

CCA Senior Care Options (HMO D-SNP)

Lista de medicamentos cubiertos (*Lista de medicamentos* o Formulario) de 2026



**POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

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Esta *Lista de medicamentos* se actualizó el 08/01/2026.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite ccama.org.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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08/01/2026

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocida como la *Lista de medicamentos*). Le indica qué medicamentos y productos que no son medicamentos están cubiertos por CCA Senior Care Options. La *Lista de medicamentos* también le indica si existen reglas o restricciones especiales sobre los medicamentos cubiertos por CCA Senior Care Options. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual para miembros*, también conocido como *Evidencia de Cobertura*.

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A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en *CCA Senior Care Options*.

- ❖ Senior Care Options (HMO D-SNP) es un plan de atención coordinada con un contrato de Medicare y un contrato con el programa Commonwealth of Massachusetts Medicaid. La inscripción en el plan depende de la renovación del contrato del plan con Medicare.
- ❖ Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA Senior Care Options.
- ❖ En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- ❖ Concientización sobre la recuperación del patrimonio: la ley federal exige que MassHealth (Medicaid) recupere dinero de los patrimonios de determinados miembros de MassHealth (Medicaid) que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth (Medicaid), visite www.mass.gov/estater recovery.
- ❖ La lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.
- ❖ Siempre puede consultar la *Lista de medicamentos cubiertos* actualizada de CCA Senior Care Options en línea en ccama.org o llamando a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.
- ❖ **Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.**
- ❖ Para las comunicaciones futuras, conservaremos su solicitud de formatos alternativos e idioma especial. Comuníquese con el Miembro para cambiar su solicitud por un idioma o formato preferido.
- ❖ Este documento está disponible de forma gratuita en otros idiomas.
- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.



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Aviso de no discriminación

Commonwealth Care Alliance, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina, excluye a las personas ni las trata de manera diferente por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, historia clínica, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia. Commonwealth Care Alliance, Inc.:

- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
 - Intérpretes calificados de lenguaje de señas
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios al Miembro.

Si considera que Commonwealth Care Alliance, Inc. no ha proporcionado estos servicios o lo ha discriminado de otra manera por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, historia clínica, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia, puede presentar un reclamo ante la siguiente entidad:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Teléfono: 617-960-0474, ext. 3932 (TTY: 711) fax: 857-453-4517
Correo electrónico: civilrightscordinator@commonwealthcare.org

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

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

Los formularios de quejas están disponibles en www.hhs.gov/ocr/office/file/index.html.

Massachusetts 2026 ND



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

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

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

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

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ. 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)។

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Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información,** visite ccama.org.

B. Preguntas frecuentes (FAQ)

Encuentre aquí respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos* (*Lista de medicamentos*). Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y respuesta.

B1. ¿Qué medicamentos están en la *Lista de Medicamentos Cubiertos*? (Para abreviar, llamamos *Lista de Medicamentos* a la *Lista de Medicamentos cubiertos*).

Los medicamentos en la *Lista de medicamentos* que comienza en la **Sección C** son los medicamentos cubiertos por CCA Senior Care Options. Los medicamentos están disponibles en farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar juntos y brindarle servicios a usted. A estas farmacias las llamamos “farmacias de la red”.

- CCA Senior Care Options cubrirá todos los medicamentos médicamente necesarios en la *Lista de medicamentos* si:
 - su médico u otro médico que le receta medicamentos le dice que los necesita para mejorar o mantenerse saludable;
 - CCA Senior Care Options acepta que el medicamento es médicamente necesario para usted, y
 - usted surte la el medicamento con receta en una farmacia de la red CCA Senior Care Options.
- En algunos casos, es necesario hacer algo antes de poder conseguir un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web ccama.org o llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana.

B2. ¿La *Lista de medicamentos* cambia alguna vez?

Sí, y CCA Senior Care Options debe seguir las reglas de Medicare y MassHealth (Medicaid) al realizar cambios. Podemos agregar o eliminar medicamentos de la *Lista de medicamentos* durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos hacer lo siguiente:

- Decidir si se requiere o no autorización previa para un medicamento. (La autorización previa es el permiso de CCA Senior Care Options antes de que pueda obtener un medicamento).



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org. 8

- Agregar o cambiar la cantidad de un medicamento que puede obtener (llamados límites de cantidad).
- Agregar o cambiar las restricciones de terapia escalonada en un medicamento. (La terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas reglas sobre medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto a **principios** de año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- aparezca un medicamento nuevo y más barato en el mercado que funciona tan bien como un medicamento que figura actualmente en la *Lista de Medicamentos*, o
- nos enteremos de que un medicamento no es seguro, o
- un medicamento se retire del mercado.

Las preguntas B3 y B6 a continuación tienen más información sobre lo que sucede cuando cambia la *Lista de medicamentos*.

- Siempre puede consultar la *Lista de medicamentos* actualizada de CCA Senior Care Options en línea en ccama.org. Las actualizaciones de la *Lista de medicamentos* se publican en el sitio web mensualmente.
- También puede llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana para consultar la *Lista de medicamentos* actual.

B3. ¿Qué sucede cuando hay un cambio en la *Lista de Medicamentos* ?

Algunos cambios en la *Lista de Medicamentos* se producirán **de inmediato**. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Sustituciones de ciertas nuevas versiones de medicamentos.** Podemos eliminar de inmediato los medicamentos de la *Lista de medicamentos* si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero el costo del nuevo medicamento seguirá siendo \$0. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
 - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que realizamos una vez que ocurra.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Podemos realizar estos cambios solo si el medicamento que estamos agregando:
 - es una nueva versión genérica de un medicamento de marca, o
 - es una nueva versión biosimilar determinada de productos biológicos originales de la *Lista de Medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta).
 - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.
- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- **Eliminar medicamentos inseguros y otros medicamentos que se retiran del mercado.** A veces, un medicamento puede resultar inseguro o retirarse del mercado por otro motivo. Si esto sucede, podemos retirarlo de inmediato de la *Lista de medicamentos*. Si está tomando el medicamento, le enviaremos un aviso después de que realicemos el cambio. Si está tomando el medicamento, le enviaremos un aviso para reemplazar el medicamento que se retira del mercado. Comuníquese con su proveedor de atención médica. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al medicamento que se retiró del mercado.

Podemos realizar otros cambios que afecten a los medicamentos que toma. Le informaremos con antelación sobre estos otros cambios en la *Lista de Medicamentos*. Estos cambios podrían ocurrir si:

- La FDA proporciona nuevas pautas o existen nuevas pautas clínicas sobre un medicamento.
- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado, o
- Eliminamos un producto biológico original al agregar uno biosimilar, o
- Cambiamos las reglas o límites de cobertura para el medicamento de marca.
- Agregamos un medicamento genérico y reemplazamos un medicamento de marca que actualmente está en la *Lista de medicamentos*, o
- Agregamos un nuevo biosimilar para reemplazar un producto biológico original que actualmente se encuentra en la *Lista de Medicamentos*, o



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- informarle al menos 30 días antes de que hagamos el cambio en la *Lista de Medicamentos*, o
- le informaremos y le daremos un suministro del medicamento para 31 días después de que solicite un resurtido.

Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir lo siguiente:

- si hay un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar, o
- si se debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna acción obligatoria a tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otro profesional que le receta el medicamento deben hacer algo antes de que pueda obtenerlo. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener autorización de CCA Senior Care Options antes de surtir su receta. La autorización previa es diferente a una remisión. Es posible que CCA Senior Care Options no cubra el medicamento si no obtiene autorización previa.
- **Límites de cantidad:** A veces, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** A veces, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos para su afección médica en un orden determinado. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no funciona para usted, entonces cubriremos el segundo.
- **Cobertura basada en indicaciones:** Si CCA Senior Care Options cubre un medicamento solo para algunas afecciones médicas, lo identificamos claramente en la *Lista de medicamentos* junto con las afecciones médicas específicas que están cubiertas. Se requiere autorización previa para suministros de pruebas para diabéticos no preferidas (monitores de glucosa y tiras reactivas).



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Puede consultar las tablas de la **Sección C** para saber si su medicamento tiene requisitos o límites adicionales. También puede obtener más información visitando nuestro sitio web ccama.org. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay acciones necesarias a realizar para obtenerlo?

La tabla en la sección titulada “Lista de medicamentos por afección médica” tiene una columna denominada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si CCA Senior Care Options cambia sus reglas sobre cómo cubren algunos medicamentos (por ejemplo, autorización previa, límites de cantidad y/o restricciones de terapia escalonada)?

En algunos casos, le informaremos con anticipación si agregamos o modificamos la autorización previa, los límites de cantidad y/o las restricciones de terapia escalonada de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que es posible que no podamos informarle con anticipación cuando cambien nuestras reglas sobre los medicamentos en la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos* ?

Hay dos formas de encontrar un medicamento:

- Puede buscar alfabéticamente, o
- Puede buscar por afección médica.

Para buscar **alfabéticamente**, busque su medicamento en la sección Índice de medicamentos cubiertos. Puede encontrarlo en la Sección D. El Índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la *Lista de Medicamentos*. En el índice se incluyen medicamentos de marca, medicamentos genéricos y medicamentos de venta libre (OTC).

Para buscar por afección médica, busque la **Sección C** denominada “Lista de medicamentos por afección médica”. Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debería buscar agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de Medicamentos*?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios al Miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana y pregunte al respecto.

Si se entera de que CCA Senior Care Options no cubrirá el medicamento, puede hacer una de estas cosas:

- Solicite a Servicios al Miembro una lista de medicamentos como el que desea tomar. Luego, muestre la lista a su médico u otro profesional que receta. Pueden recetarle un medicamento de la *Lista de Medicamentos* que sea similar al que usted desea tomar. **O bien**
- Pídale a CCA Senior Care Options que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué pasa si soy un nuevo miembro de CCA Senior Care Options y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo un problema para obtenerlo?

Podemos ayudar. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días que sea miembro de CCA Senior Care Options. Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción.

Si su receta está escrita para menos días, permitiremos múltiples resurtidos para proporcionar hasta un máximo de 31 días de medicación.

Cubriremos un suministro para 31 días de su medicamento si:

- está tomando un medicamento que no está en nuestra *Lista de Medicamentos*, **o**
- las reglas de nuestro plan no le permiten obtener la cantidad ordenada por su médico, **o**
- el medicamento requiere autorización previa de CCA Senior Care Options, **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si está tomando un medicamento cubierto que CCA Senior Care Options no considera un medicamento de la Parte D, tiene derecho a obtener un suministro único del medicamento para 72 horas. Si la farmacia no puede facturar a CCA Senior Care Options por este suministro único, MassHealth (Medicaid) pagará por él.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Si se encuentra en un hogar de ancianos u otro centro de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos*, o si no puede conseguir fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan durante más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro del medicamento que necesita para 31 días (a menos que tenga una receta para menos días), independientemente de si es o no un miembro nuevo de CCA Senior Care Options.
- Esto se suma al suministro temporal durante los primeros 90 días que es miembro de CCA Senior Care Options.

Proporcionaremos un suministro de emergencia para al menos 31 días (a menos que la receta esté indicada para menos días) para todos los medicamentos que no estén en el formulario, incluidos los que pueden tener requisitos de tratamiento escalonado o autorización previa por un cambio no planeado en el nivel de atención. Un nivel de atención no planeado podría incluir cualquiera de las siguientes situaciones:

- El alta de un centro de atención a largo plazo o la admisión en este
- El alta de un hospital o la admisión en este
- Un cambio de nivel de un centro de atención de enfermería especializada.

B10. ¿Puedo solicitar una excepción para la cobertura de mi medicamento?

Sí. Puede solicitarle a CCA Senior Care Options que haga una excepción para cubrir un medicamento que no esté en la *Lista de medicamentos*.

También puede solicitarnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, CCA Senior Care Options puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos el límite y cubramos más.
- Otros ejemplos: Puede solicitarnos que eliminemos las restricciones de la terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a *Servicios al Miembro*. Un representante de Servicios al Miembro trabajará con usted y su médico para ayudarlo a solicitar una excepción. También puede leer el **Capítulo 9** del *Manual para miembros* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se tarda en obtener una excepción?

Después de que recibamos una declaración de su médico que respalde su solicitud de excepción, le daremos una decisión dentro de las 72 horas.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Un miembro, el profesional que receta de un miembro y/o representante designado (con consentimiento por escrito) puede solicitar la excepción completando el formulario de Solicitud de determinación de cobertura de medicamentos recetados disponible en nuestro sitio web en ccama.org. El formulario puede enviarse por correo o fax:

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

Si usted o su médico creen que su salud puede verse perjudicada si tiene que esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si su médico respalda su solicitud, le daremos una decisión dentro de las 24 horas de recibir la declaración de respaldo de su médico.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos de los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos de marca y, en general, funcionan igual de bien. Estos generalmente no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Food and Drug Administration (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

CCA Senior Care Options cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podríamos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según la ley estatal, pueden reemplazarse por el producto biológico original en la farmacia sin la necesidad de una nueva receta, del mismo modo que los medicamentos genéricos pueden reemplazarse por los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el **Capítulo 5** del *Manual para miembros*.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B15. ¿Qué son los medicamentos OTC?

OTC significa “over-the-counter” (de venta libre). CCA Senior Care Options cubre algunos medicamentos OTC cuando su proveedor los prescribe como recetas.

Puede leer la *Lista de medicamentos* de MassHealth (Medicaid) para saber qué medicamentos OTC están cubiertos.

B16. ¿CCA Senior Care Options cubre productos OTC que no son medicamentos?

CCA Senior Care Options cubre algunos productos OTC que no son medicamentos cuando su proveedor los prescribe como recetas. Algunos ejemplos de productos OTC que no son medicamentos incluyen gasas y apósitos, hisopos con alcohol y ciertas agujas y jeringas.

Puede leer la *Lista de medicamentos* de CCA Senior Care Options para saber qué productos OTC que no son medicamentos están cubiertos.

B17. ¿CCA Senior Care Options cubre el suministro de medicamentos recetados a largo plazo?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 100 días de sus medicamentos, que se envían directamente a su hogar. No hay copago para medicamentos pedidos por correo. Los medicamentos especializados están limitados a un suministro de 31 días.
- **Programas de 100 días de farmacias minoristas.** Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos cubiertos. No hay copago para recetas de farmacias minoristas. Los medicamentos especializados están limitados a un suministro de 31 días.

B18. ¿Puedo obtener recetas enviadas a mi domicilio desde mi farmacia local?

Es posible que su farmacia local pueda entregarle su medicamento recetado a su domicilio. Puede llamar a su farmacia para averiguar si ofrecen entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de CCA Senior Care Options no tienen copagos para medicamentos recetados y OTC, y productos que no son medicamentos, siempre que el miembro cumpla con las reglas del plan. Consulte las preguntas B15 y B16 para obtener más información sobre medicamentos OTC y productos que no son medicamentos.

Los niveles son grupos de medicamentos en nuestra *Lista de medicamentos*.

Todos los medicamentos de la Lista de medicamentos del plan están en el nivel 1. No tiene copagos para medicamentos recetados y OTC en la Lista de medicamentos de



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

CCA Senior Care Option. Para encontrar sus medicamentos, puede consultar la Lista de medicamentos.

El nivel 1 consta de medicamentos de la Parte D y medicamentos no cubiertos por Medicare, y/o medicamentos OTC no cubiertos por Medicare.

Si tiene preguntas, llame a Servicios al Miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por CCA Senior Care Options. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos cubiertos por CCA Senior Care Options. Para medicamentos que no pertenecen a la Parte D o artículos OTC que están cubiertos por MassHealth (Medicaid), los planes deben colocar un asterisco (*) u otro símbolo junto al medicamento para indicar que el miembro puede necesitar seguir un proceso diferente para las apelaciones e incluir el siguiente texto.

Nota: El asterisco (*) junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”. Estos medicamentos tienen diferentes reglas de apelación.

- Una apelación es una forma formal de solicitarnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error.
- Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o MassHealth (Medicaid).
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si alguna vez tiene alguna pregunta, llame a Servicios al Miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, o a los números que aparecen al final de esta página o al pie de página de este documento.
- También puede leer el **Capítulo 9** del Manual para miembros para saber cómo apelar una decisión.

C1. Lista de medicamentos por afección médica

Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría de agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.

A continuación se detallan los significados de los códigos utilizados en la columna “Acciones necesarias, restricciones o límites de uso”:



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org. 17

NDS = Suministro no extendido por día. Es posible que pueda recibir un suministro para más de un mes de la mayoría de los medicamentos de su Formulario a través de pedidos minoristas o por correo. Los medicamentos con la indicación “NDS” están limitados a un suministro de 1 mes tanto para venta minorista como para pedidos por correo.

PA = Aprobación previa (o autorización previa). Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener aprobación de CCA Senior Care Options antes de surtir su receta. Si no obtiene la aprobación, es posible que CCA Senior Care Options no cubra el medicamento.

B/D = Restricción de autorización previa para la determinación de la Parte B frente a la Parte D: Este medicamento puede ser elegible para pago bajo la Parte B o la Parte D de Medicare. Usted o su proveedor de atención médica deben obtener una autorización previa de CCA Senior Care Options para determinar que este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que CCA no cubra este medicamento. PA_BVD no se aplica a quienes solo son miembros de Medicaid.

QL = Límite de cantidad. A veces, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.

ST = Terapia escalonada. A veces, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un orden determinado para sus afecciones médicas. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su proveedor de atención médica piensa que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Asterisco (*) = Indica medicamentos que no pertenecen a la Parte D

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *valsartán*), los medicamentos de marca aparecen en mayúscula (por ejemplo, MYRBETRIQ). La información en la columna “Acciones necesarias, restricciones o límites de uso” le indica si CCA Senior Care Options tiene alguna regla para cubrir su medicamento.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información,** visite ccama.org. 18

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>JOURNAVX TAB 50MG</i>	QL (29 tabs / 14 days), PA
<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>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nabumetone tab 500 mg</i>	
<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

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 100 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	NDS, 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

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

<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
<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	NDS, 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	NDS, 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>	

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

<i>clindamycin phosphate inj 300 mg/2ml</i>	
<i>clindamycin phosphate inj 600 mg/4ml</i>	
<i>clindamycin phosphate inj 900 mg/6ml</i>	
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>	NDS
<i>daptomycin for iv soln 500 mg</i>	NDS
DAPTOMYCIN INJ 350MG	NDS
EMVERM CHW 100MG	NDS, 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	NDS, 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>	NDS, 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>	NDS, QL (6 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
<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>	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate for inj 1 gm</i>	NDS
<i>sulfadiazine tab 500 mg</i>	NDS
<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	NDS, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	NDS, 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	

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****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>	NDS, B/D
<i>caspofungin acetate for iv soln 50 mg</i>	
<i>caspofungin acetate for iv soln 70 mg</i>	
CRESEMBA CAP 74.5MG	NDS, PA
CRESEMBA CAP 186MG	NDS, 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>	NDS, PA
<i>flucytosine cap 500 mg</i>	NDS, 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>	NDS, 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>	NDS, 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>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***primaquine phosphate tab 26.3 mg (15 mg base)*

PRIMAQUINE TAB 26.3MG

quinine sulfate cap 324 mg

PA

**ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS
INFECTION***abacavir sulfate soln 20 mg/ml (base equiv)**abacavir sulfate tab 300 mg (base equiv)*

APTIVUS CAP 250MG

NDS

*atazanavir sulfate cap 150 mg (base equiv)**atazanavir sulfate cap 200 mg (base equiv)**atazanavir sulfate cap 300 mg (base equiv)**darunavir tab 600 mg*

QL (60 tabs / 30 days)

darunavir tab 800 mg

QL (30 tabs / 30 days)

EDURANT PED TAB 2.5MG

NDS

EDURANT TAB 25MG

NDS

*efavirenz tab 600 mg**emtricitabine caps 200 mg*

EMTRIVA SOL 10MG/ML

etravirine tab 100 mg

NDS

etravirine tab 200 mg

NDS

fosamprenavir calcium tab 700 mg (base equiv)

NDS

INTELENCE TAB 25MG

ISENTRESS CHW 25MG

ISENTRESS CHW 100MG

NDS

ISENTRESS HD TAB 600MG

NDS

ISENTRESS POW 100MG

NDS

ISENTRESS TAB 400MG

NDS

*lamivudine oral soln 10 mg/ml**lamivudine tab 150 mg**lamivudine tab 300 mg**maraviroc tab 150 mg*

NDS

maraviroc tab 300 mg

NDS

*nevirapine susp 50 mg/5ml**nevirapine tab 200 mg**nevirapine tab er 24hr 400 mg*

NORVIR POW 100MG

PIFELTRO TAB 100MG

NDS

PREZISTA SUS 100MG/ML

NDS, QL (400 mL / 30 days)

PREZISTA TAB 75MG

QL (480 tabs / 30 days)

PREZISTA TAB 150MG

NDS, QL (240 tabs / 30 days)

REYATAZ POW 50MG

NDS

rilpivirine hcl tab 25 mg (base equivalent)

NDS

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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<i>ritonavir tab 100 mg</i>	
RUKOBIA TAB 600MG ER	NDS
SELZENTRY SOL 20MG/ML	NDS
SUNLENCA TAB 300MG	NDS
<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TIVICAY PD TAB 5MG	NDS
TIVICAY TAB 50MG	NDS
TROGARZO INJ 150MG/ML	NDS
TYBOST TAB 150MG	
VIRACEPT TAB 250MG	NDS
VIRACEPT TAB 625MG	NDS
VIREAD POW 40MG/GM	NDS
VIREAD TAB 150MG	NDS
VIREAD TAB 200MG	NDS
VIREAD TAB 250MG	NDS
<i>zidovudine cap 100 mg</i>	
<i>zidovudine syrup 10 mg/ml</i>	
<i>zidovudine tab 300 mg</i>	

**ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS
HIV/AIDS INFECTION**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	
BIKTARVY TAB 30-120-15 MG	NDS
BIKTARVY TAB 50-200-25 MG	NDS
CIMDUO TAB 300-300	NDS
DELSTRIGO TAB	NDS
DESCOVY TAB 120-15MG	NDS
DESCOVY TAB 200/25MG	NDS
DOVATO TAB 50-300MG	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EVOTAZ TAB 300-150	NDS
GENVOYA TAB	NDS
IDVYNZO TAB 100-0.25	NDS
JULUCA TAB 50-25MG	NDS
KALETRA SOL	
<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>lopinavir-ritonavir tab 100-25 mg</i>	
<i>lopinavir-ritonavir tab 200-50 mg</i>	
ODEFSEY TAB	NDS
PREZCOBIX TAB 675/150	NDS
PREZCOBIX TAB 800-150	NDS
STRIBILD TAB	NDS
SYM TUZA TAB	NDS
TRIUMEQ PD TAB	
TRIUMEQ TAB	NDS

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

<i>cycloserine cap 250 mg</i>	NDS
<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	NDS, PA
SIRTURO TAB 100MG	NDS, 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	NDS, ST
<i>entecavir tab 0.5 mg</i>	
<i>entecavir tab 1 mg</i>	
EPCLUSA PAK 150-37.5	NDS, PA
EPCLUSA PAK 200-50MG	NDS, PA
EPCLUSA TAB 200-50MG	NDS, 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**

EPCLUSA TAB 400-100	NDS, 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 (hbw)</i>	
LIVTENCITY TAB 200MG	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	NDS, PA
MAVYRET TAB 100-40MG	NDS, PA
<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	NDS, PA
PEGASYS INJ 180MCG/M	NDS, PA
PREVYMIS TAB 240MG	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
<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>	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
VOSEVI TAB	NDS, 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	

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

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%	
<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>	NDS
<i>ceftaroline fosamil for iv soln 600 mg</i>	NDS
<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>	

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***ceftriaxone sodium for iv soln 1 gm**ceftriaxone sodium for iv soln 2 gm**cefuroxime axetil tab 250 mg**cefuroxime axetil tab 500 mg**cefuroxime sodium for inj 750 mg**cefuroxime sodium for iv soln 1.5 gm**cephalexin cap 250 mg**cephalexin cap 500 mg**cephalexin for susp 125 mg/5ml**cephalexin for susp 250 mg/5ml**tazicef*

TEFLARO INJ 400MG

NDS

TEFLARO INJ 600MG

NDS

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS*azithromycin for susp 100 mg/5ml**azithromycin for susp 200 mg/5ml**azithromycin iv for soln 500 mg**azithromycin tab 250 mg**azithromycin tab 500 mg**azithromycin tab 600 mg**clarithromycin for susp 125 mg/5ml**clarithromycin for susp 250 mg/5ml**clarithromycin tab 250 mg**clarithromycin tab 500 mg**clarithromycin tab er 24hr 500 mg*

DIFICID SUS

NDS

e.e.s. 400

ERYTHROCIN INJ 500MG

*erythromycin ethylsuccinate tab 400 mg**erythromycin lactobionate for inj 500 mg**erythromycin tab 250 mg**erythromycin tab 500 mg**erythromycin tab delayed release 250 mg**erythromycin tab delayed release 333 mg**erythromycin tab delayed release 500 mg**erythromycin w/ delayed release particles cap 250 mg**fidaxomicin tab 200 mg*

NDS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS*ciprofloxacin 200 mg/100ml in d5w**ciprofloxacin 400 mg/200ml in d5w**ciprofloxacin hcl tab 250 mg (base equiv)**ciprofloxacin hcl tab 500 mg (base equiv)*

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***ciprofloxacin hcl tab 750 mg (base equiv)**levofloxacin in d5w iv soln 250 mg/50ml**levofloxacin in d5w iv soln 500 mg/100ml**levofloxacin in d5w iv soln 750 mg/150ml**levofloxacin iv soln 25 mg/ml**levofloxacin oral soln 25 mg/ml**levofloxacin tab 250 mg**levofloxacin tab 500 mg**levofloxacin tab 750 mg**moxifloxacin hcl 400 mg/250ml in sodium chloride
0.8% inj**moxifloxacin hcl tab 400 mg (base equiv)***PENICILLINS - DRUGS TO TREAT INFECTIONS***amoxicillin & k clavulanate for susp 200-28.5
mg/5ml**amoxicillin & k clavulanate for susp 250-62.5
mg/5ml**amoxicillin & k clavulanate for susp 400-57
mg/5ml**amoxicillin & k clavulanate for susp 600-42.9
mg/5ml**amoxicillin & k clavulanate tab 250-125 mg**amoxicillin & k clavulanate tab 500-125 mg**amoxicillin & k clavulanate tab 875-125 mg**amoxicillin (trihydrate) cap 250 mg**amoxicillin (trihydrate) cap 500 mg**amoxicillin (trihydrate) chew tab 125 mg**amoxicillin (trihydrate) chew tab 250 mg**amoxicillin (trihydrate) for susp 125 mg/5ml**amoxicillin (trihydrate) for susp 200 mg/5ml**amoxicillin (trihydrate) for susp 250 mg/5ml**amoxicillin (trihydrate) for susp 400 mg/5ml**amoxicillin (trihydrate) tab 500 mg**amoxicillin (trihydrate) tab 875 mg**ampicillin & sulbactam sodium for inj 1.5 (1-0.5)
gm**ampicillin & sulbactam sodium for inj 3 (2-1) gm**ampicillin & sulbactam sodium for iv soln 1.5 (1-
0.5) gm**ampicillin & sulbactam sodium for iv soln 3 (2-1)
gm**ampicillin & sulbactam sodium for iv soln 15 (10-5)
gm**ampicillin cap 500 mg*

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

<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>	
BICILLIN L-A INJ 600000	
BICILLIN L-A INJ 1200000	
BICILLIN L-A INJ 2400000	
<i>dicloxacillin sodium cap 250 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	
<i>nafticillin sodium for inj 1 gm</i>	
<i>nafticillin sodium for inj 2 gm</i>	
<i>nafticillin sodium for iv soln 10 gm</i>	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	
<i>penicillin g potassium for inj 5000000 unit</i>	
<i>penicillin g potassium for inj 20000000 unit</i>	
<i>penicillin g sodium for inj 5000000 unit</i>	
<i>penicillin v potassium for soln 125 mg/5ml</i>	
<i>penicillin v potassium for soln 250 mg/5ml</i>	
<i>penicillin v potassium tab 250 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	
<i>pfizerpen</i>	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxy 100</i>	
<i>doxycycline hyclate cap 50 mg</i>	
<i>doxycycline hyclate cap 100 mg</i>	
<i>doxycycline hyclate for inj 100 mg</i>	
<i>doxycycline hyclate tab 20 mg</i>	
<i>doxycycline hyclate tab 100 mg</i>	

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

<i>doxycycline monohydrate cap 50 mg</i>	
<i>doxycycline monohydrate cap 100 mg</i>	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>doxycycline monohydrate tab 50 mg</i>	
<i>doxycycline monohydrate tab 75 mg</i>	
<i>doxycycline monohydrate tab 100 mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
NUZYRA INJ 100MG	NDS
NUZYRA TAB 150MG	NDS, QL (30 tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	
<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	NDS, B/D
BENDEKA INJ 100/4ML	NDS, 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	NDS, B/D
CYCLOPHOSPH INJ 1GM/5ML	NDS, B/D
CYCLOPHOSPH INJ 2GM/4ML	NDS, B/D
CYCLOPHOSPH INJ 500/5ML	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	NDS, B/D
CYCLOPHOSPH INJ 1000MG	NDS, B/D
CYCLOPHOSPH INJ 2000MG	NDS, B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	NDS, B/D
CYCLOPHOSPHA INJ 500/2.5	NDS, B/D
<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>	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	B/D
<i>cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)</i>	NDS, B/D

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

<i>cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)</i>	B/D
FRINDOVYX INJ 1GM/2ML	NDS, B/D
FRINDOVYX INJ 2GM/4ML	NDS, B/D
FRINDOVYX INJ 500MG/ML	NDS, B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	NDS
LEUKERAN TAB 2MG	NDS, PA
<i>lomustine cap 10 mg</i>	
<i>lomustine cap 40 mg</i>	
<i>lomustine cap 100 mg</i>	NDS
<i>oxaliplatin for iv inj 50 mg</i>	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	NDS, 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	NDS, B/D

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	NDS, 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	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	NDS, QL (80 tabs / 28 days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	NDS
<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

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>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	NDS, QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	NDS, QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	NDS, B/D
TABLOID TAB 40MG	NDS, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	NDS, QL (60 tabs / 30 days), PA
<i>abirtega</i>	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	NDS, QL (60 tabs / 30 days), PA
<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	NDS, QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	NDS
<i>exemestane tab 25 mg</i>	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	NDS, PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	NDS, B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLURIYO TAB 200MG	NDS, 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	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	NDS, PA
LUPRON DEPOT INJ 11.25MG	NDS, PA
LYSODREN TAB 500MG	NDS
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg</i>	NDS
NUBEQA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	NDS, PA
ORSERDU TAB 86MG	NDS, QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	NDS
<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	NDS, QL (120 caps / 30 days), PA
XTANDI TAB 40MG	NDS, QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	NDS, QL (60 tabs / 30 days), PA
YONSA TAB 125MG	NDS, QL (120 tabs / 30 days), PA
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	NDS, QL (21 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>lenalidomide caps 2.5 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>pomalidomide cap 1 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 2 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 3 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 4 mg</i>	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 1MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 2MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	NDS, QL (112 caps / 28 days), PA

MISCELLANEOUS

BESREMI SOL 500MCG	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	NDS, 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>	NDS, 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	NDS, 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>	

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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<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MATULANE CAP 50MG	NDS
<i>mesna tab 400 mg</i>	NDS
MODEYSO CAP 125MG	NDS, QL (20 caps / 28 days), PA
<i>tretinoin cap 10 mg</i>	NDS
WELIREG TAB 40MG	NDS, 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>	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	NDS, B/D
DOCETAXEL INJ 20MG/2ML	NDS, B/D
DOCETAXEL INJ 80MG/4ML	NDS, B/D
DOCETAXEL INJ 80MG/8ML	NDS, B/D
DOCETAXEL INJ 160/8ML	NDS, B/D
DOCETAXEL INJ 160/16ML	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	NDS, B/D
DOCIVYX INJ 20MG/2ML	NDS, B/D
DOCIVYX INJ 80MG/8ML	NDS, B/D
DOCIVYX INJ 160/16ML	NDS, 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>	NDS, 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	NDS, QL (240 caps / 30 days), PA
ALUNBRIG PAK	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALUNBRIG TAB 90MG	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAP 40MG	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	NDS, QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	NDS, QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	NDS, QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	NDS, QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	NDS, QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	NDS, PA
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	NDS, QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	NDS, QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	NDS, QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	NDS, QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	NDS, QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	NDS, QL (60 tabs / 30 days), PA

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
CABOMETYX TAB 20MG	NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	NDS, QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	NDS, QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	NDS, QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	NDS, QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	NDS, QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	NDS, QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	NDS, QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	NDS, QL (270 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
ENSACOVE CAP 100MG	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	NDS, QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	NDS, QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	NDS, QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	NDS, QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	NDS, QL (84 caps / 28 days), PA

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
GOMEKLI TAB 1MG	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	NDS, PA
HERCEPTIN INJ 150MG	NDS, PA
HERCESSI INJ 150MG	NDS, PA
HERCESSI INJ 420MG	NDS, PA
HERNEXEOS TAB 60MG	NDS, QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	NDS, PA
HERZUMA INJ 420MG	NDS, PA
HYRNUO TAB 10MG	NDS, QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	NDS, QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	NDS, QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	NDS, QL (120 caps / 30 days), PA

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
IMBRUVICA SUS 70MG/ML	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	NDS, QL (280 mL / 28 days), PA
INLYTA TAB 1MG	NDS, QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	NDS, QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	NDS, QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	NDS, QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	NDS, QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	NDS, B/D
KADCYLA INJ 160MG	NDS, B/D
KANJINTI INJ 420MG	NDS, PA
KANJINTI SOL 150MG	NDS, PA
KEYTRUDA INJ 100MG/4M	NDS, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	NDS, QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	NDS, QL (1 vial / 42 days), PA
KISQALI 200 DOSE	NDS, QL (21 tabs / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 400 DOSE	NDS, QL (42 tabs / 28 days), PA
KISQALI 600 DOSE	NDS, QL (63 tabs / 28 days), PA
KOMZIFTI CAP 200MG	NDS, QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	NDS, QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	NDS, QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	NDS, QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	NDS, QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	NDS, QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	NDS, QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	NDS, QL (120 tabs / 30 days), PA

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
LUMAKRAS TAB 320MG	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	NDS, QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	NDS, QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	NDS, QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	NDS, QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	NDS, QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	NDS, PA
NERLYNX TAB 40MG	NDS, QL (180 tabs / 30 days), PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	NDS, QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	NDS, QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	NDS, QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	NDS, QL (3 caps / 28 days), PA
NINLARO CAP 3MG	NDS, QL (3 caps / 28 days), PA
NINLARO CAP 4MG	NDS, QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	NDS, QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	NDS, PA
OGIVRI INJ 420MG	NDS, PA
OGSIVEO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	NDS, QL (96 mL / 28 days), PA

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
OJEMDA TAB 100MG	NDS, QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	NDS, PA
ONTRUZANT INJ 420MG	NDS, PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	NDS, QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	NDS, PA
PIQRAY 200MG TAB DOSE	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	NDS, QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	NDS, QL (60 caps / 30 days), PA

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
ROMVIMZA CAP 14MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	NDS, QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	NDS, QL (224 caps / 28 days), PA
SCEMBLIX TAB 20MG	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TAB 40MG	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	NDS, QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	NDS, QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	NDS, QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	NDS, QL (120 caps / 30 days), PA

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
TAFINLAR TAB 10MG	NDS, QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	NDS, QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	NDS, QL (30 caps / 30 days), PA
TECENTRIQ INJ 840/14	NDS, PA
TECENTRIQ INJ 1200/20	NDS, PA
TECENTRIQ INJ HYBREZA	NDS, QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i>	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	NDS, PA
TRAZIMERA INJ 420MG	NDS, PA
TRUQAP PAK 160MG	NDS, QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	NDS, QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	NDS, QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	NDS, QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	NDS, PA
TRUXIMA INJ 500/50ML	NDS, PA
TUKYSA TAB 50MG	NDS, QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TURALIO CAP 125MG	NDS, QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	NDS, QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	NDS, QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	NDS, QL (30 tabs / 30 days), PA
VONJO CAP 100MG	NDS, QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	NDS, QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 50MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 150MG	NDS, QL (180 caps / 30 days), PA

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
XALKORI CAP 200MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 250MG	NDS, QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
<i>yulithira</i>	QL (30 tabs / 30 days), PA
ZEJULA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	NDS, PA
ZIRABEV INJ 400/16ML	NDS, PA
ZOLINZA CAP 100MG	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	NDS, QL (84 tabs / 28 days), PA

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****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>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	
<i>benazepril hcl tab 10 mg</i>	
<i>benazepril hcl tab 20 mg</i>	
<i>benazepril hcl tab 40 mg</i>	
<i>captopril tab 12.5 mg</i>	
<i>captopril tab 25 mg</i>	
<i>captopril tab 50 mg</i>	
<i>captopril tab 100 mg</i>	
<i>enalapril maleate tab 2.5 mg</i>	
<i>enalapril maleate tab 5 mg</i>	
<i>enalapril maleate tab 10 mg</i>	
<i>enalapril maleate tab 20 mg</i>	
<i>fosinopril sodium tab 10 mg</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***fosinopril sodium tab 20 mg**fosinopril sodium tab 40 mg**lisinopril tab 2.5 mg**lisinopril tab 5 mg**lisinopril tab 10 mg**lisinopril tab 20 mg**lisinopril tab 30 mg**lisinopril tab 40 mg**moexipril hcl tab 7.5 mg**moexipril hcl tab 15 mg**perindopril erbumine tab 2 mg**perindopril erbumine tab 4 mg**perindopril erbumine tab 8 mg**quinapril hcl tab 5 mg**quinapril hcl tab 10 mg**quinapril hcl tab 20 mg**quinapril hcl tab 40 mg**ramipril cap 1.25 mg**ramipril cap 2.5 mg**ramipril cap 5 mg**ramipril cap 10 mg**trandolapril tab 1 mg**trandolapril tab 2 mg**trandolapril tab 4 mg***ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE***eplerenone tab 25 mg**eplerenone tab 50 mg**KERENDIA TAB 10MG*

QL (30 tabs / 30 days)

KERENDIA TAB 20MG

QL (30 tabs / 30 days)

KERENDIA TAB 40MG

QL (30 tabs / 30 days)

*spironolactone tab 25 mg**spironolactone tab 50 mg**spironolactone tab 100 mg***ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE***doxazosin mesylate tab 1 mg**doxazosin mesylate tab 2 mg**doxazosin mesylate tab 4 mg**doxazosin mesylate tab 8 mg**prazosin hcl cap 1 mg**prazosin hcl cap 2 mg**prazosin hcl cap 5 mg**terazosin hcl cap 1 mg (base equivalent)*

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***terazosin hcl cap 2 mg (base equivalent)**terazosin hcl cap 5 mg (base equivalent)**terazosin hcl cap 10 mg (base equivalent)***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS
TO TREAT HIGH BLOOD PRESSURE***amlodipine besylate-olmesartan medoxomil tab 5-20 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 5-40 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 10-20 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 10-40 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 5-160 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 5-320 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 10-160 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 10-320 mg* QL (30 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* QL (60 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* QL (30 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* QL (30 tabs / 30 days)*ENTRESTO CAP 6-6MG* QL (240 caps / 30 days)*ENTRESTO CAP 15-16MG* QL (240 caps / 30 days)*irbesartan-hydrochlorothiazide tab 150-12.5 mg* QL (60 tabs / 30 days)*irbesartan-hydrochlorothiazide tab 300-12.5 mg* QL (30 tabs / 30 days)*losartan potassium & hydrochlorothiazide tab 50-12.5 mg**losartan potassium & hydrochlorothiazide tab 100-12.5 mg**losartan potassium & hydrochlorothiazide tab 100-25 mg**olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* QL (30 tabs / 30 days)*olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* QL (30 tabs / 30 days)*olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* QL (30 tabs / 30 days)*olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* QL (30 tabs / 30 days)*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* QL (30 tabs / 30 days)*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* QL (30 tabs / 30 days)

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

<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)

**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>	
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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>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>	
<i>propafenone hcl tab 225 mg</i>	
<i>propafenone hcl tab 300 mg</i>	
<i>quinidine sulfate tab 200 mg</i>	
<i>quinidine sulfate tab 300 mg</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	
<i>sotalol hcl tab 80 mg</i>	
<i>sotalol hcl tab 120 mg</i>	
<i>sotalol hcl tab 160 mg</i>	
<i>sotalol hcl tab 240 mg</i>	

ANTIPEMICS, FIBRATES

<i>fenofibrate micronized cap 67 mg</i>	
<i>fenofibrate micronized cap 134 mg</i>	
<i>fenofibrate micronized cap 200 mg</i>	
<i>fenofibrate tab 48 mg</i>	
<i>fenofibrate tab 54 mg</i>	
<i>fenofibrate tab 145 mg</i>	
<i>fenofibrate tab 160 mg</i>	
<i>gemfibrozil tab 600 mg</i>	

**ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO
TREAT HIGH CHOLESTEROL**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</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>atorvastatin calcium tab 40 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	QL (30 tabs / 30 days)

**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

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**

REPATHA SURE INJ 140MG/ML

QL (6 autoinjectors / 28 days), PA

VASCEPA CAP 0.5GM

VASCEPA CAP 1GM

**BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT
HIGH BLOOD PRESSURE AND HEART CONDITIONS***atenolol & chlorthalidone tab 50-25 mg**atenolol & chlorthalidone tab 100-25 mg**bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg**bisoprolol & hydrochlorothiazide tab 5-6.25 mg**bisoprolol & hydrochlorothiazide tab 10-6.25 mg**metoprolol & hydrochlorothiazide tab 50-25 mg**metoprolol & hydrochlorothiazide tab 100-25 mg**metoprolol & hydrochlorothiazide tab 100-50 mg***BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND
HEART CONDITIONS***acebutolol hcl cap 200 mg**acebutolol hcl cap 400 mg**atenolol tab 25 mg**atenolol tab 50 mg**atenolol tab 100 mg**betaxolol hcl tab 10 mg**betaxolol hcl tab 20 mg**bisoprolol fumarate tab 5 mg**bisoprolol fumarate tab 10 mg**carvedilol tab 3.125 mg**carvedilol tab 6.25 mg**carvedilol tab 12.5 mg**carvedilol tab 25 mg**labetalol hcl tab 100 mg**labetalol hcl tab 200 mg**labetalol hcl tab 300 mg**metoprolol succinate tab er 24hr 25 mg (tartrate equiv)**metoprolol succinate tab er 24hr 50 mg (tartrate equiv)**metoprolol succinate tab er 24hr 100 mg (tartrate equiv)**metoprolol succinate tab er 24hr 200 mg (tartrate equiv)**metoprolol tartrate iv soln 5 mg/5ml**metoprolol tartrate tab 25 mg**metoprolol tartrate tab 50 mg*

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

<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>	
<i>propranolol hcl tab 40 mg</i>	
<i>propranolol hcl tab 60 mg</i>	
<i>propranolol hcl tab 80 mg</i>	
<i>timolol maleate tab 5 mg</i>	
<i>timolol maleate tab 10 mg</i>	
<i>timolol maleate tab 20 mg</i>	

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	
<i>cartia xt</i>	
<i>dilt-xr</i>	
<i>diltiazem hcl cap er 12hr 60 mg</i>	
<i>diltiazem hcl cap er 12hr 90 mg</i>	
<i>diltiazem hcl cap er 12hr 120 mg</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	
<i>diltiazem hcl cap er 24hr 180 mg</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	

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

*diltiazem hcl extended release beads cap er 24hr
120 mg*

*diltiazem hcl extended release beads cap er 24hr
180 mg*

*diltiazem hcl extended release beads cap er 24hr
240 mg*

*diltiazem hcl extended release beads cap er 24hr
300 mg*

*diltiazem hcl extended release beads cap er 24hr
360 mg*

*diltiazem hcl extended release beads cap er 24hr
420 mg*

diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)

diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)

diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)

diltiazem hcl tab 30 mg

diltiazem hcl tab 60 mg

diltiazem hcl tab 90 mg

diltiazem hcl tab 120 mg

felodipine tab er 24hr 2.5 mg

felodipine tab er 24hr 5 mg

felodipine tab er 24hr 10 mg

isradipine cap 2.5 mg

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

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***verapamil hcl tab 120 mg**verapamil hcl tab er 120 mg**verapamil hcl tab er 180 mg**verapamil hcl tab er 240 mg***DIURETICS - DRUGS TO TREAT HEART CONDITIONS***acetazolamide cap er 12hr 500 mg**acetazolamide tab 125 mg**acetazolamide tab 250 mg**amiloride & hydrochlorothiazide tab 5-50 mg**amiloride hcl tab 5 mg**bumetanide inj 0.25 mg/ml**bumetanide tab 0.5 mg**bumetanide tab 1 mg**bumetanide tab 2 mg**chlorthalidone tab 25 mg**chlorthalidone tab 50 mg**furosemide inj**furosemide oral soln 8 mg/ml**furosemide oral soln 10 mg/ml**furosemide tab 20 mg**furosemide tab 40 mg**furosemide tab 80 mg**hydrochlorothiazide cap 12.5 mg**hydrochlorothiazide tab 12.5 mg**hydrochlorothiazide tab 25 mg**hydrochlorothiazide tab 50 mg**indapamide tab 1.25 mg**indapamide tab 2.5 mg**methazolamide tab 25 mg**methazolamide tab 50 mg**metolazone tab 2.5 mg**metolazone tab 5 mg**metolazone tab 10 mg**spironolactone & hydrochlorothiazide tab 25-25 mg**torsemide tab 5 mg**torsemide tab 10 mg**torsemide tab 20 mg**torsemide tab 100 mg**triamterene & hydrochlorothiazide cap 37.5-25 mg**triamterene & hydrochlorothiazide tab 37.5-25 mg**triamterene & hydrochlorothiazide tab 75-50 mg***MISCELLANEOUS***aliskiren fumarate tab 150 mg (base equivalent) QL (30 tabs / 30 days)*

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>	
CORLANOR SOL 5MG/5ML	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>	NDS, QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	NDS, 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
<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>	NDS, 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
VYNDAMAX CAP 61MG	NDS, QL (30 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****NITRATES - DRUGS TO TREAT HEART CONDITIONS***isosorbide dinitrate tab 5 mg**isosorbide dinitrate tab 10 mg**isosorbide dinitrate tab 20 mg**isosorbide dinitrate tab 30 mg**isosorbide mononitrate tab er 24hr 30 mg**isosorbide mononitrate tab er 24hr 60 mg**isosorbide mononitrate tab er 24hr 120 mg**nitro-bid**nitroglycerin oint 2%**nitroglycerin sl tab 0.3 mg**nitroglycerin sl tab 0.4 mg**nitroglycerin sl tab 0.6 mg**nitroglycerin td patch 24hr 0.1 mg/hr**nitroglycerin td patch 24hr 0.2 mg/hr**nitroglycerin td patch 24hr 0.4 mg/hr**nitroglycerin td patch 24hr 0.6 mg/hr**nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)***PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT
PULMONARY HYPERTENSION***ADEMPAS TAB 0.5MG*

NDS, QL (90 tabs / 30 days), PA

ADEMPAS TAB 1.5MG

NDS, QL (90 tabs / 30 days), PA

ADEMPAS TAB 1MG

NDS, QL (90 tabs / 30 days), PA

ADEMPAS TAB 2.5MG

NDS, QL (90 tabs / 30 days), PA

ADEMPAS TAB 2MG

NDS, QL (90 tabs / 30 days), PA

alyq

NDS, QL (60 tabs / 30 days), PA

ambrisentan tab 5 mg

NDS, QL (30 tabs / 30 days), PA

ambrisentan tab 10 mg

NDS, QL (30 tabs / 30 days), PA

bosentan tab 62.5 mg

NDS, QL (60 tabs / 30 days), PA

bosentan tab 125 mg

NDS, QL (60 tabs / 30 days), PA

bosentan tab for oral susp 32 mg

NDS, QL (120 tabs / 30 days), PA

macitentan tab 10 mg

NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPSUMIT TAB 10MG	NDS, 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>	NDS, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	NDS, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	NDS, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	NDS, PA
UPTRA VI PACK TAB 200/800	NDS, QL (1 pack / 28 days), PA
UPTRA VI TAB 200MCG	NDS, QL (140 tabs / 28 days), PA
UPTRA VI TAB 400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRA VI TAB 600MCG	NDS, QL (60 tabs / 30 days), PA
UPTRA VI TAB 800MCG	NDS, QL (60 tabs / 30 days), PA
UPTRA VI TAB 1000MCG	NDS, QL (60 tabs / 30 days), PA
UPTRA VI TAB 1200MCG	NDS, QL (60 tabs / 30 days), PA
UPTRA VI TAB 1400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRA VI TAB 1600MCG	NDS, QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	NDS, QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	NDS, QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

<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)

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>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>	
<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

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>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)
<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
AUVELITY TAB 45-105MG	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>	

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>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
<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)

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>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	NDS, QL (30 patches / 30 days), PA
<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	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	NDS, QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
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>	

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>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>	
<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>	
RALDESY SOL 10MG/ML	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)
TRINTELLIX TAB 5MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	

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

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

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

<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	NDS, QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<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	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 injection / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 400MG	NDS, 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.	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	NDS
<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	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	NDS, 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>	

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>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	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	NDS, QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	NDS, QL (2 syringes / year)
FANAPT PAK PACK A	QL (2 packs / year), PA
FANAPT PAK PACK B	QL (2 packs / year), PA
FANAPT PAK PACK C	QL (2 packs / year), PA
FANAPT TAB 1MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	NDS, QL (60 tabs / 30 days), PA
<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>	
<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>	

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

<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	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	NDS, 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	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	NDS, QL (30 tabs / 30 days)

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

<i>molindone hcl tab 5 mg</i>	
<i>molindone hcl tab 10 mg</i>	
<i>molindone hcl tab 25 mg</i>	
NUPLAZID CAP 34MG	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	NDS, 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	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	NDS, QL (90 films / 30 days), PA
<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

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>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	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	NDS, QL (30 tabs / 30 days)
<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>	NDS, QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	NDS, 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	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	NDS, QL (30 patches / 30 days)
SECUADO DIS 7.6MG	NDS, QL (30 patches / 30 days)
<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>	

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

<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	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 0.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 0.75MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 3MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	NDS, QL (30 caps / 30 days)
<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	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	NDS, QL (1 vial / 28 days), PA

ANTISEIZURE AGENTS

APTIOM TAB 200MG	NDS, QL (30 tabs / 30 days)
APTIOM TAB 400MG	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	NDS, QL (60 tabs / 30 days)
<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	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRIVIACT TAB 25MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	NDS, QL (60 tabs / 30 days), PA
<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)
<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	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	NDS, QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	NDS, QL (360 packets / 30 days), PA

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIACOMIT PAK 500MG	NDS, 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	
<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	NDS, 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>	

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FINTEPLA SOL 2.2MG/ML	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	NDS, QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	NDS, QL (30 tabs / 30 days), PA
<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>	
<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>	

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

<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>	NDS, 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
<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

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

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>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</i>	QL (270 caps / 30 days)
<i>relgaabi</i>	QL (360 caps / 30 days)
<i>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	NDS, 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	NDS, ST
SYMPAZAN MIS 5MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	NDS, QL (60 films / 30 days), PA
<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>	
<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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>	NDS, QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	NDS, QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	NDS, QL (28 tabs / 28 days)
XCOPRI TAB 25MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg</i>	
ZTALMY SUS 50MG/ML	NDS, 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>	NDS, 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>	NDS, QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
<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	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 18MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	NDS, 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	NDS, 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>	NDS, QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS	
BAFIERTAM CAP 95MG	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	NDS, QL (14 kits / 28 days), PA
COPAXONE INJ 20MG/ML	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	NDS, QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	QL (60 tabs / 30 days), PA
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	NDS, QL (30 syringes / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	NDS, QL (12 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**

<i>glatopa</i>	NDS, QL (12 syringes / 28 days), PA
<i>glatopa</i>	NDS, QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	NDS, QL (16 pens / 365 days), PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<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
<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

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***sodium oxybate oral solution 500 mg/ml*

NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC*acamprosate calcium tab delayed release 333 mg**buprenorphine hcl sl tab 2 mg (base equiv)*

QL (180 tabs / 30 days)

buprenorphine hcl sl tab 8 mg (base equiv)

QL (120 tabs / 30 days)

buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)

QL (180 films / 30 days)

buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)

QL (90 films / 30 days)

buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)

QL (120 films / 30 days)

buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)

QL (90 films / 30 days)

buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)

QL (180 tabs / 30 days)

buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)

QL (120 tabs / 30 days)

bupropion hcl (smoking deterrent) tab er 12hr 150 mg

QL (60 tabs / 30 days)

*disulfiram tab 250 mg**disulfiram tab 500 mg*

KLOXXADO SPR 8MG

*naloxone hcl inj 0.4 mg/ml**naloxone hcl inj 4 mg/10ml**naloxone hcl soln cartridge 0.4 mg/ml**naloxone hcl soln prefilled syringe 0.4 mg/ml**naloxone hcl soln prefilled syringe 2 mg/2ml**naltrexone hcl tab 50 mg*

NICOTROL NS SPR 10MG/ML

varenicline tartrate tab 0.5 mg (base equiv)

QL (56 tabs / 28 days)

varenicline tartrate tab 1 mg (base equiv)

QL (56 tabs / 28 days)

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack

QL (2 packs / year)

VIVITROL INJ 380MG

NDS

**ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND
REGULATE HORMONES****ANDROGENS - DRUGS TO REGULATE MALE HORMONES***danazol cap 50 mg**danazol cap 100 mg**danazol cap 200 mg**depo-testosterone*

PA

testosterone cypionate im inj in oil 100 mg/ml

PA

testosterone cypionate im inj in oil 200 mg/ml

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>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)
<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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
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
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate tab 50 mg (base equiv)</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>sitagliptin phosphate tab 100 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	QL (60 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	QL (60 tabs / 30 days)
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR KWP INJ 100/ML	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
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	

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

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
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	NDS, 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
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	NDS, QL (1 pen / 28 days), PA; (ALVOGEN product)
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	NDS, QL (1 pen / 28 days), PA
TYMLOS INJ	NDS, QL (1 pen / 30 days), PA
WYOST INJ 120/1.7	NDS, PA
XTRENBO SOL 120/1.7	PA
<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	NDS
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</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
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	NDS, PA
<i>deferasirox tab for oral susp 500 mg</i>	NDS, PA
<i>kionex</i>	
<i>LOKELMA PAK 5GM</i>	
<i>LOKELMA PAK 10GM</i>	
<i>penicillamine tab 250 mg</i>	NDS
<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>	NDS, 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>	
<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 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	
<i>camrese</i>	
<i>camrese lo</i>	
<i>chateal eq</i>	
<i>cryselle</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</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>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>elimest</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 1.5/30</i>	
<i>feirza 1/20</i>	
<i>finzala</i>	
<i>galbriela</i>	
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>hailey fe 1/20</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel</i>	
<i>jencycla</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>	

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>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 0.15/30-28</i>	
<i>LILETTA IUD 52MG</i>	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>luizza 1.5/30</i>	
<i>luizza 1/20</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</i>	
<i>mibelas 24 fe</i>	

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

<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>	
NEXPLANON IMP 68MG	
<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>	
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	
<i>norlyroc</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35 (21)</i>	
<i>nortrel 1/35 (28)</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>orquidea</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivelsa</i>	
<i>rosyrah</i>	
<i>setlakin</i>	

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

<i>sharobel</i>	
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>syeda</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
<i>tilia fe</i>	
<i>tri-estarylla</i>	
<i>tri-legest fe</i>	
<i>tri-lynyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	
<i>tri-mili</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>turqoz</i>	
<i>tydemy</i>	
<i>valtya 1/35</i>	
<i>valtya 1/50</i>	
<i>velivet</i>	
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>xarah fe</i>	
<i>xelria fe</i>	
<i>xulane</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>abigale</i>	
<i>abigale lo</i>	
<i>dotti</i>	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***estradiol & norethindrone acetate tab 1-0.5 mg**estradiol tab 0.5 mg**estradiol tab 1 mg**estradiol tab 2 mg**estradiol td patch twice weekly 0.1 mg/24hr**estradiol td patch twice weekly 0.05 mg/24hr**estradiol td patch twice weekly 0.025 mg/24hr**estradiol td patch twice weekly 0.075 mg/24hr**estradiol td patch twice weekly 0.0375 mg/24hr**estradiol td patch weekly 0.1 mg/24hr**estradiol td patch weekly 0.05 mg/24hr**estradiol td patch weekly 0.06 mg/24hr**estradiol td patch weekly 0.025 mg/24hr**estradiol td patch weekly 0.075 mg/24hr**estradiol td patch weekly 0.0375 mg/24hr (37.5
mcg/24hr)**estradiol vaginal cream 0.01%**estradiol vaginal tab 10 mcg**estradiol valerate im in oil 10 mg/ml**estradiol valerate im in oil 20 mg/ml**estradiol valerate im in oil 40 mg/ml**fyavolv tab 0.5mg-2.5mcg**fyavolv tab 1mg-5mcg**jinteli**lyllana**mimvey**norethindrone acetate-ethinyl estradiol tab 0.5
mg-2.5 mcg**norethindrone acetate-ethinyl estradiol tab 1 mg-5
mcg**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*

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

<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	
<i>dexamethasone tab 1 mg</i>	
<i>dexamethasone tab 1.5 mg</i>	
<i>dexamethasone tab 2 mg</i>	
<i>dexamethasone tab 4 mg</i>	
<i>dexamethasone tab 6 mg</i>	
<i>fludrocortisone acetate tab 0.1 mg</i>	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	
<i>hydrocortisone tab 5 mg</i>	
<i>hydrocortisone tab 10 mg</i>	
<i>hydrocortisone tab 20 mg</i>	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	B/D
<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
<i>PREDNISON CON 5MG/ML</i>	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

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

<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>	NDS
GVOKE HYPO 1 INJ 0.5/.1ML	
GVOKE HYPO 1 INJ 1/0.2ML	
GVOKE HYPO 2 INJ 0.5/.1ML	
GVOKE HYPO 2 INJ 1/0.2ML	
GVOKE KIT SOL 1/0.2ML	
GVOKE PFS INJ 1/0.2ML	
ZEGALOGUE INJ 0.6/0.6	

MISCELLANEOUS

ALDURAZYME INJ 2.9MG/5M	NDS, PA
<i>betaine powder for oral solution</i>	NDS
<i>cabergoline tab 0.5 mg</i>	
<i>carglumic acid soluble tab 200 mg</i>	NDS, PA
CERDELGA CAP 84MG	NDS, PA
CEREZYME INJ 400UNIT	NDS, 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>	NDS
<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>	NDS
<i>desmopressin acetate tab 0.1 mg</i>	
<i>desmopressin acetate tab 0.2 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FABRAZYME INJ 5MG	NDS, PA
FABRAZYME INJ 35MG	NDS, PA
GENOTROPIN INJ 0.2MG	PA
GENOTROPIN INJ 0.4MG	NDS, PA
GENOTROPIN INJ 0.6MG	NDS, PA
GENOTROPIN INJ 0.8MG	NDS, PA
GENOTROPIN INJ 1.2MG	NDS, PA
GENOTROPIN INJ 1.4MG	NDS, PA
GENOTROPIN INJ 1.6MG	NDS, PA
GENOTROPIN INJ 1.8MG	NDS, PA
GENOTROPIN INJ 1MG	NDS, PA
GENOTROPIN INJ 2MG	NDS, PA
GENOTROPIN INJ 5MG	NDS, PA
GENOTROPIN INJ 12MG	NDS, PA
INCRELEX INJ 40MG/4ML	NDS, PA
<i>javygtor</i>	NDS, PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	NDS, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D
LUMIZYME INJ 50MG	NDS, PA
LUPR DEP-PED INJ 3M 30MG	NDS, PA
LUPR DEP-PED INJ 7.5MG	NDS, PA
LUPR DEP-PED INJ 11.25MG	NDS, PA
LUPR DEP-PED INJ 15MG	NDS, PA
LUPRON DEPOT INJ 45MG	NDS, PA
<i>mifepristone tab 300 mg</i>	NDS, PA
NAGLAZYME INJ 1MG/ML	NDS, PA
<i>nitisinone cap 2 mg</i>	NDS, PA
<i>nitisinone cap 5 mg</i>	NDS, PA
<i>nitisinone cap 10 mg</i>	NDS, PA
<i>nitisinone cap 20 mg</i>	NDS, 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>	NDS, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	NDS, 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>	NDS, 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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<i>raloxifene hcl tab 60 mg</i>	
REVCIVI INJ 1.6MG/ML	NDS, PA
REZDIFFRA TAB 60MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	NDS, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	NDS, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	NDS, PA
SIGNIFOR INJ 0.3MG/ML	NDS, PA
SIGNIFOR INJ 0.6MG/ML	NDS, PA
SIGNIFOR INJ 0.9MG/ML	NDS, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	NDS, PA
<i>sodium phenylbutyrate tab 500 mg</i>	NDS, PA
SOMATULINE INJ 60/0.2ML	NDS, PA
SOMATULINE INJ 90/0.3ML	NDS, PA
SOMAVERT INJ 10MG	NDS, PA
SOMAVERT INJ 15MG	NDS, PA
SOMAVERT INJ 20MG	NDS, PA
SOMAVERT INJ 25MG	NDS, PA
SOMAVERT INJ 30MG	NDS, PA
SYNAREL SOL 2MG/ML	NDS, PA
<i>tolvaptan tab 15 mg</i>	NDS, PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	NDS, PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	NDS, PA
<i>zelvysia</i>	NDS, 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>	

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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</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	
SYNTHROID TAB 100MCG	
SYNTHROID TAB 112MCG	
SYNTHROID TAB 125MCG	
SYNTHROID TAB 137MCG	
SYNTHROID TAB 150MCG	
SYNTHROID TAB 175MCG	
SYNTHROID TAB 200MCG	
SYNTHROID TAB 300MCG	
<i>unithroid</i>	
VITAMIN D ANALOGS	
<i>calcitriol (oral)</i>	B/D
<i>calcitriol cap 0.5 mcg</i>	B/D
<i>calcitriol cap 0.25 mcg</i>	B/D
<i>paricalcitol cap 1 mcg</i>	B/D
<i>paricalcitol cap 2 mcg</i>	B/D
<i>paricalcitol cap 4 mcg</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****GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL
DISORDERS****ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

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

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

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>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>	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
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	NDS, PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 vials / 28 days), PA
<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	NDS, QL (12 caps / 30 days), PA
XERMELO TAB 250MG	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	NDS, PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (30 caps / 30 days), ST
<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)

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

<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>	

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)

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

<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>tropium 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)
<i>ELIQUIS (1.5MG PACK) 3 X</i>	QL (591 tabs / 29 days)
<i>ELIQUIS (2MG PACK) 4 X</i>	QL (592 tabs / 30 days)
<i>ELIQUIS CAP 0.15MG</i>	QL (56 caps / 21 days)
<i>ELIQUIS ST P TAB 5MG</i>	QL (74 tabs / 30 days)
<i>ELIQUIS TAB 0.5MG</i>	QL (588 tabs / 29 days)
<i>ELIQUIS TAB 2.5MG</i>	QL (60 tabs / 30 days)
<i>ELIQUIS TAB 5MG</i>	QL (74 tabs / 30 days)
<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>	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	NDS
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	NDS, QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	NDS, PA
PROCRIT INJ 40000/ML	NDS, PA
ZARXIO INJ 300/0.5	NDS, PA
ZARXIO INJ 480/0.8	NDS, PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	NDS, QL (90 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALVAIZ TAB 54MG	NDS, QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
BERINERT INJ 500UNIT	NDS, QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
DOPTELET SPR CAP 10MG	NDS, PA
DOPTELET TAB 20MG	NDS, PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	NDS, QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	NDS, QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	NDS, QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	NDS, PA
<i>pentoxifylline tab er 400 mg</i>	
<i>sajazir</i>	NDS, QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	NDS
TAVNEOS CAP 10MG	NDS, 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
<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>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE
IMMUNE SYSTEM*****AUTOIMMUNE AGENTS***

ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	NDS, QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	NDS, QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 syringes / 28 days), PA
ENBREL INJ 25/0.5ML	NDS, QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	NDS, QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	NDS, QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	NDS, QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	NDS, QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	NDS, QL (4 syringes / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOTYKTU TAB 6MG	NDS, QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	NDS, PA
STELARA INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	NDS, PA
TYENNE INJ 80MG/4ML	NDS, PA
TYENNE INJ 162/0.9	NDS, QL (4 pens / 28 days), PA
TYENNE INJ 162MG	NDS, QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	NDS, PA
TYENNE INJ 400/20ML	NDS, PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	NDS, PA
VELSIPITY TAB 2MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	NDS, QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	NDS, QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA

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
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA

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

hydroxychloroquine sulfate tab 200 mg

JYLAMVO SOL 2MG/ML	B/D
<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	NDS, PA
ALYGLO INJ 10/100ML	NDS, PA
ALYGLO INJ 20/200ML	NDS, PA
BIVIGAM INJ 10%	NDS, PA
FLEBOGAMMA INJ 10/200ML	NDS, PA
FLEBOGAMMA INJ 20/400ML	NDS, PA
FLEBOGAMMA INJ DIF 5%	NDS, PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	NDS, PA
GAMMAGARD INJ 2.5GM/25	NDS, PA
GAMMAGARD INJ 5GM/50ML	NDS, PA
GAMMAGARD INJ 10GM/100	NDS, PA
GAMMAGARD INJ 20GM/200	NDS, PA
GAMMAGARD INJ 30GM/300	NDS, PA
GAMMAGARD SD INJ 5GM HU	NDS, PA
GAMMAGARD SD INJ 10GM HU	NDS, PA
GAMMAKED INJ 1GM/10ML	NDS, PA
GAMMAKED INJ 5GM/50ML	NDS, PA
GAMMAKED INJ 10GM/100	NDS, PA
GAMMAKED INJ 20GM/200	NDS, PA
GAMMAPLEX INJ 5%	NDS, PA
GAMMAPLEX INJ 10%	NDS, PA
GAMMGD ERC INJ 5GM/50ML	NDS, PA
GAMMGD ERC INJ 10/100ML	NDS, PA
GAMUNEX-C INJ 1GM/10ML	NDS, PA
GAMUNEX-C INJ 2.5GM/25	NDS, PA
GAMUNEX-C INJ 5GM/50ML	NDS, PA
GAMUNEX-C INJ 10GM/100	NDS, PA
GAMUNEX-C INJ 20GM/200	NDS, PA
GAMUNEX-C INJ 40/400ML	NDS, 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
OCTAGAM INJ 1GM	NDS, PA
OCTAGAM INJ 2.5GM	NDS, PA
OCTAGAM INJ 2GM/20ML	NDS, PA
OCTAGAM INJ 5GM	NDS, PA
OCTAGAM INJ 5GM/50ML	NDS, PA
OCTAGAM INJ 10/100ML	NDS, PA
OCTAGAM INJ 10GM	NDS, PA
OCTAGAM INJ 20/200ML	NDS, PA
OCTAGAM INJ 30/300ML	NDS, PA
PANZYGA SOL 1GM/10ML	NDS, PA
PANZYGA SOL 2.5/25ML	NDS, PA
PANZYGA SOL 5GM/50ML	NDS, PA
PANZYGA SOL 10/100ML	NDS, PA
PANZYGA SOL 20/200ML	NDS, PA
PANZYGA SOL 30/300ML	NDS, PA
PRIVIGEN INJ 5 GRAMS	NDS, PA
PRIVIGEN INJ 10GRAMS	NDS, PA
PRIVIGEN INJ 20GRAMS	NDS, PA
PRIVIGEN INJ 40GRAMS	NDS, PA
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	NDS, PA
ARCALYST INJ 220MG	NDS, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	NDS, B/D
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	NDS, PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	NDS, PA
<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>	NDS, B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	NDS, B/D
<i>everolimus tab 1 mg</i>	NDS, 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>gengraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D
<i>mycophenolate sodium tab dr 180 mg</i> (<i>mycophenolic acid equiv</i>)	B/D
<i>mycophenolate sodium tab dr 360 mg</i> (<i>mycophenolic acid equiv</i>)	B/D
NULOJIX INJ 250MG	NDS, B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	NDS, QL (30 tabs / 30 days), PA
<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>	NDS, B/D
VACCINES	
ABRYSCO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAIXA 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	

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
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	
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%

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>dextrose 2.5% w/ sodium chloride 0.45%</i>	
<i>dextrose 5% in lactated ringers</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ PH 7.4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	
KCL/D5W/NACL INJ 0.3/0.9%	
KCL/D5W/NACL INJ 0.15/0.2	
LACTATED RIN INJ	
<i>lactated ringer's solution</i>	
MAGNESIUM SU INJ 2GM/50ML	
MAGNESIUM SU INJ 4G/100ML	
MAGNESIUM SU INJ 20/500ML	
MAGNESIUM SU INJ 40G/1000	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	
<i>magnesium sulfate inj 50%</i>	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	
<i>magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)</i>	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***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**klor-con m20**M-NATAL PLUS TAB**potassium chloride cap er 8 meq**potassium chloride cap er 10 meq**potassium chloride microencapsulated crys er tab 10 meq**potassium chloride microencapsulated crys er tab 15 meq**potassium chloride microencapsulated crys er tab 20 meq**potassium chloride oral soln 10% (20 meq/15ml)**potassium chloride oral soln 20% (40 meq/15ml)**potassium chloride powder packet 20 meq**potassium chloride tab er 8 meq (600 mg)**potassium chloride tab er 10 meq*

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***potassium chloride tab er 20 meq (1500 mg)*

PRENATAL TAB 27-1MG

PRENATAL TAB PLUS

sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln

WESTAB PLUS TAB 27-1MG

IV NUTRITION*aminosyn ii soln 15%*

B/D

AMINOSYN INJ 10%

B/D

AMINOSYN-PF INJ 10%

B/D

CLINIMIX INJ 4.25/D5W

B/D

CLINIMIX INJ 4.25/D10

B/D

CLINIMIX INJ 5%/D15W

B/D

CLINIMIX INJ 5%/D20W

B/D

CLINIMIX INJ 6/5

B/D

CLINIMIX INJ 8/10

B/D

CLINIMIX INJ 8/14

B/D

clinisol sf 15%

B/D

CLINOLIPID EMU 20%

B/D

*dextrose inj 5%**dextrose inj 10%*

DEXTROSE INJ 10%

dextrose inj 50%

B/D

DEXTROSE INJ 70%

B/D

INTRALIPID INJ 20%

B/D

INTRALIPID INJ 30%

B/D

NUTRILIPID EMU 20%

B/D

plenamine

B/D

PREMASOL SOL 10%

NDS, B/D

PROSOL INJ 20%

B/D

TRAVASOL INJ 10%

B/D

TROPHAMINE INJ 10%

B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS**ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT
INFECTIONS AND INFLAMMATION***bacitracin-polymyxin-neomycin-hc ophth oint 1%**loteprednol etabonate-tobramycin ophth susp 0.5-
0.3%**neomycin-polymyxin-dexamethasone ophth oint
0.1%**neomycin-polymyxin-dexamethasone ophth susp
0.1%**neomycin-polymyxin-hc ophth susp*

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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%	NDS, PA
ZIRGAN GEL 0.15%	
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>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***cromolyn sodium ophth soln 4%**ZERVIAE DRO 0.24%***ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA***betaxolol hcl ophth soln 0.5%**brimonidine tartrate ophth soln 0.2%**brinzolamide ophth susp 1%*

ST

*carteolol hcl ophth soln 1%**COMBIGAN SOL 0.2/0.5%**dorzolamide hcl ophth soln 2%**dorzolamide hcl-timolol maleate ophth soln 2-0.5%**latanoprost ophth soln 0.005%**levobunolol hcl ophth soln 0.5%**LUMIGAN SOL 0.01% OP**pilocarpine hcl ophth soln 1%**pilocarpine hcl ophth soln 2%**pilocarpine hcl ophth soln 4%**RHOPRESSA SOL 0.02%**ROCKLATAN DRO**SIMBRINZA SUS 1-0.2%**timolol maleate ophth gel forming soln 0.5%**timolol maleate ophth gel forming soln 0.25%**timolol maleate ophth soln 0.5%**timolol maleate ophth soln 0.25%**VYZULTA SOL 0.024%***MISCELLANEOUS***ATROPINE SUL SOL 1% OP**atropine sulfate ophth soln 1%**CYSTADROPS SOL 0.37%*

NDS, PA

CYSTARAN SOL 0.44%

NDS, PA

*EYSUVIS DRO 0.25%**MIEBO DRO 1.3GM/ML**proparacaine hcl ophth soln 0.5%**RESTASIS EMU 0.05% OP**RESTASIS MUL EMU 0.05% OP**XIIDRA DRO 5%***OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR****OTIC AGENTS***acetic acid otic soln 2%**ciprofloxacin-dexamethasone otic susp 0.3-0.1%**flac**fluocinolone acetonide (otic) oil 0.01%**hydrocortisone w/ acetic acid otic soln 1-2%*

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**

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)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3mlB/D</i>	
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)
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days)
<i>cycloheptadine hcl syrup 2 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>cycloheptadine 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

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

<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 (0.5 mg/ml)</i>	QL (300 mL / 30 days)
<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
<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

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

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	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	NDS, PA
ARALAST NP INJ 1000MG	NDS, PA
<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	NDS, QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	NDS, QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	NDS, QL (56 packets / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO PAK 50MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	NDS, QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	NDS, QL (60 tabs / 30 days), PA
<i>nintedanib esylate cap 100 mg (base equivalent)</i>	NDS, QL (60 caps / 30 days), PA
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	NDS, QL (60 caps / 30 days), PA
OFEV CAP 100MG	NDS, QL (60 caps / 30 days), PA
OFEV CAP 150MG	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	NDS, PA
PULMOZYME SOL 1MG/ML	NDS, 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	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	NDS, 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>	

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

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<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

STERIOD 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)

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

<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
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<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)
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**STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT
ASTHMA AND COPD**

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
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AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
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BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
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BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
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BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
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<i>breyana</i>	QL (3 inhalers / 30 days)
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<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
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<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
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DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
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DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
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DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
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<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days)
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<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days)
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<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days)
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<i>wixela inhub</i>	QL (60 inhalations / 30 days)
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**TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS
DERMATOLOGY, ACNE**

<i>accutane</i>	PA
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<i>amnestem</i>	PA
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<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
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<i>claravis</i>	PA
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<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm / 30 days)
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<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
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<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
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<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
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<i>ery</i>	QL (60 pledgets / 30 days)
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<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
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<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
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<i>isotretinoin cap 10 mg</i>	PA
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<i>isotretinoin cap 20 mg</i>	PA
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NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE**

<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac</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

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

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**

ENSTILAR AER	NDS, 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)
<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)

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>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>	
<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 hcl urethral/mucosal gel prefilled syringe 2%</i>	QL (60 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 iii</i>	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene gel 1%</i>	NDS, 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)

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

<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)
PANRETIN GEL 0.1%	NDS, 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
VALCHLOR GEL 0.016%	NDS, 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. Índice de medicamentos cubiertos

En esta sección podrá encontrar un medicamento buscando su nombre alfabéticamente. Esto le indicará el número de página donde puede encontrar información de cobertura adicional para su medicamento.



Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org. 137

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<i>equivalent).....</i>	62	<i>mg/ml).....</i>	55
<i>allopurinol tab 100 mg.....</i>	19	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>allopurinol tab 300 mg.....</i>	19	<i>mg/ml).....</i>	56
<i>alosetron hcl tab 0.5 mg (base equiv)</i>		<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>.....</i>	109	<i>mg/ml).....</i>	56
<i>alosetron hcl tab 1 mg (base equiv)</i>	109	<i>amiodarone hcl tab 100 mg</i>	56
<i>alprazolam tab 0.25 mg.....</i>	64	<i>amiodarone hcl tab 200 mg</i>	56
<i>alprazolam tab 0.5 mg.....</i>	64	<i>amiodarone hcl tab 400 mg</i>	56
<i>alprazolam tab 1 mg</i>	64	<i>amitriptyline hcl tab 10 mg</i>	66
<i>alprazolam tab 2 mg</i>	65	<i>amitriptyline hcl tab 100 mg</i>	66
<i>altavera.....</i>	96	<i>amitriptyline hcl tab 150 mg</i>	66
ALUNBRIG PAK	39	<i>amitriptyline hcl tab 25 mg</i>	66
ALUNBRIG TAB 180MG	40	<i>amitriptyline hcl tab 50 mg</i>	66
ALUNBRIG TAB 30MG	39	<i>amitriptyline hcl tab 75 mg</i>	66
ALUNBRIG TAB 90MG	40	<i>amlodipine besylate tab 10 mg (base</i>	
ALVAIZ TAB 18MG	113	<i>equivalent)</i>	59
ALVAIZ TAB 36MG	113	<i>amlodipine besylate tab 2.5 mg (base</i>	
ALVAIZ TAB 54MG	114	<i>equivalent)</i>	59
ALVAIZ TAB 9MG	113	<i>amlodipine besylate tab 5 mg (base</i>	
ALVESCO AER 160MCG.....	131	<i>equivalent)</i>	59
ALVESCO AER 80MCG.....	131	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>alyacen 1/35.....</i>	96	<i>10-20 mg</i>	52
<i>alyacen 7/7/7.....</i>	96	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYFTREK TAB 10-50-125.....	129	<i>10-40 mg</i>	52
ALYFTREK TAB 4-20-50	129	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYGLO INJ 10/100ML.....	118	<i>2.5-10 mg</i>	52
ALYGLO INJ 20/200ML.....	118	<i>amlodipine besylate-benazepril hcl cap</i>	
ALYGLO INJ 5GM/50ML.....	118	<i>5-10 mg</i>	52
<i>alyq</i>	63	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl cap 100 mg</i>	70	<i>5-20 mg</i>	52
<i>amantadine hcl soln 50 mg/5ml</i>	70	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl tab 100 mg</i>	70	<i>5-40 mg</i>	52
<i>ambrisentan tab 10 mg</i>	63	<i>amlodipine besylate-olmesartan</i>	
<i>ambrisentan tab 5 mg</i>	63	<i>medoxomil tab 10-20 mg</i>	54
<i>amethyst.....</i>	96	<i>amlodipine besylate-olmesartan</i>	
		<i>medoxomil tab 10-40 mg</i>	54

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	54
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	54
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	54
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	54
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	54
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	54
<i>amnestem</i>	132
<i>amoxapine tab 100 mg</i>	66
<i>amoxapine tab 150 mg</i>	66
<i>amoxapine tab 25 mg</i>	66
<i>amoxapine tab 50 mg</i>	66
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	32
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	32
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	32
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	32
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	32
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	32
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	32
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	32
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	32
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	32
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	32
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	32
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	32
<i>amoxicillin (trihydrate) tab 875 mg</i> ..	32
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	84
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	85
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	85
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	84
<i>amphetamine-dextroamphetamine tab 10 mg</i>	85
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	85
<i>amphetamine-dextroamphetamine tab 15 mg</i>	85
<i>amphetamine-dextroamphetamine tab 20 mg</i>	85
<i>amphetamine-dextroamphetamine tab 30 mg</i>	85
<i>amphetamine-dextroamphetamine tab 5 mg</i>	85
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	85
<i>amphotericin b for iv soln 50 mg</i>	25
<i>amphotericin b liposome iv for susp 50 mg</i>	25
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	32
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	32
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	32
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	32
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	32
<i>ampicillin cap 500 mg</i>	32
<i>ampicillin sodium for inj 1 gm</i>	33
<i>ampicillin sodium for inj 2 gm</i>	33
<i>ampicillin sodium for inj 250 mg</i>	33
<i>ampicillin sodium for inj 500 mg</i>	33
<i>ampicillin sodium for iv soln 1 gm</i>	33
<i>ampicillin sodium for iv soln 10 gm</i> ..	33
<i>ampicillin sodium for iv soln 2 gm</i>	33

<i>anagrelide hcl cap 0.5 mg</i>	114	<i>asenapine maleate sl tab 10 mg (base equiv)</i>	72
<i>anagrelide hcl cap 1 mg</i>	114	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	72
<i>anastrozole tab 1 mg</i>	36	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	72
ANORO ELLIPT AER 62.5-25	127	<i>ashlyna</i>	96
APIDRA INJ SOLOSTAR.....	93	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	114
APIDRA INJ U-100	93	ASTAGRAF XL CAP 0.5MG	119
<i>aprepitant capsule 125 mg</i>	107	ASTAGRAF XL CAP 1MG.....	119
<i>aprepitant capsule 40 mg</i>	107	ASTAGRAF XL CAP 5MG.....	119
<i>aprepitant capsule 80 mg</i>	107	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	26
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	107	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	26
<i>apri</i>	96	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	26
APTIOM TAB 200MG	77	<i>atenolol & chlorthalidone tab 100-25 mg</i>	58
APTIOM TAB 400MG	77	<i>atenolol & chlorthalidone tab 50-25 mg</i>	58
APTIOM TAB 600MG	77	<i>atenolol tab 100 mg</i>	58
APTIOM TAB 800MG	77	<i>atenolol tab 25 mg</i>	58
APTIVUS CAP 250MG.....	26	<i>atenolol tab 50 mg</i>	58
ARALAST NP INJ 1000MG.....	129	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	85
ARALAST NP INJ 500MG	129	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	85
<i>aranelle</i>	96	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	85
ARCALYST INJ 220MG	119	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	85
AREXVY INJ 120MCG	120	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	85
ARIKAYCE SUS	22	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	85
<i>aripiprazole oral solution 1 mg/ml</i>	72	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	85
<i>aripiprazole orally disintegrating tab 10 mg</i>	72	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	56
<i>aripiprazole orally disintegrating tab 15 mg</i>	72	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	56
<i>aripiprazole tab 10 mg</i>	72	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	57
<i>aripiprazole tab 15 mg</i>	72	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	57
<i>aripiprazole tab 2 mg</i>	72		
<i>aripiprazole tab 20 mg</i>	72		
<i>aripiprazole tab 30 mg</i>	72		
<i>aripiprazole tab 5 mg</i>	72		
ARISTADA INJ 1064MG.....	72		
ARISTADA INJ 441MG/1.	72		
ARISTADA INJ 662MG/2	72		
ARISTADA INJ 882MG/3	72		
ARISTADA INJ INITIO.....	72		
<i>armodafinil tab 150 mg</i>	89		
<i>armodafinil tab 200 mg</i>	89		
<i>armodafinil tab 250 mg</i>	89		
<i>armodafinil tab 50 mg</i>	89		
ARNUITY ELPT INH 100MCG	131		
ARNUITY ELPT INH 200MCG	131		
ARNUITY ELPT INH 50MCG.....	131		

<i>atovaquone susp 750 mg/5ml</i>	22
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	25
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	25
ATROPINE SUL SOL 1% OP	126
<i>atropine sulfate ophth soln 1%</i>	126
ATROVENT HFA AER 17MCG	127
<i>aubra eq</i>	96
AUGTYRO CAP 160MG	40
AUGTYRO CAP 40MG	40
<i>aurovela 1/20</i>	96
<i>aurovela 24 fe</i>	96
<i>aurovela fe 1.5/30</i>	96
<i>aurovela fe 1/20</i>	96
AUSTEDO TAB 12MG	87
AUSTEDO TAB 6MG	87
AUSTEDO TAB 9MG	87
AUSTEDO XR TAB 12MG	87
AUSTEDO XR TAB 18MG	88
AUSTEDO XR TAB 24MG	88
AUSTEDO XR TAB 30MG	88
AUSTEDO XR TAB 36MG	88
AUSTEDO XR TAB 42MG	88
AUSTEDO XR TAB 48MG	88
AUSTEDO XR TAB 6MG	87
AUSTEDO XR TAB TITR KIT	88
AUVELITY TAB 45-105MG	66
<i>aviane</i>	96
AVMAPKI PAK FAKZYNJA	40
<i>ayuna</i>	96
AYVAKIT TAB 100MG	40
AYVAKIT TAB 200MG	40
AYVAKIT TAB 25MG	40
AYVAKIT TAB 300MG	40
AYVAKIT TAB 50MG	40
<i>azacitidine for inj 100 mg</i>	35
<i>azathioprine tab 50 mg</i>	119
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	127
<i>azelastine hcl ophth soln 0.05%</i>	125
<i>azithromycin for susp 100 mg/5ml</i> ...	31
<i>azithromycin for susp 200 mg/5ml</i> ...	31
<i>azithromycin iv for soln 500 mg</i>	31
<i>azithromycin tab 250 mg</i>	31
<i>azithromycin tab 500 mg</i>	31
<i>azithromycin tab 600 mg</i>	31

<i>aztreonam for inj 1 gm</i>	22
<i>aztreonam for inj 2 gm</i>	22
<i>azurette</i>	96
B	
<i>bacitracin-polymyxin b ophth oint</i> ..	125
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	124
<i>baclofen tab 10 mg</i>	89
<i>baclofen tab 20 mg</i>	89
<i>baclofen tab 5 mg</i>	89
BAFIERTAM CAP 95MG	88
<i>balsalazide disodium cap 750 mg</i> ...	108
BALVERSA TAB 3MG	40
BALVERSA TAB 4MG	40
BALVERSA TAB 5MG	40
<i>balziva</i>	96
BAQSIMI ONE POW 3MG/DOSE	103
BAQSIMI TWO POW 3MG/DOSE	103
BARACLUDE SOL	28
BASAGLAR KWP INJ 100/ML	93
BCG VACCINE INJ 50MG	120
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	52
<i>benazepril hcl tab 10 mg</i>	52
<i>benazepril hcl tab 20 mg</i>	52
<i>benazepril hcl tab 40 mg</i>	52
<i>benazepril hcl tab 5 mg</i>	52
BENDAMUSTINE SOL 100/4ML	34
BENDEKA INJ 100/4ML	34
BENLYSTA INJ 120MG	119
BENLYSTA INJ 200MG/ML	119
BENLYSTA INJ 400MG	119
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	132
<i>benztropine mesylate inj 1 mg/ml</i>	70
<i>benztropine mesylate tab 0.5 mg</i>	70
<i>benztropine mesylate tab 1 mg</i>	70
<i>benztropine mesylate tab 2 mg</i>	70
BERINERT INJ 500UNIT	114
<i>besifloxacin hcl ophth susp 0.6% (base equiv)</i>	125

BESIVANCE SUS 0.6%.....	125	<i>bisoprolol & hydrochlorothiazide tab</i>	
BESREMI SOL 500MCG	38	2.5-6.25 mg.....	58
<i>betaine powder for oral solution</i>	103	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>betamethasone dipropionate</i>		6.25 mg	58
<i>augmented cream 0.05%</i>	134	<i>bisoprolol fumarate tab 10 mg</i>	58
<i>betamethasone dipropionate</i>		<i>bisoprolol fumarate tab 5 mg</i>	58
<i>augmented gel 0.05%</i>	134	BIVIGAM INJ 10%	118
<i>betamethasone dipropionate</i>		<i>blisovi 24 fe</i>	96
<i>augmented lotion 0.05%</i>	134	<i>blisovi fe 1.5/30</i>	96
<i>betamethasone dipropionate</i>		<i>blisovi fe 1/20</i>	96
<i>augmented oint 0.05%</i>	134	BLUJEPa TAB 750MG.....	22
<i>betamethasone dipropionate cream</i>		BONSITY INJ 560/2.24	95
0.05%	134	BOOSTRIX INJ	120
<i>betamethasone dipropionate lotion</i>		<i>bortezomib for inj 3.5 mg</i>	40
0.05%	134	BORTEZOMIB INJ 1MG	40
<i>betamethasone dipropionate oint</i>		BORTEZOMIB INJ 2.5MG	40
0.05%	134	<i>bosentan tab 125 mg</i>	63
<i>betamethasone valerate cream 0.1%</i>		<i>bosentan tab 62.5 mg</i>	63
<i>(base equivalent)</i>	134	<i>bosentan tab for oral susp 32 mg</i>	63
<i>betamethasone valerate lotion 0.1%</i>		BOSULIF CAP 100MG	40
<i>(base equivalent)</i>	134	BOSULIF CAP 50MG	40
<i>betamethasone valerate oint 0.1%</i>		BOSULIF TAB 100MG	40
<i>(base equivalent)</i>	134	BOSULIF TAB 400MG	40
BETASERON INJ 0.3MG.....	88	BOSULIF TAB 500MG	40
<i>betaxolol hcl ophth soln 0.5%</i>	126	BRAFTOVI CAP 75MG	40
<i>betaxolol hcl tab 10 mg</i>	58	BREO ELLIPTA INH 100-25.....	132
<i>betaxolol hcl tab 20 mg</i>	58	BREO ELLIPTA INH 200-25.....	132
<i>bethanechol chloride tab 10 mg</i>	111	BREO ELLIPTA INH 50-25MCG	132
<i>bethanechol chloride tab 25 mg</i>	111	<i>brey-na</i>	132
<i>bethanechol chloride tab 5 mg</i>	111	BREZTRI AERO AER SPHERE	127
<i>bethanechol chloride tab 50 mg</i>	111	BREZTRI AERO AER SPHERE	
BEVESPI AER 9-4.8MCG.....	127	(INSTITUTIONAL PACK)	127
<i>bexarotene cap 75 mg</i>	38	<i>briellyn</i>	96
<i>bexarotene gel 1%</i>	135	<i>brimonidine tartrate ophth soln 0.2%</i>	
BEXSERO INJ	120		126
<i>bicalutamide tab 50 mg</i>	36	<i>brinzolamide ophth susp 1%</i>	126
BICILLIN L-A INJ 1200000	33	<i>brivaracetam oral soln 10 mg/ml</i>	77
BICILLIN L-A INJ 2400000	33	<i>brivaracetam tab 10 mg</i>	77
BICILLIN L-A INJ 600000	33	<i>brivaracetam tab 100 mg</i>	77
BIKTARVY TAB 30-120-15 MG	27	<i>brivaracetam tab 25 mg</i>	77
BIKTARVY TAB 50-200-25 MG	27	<i>brivaracetam tab 50 mg</i>	77
BILDYOS INJ 60MG/ML	95	<i>brivaracetam tab 75 mg</i>	77
BIMZELX INJ 160MG/ML	115	BRIVIACT SOL 10MG/ML.....	77
BIMZELX INJ 320MG/2	115	BRIVIACT TAB 100MG	78
<i>bisoprolol & hydrochlorothiazide tab</i>		BRIVIACT TAB 10MG.....	77
10-6.25 mg.....	58	BRIVIACT TAB 25MG.....	78
		BRIVIACT TAB 50MG.....	78

BRIVIACT TAB 75MG	78	buprenorphine td patch weekly 7.5 mcg/hr	20
bromocriptine mesylate cap 5 mg (base equivalent)	70	bupropion hcl (smoking deterrent) tab er 12hr 150 mg	90
bromocriptine mesylate tab 2.5 mg (base equivalent)	70	bupropion hcl tab 100 mg	66
BRUKINSA CAP 80MG	40	bupropion hcl tab 75 mg	66
BRUKINSA TAB 160MG	40	bupropion hcl tab er 12hr 100 mg	66
budesonide delayed release particles cap 3 mg	108	bupropion hcl tab er 12hr 150 mg	66
budesonide inhalation susp 0.25 mg/2ml	131	bupropion hcl tab er 12hr 200 mg	66
budesonide inhalation susp 0.5 mg/2ml	131	bupropion hcl tab er 24hr 150 mg	66
budesonide tab er 24hr 9 mg	108	bupropion hcl tab er 24hr 300 mg	66
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	132	buspirone hcl tab 10 mg	65
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	132	buspirone hcl tab 15 mg	65
bumetanide inj 0.25 mg/ml	61	buspirone hcl tab 30 mg	65
bumetanide tab 0.5 mg	61	buspirone hcl tab 5 mg	65
bumetanide tab 1 mg	61	buspirone hcl tab 7.5 mg	65
bumetanide tab 2 mg	61	butorphanol tartrate inj 1 mg/ml	21
buprenorphine hcl sl tab 2 mg (base equiv)	90	butorphanol tartrate inj 2 mg/ml	21
buprenorphine hcl sl tab 8 mg (base equiv)	90	C	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	90	cabergoline tab 0.5 mg	103
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	90	CABOMETYX TAB 20MG	41
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	90	CABOMETYX TAB 40MG	41
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	90	CABOMETYX TAB 60MG	41
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	90	calcipotriene cream 0.005%	133
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	90	calcipotriene oint 0.005%	133
buprenorphine td patch weekly 10 mcg/hr	20	calcipotriene soln 0.005% (50 mcg/ml)	133
buprenorphine td patch weekly 15 mcg/hr	20	calcitonin (salmon) spray	95
buprenorphine td patch weekly 20 mcg/hr	20	calcitrene	133
buprenorphine td patch weekly 5 mcg/hr	20	calcitriol (oral)	106
		calcitriol cap 0.25 mcg	106
		calcitriol cap 0.5 mcg	106
		CALQUENCE TAB 100MG	41
		camila	96
		camrese	96
		camrese lo	96
		candesartan cilexetil tab 16 mg	55
		candesartan cilexetil tab 32 mg	55
		candesartan cilexetil tab 4 mg	55
		candesartan cilexetil tab 8 mg	55
		candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg	54
		candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg	54

<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i>	.54
CAPLYTA CAP 10.5MG	72
CAPLYTA CAP 21MG	72
CAPLYTA CAP 42MG	72
CAPRELSA TAB 100MG	41
CAPRELSA TAB 300MG	41
<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>15 mg</i>	52
<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>25 mg</i>	52
<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>15 mg</i>	52
<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>25 mg</i>	52
<i>captopril tab 100 mg</i>	52
<i>captopril tab 12.5 mg</i>	52
<i>captopril tab 25 mg</i>	52
<i>captopril tab 50 mg</i>	52
<i>carb/levo orally disintegrating tab 10-</i>	
<i>100mg</i>	70
<i>carb/levo orally disintegrating tab 25-</i>	
<i>100mg</i>	70
<i>carb/levo orally disintegrating tab 25-</i>	
<i>250mg</i>	70
<i>carbamazepine cap er 12hr 100 mg</i>	78
<i>carbamazepine cap er 12hr 200 mg</i>	78
<i>carbamazepine cap er 12hr 300 mg</i>	78
<i>carbamazepine chew tab 100 mg</i>	78
<i>carbamazepine chew tab 200 mg</i>	78
<i>carbamazepine susp 100 mg/5ml</i>	78
<i>carbamazepine tab 200 mg</i>	78
<i>carbamazepine tab er 12hr 100 mg</i>	78
<i>carbamazepine tab er 12hr 200 mg</i>	78
<i>carbamazepine tab er 12hr 400 mg</i>	78
<i>carbidopa & levodopa tab 10-100 mg</i>	70
<i>carbidopa & levodopa tab 25-100 mg</i>	70
<i>carbidopa & levodopa tab 25-250 mg</i>	70
<i>carbidopa & levodopa tab er 25-100</i>	
<i>mg</i>	70
<i>carbidopa & levodopa tab er 50-200</i>	
<i>mg</i>	70
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>	70
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gabapentin cap 300 mg	80
gabapentin cap 400 mg	80
gabapentin oral soln 250 mg/5ml.....	80
gabapentin tab 600 mg	80
gabapentin tab 800 mg	80
galantamine hydrobromide cap er 24hr 16 mg	65

<i>galantamine hydrobromide cap er 24hr</i>		<i>gemcitabine hcl for inj 200 mg</i>	35
24 mg	65	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		mg/ml) (base equiv)	35
8 mg	65	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>galantamine hydrobromide oral soln 4</i>		mg/ml) (base equiv)	35
mg/ml	65	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>galantamine hydrobromide tab 12 mg</i>		mg/ml) (base equiv)	35
.....	65	<i>gemfibrozil tab 600 mg</i>	56
<i>galantamine hydrobromide tab 4 mg</i>	65	GEMTESA TAB 75MG	111
<i>galantamine hydrobromide tab 8 mg</i>	65	<i>generlac</i>	109
<i>galbriela</i>	97	<i>gengraf</i>	120
<i>gallifrey</i>	105	GENOTROPIN INJ 0.2MG	104
GAMASTAN INJ	118	GENOTROPIN INJ 0.4MG	104
GAMMAGARD INJ 10GM/100	118	GENOTROPIN INJ 0.6MG	104
GAMMAGARD INJ 1GM/10ML	118	GENOTROPIN INJ 0.8MG	104
GAMMAGARD INJ 2.5GM/25	118	GENOTROPIN INJ 1.2MG	104
GAMMAGARD INJ 20GM/200	118	GENOTROPIN INJ 1.4MG	104
GAMMAGARD INJ 30GM/300	118	GENOTROPIN INJ 1.6MG	104
GAMMAGARD INJ 5GM/50ML	118	GENOTROPIN INJ 1.8MG	104
GAMMAGARD SD INJ 10GM HU	118	GENOTROPIN INJ 12MG	104
GAMMAGARD SD INJ 5GM HU	118	GENOTROPIN INJ 1MG	104
GAMMAKED INJ 10GM/100	118	GENOTROPIN INJ 2MG	104
GAMMAKED INJ 1GM/10ML	118	GENOTROPIN INJ 5MG	104
GAMMAKED INJ 20GM/200	118	<i>gentamicin in saline inj 0.8 mg/ml</i> ...	23
GAMMAKED INJ 5GM/50ML	118	<i>gentamicin in saline inj 1 mg/ml</i>	23
GAMMAPLEX INJ 10%	118	<i>gentamicin in saline inj 1.2 mg/ml</i> ...	23
GAMMAPLEX INJ 5%	118	<i>gentamicin in saline inj 1.6 mg/ml</i> ...	23
GAMMGD ERC INJ 10/100ML	118	<i>gentamicin in saline inj 2 mg/ml</i>	23
GAMMGD ERC INJ 5GM/50ML	118	<i>gentamicin sulfate cream 0.1%</i>	133
GAMUNEX-C INJ 10GM/100	118	<i>gentamicin sulfate inj 10 mg/ml</i>	23
GAMUNEX-C INJ 1GM/10ML	118	<i>gentamicin sulfate inj 40 mg/ml</i>	23
GAMUNEX-C INJ 2.5GM/25	118	<i>gentamicin sulfate oint 0.1%</i>	133
GAMUNEX-C INJ 20GM/200	118	<i>gentamicin sulfate ophth soln 0.3%</i>	125
GAMUNEX-C INJ 40/400ML	118	GENVOYA TAB	28
GAMUNEX-C INJ 5GM/50ML	118	GILOTRIF TAB 20MG	42
<i>ganciclovir sodium for inj 500 mg</i>	29	GILOTRIF TAB 30MG	42
GARDASIL 9 INJ	120	GILOTRIF TAB 40MG	42
<i>gatifloxacin ophth soln 0.5%</i>	125	GLARGIN YFGN INJ 100U/ML	93
GATTEX KIT 5MG	109	GLARGIN YFGN SOL 100U/ML	93
GAUZE PADS 2	93	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gavilyte-c</i>	109	20 mg/ml	88
<i>gavilyte-g</i>	109	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gavilyte-n/flavor pack</i>	109	40 mg/ml	88
GAVRETO CAP 100MG	42	<i>glatopa</i>	89
<i>gefitinib tab 250 mg</i>	42	GLEOSTINE CAP 100MG	35
<i>gemcitabine hcl for inj 1 gm</i>	35	GLEOSTINE CAP 10MG	35
<i>gemcitabine hcl for inj 2 gm</i>	35	GLEOSTINE CAP 40MG	35

<i>glimepiride tab 1 mg</i>	91	GVOKE PFS INJ 1/0.2ML	103
<i>glimepiride tab 2 mg</i>	91	H	
<i>glimepiride tab 4 mg</i>	91	HADLIMA INJ 40/0.4ML	115
<i>glipizide tab 10 mg</i>	91	HADLIMA INJ 40/0.8ML	115
<i>glipizide tab 5 mg</i>	91	HADLIMA PUSH INJ 40/0.4ML.....	115
<i>glipizide tab er 24hr 10 mg</i>	91	HADLIMA PUSH INJ 40/0.8ML.....	115
<i>glipizide tab er 24hr 2.5 mg</i>	91	HAEGARDA INJ 2000UNIT.....	114
<i>glipizide tab er 24hr 5 mg</i>	91	HAEGARDA INJ 3000UNIT.....	114
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	91	<i>hailey 1.5/30</i>	97
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	91	<i>hailey 24 fe</i>	97
<i>glipizide-metformin hcl tab 5-500 mg</i>	91	<i>hailey fe 1/20</i>	97
<i>glycopyrrolate tab 1 mg</i>	108	<i>halobetasol propionate cream 0.05%</i>	135
<i>glycopyrrolate tab 2 mg</i>	108	<i>halobetasol propionate oint 0.05%</i> .	135
<i>glydo</i>	135	<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	74
GLYXAMBI TAB 10-5 MG	91	<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	74
GLYXAMBI TAB 25-5 MG	91	<i>haloperidol lactate inj 5 mg/ml</i>	74
GOMEKLI CAP 1MG	42	<i>haloperidol lactate oral conc 2 mg/ml</i>	74
GOMEKLI CAP 2MG	42	<i>haloperidol tab 0.5 mg</i>	74
GOMEKLI TAB 1MG	43	<i>haloperidol tab 1 mg</i>	74
<i>granisetron hcl inj 1 mg/ml</i>	107	<i>haloperidol tab 10 mg</i>	74
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	107	<i>haloperidol tab 2 mg</i>	74
<i>granisetron hcl tab 1 mg</i>	107	<i>haloperidol tab 20 mg</i>	74
<i>griseofulvin microsize susp 125 mg/5ml</i>	25	<i>haloperidol tab 5 mg</i>	74
<i>griseofulvin microsize tab 500 mg</i>	25	HAVRIX INJ 1440UNIT.....	120
<i>griseofulvin ultramicrosize tab 125 mg</i>	25	HAVRIX INJ 720UNIT	120
<i>griseofulvin ultramicrosize tab 250 mg</i>	25	<i>heather</i>	97
<i>guanfacine hcl tab 1 mg</i>	62	HEP SOD/NACL INJ 25000UNT.....	113
<i>guanfacine hcl tab 2 mg</i>	62	<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	113
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	85	<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	113
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	85	<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	113
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	85	<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	113
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	85	<i>heparin sodium (porcine) pf inj 1000</i> <i>unit/ml</i>	113
GVOKE HYPO 1 INJ 0.5/.1ML	103	HEPLISAV-B INJ 20/0.5ML	120
GVOKE HYPO 1 INJ 1/0.2ML	103	HERCEP HYLEC SOL 60-10000.....	43
GVOKE HYPO 2 INJ 0.5/.1ML	103	HERCEPTIN INJ 150MG.....	43
GVOKE HYPO 2 INJ 1/0.2ML	103	HERCESSI INJ 150MG	43
GVOKE KIT SOL 1/0.2ML.....	103	HERCESSI INJ 420MG	43
		HERNEXEOS TAB 60MG	43
		HERZUMA INJ 150MG.....	43

HERZUMA INJ 420MG	43	<i>hydrocodone bitartrate tab er 24hr</i>	
HIBERIX SOL 10MCG	120	<i>deter 80 mg</i>	20
HUMALOG INJ 100/ML	93	<i>hydrocodone-acetaminophen soln 7.5-</i>	
HUMALOG JR INJ 100/ML	93	<i>325 mg/15ml</i>	21
HUMALOG KWPN INJ 100/ML	93	<i>hydrocodone-acetaminophen tab 10-</i>	
HUMALOG KWPN INJ 200/ML	93	<i>325 mg</i>	21
HUMALOG MIX INJ 50/50KWP	93	<i>hydrocodone-acetaminophen tab 5-325</i>	
HUMALOG MIX INJ 75/25KWP	94	<i>mg</i>	21
HUMALOG MIX SUS 75/25	94	<i>hydrocodone-acetaminophen tab 7.5-</i>	
HUMALOG TMPO INJ 100/ML	94	<i>325 mg</i>	21
HUMIRA INJ 10/0.1ML	115	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
HUMIRA INJ 20/0.2ML	115	<i>.....</i>	21
HUMIRA INJ 40/0.4ML	116	<i>hydrocortisone cream 1%</i>	135
HUMIRA KIT 40MG/0.8	116	<i>hydrocortisone cream 2.5%</i>	135
HUMIRA PEN INJ 40/0.4ML	116	<i>hydrocortisone enema 100 mg/60ml</i>	
HUMIRA PEN INJ 40MG/0.8	116	<i>.....</i>	108
HUMIRA PEN INJ 80/0.8ML	116	<i>hydrocortisone lotion 2.5%</i>	135
HUMIRA PEN KIT CD/UC/HS	116	<i>hydrocortisone oint 1%</i>	135
HUMIRA PEN KIT PS/UV	116	<i>hydrocortisone oint 2.5%</i>	135
HUMULIN INJ 70/30	94	<i>hydrocortisone perianal cream 1% ..</i>	135
HUMULIN INJ 70/30KWP	94	<i>hydrocortisone perianal cream 2.5%</i>	
HUMULIN N INJ U-100	94	<i>.....</i>	135
HUMULIN N INJ U-100KWP	94	<i>hydrocortisone sodium succinate pf for</i>	
HUMULIN R INJ U-100	94	<i>inj 100 mg</i>	102
HUMULIN R INJ U-500	94	<i>hydrocortisone tab 10 mg</i>	102
HUMULIN R INJ U-500KWP	94	<i>hydrocortisone tab 20 mg</i>	102
<i>hydralazine hcl inj 20 mg/ml</i>	62	<i>hydrocortisone tab 5 mg</i>	102
<i>hydralazine hcl tab 10 mg</i>	62	<i>hydrocortisone valerate cream 0.2%</i>	
<i>hydralazine hcl tab 100 mg</i>	62	<i>.....</i>	135
<i>hydralazine hcl tab 25 mg</i>	62	<i>hydrocortisone w/ acetic acid otic soln</i>	
<i>hydralazine hcl tab 50 mg</i>	62	<i>1-2%</i>	126
<i>hydrochlorothiazide cap 12.5 mg</i>	61	<i>hydromorphone hcl liqd 1 mg/ml</i>	21
<i>hydrochlorothiazide tab 12.5 mg</i>	61	<i>hydromorphone hcl tab 2 mg</i>	21
<i>hydrochlorothiazide tab 25 mg</i>	61	<i>hydromorphone hcl tab 4 mg</i>	21
<i>hydrochlorothiazide tab 50 mg</i>	61	<i>hydromorphone hcl tab 8 mg</i>	21
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>deter 100 mg</i>	21	<i>.....</i>	118
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyurea cap 500 mg</i>	38
<i>deter 120 mg</i>	21	<i>hydroxyzine hcl im soln 25 mg/ml ..</i>	127
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl im soln 50 mg/ml ..</i>	127
<i>deter 20 mg</i>	20	<i>hydroxyzine hcl syrup 10 mg/5ml ..</i>	127
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl tab 10 mg</i>	128
<i>deter 30 mg</i>	20	<i>hydroxyzine hcl tab 25 mg</i>	128
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl tab 50 mg</i>	128
<i>deter 40 mg</i>	20	<i>hydroxyzine pamoate cap 25 mg ...</i>	128
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine pamoate cap 50 mg ...</i>	128
<i>deter 60 mg</i>	20	HYRNUO TAB 10MG	43

I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	95
IBRANCE CAP 100MG	43
IBRANCE CAP 125MG	43
IBRANCE CAP 75MG	43
IBRANCE TAB 100MG	43
IBRANCE TAB 125MG	43
IBRANCE TAB 75MG	43
IBTROZI CAP 200MG	43
<i>ibu</i>	19
<i>ibuprofen susp 100 mg/5ml</i>	19
<i>ibuprofen tab 400 mg</i>	19
<i>ibuprofen tab 600 mg</i>	19
<i>ibuprofen tab 800 mg</i>	19
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	114
<i>iclevia</i>	97
ICLUSIG TAB 10MG	43
ICLUSIG TAB 15MG	43
ICLUSIG TAB 30MG	43
ICLUSIG TAB 45MG	43
IDHIFA TAB 100MG	43
IDHIFA TAB 50MG	43
IDVYNZO TAB 100-0.25	28
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	43
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	43
IMBRUVICA CAP 140MG	43
IMBRUVICA CAP 70MG	43
IMBRUVICA SUS 70MG/ML	44
IMBRUVICA TAB 140MG	44
IMBRUVICA TAB 280MG	44
IMBRUVICA TAB 420MG	44
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	23
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	23
<i>imipramine hcl tab 10 mg</i>	68
<i>imipramine hcl tab 25 mg</i>	68
<i>imipramine hcl tab 50 mg</i>	68
<i>imiquimod cream 5%</i>	135
IMKELDI SOL 80MG/ML	44
IMOVAX RABIE INJ 2.5/ML	120
IMPAVIDO CAP 50MG	23
INBRIJA CAP 42MG	71
<i>incassia</i>	97
INCRELEX INJ 40MG/4ML.....	104
INCRUSE ELPT INH 62.5MCG.....	127
<i>indapamide tab 1.25 mg</i>	61
<i>indapamide tab 2.5 mg</i>	61
INFANRIX INJ	120
INFLIXIMAB INJ 100MG	116
INLURIYO TAB 200MG	37
INLYTA TAB 1MG	44
INLYTA TAB 5MG	44
INQOVI TAB 35-100MG	35
INREBIC CAP 100MG	44
INSULIN GLAR INJ 300/ML.....	94
INSULIN LISP INJ 100/ML.....	94
INSULIN LISP INJ JR KWPN	94
INSULIN LISP INJ PROT KWP.....	94
INSULIN PEN NEEDLES: EMBECTA-BD	94
INSULIN SAFETY NEEDLES: EMBECTA-BD	94
INSULIN SYRINGES: EMBECTA-BD... ..	94
INTELENCE TAB 25MG	26
INTRALIPID INJ 20%	124
INTRALIPID INJ 30%	124
<i>introvale</i>	97
INVEGA HAFYE INJ 1092MG	74
INVEGA HAFYE INJ 1560MG	74
INVEGA SUST INJ 117/0.75	74
INVEGA SUST INJ 156MG/ML	74
INVEGA SUST INJ 234/1.5	74
INVEGA SUST INJ 39/0.25	74
INVEGA SUST INJ 78/0.5ML	74
INVEGA TRINZ INJ 273MG	74
INVEGA TRINZ INJ 410MG	74
INVEGA TRINZ INJ 546MG	74
INVEGA TRINZ INJ 819MG	74
IPOL INJ INACTIVE	120
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	127
<i>ipratropium bromide inhal soln 0.02%</i>	127
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	127
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	127
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	127

<i>irbesartan tab 150 mg</i>	55
<i>irbesartan tab 300 mg</i>	55
<i>irbesartan tab 75 mg</i>	55
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	54
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	54
<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	38
<i>irinotecan hcl inj 300 mg/15ml (20</i> <i>mg/ml)</i>	38
<i>irinotecan hcl inj 40 mg/2ml (20</i> <i>mg/ml)</i>	38
<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	38
ISENTRESS CHW 100MG.....	26
ISENTRESS CHW 25MG	26
ISENTRESS HD TAB 600MG.....	26
ISENTRESS POW 100MG.....	26
ISENTRESS TAB 400MG.....	26
<i>isibloom</i>	97
ISOLYTE-P INJ /D5W	122
ISOLYTE-S INJ PH 7.4	122
<i>isoniazid syrup 50 mg/5ml</i>	28
<i>isoniazid tab 100 mg</i>	28
<i>isoniazid tab 300 mg</i>	28
<i>isosorbide dinitrate tab 10 mg</i>	63
<i>isosorbide dinitrate tab 20 mg</i>	63
<i>isosorbide dinitrate tab 30 mg</i>	63
<i>isosorbide dinitrate tab 5 mg</i>	63
<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i>	63
<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i>	63
<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i>	63
<i>isotretinoin cap 10 mg</i>	132
<i>isotretinoin cap 20 mg</i>	132
<i>isotretinoin cap 30 mg</i>	133
<i>isotretinoin cap 40 mg</i>	133
<i>isradipine cap 2.5 mg</i>	60
<i>isradipine cap 5 mg</i>	60
ITOVEBI TAB 3MG.....	44
ITOVEBI TAB 9MG.....	44
<i>itraconazole cap 100 mg</i>	25
<i>ivabradine hcl tab 5 mg (base equiv)</i> 62	

<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	62
<i>ivermectin tab 3 mg</i>	23
<i>ivermectin tab 6 mg</i>	23
IWILFIN TAB 192MG	38
IXIARO INJ	121
J	
<i>jaimiess</i>	97
JAKAFI TAB 10MG.....	44
JAKAFI TAB 15MG.....	44
JAKAFI TAB 20MG.....	44
JAKAFI TAB 25MG.....	44
JAKAFI TAB 5MG	44
<i>jantoven</i>	113
JANUMET TAB 50-1000.....	91
JANUMET TAB 50-500MG.....	91
JANUMET XR TAB 100-1000	91
JANUMET XR TAB 50-1000.....	91
JANUMET XR TAB 50-500MG	91
JANUVIA TAB 100MG	91
JANUVIA TAB 25MG	91
JANUVIA TAB 50MG	91
JARDIANCE TAB 10MG	91
JARDIANCE TAB 25MG	92
<i>jasmiel</i>	97
<i>javygtor</i>	104
JAYPIRCA TAB 100MG	44
JAYPIRCA TAB 50MG	44
<i>jencycla</i>	97
JENTADUETO TAB 2.5-1000	92
JENTADUETO TAB 2.5-500	92
JENTADUETO TAB 2.5-850.....	92
JENTADUETO TAB XR 2.5-1000MG... 92	
JENTADUETO TAB XR 5-1000MG.....	92
<i>jinteli</i>	101
<i>jolessa</i>	97
JOURNAVX TAB 50MG	19
<i>juleber</i>	97
JULUCA TAB 50-25MG	28
<i>junel 1.5/30</i>	97
<i>junel 1/20</i>	97
<i>junel fe 1.5/30</i>	97
<i>junel fe 1/20</i>	97
<i>junel fe 24</i>	98
JYLAMVO SOL 2MG/ML	118
JYNNEOS INJ	121

K	
KADCYLA INJ 100MG	44
KADCYLA INJ 160MG	44
<i>kaitlib fe</i>	98
KALETRA SOL	28
KALYDECO GRA 13.4MG	129
KALYDECO GRA 5.8MG	129
KALYDECO PAK 25MG	129
KALYDECO PAK 50MG	130
KALYDECO PAK 75MG	130
KALYDECO TAB 150MG	130
KANJINTI INJ 420MG	44
KANJINTI SOL 150MG	44
<i>kariva</i>	98
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	122
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	122
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	122
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	122
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	122
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	122
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	122
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	122
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	122
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	122
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	122
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	122
KCL/D5W/NACL INJ 0.15/0.2	122
KCL/D5W/NACL INJ 0.3/0.9%	122
<i>kelnor 1/35</i>	98
KERENDIA TAB 10MG	53
KERENDIA TAB 20MG	53
KERENDIA TAB 40MG	53
KESIMPTA INJ 20/.4ML	89
<i>ketoconazole cream 2%</i>	133
<i>ketoconazole shampoo 2%</i>	133
<i>ketoconazole tab 200 mg</i>	25
<i>ketorolac tromethamine ophth soln 0.4%</i>	125
<i>ketorolac tromethamine ophth soln 0.5%</i>	125
KEYTRUDA INJ 100MG/4M	44
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	44
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	44
KINERET INJ	116
KINRIX INJ	121
<i>kionex</i>	96
KISQALI 200 DOSE	44
KISQALI 400 DOSE	45
KISQALI 600 DOSE	45
<i>klayesta</i>	133
<i>klor-con</i>	123
<i>klor-con 10</i>	123
KLOR-CON 10 TAB 10MEQ ER	123
<i>klor-con 8</i>	123
KLOR-CON 8 TAB 8MEQ ER	123
<i>klor-con m10</i>	123
<i>klor-con m15</i>	123
<i>klor-con m20</i>	123
KLOXXADO SPR 8MG	90
KOMZIFTI CAP 200MG	45
KOSELUGO CAP 10MG	45
KOSELUGO CAP 25MG	45
KOSELUGO CAP 5MG	45
KOSELUGO CAP 7.5MG	45
<i>kourzeq</i>	136
KRAZATI TAB 200MG	45
<i>kurvelo</i>	98
L	
<i>labetalol hcl tab 100 mg</i>	58
<i>labetalol hcl tab 200 mg</i>	58
<i>labetalol hcl tab 300 mg</i>	58
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	80
<i>lacosamide oral</i>	80
<i>lacosamide tab 100 mg</i>	80
<i>lacosamide tab 150 mg</i>	80
<i>lacosamide tab 200 mg</i>	80
<i>lacosamide tab 50 mg</i>	80
LACTATED RIN INJ	122
<i>lactated ringer's solution</i>	122

<i>lactic acid (ammonium lactate) cream</i>		<i>lenalidomide cap 10 mg</i>	37
12%.....	136	<i>lenalidomide cap 15 mg</i>	37
<i>lactic acid (ammonium lactate) lotion</i>		<i>lenalidomide cap 20 mg</i>	37
12%.....	136	<i>lenalidomide cap 25 mg</i>	37
<i>lactulose (encephalopathy) solution 10</i>		<i>lenalidomide cap 5 mg</i>	37
gm/15ml.....	109	<i>lenalidomide caps 2.5 mg</i>	38
<i>lactulose solution 10 gm/15ml</i>	109	LENVIMA CAP 10 MG.....	45
<i>lamivudine oral soln 10 mg/ml</i>	26	LENVIMA CAP 12MG.....	45
<i>lamivudine tab 100 mg (hbv)</i>	29	LENVIMA CAP 14 MG.....	45
<i>lamivudine tab 150 mg</i>	26	LENVIMA CAP 18 MG.....	45
<i>lamivudine tab 300 mg</i>	26	LENVIMA CAP 20 MG.....	45
<i>lamivudine-zidovudine tab 150-300 mg</i>		LENVIMA CAP 24 MG.....	45
.....	28	LENVIMA CAP 4MG	45
<i>lamotrigine tab 100 mg</i>	80	LENVIMA CAP 8 MG.....	45
<i>lamotrigine tab 150 mg</i>	80	<i>lessina</i>	98
<i>lamotrigine tab 200 mg</i>	80	<i>letrozole tab 2.5 mg</i>	37
<i>lamotrigine tab 25 mg</i>	80	<i>leucovorin calcium for inj 100 mg</i>	38
<i>lamotrigine tab chewable dispersible 25</i>		<i>leucovorin calcium for inj 200 mg</i>	38
<i>mg</i>	80	<i>leucovorin calcium for inj 350 mg</i>	38
<i>lamotrigine tab chewable dispersible 5</i>		<i>leucovorin calcium for inj 50 mg</i>	38
<i>mg</i>	80	<i>leucovorin calcium for inj 500 mg</i>	38
<i>lamotrigine tab er 24hr 100 mg</i>	80	<i>leucovorin calcium inj 500 mg/50ml</i>	
<i>lamotrigine tab er 24hr 200 mg</i>	80	(10 mg/ml).....	38
<i>lamotrigine tab er 24hr 25 mg</i>	80	<i>leucovorin calcium tab 10 mg</i>	38
<i>lamotrigine tab er 24hr 250 mg</i>	80	<i>leucovorin calcium tab 15 mg</i>	39
<i>lamotrigine tab er 24hr 300 mg</i>	80	<i>leucovorin calcium tab 25 mg</i>	39
<i>lamotrigine tab er 24hr 50 mg</i>	80	<i>leucovorin calcium tab 5 mg</i>	38
<i>lanreotide acetate extended release inj</i>		LEUKERAN TAB 2MG	35
120 mg/0.5ml	104	<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>	
<i>lansoprazole cap delayed release 15</i>		<i>mg/ml)</i>	37
<i>mg</i>	111	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	
<i>lansoprazole cap delayed release 30</i>		(base equiv)	128
<i>mg</i>	111	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>	
LANTUS INJ 100/ML	94	(base equiv)	128
LANTUS SOLOS INJ 100/ML.....	94	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
<i>lapatinib ditosylate tab 250 mg (base</i>		(base equiv)	128
<i>equiv)</i>	45	<i>levalbuterol hcl soln nebu conc 1.25</i>	
<i>larin 1.5/30</i>	98	<i>mg/0.5ml (base equiv)</i>	128
<i>larin 1/20</i>	98	<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>larin 24 fe</i>	98	<i>mcg/act (base equiv)</i>	128
<i>larin fe 1.5/30</i>	98	<i>levetiracetam in sodium chloride iv soln</i>	
<i>larin fe 1/20</i>	98	1000 mg/100ml.....	80
<i>latanoprost ophth soln 0.005%</i>	126	<i>levetiracetam in sodium chloride iv soln</i>	
LAZCLUZE TAB 240MG	45	1500 mg/100ml.....	81
LAZCLUZE TAB 80MG	45	<i>levetiracetam in sodium chloride iv soln</i>	
<i>leflunomide tab 10 mg</i>	118	500 mg/100ml	80
<i>leflunomide tab 20 mg</i>	118		

<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	81	<i>levo-t</i>	106
<i>levetiracetam oral soln 100 mg/ml</i> ...	81	<i>levothyroxine sodium tab 100 mcg</i> .	106
<i>levetiracetam tab 1000 mg</i>	81	<i>levothyroxine sodium tab 112 mcg</i> .	106
<i>levetiracetam tab 250 mg</i>	81	<i>levothyroxine sodium tab 125 mcg</i> .	106
<i>levetiracetam tab 500 mg</i>	81	<i>levothyroxine sodium tab 137 mcg</i> .	106
<i>levetiracetam tab 750 mg</i>	81	<i>levothyroxine sodium tab 150 mcg</i> .	106
<i>levetiracetam tab disintegrating soluble 250 mg</i>	81	<i>levothyroxine sodium tab 175 mcg</i> .	106
<i>levetiracetam tab disintegrating soluble 500 mg</i>	81	<i>levothyroxine sodium tab 200 mcg</i> .	106
<i>levetiracetam tab er 24hr 500 mg</i>	81	<i>levothyroxine sodium tab 25 mcg</i> ..	106
<i>levetiracetam tab er 24hr 750 mg</i>	81	<i>levothyroxine sodium tab 300 mcg</i> .	106
<i>levobunolol hcl ophth soln 0.5%</i>	126	<i>levothyroxine sodium tab 50 mcg</i> ..	106
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	104	<i>levothyroxine sodium tab 75 mcg</i> ..	106
<i>levocarnitine tab 330 mg</i>	104	<i>levothyroxine sodium tab 88 mcg</i> ..	106
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	128	<i>levoxyl</i>	106
<i>levocetirizine dihydrochloride tab 5 mg</i>	128	<i>l-glutamine (sickle cell)</i>	114
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	32	<i>lidocaine hcl local inj 0.5%</i>	19
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	32	<i>lidocaine hcl local inj 1%</i>	19
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	32	<i>lidocaine hcl local inj 2%</i>	19
<i>levofloxacin iv soln 25 mg/ml</i>	32	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	19
<i>levofloxacin oral soln 25 mg/ml</i>	32	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	19
<i>levofloxacin tab 250 mg</i>	32	<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	19
<i>levofloxacin tab 500 mg</i>	32	<i>lidocaine hcl soln 4%</i>	135
<i>levofloxacin tab 750 mg</i>	32	<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	135
<i>levonest</i>	98	<i>lidocaine hcl viscous soln 2%</i>	136
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	98	<i>lidocaine oint 5%</i>	135
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	98	<i>lidocaine patch 5%</i>	135
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	98	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	135
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	98	<i>lidocan</i>	135
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	98	<i>LIFYORLI CAP 125MG DS</i>	37
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	98	<i>LIFYORLI CAP 150MG DS</i>	37
<i>levora 0.15/30-28</i>	98	<i>LILETTA IUD 52MG</i>	98
		<i>linezolid for susp 100 mg/5ml</i>	23
		<i>LINEZOLID INJ 2MG/ML</i>	23
		<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	23
		<i>linezolid tab 600 mg</i>	23
		<i>LINZESS CAP 145MCG</i>	109
		<i>LINZESS CAP 290MCG</i>	109
		<i>LINZESS CAP 72MCG</i>	109
		<i>liomny</i>	106
		<i>liothyronine sodium tab 25 mcg</i>	106
		<i>liothyronine sodium tab 5 mcg</i>	106

<i>liothyronine sodium tab 50 mcg</i>	106
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	52
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	52
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	52
<i>lisinopril tab 10 mg</i>	53
<i>lisinopril tab 2.5 mg</i>	53
<i>lisinopril tab 20 mg</i>	53
<i>lisinopril tab 30 mg</i>	53
<i>lisinopril tab 40 mg</i>	53
<i>lisinopril tab 5 mg</i>	53
<i>lithium carbonate cap 150 mg</i>	88
<i>lithium carbonate cap 300 mg</i>	88
<i>lithium carbonate cap 600 mg</i>	88
<i>lithium carbonate tab 300 mg</i>	88
<i>lithium carbonate tab er 300 mg</i>	88
<i>lithium carbonate tab er 450 mg</i>	88
<i>lithium oral solution 8 meq/5ml</i>	88
<i>LIVTENCITY TAB 200MG</i>	29
<i>loestrin 1.5/30-21</i>	98
<i>loestrin 1/20-21</i>	98
<i>loestrin fe 1.5/30</i>	98
<i>loestrin fe 1/20</i>	98
<i>lojaimiess</i>	98
<i>LOKELMA PAK 10GM</i>	96
<i>LOKELMA PAK 5GM</i>	96
<i>lomustine cap 10 mg</i>	35
<i>lomustine cap 100 mg</i>	35
<i>lomustine cap 40 mg</i>	35
<i>LONSURF TAB 15-6.14</i>	35
<i>LONSURF TAB 20-8.19</i>	35
<i>loperamide hcl cap 2 mg</i>	109
<i>lopinavir-ritonavir tab 100-25 mg</i>	28
<i>lopinavir-ritonavir tab 200-50 mg</i>	28
<i>lorazepam conc 2 mg/ml</i>	65
<i>lorazepam inj 2 mg/ml</i>	65
<i>lorazepam inj 4 mg/ml</i>	65
<i>lorazepam intensol</i>	65
<i>lorazepam tab 0.5 mg</i>	65
<i>lorazepam tab 1 mg</i>	65
<i>lorazepam tab 2 mg</i>	65
<i>LORBRENA TAB 100MG</i>	45
<i>LORBRENA TAB 25MG</i>	45
<i>loryna</i>	98
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	54
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	54
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	54
<i>losartan potassium tab 100 mg</i>	55
<i>losartan potassium tab 25 mg</i>	55
<i>losartan potassium tab 50 mg</i>	55
<i>LOTEMAX OIN 0.5%</i>	125
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	124
<i>lovastatin tab 10 mg</i>	57
<i>lovastatin tab 20 mg</i>	57
<i>lovastatin tab 40 mg</i>	57
<i>low-ogestrel</i>	98
<i>loxapine succinate cap 10 mg</i>	74
<i>loxapine succinate cap 25 mg</i>	74
<i>loxapine succinate cap 5 mg</i>	74
<i>loxapine succinate cap 50 mg</i>	74
<i>lubiprostone cap 24 mcg</i>	109
<i>lubiprostone cap 8 mcg</i>	109
<i>luizza 1.5/30</i>	98
<i>luizza 1/20</i>	98
<i>LUMAKRAS TAB 120MG</i>	45
<i>LUMAKRAS TAB 240MG</i>	45
<i>LUMAKRAS TAB 320MG</i>	46
<i>LUMIGAN SOL 0.01% OP</i>	126
<i>LUMIZYME INJ 50MG</i>	104
<i>LUPR DEP-PED INJ 11.25MG</i>	104
<i>LUPR DEP-PED INJ 15MG</i>	104
<i>LUPR DEP-PED INJ 3M 30MG</i>	104
<i>LUPR DEP-PED INJ 7.5MG</i>	104
<i>LUPRON DEPOT INJ 11.25MG</i>	37
<i>LUPRON DEPOT INJ 3.75MG</i>	37
<i>LUPRON DEPOT INJ 45MG</i>	104
<i>lurasidone hcl tab 120 mg</i>	74
<i>lurasidone hcl tab 20 mg</i>	74
<i>lurasidone hcl tab 40 mg</i>	74
<i>lurasidone hcl tab 60 mg</i>	74
<i>lurasidone hcl tab 80 mg</i>	74
<i>lutra</i>	98
<i>LYBALVI TAB 10-10MG</i>	74
<i>LYBALVI TAB 15-10MG</i>	74
<i>LYBALVI TAB 20-10MG</i>	74

LYBALVI TAB 5-10MG	74
<i>lyleq</i>	98
<i>lyllana</i>	101
LYNPARZA TAB 100MG	46
LYNPARZA TAB 150MG	46
LYSODREN TAB 500MG.....	37
LYTGOBI (12 MG DAILY DOSE)	46
LYTGOBI (16 MG DAILY DOSE)	46
LYTGOBI (20 MG DAILY DOSE)	46
LYUMJEV INJ 100UT/ML	94
LYUMJEV KWPN INJ 100UT/ML.....	94
LYUMJEV KWPN INJ 200UT/ML.....	94
<i>lyza</i>	98

M

<i>macitentan tab 10 mg</i>	63
MAGNESIUM SU INJ 20/500ML	122
MAGNESIUM SU INJ 2GM/50ML	122
MAGNESIUM SU INJ 40G/1000	122
MAGNESIUM SU INJ 4G/100ML.....	122
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	122
<i>magnesium sulfate inj 50%</i>	122
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	122
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	122
<i>magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)</i>	122
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	122
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	122
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	123
<i>malathion lotion 0.5%</i>	136
<i>maraviroc tab 150 mg</i>	26
<i>maraviroc tab 300 mg</i>	26
<i>marlissa</i>	98
MARPLAN TAB 10MG	68
MATULANE CAP 50MG	39
MAVYRET PAK 50-20MG.....	29
MAVYRET TAB 100-40MG.....	29
<i>meclizine hcl tab 12.5 mg</i>	107
<i>meclizine hcl tab 25 mg</i>	107
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	98

<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	98
<i>medroxyprogesterone acetate tab 10 mg</i>	105
<i>medroxyprogesterone acetate tab 2.5 mg</i>	105
<i>medroxyprogesterone acetate tab 5 mg</i>	105
<i>mefloquine hcl tab 250 mg</i>	25
<i>megestrol acetate susp 40 mg/ml</i> ..	105
<i>megestrol acetate susp 625 mg/5ml</i>	105
<i>megestrol acetate tab 20 mg</i>	37
<i>megestrol acetate tab 40 mg</i>	37
MEKINIST SOL 0.05/ML.....	46
MEKINIST TAB 0.5MG	46
MEKINIST TAB 2MG	46
MEKTOVI TAB 15MG	46
<i>meleya</i>	98
<i>meloxicam tab 15 mg</i>	19
<i>meloxicam tab 7.5 mg</i>	19
<i>memantine hcl cap er 24hr 14 mg</i> ...	65
<i>memantine hcl cap er 24hr 21 mg</i> ...	65
<i>memantine hcl cap er 24hr 28 mg</i> ...	65
<i>memantine hcl cap er 24hr 7 mg</i>	65
<i>memantine hcl oral solution 2 mg/ml</i>	65
<i>memantine hcl tab 10 mg</i>	65
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	66
<i>memantine hcl tab 5 mg</i>	65
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	66
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	66
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	66
MENQUADFI INJ	121
MENVEO INJ	121
MENVEO SOL	121
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	35
<i>mercaptopurine tab 50 mg</i>	35
<i>meropenem iv for soln 1 gm</i>	23
<i>meropenem iv for soln 2 gm</i>	23
<i>meropenem iv for soln 500 mg</i>	23
<i>mesalamine cap dr 400 mg</i>	108
<i>mesalamine cap er 24hr 0.375 gm</i> .	108

<i>mesalamine enema 4 gm</i>	109	<i>methylphenidate hcl tab 5 mg</i>	85
<i>mesalamine rectal enema 4 gm &</i>		<i>methylphenidate hcl tab er 10 mg</i>	85
<i>cleanser wipe kit</i>	109	<i>methylphenidate hcl tab er 20 mg</i>	85
<i>mesalamine suppos 1000 mg</i>	109	<i>methylprednisolone acetate inj susp 40</i>	
<i>mesalamine tab delayed release 1.2</i>		<i>mg/ml</i>	102
<i>gm</i>	109	<i>methylprednisolone acetate inj susp 80</i>	
<i>mesna tab 400 mg</i>	39	<i>mg/ml</i>	102
<i>metformin hcl oral soln 500 mg/5ml</i> ..	92	<i>methylprednisolone sod succ for inj</i>	
<i>metformin hcl tab 1000 mg</i>	92	<i>1000 mg (base equiv)</i>	102
<i>metformin hcl tab 500 mg</i>	92	<i>methylprednisolone sod succ for inj</i>	
<i>metformin hcl tab 850 mg</i>	92	<i>125 mg (base equiv)</i>	102
<i>metformin hcl tab er 24hr 500 mg</i>	92	<i>methylprednisolone sod succ for inj 40</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	92	<i>mg (base equiv)</i>	102
<i>methadone hcl soln 10 mg/5ml</i>	21	<i>methylprednisolone sod succ for inj</i>	
<i>methadone hcl soln 5 mg/5ml</i>	21	<i>500 mg (base equiv)</i>	102
<i>methadone hcl tab 10 mg</i>	21	<i>methylprednisolone tab 16 mg</i>	102
<i>methadone hcl tab 5 mg</i>	21	<i>methylprednisolone tab 32 mg</i>	102
<i>methadone hydrochloride i</i>	21	<i>methylprednisolone tab 4 mg</i>	102
<i>methazolamide tab 25 mg</i>	61	<i>methylprednisolone tab 8 mg</i>	102
<i>methazolamide tab 50 mg</i>	61	<i>methylprednisolone tab therapy pack 4</i>	
<i>methenamine hippurate tab 1 gm</i>	23	<i>mg (21)</i>	102
<i>methimazole tab 10 mg</i>	106	<i>metoclopramide hcl inj 5 mg/ml (base</i>	
<i>methimazole tab 5 mg</i>	106	<i>equivalent)</i>	107
<i>methocarbamol tab 500 mg</i>	89	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methocarbamol tab 750 mg</i>	89	<i>mg/10ml) (base equiv)</i>	107
<i>methotrexate sodium for inj 1 gm</i>	35	<i>metoclopramide hcl tab 10 mg (base</i>	
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>equivalent)</i>	107
<i>(25 mg/ml)</i>	36	<i>metoclopramide hcl tab 5 mg (base</i>	
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>equivalent)</i>	107
<i>(25 mg/ml)</i>	35	<i>metolazone tab 10 mg</i>	61
<i>methotrexate sodium inj pf 1000</i>		<i>metolazone tab 2.5 mg</i>	61
<i>mg/40ml (25 mg/ml)</i>	36	<i>metolazone tab 5 mg</i>	61
<i>methotrexate sodium inj pf 250</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>mg/10ml (25 mg/ml)</i>	36	<i>100-25 mg</i>	58
<i>methotrexate sodium inj pf 50 mg/2ml</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>(25 mg/ml)</i>	36	<i>100-50 mg</i>	58
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>equiv)</i>	118	<i>50-25 mg</i>	58
<i>methsuximide cap 300 mg</i>	81	<i>metoprolol succinate tab er 24hr 100</i>	
<i>methylphenidate hcl chew tab 10 mg</i> 85		<i>mg (tartrate equiv)</i>	58
<i>methylphenidate hcl chew tab 2.5 mg</i>		<i>metoprolol succinate tab er 24hr 200</i>	
<i>.....</i>	85	<i>mg (tartrate equiv)</i>	58
<i>methylphenidate hcl chew tab 5 mg</i> .85		<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>methylphenidate hcl soln 10 mg/5ml</i> 85		<i>(tartrate equiv)</i>	58
<i>methylphenidate hcl soln 5 mg/5ml</i> ..85		<i>metoprolol succinate tab er 24hr 50 mg</i>	
<i>methylphenidate hcl tab 10 mg</i>	85	<i>(tartrate equiv)</i>	58
<i>methylphenidate hcl tab 20 mg</i>	85	<i>metoprolol tartrate iv soln 5 mg/5ml</i> 58	

<i>metoprolol tartrate tab 100 mg</i>	59	<i>modafinil tab 100 mg</i>	89
<i>metoprolol tartrate tab 25 mg</i>	58	<i>modafinil tab 200 mg</i>	89
<i>metoprolol tartrate tab 50 mg</i>	58	MODEYSO CAP 125MG	39
<i>metronidazole cream 0.75%</i>	136	<i>moexipril hcl tab 15 mg</i>	53
<i>metronidazole gel 0.75%</i>	136	<i>moexipril hcl tab 7.5 mg</i>	53
<i>metronidazole iv soln 500 mg/100ml</i>	23	<i>molindone hcl tab 10 mg</i>	75
<i>metronidazole lotion 0.75%</i>	136	<i>molindone hcl tab 25 mg</i>	75
<i>metronidazole tab 250 mg</i>	23	<i>molindone hcl tab 5 mg</i>	75
<i>metronidazole tab 500 mg</i>	23	<i>mometasone furoate cream 0.1%</i> ..	135
<i>metronidazole vaginal gel 0.75%</i> ...	112	<i>mometasone furoate oint 0.1%</i>	135
<i>metyrosine cap 250 mg</i>	62	<i>mometasone furoate solution 0.1%</i>	
<i>mibelas 24 fe</i>	98	(lotion).....	135
<i>micafungin sodium for iv soln 100 mg</i>		MONJUVI INJ 200MG.....	46
.....	25	<i>mono-lynyah</i>	99
<i>micafungin sodium for iv soln 50 mg</i>	25	<i>montelukast sodium chew tab 4 mg</i>	
<i>microgestin 1.5/30</i>	99	(base equiv)	129
<i>microgestin 1/20</i>	99	<i>montelukast sodium chew tab 5 mg</i>	
<i>microgestin fe 1.5/30</i>	99	(base equiv)	129
<i>microgestin fe 1/20</i>	99	<i>montelukast sodium oral granules</i>	
<i>midodrine hcl tab 10 mg</i>	62	<i>packet 4 mg (base equiv)</i>	129
<i>midodrine hcl tab 2.5 mg</i>	62	<i>montelukast sodium tab 10 mg (base</i>	
<i>midodrine hcl tab 5 mg</i>	62	<i>equiv)</i>	129
MIEBO DRO 1.3GM/ML	126	<i>morphine sulfate iv soln 10 mg/ml</i> ...	22
<i>mifepristone tab 300 mg</i>	104	<i>morphine sulfate iv soln 2 mg/ml</i>	21
<i>mili</i>	99	<i>morphine sulfate iv soln 4 mg/ml</i>	22
<i>mimvey</i>	101	<i>morphine sulfate iv soln 8 mg/ml</i>	22
<i>minocycline hcl cap 100 mg</i>	34	<i>morphine sulfate oral soln 10 mg/5ml</i>	
<i>minocycline hcl cap 50 mg</i>	34		22
<i>minocycline hcl cap 75 mg</i>	34	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>minoxidil tab 10 mg</i>	62	(20 mg/ml).....	22
<i>minoxidil tab 2.5 mg</i>	62	<i>morphine sulfate oral soln 20 mg/5ml</i>	
<i>mirabegron tab er 24 hr 25 mg</i>	111		22
<i>mirabegron tab er 24 hr 50 mg</i>	111	<i>morphine sulfate tab 15 mg</i>	22
<i>mirtazapine orally disintegrating tab 15</i>		<i>morphine sulfate tab 30 mg</i>	22
<i>mg</i>	68	<i>morphine sulfate tab er 100 mg</i>	21
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate tab er 15 mg</i>	21
<i>mg</i>	68	<i>morphine sulfate tab er 200 mg</i>	21
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate tab er 30 mg</i>	21
<i>mg</i>	68	<i>morphine sulfate tab er 60 mg</i>	21
<i>mirtazapine tab 15 mg</i>	68	MOUNJARO INJ 10MG/0.5.....	92
<i>mirtazapine tab 30 mg</i>	68	MOUNJARO INJ 12.5/0.5	92
<i>mirtazapine tab 45 mg</i>	69	MOUNJARO INJ 15MG/0.5.....	92
<i>mirtazapine tab 7.5 mg</i>	68	MOUNJARO INJ 2.5/0.5	92
<i>misoprostol tab 100 mcg</i>	109	MOUNJARO INJ 5MG/0.5.....	92
<i>misoprostol tab 200 mcg</i>	109	MOUNJARO INJ 7.5/0.5	92
M-M-R II INJ	121	MOVANTIK TAB 12.5MG.....	109
M-NATAL PLUS TAB	123	MOVANTIK TAB 25MG	110

moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....	32
moxifloxacin hcl ophth soln 0.5% (base equiv)	125
moxifloxacin hcl tab 400 mg (base equiv)	32
MRESVIA INJ 50MCG	121
MULTAQ TAB 400MG	56
multiple electrolytes ph 5.5	123
mupirocin oint 2%	133
mycophenolate mofetil cap 250 mg	120
mycophenolate mofetil for oral susp 200 mg/ml	120
mycophenolate mofetil tab 500 mg	120
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	120
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	120
MYRBETRIQ SUS 8MG/ML	111
MYRBETRIQ TAB 25MG	111
MYRBETRIQ TAB 50MG	111
N	
nabumetone tab 500 mg	20
nabumetone tab 750 mg	20
nadolol tab 20 mg	59
nadolol tab 40 mg	59
nadolol tab 80 mg	59
nafcillin sodium for inj 1 gm	33
nafcillin sodium for inj 2 gm	33
nafcillin sodium for iv soln 10 gm	33
NAGLAZYME INJ 1MG/ML	104
naloxone hcl inj 0.4 mg/ml	90
naloxone hcl inj 4 mg/10ml	90
naloxone hcl soln cartridge 0.4 mg/ml	90
naloxone hcl soln prefilled syringe 0.4 mg/ml	90
naloxone hcl soln prefilled syringe 2 mg/2ml	90
naltrexone hcl tab 50 mg	90
NAMZARIC CAP 7-10MG	66
naproxen sodium tab 275 mg	20
naproxen sodium tab 550 mg	20
naproxen tab 250 mg	20
naproxen tab 375 mg	20
naproxen tab 500 mg	20
naproxen tab ec 375 mg	20

naratriptan hcl tab 1 mg (base equiv)	87
naratriptan hcl tab 2.5 mg (base equiv)	87
NATACYN SUS 5% OP	125
nateglinide tab 120 mg	92
nateglinide tab 60 mg	92
NAYZILAM SPR 5MG	81
nebivolol hcl tab 10 mg (base equivalent)	59
nebivolol hcl tab 2.5 mg (base equivalent)	59
nebivolol hcl tab 20 mg (base equivalent)	59
nebivolol hcl tab 5 mg (base equivalent)	59
necon 0.5/35-28	99
nefazodone hcl tab 100 mg	69
nefazodone hcl tab 150 mg	69
nefazodone hcl tab 200 mg	69
nefazodone hcl tab 250 mg	69
nefazodone hcl tab 50 mg	69
neomycin sulfate tab 500 mg	23
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	125
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	125
neomycin-polymyxin-dexamethasone ophth oint 0.1%	124
neomycin-polymyxin-dexamethasone ophth susp 0.1%	124
neomycin-polymyxin-hc ophth susp	124
neomycin-polymyxin-hc otic soln 1%	127
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	127
NERLYNX TAB 40MG	46
neuac	133
nevirapine susp 50 mg/5ml	26
nevirapine tab 200 mg	26
nevirapine tab er 24hr 400 mg	26
NEXLETOL TAB 180MG	57
NEXLIZET TAB 180/10MG	57
NEXPLANON IMP 68MG	99
niacin tab er 1000 mg (antihyperlipidemic)	57

<i>niacin tab er 500 mg</i>	
<i>(antihyperlipidemic)</i>	57
<i>niacin tab er 750 mg</i>	
<i>(antihyperlipidemic)</i>	57
<i>nicardipine hcl cap 20 mg</i>	60
<i>nicardipine hcl cap 30 mg</i>	60
<i>NICOTROL NS SPR 10MG/ML</i>	90
<i>nifedipine tab er 24hr 30 mg</i>	60
<i>nifedipine tab er 24hr 60 mg</i>	60
<i>nifedipine tab er 24hr 90 mg</i>	60
<i>nifedipine tab er 24hr osmotic release</i>	
<i>30 mg</i>	60
<i>nifedipine tab er 24hr osmotic release</i>	
<i>60 mg</i>	60
<i>nifedipine tab er 24hr osmotic release</i>	
<i>90 mg</i>	60
<i>nikki</i>	99
<i>nilotinib hcl cap 150 mg (base</i>	
<i>equivalent)</i>	46
<i>nilotinib hcl cap 200 mg (base</i>	
<i>equivalent)</i>	46
<i>nilotinib hcl cap 50 mg (base</i>	
<i>equivalent)</i>	46
<i>nilutamide tab 150 mg</i>	37
<i>nimodipine cap 30 mg</i>	60
<i>NINLARO CAP 2.3MG</i>	46
<i>NINLARO CAP 3MG</i>	46
<i>NINLARO CAP 4MG</i>	46
<i>nintedanib esylate cap 100 mg (base</i>	
<i>equivalent)</i>	130
<i>nintedanib esylate cap 150 mg (base</i>	
<i>equivalent)</i>	130
<i>nitazoxanide tab 500 mg</i>	23
<i>nitisinone cap 10 mg</i>	104
<i>nitisinone cap 2 mg</i>	104
<i>nitisinone cap 20 mg</i>	104
<i>nitisinone cap 5 mg</i>	104
<i>nitro-bid</i>	63
<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>mg</i>	24
<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>mg</i>	24
<i>nitrofurantoin monohydrate</i>	
<i>macrocrystalline cap 100 mg</i>	24
<i>nitroglycerin oint 0.4%</i>	136
<i>nitroglycerin oint 2%</i>	63
<i>nitroglycerin sl tab 0.3 mg</i>	63
<i>nitroglycerin sl tab 0.4 mg</i>	63
<i>nitroglycerin sl tab 0.6 mg</i>	63
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
.....	63
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
.....	63
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
.....	63
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
.....	63
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>mcg/spray)</i>	63
<i>nizatidine cap 150 mg</i>	108
<i>nizatidine cap 300 mg</i>	108
<i>nora-be</i>	99
<i>norelgestromin-ethinyl estradiol td</i>	
<i>ptwk 150-35 mcg/24hr</i>	99
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1 mg-20 mcg</i>	99
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1.5 mg-30 mcg</i>	99
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>tab 1 mg-20 mcg</i>	99
<i>norethindrone ace-eth estradiol-fe</i>	
<i>chew tab 1 mg-20 mcg (24)</i>	99
<i>norethindrone acetate tab 5 mg</i>	105
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 0.5 mg-2.5 mcg</i>	101
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg</i>	101
<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>1-20/1-30/1-35 mg-mcg</i>	99
<i>norethindrone tab 0.35 mg</i>	99
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	99
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	99
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	99
<i>norlyroc</i>	99
<i>nortrel 0.5/35 (28)</i>	99
<i>nortrel 1/35 (21)</i>	99
<i>nortrel 1/35 (28)</i>	99
<i>nortrel 7/7/7</i>	99
<i>nortriptyline hcl cap 10 mg</i>	69
<i>nortriptyline hcl cap 25 mg</i>	69
<i>nortriptyline hcl cap 50 mg</i>	69

<i>nortriptyline hcl cap 75 mg</i>	69	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	104
<i>nortriptyline hcl soln 10 mg/5ml</i>	69	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	104
NORVIR POW 100MG.....	26	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	104
NOVOLIN INJ 70/30	94	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	104
NOVOLIN INJ 70/30 FP	94	<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	104
NOVOLIN N INJ 100 UNIT	94	<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	104
NOVOLIN N INJ U-100	94	<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	104
NOVOLIN R INJ 100 UNIT	94	ODEFSEY TAB	28
NOVOLIN R INJ U-100	94	ODOMZO CAP 200MG.....	46
NOVOLOG INJ 100/ML	94	OFEV CAP 100MG	130
NOVOLOG INJ FLEX REL.....	94	OFEV CAP 150MG	130
NOVOLOG INJ FLEXPEN	94	<i>ofloxacin ophth soln 0.3%</i>	125
NOVOLOG INJ PENFILL	94	<i>ofloxacin otic soln 0.3%</i>	127
NOVOLOG INJ RELION.....	94	OGIVRI INJ 150MG	46
NOVOLOG MIX INJ 70/30	94	OGIVRI INJ 420MG	46
NOVOLOG MIX INJ FLEXPEN.....	94	OGSIVEO TAB 100MG	46
NUBEQA TAB 300MG	37	OGSIVEO TAB 150MG	46
NUDEXTA CAP 20-10MG.....	88	OJEMDA SUS 25MG/ML	46
NULOJIX INJ 250MG.....	120	OJEMDA TAB 100MG	47
NUPLAZID CAP 34MG	75	OJJAARA TAB 100MG	47
NUPLAZID TAB 10MG	75	OJJAARA TAB 150MG	47
NURTEC TAB 75MG ODT	87	OJJAARA TAB 200MG	47
NUTRILIPID EMU 20%	124	<i>olanzapine for im inj 10 mg</i>	75
NUZYRA INJ 100MG	34	<i>olanzapine orally disintegrating tab 10 mg</i>	75
NUZYRA TAB 150MG	34	<i>olanzapine orally disintegrating tab 15 mg</i>	75
<i>nyamyc</i>	133	<i>olanzapine orally disintegrating tab 20 mg</i>	75
<i>nylia 1/35</i>	99	<i>olanzapine orally disintegrating tab 5 mg</i>	75
<i>nylia 7/7/7</i>	99	<i>olanzapine tab 10 mg</i>	75
<i>nystatin cream 100000 unit/gm</i>	133	<i>olanzapine tab 15 mg</i>	75
<i>nystatin oint 100000 unit/gm</i>	133	<i>olanzapine tab 2.5 mg</i>	75
<i>nystatin susp 100000 unit/ml</i>	136	<i>olanzapine tab 20 mg</i>	75
<i>nystatin tab 500000 unit</i>	25	<i>olanzapine tab 5 mg</i>	75
<i>nystatin topical powder 100000 unit/gm</i>	133	<i>olanzapine tab 7.5 mg</i>	75
<i>nystop</i>	133	<i>olmesartan medoxomil tab 20 mg</i>	55
O		<i>olmesartan medoxomil tab 40 mg</i>	55
OCTAGAM INJ 10/100ML.....	119	<i>olmesartan medoxomil tab 5 mg</i>	55
OCTAGAM INJ 10GM.....	119		
OCTAGAM INJ 1GM	119		
OCTAGAM INJ 2.5GM.....	119		
OCTAGAM INJ 20/200ML.....	119		
OCTAGAM INJ 2GM/20ML.....	119		
OCTAGAM INJ 30/300ML.....	119		
OCTAGAM INJ 5GM	119		
OCTAGAM INJ 5GM/50ML.....	119		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	104		

<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	54	<i>ondansetron orally disintegrating tab 8 mg</i>	107
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	54	ONTRUZANT INJ 150MG	47
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .54		ONTRUZANT INJ 420MG	47
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	54	ONUREG TAB 200MG.....	36
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	55	ONUREG TAB 300MG.....	36
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	55	OPIPZA MIS 10MG	75
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	54	OPIPZA MIS 2MG.....	75
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	54	OPIPZA MIS 5MG.....	75
<i>omega-3-acid ethyl esters cap 1 gm</i> .57		OPSUMIT TAB 10MG	64
<i>omeprazole cap delayed release 10 mg</i>	111	ORGOVYX TAB 120MG.....	37
<i>omeprazole cap delayed release 20 mg</i>	111	ORKAMBI GRA 100-125.....	130
<i>omeprazole cap delayed release 40 mg</i>	111	ORKAMBI GRA 150-188.....	130
OMNIPOD 5 DX KIT INT G7G6	94	ORKAMBI GRA 75-94MG	130
OMNIPOD 5 DX MIS POD G7G6.....	94	ORKAMBI TAB 100-125	130
OMNIPOD DASH KIT INTRO	94	ORKAMBI TAB 200-125	130
OMNIPOD DASH MIS PODS	94	<i>orquidea</i>	99
OMNIPOD5 LIB KIT INTRO	94	ORSERDU TAB 345MG.....	37
OMNIPOD5 LIB MIS PODS	94	ORSERDU TAB 86MG.....	37
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	107	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	29
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	107	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	29
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	107	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	29
<i>ondansetron hcl oral soln 4 mg/5ml</i> 107		<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	29
<i>ondansetron hcl tab 4 mg</i>	107	OSPOMYV INJ 60MG/ML	95
<i>ondansetron hcl tab 8 mg</i>	107	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	33
<i>ondansetron orally disintegrating tab 4 mg</i>	107	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	33
		<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	33
		<i>oxaliplatin for iv inj 100 mg</i>	35
		<i>oxaliplatin for iv inj 50 mg</i>	35
		<i>oxaliplatin iv soln 100 mg/20ml</i>	35
		<i>oxaliplatin iv soln 200 mg/40ml</i>	35
		<i>oxaliplatin iv soln 50 mg/10ml</i>	35
		<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	81
		<i>oxcarbazepine tab 150 mg</i>	81
		<i>oxcarbazepine tab 300 mg</i>	81
		<i>oxcarbazepine tab 600 mg</i>	81
		<i>oxybutynin chloride solution 5 mg/5ml</i>	111
		<i>oxybutynin chloride tab 5 mg</i>	111

<i>oxybutynin chloride tab er 24hr 10 mg</i>	112	<i>paliperidone tab er 24hr 3 mg</i>	75
<i>oxybutynin chloride tab er 24hr 15 mg</i>	112	<i>paliperidone tab er 24hr 6 mg</i>	75
<i>oxybutynin chloride tab er 24hr 5 mg</i>	111	<i>paliperidone tab er 24hr 9 mg</i>	75
<i>oxycodone hcl conc 100 mg/5ml (20</i> <i>mg/ml)</i>	22	<i>pamidronate disodium iv soln 3 mg/ml</i>	95
<i>oxycodone hcl soln 5 mg/5ml</i>	22	<i>pamidronate disodium iv soln 9 mg/ml</i>	95
<i>oxycodone hcl tab 10 mg</i>	22	PAMIDRONATE INJ 6MG/ML	95
<i>oxycodone hcl tab 15 mg</i>	22	PANRETIN GEL 0.1%.....	136
<i>oxycodone hcl tab 20 mg</i>	22	<i>pantoprazole sodium ec tab 20 mg</i> (base equiv)	111
<i>oxycodone hcl tab 30 mg</i>	22	<i>pantoprazole sodium ec tab 40 mg</i> (base equiv)	111
<i>oxycodone hcl tab 5 mg</i>	22	<i>pantoprazole sodium for iv soln 40 mg</i> (base equiv)	111
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	22	PANZYGA SOL 10/100ML	119
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	22	PANZYGA SOL 1GM/10ML	119
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	22	PANZYGA SOL 2.5/25ML	119
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	22	PANZYGA SOL 20/200ML	119
OXYCONTIN TAB 10MG ER	21	PANZYGA SOL 30/300ML	119
OXYCONTIN TAB 15MG ER	21	PANZYGA SOL 5GM/50ML	119
OXYCONTIN TAB 20MG ER	21	<i>paricalcitol cap 1 mcg</i>	106
OXYCONTIN TAB 30MG ER	21	<i>paricalcitol cap 2 mcg</i>	106
OXYCONTIN TAB 40MG ER	21	<i>paricalcitol cap 4 mcg</i>	106
OXYCONTIN TAB 60MG ER	21	<i>paroxetine hcl oral susp 10 mg/5ml</i> (base equiv)	69
OXYCONTIN TAB 80MG ER	21	<i>paroxetine hcl tab 10 mg</i>	69
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	92	<i>paroxetine hcl tab 20 mg</i>	69
OZEMPIC (1MG/DOSE)	92	<i>paroxetine hcl tab 30 mg</i>	69
OZEMPIC (2MG/DOSE)	92	<i>paroxetine hcl tab 40 mg</i>	69
OZEMPIC TAB 1.5MG	92	PAXLOVID PAK	29
OZEMPIC TAB 4MG	92	PAXLOVID TAB 150-100	29
OZEMPIC TAB 9MG	92	PAXLOVID TAB 300-100	29
P		<i>pazopanib hcl tab 200 mg (base equiv)</i>	47
<i>pacerone</i>	56	<i>pazopanib hcl tab 400 mg (base equiv)</i>	47
<i>paclitaxel inj 100mg</i>	39	PEDIARIX INJ 0.5ML	121
<i>paclitaxel iv conc 100 mg/16.7ml (6</i> <i>mg/ml)</i>	39	PEDVAX HIB INJ	121
<i>paclitaxel iv conc 150 mg/25ml (6</i> <i>mg/ml)</i>	39	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i>	109
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	39	<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	109
<i>paclitaxel iv conc 300 mg/50ml (6</i> <i>mg/ml)</i>	39	PEGASYS INJ	29
<i>paliperidone tab er 24hr 1.5 mg</i>	75	PEGASYS INJ 180MCG/M	29
		PEMAZYRE TAB 13.5MG	47
		PEMAZYRE TAB 4.5MG	47

PEMAZYRE TAB 9MG	47	phenobarbital sodium inj 130 mg/ml	81
pemetrexed disodium for iv soln 100		phenobarbital sodium inj 65 mg/ml ..	81
mg (base equiv)	36	phenobarbital tab 100 mg	82
pemetrexed disodium for iv soln 1000		phenobarbital tab 15 mg	81
mg (base equiv)	36	phenobarbital tab 16.2 mg	81
pemetrexed disodium for iv soln 500		phenobarbital tab 30 mg	81
mg (base equiv)	36	phenobarbital tab 32.4 mg	82
pemetrexed disodium for iv soln 750		phenobarbital tab 60 mg	82
mg (base equiv)	36	phenobarbital tab 64.8 mg	82
PENBRAYA INJ	121	phenobarbital tab 97.2 mg	82
penicillamine tab 250 mg	96	phenytek	82
penicillin g potassium for inj 20000000		phenytoin chew tab 50 mg	82
unit	33	phenytoin sodium extended cap 100	
penicillin g potassium for inj 5000000		mg	82
unit	33	phenytoin sodium extended cap 200	
penicillin g sodium for inj 5000000 unit		mg	82
.....	33	phenytoin sodium extended cap 300	
penicillin v potassium for soln 125		mg	82
mg/5ml	33	phenytoin sodium inj 50 mg/ml	82
penicillin v potassium for soln 250		phenytoin susp 125 mg/5ml	82
mg/5ml	33	PHESGO SOL	47
penicillin v potassium tab 250 mg	33	philith	99
penicillin v potassium tab 500 mg	33	PIFELTRO TAB 100MG	26
PENMENVY INJ	121	pilocarpine hcl ophth soln 1%	126
PENTACEL INJ	121	pilocarpine hcl ophth soln 2%	126
pentamidine isethionate inh	24	pilocarpine hcl ophth soln 4%	126
pentamidine isethionate inj	24	pilocarpine hcl tab 5 mg	136
pentoxifylline tab er 400 mg	114	pilocarpine hcl tab 7.5 mg	136
perampanel susp 0.5 mg/ml	81	pimecrolimus cream 1%	136
perampanel tab 10 mg	81	pimozide tab 1 mg	75
perampanel tab 12 mg	81	pimozide tab 2 mg	75
perampanel tab 2 mg	81	pimtrea	99
perampanel tab 4 mg	81	pindolol tab 10 mg	59
perampanel tab 6 mg	81	pindolol tab 5 mg	59
perampanel tab 8 mg	81	pioglitazone hcl tab 15 mg (base equiv)	
perindopril erbumine tab 2 mg	53		92
perindopril erbumine tab 4 mg	53	pioglitazone hcl tab 30 mg (base equiv)	
perindopril erbumine tab 8 mg	53		92
periogard	136	pioglitazone hcl tab 45 mg (base equiv)	
permethrin cream 5%	136		92
perphenazine tab 16 mg	75	pioglitazone hcl-metformin hcl tab 15-	
perphenazine tab 2 mg	75	500 mg	92
perphenazine tab 4 mg	75	pioglitazone hcl-metformin hcl tab 15-	
perphenazine tab 8 mg	75	850 mg	92
pfizerpen	33	piperacillin sod-tazobactam na for inj	
phenelzine sulfate tab 15 mg	69	3.375 gm (3-0.375 gm)	33
phenobarbital elixir 20 mg/5ml	81		

<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	33
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	33
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	33
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	33
PIQRAY 200MG TAB DOSE.....	47
PIQRAY 250MG TAB DOSE.....	47
PIQRAY 300MG TAB DOSE.....	47
<i>pirfenidone cap 267 mg</i>	130
<i>pirfenidone tab 267 mg</i>	130
<i>pirfenidone tab 534 mg</i>	130
<i>pirfenidone tab 801 mg</i>	130
<i>piroxicam cap 10 mg</i>	20
<i>piroxicam cap 20 mg</i>	20
<i>plenamine</i>	124
PLENVU SOL	109
<i>podofilox soln 0.5%</i>	136
<i>polymyxin b sulfate for inj 500000 unit</i>	24
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%.....	125
<i>pomalidomide cap 1 mg</i>	38
<i>pomalidomide cap 2 mg</i>	38
<i>pomalidomide cap 3 mg</i>	38
<i>pomalidomide cap 4 mg</i>	38
POMALYST CAP 1MG	38
POMALYST CAP 2MG	38
POMALYST CAP 3MG	38
POMALYST CAP 4MG	38
<i>portia-28</i>	99
<i>posaconazole tab delayed release 100</i> <i>mg</i>	25
POT CHL 20MEQ/L IN NAACL 0.45% INJ	123
POT CHL 20MEQ/L IN NAACL 0.9% INJ	123
POT CHL 40MEQ/L IN NAACL 0.9% INJ	123
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	123
<i>potassium chloride cap er 10 meq</i> ..	123
<i>potassium chloride cap er 8 meq</i>	123
<i>potassium chloride inj 10 meq/100ml</i>	123
<i>potassium chloride inj 10 meq/50ml</i>	123
<i>potassium chloride inj 2 meq/ml</i>	123
<i>potassium chloride inj 20 meq/100ml</i>	123
<i>potassium chloride inj 20 meq/50ml</i>	123
<i>potassium chloride inj 40 meq/100ml</i>	123
<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	123
<i>potassium chloride microencapsulated</i> <i>crys er tab 15 meq</i>	123
<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	123
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	123
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	123
<i>potassium chloride powder packet 20</i> <i>meq</i>	123
<i>potassium chloride tab er 10 meq</i> ..	123
<i>potassium chloride tab er 20 meq</i> <i>(1500 mg)</i>	124
<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	123
<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	111
<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	111
<i>potassium citrate tab er 5 meq (540</i> <i>mg)</i>	111
<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	71
<i>pramipexole dihydrochloride tab 0.25</i> <i>mg</i>	71
<i>pramipexole dihydrochloride tab 0.5</i> <i>mg</i>	71
<i>pramipexole dihydrochloride tab 0.75</i> <i>mg</i>	71
<i>pramipexole dihydrochloride tab 1 mg</i>	71
<i>pramipexole dihydrochloride tab 1.5</i> <i>mg</i>	71
<i>prasugrel hcl tab 10 mg (base equiv)</i>	114
<i>prasugrel hcl tab 5 mg (base equiv)</i>	114

<i>pravastatin sodium tab 10 mg</i>	57	PREVMIS TAB 240MG	29
<i>pravastatin sodium tab 20 mg</i>	57	PREVMIS TAB 480MG	29
<i>pravastatin sodium tab 40 mg</i>	57	PREZCOBIX TAB 675/150	28
<i>pravastatin sodium tab 80 mg</i>	57	PREZCOBIX TAB 800-150	28
<i>praziquantel tab 600 mg</i>	24	PREZISTA SUS 100MG/ML	26
<i>prazosin hcl cap 1 mg</i>	53	PREZISTA TAB 150MG	26
<i>prazosin hcl cap 2 mg</i>	53	PREZISTA TAB 75MG	26
<i>prazosin hcl cap 5 mg</i>	53	PRIFTIN TAB 150MG	28
PRED SOD PHO SOL 1% OP.....	125	<i>primaquine phosphate tab 26.3 mg (15</i>	
<i>prednisolone acetate ophth susp 1%</i>		<i>mg base)</i>	26
.....	125	PRIMAQUINE TAB 26.3MG.....	26
<i>prednisolone sod phosphate oral soln</i>		<i>primidone tab 125 mg</i>	83
<i>15 mg/5ml (base equiv)</i>	102	<i>primidone tab 250 mg</i>	83
<i>prednisolone sod phosphate oral soln 5</i>		<i>primidone tab 50 mg</i>	83
<i>mg/5ml (base equiv)</i>	102	PRIORIX INJ	121
<i>prednisolone sodium phosphate oral</i>		PRIVIGEN INJ 10GRAMS	119
<i>soln 25 mg/5ml (base eq)</i>	102	PRIVIGEN INJ 20GRAMS	119
<i>prednisolone soln 15 mg/5ml</i>	102	PRIVIGEN INJ 40GRAMS	119
PREDNISON CON 5MG/ML	102	PRIVIGEN INJ 5 GRAMS	119
<i>prednisone oral soln 5 mg/5ml</i>	102	<i>probenecid tab 500 mg</i>	19
<i>prednisone tab 1 mg</i>	102	<i>prochlorperazine edisylate inj 10</i>	
<i>prednisone tab 10 mg</i>	103	<i>mg/2ml</i>	107
<i>prednisone tab 2.5 mg</i>	102	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab 20 mg</i>	103	<i>(base equivalent)</i>	107
<i>prednisone tab 5 mg</i>	102	<i>prochlorperazine maleate tab 5 mg</i>	
<i>prednisone tab 50 mg</i>	103	<i>(base equivalent)</i>	107
<i>prednisone tab therapy pack 10 mg</i>		<i>prochlorperazine suppos 25 mg</i>	107
<i>(21)</i>	103	PROCRIT INJ 10000/ML	113
<i>prednisone tab therapy pack 10 mg</i>		PROCRIT INJ 2000/ML	113
<i>(48)</i>	103	PROCRIT INJ 20000/ML	113
<i>prednisone tab therapy pack 5 mg (21)</i>		PROCRIT INJ 3000/ML	113
.....	103	PROCRIT INJ 4000/ML	113
<i>prednisone tab therapy pack 5 mg (48)</i>		PROCRIT INJ 40000/ML	113
.....	103	<i>proctocort</i>	136
<i>pregabalin cap 100 mg</i>	82	<i>procto-med hc</i>	136
<i>pregabalin cap 150 mg</i>	82	<i>proctosol hc</i>	136
<i>pregabalin cap 200 mg</i>	82	<i>proctozone-hc</i>	136
<i>pregabalin cap 225 mg</i>	82	<i>progesterone cap 100 mg</i>	105
<i>pregabalin cap 25 mg</i>	82	<i>progesterone cap 200 mg</i>	106
<i>pregabalin cap 300 mg</i>	82	PROGRAF GRA 0.2MG	120
<i>pregabalin cap 50 mg</i>	82	PROGRAF GRA 1MG	120
<i>pregabalin cap 75 mg</i>	82	PROLASTIN-C INJ 1000MG	130
<i>pregabalin soln 20 mg/ml</i>	83	PROLIA INJ 60MG/ML	95
PREMASOL SOL 10%	124	<i>promethazine hcl inj 25 mg/ml</i>	107
PRENATAL TAB 27-1MG	124	<i>promethazine hcl inj 50 mg/ml</i>	108
PRENATAL TAB PLUS	124	<i>promethazine hcl oral soln 6.25</i>	
<i>prevalite</i>	57	<i>mg/5ml</i>	108

<i>promethazine hcl tab 12.5 mg</i>	108
<i>promethazine hcl tab 25 mg</i>	108
<i>promethazine hcl tab 50 mg</i>	108
<i>propafenone hcl cap er 12hr 225 mg</i>	56
<i>propafenone hcl cap er 12hr 325 mg</i>	56
<i>propafenone hcl cap er 12hr 425 mg</i>	56
<i>propafenone hcl tab 150 mg</i>	56
<i>propafenone hcl tab 225 mg</i>	56
<i>propafenone hcl tab 300 mg</i>	56
<i>proparacaine hcl ophth soln 0.5%</i> ..	126
<i>propranolol hcl cap er 24hr 120 mg</i> ..	59
<i>propranolol hcl cap er 24hr 160 mg</i> ..	59
<i>propranolol hcl cap er 24hr 60 mg</i>	59
<i>propranolol hcl cap er 24hr 80 mg</i>	59
<i>propranolol hcl oral soln 20 mg/5ml</i> .	59
<i>propranolol hcl oral soln 40 mg/5ml</i> .	59
<i>propranolol hcl tab 10 mg</i>	59
<i>propranolol hcl tab 20 mg</i>	59
<i>propranolol hcl tab 40 mg</i>	59
<i>propranolol hcl tab 60 mg</i>	59
<i>propranolol hcl tab 80 mg</i>	59
<i>propylthiouracil tab 50 mg</i>	106
PROQUAD INJ.....	121
PROSOL INJ 20%.....	124
<i>protriptyline hcl tab 10 mg</i>	69
<i>protriptyline hcl tab 5 mg</i>	69
PULMOZYME SOL 1MG/ML.....	130
<i>pyrazinamide tab 500 mg</i>	28
<i>pyridostigmine bromide tab 60 mg</i> ...	88
<i>pyrimethamine tab 25 mg</i>	24
PYZCHIVA INJ 130/26ML.....	116
PYZCHIVA INJ 45/0.5ML	116
PYZCHIVA INJ 90MG/ML	116

Q

QINLOCK TAB 50MG.....	47
QUADRACEL INJ 0.5ML	121
<i>quetiapine fumarate tab 100 mg</i>	75
<i>quetiapine fumarate tab 150 mg</i>	75
<i>quetiapine fumarate tab 200 mg</i>	75
<i>quetiapine fumarate tab 25 mg</i>	75
<i>quetiapine fumarate tab 300 mg</i>	75
<i>quetiapine fumarate tab 400 mg</i>	75
<i>quetiapine fumarate tab 50 mg</i>	75
<i>quetiapine fumarate tab er 24hr 150 mg</i>	75
<i>quetiapine fumarate tab er 24hr 200 mg</i>	75

<i>quetiapine fumarate tab er 24hr 300 mg</i>	76
<i>quetiapine fumarate tab er 24hr 400 mg</i>	76
<i>quetiapine fumarate tab er 24hr 50 mg</i>	75
<i>quinapril hcl tab 10 mg</i>	53
<i>quinapril hcl tab 20 mg</i>	53
<i>quinapril hcl tab 40 mg</i>	53
<i>quinapril hcl tab 5 mg</i>	53
<i>quinidine sulfate tab 200 mg</i>	56
<i>quinidine sulfate tab 300 mg</i>	56
<i>quinine sulfate cap 324 mg</i>	26
QULIPTA TAB 10MG	87
QULIPTA TAB 30MG	87
QULIPTA TAB 60MG	87

R

RABAVERT INJ	121
<i>rabeprazole sodium ec tab 20 mg</i> ..	111
RALDESY SOL 10MG/ML	69
<i>raloxifene hcl tab 60 mg</i>	105
<i>ramelteon tab 8 mg</i>	86
<i>ramipril cap 1.25 mg</i>	53
<i>ramipril cap 10 mg</i>	53
<i>ramipril cap 2.5 mg</i>	53
<i>ramipril cap 5 mg</i>	53
<i>ranolazine tab er 12hr 1000 mg</i>	62
<i>ranolazine tab er 12hr 500 mg</i>	62
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	71
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	71
<i>reclipsen</i>	99
RECOMBIVA HB INJ 10MCG/ML.....	121
RECOMBIVA HB INJ 5MCG/0.5.....	121
RECOMBIVA-HB INJ 40MCG/ML	121
RELENZA MIS DISKHALE	29
<i>relgaabi</i>	83
RELISTOR INJ 12/0.6ML	110
RELISTOR INJ 8/0.4ML	110
REMICADE INJ 100MG	116
RENFLEXIS INJ 100MG	116
<i>repaglinide tab 0.5 mg</i>	92
<i>repaglinide tab 1 mg</i>	92
<i>repaglinide tab 2 mg</i>	92
REPATHA INJ 140MG/ML.....	57
REPATHA SURE INJ 140MG/ML	58

RESTASIS EMU 0.05% OP	126	<i>risperidone microspheres for im</i>	
RESTASIS MUL EMU 0.05% OP	126	<i>extended rel susp 25 mg</i>	76
RETEVMO TAB 120MG	47	<i>risperidone microspheres for im</i>	
RETEVMO TAB 160MG	47	<i>extended rel susp 37.5 mg</i>	76
RETEVMO TAB 40MG	47	<i>risperidone microspheres for im</i>	
RETEVMO TAB 80MG	47	<i>extended rel susp 50 mg</i>	76
REVCovi INJ 1.6MG/ML	105	<i>risperidone orally disintegrating tab</i>	
REVUFORJ TAB 110MG	47	<i>0.25 mg</i>	76
REVUFORJ TAB 160MG	47	<i>risperidone orally disintegrating tab 0.5</i>	
REVUFORJ TAB 25MG	47	<i>mg</i>	76
REXULTI TAB 0.25MG	76	<i>risperidone orally disintegrating tab 1</i>	
REXULTI TAB 0.5MG	76	<i>mg</i>	76
REXULTI TAB 1MG	76	<i>risperidone orally disintegrating tab 2</i>	
REXULTI TAB 2MG	76	<i>mg</i>	76
REXULTI TAB 3MG	76	<i>risperidone orally disintegrating tab 3</i>	
REXULTI TAB 4MG	76	<i>mg</i>	76
REYATAZ POW 50MG	26	<i>risperidone orally disintegrating tab 4</i>	
REZDIFFRA TAB 100MG	105	<i>mg</i>	76
REZDIFFRA TAB 60MG	105	<i>risperidone soln 1 mg/ml</i>	76
REZDIFFRA TAB 80MG	105	<i>risperidone tab 0.25 mg</i>	76
REZLIDHIA CAP 150MG	47	<i>risperidone tab 0.5 mg</i>	76
REZUROCK TAB 200MG	120	<i>risperidone tab 1 mg</i>	76
REZVOGLAR KP INJ 100UT/ML	95	<i>risperidone tab 2 mg</i>	76
RHOPRESSA SOL 0.02%	126	<i>risperidone tab 3 mg</i>	76
<i>ribavirin cap 200 mg</i>	29	<i>risperidone tab 4 mg</i>	76
<i>ribavirin tab 200 mg</i>	29	<i>ritonavir tab 100 mg</i>	27
<i>rifabutin cap 150 mg</i>	28	<i>rivaroxaban for susp 1 mg/ml</i>	113
<i>rifampin cap 150 mg</i>	28	<i>rivaroxaban tab 2.5 mg</i>	113
<i>rifampin cap 300 mg</i>	28	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>rifampin for inj 600 mg</i>	28	<i>equivalent)</i>	66
<i>rilpivirine hcl tab 25 mg (base</i>		<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>equivalent)</i>	26	<i>equivalent)</i>	66
<i>riluzole tab 50 mg</i>	88	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>rimantadine hydrochloride tab 100 mg</i>		<i>equivalent)</i>	66
<i>.....</i>	29	<i>rivastigmine tartrate cap 6 mg (base</i>	
RINVOQ LQ SOL 1MG/ML	116	<i>equivalent)</i>	66
RINVOQ TAB 15MG ER	116	<i>rivastigmine td patch 24hr 13.3</i>	
RINVOQ TAB 30MG ER	116	<i>mg/24hr</i>	66
RINVOQ TAB 45MG ER	116	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>risedronate sodium tab 150 mg</i>	95	<i>.....</i>	66
<i>risedronate sodium tab 35 mg</i>	95	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>risedronate sodium tab 5 mg</i>	95	<i>.....</i>	66
<i>risedronate sodium tab delayed release</i>		<i>rivelsa</i>	99
<i>35 mg</i>	95	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risperidone microspheres for im</i>		<i>tab 10 mg (base eq)</i>	87
<i>extended rel susp 12.5 mg</i>	76	<i>rizatriptan benzoate oral disintegrating</i>	
		<i>tab 5 mg (base eq)</i>	87

<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	87
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	87
ROCKLATAN DRO.....	126
<i>roflumilast tab 250 mcg</i>	130
<i>roflumilast tab 500 mcg</i>	130
ROMVIMZA CAP 14MG.....	48
ROMVIMZA CAP 20MG.....	48
ROMVIMZA CAP 30MG.....	48
<i>ropinirole hydrochloride tab 0.25 mg</i>	71
<i>ropinirole hydrochloride tab 0.5 mg</i> ..	71
<i>ropinirole hydrochloride tab 1 mg</i>	71
<i>ropinirole hydrochloride tab 2 mg</i>	71
<i>ropinirole hydrochloride tab 3 mg</i>	71
<i>ropinirole hydrochloride tab 4 mg</i>	71
<i>ropinirole hydrochloride tab 5 mg</i>	71
<i>rosuvastatin calcium tab 10 mg</i>	57
<i>rosuvastatin calcium tab 20 mg</i>	57
<i>rosuvastatin calcium tab 40 mg</i>	57
<i>rosuvastatin calcium tab 5 mg</i>	57
<i>rosyrah</i>	99
ROTARIX SUS.....	121
ROTATEQ SOL.....	121
<i>roweepra</i>	83
ROZLYTREK CAP 100MG.....	48
ROZLYTREK CAP 200MG.....	48
ROZLYTREK PAK 50MG.....	48
RUBRACA TAB 200MG.....	48
RUBRACA TAB 250MG.....	48
RUBRACA TAB 300MG.....	48
<i>rufinamide susp 40 mg/ml</i>	83
<i>rufinamide tab 200 mg</i>	83
<i>rufinamide tab 400 mg</i>	83
RUKOBIA TAB 600MG ER.....	27
RYBELSUS TAB 14MG.....	92
RYBELSUS TAB 3MG.....	92
RYBELSUS TAB 7MG.....	92
RYDAPT CAP 25MG.....	48

S

<i>sacubitril-valsartan tab 24-26 mg</i>	55
<i>sacubitril-valsartan tab 49-51 mg</i>	55
<i>sacubitril-valsartan tab 97-103 mg</i> ...	55
<i>sajazir</i>	114
SANTYL OIN 250/GM.....	136
<i>sapropterin dihydrochloride powder packet 100 mg</i>	105

<i>sapropterin dihydrochloride powder packet 500 mg</i>	105
<i>sapropterin dihydrochloride tab 100 mg</i>	105
SCSEMBLIX TAB 100MG.....	48
SCSEMBLIX TAB 20MG.....	48
SCSEMBLIX TAB 40MG.....	48
<i>scopolamine td patch 72hr 1 mg/3days</i>	108
SECUADO DIS 3.8MG.....	76
SECUADO DIS 5.7MG.....	76
SECUADO DIS 7.6MG.....	76
<i>selegiline hcl cap 5 mg</i>	71
<i>selegiline hcl tab 5 mg</i>	71
<i>selenium sulfide lotion 2.5%</i>	133
SELZENTRY SOL 20MG/ML.....	27
SEMGLEE INJ 100U/ML.....	95
SEREVENT DIS AER 50MCG.....	129
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	69
<i>sertraline hcl tab 100 mg</i>	69
<i>sertraline hcl tab 25 mg</i>	69
<i>sertraline hcl tab 50 mg</i>	69
<i>setlakin</i>	99
<i>sharobel</i>	100
SHINGRIX INJ 50/0.5ML.....	121
SIGNIFOR INJ 0.3MG/ML.....	105
SIGNIFOR INJ 0.6MG/ML.....	105
SIGNIFOR INJ 0.9MG/ML.....	105
SIKLOS TAB 1000MG.....	114
SIKLOS TAB 100MG.....	114
<i>sildenafil citrate tab 20 mg</i>	64
<i>silver sulfadiazine cream 1%</i>	133
SIMBRINZA SUS 1-0.2%.....	126
<i>simliya</i>	100
<i>simpesse</i>	100
<i>simvastatin tab 10 mg</i>	57
<i>simvastatin tab 20 mg</i>	57
<i>simvastatin tab 40 mg</i>	57
<i>simvastatin tab 5 mg</i>	57
<i>simvastatin tab 80 mg</i>	57
<i>sirolimus oral soln 1 mg/ml</i>	120
<i>sirolimus tab 0.5 mg</i>	120
<i>sirolimus tab 1 mg</i>	120
<i>sirolimus tab 2 mg</i>	120
SIRTURO TAB 100MG.....	28
SIRTURO TAB 20MG.....	28

<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	93	SOMAVERT INJ 20MG	105
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	92	SOMAVERT INJ 25MG	105
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	92	SOMAVERT INJ 30MG	105
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	93	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	48
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	93	<i>sotalol hcl (afib/afl) tab 120 mg</i>	56
SKYRIZI INJ 150MG/ML	116	<i>sotalol hcl (afib/afl) tab 160 mg</i>	56
SKYRIZI INJ 180/1.2	116	<i>sotalol hcl (afib/afl) tab 80 mg</i>	56
SKYRIZI INJ 360/2.4	116	<i>sotalol hcl tab 120 mg</i>	56
SKYRIZI PEN INJ 150MG/ML	116	<i>sotalol hcl tab 160 mg</i>	56
SKYRIZI SOL 60MG/ML	116	<i>sotalol hcl tab 240 mg</i>	56
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	109	<i>sotalol hcl tab 80 mg</i>	56
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	123	SOTYKTU TAB 6MG	117
<i>sodium chloride irrigation soln 0.9%</i>	136	SPIRIVA RESP AER 1.25MCG	127
<i>sodium chloride iv soln 0.45%</i>	123	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	61
<i>sodium chloride iv soln 0.9%</i>	123	<i>spironolactone tab 100 mg</i>	53
<i>sodium chloride iv soln 3%</i>	123	<i>spironolactone tab 25 mg</i>	53
<i>sodium chloride iv soln 5%</i>	123	<i>spironolactone tab 50 mg</i>	53
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	124	<i>sprintec 28</i>	100
<i>sodium oxybate oral solution 500 mg/ml</i>	90	SPRITAM TAB 1000MG	83
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	105	SPRITAM TAB 250MG	83
<i>sodium phenylbutyrate tab 500 mg</i>	105	SPRITAM TAB 500MG	83
<i>sodium polystyrene sulfonate powder</i>	96	SPRITAM TAB 750MG	83
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	96	<i>sps</i>	96
<i>solifenacin succinate tab 10 mg</i>	112	<i>sps rectal</i>	96
<i>solifenacin succinate tab 5 mg</i>	112	<i>sronyx</i>	100
SOLQUA INJ 100/33	95	<i>ssd</i>	133
SOLTAMOX SOL 10MG/5ML	37	STELARA INJ 45/0.5ML	117
SOLU-CORTEF INJ 1000MG	103	STELARA INJ 5MG/ML	117
SOLU-CORTEF INJ 250MG	103	STELARA INJ 90MG/ML	117
SOLU-CORTEF INJ 500MG	103	STIVARGA TAB 40MG	48
SOMATULINE INJ 60/0.2ML	105	<i>streptomycin sulfate for inj 1 gm</i>	24
SOMATULINE INJ 90/0.3ML	105	STRIBILD TAB	28
SOMAVERT INJ 10MG	105	<i>subvenite</i>	83
SOMAVERT INJ 15MG	105	SUBVENITE SUS 10MG/ML	83
		<i>sucralfate susp 1 gm/10ml</i>	110
		<i>sucralfate tab 1 gm</i>	110
		<i>sulfacetamide sodium lotion 10% (acne)</i>	133
		<i>sulfacetamide sodium ophth soln 10%</i>	125
		<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	125
		<i>sulfadiazine tab 500 mg</i>	24
		<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	24

<i>sulfamethoxazole-trimethoprim susp</i>		SYNTHROID TAB 50MCG.....	106
200-40 mg/5ml	24	SYNTHROID TAB 75MCG.....	106
<i>sulfamethoxazole-trimethoprim tab</i>		SYNTHROID TAB 88MCG.....	106
400-80 mg	24	T	
<i>sulfamethoxazole-trimethoprim tab</i>		TABLOID TAB 40MG.....	36
800-160 mg	24	TABRECTA TAB 150MG	48
SULFAMYLLON CRE 85MG/GM	133	TABRECTA TAB 200MG	48
<i>sulfasalazine tab 500 mg</i>	109	<i>tacrolimus cap 0.5 mg</i>	120
<i>sulfasalazine tab delayed release 500</i>		<i>tacrolimus cap 1 mg</i>	120
<i>mg</i>	109	<i>tacrolimus cap 5 mg</i>	120
<i>sulindac tab 150 mg</i>	20	<i>tacrolimus cap er 24hr 0.5 mg</i>	120
<i>sulindac tab 200 mg</i>	20	<i>tacrolimus cap er 24hr 1 mg</i>	120
<i>sumatriptan nasal spray 20 mg/act</i> ..	87	<i>tacrolimus cap er 24hr 5 mg</i>	120
<i>sumatriptan nasal spray 5 mg/act</i>	87	<i>tacrolimus oint 0.03%</i>	136
<i>sumatriptan succinate inj 6 mg/0.5ml</i>		<i>tacrolimus oint 0.1%</i>	136
.....	87	<i>tadalafil tab 20 mg (pah)</i>	64
<i>sumatriptan succinate solution auto-</i>		<i>tadalafil tab 5 mg</i>	111
<i>injector 6 mg/0.5ml</i>	87	TAFINLAR CAP 50MG.....	48
<i>sumatriptan succinate tab 100 mg</i> ...	87	TAFINLAR CAP 75MG.....	48
<i>sumatriptan succinate tab 25 mg</i>	87	TAFINLAR TAB 10MG.....	49
<i>sumatriptan succinate tab 50 mg</i>	87	TAGRISSO TAB 40MG.....	49
<i>sunitinib malate cap 12.5 mg (base</i>		TAGRISSO TAB 80MG.....	49
<i>equivalent)</i>	48	TALZENNA CAP 0.1MG.....	49
<i>sunitinib malate cap 25 mg (base</i>		TALZENNA CAP 0.25MG.....	49
<i>equivalent)</i>	48	TALZENNA CAP 0.35MG.....	49
<i>sunitinib malate cap 37.5 mg (base</i>		TALZENNA CAP 0.5MG.....	49
<i>equivalent)</i>	48	TALZENNA CAP 0.75MG.....	49
<i>sunitinib malate cap 50 mg (base</i>		TALZENNA CAP 1MG	49
<i>equivalent)</i>	48	<i>tamoxifen citrate tab 10 mg (base</i>	
SUNLENCA TAB 300MG.....	27	<i>equivalent)</i>	37
<i>syeda</i>	100	<i>tamoxifen citrate tab 20 mg (base</i>	
SYMDEKO TAB 100-150	130	<i>equivalent)</i>	37
SYMDEKO TAB 50-75MG	130	<i>tamsulosin hcl cap 0.4 mg</i>	111
SYMPAZAN MIS 10MG	83	<i>tarina 24 fe</i>	100
SYMPAZAN MIS 20MG	83	<i>tarina fe 1/20 eq</i>	100
SYMPAZAN MIS 5MG	83	<i>tasimelteon capsule 20 mg</i>	86
SYMTUZA TAB	28	TAVNEOS CAP 10MG	114
SYNAREL SOL 2MG/ML	105	<i>tazarotene cream 0.05%</i>	134
SYNTHROID TAB 100MCG	106	<i>tazarotene cream 0.1%</i>	134
SYNTHROID TAB 112MCG	106	<i>tazicef</i>	31
SYNTHROID TAB 125MCG	106	TECENTRIQ INJ 1200/20	49
SYNTHROID TAB 137MCG	106	TECENTRIQ INJ 840/14	49
SYNTHROID TAB 150MCG	106	TECENTRIQ INJ HYBREZA	49
SYNTHROID TAB 175MCG	106	TEFLARO INJ 400MG	31
SYNTHROID TAB 200MCG	106	TEFLARO INJ 600MG	31
SYNTHROID TAB 25MCG	106	<i>telmisartan tab 20 mg</i>	55
SYNTHROID TAB 300MCG	106	<i>telmisartan tab 40 mg</i>	55

<i>telmisartan tab 80 mg</i>	55	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	91
<i>telmisartan-amlodipine tab 40-10 mg</i>			91
.....	55	<i>testosterone td gel 50 mg/5gm (1%)</i>	91
<i>telmisartan-amlodipine tab 40-5 mg</i> ..	55	<i>tetrabenazine tab 12.5 mg</i>	88
<i>telmisartan-amlodipine tab 80-10 mg</i>			88
.....	55	<i>tetracycline hcl cap 250 mg</i>	34
<i>telmisartan-amlodipine tab 80-5 mg</i> ..	55	<i>tetracycline hcl cap 500 mg</i>	34
<i>telmisartan-hydrochlorothiazide tab 40-</i>		THALOMID CAP 100MG.....	38
<i>12.5 mg</i>	55	THALOMID CAP 50MG	38
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>theophylline elixir 80 mg/15ml</i>	130
<i>12.5 mg</i>	55	<i>theophylline soln 80 mg/15ml</i>	130
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>theophylline tab er 12hr 100 mg</i>	130
<i>25 mg</i>	55	<i>theophylline tab er 12hr 200 mg</i>	130
<i>temazepam cap 15 mg</i>	86	<i>theophylline tab er 12hr 300 mg</i>	130
<i>temazepam cap 30 mg</i>	86	<i>theophylline tab er 12hr 450 mg</i>	131
<i>temazepam cap 7.5 mg</i>	86	<i>theophylline tab er 24hr 400 mg</i>	131
TENIVAC INJ 5-2LF	121	<i>theophylline tab er 24hr 600 mg</i>	131
<i>tenofovir disoproxil fumarate tab 300</i>		<i>thioridazine hcl tab 10 mg</i>	76
<i>mg</i>	27	<i>thioridazine hcl tab 100 mg</i>	76
TEPMETKO TAB 225MG	49	<i>thioridazine hcl tab 25 mg</i>	76
<i>terazosin hcl cap 1 mg (base</i>		<i>thioridazine hcl tab 50 mg</i>	76
<i>equivalent)</i>	53	<i>thiothixene cap 1 mg</i>	76
<i>terazosin hcl cap 10 mg (base</i>		<i>thiothixene cap 10 mg</i>	76
<i>equivalent)</i>	54	<i>thiothixene cap 2 mg</i>	76
<i>terazosin hcl cap 2 mg (base</i>		<i>thiothixene cap 5 mg</i>	76
<i>equivalent)</i>	54	<i>tiadylt er</i>	60
<i>terazosin hcl cap 5 mg (base</i>		<i>tiagabine hcl tab 12 mg</i>	83
<i>equivalent)</i>	54	<i>tiagabine hcl tab 16 mg</i>	83
<i>terbinafine hcl tab 250 mg</i>	25	<i>tiagabine hcl tab 2 mg</i>	83
<i>terbutaline sulfate tab 2.5 mg</i>	129	<i>tiagabine hcl tab 4 mg</i>	83
<i>terbutaline sulfate tab 5 mg</i>	129	TIBSOVO TAB 250MG.....	49
<i>terconazole vaginal cream 0.4%</i>	112	<i>ticagrelor tab 60 mg</i>	114
<i>terconazole vaginal cream 0.8%</i>	112	<i>ticagrelor tab 90 mg</i>	114
<i>terconazole vaginal suppos 80 mg</i> ..	112	TICOVAC INJ.....	121
TERIPARATIDE INJ 560/2.24	95	<i>tigecycline for iv soln 50 mg</i>	34
<i>teriparatide soln pen-inj 560</i>		<i>tilia fe</i>	100
<i>mcg/2.24ml</i>	95	<i>timolol maleate ophth gel forming soln</i>	
<i>testosterone cypionate im inj in oil 100</i>		<i>0.25%</i>	126
<i>mg/ml</i>	90	<i>timolol maleate ophth gel forming soln</i>	
<i>testosterone cypionate im inj in oil 200</i>		<i>0.5%</i>	126
<i>mg/ml</i>	90	<i>timolol maleate ophth soln 0.25%</i> ..	126
<i>testosterone enanthate im inj in oil 200</i>		<i>timolol maleate ophth soln 0.5%</i> ...	126
<i>mg/ml</i>	91	<i>timolol maleate tab 10 mg</i>	59
<i>testosterone pump</i>	91	<i>timolol maleate tab 20 mg</i>	59
<i>testosterone td gel 12.5 mg/act (1%)</i>		<i>timolol maleate tab 5 mg</i>	59
.....	91	<i>tinidazole tab 250 mg</i>	24
		<i>tinidazole tab 500 mg</i>	24

TIVICAY PD TAB 5MG	27	<i>torseamide tab 100 mg</i>	61
TIVICAY TAB 50MG	27	<i>torseamide tab 20 mg</i>	61
<i>tizanidine hcl tab 2 mg (base</i>		<i>torseamide tab 5 mg</i>	61
<i>equivalent)</i>	89	TOUJEO MAX INJ 300/ML	95
<i>tizanidine hcl tab 4 mg (base</i>		TOUJEO SOLO INJ 300/ML	95
<i>equivalent)</i>	89	TPN ELECTROL INJ	123
TOBI PODHALR CAP 28MG	24	TRADJENTA TAB 5MG	93
TOBRADEX OIN 0.3-0.1%	125	<i>tramadol hcl tab 50 mg</i>	22
<i>tobramycin nebu soln 300 mg/5ml ...</i>	24	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tobramycin ophth soln 0.3%</i>	125	<i>mg</i>	22
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		<i>trandolapril tab 1 mg</i>	53
<i>mg/ml) (base equiv)</i>	24	<i>trandolapril tab 2 mg</i>	53
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>trandolapril tab 4 mg</i>	53
<i>equivalent)</i>	24	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>(100 mg/ml)</i>	114
<i>mg/ml) (base equiv)</i>	24	<i>tranexamic acid tab 650 mg</i>	114
<i>tobramycin-dexamethasone ophth susp</i>		<i>tranylcypromine sulfate tab 10 mg</i>	69
<i>0.3-0.1%</i>	125	TRAVASOL INJ 10%	124
<i>tolterodine tartrate cap er 24hr 2 mg</i>		TRAZIMERA INJ 150MG	49
.....	112	TRAZIMERA INJ 420MG	49
<i>tolterodine tartrate cap er 24hr 4 mg</i>		<i>trazodone hcl tab 100 mg</i>	69
.....	112	<i>trazodone hcl tab 150 mg</i>	69
<i>tolterodine tartrate tab 1 mg</i>	112	<i>trazodone hcl tab 50 mg</i>	69
<i>tolterodine tartrate tab 2 mg</i>	112	TRELEGY AER ELLIPTA 100-62.5-25	
<i>tolvaptan tab 15 mg</i>	105	MCG	127
<i>tolvaptan tab 30 mg</i>	105	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tolvaptan tab therapy pack 15 mg ..</i>	105	MCG	127
<i>tolvaptan tab therapy pack 30 & 15 mg</i>		TREMFYA INJ 100MG/ML	117
.....	105	TREMFYA INJ 200/20ML	117
<i>tolvaptan tab therapy pack 45 & 15 mg</i>		TREMFYA INJ 200/2ML	117
.....	105	<i>treprostinil inj soln 100 mg/20ml (5</i>	
<i>tolvaptan tab therapy pack 60 & 30 mg</i>		<i>mg/ml)</i>	64
.....	105	<i>treprostinil inj soln 20 mg/20ml (1</i>	
<i>tolvaptan tab therapy pack 90 & 30 mg</i>		<i>mg/ml)</i>	64
.....	105	<i>treprostinil inj soln 200 mg/20ml (10</i>	
<i>topiramate oral soln 25 mg/ml</i>	83	<i>mg/ml)</i>	64
<i>topiramate sprinkle cap 15 mg</i>	83	<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
<i>topiramate sprinkle cap 25 mg</i>	83	<i>mg/ml)</i>	64
<i>topiramate sprinkle cap 50 mg</i>	83	TRESIBA FLEX INJ 100UNIT	95
<i>topiramate tab 100 mg</i>	83	TRESIBA FLEX INJ 200UNIT	95
<i>topiramate tab 200 mg</i>	83	TRESIBA INJ 100UNIT	95
<i>topiramate tab 25 mg</i>	83	<i>tretinoin cap 10 mg</i>	39
<i>topiramate tab 50 mg</i>	83	<i>tretinoin cream 0.025%</i>	133
<i>toremifene citrate tab 60 mg (base</i>		<i>tretinoin cream 0.05%</i>	133
<i>equivalent)</i>	37	<i>tretinoin cream 0.1%</i>	133
<i>torpenz</i>	49	<i>tretinoin gel 0.01%</i>	133
<i>torseamide tab 10 mg</i>	61	<i>tretinoin gel 0.025%</i>	133

<i>triamcinolone acetonide cream 0.025%</i>	135	TRIKAFTA PAK 59.5MG	131
<i>triamcinolone acetonide cream 0.1%</i>	135	TRIKAFTA PAK 75MG.....	131
<i>triamcinolone acetonide cream 0.5%</i>	135	TRIKAFTA TAB 100-50-75MG & 150MG	131
<i>triamcinolone acetonide dental paste 0.1%</i>	136	TRIKAFTA TAB 50-25-37.5MG & 75MG	131
<i>triamcinolone acetonide lotion 0.025%</i>	135	<i>tri-legest fe</i>	100
<i>triamcinolone acetonide lotion 0.1%</i>	135	<i>tri-lynyah</i>	100
<i>triamcinolone acetonide oint 0.025%</i>	135	<i>tri-lo-estarylla</i>	100
<i>triamcinolone acetonide oint 0.1%</i> .	135	<i>tri-lo-marzia</i>	100
<i>triamcinolone acetonide oint 0.5%</i> .	135	<i>tri-lo-mili</i>	100
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	61	<i>tri-lo-sprintec</i>	100
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	61	<i>trimethoprim tab 100 mg</i>	24
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	61	<i>tri-mili</i>	100
<i>tridacaine iii</i>	135	<i>trimipramine maleate cap 100 mg</i>	69
<i>triderm</i>	135	<i>trimipramine maleate cap 25 mg</i>	69
<i>trientine hcl cap 250 mg</i>	96	<i>trimipramine maleate cap 50 mg</i>	69
<i>tri-estarylla</i>	100	TRINTELLIX TAB 10MG	69
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	76	TRINTELLIX TAB 20MG	69
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	77	TRINTELLIX TAB 5MG.....	69
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	77	<i>tri-sprintec</i>	100
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	77	TRIUMEQ PD TAB	28
<i>trifluridine ophth soln 1%</i>	125	TRIUMEQ TAB	28
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	71	<i>tri-vylibra</i>	100
<i>trihexyphenidyl hcl tab 2 mg</i>	71	<i>tri-vylibra lo</i>	100
<i>trihexyphenidyl hcl tab 5 mg</i>	71	TROGARZO INJ 150MG/ML.....	27
TRIJARDY XR TAB ER 24HR 10-5- 1000MG.....	93	TROPHAMINE INJ 10%	124
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG.....	93	<i>tropium chloride tab 20 mg</i>	112
TRIJARDY XR TAB ER 24HR 25-5- 1000MG.....	93	TRULANCE TAB 3MG	110
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG.....	93	TRULICITY INJ 0.75/0.5	93
		TRULICITY INJ 1.5/0.5	93
		TRULICITY INJ 3/0.5	93
		TRULICITY INJ 4.5/0.5	93
		TRUMENBA INJ.....	121
		TRUQAP PAK 160MG	49
		TRUQAP PAK 200MG	49
		TRUQAP TAB 160MG	49
		TRUQAP TAB 200MG	49
		TRUXIMA INJ 100/10ML.....	49
		TRUXIMA INJ 500/50ML.....	49
		TUKYSA TAB 150MG	49
		TUKYSA TAB 50MG	49
		TURALIO CAP 125MG	50
		<i>turqoz</i>	100
		<i>twice-daily clindamycin phosphate (topical)</i>	133
		TWINRIX INJ.....	121

TYBOST TAB 150MG	27
<i>tydemy</i>	100
TYENNE INJ 162/0.9.....	117
TYENNE INJ 162MG.....	117
TYENNE INJ 200/10ML.....	117
TYENNE INJ 400/20ML.....	117
TYENNE INJ 80MG/4ML.....	117
TYMLOS INJ	95
TYPHIM VI INJ.....	121

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UBRELVY TAB 100MG	87
UBRELVY TAB 50MG	87
<i>unithroid</i>	106
UPTRAVI PACK TAB 200/800	64
UPTRAVI TAB 1000MCG	64
UPTRAVI TAB 1200MCG	64
UPTRAVI TAB 1400MCG	64
UPTRAVI TAB 1600MCG	64
UPTRAVI TAB 200MCG.....	64
UPTRAVI TAB 400MCG.....	64
UPTRAVI TAB 600MCG.....	64
UPTRAVI TAB 800MCG.....	64
<i>ursodiol cap 300 mg</i>	110
<i>ursodiol tab 250 mg</i>	110
<i>ursodiol tab 500 mg</i>	110
USTEKINUMAB INJ 130/26ML	117
USTEKINUMAB INJ 45/0.5ML.....	117
USTEKINUMAB INJ 90MG/ML.....	117

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<i>valacyclovir hcl tab 1 gm</i>	29
<i>valacyclovir hcl tab 500 mg</i>	29
VALCHLOR GEL 0.016%.....	136
<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv).....	29
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	29
<i>valproate sodium inj 100 mg/ml</i>	83
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv).....	83
<i>valproic acid cap 250 mg</i>	83
<i>valsartan tab 160 mg</i>	55
<i>valsartan tab 320 mg</i>	55
<i>valsartan tab 40 mg</i>	55
<i>valsartan tab 80 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	55

<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	55
VALTOCO SPR 10MG	84
VALTOCO SPR 15MG	84
VALTOCO SPR 20MG	84
VALTOCO SPR 5MG	83
<i>valtya 1/35</i>	100
<i>valtya 1/50</i>	100
<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i>	24
<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent)</i>	24
<i>vancomycin hcl for iv soln 1 gm (base</i> <i>equivalent)</i>	24
<i>vancomycin hcl for iv soln 1.25 gm</i> (base equivalent).....	24
<i>vancomycin hcl for iv soln 1.5 gm</i> (base equivalent).....	24
<i>vancomycin hcl for iv soln 10 gm (base</i> <i>equivalent)</i>	24
<i>vancomycin hcl for iv soln 5 gm (base</i> <i>equivalent)</i>	24
<i>vancomycin hcl for iv soln 500 mg</i> (base equivalent).....	24
<i>vancomycin hcl for iv soln 750 mg</i> (base equivalent).....	24
VANCOMYCIN INJ 1 GM	24
VANCOMYCIN INJ 500MG.....	24
VANCOMYCIN INJ 750MG.....	24
VANFLYTA TAB 17.7MG	50
VANFLYTA TAB 26.5MG	50
VAQTA INJ 25/0.5ML.....	121
VAQTA INJ 50UNT/ML	121
<i>varenicline tartrate tab 0.5 mg (base</i> <i>equiv)</i>	90
<i>varenicline tartrate tab 1 mg (base</i> <i>equiv)</i>	90
<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	90
VARIVAX INJ.....	121
VASCEPA CAP 0.5GM	58

VASCEPA CAP 1GM	58	VERZENIO TAB 200MG	50
VAXCHORA SUS.....	121	VERZENIO TAB 50MG.....	50
<i>velivet</i>	100	<i>vestura</i>	100
VELSIPITY TAB 2MG	117	<i>vienva</i>	100
VENCLEXTA TAB 100MG	50	<i>vigabatrin powd pack 500 mg</i>	84
VENCLEXTA TAB 10MG	50	<i>vigabatrin tab 500 mg</i>	84
VENCLEXTA TAB 50MG	50	<i>vigadrone</i>	84
VENCLEXTA TAB START PK.....	50	VIGAFYDE SOL 100MG/ML	84
<i>venlafaxine hcl cap er 24hr 150 mg</i> (base equivalent)	70	<i>vilazodone hcl tab 10 mg</i>	70
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> (base equivalent)	69	<i>vilazodone hcl tab 20 mg</i>	70
<i>venlafaxine hcl cap er 24hr 75 mg</i> (base equivalent)	70	<i>vilazodone hcl tab 40 mg</i>	70
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	70	VIMKUNYA INJ 40/0.8ML	121
<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i>	70	<i>vincristine sulfate iv soln 1 mg/ml</i>	39
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	70	<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	39
<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i>	70	<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	39
<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i>	70	<i>viorele</i>	100
VENTOLIN HFA (INSTITUTIONAL PACK)	129	VIRACEPT TAB 250MG.....	27
VENTOLIN HFA AER.....	129	VIRACEPT TAB 625MG.....	27
<i>verapamil hcl cap er 24hr 100 mg</i>	60	VIREAD POW 40MG/GM.....	27
<i>verapamil hcl cap er 24hr 120 mg</i>	60	VIREAD TAB 150MG.....	27
<i>verapamil hcl cap er 24hr 180 mg</i>	60	VIREAD TAB 200MG.....	27
<i>verapamil hcl cap er 24hr 200 mg</i>	60	VIREAD TAB 250MG.....	27
<i>verapamil hcl cap er 24hr 240 mg</i>	60	VITRAKVI CAP 100MG	50
<i>verapamil hcl cap er 24hr 300 mg</i>	60	VITRAKVI CAP 25MG.....	50
<i>verapamil hcl cap er 24hr 360 mg</i>	60	VITRAKVI SOL 20MG/ML.....	50
<i>verapamil hcl iv soln 2.5 mg/ml</i>	60	VIVIMUSTA INJ 100/4ML	35
<i>verapamil hcl tab 120 mg</i>	61	VIVITROL INJ 380MG	90
<i>verapamil hcl tab 40 mg</i>	60	VIVOTIF CAP EC	121
<i>verapamil hcl tab 80 mg</i>	60	VIZIMPRO TAB 15MG	50
<i>verapamil hcl tab er 120 mg</i>	61	VIZIMPRO TAB 30MG	50
<i>verapamil hcl tab er 180 mg</i>	61	VIZIMPRO TAB 45MG	50
<i>verapamil hcl tab er 240 mg</i>	61	VONJO CAP 100MG	50
VERQUVO TAB 10MG.....	62	VOQUEZNA PAK DUAL PAK.....	110
VERQUVO TAB 2.5MG.....	62	VOQUEZNA PAK TRIP PK.....	110
VERQUVO TAB 5MG.....	62	VORANIGO TAB 10MG.....	50
VERSACLOZ SUS 50MG/ML	77	VORANIGO TAB 40MG.....	50
VERZENIO TAB 100MG	50	<i>voriconazole for inj 200 mg</i>	25
VERZENIO TAB 150MG	50	<i>voriconazole for susp 40 mg/ml</i>	25
		<i>voriconazole tab 200 mg</i>	25
		<i>voriconazole tab 50 mg</i>	25
		VOSEVI TAB	29
		VOWST CAP.....	110
		VRAYLAR CAP 0.5MG.....	77
		VRAYLAR CAP 0.75MG.....	77
		VRAYLAR CAP 1.5MG.....	77

VRAYLAR CAP 3MG.....	77
VRAYLAR CAP 4.5MG.....	77
VRAYLAR CAP 6MG.....	77
<i>vyfemla</i>	100
<i>vylibra</i>	100
VYNDAMAX CAP 61MG.....	62
VYZULTA SOL 0.024%.....	126

W

<i>warfarin sodium tab 1 mg</i>	113
<i>warfarin sodium tab 10 mg</i>	113
<i>warfarin sodium tab 2 mg</i>	113
<i>warfarin sodium tab 2.5 mg</i>	113
<i>warfarin sodium tab 3 mg</i>	113
<i>warfarin sodium tab 4 mg</i>	113
<i>warfarin sodium tab 5 mg</i>	113
<i>warfarin sodium tab 6 mg</i>	113
<i>warfarin sodium tab 7.5 mg</i>	113
<i>water for irrigation, sterile irrigation soln</i>	136
WELIREG TAB 40MG.....	39
<i>wera</i>	100
WESTAB PLUS TAB 27-1MG.....	124
WINREVAIR INJ 45MG	64
WINREVAIR INJ 60MG	64
<i>wixela inhub</i>	132
<i>wymzya fe</i>	100
WYOST INJ 120/1.7	95

X

XALKORI CAP 150MG	50
XALKORI CAP 200MG	51
XALKORI CAP 20MG	50
XALKORI CAP 250MG	51
XALKORI CAP 50MG	50
<i>xarah fe</i>	100
XARELTO STAR TAB 15/20MG.....	113
XARELTO TAB 10MG.....	113
XARELTO TAB 15MG.....	113
XARELTO TAB 2.5MG.....	113
XARELTO TAB 20MG.....	113
XATMEP SOL 2.5MG/ML	118
XCOPRI PAK 100-150	84
XCOPRI PAK 12.5-25.....	84
XCOPRI PAK 150-200MG (MAINTENANCE)	84
XCOPRI PAK 150-200MG (TITRATION)	84
XCOPRI PAK 50-100MG	84

XCOPRI TAB 100MG.....	84
XCOPRI TAB 150MG.....	84
XCOPRI TAB 200MG.....	84
XCOPRI TAB 25MG.....	84
XCOPRI TAB 50MG.....	84
XDEMVY DRO 0.25%.....	125
XELJANZ SOL 1MG/ML.....	117
XELJANZ TAB 10MG	117
XELJANZ TAB 5MG.....	117
XELJANZ XR TAB 11MG	117
XELJANZ XR TAB 22MG	117
<i>xelria fe</i>	100
XERMELO TAB 250MG	110
XHANCE MIS 93MCG.....	131
XIFAXAN TAB 550MG	110
XIGDUO XR TAB 10-1000	93
XIGDUO XR TAB 10-500MG.....	93
XIGDUO XR TAB 2.5-1000	93
XIGDUO XR TAB 5-1000MG.....	93
XIGDUO XR TAB 5-500MG	93
XIIDRA DRO 5%.....	126
XOFLUZA TAB 40MG	29
XOFLUZA TAB 80MG	29
XOLAIR INJ 150MG/ML.....	131
XOLAIR INJ 300/2ML.....	131
XOLAIR INJ 75/0.5	131
XOLAIR SOL 150MG.....	131
XOSPATA TAB 40MG	51
XPOVIO PAK (100 MG ONCE WEEKLY)	51
XPOVIO PAK (40 MG ONCE WEEKLY)	51
XPOVIO PAK (40 MG TWICE WEEKLY)	51
XPOVIO PAK (60 MG ONCE WEEKLY)	51
XPOVIO PAK (60 MG TWICE WEEKLY)	51
XPOVIO PAK (80 MG ONCE WEEKLY)	51
XPOVIO PAK (80 MG TWICE WEEKLY)	51
XTANDI CAP 40MG	37
XTANDI TAB 40MG	37
XTANDI TAB 80MG	37
XTRENBO SOL 120/1.7.....	95
<i>xulane</i>	100
XULTOPHY INJ 100/3.6.....	95

Y

YESINTEK INJ 130/26ML.....	118
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YESINTEK INJ 45/0.5ML.....	117, 118
YESINTEK INJ 90MG/ML.....	118
YF-VAX INJ	121
YONSA TAB 125MG	37
<i>yulithira</i>	51
YUTREPIA CAP 106MCG	64
YUTREPIA CAP 26.5MCG	64
YUTREPIA CAP 53MCG	64
YUTREPIA CAP 79.5MCG	64
<i>yuvaferm</i>	101
Z	
<i>zafemy</i>	100
<i>zafirlukast tab 10 mg</i>	129
<i>zafirlukast tab 20 mg</i>	129
<i>zaleplon cap 10 mg</i>	86
<i>zaleplon cap 5 mg</i>	86
ZARXIO INJ 300/0.5.....	113
ZARXIO INJ 480/0.8.....	113
ZEGALOGUE INJ 0.6/0.6	103
ZEJULA TAB 100MG.....	51
ZEJULA TAB 200MG.....	51
ZEJULA TAB 300MG.....	51
ZELBORAF TAB 240MG	51
<i>zelvysia</i>	105
ZEMAIRA INJ 1000MG	131
ZEMAIRA INJ 4000MG	131
ZEMAIRA INJ 5000MG	131
<i>zenatane</i>	133
ZENPEP CAP 10000UNT	110
ZENPEP CAP 15000UNT	110
ZENPEP CAP 20000UNT	110
ZENPEP CAP 25000UNT	110
ZENPEP CAP 3000UNIT	110
ZENPEP CAP 40000UNT	110
ZENPEP CAP 5000UNIT	110
ZENPEP CAP 60000UNT	110

ZERVIAE DRO 0.24%	126
<i>zidovudine cap 100 mg</i>	27
<i>zidovudine syrup 10 mg/ml</i>	27
<i>zidovudine tab 300 mg</i>	27
<i>ziprasidone hcl cap 20 mg</i>	77
<i>ziprasidone hcl cap 40 mg</i>	77
<i>ziprasidone hcl cap 60 mg</i>	77
<i>ziprasidone hcl cap 80 mg</i>	77
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	77
ZIRABEV INJ 100/4ML.....	51
ZIRABEV INJ 400/16ML	51
ZIRGAN GEL 0.15%	125
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	95
<i>zoledronic acid iv soln 5 mg/100ml</i> ..	95
ZOLINZA CAP 100MG	51
<i>zolpidem tartrate tab 10 mg</i>	86
<i>zolpidem tartrate tab 5 mg</i>	86
ZONISADE SUS 100MG/5	84
<i>zonisamide cap 100 mg</i>	84
<i>zonisamide cap 25 mg</i>	84
<i>zonisamide cap 50 mg</i>	84
<i>zovia 1/35</i>	100
ZTALMY SUS 50MG/ML.....	84
<i>zumandimine</i>	100
ZURZUVAE CAP 20MG	70
ZURZUVAE CAP 25MG	70
ZURZUVAE CAP 30MG	70
ZYDELIG TAB 100MG	51
ZYDELIG TAB 150MG	51
ZYKADIA TAB 150MG	51
ZYLET SUS 0.5-0.3%	125
ZYPREXA RELP INJ 210MG	77
ZYPREXA RELP INJ 300MG	77
ZYPREXA RELP INJ 405MG	77

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

- *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

Contraceptives, Oral

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

Contraceptives, Topical

- *nonoxynol-9

Dermatologic Agents, Topical

- *benzoyl peroxide
- *butenafine
- *calamine lotion
- *colloidal oatmeal

- *hydrocortisone cream,
lotion, ointment
- *lanolin
- *petrolatum
- *selenium sulfide
- *vitamin A and D
ointment
- *zinc oxide

Gastrointestinal Agents

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

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

Intranasal Sprays

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

Medical Foods

- *levomethylfolate tablet
≤ 1 unit/day

Opioid Reversal Agents

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

Otic Agents

- *carbamide peroxide

Pediculicides/Scabicides

- *permethrin
- *piperonyl butoxide/pyrethrins

Respiratory Agents

- *sodium chloride for inhalation

Smoking Cessation

- *nicotine gum, lozenge, patch

Tear/Saliva

Replacement Agents

- *artificial tears
- *saliva substitute

Vitamins/Nutrients/Supplements

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

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

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

Esta *Lista de medicamentos* se actualizó el 08/01/2026.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite ccama.org.

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