i>	112
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	110	KLOXXADO SPR 8MG.....	80
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<i>ketorolac tromethamine ophth soln 0.5%</i>	114	<i>labetalol hcl tab 300 mg</i>	51
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		<i>lacosamide tab 100 mg</i>	70
		<i>lacosamide tab 150 mg</i>	70
		<i>lacosamide tab 200 mg</i>	70
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		<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	98

<i>lactulose solution 10 gm/15ml</i>	98	LENVIMA CAP 10 MG	40
<i>lamivudine oral soln 10 mg/ml</i>	25	LENVIMA CAP 12MG	40
<i>lamivudine tab 100 mg (hbv)</i>	27	LENVIMA CAP 14 MG	40
<i>lamivudine tab 150 mg</i>	25	LENVIMA CAP 18 MG	41
<i>lamivudine tab 300 mg</i>	25	LENVIMA CAP 20 MG	41
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<i>lamotrigine tab 150 mg</i>	70	LENVIMA CAP 8 MG	40
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<i>lamotrigine tab chewable dispersible</i> 25 mg	70	<i>leucovorin calcium for inj 100 mg</i>	36
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<i>lapatinib ditosylate tab 250 mg (base</i> equiv)	40	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> (base equiv)	117
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<i>larin 1/20</i>	87	<i>levalbuterol hcl soln nebu conc 1.25</i> mg/0.5ml (base equiv)	117
<i>larin 24 fe</i>	87	<i>levalbuterol tartrate inhal aerosol 45</i> mcg/act (base equiv)	117
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<i>larin fe 1/20</i>	87	<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	71
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<i>levetiracetam tab er 24hr 500 mg</i>	71	<i>levothyroxine sodium tab 75 mcg</i>	95
<i>levetiracetam tab er 24hr 750 mg</i>	71	<i>levothyroxine sodium tab 88 mcg</i>	95
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<i>levocetirizine dihydrochloride soln 2.5</i>		<i>lidocaine hcl local inj 2%</i>	18
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<i>levocetirizine dihydrochloride tab 5 mg</i>		<i>inj 0.5%</i>	18
.....	116	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levofloxacin in d5w iv soln 250</i>		<i>inj 1%.....</i>	18
<i>mg/50ml.....</i>	30	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levofloxacin in d5w iv soln 500</i>		<i>inj 1.5%</i>	18
<i>mg/100ml.....</i>	30	<i>lidocaine hcl soln 4%</i>	123
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<i>levofloxacin iv soln 25 mg/ml</i>	30	<i>lidocaine patch 5%</i>	123
<i>levofloxacin oral soln 25 mg/ml</i>	30	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
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<i>eth est tab 0.01mg(7)</i>	87	<i>liothyronine sodium tab 25 mcg.....</i>	95
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<i>levothyroxine sodium tab 125 mcg ...</i>	95	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
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<i>levothyroxine sodium tab 150 mcg ...</i>	95	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
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<i>lisinopril tab 10 mg</i>	45	<i>losartan potassium tab 100 mg</i>	48
<i>lisinopril tab 2.5 mg</i>	45	<i>losartan potassium tab 25 mg</i>	48
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<i>lithium carbonate cap 150 mg</i>	78	<i>lovastatin tab 10 mg</i>	49
<i>lithium carbonate cap 300 mg</i>	78	<i>lovastatin tab 20 mg</i>	49
<i>lithium carbonate cap 600 mg</i>	78	<i>lovastatin tab 40 mg</i>	49
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<i>lithium carbonate tab er 450 mg</i>	78	<i>loxapine succinate cap 25 mg</i>	65
<i>lithium oral solution 8 meq/5ml</i>	78	<i>loxapine succinate cap 5 mg</i>	65
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<i>lorazepam intensol</i>	57	<i>lurasidone hcl tab 40 mg</i>	65
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methadone hcl soln 5 mg/5ml	20	500 mg (base equiv)	91
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methadone hcl tab 5 mg	20	methylprednisolone tab 32 mg	92
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(25 mg/ml)	34	metoclopramide hcl tab 5 mg (base	
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equiv)	106	50-25 mg	50
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methylphenidate hcl chew tab 10 mg	75	mg (tartrate equiv)	51
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methylphenidate hcl tab 10 mg.....	75	(tartrate equiv)	51
methylphenidate hcl tab 20 mg.....	75	metoprolol tartrate iv soln 5 mg/5ml	51
methylphenidate hcl tab 5 mg	75	metoprolol tartrate tab 100 mg	51
methylphenidate hcl tab er 10 mg	75	metoprolol tartrate tab 25 mg	51
methylphenidate hcl tab er 20 mg	75	metoprolol tartrate tab 50 mg	51
methylprednisolone acetate inj susp 40		metronidazole cream 0.75%	123
mg/ml	91	metronidazole gel 0.75%.....	123
methylprednisolone acetate inj susp 80		metronidazole iv soln 500 mg/100ml	22
mg/ml	91	metronidazole lotion 0.75%	123
methylprednisolone sod succ for inj		metronidazole tab 250 mg	22
1000 mg (base equiv)	91	metronidazole tab 500 mg	22
methylprednisolone sod succ for inj		metronidazole vaginal gel 0.75% ...	101
125 mg (base equiv)	91	metyrosine cap 250 mg	55

<i>mibelas 24 fe</i>	88	<i>mometasone furoate solution 0.1% (lotion)</i>	123
<i>micafungin sodium for iv soln 100 mg</i>	24	MONJUVI INJ 200MG.....	41
<i>micafungin sodium for iv soln 50 mg</i>	24	<i>mono-lyyah</i>	88
<i>microgestin 1.5/30</i>	88	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	117
<i>microgestin 1/20</i>	88	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	117
<i>microgestin fe 1.5/30</i>	88	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	117
<i>microgestin fe 1/20</i>	88	<i>montelukast sodium tab 10 mg (base equiv)</i>	117
<i>midodrine hcl tab 10 mg</i>	55	<i>morphine sulfate iv soln 10 mg/ml...</i>	20
<i>midodrine hcl tab 2.5 mg</i>	55	<i>morphine sulfate iv soln 2 mg/ml....</i>	20
<i>midodrine hcl tab 5 mg</i>	55	<i>morphine sulfate iv soln 4 mg/ml....</i>	20
MIEBO DRO 1.3GM/ML	115	<i>morphine sulfate iv soln 8 mg/ml....</i>	20
<i>mifepristone tab 300 mg</i>	94	<i>morphine sulfate oral soln 10 mg/5ml</i>	21
<i>mili</i>	88	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	21
<i>mimvey</i>	90	<i>morphine sulfate oral soln 20 mg/5ml</i>	21
<i>minocycline hcl cap 100 mg</i>	32	<i>morphine sulfate tab 15 mg</i>	21
<i>minocycline hcl cap 50 mg</i>	32	<i>morphine sulfate tab 30 mg</i>	21
<i>minocycline hcl cap 75 mg</i>	32	<i>morphine sulfate tab er 100 mg</i>	20
<i>minoxidil tab 10 mg</i>	55	<i>morphine sulfate tab er 15 mg</i>	20
<i>minoxidil tab 2.5 mg</i>	55	<i>morphine sulfate tab er 200 mg</i>	20
<i>mirabegron tab er 24 hr 25 mg</i>	101	<i>morphine sulfate tab er 30 mg</i>	20
<i>mirabegron tab er 24 hr 50 mg</i>	101	<i>morphine sulfate tab er 60 mg</i>	20
<i>mirtazapine orally disintegrating tab 15 mg</i>	60	MOUNJARO INJ 10MG/0.5.....	82
<i>mirtazapine orally disintegrating tab 30 mg</i>	60	MOUNJARO INJ 12.5/0.5	82
<i>mirtazapine orally disintegrating tab 45 mg</i>	60	MOUNJARO INJ 15MG/0.5.....	82
<i>mirtazapine tab 15 mg</i>	60	MOUNJARO INJ 2.5/0.5	82
<i>mirtazapine tab 30 mg</i>	60	MOUNJARO INJ 5MG/0.5.....	82
<i>mirtazapine tab 45 mg</i>	60	MOUNJARO INJ 7.5/0.5	82
<i>mirtazapine tab 7.5 mg</i>	60	MOVANTIK TAB 12.5MG.....	99
<i>misoprostol tab 100 mcg</i>	99	MOVANTIK TAB 25MG	99
<i>misoprostol tab 200 mcg</i>	99	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	30
M-M-R II INJ	109	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	113
M-NATAL PLUS TAB	112	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	30
<i>modafinil tab 100 mg</i>	79	MRESVIA INJ 50MCG.....	109
<i>modafinil tab 200 mg</i>	79	MULTAQ TAB 400MG	48
MODEYSO CAP 125MG.....	36	<i>multiple electrolytes ph 5.5</i>	111
<i>moexipril hcl tab 15 mg</i>	45	<i>mupirocin oint 2%</i>	121
<i>moexipril hcl tab 7.5 mg</i>	45		
<i>molindone hcl tab 10 mg</i>	65		
<i>molindone hcl tab 25 mg</i>	65		
<i>molindone hcl tab 5 mg</i>	65		
<i>mometasone furoate cream 0.1%</i> ..	122		
<i>mometasone furoate oint 0.1%</i>	122		

<i>mycophenolate mofetil cap 250 mg</i>	108
<i>mycophenolate mofetil for oral susp</i>	
200 mg/ml	108
<i>mycophenolate mofetil tab 500 mg</i>	108
<i>mycophenolate sodium tab dr 180 mg</i>	
(<i>mycophenolic acid equiv</i>)	108
<i>mycophenolate sodium tab dr 360 mg</i>	
(<i>mycophenolic acid equiv</i>)	108
MYRBETRIQ SUS 8MG/ML	101
MYRBETRIQ TAB 25MG	101
MYRBETRIQ TAB 50MG	101
N	
<i>nabumetone tab 500 mg</i>	18
<i>nabumetone tab 750 mg</i>	19
<i>nadolol tab 20 mg</i>	51
<i>nadolol tab 40 mg</i>	51
<i>nadolol tab 80 mg</i>	51
<i>nafcillin sodium for inj 1 gm</i>	32
<i>nafcillin sodium for inj 2 gm</i>	32
<i>nafcillin sodium for iv soln 10 gm</i>	32
NAGLAZYME INJ 1MG/ML	94
<i>naloxone hcl inj 0.4 mg/ml</i>	80
<i>naloxone hcl inj 4 mg/10ml</i>	80
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
.....	80
<i>naloxone hcl soln prefilled syringe 0.4</i>	
<i>mg/ml</i>	80
<i>naloxone hcl soln prefilled syringe 2</i>	
<i>mg/2ml</i>	80
<i>naltrexone hcl tab 50 mg</i>	80
NAMZARIC CAP 7-10MG	57
<i>naproxen sodium tab 275 mg</i>	19
<i>naproxen sodium tab 550 mg</i>	19
<i>naproxen tab 250 mg</i>	19
<i>naproxen tab 375 mg</i>	19
<i>naproxen tab 500 mg</i>	19
<i>naproxen tab ec 375 mg</i>	19
<i>naratriptan hcl tab 1 mg (base equiv)</i>	
.....	77
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
.....	77
NATACYN SUS 5% OP	113
<i>nateglinide tab 120 mg</i>	82
<i>nateglinide tab 60 mg</i>	82
NAYZILAM SPR 5MG	71
<i>nebivolol hcl tab 10 mg (base</i>	
<i>equivalent)</i>	51

<i>nebivolol hcl tab 2.5 mg (base</i>	
<i>equivalent)</i>	51
<i>nebivolol hcl tab 20 mg (base</i>	
<i>equivalent)</i>	51
<i>nebivolol hcl tab 5 mg (base</i>	
<i>equivalent)</i>	51
necon 0.5/35-28	88
<i>nefazodone hcl tab 100 mg</i>	60
<i>nefazodone hcl tab 150 mg</i>	60
<i>nefazodone hcl tab 200 mg</i>	60
<i>nefazodone hcl tab 250 mg</i>	60
<i>nefazodone hcl tab 50 mg</i>	60
<i>neomycin sulfate tab 500 mg</i>	22
<i>neomycin-bacitrac zn-polymyx</i>	
5(3.5)mg-400unt-10000unt op oin	
.....	113
<i>neomycin-polymy-gramicid op sol</i>	
1.75-10000-0.025mg-unt-mg/ml	113
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth oint 0.1%</i>	113
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth susp 0.1%</i>	113
<i>neomycin-polymyxin-hc ophth susp</i>	113
<i>neomycin-polymyxin-hc otic soln 1%</i>	
.....	115
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>mg/ml-10000 unit/ml-1%</i>	115
NERLYNX TAB 40MG	41
<i>neuac gel 1.2-5%</i>	120
<i>nevirapine susp 50 mg/5ml</i>	25
<i>nevirapine tab 200 mg</i>	25
<i>nevirapine tab er 24hr 400 mg</i>	25
NEXLETOL TAB 180MG	50
NEXLIZET TAB 180/10MG	50
NEXPLANON IMP 68MG	88
<i>niacin tab er 1000 mg</i>	
(<i>antihyperlipidemic</i>)	50
<i>niacin tab er 500 mg</i>	
(<i>antihyperlipidemic</i>)	50
<i>niacin tab er 750 mg</i>	
(<i>antihyperlipidemic</i>)	50
<i>nicardipine hcl cap 20 mg</i>	53
<i>nicardipine hcl cap 30 mg</i>	53
NICOTROL NS SPR 10MG/ML	80
<i>nifedipine tab er 24hr 30 mg</i>	53
<i>nifedipine tab er 24hr 60 mg</i>	53
<i>nifedipine tab er 24hr 90 mg</i>	53

<i>nifedipine tab er 24hr osmotic release</i>		<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
30 mg	53	mcg/spray)	55
<i>nifedipine tab er 24hr osmotic release</i>		<i>nizatidine cap 150 mg</i>	98
60 mg	53	<i>nizatidine cap 300 mg</i>	98
<i>nifedipine tab er 24hr osmotic release</i>		<i>nora-be.....</i>	88
90 mg	53	<i>norelgestromin-ethinyl estradiol td</i>	
<i>nikki</i>	88	ptwk 150-35 mcg/24hr.....	88
<i>nilotinib hcl cap 150 mg (base</i>		<i>norethindrone ace & ethinyl estradiol</i>	
<i>equivalent).....</i>	41	tab 1 mg-20 mcg.....	88
<i>nilotinib hcl cap 200 mg (base</i>		<i>norethindrone ace & ethinyl estradiol</i>	
<i>equivalent).....</i>	41	tab 1.5 mg-30 mcg	88
<i>nilotinib hcl cap 50 mg (base</i>		<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>equivalent).....</i>	41	tab 1 mg-20 mcg	88
<i>nilutamide tab 150 mg</i>	35	<i>norethindrone ace-eth estradiol-fe</i>	
<i>nimodipine cap 30 mg</i>	53	chew tab 1 mg-20 mcg (24).....	88
<i>NINLARO CAP 2.3MG.....</i>	41	<i>norethindrone acetate tab 5 mg.....</i>	95
<i>NINLARO CAP 3MG.....</i>	41	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>NINLARO CAP 4MG.....</i>	41	tab 0.5 mg-2.5 mcg	91
<i>nintedanib esylate cap 100 mg (base</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>equivalent).....</i>	118	tab 1 mg-5 mcg.....	91
<i>nintedanib esylate cap 150 mg (base</i>		<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>equivalent).....</i>	118	1-20/1-30/1-35 mg-mcg.....	88
<i>nitazoxanide tab 500 mg</i>	22	<i>norethindrone tab 0.35 mg</i>	88
<i>nitisinone cap 10 mg</i>	94	<i>norgestimate & ethinyl estradiol tab</i>	
<i>nitisinone cap 2 mg</i>	94	0.25 mg-35 mcg.....	88
<i>nitisinone cap 20 mg</i>	94	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nitisinone cap 5 mg</i>	94	25/0.215-25/0.25-25 mg-mcg.....	88
<i>nitro-bid oin 2%</i>	55	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nitrofurantoin macrocrystalline cap 100</i>		35/0.215-35/0.25-35 mg-mcg.....	89
<i>mg.....</i>	22	<i>norlyroc</i>	89
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>nortrel 0.5/35 (28)</i>	89
<i>mg.....</i>	22	<i>nortrel 1/35 (21)</i>	89
<i>nitrofurantoin monohydrate</i>		<i>nortrel 1/35 (28)</i>	89
<i>macrocrystalline cap 100 mg</i>	22	<i>nortrel 7/7/7.....</i>	89
<i>nitroglycerin oint 0.4%</i>	123	<i>nortriptyline hcl cap 10 mg</i>	60
<i>nitroglycerin oint 2%.....</i>	55	<i>nortriptyline hcl cap 25 mg</i>	60
<i>nitroglycerin sl tab 0.3 mg</i>	55	<i>nortriptyline hcl cap 50 mg</i>	60
<i>nitroglycerin sl tab 0.4 mg</i>	55	<i>nortriptyline hcl cap 75 mg</i>	60
<i>nitroglycerin sl tab 0.6 mg</i>	55	<i>nortriptyline hcl soln 10 mg/5ml</i>	61
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>		<i>NORVIR POW 100MG</i>	25
.....	55	<i>NOVOLIN INJ 70/30</i>	84
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>		<i>NOVOLIN INJ 70/30 FP.....</i>	84
.....	55	<i>NOVOLIN N INJ 100 UNIT</i>	84
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>		<i>NOVOLIN N INJ U-100.....</i>	84
.....	55	<i>NOVOLIN R INJ 100 UNIT</i>	84
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>		<i>NOVOLIN R INJ U-100.....</i>	84
.....	55	<i>NOVOLOG INJ 100/ML.....</i>	84

NOVOLOG INJ FLEX REL.....	84	<i>octreotide acetate subcutaneous soln</i>	
NOVOLOG INJ FLEXPEN	84	<i>pref syr 50 mcg/ml</i>	94
NOVOLOG INJ PENFILL	84	<i>octreotide acetate subcutaneous soln</i>	
NOVOLOG INJ RELION	84	<i>pref syr 500 mcg/ml.....</i>	94
NOVOLOG MIX INJ 70/30	84	ODEFSEY TAB	26
NOVOLOG MIX INJ FLEXPEN	84	ODOMZO CAP 200MG.....	41
NUBEQA TAB 300MG	35	OFEV CAP 100MG	118
NUEDEXTA CAP 20-10MG.....	78	OFEV CAP 150MG	118
NULOJIX INJ 250MG.....	108	<i>ofloxacin ophth soln 0.3%</i>	113
NUPLAZID CAP 34MG	65	<i>ofloxacin otic soln 0.3%</i>	115
NUPLAZID TAB 10MG	66	OGIVRI INJ 150MG	41
NURTEC TAB 75MG ODT	77	OGIVRI INJ 420MG	41
NUTRILIPID EMU 20%	112	OGSIVEO TAB 100MG	41
NUZYRA INJ 100MG	32	OGSIVEO TAB 150MG	41
NUZYRA TAB 150MG	32	OJEMDA SUS 25MG/ML	41
<i>nyamyc</i>	121	OJEMDA TAB 100MG	41
<i>nylia 1/35.....</i>	89	OJJAARA TAB 100MG	41
<i>nylia 7/7/7.....</i>	89	OJJAARA TAB 150MG	41
<i>nystatin cream 100000 unit/gm</i>	121	OJJAARA TAB 200MG	41
<i>nystatin oint 100000 unit/gm</i>	121	<i>olanzapine for im inj 10 mg.....</i>	66
<i>nystatin susp 100000 unit/ml</i>	124	<i>olanzapine orally disintegrating tab 10</i>	
<i>nystatin tab 500000 unit.....</i>	24	<i>mg</i>	66
<i>nystatin topical powder 100000</i>		<i>olanzapine orally disintegrating tab 15</i>	
<i>unit/gm</i>	121	<i>mg</i>	66
<i>nystop.....</i>	121	<i>olanzapine orally disintegrating tab 20</i>	
O		<i>mg</i>	66
OCTAGAM INJ 10/100ML.....	107	<i>olanzapine orally disintegrating tab 5</i>	
OCTAGAM INJ 10GM.....	107	<i>mg</i>	66
OCTAGAM INJ 1GM	107	<i>olanzapine tab 10 mg.....</i>	66
OCTAGAM INJ 2.5GM.....	107	<i>olanzapine tab 15 mg.....</i>	66
OCTAGAM INJ 20/200ML.....	107	<i>olanzapine tab 2.5 mg.....</i>	66
OCTAGAM INJ 2GM/20ML.....	107	<i>olanzapine tab 20 mg.....</i>	66
OCTAGAM INJ 30/300ML.....	107	<i>olanzapine tab 5 mg</i>	66
OCTAGAM INJ 5GM	107	<i>olanzapine tab 7.5 mg.....</i>	66
OCTAGAM INJ 5GM/50ML.....	107	<i>olmesartan medoxomil tab 20 mg</i>	48
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>olmesartan medoxomil tab 40 mg</i>	48
<i>mg/ml).....</i>	94	<i>olmesartan medoxomil tab 5 mg.....</i>	48
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml).....</i>	94	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>			47
<i>mg/ml).....</i>	94	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>mg/ml).....</i>	94		47
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml).....</i>	94	<i>hydrochlorothiazide tab 40-25 mg .</i>	47
<i>octreotide acetate subcutaneous soln</i>			
<i>pref syr 100 mcg/ml.....</i>	94		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	47	<i>OPIPZA MIS 5MG</i>	66
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	47	<i>OPSUMIT TAB 10MG</i>	56
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	47	<i>ORGOVYX TAB 120MG</i>	35
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	47	<i>ORKAMBI GRA 100-125</i>	118
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	47	<i>ORKAMBI GRA 150-188</i>	118
<i>omega-3-acid ethyl esters cap 1 gm</i>	50	<i>ORKAMBI GRA 75-94MG</i>	118
<i>omeprazole cap delayed release 10 mg</i>	100	<i>ORKAMBI TAB 100-125</i>	118
<i>omeprazole cap delayed release 20 mg</i>	100	<i>ORKAMBI TAB 200-125</i>	118
<i>omeprazole cap delayed release 40 mg</i>	100	<i>orquidea tab 0.35mg</i>	89
<i>OMNIPOD 5 DX KIT INT G7G6</i>	84	<i>ORSERDU TAB 345MG</i>	35
<i>OMNIPOD 5 DX MIS POD G7G6</i>	84	<i>ORSERDU TAB 86MG</i>	35
<i>OMNIPOD DASH KIT INTRO</i>	84	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	28
<i>OMNIPOD DASH MIS PODS</i>	84	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	28
<i>OMNIPOD5 LIB KIT INTRO</i>	84	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	28
<i>OMNIPOD5 LIB MIS PODS</i>	84	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	28
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	96	<i>OSPOMYV INJ 60MG/ML</i>	84
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	96	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	32
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	97	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	32
<i>ondansetron hcl oral soln 4 mg/5ml</i>	97	<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	32
<i>ondansetron hcl tab 4 mg</i>	97	<i>oxaliplatin for iv inj 100 mg</i>	34
<i>ondansetron hcl tab 8 mg</i>	97	<i>oxaliplatin for iv inj 50 mg</i>	33
<i>ondansetron orally disintegrating tab 4 mg</i>	97	<i>oxaliplatin iv soln 100 mg/20ml</i>	34
<i>ondansetron orally disintegrating tab 8 mg</i>	97	<i>oxaliplatin iv soln 200 mg/40ml</i>	34
<i>ONTRUZANT INJ 150MG</i>	41	<i>oxaliplatin iv soln 50 mg/10ml</i>	34
<i>ONTRUZANT INJ 420MG</i>	41	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	71
<i>ONUREG TAB 200MG</i>	34	<i>oxcarbazepine tab 150 mg</i>	71
<i>ONUREG TAB 300MG</i>	34	<i>oxcarbazepine tab 300 mg</i>	71
<i>OPIPZA MIS 10MG</i>	66	<i>oxcarbazepine tab 600 mg</i>	71
<i>OPIPZA MIS 2MG</i>	66	<i>oxybutynin chloride solution 5 mg/5ml</i>	101
		<i>oxybutynin chloride tab 5 mg</i>	101
		<i>oxybutynin chloride tab er 24hr 10 mg</i>	101
		<i>oxybutynin chloride tab er 24hr 15 mg</i>	101
		<i>oxybutynin chloride tab er 24hr 5 mg</i>	101
		<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	21

<i>oxycodone hcl soln 5 mg/5ml</i>	21
<i>oxycodone hcl tab 10 mg</i>	21
<i>oxycodone hcl tab 15 mg</i>	21
<i>oxycodone hcl tab 20 mg</i>	21
<i>oxycodone hcl tab 30 mg</i>	21
<i>oxycodone hcl tab 5 mg</i>	21
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	21
OXYCONTIN TAB 10MG ER	20
OXYCONTIN TAB 15MG ER	20
OXYCONTIN TAB 20MG ER	20
OXYCONTIN TAB 30MG ER	20
OXYCONTIN TAB 40MG ER	20
OXYCONTIN TAB 60MG ER	20
OXYCONTIN TAB 80MG ER	20
OZEMPIC (0.25 OR 0.5MG/DOSE)	82
OZEMPIC (1MG/DOSE)	82
OZEMPIC (2MG/DOSE)	82
OZEMPIC TAB 1.5MG	82
OZEMPIC TAB 4MG	82
OZEMPIC TAB 9MG	82
P	
<i>pacerone</i>	48
<i>paclitaxel inj 100mg</i>	37
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	37
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	37
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	37
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	37
<i>paliperidone tab er 24hr 1.5 mg</i>	66
<i>paliperidone tab er 24hr 3 mg</i>	66
<i>paliperidone tab er 24hr 6 mg</i>	66
<i>paliperidone tab er 24hr 9 mg</i>	66
<i>pamidronate disodium iv soln 3 mg/ml</i>	84
<i>pamidronate disodium iv soln 9 mg/ml</i>	84
PAMIDRONATE INJ 6MG/ML	84

PANRETIN GEL 0.1%	123
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	100
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	100
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	100
PANZYGA SOL 10/100ML	107
PANZYGA SOL 1GM/10ML	107
PANZYGA SOL 2.5/25ML	107
PANZYGA SOL 20/200ML	107
PANZYGA SOL 30/300ML	107
PANZYGA SOL 5GM/50ML	107
<i>paricalcitol cap 1 mcg</i>	96
<i>paricalcitol cap 2 mcg</i>	96
<i>paricalcitol cap 4 mcg</i>	96
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	61
<i>paroxetine hcl tab 10 mg</i>	61
<i>paroxetine hcl tab 20 mg</i>	61
<i>paroxetine hcl tab 30 mg</i>	61
<i>paroxetine hcl tab 40 mg</i>	61
PAXLOVID PAK	28
PAXLOVID TAB 150-100	28
PAXLOVID TAB 300-100	28
<i>pazopanib hcl tab 200 mg (base equiv)</i>	41
<i>pazopanib hcl tab 400 mg (base equiv)</i>	41
PEDIARIX INJ 0.5ML	109
PEDVAX HIB INJ	109
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	98
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	98
PEGASYS INJ	28
PEGASYS INJ 180MCG/M	28
PEMAZYRE TAB 13.5MG	41
PEMAZYRE TAB 4.5MG	41
PEMAZYRE TAB 9MG	41
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	34
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	34
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	34

<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	34	<i>phenobarbital tab 60 mg</i>	72
<i>PENBRAYA INJ</i>	109	<i>phenobarbital tab 64.8 mg</i>	72
<i>penicillamine tab 250 mg</i>	85	<i>phenobarbital tab 97.2 mg</i>	72
<i>penicillin g potassium for inj 20000000 unit</i>	32	<i>phenytek</i>	72
<i>penicillin g potassium for inj 5000000 unit</i>	32	<i>phenytoin chew tab 50 mg</i>	72
<i>penicillin g sodium for inj 5000000 unit</i>	32	<i>phenytoin sodium extended cap 100 mg</i>	72
<i>penicillin v potassium for soln 125 mg/5ml</i>	32	<i>phenytoin sodium extended cap 200 mg</i>	72
<i>penicillin v potassium for soln 250 mg/5ml</i>	32	<i>phenytoin sodium extended cap 300 mg</i>	72
<i>penicillin v potassium tab 250 mg</i>	32	<i>phenytoin sodium inj 50 mg/ml</i>	72
<i>penicillin v potassium tab 500 mg</i>	32	<i>phenytoin susp 125 mg/5ml</i>	72
<i>PENMENVY INJ</i>	109	<i>PHESGO SOL</i>	41
<i>PENTACEL INJ</i>	109	<i>philith</i>	89
<i>pentamidine isethionate inh</i>	23	<i>PIFELTRO TAB 100MG</i>	25
<i>pentamidine isethionate inj</i>	23	<i>pilocarpine hcl ophth soln 1%</i>	114
<i>pentoxifylline tab er 400 mg</i>	103	<i>pilocarpine hcl ophth soln 2%</i>	114
<i>perampanel susp 0.5 mg/ml</i>	71	<i>pilocarpine hcl ophth soln 4%</i>	114
<i>perampanel tab 10 mg</i>	71	<i>pilocarpine hcl tab 5 mg</i>	124
<i>perampanel tab 12 mg</i>	71	<i>pilocarpine hcl tab 7.5 mg</i>	124
<i>perampanel tab 2 mg</i>	71	<i>pimecrolimus cream 1%</i>	123
<i>perampanel tab 4 mg</i>	71	<i>pimozide tab 1 mg</i>	66
<i>perampanel tab 6 mg</i>	71	<i>pimozide tab 2 mg</i>	66
<i>perampanel tab 8 mg</i>	71	<i>pimtrea</i>	89
<i>perindopril erbumine tab 2 mg</i>	45	<i>pindolol tab 10 mg</i>	51
<i>perindopril erbumine tab 4 mg</i>	45	<i>pindolol tab 5 mg</i>	51
<i>perindopril erbumine tab 8 mg</i>	45	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	82
<i>periogard</i>	124	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	82
<i>permethrin cream 5%</i>	124	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	82
<i>perphenazine tab 16 mg</i>	66	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	82
<i>perphenazine tab 2 mg</i>	66	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	82
<i>perphenazine tab 4 mg</i>	66	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	32
<i>perphenazine tab 8 mg</i>	66	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	32
<i>pfizerpen</i>	32	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	32
<i>phenelzine sulfate tab 15 mg</i>	61	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	32
<i>phenobarbital elixir 20 mg/5ml</i>	71	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	32
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<i>phenobarbital sodium inj 65 mg/ml</i> ..	71		
<i>phenobarbital tab 100 mg</i>	72		
<i>phenobarbital tab 15 mg</i>	72		
<i>phenobarbital tab 16.2 mg</i>	72		
<i>phenobarbital tab 30 mg</i>	72		
<i>phenobarbital tab 32.4 mg</i>	72		

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PIQRAY 250MG TAB DOSE.....	42		111
PIQRAY 300MG TAB DOSE.....	42	<i>potassium chloride microencapsulated</i>	
<i>pirfenidone cap 267 mg</i>	118	<i>crys er tab 10 meq</i>	112
<i>pirfenidone tab 267 mg</i>	118	<i>potassium chloride microencapsulated</i>	
<i>pirfenidone tab 534 mg</i>	118	<i>crys er tab 15 meq</i>	112
<i>pirfenidone tab 801 mg</i>	118	<i>potassium chloride microencapsulated</i>	
<i>piroxicam cap 10 mg</i>	19	<i>crys er tab 20 meq</i>	112
<i>piroxicam cap 20 mg</i>	19	<i>potassium chloride oral soln 10% (20</i>	
<i>plenamine</i>	112	<i>meq/15ml)</i>	112
PLENVU SOL	98	<i>potassium chloride oral soln 20% (40</i>	
<i>podofilox soln 0.5%</i>	123	<i>meq/15ml)</i>	112
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<i>polymyxin b-trimethoprim ophth soln</i>		<i>potassium chloride tab er 10 meq ..</i>	112
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<i>pomalidomide cap 1 mg</i>	36	<i>(1500 mg)</i>	112
<i>pomalidomide cap 2 mg</i>	36	<i>potassium chloride tab er 8 meq (600</i>	
<i>pomalidomide cap 3 mg</i>	36	<i>mg)</i>	112
<i>pomalidomide cap 4 mg</i>	36	<i>potassium citrate tab er 10 meq (1080</i>	
POMALYST CAP 1MG	36	<i>mg)</i>	100
POMALYST CAP 2MG	36	<i>potassium citrate tab er 15 meq (1620</i>	
POMALYST CAP 3MG	36	<i>mg)</i>	100
POMALYST CAP 4MG	36	<i>potassium citrate tab er 5 meq (540</i>	
<i>portia-28</i>	89	<i>mg)</i>	100
<i>posaconazole tab delayed release 100</i>		<i>pramipexole dihydrochloride tab 0.125</i>	
<i>mg</i>	24	<i>mg</i>	63
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.....	111	<i>mg</i>	62
POT CHL 20MEQ/L IN NACL 0.9% INJ		<i>pramipexole dihydrochloride tab 0.5</i>	
.....	111	<i>mg</i>	62
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.....	111	<i>mg</i>	63
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<i>in dextrose 5% inj</i>	111		63
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<i>potassium chloride inj 20 meq/100ml</i>		<i>pravastatin sodium tab 40 mg</i>	49
.....	111	<i>pravastatin sodium tab 80 mg</i>	49
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		<i>prazosin hcl cap 2 mg</i>	46

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<i>prednisolone acetate ophth susp 1%</i>	114	PRIMAQUINE TAB 26.3MG.....	24
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<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	92	<i>primidone tab 250 mg</i>	73
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	92	<i>primidone tab 50 mg</i>	73
<i>prednisolone soln 15 mg/5ml</i>	92	PRIORIX INJ	109
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<i>prednisone oral soln 5 mg/5ml</i>	92	PRIVIGEN INJ 20GRAMS	107
<i>prednisone tab 1 mg</i>	92	PRIVIGEN INJ 40GRAMS	107
<i>prednisone tab 10 mg</i>	92	PRIVIGEN INJ 5 GRAMS.....	107
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<i>prednisone tab 20 mg</i>	92	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	97
<i>prednisone tab 5 mg</i>	92	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	97
<i>prednisone tab 50 mg</i>	92	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	97
<i>prednisone tab therapy pack 10 mg (21)</i>	92	<i>prochlorperazine suppos 25 mg</i>	97
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<i>pregabalin cap 25 mg</i>	72	<i>procto-med hc</i>	123
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<i>pregabalin cap 50 mg</i>	72	<i>proctozone-hc</i>	123
<i>pregabalin cap 75 mg</i>	72	<i>progesterone cap 100 mg</i>	95
<i>pregabalin soln 20 mg/ml</i>	73	<i>progesterone cap 200 mg</i>	95
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PREZISTA TAB 150MG	25	<i>promethazine hcl tab 50 mg</i>	97
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<i>sacubitril-valsartan tab 24-26 mg</i>	47	<i>sirolimus tab 0.5 mg</i>	108
<i>sacubitril-valsartan tab 49-51 mg</i>	47	<i>sirolimus tab 1 mg</i>	108
<i>sacubitril-valsartan tab 97-103 mg</i> ...	47	<i>sirolimus tab 2 mg</i>	108
<i>sajazir</i>	103	SIRTURO TAB 100MG.....	27
SANTYL OIN 250/GM	124	SIRTURO TAB 20MG.....	27
<i>sapropterin dihydrochloride powder</i> <i>packet 100 mg</i>	94	SKYRIZI INJ 150MG/ML.....	105
<i>sapropterin dihydrochloride powder</i> <i>packet 500 mg</i>	94	SKYRIZI INJ 180/1.2.....	105
<i>sapropterin dihydrochloride tab 100 mg</i>	94	SKYRIZI INJ 360/2.4.....	105
SCEMBLIX TAB 100MG	42	SKYRIZI PEN INJ 150MG/ML	105
SCEMBLIX TAB 20MG	42	SKYRIZI SOL 60MG/ML	105

<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
17.5-3.13-1.6 gm/177ml	98
<i>sodium chloride inj 2.5 meq/ml</i>	
(14.6%)	111
<i>sodium chloride irrigation soln 0.9%</i>	
.....	124
<i>sodium chloride iv soln 0.45%</i>	111
<i>sodium chloride iv soln 0.9%</i>	111
<i>sodium chloride iv soln 3%</i>	111
<i>sodium chloride iv soln 5%</i>	111
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
mg/ml soln	112
<i>sodium oxybate oral solution 500</i>	
mg/ml	79
<i>sodium phenylbutyrate oral powder 3</i>	
gm/teaspoonful	94
<i>sodium phenylbutyrate tab 500 mg</i> ..	94
<i>sodium polystyrene sulfonate powder</i>	
.....	85
<i>sodium polystyrene sulfonate susp 15</i>	
gm/60ml.....	85
<i>solifenacin succinate tab 10 mg</i>	101
<i>solifenacin succinate tab 5 mg</i>	101
SOLQUA INJ 100/33.....	84
SOLTAMOX SOL 10MG/5ML	35
SOLU-CORTEF INJ 1000MG	92
SOLU-CORTEF INJ 250MG	92
SOLU-CORTEF INJ 500MG	92
SOMATULINE INJ 60/0.2ML	94
SOMATULINE INJ 90/0.3ML	94
SOMAVERT INJ 10MG	94
SOMAVERT INJ 15MG	94
SOMAVERT INJ 20MG	94
SOMAVERT INJ 25MG	94
SOMAVERT INJ 30MG	94
<i>sorafenib tosylate tab 200 mg (base</i>	
<i>equivalent)</i>	42
<i>sotalol hcl (afib/afl) tab 120 mg</i>	49
<i>sotalol hcl (afib/afl) tab 160 mg</i>	49
<i>sotalol hcl (afib/afl) tab 80 mg</i>	49
<i>sotalol hcl tab 120 mg</i>	49
<i>sotalol hcl tab 160 mg</i>	49
<i>sotalol hcl tab 240 mg</i>	49
<i>sotalol hcl tab 80 mg</i>	49
SOTYKTU TAB 6MG	105
SPIRIVA RESP AER 1.25MCG	115
<i>spironolactone & hydrochlorothiazide</i>	
<i>tab 25-25 mg</i>	54
<i>spironolactone tab 100 mg</i>	46
<i>spironolactone tab 25 mg</i>	46
<i>spironolactone tab 50 mg</i>	46
<i>sprintec 28</i>	89
SPRITAM TAB 1000MG	73
SPRITAM TAB 250MG	73
SPRITAM TAB 500MG	73
SPRITAM TAB 750MG	73
<i>sps</i>	85
<i>sps rectal</i>	85
<i>sronyx tab</i>	89
<i>ssd</i>	121
STELARA INJ 45/0.5ML.....	105
STELARA INJ 5MG/ML	105
STELARA INJ 90MG/ML.....	105
STIVARGA TAB 40MG	42
<i>streptomycin sulfate for inj 1 gm</i>	23
STRIBILD TAB	27
<i>subvenite</i>	73
SUBVENITE SUS 10MG/ML.....	73
<i>sucralfate susp 1 gm/10ml</i>	99
<i>sucralfate tab 1 gm</i>	99
<i>sulfacetamide sodium lotion 10%</i>	
(acne)	120
<i>sulfacetamide sodium ophth soln 10%</i>	
.....	113
<i>sulfacetamide sodium-prednisolone</i>	
<i>ophth soln 10-0.23(0.25)%</i>	113
<i>sulfadiazine tab 500 mg</i>	23
<i>sulfamethoxazole-trimethoprim iv soln</i>	
400-80 mg/5ml	23
<i>sulfamethoxazole-trimethoprim susp</i>	
200-40 mg/5ml	23
<i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg.....	23
<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg.....	23
SULFAMYLON CRE 85MG/GM	121
<i>sulfasalazine tab 500 mg</i>	98
<i>sulfasalazine tab delayed release 500</i>	
<i>mg</i>	98
<i>sulindac tab 150 mg</i>	19
<i>sulindac tab 200 mg</i>	19
<i>sumatriptan nasal spray 20 mg/act</i> ..	77
<i>sumatriptan nasal spray 5 mg/act</i>	77

<i>sumatriptan succinate inj 6 mg/0.5ml</i>		<i>tacrolimus oint 0.1%</i>	123
.....	77	<i>tadalafil tab 20 mg (pah)</i>	56
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	77	<i>tadalafil tab 5 mg</i>	100
<i>sumatriptan succinate tab 100 mg</i> ...	77	TAFINLAR CAP 50MG.....	42
<i>sumatriptan succinate tab 25 mg</i>	77	TAFINLAR CAP 75MG.....	42
<i>sumatriptan succinate tab 50 mg</i>	77	TAFINLAR TAB 10MG.....	42
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	42	TAGRISSO TAB 40MG.....	42
<i>sunitinib malate cap 25 mg (base equivalent)</i>	42	TAGRISSO TAB 80MG.....	42
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	42	TALZENNA CAP 0.1MG.....	42
<i>sunitinib malate cap 50 mg (base equivalent)</i>	42	TALZENNA CAP 0.25MG.....	42
SUNLENCA TAB 300MG.....	25	TALZENNA CAP 0.35MG.....	42
<i>syeda</i>	89	TALZENNA CAP 0.5MG.....	42
SYMDEKO TAB 100-150	118	TALZENNA CAP 0.75MG.....	43
SYMDEKO TAB 50-75MG	118	TALZENNA CAP 1MG	43
SYMPAZAN MIS 10MG	73	<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	35
SYMPAZAN MIS 20MG	73	<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	35
SYMPAZAN MIS 5MG	73	<i>tamsulosin hcl cap 0.4 mg</i>	100
SYMTUZA TAB	27	<i>tarina 24 fe</i>	89
SYNAREL SOL 2MG/ML	94	<i>tarina fe 1/20 eq</i>	89
SYNTHROID TAB 100MCG	96	<i>tasimelteon capsule 20 mg</i>	76
SYNTHROID TAB 112MCG	96	TAVNEOS CAP 10MG	103
SYNTHROID TAB 125MCG	96	<i>tazarotene cream 0.05%</i>	121
SYNTHROID TAB 137MCG	96	<i>tazarotene cream 0.1%</i>	121
SYNTHROID TAB 150MCG	96	<i>tazicef</i>	29
SYNTHROID TAB 175MCG	96	TECENTRIQ INJ 1200/20	43
SYNTHROID TAB 200MCG	96	TECENTRIQ INJ 840/14	43
SYNTHROID TAB 25MCG.....	95	TECENTRIQ INJ HYBREZA	43
SYNTHROID TAB 300MCG	96	TEFLARO INJ 400MG	29
SYNTHROID TAB 50MCG	95	TEFLARO INJ 600MG	30
SYNTHROID TAB 75MCG	95	<i>telmisartan tab 20 mg</i>	48
SYNTHROID TAB 88MCG	95	<i>telmisartan tab 40 mg</i>	48
T		<i>telmisartan tab 80 mg</i>	48
TABLOID TAB 40MG	35	<i>telmisartan-amlodipine tab 40-10 mg</i>	47
TABRECTA TAB 150MG	42	<i>telmisartan-amlodipine tab 40-5 mg</i> .47	
TABRECTA TAB 200MG	42	<i>telmisartan-amlodipine tab 80-10 mg</i>	47
<i>tacrolimus cap 0.5 mg</i>	108	<i>telmisartan-amlodipine tab 80-5 mg</i> .47	
<i>tacrolimus cap 1 mg</i>	108	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	47
<i>tacrolimus cap 5 mg</i>	108	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	47
<i>tacrolimus cap er 24hr 0.5 mg</i>	108	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	47
<i>tacrolimus cap er 24hr 1 mg</i>	108	<i>temazepam cap 15 mg</i>	76
<i>tacrolimus cap er 24hr 5 mg</i>	108		
<i>tacrolimus oint 0.03%</i>	123		

<i>temazepam cap 30 mg</i>	76	<i>theophylline tab er 24hr 400 mg</i>	118
<i>temazepam cap 7.5 mg</i>	76	<i>theophylline tab er 24hr 600 mg</i>	118
TENIVAC INJ 5-2LF	109	<i>thioridazine hcl tab 10 mg</i>	67
<i>tenofovir disoproxil fumarate tab 300</i>		<i>thioridazine hcl tab 100 mg</i>	67
<i>mg</i>	25	<i>thioridazine hcl tab 25 mg</i>	67
TEPMETKO TAB 225MG	43	<i>thioridazine hcl tab 50 mg</i>	67
<i>terazosin hcl cap 1 mg (base</i>		<i>thiothixene cap 1 mg</i>	67
<i>equivalent)</i>	46	<i>thiothixene cap 10 mg</i>	67
<i>terazosin hcl cap 10 mg (base</i>		<i>thiothixene cap 2 mg</i>	67
<i>equivalent)</i>	46	<i>thiothixene cap 5 mg</i>	67
<i>terazosin hcl cap 2 mg (base</i>		<i>tiadylt er</i>	53
<i>equivalent)</i>	46	<i>tiagabine hcl tab 12 mg</i>	73
<i>terazosin hcl cap 5 mg (base</i>		<i>tiagabine hcl tab 16 mg</i>	73
<i>equivalent)</i>	46	<i>tiagabine hcl tab 2 mg</i>	73
<i>terbinafine hcl tab 250 mg</i>	24	<i>tiagabine hcl tab 4 mg</i>	73
<i>terbutaline sulfate tab 2.5 mg</i>	117	TIBSOVO TAB 250MG.....	43
<i>terbutaline sulfate tab 5 mg</i>	117	<i>ticagrelor tab 60 mg</i>	104
<i>terconazole vaginal cream 0.4%</i>	101	<i>ticagrelor tab 90 mg</i>	104
<i>terconazole vaginal cream 0.8%</i>	101	TICOVAC INJ.....	109
<i>terconazole vaginal suppos 80 mg</i> ..	101	<i>tigecycline for iv soln 50 mg</i>	33
TERIPARATIDE INJ 560/2.24	85	<i>tilia fe</i>	89
<i>teriparatide soln pen-inj 560</i>		<i>timolol maleate ophth gel forming soln</i>	
<i>mcg/2.24ml</i>	85	<i>0.25%</i>	114
<i>testosterone cypionate im inj in oil 100</i>		<i>timolol maleate ophth gel forming soln</i>	
<i>mg/ml</i>	80	<i>0.5%</i>	114
<i>testosterone cypionate im inj in oil 200</i>		<i>timolol maleate ophth soln 0.25%</i> ..	114
<i>mg/ml</i>	80	<i>timolol maleate ophth soln 0.5%</i> ...	114
<i>testosterone enanthate im inj in oil 200</i>		<i>timolol maleate tab 10 mg</i>	52
<i>mg/ml</i>	80	<i>timolol maleate tab 20 mg</i>	52
<i>testosterone pump</i>	80	<i>timolol maleate tab 5 mg</i>	52
<i>testosterone td gel 12.5 mg/act (1%)</i>		<i>tinidazole tab 250 mg</i>	23
.....	80	<i>tinidazole tab 500 mg</i>	23
<i>testosterone td gel 25 mg/2.5gm (1%)</i>		TIVICAY PD TAB 5MG	25
.....	80	TIVICAY TAB 50MG	25
<i>testosterone td gel 50 mg/5gm (1%)</i>	80	<i>tizanidine hcl tab 2 mg (base</i>	
<i>tetrabenazine tab 12.5 mg</i>	78	<i>equivalent)</i>	79
<i>tetrabenazine tab 25 mg</i>	78	<i>tizanidine hcl tab 4 mg (base</i>	
<i>tetracycline hcl cap 250 mg</i>	32	<i>equivalent)</i>	79
<i>tetracycline hcl cap 500 mg</i>	33	TOBI PODHALR CAP 28MG	23
THALOMID CAP 100MG	36	TOBRADEX OIN 0.3-0.1%	113
THALOMID CAP 50MG.....	36	<i>tobramycin nebu soln 300 mg/5ml</i> ...	23
<i>theophylline elixir 80 mg/15ml</i>	118	<i>tobramycin ophth soln 0.3%</i>	113
<i>theophylline soln 80 mg/15ml</i>	118	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
<i>theophylline tab er 12hr 100 mg</i>	118	<i>mg/ml) (base equiv)</i>	23
<i>theophylline tab er 12hr 200 mg</i>	118	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
<i>theophylline tab er 12hr 300 mg</i>	118	<i>equivalent)</i>	23
<i>theophylline tab er 12hr 450 mg</i>	118		

<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	23
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	113
<i>tolterodine tartrate cap er 24hr 2 mg</i>	101
<i>tolterodine tartrate cap er 24hr 4 mg</i>	101
<i>tolterodine tartrate tab 1 mg</i>	101
<i>tolterodine tartrate tab 2 mg</i>	101
<i>tolvaptan tab 15 mg</i>	94
<i>tolvaptan tab 30 mg</i>	94
<i>tolvaptan tab therapy pack 15 mg</i>	94
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	94
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	95
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	95
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	95
<i>topiramate oral soln 25 mg/ml</i>	73
<i>topiramate sprinkle cap 15 mg</i>	73
<i>topiramate sprinkle cap 25 mg</i>	73
<i>topiramate sprinkle cap 50 mg</i>	73
<i>topiramate tab 100 mg</i>	73
<i>topiramate tab 200 mg</i>	73
<i>topiramate tab 25 mg</i>	73
<i>topiramate tab 50 mg</i>	73
<i>toremifene citrate tab 60 mg (base equivalent)</i>	35
<i>torpenz</i>	43
<i>torsemide tab 10 mg</i>	54
<i>torsemide tab 100 mg</i>	54
<i>torsemide tab 20 mg</i>	54
<i>torsemide tab 5 mg</i>	54
<i>TOUJEO MAX INJ 300/ML</i>	84
<i>TOUJEO SOLO INJ 300/ML</i>	84
<i>TPN ELECTROL INJ</i>	111
<i>TRADJENTA TAB 5MG</i>	82
<i>tramadol hcl tab 50 mg</i>	21
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	21
<i>trandolapril tab 1 mg</i>	45
<i>trandolapril tab 2 mg</i>	46
<i>trandolapril tab 4 mg</i>	46
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	103
<i>tranexamic acid tab 650 mg</i>	103
<i>tranylcypromine sulfate tab 10 mg</i> ...	61
<i>TRAVASOL INJ 10%</i>	113
<i>TRAZIMERA INJ 150MG</i>	43
<i>TRAZIMERA INJ 420MG</i>	43
<i>trazodone hcl tab 100 mg</i>	61
<i>trazodone hcl tab 150 mg</i>	61
<i>trazodone hcl tab 50 mg</i>	61
<i>TRELEGY AER ELLIPTA 100-62.5-25 MCG</i>	115
<i>TRELEGY AER ELLIPTA 200-62.5-25 MCG</i>	115
<i>TREMFYA INJ 100MG/ML</i>	105
<i>TREMFYA INJ 200/20ML</i>	106
<i>TREMFYA INJ 200/2ML</i>	105
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	56
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	56
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	56
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	56
<i>TRESIBA FLEX INJ 100UNIT</i>	84
<i>TRESIBA FLEX INJ 200UNIT</i>	84
<i>TRESIBA INJ 100UNIT</i>	84
<i>tretinoin cap 10 mg</i>	37
<i>tretinoin cream 0.025%</i>	120
<i>tretinoin cream 0.05%</i>	120
<i>tretinoin cream 0.1%</i>	120
<i>tretinoin gel 0.01%</i>	120
<i>tretinoin gel 0.025%</i>	120
<i>triamcinolone acetonide cream 0.025%</i>	123
<i>triamcinolone acetonide cream 0.1%</i>	123
<i>triamcinolone acetonide cream 0.5%</i>	123
<i>triamcinolone acetonide dental paste 0.1%</i>	124
<i>triamcinolone acetonide lotion 0.025%</i>	123
<i>triamcinolone acetonide lotion 0.1%</i>	123

<i>triamcinolone acetonide oint 0.025%</i>		<i>trimethoprim tab 100 mg</i>	23
.....	123	<i>tri-mili</i>	89
<i>triamcinolone acetonide oint 0.1%</i>	123	<i>trimipramine maleate cap 100 mg</i>	61
<i>triamcinolone acetonide oint 0.5%</i>	123	<i>trimipramine maleate cap 25 mg</i>	61
<i>triamterene & hydrochlorothiazide cap</i>		<i>trimipramine maleate cap 50 mg</i>	61
<i>37.5-25 mg</i>	54	TRINTELLIX TAB 10MG	61
<i>triamterene & hydrochlorothiazide tab</i>		TRINTELLIX TAB 20MG	61
<i>37.5-25 mg</i>	54	TRINTELLIX TAB 5MG.....	61
<i>triamterene & hydrochlorothiazide tab</i>		<i>tri-sprintec</i>	89
<i>75-50 mg</i>	54	TRIUMEQ PD TAB	27
<i>tridacaine ii</i>	123	TRIUMEQ TAB	27
<i>triderm</i>	123	<i>tri-vylibra</i>	89
<i>trientine hcl cap 250 mg</i>	85	<i>tri-vylibra lo</i>	89
<i>tri-estarylla</i>	89	TROGARZO INJ 150MG/ML.....	25
<i>trifluoperazine hcl tab 1 mg (base</i>		TROPHAMINE INJ 10%	113
<i>equivalent)</i>	67	<i>tropium chloride tab 20 mg</i>	101
<i>trifluoperazine hcl tab 10 mg (base</i>		TRULANCE TAB 3MG	99
<i>equivalent)</i>	67	TRULICITY INJ 0.75/0.5	82
<i>trifluoperazine hcl tab 2 mg (base</i>		TRULICITY INJ 1.5/0.5	82
<i>equivalent)</i>	67	TRULICITY INJ 3/0.5	82
<i>trifluoperazine hcl tab 5 mg (base</i>		TRULICITY INJ 4.5/0.5	82
<i>equivalent)</i>	67	TRUMENBA INJ.....	109
<i>trifluridine ophth soln 1%</i>	113	TRUQAP PAK 160MG	43
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>		TRUQAP PAK 200MG	43
.....	63	TRUQAP TAB 160MG	43
<i>trihexyphenidyl hcl tab 2 mg</i>	63	TRUQAP TAB 200MG	43
<i>trihexyphenidyl hcl tab 5 mg</i>	63	TRUXIMA INJ 100/10ML.....	43
TRIJDY XR TAB ER 24HR 10-5-		TRUXIMA INJ 500/50ML.....	43
1000MG.....	82	TUKYSA TAB 150MG	43
TRIJDY XR TAB ER 24HR 12.5-2.5-		TUKYSA TAB 50MG	43
1000MG.....	82	TURALIO CAP 125MG	43
TRIJDY XR TAB ER 24HR 25-5-		<i>turqoz</i>	89
1000MG.....	82	<i>twice-daily clindamycin phosphate</i>	
TRIJDY XR TAB ER 24HR 5-2.5-		(<i>topical</i>)	120
1000MG.....	82	TWINRIX INJ.....	109
TRIKAFTA PAK 59.5MG	118	TYBOST TAB 150MG.....	26
TRIKAFTA PAK 75MG	119	<i>tydemy tab</i>	89
TRIKAFTA TAB 100-50-75MG & 150MG		TYENNE INJ 162/0.9	106
.....	119	TYENNE INJ 162MG.....	106
TRIKAFTA TAB 50-25-37.5MG & 75MG		TYENNE INJ 200/10ML	106
.....	119	TYENNE INJ 400/20ML	106
<i>tri-legest fe</i>	89	TYENNE INJ 80MG/4ML	106
<i>tri-linyah</i>	89	TYPHIM VI INJ.....	110
<i>tri-lo-estarylla</i>	89	U	
<i>tri-lo-marzia</i>	89	UBRELVY TAB 100MG	77
<i>tri-lo-mili</i>	89	UBRELVY TAB 50MG.....	77
<i>tri-lo-sprintec</i>	89	<i>unithroid</i>	96

UPTRAVI PACK TAB 200/800	56
UPTRAVI TAB 1000MCG	56
UPTRAVI TAB 1200MCG	56
UPTRAVI TAB 1400MCG	56
UPTRAVI TAB 1600MCG	56
UPTRAVI TAB 200MCG	56
UPTRAVI TAB 400MCG	56
UPTRAVI TAB 600MCG	56
UPTRAVI TAB 800MCG	56
ursodiol cap 300 mg	99
ursodiol tab 250 mg	99
ursodiol tab 500 mg	99
USTEKINUMAB INJ 130/26ML	106
USTEKINUMAB INJ 45/0.5ML	106
USTEKINUMAB INJ 90MG/ML	106
V	
valacyclovir hcl tab 1 gm	28
valacyclovir hcl tab 500 mg	28
VALCHLOR GEL 0.016%	124
valganciclovir hcl for soln 50 mg/ml (base equiv)	28
valganciclovir hcl tab 450 mg (base equivalent)	28
valproate sodium inj 100 mg/ml	73
valproate sodium oral soln 250 mg/5ml (base equiv)	74
valproic acid cap 250 mg	74
valsartan tab 160 mg	48
valsartan tab 320 mg	48
valsartan tab 40 mg	48
valsartan tab 80 mg	48
valsartan-hydrochlorothiazide tab 160- 12.5 mg	47
valsartan-hydrochlorothiazide tab 160- 25 mg	47
valsartan-hydrochlorothiazide tab 320- 12.5 mg	47
valsartan-hydrochlorothiazide tab 320- 25 mg	47
valsartan-hydrochlorothiazide tab 80- 12.5 mg	47
VALTOCO SPR 10MG	74
VALTOCO SPR 15MG	74
VALTOCO SPR 20MG	74
VALTOCO SPR 5MG	74
valtya 1/35 tab	89
valtya 1/50 tab	89

vancomycin hcl cap 125 mg (base equivalent)	23
vancomycin hcl cap 250 mg (base equivalent)	23
vancomycin hcl for iv soln 1 gm (base equivalent)	23
vancomycin hcl for iv soln 1.25 gm (base equivalent)	23
vancomycin hcl for iv soln 1.5 gm (base equivalent)	23
vancomycin hcl for iv soln 10 gm (base equivalent)	23
vancomycin hcl for iv soln 5 gm (base equivalent)	23
vancomycin hcl for iv soln 500 mg (base equivalent)	23
vancomycin hcl for iv soln 750 mg (base equivalent)	23
VANCOMYCIN INJ 1 GM	23
VANCOMYCIN INJ 500MG	23
VANCOMYCIN INJ 750MG	23
VANFLYTA TAB 17.7MG	43
VANFLYTA TAB 26.5MG	43
VAQTA INJ 25/0.5ML	110
VAQTA INJ 50UNT/ML	110
varenicline tartrate tab 0.5 mg (base equiv)	80
varenicline tartrate tab 1 mg (base equiv)	80
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	80
VARIVAX INJ	110
VASCEPA CAP 0.5GM	50
VASCEPA CAP 1GM	50
VAXCHORA SUS	110
velivet	89
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VENCLEXTA TAB 100MG	43
VENCLEXTA TAB 10MG	43
VENCLEXTA TAB 50MG	43
VENCLEXTA TAB START PK	43
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	61
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	61
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	61

<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	61	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	37
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	61	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	37
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	61	<i>viorele</i>	90
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	61	VIRACEPT TAB 250MG.....	26
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	61	VIRACEPT TAB 625MG.....	26
VENTOLIN HFA (INSTITUTIONAL PACK)	117	VIREAD POW 40MG/GM.....	26
VENTOLIN HFA AER.....	117	VIREAD TAB 150MG.....	26
<i>verapamil hcl cap er 24hr 100 mg</i>	53	VIREAD TAB 200MG.....	26
<i>verapamil hcl cap er 24hr 120 mg</i>	53	VIREAD TAB 250MG.....	26
<i>verapamil hcl cap er 24hr 180 mg</i>	53	VITRAKVI CAP 100MG	43
<i>verapamil hcl cap er 24hr 200 mg</i>	53	VITRAKVI CAP 25MG.....	43
<i>verapamil hcl cap er 24hr 240 mg</i>	53	VITRAKVI SOL 20MG/ML.....	43
<i>verapamil hcl cap er 24hr 300 mg</i>	53	VIVIMUSTA INJ 100/4ML	34
<i>verapamil hcl cap er 24hr 360 mg</i>	53	VIVITROL INJ 380MG	80
<i>verapamil hcl iv soln 2.5 mg/ml</i>	53	VIVOTIF CAP EC	110
<i>verapamil hcl tab 120 mg</i>	53	VIZIMPRO TAB 15MG	43
<i>verapamil hcl tab 40 mg</i>	53	VIZIMPRO TAB 30MG	43
<i>verapamil hcl tab 80 mg</i>	53	VIZIMPRO TAB 45MG	43
<i>verapamil hcl tab er 120 mg</i>	53	VONJO CAP 100MG	43
<i>verapamil hcl tab er 180 mg</i>	53	VOQUEZNA PAK DUAL PAK.....	99
<i>verapamil hcl tab er 240 mg</i>	53	VOQUEZNA PAK TRIP PK.....	99
VERQUVO TAB 10MG.....	55	VORANIGO TAB 10MG	43
VERQUVO TAB 2.5MG.....	55	VORANIGO TAB 40MG	43
VERQUVO TAB 5MG.....	55	<i>voriconazole for inj 200 mg</i>	24
VERSACLOZ SUS 50MG/ML	67	<i>voriconazole for susp 40 mg/ml</i>	24
VERZENIO TAB 100MG	43	<i>voriconazole tab 200 mg</i>	24
VERZENIO TAB 150MG	43	<i>voriconazole tab 50 mg</i>	24
VERZENIO TAB 200MG	43	VOSEVI TAB	28
VERZENIO TAB 50MG	43	VOWST CAP	99
<i>vestura</i>	89	VRAYLAR CAP 0.5MG.....	67
<i>vienna</i>	90	VRAYLAR CAP 0.75MG.....	67
<i>vigabatrin powd pack 500 mg</i>	74	VRAYLAR CAP 1.5MG.....	67
<i>vigabatrin tab 500 mg</i>	74	VRAYLAR CAP 3MG	67
<i>vigadrone</i>	74	VRAYLAR CAP 4.5MG.....	67
VIGAFYDE SOL 100MG/ML	74	VRAYLAR CAP 6MG	67
<i>vilazodone hcl tab 10 mg</i>	61	<i>vyfemla</i>	90
<i>vilazodone hcl tab 20 mg</i>	61	<i>vylibra</i>	90
<i>vilazodone hcl tab 40 mg</i>	62	VYZULTA SOL 0.024%.....	114
VIMKUNYA INJ 40/0.8ML.....	110	W	
<i>vincristine sulfate iv soln 1 mg/ml</i>	37	<i>warfarin sodium tab 1 mg</i>	102
		<i>warfarin sodium tab 10 mg</i>	102
		<i>warfarin sodium tab 2 mg</i>	102
		<i>warfarin sodium tab 2.5 mg</i>	102
		<i>warfarin sodium tab 3 mg</i>	102
		<i>warfarin sodium tab 4 mg</i>	102

<i>warfarin sodium tab 5 mg</i>	102
<i>warfarin sodium tab 6 mg</i>	102
<i>warfarin sodium tab 7.5 mg</i>	102
<i>water for irrigation, sterile irrigation soln</i>	124
WELIREG TAB 40MG.....	37
<i>wera</i>	90
WESTAB PLUS TAB 27-1MG	112
WINREVAIR INJ 45MG	56
WINREVAIR INJ 60MG	56
<i>wixela inhub</i>	120
<i>wymzya fe</i>	90
WYOST INJ 120/1.7	85
X	
XALKORI CAP 150MG	43
XALKORI CAP 200MG	43
XALKORI CAP 20MG	43
XALKORI CAP 250MG	43
XALKORI CAP 50MG	43
<i>xarah fe tab</i>	90
XARELTO STAR TAB 15/20MG.....	102
XARELTO TAB 10MG.....	102
XARELTO TAB 15MG.....	102
XARELTO TAB 2.5MG.....	102
XARELTO TAB 20MG.....	102
XATMEP SOL 2.5MG/ML	106
XCOPRI PAK 100-150	74
XCOPRI PAK 12.5-25.....	74
XCOPRI PAK 150-200MG (MAINTENANCE)	74
XCOPRI PAK 150-200MG (TITRATION)	74
XCOPRI PAK 50-100MG	74
XCOPRI TAB 100MG	74
XCOPRI TAB 150MG	74
XCOPRI TAB 200MG	74
XCOPRI TAB 25MG.....	74
XCOPRI TAB 50MG.....	74
XDEMVY DRO 0.25%	113
XELJANZ SOL 1MG/ML.....	106
XELJANZ TAB 10MG	106
XELJANZ TAB 5MG	106
XELJANZ XR TAB 11MG.....	106
XELJANZ XR TAB 22MG.....	106
<i>xelria fe chw 0.4mg-35</i>	90
XERMELO TAB 250MG.....	99
XHANCE MIS 93MCG	119

XIFAXAN TAB 550MG	99
XIGDUO XR TAB 10-1000	82
XIGDUO XR TAB 10-500MG.....	82
XIGDUO XR TAB 2.5-1000	82
XIGDUO XR TAB 5-1000MG.....	82
XIGDUO XR TAB 5-500MG	82
XIIDRA DRO 5%.....	115
XOFLUZA TAB 40MG	28
XOFLUZA TAB 80MG	28
XOLAIR INJ 150MG/ML.....	119
XOLAIR INJ 300/2ML.....	119
XOLAIR INJ 75/0.5	119
XOLAIR SOL 150MG.....	119
XOSPATA TAB 40MG	44
XPOVIO PAK (100 MG ONCE WEEKLY)	44
XPOVIO PAK (40 MG ONCE WEEKLY)	44
XPOVIO PAK (40 MG TWICE WEEKLY)	44
XPOVIO PAK (60 MG ONCE WEEKLY)	44
XPOVIO PAK (60 MG TWICE WEEKLY)	44
XPOVIO PAK (80 MG ONCE WEEKLY)	44
XPOVIO PAK (80 MG TWICE WEEKLY)	44
XTANDI CAP 40MG	35
XTANDI TAB 40MG	35
XTANDI TAB 80MG	35
XTRENBO SOL 120/1.7	85
<i>xulane</i>	90
XULTOPHY INJ 100/3.6.....	84
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YESINTEK INJ 130/26ML.....	106
YESINTEK INJ 45/0.5ML	106
YESINTEK INJ 90MG/ML	106
YF-VAX INJ	110
YONSA TAB 125MG.....	35
YUTREPIA CAP 106MCG.....	56
YUTREPIA CAP 26.5MCG.....	56
YUTREPIA CAP 53MCG.....	56
YUTREPIA CAP 79.5MCG.....	56
<i>yuvaferm</i>	91
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<i>zafemy</i>	90
<i>zafirlukast tab 10 mg</i>	117
<i>zafirlukast tab 20 mg</i>	117
<i>zaleplon cap 10 mg</i>	76

<i>zaleplon cap 5 mg</i>	76	<i>ziprasidone hcl cap 80 mg</i>	68
ZARXIO INJ 300/0.5.....	103	<i>ziprasidone mesylate for inj 20 mg</i>	
ZARXIO INJ 480/0.8.....	103	<i>(base equivalent)</i>	68
ZEGALOGUE INJ 0.6/0.6	92	ZIRABEV INJ 100/4ML.....	44
ZEJULA TAB 100MG.....	44	ZIRABEV INJ 400/16ML	44
ZEJULA TAB 200MG.....	44	ZIRGAN GEL 0.15%	113
ZEJULA TAB 300MG.....	44	<i>zoledronic acid inj conc for iv infusion 4</i>	
ZELBORAF TAB 240MG	44	<i>mg/5ml</i>	85
<i>zelvysia pow 100mg</i>	95	<i>zoledronic acid iv soln 5 mg/100ml</i> ..	85
<i>zelvysia pow 500mg</i>	95	ZOLINZA CAP 100MG	44
ZEMAIRA INJ 1000MG	119	<i>zolpidem tartrate tab 10 mg</i>	76
ZEMAIRA INJ 4000MG	119	<i>zolpidem tartrate tab 5 mg</i>	76
ZEMAIRA INJ 5000MG	119	ZONISADE SUS 100MG/5	74
<i>zenatane</i>	120	<i>zonisamide cap 100 mg</i>	74
ZENPEP CAP 10000UNT	99	<i>zonisamide cap 25 mg</i>	74
ZENPEP CAP 15000UNT	99	<i>zonisamide cap 50 mg</i>	74
ZENPEP CAP 20000UNT	99	<i>zovia 1/35</i>	90
ZENPEP CAP 25000UNT	99	ZTALMY SUS 50MG/ML.....	74
ZENPEP CAP 3000UNIT	99	<i>zumandimine</i>	90
ZENPEP CAP 40000UNT	99	ZURZUVAE CAP 20MG	62
ZENPEP CAP 5000UNIT	99	ZURZUVAE CAP 25MG	62
ZENPEP CAP 60000UNT	99	ZURZUVAE CAP 30MG	62
ZERVIA TE DRO 0.24%.....	114	ZYDELIG TAB 100MG	44
<i>zidovudine cap 100 mg</i>	26	ZYDELIG TAB 150MG	44
<i>zidovudine syrup 10 mg/ml</i>	26	ZYKADIA TAB 150MG	44
<i>zidovudine tab 300 mg</i>	26	ZYLET SUS 0.5-0.3%	113
<i>ziprasidone hcl cap 20 mg</i>	68	ZYPREXA RELP INJ 210MG	68
<i>ziprasidone hcl cap 40 mg</i>	68	ZYPREXA RELP INJ 300MG	68
<i>ziprasidone hcl cap 60 mg</i>	68	ZYPREXA RELP INJ 405MG	68

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

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

Analgesics

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

Anthelmintic Agents

- *Reese's Pinworm
(pyrantel pamoate)

Antihistamines/ Decongestants

- *cetirizine syrup, tablet
- *cetirizine/pseudoephedri
ne
- chlorpheniramine
- diphenhydramine
- doxylamine
- fexofenadine tablet
- *fexofenadine/pseudoeph
edrine

- *loratadine tablet,
solution
- *loratadine/pseudoephed
rine
- *pseudoephedrine ≤ 240
mg/day

Antimicrobials, Topical

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

Compounding Agents

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

Contraceptives, Oral

- *levonorgestrel 1.5 mg
tablet
- *Opill (norgestrel tablet)

Contraceptives, Topical

- *nonoxynol-9

Dermatologic Agents, Topical

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

Gastrointestinal Agents

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

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

Intranasal Sprays

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

Medical Foods

- *levomethylfolate tablet
≤ 1 unit/day

Opioid Reversal Agents

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

Otic Agents

- *carbamide peroxide

Pediculicides/Scabicides

- *permethrin
- *piperonyl butoxide/pyrethrins

Respiratory Agents

- *sodium chloride for inhalation

Smoking Cessation

- *nicotine gum, lozenge, patch

Tear/Saliva

Replacement Agents

- *artificial tears
- *saliva substitute

Vitamins/Nutrients/Supplements

- *calcium replacement
- *coenzyme Q10 < 21 years
- *electrolyte solution, pediatric
- *ferrous fumarate
- *ferrous gluconate
- *ferrous sulfate
- *folic acid
- *glucose products < 21 years
- *iron polysaccharide complex
- *magnesium salts
- *melatonin
- *melatonin/pyridoxine
- *tablet
- *multivitamins
- *niacinamide
- *nicotinic acid
- *pediatric multivitamins

- *Phos-Flur (sodium fluoride oral rinse)
- *prenatal vitamins
- *potassium phosphate
- *sodium chloride tablet
- *sodium fluoride
- *vitamin A (retinol)
- *vitamin B-1 (thiamine)
- *vitamin B-2 (riboflavin)
- *vitamin B-3 (niacin)
- *vitamin B-6 (pyridoxine)
- *vitamin B-12 (cyanocobalamin)
- *vitamin B complex
- *vitamin C (ascorbic acid)
- *vitamin D
- *vitamin E, oral
- *vitamins, multiple vitamins,
- *multiple/minerals
- *vitamins, pediatric
- *vitamins, prenatal

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

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

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

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