

CCA Senior Care Options (HMO D-SNP)

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



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

H2225_26_LOCD_C | Formulary ID 00026339, Version Number 8

This *Drug List* was updated on 02/01/2026.

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



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

02/01/2026

Introduction

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

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A. Disclaimers

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

- ❖ Senior Care Options (HMO D-SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ When this document says "we," "us," or "our," it means Commonwealth Care Alliance, Inc. When it says "plan" or "our plan," it means CCA Senior Care Options.
- ❖ In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- ❖ Estate Recovery Awareness: MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit www.mass.gov/estater recovery.
- ❖ The List of Covered Drugs may change at any time. You will receive notice when necessary.
- ❖ You can always check CCA Senior Care Options' up-to-date *List of Covered Drugs* online at ccama.org or by calling Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.**
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.
- ❖ This document is available for free in other languages.
- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.



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

Notice of Nondiscrimination

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

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

If you need these services, contact Member Services.

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

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

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

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

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

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

Massachusetts 2026 ND



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Notice of Availability

Interpreter Services

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

Notice of Availability 2026



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

B. Frequently Asked Questions (FAQ)

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

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

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

- CCA Senior Care Options will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - CCA Senior Care Options agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a CCA Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

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

B2. Does the *Drug List* ever change?

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

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from CCA Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

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

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



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

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

- You can always check CCA Senior Care Options' up-to-date *Drug List* online at ccama.org. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. If you are taking the drug, we will send



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

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

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

When these changes happen, we'll:

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

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

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

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

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CCA Senior Care Options before you fill your prescription. Prior authorization is different from a referral. CCA Senior Care Options may not cover the drug if you don't get prior authorization.



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- **Quantity limits:** Sometimes CCA Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes CCA Senior Care Options requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If CCA Senior Care Options covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered. Prior authorization is required for non-preferred diabetic testing supplies (glucose monitors and test strips).

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

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

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

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

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

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

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

There are two ways to find a drug:

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



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

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

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

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

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

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

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

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you’re a member of CCA Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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

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

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

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



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

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

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

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

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

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

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

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

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

B11. How can I ask for an exception?

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

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

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

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



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

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

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

B13. What are generic drugs?

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

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

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

B15. What are OTC drugs?

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

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

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

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



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

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

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

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

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

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

B19. What's my copay?

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

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

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

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

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

C. Overview of the *List of Covered Drugs*

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

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



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

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or MassHealth (Medicaid).
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week or at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the Member Handbook to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

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

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

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

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

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

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

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

Asterisk (*) = Denotes non-Part D drugs



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

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



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

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

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

MISCELLANEOUS

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

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

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

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

<i>nabumetone tab 750 mg</i>	
<i>naproxen sodium tab 275 mg</i>	
<i>naproxen sodium tab 550 mg</i>	
<i>naproxen tab 250 mg</i>	
<i>naproxen tab 375 mg</i>	
<i>naproxen tab 500 mg</i>	
<i>naproxen tab ec 375 mg</i>	QL (120 tabs / 30 days)
<i>piroxicam cap 10 mg</i>	
<i>piroxicam cap 20 mg</i>	
<i>sulindac tab 150 mg</i>	
<i>sulindac tab 200 mg</i>	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine td patch weekly 5 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	QL (30 tabs / 30 days), PA

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

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

OPIOID ANALGESICS, SHORT-ACTING

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

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

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

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

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

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

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

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

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

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

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**

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

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**

VIRACEPT TAB 250MG

VIRACEPT TAB 625MG

VIREAD POW 40MG/GM

VIREAD TAB 150MG

VIREAD TAB 200MG

VIREAD TAB 250MG

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

BIKTARVY TAB 30-120-15 MG

BIKTARVY TAB 50-200-25 MG

CIMDUO TAB 300-300

DELSTRIGO TAB

DESCOVY TAB 120-15MG

DESCOVY TAB 200/25MG

DOVATO TAB 50-300MG

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

EVOTAZ TAB 300-150

GENVOYA TAB

JULUCA TAB 50-25MG

KALETRA SOL

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

ODEFSEY TAB

PREZCOBIX TAB 675/150

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

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

PREZCOBIX TAB 800-150

STRIBILD TAB

SYMTUZA TAB

TRIUMEQ PD TAB

TRIUMEQ TAB

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS*cycloserine cap 250 mg**ethambutol hcl tab 100 mg**ethambutol hcl tab 400 mg**isoniazid syrup 50 mg/5ml**isoniazid tab 100 mg**isoniazid tab 300 mg*

PRIFTIN TAB 150MG

*pyrazinamide tab 500 mg**rifabutin cap 150 mg**rifampin cap 150 mg**rifampin cap 300 mg**rifampin for inj 600 mg*

SIRTURO TAB 20MG

PA

SIRTURO TAB 100MG

PA

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS*acyclovir cap 200 mg**acyclovir sodium iv soln 50 mg/ml*

B/D

*acyclovir susp 200 mg/5ml**acyclovir tab 400 mg**acyclovir tab 800 mg**adefovir dipivoxil tab 10 mg*

BARACLUDE SOL

ST

*entecavir tab 0.5 mg**entecavir tab 1 mg*

EPCLUSA PAK 150-37.5

PA

EPCLUSA PAK 200-50MG

PA

EPCLUSA TAB 200-50MG

PA

EPCLUSA TAB 400-100

PA

*famciclovir tab 125 mg**famciclovir tab 250 mg**famciclovir tab 500 mg**ganciclovir sodium for inj 500 mg*

B/D

lamivudine tab 100 mg (hbv)

LIVTENCITY TAB 200MG

QL (336 tabs / 28 days), PA

MAVYRET PAK 50-20MG

PA

MAVYRET TAB 100-40MG

PA

oseltamivir phosphate cap 30 mg (base equiv)

QL (168 caps / year)

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

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

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

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

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

cefdinir for susp 125 mg/5ml

cefdinir for susp 250 mg/5ml

cefepime hcl for inj 1 gm

cefepime hcl for iv soln 2 gm

cefixime cap 400 mg

cefixime for susp 100 mg/5ml

cefixime for susp 200 mg/5ml

cefotetan disodium for inj 1 gm

cefotetan disodium for inj 2 gm

cefoxitin sodium for iv soln 1 gm

cefoxitin sodium for iv soln 2 gm

cefoxitin sodium for iv soln 10 gm

cefpodoxime proxetil for susp 50 mg/5ml

cefpodoxime proxetil for susp 100 mg/5ml

cefpodoxime proxetil tab 100 mg

cefpodoxime proxetil tab 200 mg

cefprozil for susp 125 mg/5ml

cefprozil for susp 250 mg/5ml

cefprozil tab 250 mg

cefprozil tab 500 mg

ceftazidime for inj 1 gm

ceftazidime for inj 6 gm

ceftazidime for iv soln 2 gm

ceftriaxone sodium for inj 1 gm

ceftriaxone sodium for inj 2 gm

ceftriaxone sodium for inj 10 gm

ceftriaxone sodium for inj 250 mg

ceftriaxone sodium for inj 500 mg

ceftriaxone sodium for iv soln 1 gm

ceftriaxone sodium for iv soln 2 gm

cefuroxime axetil tab 250 mg

cefuroxime axetil tab 500 mg

cefuroxime sodium for inj 750 mg

cefuroxime sodium for iv soln 1.5 gm

cephalexin cap 250 mg

cephalexin cap 500 mg

cephalexin for susp 125 mg/5ml

cephalexin for susp 250 mg/5ml

tazicef

TEFLARO INJ 400MG

TEFLARO INJ 600MG

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

azithromycin for susp 100 mg/5ml

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***azithromycin for susp 200 mg/5ml**azithromycin iv for soln 500 mg**azithromycin tab 250 mg**azithromycin tab 500 mg**azithromycin tab 600 mg**clarithromycin for susp 125 mg/5ml**clarithromycin for susp 250 mg/5ml**clarithromycin tab 250 mg**clarithromycin tab 500 mg**clarithromycin tab er 24hr 500 mg**DIFICID SUS**e.e.s. 400**ERYTHROCIN INJ 500MG**erythromycin ethylsuccinate tab 400 mg**erythromycin lactobionate for inj 500 mg**erythromycin tab 250 mg**erythromycin tab 500 mg**erythromycin tab delayed release 250 mg**erythromycin tab delayed release 333 mg**erythromycin tab delayed release 500 mg**erythromycin w/ delayed release particles cap 250
mg**fidaxomicin tab 200 mg***FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS***ciprofloxacin 200 mg/100ml in d5w**ciprofloxacin 400 mg/200ml in d5w**ciprofloxacin hcl tab 250 mg (base equiv)**ciprofloxacin hcl tab 500 mg (base equiv)**ciprofloxacin hcl tab 750 mg (base equiv)**levofloxacin in d5w iv soln 250 mg/50ml**levofloxacin in d5w iv soln 500 mg/100ml**levofloxacin in d5w iv soln 750 mg/150ml**levofloxacin iv soln 25 mg/ml**levofloxacin oral soln 25 mg/ml**levofloxacin tab 250 mg**levofloxacin tab 500 mg**levofloxacin tab 750 mg**moxifloxacin hcl 400 mg/250ml in sodium chloride
0.8% inj**moxifloxacin hcl tab 400 mg (base equiv)***PENICILLINS - DRUGS TO TREAT INFECTIONS***amoxicillin & k clavulanate for susp 200-28.5
mg/5ml*

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

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

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

QL (30 tabs / 14 days)

*tetracycline hcl cap 250 mg**tetracycline hcl cap 500 mg**tigecycline for iv soln 50 mg*

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER	
ALKYLATING AGENTS	

BENDAMUSTINE SOL 100/4ML	B/D
BENDEKA INJ 100/4ML	B/D
<i>carboplatin iv soln 50 mg/5ml</i>	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	B/D
CYCLOPHOSPH INJ 1GM/2ML	B/D
CYCLOPHOSPH INJ 1GM/5ML	B/D
CYCLOPHOSPH INJ 2GM/4ML	B/D
CYCLOPHOSPH INJ 500/5ML	B/D
CYCLOPHOSPH INJ 500MG/ML	B/D
CYCLOPHOSPH INJ 1000MG	B/D
CYCLOPHOSPH INJ 2000MG	B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	B/D
CYCLOPHOSPHA INJ 500/2.5	B/D
<i>cyclophosphamide cap 25 mg</i>	B/D
<i>cyclophosphamide cap 50 mg</i>	B/D
<i>cyclophosphamide for inj 1 gm</i>	B/D
<i>cyclophosphamide for inj 2 gm</i>	B/D
<i>cyclophosphamide for inj 500 mg</i>	B/D
FRINDOVYX INJ 1GM/2ML	B/D
FRINDOVYX INJ 2GM/4ML	B/D
FRINDOVYX INJ 500MG/ML	B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	PA
<i>lomustine cap 10 mg</i>	
<i>lomustine cap 40 mg</i>	
<i>lomustine cap 100 mg</i>	
<i>oxaliplatin for iv inj 50 mg</i>	B/D
<i>oxaliplatin for iv inj 100 mg</i>	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	B/D
VIVIMUSTA INJ 100/4ML	B/D

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
ANTIMETABOLITES	
<i>azacitidine for inj 100 mg</i>	B/D
<i>cytarabine inj 20 mg/ml</i>	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	B/D
<i>gemcitabine hcl for inj 1 gm</i>	B/D
<i>gemcitabine hcl for inj 2 gm</i>	B/D
<i>gemcitabine hcl for inj 200 mg</i>	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	
<i>mercaptopurine tab 50 mg</i>	
<i>methotrexate sodium for inj 1 gm</i>	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	B/D
ONUREG TAB 200MG	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	B/D
TABLOID TAB 40MG	PA
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tab 250 mg</i>	QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	QL (60 tabs / 30 days), PA
<i>abirtega tab 250mg</i>	QL (120 tabs / 30 days), PA

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**

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

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	QL (28 caps / 28 days), PA

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
POMALYST CAP 1MG	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	QL (21 caps / 28 days), PA
POMALYST CAP 4MG	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	QL (112 caps / 28 days), PA
MISCELLANEOUS	
BESREMI SOL 500MCG	QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	B/D
<i>hydroxyurea cap 500 mg</i>	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	B/D
IWILFIN TAB 192MG	QL (240 tabs / 30 days), PA
<i>leucovorin calcium for inj 50 mg</i>	B/D
<i>leucovorin calcium for inj 100 mg</i>	B/D
<i>leucovorin calcium for inj 200 mg</i>	B/D
<i>leucovorin calcium for inj 350 mg</i>	B/D
<i>leucovorin calcium for inj 500 mg</i>	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	B/D
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MATULANE CAP 50MG	
<i>mesna tab 400 mg</i>	
MODEYSO CAP 125MG	QL (20 caps / 28 days), PA
<i>tretinoin cap 10 mg</i>	
WELIREG TAB 40MG	QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS	
<i>docetaxel for inj conc 20 mg/ml</i>	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	B/D
DOCETAXEL INJ 20MG/2ML	B/D
DOCETAXEL INJ 80MG/4ML	B/D
DOCETAXEL INJ 80MG/8ML	B/D
DOCETAXEL INJ 160/8ML	B/D
DOCETAXEL INJ 160/16ML	B/D

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>docetaxel soln for iv infusion 20 mg/2ml</i>	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	B/D
DOCIVYX INJ 20MG/2ML	B/D
DOCIVYX INJ 80MG/8ML	B/D
DOCIVYX INJ 160/16ML	B/D
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	B/D
<i>paclitaxel inj 100mg</i>	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAP 150MG	QL (240 caps / 30 days), PA
ALUNBRIG PAK	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	QL (30 tabs / 30 days), PA
AUGTYRO CAP 40MG	QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	PA
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	QL (30 tabs / 30 days), PA

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**

BRAFTOVI CAP 75MG	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	QL (60 tabs / 30 days), PA
CABOMETYX TAB 20MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	QL (30 tabs / 30 days), PA
ERIVEDGE CAP 150MG	QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	QL (30 tabs / 30 days), PA

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

GILOTRIF TAB 30MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	PA
HERCEPTIN INJ 150MG	PA
HERCESSI INJ 150MG	PA
HERCESSI INJ 420MG	PA
HERNEXEOS TAB 60MG	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	PA
HERZUMA INJ 420MG	PA
IBRANCE CAP 75MG	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	QL (280 mL / 28 days), PA
INLYTA TAB 1MG	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	QL (60 tabs / 30 days), PA

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

JAKAFI TAB 25MG	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	B/D
KADCYLA INJ 160MG	B/D
KANJINTI INJ 420MG	PA
KANJINTI SOL 150MG	PA
KEYTRUDA INJ 100MG/4M	PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	QL (1 vial / 42 days), PA
KISQALI 200 DOSE	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), PA
KOSELUGO CAP 5MG	QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	QL (90 tabs / 30 days), PA

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
MEKINIST TAB 2MG	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	PA
NERLYNX TAB 40MG	QL (180 tabs / 30 days), PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	PA
OGIVRI INJ 420MG	PA
OGSIVEO TAB 100MG	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	PA
ONTRUZANT INJ 420MG	PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	QL (28 tabs / 28 days), PA
PHEGO SOL	PA
PIQRAY 200MG TAB DOSE	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	QL (8 caps / 28 days), PA

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
ROZLYTREK CAP 100MG	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	QL (224 caps / 28 days), PA
SCSEMBLIX TAB 20MG	QL (60 tabs / 30 days), PA
SCSEMBLIX TAB 40MG	QL (300 tabs / 30 days), PA
SCSEMBLIX TAB 100MG	QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	QL (30 caps / 30 days), PA
TAZVERIK TAB 200MG	QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	PA
TECENTRIQ INJ 1200/20	PA
TECENTRIQ INJ HYBREZA	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	QL (60 tabs / 30 days), PA
<i>torpenz</i>	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	PA
TRAZIMERA INJ 420MG	PA
TRUQAP PAK 160MG	QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	QL (64 tabs / 28 days), PA

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
TRUXIMA INJ 100/10ML	PA
TRUXIMA INJ 500/50ML	PA
TUKYSA TAB 50MG	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	QL (120 caps / 30 days), PA
XALKORI CAP 50MG	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	QL (180 caps / 30 days), PA
XALKORI CAP 200MG	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	PA

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**

ZIRABEV INJ 400/16ML	PA
ZOLINZA CAP 100MG	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	QL (84 tabs / 28 days), PA

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

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

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***enalapril maleate tab 2.5 mg**enalapril maleate tab 5 mg**enalapril maleate tab 10 mg**enalapril maleate tab 20 mg**fosinopril sodium tab 10 mg**fosinopril sodium tab 20 mg**fosinopril sodium tab 40 mg**lisinopril tab 2.5 mg**lisinopril tab 5 mg**lisinopril tab 10 mg**lisinopril tab 20 mg**lisinopril tab 30 mg**lisinopril tab 40 mg**moexipril hcl tab 7.5 mg**moexipril hcl tab 15 mg**perindopril erbumine tab 2 mg**perindopril erbumine tab 4 mg**perindopril erbumine tab 8 mg**quinapril hcl tab 5 mg**quinapril hcl tab 10 mg**quinapril hcl tab 20 mg**quinapril hcl tab 40 mg**ramipril cap 1.25 mg**ramipril cap 2.5 mg**ramipril cap 5 mg**ramipril cap 10 mg**trandolapril tab 1 mg**trandolapril tab 2 mg**trandolapril tab 4 mg***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*

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***doxazosin mesylate tab 8 mg**prazosin hcl cap 1 mg**prazosin hcl cap 2 mg**prazosin hcl cap 5 mg**terazosin hcl cap 1 mg (base equivalent)**terazosin hcl cap 2 mg (base equivalent)**terazosin hcl cap 5 mg (base equivalent)**terazosin hcl cap 10 mg (base equivalent)***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS
TO TREAT HIGH BLOOD PRESSURE***amlodipine besylate-olmesartan medoxomil tab 5-20 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 5-40 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 10-20 mg* QL (30 tabs / 30 days)*amlodipine besylate-olmesartan medoxomil tab 10-40 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 5-160 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 5-320 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 10-160 mg* QL (30 tabs / 30 days)*amlodipine besylate-valsartan tab 10-320 mg* QL (30 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* QL (60 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* QL (30 tabs / 30 days)*candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* QL (30 tabs / 30 days)*ENTRESTO CAP 6-6MG* QL (240 caps / 30 days)*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)

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

<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)

**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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>valsartan tab 40 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM	
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	
<i>amiodarone hcl tab 100 mg</i>	
<i>amiodarone hcl tab 200 mg</i>	
<i>amiodarone hcl tab 400 mg</i>	
<i>disopyramide phosphate cap 100 mg</i>	
<i>disopyramide phosphate cap 150 mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	
<i>flecainide acetate tab 50 mg</i>	
<i>flecainide acetate tab 100 mg</i>	
<i>flecainide acetate tab 150 mg</i>	
MULTAQ TAB 400MG	QL (60 tabs / 30 days)
<i>pacerone</i>	
<i>propafenone hcl cap er 12hr 225 mg</i>	
<i>propafenone hcl cap er 12hr 325 mg</i>	
<i>propafenone hcl cap er 12hr 425 mg</i>	
<i>propafenone hcl tab 150 mg</i>	
<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/af) tab 80 mg</i>	
<i>sotalol hcl (afib/af) tab 120 mg</i>	
<i>sotalol hcl (afib/af) 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>	
ANTILIPEMICS, 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>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***fenofibrate tab 160 mg**gemfibrozil tab 600 mg***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO
TREAT HIGH CHOLESTEROL***atorvastatin calcium tab 10 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 20 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 40 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 80 mg (base equivalent)* QL (30 tabs / 30 days)*lovastatin tab 10 mg* QL (60 tabs / 30 days)*lovastatin tab 20 mg* QL (60 tabs / 30 days)*lovastatin tab 40 mg* QL (60 tabs / 30 days)*pravastatin sodium tab 10 mg* QL (30 tabs / 30 days)*pravastatin sodium tab 20 mg* QL (30 tabs / 30 days)*pravastatin sodium tab 40 mg* QL (30 tabs / 30 days)*pravastatin sodium tab 80 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 5 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 10 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 20 mg* QL (30 tabs / 30 days)*rosuvastatin calcium tab 40 mg* QL (30 tabs / 30 days)*simvastatin tab 5 mg* QL (30 tabs / 30 days)*simvastatin tab 10 mg* QL (30 tabs / 30 days)*simvastatin tab 20 mg* QL (30 tabs / 30 days)*simvastatin tab 40 mg* QL (30 tabs / 30 days)*simvastatin tab 80 mg* QL (30 tabs / 30 days)**ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH
CHOLESTEROL***cholestyramine light powder 4 gm/dose**cholestyramine light powder packets 4 gm**cholestyramine powder 4 gm/dose**cholestyramine powder packets 4 gm**colesevelam hcl packet for susp 3.75 gm**colesevelam hcl tab 625 mg**colestipol hcl granule packets 5 gm**colestipol hcl granules 5 gm**colestipol hcl tab 1 gm**ezetimibe tab 10 mg* QL (30 tabs / 30 days)*ezetimibe-simvastatin tab 10-10 mg* QL (30 tabs / 30 days)*ezetimibe-simvastatin tab 10-20 mg* QL (30 tabs / 30 days)*ezetimibe-simvastatin tab 10-40 mg* QL (30 tabs / 30 days)*ezetimibe-simvastatin tab 10-80 mg* QL (30 tabs / 30 days)*NEXLETOL TAB 180MG* QL (30 tabs / 30 days)*NEXLIZET TAB 180/10MG* QL (30 tabs / 30 days)*niacin tab er 500 mg (antihyperlipidemic)* QL (60 tabs / 30 days)

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

<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>	PA
<i>prevalite</i>	
REPATHA INJ 140MG/ML	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	
VASCEPA CAP 1GM	

**BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT
HIGH BLOOD PRESSURE AND HEART CONDITIONS**

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

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

<i>acebutolol hcl cap 200 mg</i>
<i>acebutolol hcl cap 400 mg</i>
<i>atenolol tab 25 mg</i>
<i>atenolol tab 50 mg</i>
<i>atenolol tab 100 mg</i>
<i>betaxolol hcl tab 10 mg</i>
<i>betaxolol hcl tab 20 mg</i>
<i>bisoprolol fumarate tab 5 mg</i>
<i>bisoprolol fumarate tab 10 mg</i>
<i>carvedilol tab 3.125 mg</i>
<i>carvedilol tab 6.25 mg</i>
<i>carvedilol tab 12.5 mg</i>
<i>carvedilol tab 25 mg</i>
<i>labetalol hcl tab 100 mg</i>
<i>labetalol hcl tab 200 mg</i>
<i>labetalol hcl tab 300 mg</i>
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***metoprolol succinate tab er 24hr 100 mg (tartrate equiv)**metoprolol succinate tab er 24hr 200 mg (tartrate equiv)**metoprolol tartrate iv soln 5 mg/5ml**metoprolol tartrate tab 25 mg**metoprolol tartrate tab 50 mg**metoprolol tartrate tab 100 mg**nadolol tab 20 mg**nadolol tab 40 mg**nadolol tab 80 mg**nebivolol hcl tab 2.5 mg (base equivalent)*

QL (30 tabs / 30 days)

nebivolol hcl tab 5 mg (base equivalent)

QL (30 tabs / 30 days)

nebivolol hcl tab 10 mg (base equivalent)

QL (30 tabs / 30 days)

nebivolol hcl tab 20 mg (base equivalent)

QL (60 tabs / 30 days)

*pindolol tab 5 mg**pindolol tab 10 mg**propranolol hcl cap er 24hr 60 mg**propranolol hcl cap er 24hr 80 mg**propranolol hcl cap er 24hr 120 mg**propranolol hcl cap er 24hr 160 mg**propranolol hcl oral soln 20 mg/5ml**propranolol hcl oral soln 40 mg/5ml**propranolol hcl tab 10 mg**propranolol hcl tab 20 mg**propranolol hcl tab 40 mg**propranolol hcl tab 60 mg**propranolol hcl tab 80 mg**timolol maleate tab 5 mg**timolol maleate tab 10 mg**timolol maleate tab 20 mg***CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS***amlodipine besylate tab 2.5 mg (base equivalent)**amlodipine besylate tab 5 mg (base equivalent)**amlodipine besylate tab 10 mg (base equivalent)**cartia xt**dilt-xr**diltiazem hcl cap er 12hr 60 mg**diltiazem hcl cap er 12hr 90 mg**diltiazem hcl cap er 12hr 120 mg**diltiazem hcl coated beads cap er 24hr 120 mg**diltiazem hcl coated beads cap er 24hr 180 mg*

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

<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>	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	
<i>diltiazem hcl tab 30 mg</i>	
<i>diltiazem hcl tab 60 mg</i>	
<i>diltiazem hcl tab 90 mg</i>	
<i>diltiazem hcl tab 120 mg</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	
<i>felodipine tab er 24hr 5 mg</i>	
<i>felodipine tab er 24hr 10 mg</i>	
<i>isradipine cap 2.5 mg</i>	
<i>isradipine cap 5 mg</i>	
<i>nicardipine hcl cap 20 mg</i>	
<i>nicardipine hcl cap 30 mg</i>	
<i>nifedipine tab er 24hr 30 mg</i>	
<i>nifedipine tab er 24hr 60 mg</i>	
<i>nifedipine tab er 24hr 90 mg</i>	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	
<i>nimodipine cap 30 mg</i>	
<i>tiadylt er</i>	
<i>verapamil hcl cap er 24hr 100 mg</i>	
<i>verapamil hcl cap er 24hr 120 mg</i>	
<i>verapamil hcl cap er 24hr 180 mg</i>	
<i>verapamil hcl cap er 24hr 200 mg</i>	
<i>verapamil hcl cap er 24hr 240 mg</i>	
<i>verapamil hcl cap er 24hr 300 mg</i>	
<i>verapamil hcl cap er 24hr 360 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**

verapamil hcl iv soln 2.5 mg/ml

verapamil hcl tab 40 mg

verapamil hcl tab 80 mg

verapamil hcl tab 120 mg

verapamil hcl tab er 120 mg

verapamil hcl tab er 180 mg

verapamil hcl tab er 240 mg

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

acetazolamide cap er 12hr 500 mg

acetazolamide tab 125 mg

acetazolamide tab 250 mg

amiloride & hydrochlorothiazide tab 5-50 mg

amiloride hcl tab 5 mg

bumetanide inj 0.25 mg/ml

bumetanide tab 0.5 mg

bumetanide tab 1 mg

bumetanide tab 2 mg

chlorthalidone tab 25 mg

chlorthalidone tab 50 mg

furosemide inj

furosemide oral soln 8 mg/ml

furosemide oral soln 10 mg/ml

furosemide tab 20 mg

furosemide tab 40 mg

furosemide tab 80 mg

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
MISCELLANEOUS	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>clonidine hcl tab 0.1 mg</i>	
<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
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>	QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	QL (180 caps / 30 days), PA
<i>epinephrine inj 1 mg/ml (1:1000)</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>metyrosine cap 250 mg</i>	PA
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	
<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	
<i>ranolazine tab er 12hr 500 mg</i>	
<i>ranolazine tab er 12hr 1000 mg</i>	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS	
<i>isosorbide dinitrate tab 5 mg</i>	

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***isosorbide dinitrate tab 10 mg**isosorbide dinitrate tab 20 mg**isosorbide dinitrate tab 30 mg**isosorbide mononitrate tab er 24hr 30 mg**isosorbide mononitrate tab er 24hr 60 mg**isosorbide mononitrate tab er 24hr 120 mg**NITRO-BID OIN 2%**nitroglycerin sl tab 0.3 mg**nitroglycerin sl tab 0.4 mg**nitroglycerin sl tab 0.6 mg**nitroglycerin td patch 24hr 0.1 mg/hr**nitroglycerin td patch 24hr 0.2 mg/hr**nitroglycerin td patch 24hr 0.4 mg/hr**nitroglycerin td patch 24hr 0.6 mg/hr**nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)***PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT
PULMONARY HYPERTENSION***ADEMPAS TAB 0.5MG*

QL (90 tabs / 30 days), PA

ADEMPAS TAB 1.5MG

QL (90 tabs / 30 days), PA

ADEMPAS TAB 1MG

QL (90 tabs / 30 days), PA

ADEMPAS TAB 2.5MG

QL (90 tabs / 30 days), PA

ADEMPAS TAB 2MG

QL (90 tabs / 30 days), PA

alyq

QL (60 tabs / 30 days), PA

ambrisentan tab 5 mg

QL (30 tabs / 30 days), PA

ambrisentan tab 10 mg

QL (30 tabs / 30 days), PA

bosentan tab 62.5 mg

QL (60 tabs / 30 days), PA

bosentan tab 125 mg

QL (60 tabs / 30 days), PA

bosentan tab for oral susp 32 mg

QL (120 tabs / 30 days), PA

OPSUMIT TAB 10MG

QL (30 tabs / 30 days), PA

sildenafil citrate tab 20 mg

QL (360 tabs / 30 days), PA

tadalafil tab 20 mg (pah)

QL (60 tabs / 30 days), PA

treprostinil inj soln 20 mg/20ml (1 mg/ml)

PA

treprostinil inj soln 50 mg/20ml (2.5 mg/ml)

PA

treprostinil inj soln 100 mg/20ml (5 mg/ml)

PA

treprostinil inj soln 200 mg/20ml (10 mg/ml)

PA

UPTRAVI PACK TAB 200/800

QL (1 pack / 28 days), PA

UPTRAVI TAB 200MCG

QL (140 tabs / 28 days), PA

UPTRAVI TAB 400MCG

QL (60 tabs / 30 days), PA

UPTRAVI TAB 600MCG

QL (60 tabs / 30 days), PA

UPTRAVI TAB 800MCG

QL (60 tabs / 30 days), PA

UPTRAVI TAB 1000MCG

QL (60 tabs / 30 days), PA

UPTRAVI TAB 1200MCG

QL (60 tabs / 30 days), PA

UPTRAVI TAB 1400MCG

QL (60 tabs / 30 days), PA

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

UPTRAVI TAB 1600MCG	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	QL (224 caps / 28 days), PA

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

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

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 cap er 24hr 7 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 10 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
NAMZARIC CAP 7-10MG	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<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

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

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>doxepin hcl cap 100 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 150 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	
EXXUA TAB 18.2MG	QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	
<i>fluoxetine hcl cap 20 mg</i>	
<i>fluoxetine hcl cap 40 mg</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>imipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>imipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>imipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	
<i>mirtazapine orally disintegrating tab 30 mg</i>	
<i>mirtazapine orally disintegrating tab 45 mg</i>	
<i>mirtazapine tab 7.5 mg</i>	
<i>mirtazapine tab 15 mg</i>	
<i>mirtazapine tab 30 mg</i>	
<i>mirtazapine tab 45 mg</i>	
<i>nefazodone hcl tab 50 mg</i>	
<i>nefazodone hcl tab 100 mg</i>	
<i>nefazodone hcl tab 150 mg</i>	
<i>nefazodone hcl tab 200 mg</i>	
<i>nefazodone hcl tab 250 mg</i>	
<i>nortriptyline hcl cap 10 mg</i>	
<i>nortriptyline hcl cap 25 mg</i>	
<i>nortriptyline hcl cap 50 mg</i>	
<i>nortriptyline hcl cap 75 mg</i>	
<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>	

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>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>	
<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	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	QL (14 caps / 14 days), PA

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

<i>amantadine hcl cap 100 mg</i>	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>amantadine hcl tab 100 mg</i>	
<i>benztropine mesylate inj 1 mg/ml</i>	
<i>benztropine mesylate tab 0.5 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	PA; PA applies if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	

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>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tab 200 mg</i>	
<i>INBRIJA CAP 42MG</i>	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

<i>ABILIFY ASIM INJ 720MG</i>	QL (1 syringe / 56 days)
<i>ABILIFY ASIM INJ 960MG</i>	QL (1 syringe / 56 days)
<i>ABILIFY MAIN INJ 300MG</i>	QL (1 injection / 28 days)
<i>ABILIFY MAIN INJ 300MG</i>	QL (1 syringe / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	QL (1 injection / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	QL (1 syringe / 28 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>aripiprazole oral solution 1 mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	QL (30 caps / 30 days)
CAPLYTA CAP 21MG	QL (30 caps / 30 days)
CAPLYTA CAP 42MG	QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	
<i>chlorpromazine hcl conc 100 mg/ml</i>	
<i>chlorpromazine hcl inj 25 mg/ml</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	
<i>chlorpromazine hcl tab 10 mg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	
<i>chlorpromazine hcl tab 50 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	
<i>chlorpromazine hcl tab 200 mg</i>	
<i>clozapine orally disintegrating tab 12.5 mg</i>	PA
<i>clozapine orally disintegrating tab 25 mg</i>	PA
<i>clozapine orally disintegrating tab 100 mg</i>	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	
<i>clozapine tab 50 mg</i>	
<i>clozapine tab 100 mg</i>	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	QL (2 packs / year), PA
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 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
ERZOFRI INJ 78/0.5ML	QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	QL (2 syringes / year)
FANAPT PAK PACK A	QL (2 packs / year), PA
FANAPT PAK PACK B	QL (2 packs / year), PA
FANAPT PAK PACK C	QL (2 packs / year), PA
FANAPT TAB 1MG	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	
<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>haloperidol lactate inj 5 mg/ml</i>	
<i>haloperidol lactate oral conc 2 mg/ml</i>	
<i>haloperidol tab 0.5 mg</i>	
<i>haloperidol tab 1 mg</i>	
<i>haloperidol tab 2 mg</i>	
<i>haloperidol tab 5 mg</i>	
<i>haloperidol tab 10 mg</i>	
<i>haloperidol tab 20 mg</i>	
INVEGA HAFYE INJ 1092MG	QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	QL (1 syringe / 90 days)

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**

INVEGA TRINZ INJ 819MG	QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>lurasidone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	
<i>molindone hcl tab 10 mg</i>	
<i>molindone hcl tab 25 mg</i>	
NUPLAZID CAP 34MG	QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	QL (30 films / 30 days), PA
OPIPZA MIS 5MG	QL (30 films / 30 days), PA
OPIPZA MIS 10MG	QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	
<i>perphenazine tab 4 mg</i>	
<i>perphenazine tab 8 mg</i>	
<i>perphenazine tab 16 mg</i>	
<i>pimozide tab 1 mg</i>	
<i>pimozide tab 2 mg</i>	

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 25 mg</i>	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	QL (60 tabs / 30 days)
REXULTI TAB 1MG	QL (60 tabs / 30 days)
REXULTI TAB 2MG	QL (60 tabs / 30 days)
REXULTI TAB 3MG	QL (30 tabs / 30 days)
REXULTI TAB 4MG	QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	
<i>risperidone tab 0.25 mg</i>	
<i>risperidone tab 1 mg</i>	
<i>risperidone tab 2 mg</i>	
<i>risperidone tab 3 mg</i>	
<i>risperidone tab 4 mg</i>	
SECUADO DIS 3.8MG	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	

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

<i>thioridazine hcl tab 25 mg</i>	
<i>thioridazine hcl tab 50 mg</i>	
<i>thioridazine hcl tab 100 mg</i>	
<i>thiothixene cap 1 mg</i>	
<i>thiothixene cap 2 mg</i>	
<i>thiothixene cap 5 mg</i>	
<i>thiothixene cap 10 mg</i>	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	
VERSACLOZ SUS 50MG/ML	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	QL (1 vial / 28 days), PA

ANTIEPILEPTIC AGENTS

APTiom TAB 200MG	QL (30 tabs / 30 days)
APTiom TAB 400MG	QL (30 tabs / 30 days)
APTiom TAB 600MG	QL (60 tabs / 30 days)
APTiom TAB 800MG	QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	
<i>carbamazepine cap er 12hr 200 mg</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine chew tab 200 mg</i>	
<i>carbamazepine susp 100 mg/5ml</i>	
<i>carbamazepine tab 200 mg</i>	

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

<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	QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	QL (180 packets / 30 days), PA
<i>diazepam inj</i>	
<i>diazepam intensol</i>	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	
<i>diazepam rectal gel delivery system 10 mg</i>	
<i>diazepam rectal gel delivery system 20 mg</i>	
<i>diazepam tab 2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

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

<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	QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	
<i>ethosuximide soln 250 mg/5ml</i>	
<i>felbamate susp 600 mg/5ml</i>	
<i>felbamate tab 400 mg</i>	
<i>felbamate tab 600 mg</i>	
FINTEPLA SOL 2.2MG/ML	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	
<i>lacosamide oral</i>	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
LEVETIRACETA TAB 250MG	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	
<i>levetiracetam oral soln 100 mg/ml</i>	
<i>levetiracetam tab 250 mg</i>	
<i>levetiracetam tab 500 mg</i>	
<i>levetiracetam tab 750 mg</i>	
<i>levetiracetam tab 1000 mg</i>	
<i>levetiracetam tab er 24hr 500 mg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	
<i>methsuximide cap 300 mg</i>	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	
<i>oxcarbazepine tab 150 mg</i>	
<i>oxcarbazepine tab 300 mg</i>	
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA

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>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
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
<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>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
<i>subvenite</i>	
SYMPAZAN MIS 5MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	
<i>tiagabine hcl tab 4 mg</i>	
<i>tiagabine hcl tab 12 mg</i>	
<i>tiagabine hcl tab 16 mg</i>	
<i>topiramate oral soln 25 mg/ml</i>	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	
<i>topiramate sprinkle cap 25 mg</i>	
<i>topiramate sprinkle cap 50 mg</i>	

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

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

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

<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
<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

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>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

HYPNOTICS - DRUGS TO TREAT INSOMNIA

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

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***zolpidem tartrate tab 10 mg*QL (30 tabs / 30 days), PA;
PA applies if 65 years and
older after a 90 day supply
in a calendar year**MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES**

AIMOVIG INJ 70MG/ML

QL (1 pen / 30 days), PA

AIMOVIG INJ 140MG/ML

QL (1 pen / 30 days), PA

dihydroergotamine mesylate nasal spray 4 mg/ml

QL (8 mL / 30 days), PA

EMGALITY INJ 100MG/ML

QL (3 syringes / 30 days),
PA

EMGALITY INJ 120MG/ML

QL (2 pens / 30 days), PA

EMGALITY INJ 120MG/ML

QL (2 syringes / 30 days),
PA*ergotamine w/ caffeine tab 1-100 mg*

QL (40 tabs / 28 days), PA

naratriptan hcl tab 1 mg (base equiv)

QL (12 tabs / 30 days)

naratriptan hcl tab 2.5 mg (base equiv)

QL (12 tabs / 30 days)

NURTEC TAB 75MG ODT

QL (16 tabs / 30 days), PA

QULIPTA TAB 10MG

QL (30 tabs / 30 days), PA

QULIPTA TAB 30MG

QL (30 tabs / 30 days), PA

QULIPTA TAB 60MG

QL (30 tabs / 30 days), PA

*rizatriptan benzoate oral disintegrating tab 5 mg
(base eq)*

QL (18 tabs / 30 days)

*rizatriptan benzoate oral disintegrating tab 10 mg
(base eq)*

QL (18 tabs / 30 days)

rizatriptan benzoate tab 5 mg (base equivalent)

QL (18 tabs / 30 days)

rizatriptan benzoate tab 10 mg (base equivalent)

QL (18 tabs / 30 days)

sumatriptan nasal spray 5 mg/act

QL (24 units / 30 days)

sumatriptan nasal spray 20 mg/act

QL (12 units / 30 days)

sumatriptan succinate inj 6 mg/0.5ml

QL (12 injections / 30 days)

*sumatriptan succinate solution auto-injector 6
mg/0.5ml*

QL (12 injections / 30 days)

sumatriptan succinate tab 25 mg

QL (12 tabs / 30 days)

sumatriptan succinate tab 50 mg

QL (12 tabs / 30 days)

sumatriptan succinate tab 100 mg

QL (12 tabs / 30 days)

UBRELVY TAB 50MG

QL (16 tabs / 30 days), PA

UBRELVY TAB 100MG

QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TAB 6MG

QL (60 tabs / 30 days), PA

AUSTEDO TAB 9MG

QL (120 tabs / 30 days), PA

AUSTEDO TAB 12MG

QL (120 tabs / 30 days), PA

AUSTEDO XR TAB 6MG

QL (90 tabs / 30 days), PA

AUSTEDO XR TAB 12MG

QL (120 tabs / 30 days), PA

AUSTEDO XR TAB 18MG

QL (30 tabs / 30 days), PA

AUSTEDO XR TAB 24MG

QL (60 tabs / 30 days), PA

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

AUSTEDO XR TAB 30MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), PA
<i>lithium carbonate cap 150 mg</i>	
<i>lithium carbonate cap 300 mg</i>	
<i>lithium carbonate cap 600 mg</i>	
<i>lithium carbonate tab 300 mg</i>	
<i>lithium carbonate tab er 300 mg</i>	
<i>lithium carbonate tab er 450 mg</i>	
<i>lithium oral solution 8 meq/5ml</i>	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	
<i>riluzole tab 50 mg</i>	
<i>tetrabenazine tab 12.5 mg</i>	QL (90 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 5 mg</i>	QL (90 tabs / 30 days)
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 20 mg</i>	

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

<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
SOD OXYBATE SOL 500MG/ML	QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

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

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>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	
KLOXXADO SPR 8MG	
<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	
NICOTROL NS SPR 10MG/ML	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (2 packs / year)
VIVITROL INJ 380MG	

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
<i>dapagliflozin propanediol tab 5 mg (base equivalent)</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dapagliflozin propanediol tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl oral soln 500 mg/5ml</i>	QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	QL (4 pens / 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**

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

ANTIDIABETICS, INSULINS

ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR INJ 100UNIT	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 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
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 KWIK INJ 100/ML	
HUMALOG KWIK INJ 200/ML	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	
HUMULIN R INJ U-500	B/D
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JUNIOR	
INSULIN LISP INJ PROTAMIN	
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)

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
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)
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)

CALCIUM REGULATORS

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

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
TERIPARATIDE INJ 560/2.24	QL (1 pen / 28 days), PA; (ALVOGEN product)
WYOST INJ 120/1.7	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	B/D
CHELATING AGENTS	
CHEMET CAP 100MG	
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</i>	PA
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	PA
<i>deferasirox tab for oral susp 500 mg</i>	PA
<i>kionex</i>	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
<i>penicillamine tab 250 mg</i>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps</i>	
<i>sps rectal</i>	
<i>trientine hcl cap 250 mg</i>	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<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>briellyn</i>	
<i>camila</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>camrese</i>	
<i>camrese lo</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i>	
DEPO-SQ PROV INJ 104	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>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 tab 1.5/30</i>	
<i>feirza tab 1/20</i>	
<i>finzala</i>	
<i>galbriela chw</i>	
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>haloette mis</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess tab</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>jasmiel</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora 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 tab</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>luizza 1/20 tab</i>	
<i>luizza tab 1.5/30</i>	
<i>luteru</i>	
<i>lyleq</i>	

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

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

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

<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivelsa</i>	
<i>rosyrah tab</i>	
<i>setlakin</i>	
<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 tab</i>	
<i>valtya 1/35 tab</i>	
<i>valtya 1/50 tab</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 tab</i>	
<i>xelria fe chw 0.4mg-35</i>	
<i>xulane</i>	
<i>zafemy</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zovia 1/35</i>	
<i>zumandimine</i>	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
<i>abigale lo tab 0.5-0.1</i>	
<i>abigale tab 1-0.5mg</i>	
<i>dotti</i>	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>estradiol tab 0.5 mg</i>	
<i>estradiol tab 1 mg</i>	
<i>estradiol tab 2 mg</i>	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	
<i>estradiol vaginal cream 0.01%</i>	
<i>estradiol vaginal tab 10 mcg</i>	
<i>estradiol valerate im in oil 10 mg/ml</i>	
<i>estradiol valerate im in oil 20 mg/ml</i>	
<i>estradiol valerate im in oil 40 mg/ml</i>	
<i>fyavolv tab 0.5mg-2.5mcg</i>	
<i>fyavolv tab 1mg-5mcg</i>	
<i>jinteli</i>	
<i>lyllana</i>	
<i>mimvey</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
<i>yuvaferm</i>	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
<i>DEXAMETHASON CON 1MG/ML</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	
<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</i>	

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

<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	B/D
<i>prednisolone soln 15 mg/5ml</i>	B/D
PREDNISONE CON 5MG/ML	B/D
<i>prednisone oral soln 5 mg/5ml</i>	B/D
<i>prednisone tab 1 mg</i>	B/D
<i>prednisone tab 2.5 mg</i>	B/D
<i>prednisone tab 5 mg</i>	B/D
<i>prednisone tab 10 mg</i>	B/D
<i>prednisone tab 20 mg</i>	B/D
<i>prednisone tab 50 mg</i>	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-CORTEF INJ 1000MG	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

BAQSIMI ONE POW 3MG/DOSE
BAQSIMI TWO POW 3MG/DOSE
<i>diazoxide susp 50 mg/ml</i>
ZEGALOGUE INJ 0.6/0.6

MISCELLANEOUS

ALDURAZYPE INJ 2.9MG/5M	PA
<i>betaine powder for oral solution</i>	
<i>cabergoline tab 0.5 mg</i>	
<i>carglumic acid soluble tab 200 mg</i>	PA
CERDELGA CAP 84MG	PA
CEREZYME INJ 400UNIT	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	

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

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
REVCIVI INJ 1.6MG/ML	PA
REZDIFFRA TAB 60MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	PA
SIGNIFOR INJ 0.3MG/ML	PA
SIGNIFOR INJ 0.6MG/ML	PA
SIGNIFOR INJ 0.9MG/ML	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	PA
<i>sodium phenylbutyrate tab 500 mg</i>	PA
SOMATULINE INJ 60/0.2ML	PA
SOMATULINE INJ 90/0.3ML	PA
SOMAVERT INJ 10MG	PA
SOMAVERT INJ 15MG	PA
SOMAVERT INJ 20MG	PA
SOMAVERT INJ 25MG	PA
SOMAVERT INJ 30MG	PA
SYNAREL SOL 2MG/ML	PA
<i>tolvaptan tab 15 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack 15 mg</i>	PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	PA
<i>zelvysia pow 100mg</i>	PA
<i>zelvysia pow 500mg</i>	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
<i>gallifrey</i>	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	
<i>medroxyprogesterone acetate tab 5 mg</i>	
<i>medroxyprogesterone acetate tab 10 mg</i>	
<i>megestrol acetate susp 40 mg/ml</i>	
<i>megestrol acetate susp 625 mg/5ml</i>	PA
<i>norethindrone acetate tab 5 mg</i>	
<i>progesterone cap 100 mg</i>	
<i>progesterone cap 200 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
<i>levo-t</i>	
<i>levothyroxine sodium tab 25 mcg</i>	
<i>levothyroxine sodium tab 50 mcg</i>	
<i>levothyroxine sodium tab 75 mcg</i>	
<i>levothyroxine sodium tab 88 mcg</i>	
<i>levothyroxine sodium tab 100 mcg</i>	
<i>levothyroxine sodium tab 112 mcg</i>	
<i>levothyroxine sodium tab 125 mcg</i>	
<i>levothyroxine sodium tab 137 mcg</i>	
<i>levothyroxine sodium tab 150 mcg</i>	
<i>levothyroxine sodium tab 175 mcg</i>	
<i>levothyroxine sodium tab 200 mcg</i>	
<i>levothyroxine sodium tab 300 mcg</i>	
<i>levoxyl</i>	
<i>liomny tab 5mcg</i>	
<i>liomny tab 25mcg</i>	
<i>liomny tab 50mcg</i>	
<i>liothyronine sodium tab 5 mcg</i>	
<i>liothyronine sodium tab 25 mcg</i>	
<i>liothyronine sodium tab 50 mcg</i>	
<i>methimazole tab 5 mg</i>	
<i>methimazole tab 10 mg</i>	
<i>propylthiouracil tab 50 mg</i>	
SYNTHROID TAB 25MCG	
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	
SYNTHROID TAB 88MCG	
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

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paricalcitol cap 4 mcg</i>	B/D
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>	QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	
<i>mesalamine cap dr 400 mg</i>	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	QL (1680 mL / 28 days)

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 rectal enema 4 gm & cleanser wipe kit</i>	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	
<i>sulfasalazine tab delayed release 500 mg</i>	

LAXATIVES

<i>constulose</i>
<i>enulose</i>
<i>gavilyte-c</i>
<i>gavilyte-g</i>
<i>gavilyte-n/flavor pack</i>
<i>generlac</i>
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>
<i>lactulose solution 10 gm/15ml</i>
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>
PLENVU SOL
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
GATTEX KIT 5MG	PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	
<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 200 mcg</i>	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	QL (28 syringes / 28 days), PA

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

RELISTOR INJ 12/0.6ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 vials / 28 days), PA
<i>sucralfate susp 1 gm/10ml</i>	
<i>sucralfate tab 1 gm</i>	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	
<i>ursodiol tab 250 mg</i>	
<i>ursodiol tab 500 mg</i>	
VOQUEZNA PAK DUAL PAK	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	QL (2 kits / year), PA
VOWST CAP	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

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

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***pantoprazole sodium ec tab 40 mg (base equiv)**pantoprazole sodium for iv soln 40 mg (base equiv)**rabeprazole sodium ec tab 20 mg*

QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE***alfuzosin hcl tab er 24hr 10 mg*

QL (30 tabs / 30 days)

dutasteride cap 0.5 mg

QL (30 caps / 30 days)

dutasteride-tamsulosin hcl cap 0.5-0.4 mg

QL (30 caps / 30 days)

finasteride tab 5 mg

QL (30 tabs / 30 days)

tadalafil tab 5 mg

QL (30 tabs / 30 days), PA

tamsulosin hcl cap 0.4 mg

QL (60 caps / 30 days)

MISCELLANEOUS*acetic acid irrigation soln 0.25%**bethanechol chloride tab 5 mg**bethanechol chloride tab 10 mg**bethanechol chloride tab 25 mg**bethanechol chloride tab 50 mg**potassium citrate tab er 5 meq (540 mg)**potassium citrate tab er 10 meq (1080 mg)**potassium citrate tab er 15 meq (1620 mg)***URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE***fesoterodine fumarate tab er 24hr 4 mg*

QL (30 tabs / 30 days)

fesoterodine fumarate tab er 24hr 8 mg

QL (30 tabs / 30 days)

GEMTESA TAB 75MG

QL (30 tabs / 30 days)

mirabegron tab er 24 hr 25 mg

QL (30 tabs / 30 days)

mirabegron tab er 24 hr 50 mg

QL (30 tabs / 30 days)

MYRBETRIQ SUS 8MG/ML

QL (300 mL / 28 days)

MYRBETRIQ TAB 25MG

QL (30 tabs / 30 days)

MYRBETRIQ TAB 50MG

QL (30 tabs / 30 days)

oxybutynin chloride solution 5 mg/5ml

QL (600 mL / 30 days)

oxybutynin chloride tab 5 mg

QL (120 tabs / 30 days)

oxybutynin chloride tab er 24hr 5 mg

QL (30 tabs / 30 days)

oxybutynin chloride tab er 24hr 10 mg

QL (60 tabs / 30 days)

oxybutynin chloride tab er 24hr 15 mg

QL (60 tabs / 30 days)

solifenacin succinate tab 5 mg

QL (30 tabs / 30 days)

solifenacin succinate tab 10 mg

QL (30 tabs / 30 days)

tolterodine tartrate cap er 24hr 2 mg

QL (30 caps / 30 days)

tolterodine tartrate cap er 24hr 4 mg

QL (30 caps / 30 days)

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

<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)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	
HEP SOD/NAACL INJ 25000UNT	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	B/D
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	B/D
<i>jantoven</i>	
<i>rivaroxaban for susp 1 mg/ml</i>	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	
<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA INJ 6/0.6ML	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	PA
PROCRIT INJ 40000/ML	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA

MISCELLANEOUS

ALVAIZ TAB 9MG	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
BERINERT INJ 500UNIT	QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
DOPTELET SPR CAP 10MG	PA
DOPTELET TAB 20MG	PA
DROXIA CAP 200MG	

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**

DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	PA
<i>pentoxifylline tab er 400 mg</i>	
<i>sajazir</i>	QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	
TAVNEOS CAP 10MG	QL (180 caps / 30 days), PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	
<i>tranexamic acid tab 650 mg</i>	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>dipyridamole tab 25 mg</i>	PA; PA applies if 65 years and older
<i>dipyridamole tab 50 mg</i>	PA; PA applies if 65 years and older
<i>dipyridamole tab 75 mg</i>	PA; PA applies if 65 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>ticagrelor tab 60 mg</i>	
<i>ticagrelor tab 90 mg</i>	

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

BIMZELX INJ 160MG/ML	QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 syringes / 28 days), PA

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
ENBREL INJ 25/0.5ML	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	PA
KINERET INJ	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	PA
REMICADE INJ 100MG	PA
RENFLEXIS INJ 100MG	PA
RINVOQ LQ SOL 1MG/ML	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	QL (168 tabs / year), PA

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
SKYRIZI INJ 150MG/ML	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	PA
SOTYKTU TAB 6MG	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	PA
STELARA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	PA
TYENNE INJ 80MG/4ML	PA
TYENNE INJ 162/0.9	QL (4 pens / 28 days), PA
TYENNE INJ 162MG	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	PA
TYENNE INJ 400/20ML	PA
USTEKINUMAB INJ 45/0.5ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	PA
VELSIPITY TAB 2MG	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS	
<i>hydroxychloroquine sulfate tab 200 mg</i>	
JYLAMVO SOL 2MG/ML	B/D

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>leflunomide tab 10 mg</i>	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	
XATMEP SOL 2.5MG/ML	B/D
IMMUNOGLOBULINS	
ALYGLO INJ 5GM/50ML	PA
ALYGLO INJ 10/100ML	PA
ALYGLO INJ 20/200ML	PA
BIVIGAM INJ 10%	PA
FLEBOGAMMA INJ 10/200ML	PA
FLEBOGAMMA INJ 20/400ML	PA
FLEBOGAMMA INJ DIF 5%	PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	PA
GAMMAGARD INJ 2.5GM/25	PA
GAMMAGARD INJ 5GM/50ML	PA
GAMMAGARD INJ 10GM/100	PA
GAMMAGARD INJ 20GM/200	PA
GAMMAGARD INJ 30GM/300	PA
GAMMAGARD SD INJ 5GM HU	PA
GAMMAGARD SD INJ 10GM HU	PA
GAMMAKED INJ 1GM/10ML	PA
GAMMAKED INJ 5GM/50ML	PA
GAMMAKED INJ 10GM/100	PA
GAMMAKED INJ 20GM/200	PA
GAMMAPLEX INJ 5%	PA
GAMMAPLEX INJ 10%	PA
GAMUNEX-C INJ 1GM/10ML	PA
GAMUNEX-C INJ 2.5GM/25	PA
GAMUNEX-C INJ 5GM/50ML	PA
GAMUNEX-C INJ 10GM/100	PA
GAMUNEX-C INJ 20GM/200	PA
GAMUNEX-C INJ 40/400ML	PA
OCTAGAM INJ 1GM	PA
OCTAGAM INJ 2.5GM	PA
OCTAGAM INJ 2GM/20ML	PA
OCTAGAM INJ 5GM	PA
OCTAGAM INJ 5GM/50ML	PA
OCTAGAM INJ 10/100ML	PA
OCTAGAM INJ 10GM	PA
OCTAGAM INJ 20/200ML	PA
OCTAGAM INJ 30/300ML	PA
PANZYGA SOL 1GM/10ML	PA

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
PANZYGA SOL 2.5/25ML	PA
PANZYGA SOL 5GM/50ML	PA
PANZYGA SOL 10/100ML	PA
PANZYGA SOL 20/200ML	PA
PANZYGA SOL 30/300ML	PA
PRIVIGEN INJ 5 GRAMS	PA
PRIVIGEN INJ 10GRAMS	PA
PRIVIGEN INJ 20GRAMS	PA
PRIVIGEN INJ 40GRAMS	PA
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	PA
ARCALYST INJ 220MG	PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	B/D
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	PA
BENLYSTA INJ 200MG/ML	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	PA
<i>cyclosporine cap 25 mg</i>	B/D
<i>cyclosporine cap 100 mg</i>	B/D
<i>cyclosporine modified cap 25 mg</i>	B/D
<i>cyclosporine modified cap 50 mg</i>	B/D
<i>cyclosporine modified cap 100 mg</i>	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	B/D
<i>everolimus tab 0.5 mg</i>	B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	B/D
<i>everolimus tab 1 mg</i>	B/D
<i>engraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	B/D
NULOJIX INJ 250MG	B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D

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
REZUROCK TAB 200MG	QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	B/D
<i>sirolimus tab 0.5 mg</i>	B/D
<i>sirolimus tab 1 mg</i>	B/D
<i>sirolimus tab 2 mg</i>	B/D
<i>tacrolimus cap 0.5 mg</i>	B/D
<i>tacrolimus cap 1 mg</i>	B/D
<i>tacrolimus cap 5 mg</i>	B/D
VACCINES	
ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
ENGRIX-B INJ 10/0.5ML	B/D
ENGRIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA
PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	

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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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 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%
<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>

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>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>	
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	
MAGNESIUM SU INJ 80MG/ML	
<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 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>	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	
<i>multiple electrolytes ph 5.5</i>	
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	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
<i>potassium chloride inj 2 meq/ml</i>	
<i>potassium chloride inj 10 meq/50ml</i>	
<i>potassium chloride inj 10 meq/100ml</i>	
<i>potassium chloride inj 20 meq/50ml</i>	
<i>potassium chloride inj 20 meq/100ml</i>	
<i>potassium chloride inj 40 meq/100ml</i>	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	
<i>sodium chloride iv soln 0.9%</i>	
<i>sodium chloride iv soln 0.45%</i>	
<i>sodium chloride iv soln 3%</i>	
<i>sodium chloride iv soln 5%</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TPN ELECTROL INJ	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con</i>	
KLOR-CON 8	
<i>klor-con 10</i>	
KLOR-CON 10 TAB 10MEQ ER	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
M-NATAL PLUS TAB	
<i>potassium chloride cap er 8 meq</i>	
<i>potassium chloride cap er 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride powder packet 20 meq</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	
<i>potassium chloride tab er 10 meq</i>	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	
WESTAB PLUS TAB 27-1MG	
IV NUTRITION	
CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
<i>clinisol sf 15%</i>	B/D
CLINOLIPID EMU 20%	B/D
<i>dextrose inj 5%</i>	
<i>dextrose inj 10%</i>	
DEXTROSE INJ 10%	
<i>dextrose inj 50%</i>	B/D
DEXTROSE INJ 70%	B/D

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
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</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>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	
<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>polycin ophth oint</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium ophth oint 10%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	
XDEMZY DRO 0.25%	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>	
<i>cromolyn sodium ophth soln 4%</i>	
ZERVIAE DRO 0.24%	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA	
<i>betaxolol hcl ophth soln 0.5%</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>brinzolamide ophth susp 1%</i>	ST
<i>carteolol hcl ophth soln 1%</i>	
COMBIGAN SOL 0.2/0.5%	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>levobunolol hcl ophth soln 0.5%</i>	
LUMIGAN SOL 0.01% OP	
<i>pilocarpine hcl ophth soln 1%</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	
RHOPRESSA SOL 0.02%	
ROCKLATAN DRO	
SIMBRINZA SUS 1-0.2%	
<i>timolol maleate ophth gel forming soln 0.5%</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***timolol maleate ophth gel forming soln 0.25%**timolol maleate ophth soln 0.5%**timolol maleate ophth soln 0.25%**VYZULTA SOL 0.024%***MISCELLANEOUS***ATROPINE SUL SOL 1% OP**atropine sulfate ophth soln 1%**CYSTADROPS SOL 0.37%*

PA

CYSTARAN SOL 0.44%

PA

*EYSUVIS DRO 0.25%**MIEBO DRO 1.3GM/ML**proparacaine hcl ophth soln 0.5%**RESTASIS EMU 0.05% OP**RESTASIS MUL EMU 0.05% OP**XIIDRA DRO 5%***OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR****OTIC AGENTS***acetic acid otic soln 2%**ciprofloxacin-dexamethasone otic susp 0.3-0.1%**flac**fluocinolone acetonide (otic) oil 0.01%**hydrocortisone w/ acetic acid otic soln 1-2%**neomycin-polymyxin-hc otic soln 1%**neomycin-polymyxin-hc otic susp 3.5 mg/ml-
10000 unit/ml-1%**ofloxacin otic soln 0.3%***RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS****ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO
TREAT COPD***ANORO ELLIPT AER 62.5-25*

QL (60 blisters / 30 days)

BEVESPI AER 9-4.8MCG

QL (1 inhaler / 30 days)

BREZTRI AERO AER SPHERE

QL (1 inhaler / 30 days)

*BREZTRI AERO AER SPHERE (INSTITUTIONAL
PACK)*

QL (4 inhalers / 28 days)

COMBIVENT AER 20-100

QL (2 inhalers / 30 days)

*ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3mlB/D**TRELEGY AER ELLIPTA 100-62.5-25 MCG*

QL (60 blisters / 30 days)

TRELEGY AER ELLIPTA 200-62.5-25 MCG

QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD*ATROVENT HFA AER 17MCG*

QL (2 inhalers / 30 days)

INCRUSE ELPT INH 62.5MCG

QL (30 blisters / 30 days)

ipratropium bromide inhal soln 0.02%

B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>cyproheptadine hcl syrup 2 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>cyproheptadine hcl tab 4 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl inj 50 mg/ml</i>	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	PA; PA applies if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	PA; PA applies if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 10 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 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)

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

<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
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

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

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	B/D
<i>acetylcysteine inhal soln 20%</i>	B/D
ALYFTREK TAB 4-20-50	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	PA
ARALAST NP INJ 1000MG	PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	QL (60 tabs / 30 days), PA
OFEV CAP 100MG	QL (60 caps / 30 days), PA
OFEV CAP 150MG	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	PA
PULMOZYME SOL 1MG/ML	PA
<i>roflumilast tab 250 mcg</i>	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	QL (56 tabs / 28 days), PA
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	

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 100 mg</i>	
<i>theophylline tab er 12hr 200 mg</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	PA
ZEMAIRA INJ 4000MG	PA
ZEMAIRA INJ 5000MG	PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

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

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)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT
ASTHMA AND COPD**

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
<i>breyna</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

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

<i>acutane</i>	PA
<i>amnestem</i>	PA
<i>amnestem cap 30mg</i>	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis</i>	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm / 30 days)
<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
<i>ery</i>	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA

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>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac gel 1.2-5%</i>	QL (45 gm / 30 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	QL (118 mL / 30 days)
<i>tretinoin cream 0.1%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	QL (60 gm / 30 days)
<i>zenatane</i>	PA

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

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

<i>calcitrene</i>	QL (120 gm / 30 days), PA
ENSTILAR AER	QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	
<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (120 gm / 30 days)
<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 oint 5%</i>	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	QL (3 patches / 1 day), PA
<i>tridacaine ii</i>	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene gel 1%</i>	QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	QL (300 mL / 28 days)
<i>EUCRISA OIN 2%</i>	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>imiquimod cream 5%</i>	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>metronidazole cream 0.75%</i>	QL (45 gm / 30 days)

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>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%	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%	QL (60 gm / 30 days), PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

SANTYL OIN 250/GM	QL (180 gm / 30 days), PA
<i>sodium chloride irrigation soln 0.9%</i>	
<i>water for irrigation, sterile irrigation soln</i>	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	
<i>clotrimazole troche 10 mg</i>	QL (150 lozenges / 30 days)
<i>kourzeq</i>	
<i>lidocaine hcl viscous soln 2%</i>	
<i>nystatin susp 100000 unit/ml</i>	
<i>periogard</i>	
<i>pilocarpine hcl tab 5 mg</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	

D. Index of Covered Drugs

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



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

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<i>aripiprazole oral solution 1 mg/ml</i>	63	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	74
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<i>betamethasone dipropionate augmented gel 0.05%</i>	120	<i>bisoprolol fumarate tab 5 mg</i>	50
<i>betamethasone dipropionate augmented lotion 0.05%</i>	120	BIVIGAM INJ 10%	105
<i>betamethasone dipropionate augmented oint 0.05%</i>	120	<i>blisovi 24 fe</i>	84
<i>betamethasone dipropionate cream 0.05%</i>	120	<i>blisovi fe 1.5/30</i>	84
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<i>betamethasone dipropionate oint 0.05%</i>	120	BONSITY INJ 560/2.24	83
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<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	120	<i>bortezomib for inj 3.5 mg</i>	37
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	120	BORTEZOMIB INJ 1MG	37
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<i>betaxolol hcl tab 10 mg</i>	50	<i>bosentan tab 62.5 mg</i>	55
<i>betaxolol hcl tab 20 mg</i>	50	<i>bosentan tab for oral susp 32 mg</i>	55
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<i>buprenorphine td patch weekly 15 mcg/hr</i>	19	<i>calcitriol (oral)</i>	94
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<i>bupropion hcl tab 75 mg</i>	58	<i>camrese lo</i>	85
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<i>carb/levo orally disintegrating tab 10-100mg</i>	61	<i>carvedilol tab 3.125 mg</i>	50
<i>carb/levo orally disintegrating tab 25-100mg</i>	61	<i>carvedilol tab 6.25 mg</i>	50
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<i>carboplatin iv soln 50 mg/5ml</i>	33	<i>cefdinir for susp 250 mg/5ml</i>	29
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		<i>cefixime for susp 100 mg/5ml</i>	29
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<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	29
<i>cefpodoxime proxetil tab 100 mg</i>	29
<i>cefpodoxime proxetil tab 200 mg</i>	29
<i>cefprozil for susp 125 mg/5ml</i>	29
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<i>cefprozil tab 250 mg</i>	29
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<i>chlorhexidine gluconate soln 0.12%</i> ..	122
<i>chloroquine phosphate tab 250 mg</i> ...	24
<i>chloroquine phosphate tab 500 mg</i> ..	24
<i>chlorpromazine hcl conc 100 mg/ml</i> .	63
<i>chlorpromazine hcl conc 30 mg/ml</i> ...	63
<i>chlorpromazine hcl inj 25 mg/ml</i>	63
<i>chlorpromazine hcl inj 50 mg/2ml</i>	63
<i>chlorpromazine hcl tab 10 mg</i>	63
<i>chlorpromazine hcl tab 100 mg</i>	63
<i>chlorpromazine hcl tab 200 mg</i>	63
<i>chlorpromazine hcl tab 25 mg</i>	63
<i>chlorpromazine hcl tab 50 mg</i>	63
<i>chlorthalidone tab 25 mg</i>	53
<i>chlorthalidone tab 50 mg</i>	53
<i>cholestyramine light powder 4 gm/dose</i>	49
<i>cholestyramine light powder packets 4 gm</i>	49
<i>cholestyramine powder 4 gm/dose</i> ...	49
<i>cholestyramine powder packets 4 gm</i> ..	49
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	119
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	119
<i>ciclopirox shampoo 1%</i>	119
<i>cilostazol tab 100 mg</i>	101
<i>cilostazol tab 50 mg</i>	101
<i>CILOXAN OIN 0.3% OP</i>	111
<i>CIMDUO TAB 300-300</i>	26
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	91
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	91
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	91
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	30
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	30
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	111
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	30
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	30
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	30
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	113
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	33

<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>		CLINIMIX INJ 5%/D15W	110
.....	33	CLINIMIX INJ 5%/D20W	110
<i>cisplatin inj 50 mg/50ml (1 mg/ml) ..</i>	33	CLINIMIX INJ 6/5	110
<i>citalopram hydrobromide oral soln 10</i>		CLINIMIX INJ 8/10.....	110
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<i>citalopram hydrobromide tab 10 mg</i>		<i>clinisol sf 15%.....</i>	110
<i>(base equiv).....</i>	58	CLINOLIPID EMU 20%.....	110
<i>citalopram hydrobromide tab 20 mg</i>		<i>clobazam suspension 2.5 mg/ml</i>	68
<i>(base equiv).....</i>	58	<i>clobazam tab 10 mg</i>	68
<i>citalopram hydrobromide tab 40 mg</i>		<i>clobazam tab 20 mg</i>	68
<i>(base equiv).....</i>	58	<i>clobetasol propionate cream 0.05%</i>	120
<i>claravis</i>	118	<i>clobetasol propionate e</i>	120
<i>clarithromycin for susp 125 mg/5ml ..</i>	30	<i>clobetasol propionate gel 0.05%</i>	120
<i>clarithromycin for susp 250 mg/5ml ..</i>	30	<i>clobetasol propionate oint 0.05%...</i>	120
<i>clarithromycin tab 250 mg</i>	30	<i>clobetasol propionate shampoo 0.05%</i>	
<i>clarithromycin tab 500 mg</i>	30	.....	120
<i>clarithromycin tab er 24hr 500 mg ...</i>	30	<i>clobetasol propionate soln 0.05% ..</i>	120
<i>clindamycin hcl cap 150 mg</i>	21	<i>clodan.....</i>	120
<i>clindamycin hcl cap 300 mg</i>	21	<i>clomipramine hcl cap 25 mg.....</i>	58
<i>clindamycin hcl cap 75 mg</i>	21	<i>clomipramine hcl cap 50 mg.....</i>	58
<i>clindamycin palmitate hcl for soln 75</i>		<i>clomipramine hcl cap 75 mg.....</i>	58
<i>mg/5ml (base equiv)</i>	21	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin phosphate gel 1% (once-</i>		<i>0.125 mg</i>	68
<i>daily)</i>	118	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin phosphate in d5w iv soln</i>		<i>0.25 mg</i>	68
<i>300 mg/50ml</i>	21	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin phosphate in d5w iv soln</i>		<i>0.5 mg</i>	68
<i>600 mg/50ml</i>	21	<i>clonazepam orally disintegrating tab 1</i>	
<i>clindamycin phosphate in d5w iv soln</i>		<i>mg</i>	68
<i>900 mg/50ml</i>	21	<i>clonazepam orally disintegrating tab 2</i>	
<i>clindamycin phosphate inj 300 mg/2ml</i>		<i>mg</i>	68
.....	21	<i>clonazepam tab 0.5 mg</i>	68
<i>clindamycin phosphate inj 600 mg/4ml</i>		<i>clonazepam tab 1 mg.....</i>	68
.....	21	<i>clonazepam tab 2 mg.....</i>	68
<i>clindamycin phosphate inj 900 mg/6ml</i>		<i>clonidine hcl tab 0.1 mg</i>	54
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<i>clindamycin phosphate lotion 1% ...</i>	118	<i>clonidine hcl tab 0.3 mg</i>	54
<i>clindamycin phosphate soln 1%</i>	118	<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clindamycin phosphate vaginal cream</i>		.....	54
<i>2%</i>	100	<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clindamycin phosph-benzoyl peroxide</i>			54
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<i>clozapine orally disintegrating tab 12.5</i>	CRESEMBA CAP 74.5MG 24
<i>mg</i>63	<i>cromolyn sodium ophth soln 4%</i> 112
<i>clozapine orally disintegrating tab 150</i>	<i>cromolyn sodium oral conc 100 mg/5ml</i>
<i>mg</i>63	 97
<i>clozapine orally disintegrating tab 200</i>	<i>cromolyn sodium soln nebu 20 mg/2ml</i>
<i>mg</i>63	 115
<i>clozapine orally disintegrating tab 25</i>	<i>cryselle-28</i> 85
<i>mg</i>63	<i>cyclobenzaprine hcl tab 10 mg</i> 78
<i>clozapine tab 100 mg</i> 63	<i>cyclobenzaprine hcl tab 5 mg</i> 78
<i>clozapine tab 200 mg</i> 63	CYCLOPHOSPH INJ 1000MG 33
<i>clozapine tab 25 mg</i> 63	CYCLOPHOSPH INJ 1GM/2ML..... 33
<i>clozapine tab 50 mg</i> 63	CYCLOPHOSPH INJ 1GM/5ML..... 33
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<i>colestipol hcl granule packets 5 gm</i> ..49	<i>cyclophosphamide for inj 2 gm</i> 33
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<i>cytarabine inj 20 mg/ml</i>	34
D	
D10W/NACL INJ 0.2%	108
D10W/NACL INJ 0.45%	108
D2.5W/NACL INJ 0.45%	108
D5W/NACL INJ 0.2%	108
D5W/NACL INJ 0.45%	108
<i>dabigatran etexilate mesylate cap 110</i> <i>mg (etexilate base eq)</i>	100
<i>dabigatran etexilate mesylate cap 150</i> <i>mg (etexilate base eq)</i>	100
<i>dabigatran etexilate mesylate cap 75</i> <i>mg (etexilate base eq)</i>	100
<i>dalfampridine tab er 12hr 10 mg</i>	77
<i>danazol cap 100 mg</i>	79
<i>danazol cap 200 mg</i>	79
<i>danazol cap 50 mg</i>	79
<i>dantrolene sodium cap 100 mg</i>	78
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<i>dapagliflozin propanediol tab 5 mg</i> <i>(base equivalent)</i>	79
<i>dapsone tab 100 mg</i>	22
<i>dapsone tab 25 mg</i>	22
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<i>daptomycin for iv soln 500 mg</i>	22
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<i>darunavir tab 600 mg</i>	25
<i>darunavir tab 800 mg</i>	25
<i>dasatinib tab 100 mg</i>	38
<i>dasatinib tab 140 mg</i>	38
<i>dasatinib tab 20 mg</i>	38
<i>dasatinib tab 50 mg</i>	38
<i>dasatinib tab 70 mg</i>	38
<i>dasatinib tab 80 mg</i>	38
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<i>deferasirox tab 360 mg</i>	84
<i>deferasirox tab 90 mg</i>	84
<i>deferasirox tab for oral susp 125 mg</i>	84
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<i>desipramine hcl tab 10 mg</i>	58
<i>desipramine hcl tab 100 mg</i>	58
<i>desipramine hcl tab 150 mg</i>	58
<i>desipramine hcl tab 25 mg</i>	58
<i>desipramine hcl tab 50 mg</i>	58
<i>desipramine hcl tab 75 mg</i>	58
<i>desmopressin acetate inj 4 mcg/ml</i> ..	91
<i>desmopressin acetate nasal spray soln</i> <i>0.01%</i>	91
<i>desmopressin acetate nasal spray soln</i> <i>0.01% (refrigerated)</i>	91
<i>desmopressin acetate preservative free</i> <i>(pf) inj 4 mcg/ml</i>	91
<i>desmopressin acetate tab 0.1 mg</i>	92
<i>desmopressin acetate tab 0.2 mg</i>	92
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	85
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<i>desvenlafaxine succinate tab er 24hr</i> <i>25 mg (base equiv)</i>	58
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<i>dexamethasone sod phos inj sol pref</i> <i>syr 10 mg/ml (pf)</i>	89
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<i>dexamethasone sodium phosphate inj</i> <i>10 mg/ml</i>	90
<i>dexamethasone sodium phosphate inj</i> <i>100 mg/10ml</i>	90

<i>dexamethasone sodium phosphate inj</i> 120 mg/30ml	90	<i>diazepam rectal gel delivery system 2.5</i> mg	68
<i>dexamethasone sodium phosphate inj</i> 20 mg/5ml	90	<i>diazepam rectal gel delivery system 20</i> mg	68
<i>dexamethasone sodium phosphate inj</i> 4 mg/ml	90	<i>diazepam tab 10 mg</i>	69
<i>dexamethasone sodium phosphate inj</i> soln pref syr 4 mg/ml	90	<i>diazepam tab 2 mg</i>	68
<i>dexamethasone sodium phosphate</i> ophth soln 0.1%	112	<i>diazepam tab 5 mg</i>	69
<i>dexamethasone soln 0.5 mg/5ml</i>	90	<i>diazoxide susp 50 mg/ml</i>	91
<i>dexamethasone tab 0.5 mg</i>	90	<i>diclofenac potassium tab 50 mg</i>	18
<i>dexamethasone tab 0.75 mg</i>	90	<i>diclofenac sodium ophth soln 0.1%</i>	112
<i>dexamethasone tab 1 mg</i>	90	<i>diclofenac sodium soln 1.5%</i>	121
<i>dexamethasone tab 1.5 mg</i>	90	<i>diclofenac sodium tab delayed release</i> 25 mg	18
<i>dexamethasone tab 2 mg</i>	90	<i>diclofenac sodium tab delayed release</i> 50 mg	18
<i>dexamethasone tab 4 mg</i>	90	<i>diclofenac sodium tab delayed release</i> 75 mg	18
<i>dexamethasone tab 6 mg</i>	90	<i>diclofenac sodium tab er 24hr 100 mg</i>	18
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<i>dexmethylphenidate hcl tab 2.5 mg</i>	74	<i>dicloxacillin sodium cap 500 mg</i>	31
<i>dexmethylphenidate hcl tab 5 mg</i>	74	<i>dicyclomine hcl cap 10 mg</i>	96
<i>dextrose 2.5% w/ sodium chloride</i> 0.45%	108	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	96
<i>dextrose 5% in lactated ringers</i>	108	<i>dicyclomine hcl tab 20 mg</i>	96
<i>dextrose 5% w/ sodium chloride</i> 0.225%	108	<i>DIFICID SUS</i>	30
<i>dextrose 5% w/ sodium chloride 0.3%</i>	108	<i>diflunisal tab 500 mg</i>	18
<i>dextrose 5% w/ sodium chloride 0.45%</i>	108	<i>difluprednate ophth emulsion 0.05%</i>	112
<i>dextrose 5% w/ sodium chloride 0.9%</i>	108	<i>digoxin inj 0.25 mg/ml</i>	54
<i>dextrose inj 10%</i>	110	<i>digoxin oral soln 0.05 mg/ml</i>	54
<i>DEXTROSE INJ 10%</i>	110	<i>digoxin tab 125 mcg (0.125 mg)</i>	54
<i>dextrose inj 5%</i>	110	<i>digoxin tab 250 mcg (0.25 mg)</i>	54
<i>dextrose inj 50%</i>	110	<i>dihydroergotamine mesylate nasal</i> spray 4 mg/ml	76
<i>DEXTROSE INJ 70%</i>	110	<i>DILANTIN CAP 30MG</i>	69
<i>DIACOMIT CAP 250MG</i>	68	<i>diltiazem hcl cap er 12hr 120 mg</i>	51
<i>DIACOMIT CAP 500MG</i>	68	<i>diltiazem hcl cap er 12hr 60 mg</i>	51
<i>DIACOMIT PAK 250MG</i>	68	<i>diltiazem hcl cap er 12hr 90 mg</i>	51
<i>DIACOMIT PAK 500MG</i>	68	<i>diltiazem hcl coated beads cap er 24hr</i> 120 mg	51
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<i>diltiazem hcl extended release beads</i> <i>cap er 24hr 120 mg.....</i>	<i>52</i>	<i>docetaxel for inj conc 20 mg/ml.....</i>	<i>36</i>
<i>diltiazem hcl extended release beads</i> <i>cap er 24hr 180 mg.....</i>	<i>52</i>	<i>docetaxel for inj conc 80 mg/4ml (20</i> <i>mg/ml).....</i>	<i>36</i>
<i>diltiazem hcl extended release beads</i> <i>cap er 24hr 240 mg.....</i>	<i>52</i>	<i>DOCETAXEL INJ 160/16ML.....</i>	<i>36</i>
<i>diltiazem hcl extended release beads</i> <i>cap er 24hr 300 mg.....</i>	<i>52</i>	<i>DOCETAXEL INJ 160/8ML</i>	<i>36</i>
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<i>diltiazem hcl iv soln 125 mg/25ml (5</i> <i>mg/ml).....</i>	<i>52</i>	<i>DOCETAXEL INJ 80MG/8ML.....</i>	<i>36</i>
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<i>diltiazem hcl tab 60 mg</i>	<i>52</i>	<i>DOCIVYX INJ 20MG/2ML.....</i>	<i>37</i>
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<i>diphenhydramine hcl inj 50 mg/ml .</i>	<i>114</i>	<i>dofetilide cap 250 mcg (0.25 mg)</i>	<i>48</i>
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<i>divalproex sodium tab delayed release</i> <i>250 mg</i>	<i>69</i>	<i>dotti</i>	<i>89</i>
<i>divalproex sodium tab delayed release</i> <i>500 mg</i>	<i>69</i>	<i>DOVATO TAB 50-300MG</i>	<i>26</i>
<i>divalproex sodium tab er 24 hr 250 mg</i> <i>.....</i>	<i>69</i>	<i>doxazosin mesylate tab 1 mg</i>	<i>45</i>
<i>divalproex sodium tab er 24 hr 500 mg</i> <i>.....</i>	<i>69</i>	<i>doxazosin mesylate tab 2 mg</i>	<i>45</i>
		<i>doxazosin mesylate tab 4 mg</i>	<i>45</i>
		<i>doxazosin mesylate tab 8 mg</i>	<i>46</i>
		<i>doxepin hcl (sleep) tab 3 mg (base</i> <i>equiv)</i>	<i>75</i>
		<i>doxepin hcl (sleep) tab 6 mg (base</i> <i>equiv)</i>	<i>75</i>
		<i>doxepin hcl cap 10 mg</i>	<i>58</i>
		<i>doxepin hcl cap 100 mg.....</i>	<i>59</i>
		<i>doxepin hcl cap 150 mg.....</i>	<i>59</i>

<i>doxepin hcl cap 25 mg</i>	58
<i>doxepin hcl cap 50 mg</i>	58
<i>doxepin hcl cap 75 mg</i>	58
<i>doxepin hcl conc 10 mg/ml</i>	59
<i>doxorubicin hcl inj 2 mg/ml</i>	36
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	36
<i>doxy 100</i>	32
<i>doxycycline hyclate cap 100 mg</i>	32
<i>doxycycline hyclate cap 50 mg</i>	32
<i>doxycycline hyclate for inj 100 mg</i> ...	32
<i>doxycycline hyclate tab 100 mg</i>	32
<i>doxycycline hyclate tab 20 mg</i>	32
<i>doxycycline monohydrate cap 100 mg</i>	32
<i>doxycycline monohydrate cap 50 mg</i>	32
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	32
<i>doxycycline monohydrate tab 100 mg</i>	32
<i>doxycycline monohydrate tab 50 mg</i>	32
<i>doxycycline monohydrate tab 75 mg</i>	32
<i>DRIZALMA CAP 20MG DR</i>	59
<i>DRIZALMA CAP 30MG DR</i>	59
<i>DRIZALMA CAP 40MG DR</i>	59
<i>DRIZALMA CAP 60MG DR</i>	59
<i>dronabinol cap 10 mg</i>	95
<i>dronabinol cap 2.5 mg</i>	95
<i>dronabinol cap 5 mg</i>	95
<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i>	85
<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i>	85
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg</i>	85
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	85
<i>DROXIA CAP 200MG</i>	101
<i>DROXIA CAP 300MG</i>	102
<i>DROXIA CAP 400MG</i>	102
<i>droxidopa cap 100 mg</i>	54
<i>droxidopa cap 200 mg</i>	54
<i>droxidopa cap 300 mg</i>	54
<i>DULERA AER 100-5MCG</i>	118
<i>DULERA AER 200-5MCG</i>	118
<i>DULERA AER 50-5MCG</i>	118

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	59
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	59
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	59
<i>DUPIXENT INJ 200/1.14</i>	102
<i>DUPIXENT INJ 200MG</i>	102
<i>DUPIXENT INJ 300/2ML</i>	102
<i>dutasteride cap 0.5 mg</i>	99
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	99

E

<i>e.e.s. 400</i>	30
<i>econazole nitrate cream 1%</i>	119
<i>EDURANT PED TAB 2.5MG</i>	25
<i>EDURANT TAB 25MG</i>	25
<i>efavirenz tab 600 mg</i>	25
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	26
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	26
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	26
<i>ELIGARD INJ 22.5MG</i>	35
<i>ELIGARD INJ 30MG</i>	35
<i>ELIGARD INJ 45MG</i>	35
<i>ELIGARD INJ 7.5MG</i>	35
<i>elinest</i>	85
<i>ELIQUIS (1.5MG PACK) 3 X</i>	100
<i>ELIQUIS (2MG PACK) 4 X</i>	100
<i>ELIQUIS CAP 0.15MG</i>	100
<i>ELIQUIS ST P TAB 5MG</i>	100
<i>ELIQUIS TAB 0.5MG</i>	100
<i>ELIQUIS TAB 2.5MG</i>	100
<i>ELIQUIS TAB 5MG</i>	100
<i>eluryng</i>	85
<i>EMGALITY INJ 100MG/ML</i>	76
<i>EMGALITY INJ 120MG/ML</i>	76
<i>EMSAM DIS 12MG/24H</i>	59
<i>EMSAM DIS 6MG/24HR</i>	59
<i>EMSAM DIS 9MG/24HR</i>	59
<i>emtricitabine caps 200 mg</i>	25
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	26
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	26

<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	26	<i>entecavir tab 0.5 mg</i>	27
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	26	<i>entecavir tab 1 mg</i>	27
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	26	ENTRESTO CAP 15-16MG	46
EMTRIVA SOL 10MG/ML	25	ENTRESTO CAP 6-6MG	46
EMVERM CHW 100MG	22	<i>enulose</i>	97
<i>emzahh</i>	85	EPCLUSA PAK 150-37.5	27
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	44	EPCLUSA PAK 200-50MG	27
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	44	EPCLUSA TAB 200-50MG	27
<i>enalapril maleate tab 10 mg</i>	45	EPCLUSA TAB 400-100	27
<i>enalapril maleate tab 2.5 mg</i>	45	EPIDIOLEX SOL 100MG/ML	69
<i>enalapril maleate tab 20 mg</i>	45	<i>epinephrine inj 1 mg/ml (1:1000)</i>	54
<i>enalapril maleate tab 5 mg</i>	45	<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	116
ENBREL INJ 25/0.5ML	103	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	116
ENBREL INJ 25MG	103	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	116
ENBREL INJ 50MG/ML	103	<i>eplerenone tab 25 mg</i>	45
ENBREL MINI INJ 50MG/ML	103	<i>eplerenone tab 50 mg</i>	45
ENBREL SRCLK INJ 50MG/ML	103	<i>ergotamine w/ caffeine tab 1-100 mg</i>	76
<i>endocet tab 10-325mg</i>	20	ERIVEDGE CAP 150MG	38
<i>endocet tab 2.5-325mg</i>	20	ERLEADA TAB 240MG	35
<i>endocet tab 5-325mg</i>	20	ERLEADA TAB 60MG	35
<i>endocet tab 7.5-325mg</i>	20	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	38
ENERGIX-B INJ 10/0.5ML	107	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	38
ENERGIX-B INJ 20MCG/ML	107	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	38
<i>enilloring</i>	85	<i>errin</i>	85
<i>enoxaparin sodium inj 300 mg/3ml</i> 100		<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	22
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	100	<i>ery</i>	118
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	100	ERYTHROCIN INJ 500MG	30
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	100	<i>erythromycin ethylsuccinate tab 400 mg</i>	30
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	100	<i>erythromycin gel 2%</i>	118
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	100	<i>erythromycin lactobionate for inj 500 mg</i>	30
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	100	<i>erythromycin ophth oint 5 mg/gm.</i> 111	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	100	<i>erythromycin soln 2%</i>	118
<i>enskyce</i>	85	<i>erythromycin tab 250 mg</i>	30
ENSTILAR AER	120	<i>erythromycin tab 500 mg</i>	30
<i>entacapone tab 200 mg</i>	62	<i>erythromycin tab delayed release 250 mg</i>	30

erythromycin tab delayed release 333 mg.....	30
erythromycin tab delayed release 500 mg.....	30
erythromycin w/ delayed release particles cap 250 mg	30
ERZOFRI INJ 117/0.75	64
ERZOFRI INJ 156MG/ML	64
ERZOFRI INJ 234/1.5	64
ERZOFRI INJ 351/2.25	64
ERZOFRI INJ 39/0.25	63
ERZOFRI INJ 78/0.5ML	64
escitalopram oxalate soln 5 mg/5ml (base equiv).....	59
escitalopram oxalate tab 10 mg (base equiv)	59
escitalopram oxalate tab 20 mg (base equiv)	59
escitalopram oxalate tab 5 mg (base equiv)	59
eslicarbazepine acetate tab 200 mg ..	69
eslicarbazepine acetate tab 400 mg ..	69
eslicarbazepine acetate tab 600 mg ..	69
eslicarbazepine acetate tab 800 mg ..	69
esomeprazole magnesium cap delayed release 20 mg (base eq)	98
esomeprazole magnesium cap delayed release 40 mg (base eq)	98
esomeprazole magnesium for delayed release susp pack 2.5 mg	98
esomeprazole magnesium for delayed release susp packet 10 mg	98
esomeprazole magnesium for delayed release susp packet 20 mg	98
esomeprazole magnesium for delayed release susp packet 40 mg	98
esomeprazole magnesium for delayed release susp packet 5 mg	98
estarylla	85
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	89
estradiol & norethindrone acetate tab 1-0.5 mg	89
estradiol tab 0.5 mg.....	89
estradiol tab 1 mg.....	89
estradiol tab 2 mg.....	89
estradiol td patch twice weekly 0.025 mg/24hr.....	89
estradiol td patch twice weekly 0.0375 mg/24hr.....	89
estradiol td patch twice weekly 0.05 mg/24hr.....	89
estradiol td patch twice weekly 0.075 mg/24hr.....	89
estradiol td patch twice weekly 0.1 mg/24hr.....	89
estradiol td patch weekly 0.025 mg/24hr.....	89
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	89
estradiol td patch weekly 0.05 mg/24hr	89
estradiol td patch weekly 0.06 mg/24hr	89
estradiol td patch weekly 0.075 mg/24hr.....	89
estradiol td patch weekly 0.1 mg/24hr	89
estradiol vaginal cream 0.01%	89
estradiol vaginal tab 10 mcg	89
estradiol valerate im in oil 10 mg/ml	89
estradiol valerate im in oil 20 mg/ml	89
estradiol valerate im in oil 40 mg/ml	89
eszopiclone tab 1 mg	75
eszopiclone tab 2 mg	75
eszopiclone tab 3 mg	75
ethambutol hcl tab 100 mg	27
ethambutol hcl tab 400 mg	27
ethosuximide cap 250 mg	69
ethosuximide soln 250 mg/5ml.....	69
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	85
etodolac cap 200 mg.....	18
etodolac cap 300 mg.....	18
etodolac tab 400 mg	18
etodolac tab 500 mg	18
etodolac tab er 24hr 400 mg	18
etodolac tab er 24hr 500 mg	18
etodolac tab er 24hr 600 mg	18
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	85
etoposide inj 1 gm/50ml (20 mg/ml)	37

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>		<i>famotidine tab 40 mg</i>	96
.....	37	FANAPT PAK PACK A	64
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>		FANAPT PAK PACK B	64
.....	37	FANAPT PAK PACK C	64
<i>etravirine tab 100 mg</i>	25	FANAPT TAB 10MG.....	64
<i>etravirine tab 200 mg</i>	25	FANAPT TAB 12MG.....	64
EUCRISA OIN 2%	121	FANAPT TAB 1MG	64
EULEXIN CAP 125MG.....	35	FANAPT TAB 2MG	64
<i>everolimus tab 0.25 mg</i>	106	FANAPT TAB 4MG	64
<i>everolimus tab 0.5 mg</i>	106	FANAPT TAB 6MG	64
<i>everolimus tab 0.75 mg</i>	106	FANAPT TAB 8MG	64
<i>everolimus tab 1 mg</i>	106	FARXIGA TAB 10MG.....	80
<i>everolimus tab 10 mg</i>	38	FARXIGA TAB 5MG.....	80
<i>everolimus tab 2.5 mg</i>	38	FASENRA INJ 10MG/0.5.....	116
<i>everolimus tab 5 mg</i>	38	FASENRA INJ 30MG/ML	116
<i>everolimus tab 7.5 mg</i>	38	FASENRA PEN INJ 30MG/ML.....	116
<i>everolimus tab for oral susp 2 mg</i>	38	<i>feirza tab 1.5/30</i>	85
<i>everolimus tab for oral susp 3 mg</i>	38	<i>feirza tab 1/20</i>	85
<i>everolimus tab for oral susp 5 mg</i>	38	<i>felbamate susp 600 mg/5ml</i>	69
EVOTAZ TAB 300-150.....	26	<i>felbamate tab 400 mg</i>	69
<i>exemestane tab 25 mg</i>	35	<i>felbamate tab 600 mg</i>	69
EXXUA TAB 18.2MG	59	<i>felodipine tab er 24hr 10 mg</i>	52
EXXUA TAB 36.3MG	59	<i>felodipine tab er 24hr 2.5 mg</i>	52
EXXUA TAB 54.5MG	59	<i>felodipine tab er 24hr 5 mg</i>	52
EXXUA TAB 72.6MG	59	<i>fenofibrate micronized cap 134 mg</i> ..	48
EXXUA TITRAT TAB 18.2MG	59	<i>fenofibrate micronized cap 200 mg</i> ..	48
EYSUVIS DRO 0.25%	113	<i>fenofibrate micronized cap 67 mg</i>	48
<i>ezetimibe tab 10 mg</i>	49	<i>fenofibrate tab 145 mg</i>	48
<i>ezetimibe-simvastatin tab 10-10 mg</i> .49		<i>fenofibrate tab 160 mg</i>	49
<i>ezetimibe-simvastatin tab 10-20 mg</i> .49		<i>fenofibrate tab 48 mg</i>	48
<i>ezetimibe-simvastatin tab 10-40 mg</i> .49		<i>fenofibrate tab 54 mg</i>	48
<i>ezetimibe-simvastatin tab 10-80 mg</i> .49		<i>fentanyl td patch 72hr 100 mcg/hr</i> ... 19	
F		<i>fentanyl td patch 72hr 12 mcg/hr</i> 19	
FABRAZYME INJ 35MG.....	92	<i>fentanyl td patch 72hr 25 mcg/hr</i> 19	
FABRAZYME INJ 5MG.....	92	<i>fentanyl td patch 72hr 37.5 mcg/hr</i> .. 19	
<i>falmina</i>	85	<i>fentanyl td patch 72hr 50 mcg/hr</i> 19	
<i>famciclovir tab 125 mg</i>	27	<i>fentanyl td patch 72hr 62.5 mcg/hr</i> .. 19	
<i>famciclovir tab 250 mg</i>	27	<i>fentanyl td patch 72hr 75 mcg/hr</i> 19	
<i>famciclovir tab 500 mg</i>	27	<i>fentanyl td patch 72hr 87.5 mcg/hr</i> .. 19	
<i>famotidine for susp 40 mg/5ml</i>	96	<i>fesoterodine fumarate tab er 24hr 4</i>	
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>mg</i>	99
<i>mg/50ml</i>	96	<i>fesoterodine fumarate tab er 24hr 8</i>	
<i>famotidine inj 200 mg/20ml</i>	96	<i>mg</i>	99
<i>famotidine inj 40 mg/4ml</i>	96	FETZIMA CAP 120MG	59
<i>famotidine preservative free inj 20</i>		FETZIMA CAP 20MG	59
<i>mg/2ml</i>	96	FETZIMA CAP 40MG	59
<i>famotidine tab 20 mg</i>	96	FETZIMA CAP 80MG	59

FETZIMA CAP TITRATIO	59	fluocinonide cream 0.05%	120
FIASP FLEX INJ TOUCH	82	fluocinonide cream 0.1%	120
FIASP INJ 100/ML	82	fluocinonide emulsified base cream	
FIASP PENFIL INJ U-100	82	0.05%	120
FIASP PMPCRT INJ U-100	82	fluocinonide gel 0.05%	120
fidaxomicin tab 200 mg	30	fluocinonide oint 0.05%	120
finasteride tab 5 mg	99	fluocinonide soln 0.05%	120
fingolimod hcl cap 0.5 mg (base equiv)		fluorometholone ophth susp 0.1%..	112
.....	77	fluorouracil cream 5%	121
FINTEPLA SOL 2.2MG/ML	69	fluorouracil iv soln 1 gm/20ml (50	
finzala	85	mg/ml)	34
FIRMAGON INJ 120MG	35	fluorouracil iv soln 2.5 gm/50ml (50	
FIRMAGON INJ 80MG	35	mg/ml)	34
flac	113	fluorouracil iv soln 5 gm/100ml (50	
FLEBOGAMMA INJ 10/200ML	105	mg/ml)	34
FLEBOGAMMA INJ 20/400ML	105	fluorouracil iv soln 500 mg/10ml (50	
FLEBOGAMMA INJ DIF 5%	105	mg/ml)	34
flecainide acetate tab 100 mg	48	fluorouracil soln 2%	121
flecainide acetate tab 150 mg	48	fluorouracil soln 5%	121
flecainide acetate tab 50 mg	48	fluoxetine hcl cap 10 mg	59
fluconazole for susp 10 mg/ml	24	fluoxetine hcl cap 20 mg	59
fluconazole for susp 40 mg/ml	24	fluoxetine hcl cap 40 mg	59
fluconazole in nacl 0.9% inj 200		fluoxetine hcl solution 20 mg/5ml	59
mg/100ml	24	fluphenazine decanoate inj 25 mg/ml	64
fluconazole in nacl 0.9% inj 400		fluphenazine hcl elixir 2.5 mg/5ml ...	64
mg/200ml	24	fluphenazine hcl inj 2.5 mg/ml	64
fluconazole tab 100 mg	24	fluphenazine hcl oral conc 5 mg/ml ..	64
fluconazole tab 150 mg	24	fluphenazine hcl tab 1 mg	64
fluconazole tab 200 mg	24	fluphenazine hcl tab 10 mg	64
fluconazole tab 50 mg	24	fluphenazine hcl tab 2.5 mg	64
flucytosine cap 250 mg	24	fluphenazine hcl tab 5 mg	64
flucytosine cap 500 mg	24	flurbiprofen sodium ophth soln 0.03%	
fludrocortisone acetate tab 0.1 mg ...	90	.....	112
flunisolide nasal soln 25 mcg/act		flurbiprofen tab 100 mg	18
(0.025%)	117	fluticasone propionate cream 0.05%	
fluocinolone acetonide (otic) oil 0.01%		.....	121
.....	113	fluticasone propionate hfa inhal aer	110
fluocinolone acetonide cream 0.01%		mcg/act	117
.....	120	fluticasone propionate hfa inhal aer	220
fluocinolone acetonide cream 0.025%		mcg/act	117
.....	120	fluticasone propionate hfa inhal aero	44
fluocinolone acetonide oil 0.01% (body		mcg/act	117
oil)	120	fluticasone propionate nasal susp 50	
fluocinolone acetonide oil 0.01% (scalp		mcg/act	117
oil)	120	fluticasone propionate oint 0.005%	121
fluocinolone acetonide oint 0.025%	120	fluticasone-salmeterol aer powder ba	
fluocinolone acetonide soln 0.01% .	120	100-50 mcg/act	118

<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	118	FYCOMPA TAB 2MG	69
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	118	FYCOMPA TAB 4MG	69
<i>fluvoxamine maleate tab 100 mg</i>	56	FYCOMPA TAB 6MG	69
<i>fluvoxamine maleate tab 25 mg</i>	56	FYCOMPA TAB 8MG	69
<i>fluvoxamine maleate tab 50 mg</i>	56	G	
<i>fondaparinux sodium subcutaneous inj</i> <i>10 mg/0.8ml</i>	100	<i>gabapentin cap 100 mg</i>	69
<i>fondaparinux sodium subcutaneous inj</i> <i>2.5 mg/0.5ml</i>	100	<i>gabapentin cap 300 mg</i>	69
<i>fondaparinux sodium subcutaneous inj</i> <i>5 mg/0.4ml</i>	100	<i>gabapentin cap 400 mg</i>	69
<i>fondaparinux sodium subcutaneous inj</i> <i>7.5 mg/0.6ml</i>	100	<i>gabapentin oral soln 250 mg/5ml</i>	69
<i>fosamprenavir calcium tab 700 mg</i> <i>(base equiv)</i>	25	<i>gabapentin tab 600 mg</i>	69
<i>fosfomycin tromethamine powd pack 3</i> <i>gm (base equivalent)</i>	22	<i>gabapentin tab 800 mg</i>	69
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	44	<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	56
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	44	<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	56
<i>fosinopril sodium tab 10 mg</i>	45	<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	56
<i>fosinopril sodium tab 20 mg</i>	45	<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	56
<i>fosinopril sodium tab 40 mg</i>	45	<i>galantamine hydrobromide tab 12 mg</i>	56
FOTIVDA CAP 0.89MG	38	<i>galantamine hydrobromide tab 4 mg</i>	56
FOTIVDA CAP 1.34MG	38	<i>galantamine hydrobromide tab 8 mg</i>	56
FRINDOVYX INJ 1GM/2ML	33	<i>galbriela chw</i>	85
FRINDOVYX INJ 2GM/4ML	33	<i>gallifrey</i>	93
FRINDOVYX INJ 500MG/ML	33	GAMASTAN INJ	105
FRUZAQLA CAP 1MG	38	GAMMAGARD INJ 10GM/100	105
FRUZAQLA CAP 5MG	38	GAMMAGARD INJ 1GM/10ML	105
FULPHILA INJ 6/0.6ML	101	GAMMAGARD INJ 2.5GM/25	105
<i>fulvestrant inj soln pref syr 250</i> <i>mg/5ml</i>	35	GAMMAGARD INJ 20GM/200	105
<i>furosemide inj</i>	53	GAMMAGARD INJ 30GM/300	105
<i>furosemide oral soln 10 mg/ml</i>	53	GAMMAGARD INJ 5GM/50ML	105
<i>furosemide oral soln 8 mg/ml</i>	53	GAMMAGARD SD INJ 10GM HU	105
<i>furosemide tab 20 mg</i>	53	GAMMAGARD SD INJ 5GM HU	105
<i>furosemide tab 40 mg</i>	53	GAMMAKED INJ 10GM/100	105
<i>furosemide tab 80 mg</i>	53	GAMMAKED INJ 1GM/10ML	105
<i>fyavolv tab 0.5mg-2.5mcg</i>	89	GAMMAKED INJ 20GM/200	105
<i>fyavolv tab 1mg-5mcg</i>	89	GAMMAKED INJ 5GM/50ML	105
FYCOMPA SUS 0.5MG/ML	69	GAMMAPLEX INJ 10%	105
FYCOMPA TAB 10MG	69	GAMMAPLEX INJ 5%	105
FYCOMPA TAB 12MG	69	GAMUNEX-C INJ 10GM/100	105
		GAMUNEX-C INJ 1GM/10ML	105
		GAMUNEX-C INJ 2.5GM/25	105
		GAMUNEX-C INJ 20GM/200	105
		GAMUNEX-C INJ 40/400ML	105
		GAMUNEX-C INJ 5GM/50ML	105
		<i>ganciclovir sodium for inj 500 mg</i>	27

GARDASIL 9 INJ	107	GILOTRIF TAB 40MG	39
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GATTEX KIT 5MG	97	GLARGIN YFGN SOL 100U/ML.....	82
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gavilyte-c	97	20 mg/ml	77
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gavilyte-n/flower pack.....	97	40 mg/ml	77
GAVRETO CAP 100MG	38	glatopa	77
gefitinib tab 250 mg.....	38	GLEOSTINE CAP 100MG	33
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gemcitabine hcl for inj 2 gm	34	GLEOSTINE CAP 40MG	33
gemcitabine hcl for inj 200 mg.....	34	glimepiride tab 1 mg	80
gemcitabine hcl inj 1 gm/26.3ml (38		glimepiride tab 2 mg	80
mg/ml) (base equiv)	34	glimepiride tab 4 mg	80
gemcitabine hcl inj 2 gm/52.6ml (38		glipizide tab 10 mg	80
mg/ml) (base equiv)	34	glipizide tab 5 mg	80
gemcitabine hcl inj 200 mg/5.26ml (38		glipizide tab er 24hr 10 mg	80
mg/ml) (base equiv)	34	glipizide tab er 24hr 2.5 mg	80
gemfibrozil tab 600 mg.....	49	glipizide tab er 24hr 5 mg	80
GEMTESA TAB 75MG	99	glipizide-metformin hcl tab 2.5-250 mg	
generlac	97		80
gengraf	106	glipizide-metformin hcl tab 2.5-500 mg	
GENOTROPIN INJ 0.2MG.....	92		80
GENOTROPIN INJ 0.4MG.....	92	glipizide-metformin hcl tab 5-500 mg	80
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GENOTROPIN INJ 1MG.....	92	GOMEKLI TAB 1MG	39
GENOTROPIN INJ 2MG.....	92	granisetron hcl inj 1 mg/ml.....	95
GENOTROPIN INJ 5MG.....	92	granisetron hcl inj 4 mg/4ml (1 mg/ml)	
gentamicin in saline inj 0.8 mg/ml ...	22		95
gentamicin in saline inj 1 mg/ml	22	granisetron hcl tab 1 mg.....	95
gentamicin in saline inj 1.2 mg/ml ...	22	griseofulvin microsize susp 125 mg/5ml	
gentamicin in saline inj 1.6 mg/ml ...	22		24
gentamicin in saline inj 2 mg/ml	22	griseofulvin microsize tab 500 mg....	24
gentamicin sulfate cream 0.1%.....	119	griseofulvin ultramicrosize tab 125 mg	
gentamicin sulfate inj 10 mg/ml.....	22		24
gentamicin sulfate inj 40 mg/ml.....	22	griseofulvin ultramicrosize tab 250 mg	
gentamicin sulfate oint 0.1%.....	119		24
gentamicin sulfate ophth soln 0.3%	111	guanfacine hcl tab 1 mg	54
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 HADLIMA INJ 40/0.8ML 103
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heparin sodium (porcine) inj 10000 unit/ml 100
heparin sodium (porcine) inj 20000 unit/ml 101
heparin sodium (porcine) inj 5000 unit/ml 100
heparin sodium (porcine) pf inj 1000 unit/ml 101
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hydrochlorothiazide tab 12.5 mg 53
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<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>325 mg/15ml</i>	20
<i>hydrocodone-acetaminophen tab 10-</i>	
<i>325 mg</i>	20
<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>mg</i>	20
<i>hydrocodone-acetaminophen tab 7.5-</i>	
<i>325 mg</i>	20
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
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<i>hydrocortisone cream 1%</i>	121
<i>hydrocortisone cream 2.5%</i>	121
<i>hydrocortisone enema 100 mg/60ml</i>	96
<i>hydrocortisone lotion 2.5%</i>	121
<i>hydrocortisone oint 1%</i>	121
<i>hydrocortisone oint 2.5%</i>	121
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<i>hydrocortisone sodium succinate pf for</i>	
<i>inj 100 mg</i>	90
<i>hydrocortisone tab 10 mg</i>	90
<i>hydrocortisone tab 20 mg</i>	90
<i>hydrocortisone tab 5 mg</i>	90
<i>hydrocortisone valerate cream 0.2%</i>	
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<i>1-2%</i>	113
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<i>hydromorphone hcl tab 4 mg</i>	20
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<i>ibuprofen susp 100 mg/5ml</i>	18
<i>ibuprofen tab 400 mg</i>	18
<i>ibuprofen tab 600 mg</i>	18
<i>ibuprofen tab 800 mg</i>	18
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<i>IDHIFA TAB 50MG</i>	39
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<i>equivalent)</i>	39
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<i>equivalent)</i>	39
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<i>IMBRUVICA CAP 70MG</i>	39
<i>IMBRUVICA SUS 70MG/ML</i>	39
<i>IMBRUVICA TAB 140MG</i>	39
<i>IMBRUVICA TAB 280MG</i>	39
<i>IMBRUVICA TAB 420MG</i>	39
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<i>soln 250 mg</i>	22
<i>imipenem-cilastatin intravenous for</i>	
<i>soln 500 mg</i>	22
<i>imipramine hcl tab 10 mg</i>	59
<i>imipramine hcl tab 25 mg</i>	59
<i>imipramine hcl tab 50 mg</i>	60
<i>imiquimod cream 5%</i>	121
<i>IMKELDI SOL 80MG/ML</i>	39
<i>IMOVAX RABIE INJ 2.5/ML</i>	107
<i>IMPAVIDO CAP 50MG</i>	22

INBRIJA CAP 42MG	62	<i>irbesartan tab 300 mg</i>	47
<i>incassia</i>	85	<i>irbesartan tab 75 mg</i>	47
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<i>indapamide tab 2.5 mg</i>	53	300-12.5 mg.....	46
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INFLIXIMAB INJ 100MG	103	mg/ml).....	36
INLURIYO TAB 200MG	35	<i>irinotecan hcl inj 300 mg/15ml (20</i>	
INLYTA TAB 1MG	39	mg/ml).....	36
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INQOVI TAB 35-100MG	34	mg/ml).....	36
INREBIC CAP 100MG	39	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
INSULIN GLAR INJ 300/ML.....	82	mg/ml).....	36
INSULIN LISP INJ 100/ML	82	ISENTRESS CHW 100MG	25
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INTRALIPID INJ 20%.....	111	<i>isoniazid tab 100 mg</i>	27
INTRALIPID INJ 30%.....	111	<i>isoniazid tab 300 mg</i>	27
<i>introvale</i>	85	<i>isosorbide dinitrate tab 10 mg</i>	55
INVEGA HAFYE INJ 1092MG	64	<i>isosorbide dinitrate tab 20 mg</i>	55
INVEGA HAFYE INJ 1560MG	64	<i>isosorbide dinitrate tab 30 mg</i>	55
INVEGA SUST INJ 117/0.75.....	64	<i>isosorbide dinitrate tab 5 mg</i>	54
INVEGA SUST INJ 156MG/ML	64	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVEGA SUST INJ 234/1.5	64	mg	55
INVEGA SUST INJ 39/0.25	64	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVEGA SUST INJ 78/0.5ML	64	mg	55
INVEGA TRINZ INJ 273MG	64	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVEGA TRINZ INJ 410MG	64	mg	55
INVEGA TRINZ INJ 546MG	64	<i>isotretinoin cap 10 mg</i>	118
INVEGA TRINZ INJ 819MG	65	<i>isotretinoin cap 20 mg</i>	119
IPOL INJ INACTIVE	107	<i>isotretinoin cap 30 mg</i>	119
<i>ipratropium bromide inhal soln 0.02%</i>		<i>isotretinoin cap 40 mg</i>	119
.....	113	<i>isradipine cap 2.5 mg</i>	52
<i>ipratropium bromide nasal soln 0.03%</i>		<i>isradipine cap 5 mg</i>	52
(21 mcg/spray).....	114	ITOVEBI TAB 3MG	39
<i>ipratropium bromide nasal soln 0.06%</i>		ITOVEBI TAB 9MG	39
(42 mcg/spray).....	114	<i>itraconazole cap 100 mg</i>	24
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>ivabradine hcl tab 5 mg (base equiv)</i>	54
2.5(3) mg/3ml.....	113	<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	54
<i>irbesartan tab 150 mg</i>	47		54

<i>ivermectin tab 3 mg</i>	22
<i>ivermectin tab 6 mg</i>	22
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J

<i>jaimiess tab</i>	85
JAKAFI TAB 10MG	39
JAKAFI TAB 15MG	39
JAKAFI TAB 20MG	39
JAKAFI TAB 25MG	40
JAKAFI TAB 5MG	39
<i>jantoven</i>	101
JANUMET TAB 50-1000	80
JANUMET TAB 50-500MG	80
JANUMET XR TAB 100-1000	80
JANUMET XR TAB 50-1000	80
JANUMET XR TAB 50-500MG	80
JANUVIA TAB 100MG	80
JANUVIA TAB 25MG	80
JANUVIA TAB 50MG	80
JARDIANCE TAB 10MG	80
JARDIANCE TAB 25MG	80
<i>jasmiel</i>	86
<i>javygtor</i>	92
JAYPIRCA TAB 100MG	40
JAYPIRCA TAB 50MG	40
JENTADUETO TAB 2.5-1000	80
JENTADUETO TAB 2.5-500	80
JENTADUETO TAB 2.5-850	80
JENTADUETO TAB XR 2.5-1000MG	80
JENTADUETO TAB XR 5-1000MG	80
<i>jinteli</i>	89
<i>jolessa</i>	86
<i>juleber</i>	86
JULUCA TAB 50-25MG	26
<i>junel 1.5/30</i>	86
<i>junel 1/20</i>	86
<i>junel fe 1.5/30</i>	86
<i>junel fe 1/20</i>	86
<i>junel fe 24</i>	86
JYLAMVO SOL 2MG/ML	104
JYNNEOS INJ	107

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KADCYLA INJ 100MG	40
KADCYLA INJ 160MG	40
<i>kaitlib fe</i>	86
KALETRA SOL	26

KALYDECO GRA 13.4MG	116
KALYDECO GRA 5.8MG	116
KALYDECO PAK 25MG	116
KALYDECO PAK 50MG	116
KALYDECO PAK 75MG	116
KALYDECO TAB 150MG	116
KANJINTI INJ 420MG	40
KANJINTI SOL 150MG	40
<i>kariva</i>	86
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	108
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	109
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	108
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	108
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	108
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	108
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	109
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	109
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	109
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	109
KCL/D5W/NACL INJ 0.15/0.2	109
KCL/D5W/NACL INJ 0.3/0.9%	109
<i>kelnor 1/35</i>	86
KERENDIA TAB 10MG	45
KERENDIA TAB 20MG	45
KERENDIA TAB 40MG	45
KESIMPTA INJ 20/.4ML	77
<i>ketoconazole cream 2%</i>	119
<i>ketoconazole shampoo 2%</i>	119
<i>ketoconazole tab 200 mg</i>	24
<i>ketorolac tromethamine ophth soln 0.4%</i>	112
<i>ketorolac tromethamine ophth soln 0.5%</i>	112
KEYTRUDA INJ 100MG/4M	40
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	40

KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML.....	40	<i>lamivudine tab 100 mg (hbv)</i>	27
KINERET INJ	103	<i>lamivudine tab 150 mg</i>	25
KINRIX INJ	107	<i>lamivudine tab 300 mg</i>	25
<i>kionex</i>	84	<i>lamivudine-zidovudine tab 150-300 mg</i>	26
KISQALI 200 DOSE	40	<i>lamotrigine tab 100 mg</i>	70
KISQALI 400 DOSE	40	<i>lamotrigine tab 150 mg</i>	70
KISQALI 400 PAK FEMARA	40	<i>lamotrigine tab 200 mg</i>	70
KISQALI 600 DOSE	40	<i>lamotrigine tab 25 mg</i>	70
KISQALI 600 PAK FEMARA	40	<i>lamotrigine tab chewable dispersible 25 mg</i>	70
<i>klayesta</i>	119	<i>lamotrigine tab chewable dispersible 5 mg</i>	70
<i>klor-con</i>	110	<i>lamotrigine tab er 24hr 100 mg</i>	70
<i>klor-con 10</i>	110	<i>lamotrigine tab er 24hr 200 mg</i>	70
KLOR-CON 10 TAB 10MEQ ER.....	110	<i>lamotrigine tab er 24hr 25 mg</i>	70
KLOR-CON 8	110	<i>lamotrigine tab er 24hr 250 mg</i>	70
<i>klor-con m10</i>	110	<i>lamotrigine tab er 24hr 300 mg</i>	70
<i>klor-con m15</i>	110	<i>lamotrigine tab er 24hr 50 mg</i>	70
<i>klor-con m20</i>	110	<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	92
KLOXXADO SPR 8MG.....	79	<i>lansoprazole cap delayed release 15 mg</i>	98
KOSELUGO CAP 10MG	40	<i>lansoprazole cap delayed release 30 mg</i>	98
KOSELUGO CAP 25MG	40	LANTUS INJ 100/ML.....	82
KOSELUGO CAP 5MG.....	40	LANTUS SOLOS INJ 100/ML	82
KOSELUGO CAP 7.5MG	40	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	40
<i>kourzeq</i>	122	<i>larin 1.5/30</i>	86
KRAZATI TAB 200MG	40	<i>larin 1/20</i>	86
<i>kurvelo</i>	86	<i>larin 24 fe</i>	86
L		<i>larin fe 1.5/30</i>	86
<i>labetalol hcl tab 100 mg</i>	50	<i>larin fe 1/20</i>	86
<i>labetalol hcl tab 200 mg</i>	50	<i>latanoprost ophth soln 0.005%</i>	112
<i>labetalol hcl tab 300 mg</i>	50	LAZCLUZE TAB 240MG	40
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	69	LAZCLUZE TAB 80MG.....	40
<i>lacosamide oral</i>	69	<i>leflunomide tab 10 mg</i>	105
<i>lacosamide tab 100 mg</i>	69	<i>leflunomide tab 20 mg</i>	105
<i>lacosamide tab 150 mg</i>	70	<i>lenalidomide cap 10 mg</i>	35
<i>lacosamide tab 200 mg</i>	70	<i>lenalidomide cap 15 mg</i>	35
<i>lacosamide tab 50 mg</i>	69	<i>lenalidomide cap 20 mg</i>	35
LACTATED RIN INJ	109	<i>lenalidomide cap 25 mg</i>	35
<i>lactated ringer's solution</i>	109	<i>lenalidomide cap 5 mg</i>	35
<i>lactic acid (ammonium lactate) cream 12%</i>	121	<i>lenalidomide caps 2.5 mg</i>	35
<i>lactic acid (ammonium lactate) lotion 12%</i>	121	LENVIMA CAP 10 MG.....	40
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	97	LENVIMA CAP 12MG.....	40
<i>lactulose solution 10 gm/15ml</i>	97		
<i>lamivudine oral soln 10 mg/ml</i>	25		

LENVIMA CAP 14 MG	40	levetiracetam tab er 24hr 750 mg	70
LENVIMA CAP 18 MG	40	levobunolol hcl ophth soln 0.5%	112
LENVIMA CAP 20 MG	40	levocarnitine oral soln 1 gm/10ml	
LENVIMA CAP 24 MG	40	(10%)	92
LENVIMA CAP 4MG.....	40	levocarnitine tab 330 mg	92
LENVIMA CAP 8 MG	40	levocetirizine dihydrochloride soln 2.5	
lessina	86	mg/5ml (0.5 mg/ml)	114
letrozole tab 2.5 mg	35	levocetirizine dihydrochloride tab 5 mg	
leucovorin calcium for inj 100 mg.....	36	.....	114
leucovorin calcium for inj 200 mg.....	36	levofloxacin in d5w iv soln 250	
leucovorin calcium for inj 350 mg.....	36	mg/50ml	30
leucovorin calcium for inj 50 mg	36	levofloxacin in d5w iv soln 500	
leucovorin calcium for inj 500 mg.....	36	mg/100ml.....	30
leucovorin calcium inj 500 mg/50ml		levofloxacin in d5w iv soln 750	
(10 mg/ml)	36	mg/150ml.....	30
leucovorin calcium tab 10 mg	36	levofloxacin iv soln 25 mg/ml	30
leucovorin calcium tab 15 mg	36	levofloxacin oral soln 25 mg/ml	30
leucovorin calcium tab 25 mg	36	levofloxacin tab 250 mg	30
leucovorin calcium tab 5 mg	36	levofloxacin tab 500 mg	30
LEUKERAN TAB 2MG.....	33	levofloxacin tab 750 mg	30
leuprolide acetate inj kit 1 mg/0.2ml (5		levonest	86
mg/ml)	35	levonor-eth est tab 0.15-	
levabuterol hcl soln nebu 0.31 mg/3ml		0.02/0.025/0.03 mg ð est 0.01	
(base equiv).....	115	mg	86
levabuterol hcl soln nebu 0.63 mg/3ml		levonorgestrel & ethinyl estradiol (91-	
(base equiv).....	115	day) tab 0.15-0.03 mg	86
levabuterol hcl soln nebu 1.25 mg/3ml		levonorgestrel & ethinyl estradiol tab	
(base equiv).....	115	0.1 mg-20 mcg	86
levabuterol hcl soln nebu conc 1.25		levonorgestrel-eth estra tab 0.05-	
mg/0.5ml (base equiv)	115	30/0.075-40/0.125-30mg-mcg	86
levabuterol tartrate inhal aerosol 45		levonorgestrel-ethinyl estradiol	
mcg/act (base equiv).....	115	(continuous) tab 90-20 mcg	86
LEVETIRACETA TAB 250MG	70	levonorg-eth est tab 0.1-0.02mg(84) &	
levetiracetam in sodium chloride iv soln		eth est tab 0.01mg(7)	86
1000 mg/100ml	70	levora 0.15/30-28	86
levetiracetam in sodium chloride iv soln		levo-t.....	94
1500 mg/100ml	70	levothyroxine sodium tab 100 mcg...	94
levetiracetam in sodium chloride iv soln		levothyroxine sodium tab 112 mcg...	94
500 mg/100ml.....	70	levothyroxine sodium tab 125 mcg...	94
levetiracetam inj 500 mg/5ml (100		levothyroxine sodium tab 137 mcg...	94
mg/ml)	70	levothyroxine sodium tab 150 mcg...	94
levetiracetam oral soln 100 mg/ml ...	70	levothyroxine sodium tab 175 mcg...	94
levetiracetam tab 1000 mg	70	levothyroxine sodium tab 200 mcg...	94
levetiracetam tab 250 mg	70	levothyroxine sodium tab 25 mcg	94
levetiracetam tab 500 mg	70	levothyroxine sodium tab 300 mcg...	94
levetiracetam tab 750 mg	70	levothyroxine sodium tab 50 mcg	94
levetiracetam tab er 24hr 500 mg	70	levothyroxine sodium tab 75 mcg	94

<i>levothyroxine sodium tab 88 mcg</i>	94	<i>lithium carbonate cap 300 mg</i>	77
<i>levoxyl</i>	94	<i>lithium carbonate cap 600 mg</i>	77
<i>l-glutamine (sickle cell)</i>	102	<i>lithium carbonate tab 300 mg</i>	77
<i>lidocaine hcl local inj 0.5%</i>	18	<i>lithium carbonate tab er 300 mg</i>	77
<i>lidocaine hcl local inj 1%</i>	18	<i>lithium carbonate tab er 450 mg</i>	77
<i>lidocaine hcl local inj 2%</i>	18	<i>lithium oral solution 8 meq/5ml</i>	77
<i>lidocaine hcl local preservative free (pf)</i>		<i>LIVTENCITY TAB 200MG</i>	27
<i>inj 0.5%</i>	18	<i>loestrin 1.5/30-21</i>	86
<i>lidocaine hcl local preservative free (pf)</i>		<i>loestrin 1/20-21</i>	86
<i>inj 1%</i>	18	<i>loestrin fe 1.5/30</i>	86
<i>lidocaine hcl local preservative free (pf)</i>		<i>loestrin fe 1/20</i>	86
<i>inj 1.5%</i>	18	<i>lojaimiess tab</i>	86
<i>lidocaine hcl soln 4%</i>	121	<i>LOKELMA PAK 10GM</i>	84
<i>lidocaine hcl viscous soln 2%</i>	122	<i>LOKELMA PAK 5GM</i>	84
<i>lidocaine oint 5%</i>	121	<i>lomustine cap 10 mg</i>	33
<i>lidocaine patch 5%</i>	121	<i>lomustine cap 100 mg</i>	33
<i>lidocaine-prilocaine cream 2.5-2.5%</i>		<i>lomustine cap 40 mg</i>	33
.....	121	<i>LONSURF TAB 15-6.14</i>	34
<i>lidocan</i>	121	<i>LONSURF TAB 20-8.19</i>	34
<i>LILETTA IUD 52MG</i>	86	<i>loperamide hcl cap 2 mg</i>	97
<i>linezolid for susp 100 mg/5ml</i>	22	<i>lopinavir-ritonavir tab 100-25 mg</i>	26
<i>LINEZOLID INJ 2MG/ML</i>	22	<i>lopinavir-ritonavir tab 200-50 mg</i>	26
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>lorazepam conc 2 mg/ml</i>	56
<i>mg/ml)</i>	22	<i>lorazepam inj 2 mg/ml</i>	56
<i>linezolid tab 600 mg</i>	22	<i>lorazepam inj 4 mg/ml</i>	56
<i>LINZESS CAP 145MCG</i>	97	<i>lorazepam intensol</i>	56
<i>LINZESS CAP 290MCG</i>	97	<i>lorazepam tab 0.5 mg</i>	56
<i>LINZESS CAP 72MCG</i>	97	<i>lorazepam tab 1 mg</i>	56
<i>liomny tab 25mcg</i>	94	<i>lorazepam tab 2 mg</i>	56
<i>liomny tab 50mcg</i>	94	<i>LORBRENA TAB 100MG</i>	40
<i>liomny tab 5mcg</i>	94	<i>LORBRENA TAB 25MG</i>	40
<i>liothyronine sodium tab 25 mcg</i>	94	<i>loryna</i>	86
<i>liothyronine sodium tab 5 mcg</i>	94	<i>losartan potassium &</i>	
<i>liothyronine sodium tab 50 mcg</i>	94	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-</i>		.....	46
<i>12.5 mg</i>	44	<i>losartan potassium &</i>	
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>hydrochlorothiazide tab 100-25 mg</i>	46
<i>12.5 mg</i>	44	<i>losartan potassium &</i>	
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>25 mg</i>	44	.....	46
<i>lisinopril tab 10 mg</i>	45	<i>losartan potassium tab 100 mg</i>	47
<i>lisinopril tab 2.5 mg</i>	45	<i>losartan potassium tab 25 mg</i>	47
<i>lisinopril tab 20 mg</i>	45	<i>losartan potassium tab 50 mg</i>	47
<i>lisinopril tab 30 mg</i>	45	<i>LOTEMAX OIN 0.5%</i>	112
<i>lisinopril tab 40 mg</i>	45	<i>lovastatin tab 10 mg</i>	49
<i>lisinopril tab 5 mg</i>	45	<i>lovastatin tab 20 mg</i>	49
<i>lithium carbonate cap 150 mg</i>	77	<i>lovastatin tab 40 mg</i>	49

<i>low-ogestrel</i>	86
<i>loxapine succinate cap 10 mg</i>	65
<i>loxapine succinate cap 25 mg</i>	65
<i>loxapine succinate cap 5 mg</i>	65
<i>loxapine succinate cap 50 mg</i>	65
<i>luizza 1/20 tab</i>	86
<i>luizza tab 1.5/30</i>	86
LUMAKRAS TAB 120MG	40
LUMAKRAS TAB 240MG	40
LUMAKRAS TAB 320MG	40
LUMIGAN SOL 0.01% OP	112
LUMIZYME INJ 50MG	92
LUPR DEP-PED INJ 11.25MG	92
LUPR DEP-PED INJ 15MG	92
LUPR DEP-PED INJ 3M 30MG	92
LUPR DEP-PED INJ 7.5MG	92
LUPRON DEPOT INJ 11.25MG	35
LUPRON DEPOT INJ 3.75MG	35
LUPRON DEPOT INJ 45MG	92
<i>lurasidone hcl tab 120 mg</i>	65
<i>lurasidone hcl tab 20 mg</i>	65
<i>lurasidone hcl tab 40 mg</i>	65
<i>lurasidone hcl tab 60 mg</i>	65
<i>lurasidone hcl tab 80 mg</i>	65
<i>lutra</i>	86
LYBALVI TAB 10-10MG	65
LYBALVI TAB 15-10MG	65
LYBALVI TAB 20-10MG	65
LYBALVI TAB 5-10MG	65
<i>lyleq</i>	86
<i>lyllana</i>	89
LYNPARZA TAB 100MG	40
LYNPARZA TAB 150MG	40
LYSODREN TAB 500MG	35
LYTGOBI (12 MG DAILY DOSE)	40
LYTGOBI (16 MG DAILY DOSE)	40
LYTGOBI (20 MG DAILY DOSE)	40
LYUMJEV INJ 100UT/ML	82
LYUMJEV KWPN INJ 100UT/ML	82
LYUMJEV KWPN INJ 200UT/ML	82
<i>lyza</i>	87

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MAGNESIUM SU INJ 20/500ML	109
MAGNESIUM SU INJ 2GM/50ML	109
MAGNESIUM SU INJ 40G/1000	109
MAGNESIUM SU INJ 4G/100ML	109
MAGNESIUM SU INJ 80MG/ML	109

<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	109
<i>magnesium sulfate inj 50%</i>	109
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	109
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	109
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	109
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	109
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	109
<i>malathion lotion 0.5%</i>	122
<i>maraviroc tab 150 mg</i>	25
<i>maraviroc tab 300 mg</i>	25
<i>marlissa</i>	87
MARPLAN TAB 10MG	60
MATULANE CAP 50MG	36
MAVYRET PAK 50-20MG	27
MAVYRET TAB 100-40MG	27
<i>meclizine hcl tab 12.5 mg</i>	95
<i>meclizine hcl tab 25 mg</i>	95
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	87
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	87
<i>medroxyprogesterone acetate tab 10 mg</i>	93
<i>medroxyprogesterone acetate tab 2.5 mg</i>	93
<i>medroxyprogesterone acetate tab 5 mg</i>	93
<i>mefloquine hcl tab 250 mg</i>	24
<i>megestrol acetate susp 40 mg/ml</i>	93
<i>megestrol acetate susp 625 mg/5ml</i> ..	93
<i>megestrol acetate tab 20 mg</i>	35
<i>megestrol acetate tab 40 mg</i>	35
MEKINIST SOL 0.05/ML	40
MEKINIST TAB 0.5MG	40
MEKINIST TAB 2MG	41
MEKTOVI TAB 15MG	41
<i>meleya tab 0.35mg</i>	87
<i>meloxicam tab 15 mg</i>	18
<i>meloxicam tab 7.5 mg</i>	18
<i>memantine hcl cap er 24hr 14 mg</i> ...	57
<i>memantine hcl cap er 24hr 21 mg</i> ...	57

<i>memantine hcl cap er 24hr 28 mg</i>	57
<i>memantine hcl cap er 24hr 7 mg</i>	57
<i>memantine hcl oral solution 2 mg/ml</i>	57
<i>memantine hcl tab 10 mg</i>	57
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	57
<i>memantine hcl tab 5 mg</i>	57
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 14-10 mg</i>	57
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 21-10 mg</i>	57
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 28-10 mg</i>	57
<i>MENQUADFI INJ</i>	107
<i>MENVEO INJ</i>	107
<i>MENVEO SOL</i>	107
<i>mercaptopurine susp 2000 mg/100ml</i> <i>(20 mg/ml)</i>	34
<i>mercaptopurine tab 50 mg</i>	34
<i>meropenem iv for soln 1 gm</i>	22
<i>meropenem iv for soln 2 gm</i>	22
<i>meropenem iv for soln 500 mg</i>	22
<i>mesalamine cap dr 400 mg</i>	96
<i>mesalamine cap er 24hr 0.375 gm</i> ...	96
<i>mesalamine enema 4 gm</i>	96
<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	97
<i>mesalamine suppos 1000 mg</i>	97
<i>mesalamine tab delayed release 1.2</i> <i>gm</i>	97
<i>mesna tab 400 mg</i>	36
<i>metformin hcl oral soln 500 mg/5ml</i> .	80
<i>metformin hcl tab 1000 mg</i>	80
<i>metformin hcl tab 500 mg</i>	80
<i>metformin hcl tab 850 mg</i>	80
<i>metformin hcl tab er 24hr 500 mg</i>	80
<i>metformin hcl tab er 24hr 750 mg</i>	80
<i>methadone hcl soln 10 mg/5ml</i>	20
<i>methadone hcl soln 5 mg/5ml</i>	20
<i>methadone hcl tab 10 mg</i>	20
<i>methadone hcl tab 5 mg</i>	20
<i>methadone hydrochloride i</i>	20
<i>methazolamide tab 25 mg</i>	53
<i>methazolamide tab 50 mg</i>	53
<i>methenamine hippurate tab 1 gm</i>	22
<i>methimazole tab 10 mg</i>	94
<i>methimazole tab 5 mg</i>	94
<i>methocarbamol tab 500 mg</i>	78
<i>methocarbamol tab 750 mg</i>	78
<i>methotrexate sodium for inj 1 gm</i>	34
<i>methotrexate sodium inj 250 mg/10ml</i> <i>(25 mg/ml)</i>	34
<i>methotrexate sodium inj 50 mg/2ml</i> <i>(25 mg/ml)</i>	34
<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	34
<i>methotrexate sodium inj pf 250</i> <i>mg/10ml (25 mg/ml)</i>	34
<i>methotrexate sodium inj pf 50 mg/2ml</i> <i>(25 mg/ml)</i>	34
<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	105
<i>methsuximide cap 300 mg</i>	70
<i>methylphenidate hcl chew tab 10 mg</i>	74
<i>methylphenidate hcl chew tab 2.5 mg</i>	74
<i>methylphenidate hcl chew tab 5 mg</i> .	74
<i>methylphenidate hcl soln 10 mg/5ml</i>	74
<i>methylphenidate hcl soln 5 mg/5ml</i> ..	74
<i>methylphenidate hcl tab 10 mg</i>	74
<i>methylphenidate hcl tab 20 mg</i>	75
<i>methylphenidate hcl tab 5 mg</i>	74
<i>methylphenidate hcl tab er 10 mg</i>	75
<i>methylphenidate hcl tab er 20 mg</i>	75
<i>methylprednisolone acetate inj susp 40</i> <i>mg/ml</i>	90
<i>methylprednisolone acetate inj susp 80</i> <i>mg/ml</i>	90
<i>methylprednisolone sod succ for inj</i> <i>1000 mg (base equiv)</i>	90
<i>methylprednisolone sod succ for inj</i> <i>125 mg (base equiv)</i>	90
<i>methylprednisolone sod succ for inj 40</i> <i>mg (base equiv)</i>	90
<i>methylprednisolone sod succ for inj</i> <i>500 mg (base equiv)</i>	90
<i>methylprednisolone tab 16 mg</i>	90
<i>methylprednisolone tab 32 mg</i>	90
<i>methylprednisolone tab 4 mg</i>	90
<i>methylprednisolone tab 8 mg</i>	90
<i>methylprednisolone tab therapy pack 4</i> <i>mg (21)</i>	90
<i>metoclopramide hcl inj 5 mg/ml (base</i> <i>equivalent)</i>	95

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	95	<i>mifepristone tab 300 mg</i>	92
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	95	<i>mili</i>	87
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	95	<i>mimvey</i>	89
<i>metolazone tab 10 mg</i>	53	<i>minocycline hcl cap 100 mg</i>	32
<i>metolazone tab 2.5 mg</i>	53	<i>minocycline hcl cap 50 mg</i>	32
<i>metolazone tab 5 mg</i>	53	<i>minocycline hcl cap 75 mg</i>	32
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	50	<i>minoxidil tab 10 mg</i>	54
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	50	<i>minoxidil tab 2.5 mg</i>	54
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	50	<i>mirabegron tab er 24 hr 25 mg</i>	99
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	51	<i>mirabegron tab er 24 hr 50 mg</i>	99
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	51	<i>mirtazapine orally disintegrating tab 15 mg</i>	60
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	50	<i>mirtazapine orally disintegrating tab 30 mg</i>	60
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	50	<i>mirtazapine orally disintegrating tab 45 mg</i>	60
<i>metoprolol tartrate iv soln 5 mg/5ml</i> 51		<i>mirtazapine tab 15 mg</i>	60
<i>metoprolol tartrate tab 100 mg</i>	51	<i>mirtazapine tab 30 mg</i>	60
<i>metoprolol tartrate tab 25 mg</i>	51	<i>mirtazapine tab 45 mg</i>	60
<i>metoprolol tartrate tab 50 mg</i>	51	<i>mirtazapine tab 7.5 mg</i>	60
<i>metronidazole cream 0.75%</i>	121	<i>misoprostol tab 100 mcg</i>	97
<i>metronidazole gel 0.75%</i>	122	<i>misoprostol tab 200 mcg</i>	97
<i>metronidazole iv soln 500 mg/100ml</i> 22		<i>M-M-R II INJ</i>	107
<i>metronidazole lotion 0.75%</i>	122	<i>M-NATAL PLUS TAB</i>	110
<i>metronidazole tab 250 mg</i>	22	<i>modafinil tab 100 mg</i>	78
<i>metronidazole tab 500 mg</i>	22	<i>modafinil tab 200 mg</i>	78
<i>metronidazole vaginal gel 0.75%</i> ...	100	<i>MODEYSO CAP 125MG</i>	36
<i>metyrosine cap 250 mg</i>	54	<i>moexipril hcl tab 15 mg</i>	45
<i>mibelas 24 fe</i>	87	<i>moexipril hcl tab 7.5 mg</i>	45
<i>micafungin sodium for iv soln 100 mg</i>	24	<i>molindone hcl tab 10 mg</i>	65
<i>micafungin sodium for iv soln 50 mg</i> 24		<i>molindone hcl tab 25 mg</i>	65
<i>microgestin 1.5/30</i>	87	<i>molindone hcl tab 5 mg</i>	65
<i>microgestin 1/20</i>	87	<i>mometasone furoate cream 0.1%</i> ..	121
<i>microgestin fe 1.5/30</i>	87	<i>mometasone furoate oint 0.1%</i>	121
<i>microgestin fe 1/20</i>	87	<i>mometasone furoate solution 0.1% (lotion)</i>	121
<i>midodrine hcl tab 10 mg</i>	54	<i>MONJUVI INJ 200MG</i>	41
<i>midodrine hcl tab 2.5 mg</i>	54	<i>mono-lynyah</i>	87
<i>midodrine hcl tab 5 mg</i>	54	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	115
<i>MIEBO DRO 1.3GM/ML</i>	113	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	115
		<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	115
		<i>montelukast sodium tab 10 mg (base equiv)</i>	115
		<i>morphine sulfate iv soln 10 mg/ml</i> ...	20

<i>morphine sulfate iv soln 2 mg/ml</i>	20
<i>morphine sulfate iv soln 4 mg/ml</i>	20
<i>morphine sulfate iv soln 8 mg/ml</i>	20
<i>morphine sulfate oral soln 10 mg/5ml</i>	21
<i>morphine sulfate oral soln 100 mg/5ml</i> (20 mg/ml)	21
<i>morphine sulfate oral soln 20 mg/5ml</i>	21
<i>morphine sulfate tab 15 mg</i>	21
<i>morphine sulfate tab 30 mg</i>	21
<i>morphine sulfate tab er 100 mg</i>	20
<i>morphine sulfate tab er 15 mg</i>	20
<i>morphine sulfate tab er 200 mg</i>	20
<i>morphine sulfate tab er 30 mg</i>	20
<i>morphine sulfate tab er 60 mg</i>	20
MOUNJARO INJ 10MG/0.5	81
MOUNJARO INJ 12.5/0.5	81
MOUNJARO INJ 15MG/0.5	81
MOUNJARO INJ 2.5/0.5	80
MOUNJARO INJ 5MG/0.5	80
MOUNJARO INJ 7.5/0.5	81
MOVANTIK TAB 12.5MG	97
MOVANTIK TAB 25MG	97
<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj.</i>	30
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	111
<i>moxifloxacin hcl tab 400 mg (base</i> <i>equiv)</i>	30
MRESVIA INJ 50MCG	107
MULTAQ TAB 400MG	48
<i>multiple electrolytes ph 5.5</i>	109
<i>mupirocin oint 2%</i>	119
<i>mycophenolate mofetil cap 250 mg</i>	106
<i>mycophenolate mofetil for oral susp</i> <i>200 mg/ml</i>	106
<i>mycophenolate mofetil tab 500 mg</i>	106
<i>mycophenolate sodium tab dr 180 mg</i> (mycophenolic acid equiv)	106
<i>mycophenolate sodium tab dr 360 mg</i> (mycophenolic acid equiv)	106
MYRBETRIQ SUS 8MG/ML	99
MYRBETRIQ TAB 25MG	99
MYRBETRIQ TAB 50MG	99
N	
<i>nabumetone tab 500 mg</i>	18

<i>nabumetone tab 750 mg</i>	19
<i>nadolol tab 20 mg</i>	51
<i>nadolol tab 40 mg</i>	51
<i>nadolol tab 80 mg</i>	51
<i>nafcillin sodium for inj 1 gm</i>	31
<i>nafcillin sodium for inj 2 gm</i>	31
<i>nafcillin sodium for iv soln 10 gm</i>	31
NAGLAZYME INJ 1MG/ML	92
<i>naloxone hcl inj 0.4 mg/ml</i>	79
<i>naloxone hcl inj 4 mg/10ml</i>	79
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	79
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	79
<i>naloxone hcl soln prefilled syringe 0.4</i> <i>mg/ml</i>	79
<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	79
<i>naltrexone hcl tab 50 mg</i>	79
NAMZARIC CAP 7-10MG	57
<i>naproxen sodium tab 275 mg</i>	19
<i>naproxen sodium tab 550 mg</i>	19
<i>naproxen tab 250 mg</i>	19
<i>naproxen tab 375 mg</i>	19
<i>naproxen tab 500 mg</i>	19
<i>naproxen tab ec 375 mg</i>	19
<i>naratriptan hcl tab 1 mg (base equiv)</i>	76
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	76
NATACYN SUS 5% OP	111
<i>nateglinide tab 120 mg</i>	81
<i>nateglinide tab 60 mg</i>	81
NAYZILAM SPR 5MG	70
<i>nebivolol hcl tab 10 mg (base</i> <i>equivalent)</i>	51
<i>nebivolol hcl tab 2.5 mg (base</i> <i>equivalent)</i>	51
<i>nebivolol hcl tab 20 mg (base</i> <i>equivalent)</i>	51
<i>nebivolol hcl tab 5 mg (base</i> <i>equivalent)</i>	51
necon 0.5/35-28	87
<i>nefazodone hcl tab 100 mg</i>	60
<i>nefazodone hcl tab 150 mg</i>	60
<i>nefazodone hcl tab 200 mg</i>	60
<i>nefazodone hcl tab 250 mg</i>	60
<i>nefazodone hcl tab 50 mg</i>	60

<i>neomycin sulfate tab 500 mg</i>	22
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	111
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	111
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	111
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	111
<i>neomycin-polymyxin-hc ophth susp</i>	111
<i>neomycin-polymyxin-hc otic soln 1%</i>	113
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	113
<i>neo-polycin 5(3.5)mg-400unt-</i> <i>10000unt op oin</i>	111
<i>neo-polycin hc ophth oint 1%</i>	111
NERLYNX TAB 40MG.....	41
<i>neuac gel 1.2-5%</i>	119
<i>nevirapine susp 50 mg/5ml</i>	25
<i>nevirapine tab 200 mg</i>	25
<i>nevirapine tab er 24hr 400 mg</i>	25
NEXLETOL TAB 180MG	49
NEXLIZET TAB 180/10MG	49
NEXPLANON IMP 68MG.....	87
<i>niacin tab er 1000 mg</i> <i>(antihyperlipidemic)</i>	50
<i>niacin tab er 500 mg</i> <i>(antihyperlipidemic)</i>	49
<i>niacin tab er 750 mg</i> <i>(antihyperlipidemic)</i>	50
<i>nicardipine hcl cap 20 mg</i>	52
<i>nicardipine hcl cap 30 mg</i>	52
NICOTROL NS SPR 10MG/ML.....	79
<i>nifedipine tab er 24hr 30 mg</i>	52
<i>nifedipine tab er 24hr 60 mg</i>	52
<i>nifedipine tab er 24hr 90 mg</i>	52
<i>nifedipine tab er 24hr osmotic release</i> <i>30 mg</i>	52
<i>nifedipine tab er 24hr osmotic release</i> <i>60 mg</i>	52
<i>nifedipine tab er 24hr osmotic release</i> <i>90 mg</i>	52
<i>nikki</i>	87
<i>nilotinib hcl cap 150 mg (base</i> <i>equivalent)</i>	41
<i>nilotinib hcl cap 200 mg (base</i> <i>equivalent)</i>	41
<i>nilotinib hcl cap 50 mg (base</i> <i>equivalent)</i>	41
<i>nilutamide tab 150 mg</i>	35
<i>nimodipine cap 30 mg</i>	52
NINLARO CAP 2.3MG.....	41
NINLARO CAP 3MG	41
NINLARO CAP 4MG	41
<i>nitazoxanide tab 500 mg</i>	22
<i>nitisinone cap 10 mg</i>	92
<i>nitisinone cap 2 mg</i>	92
<i>nitisinone cap 20 mg</i>	92
<i>nitisinone cap 5 mg</i>	92
NITRO-BID OIN 2%	55
<i>nitrofurantoin macrocrystalline cap 100</i> <i>mg</i>	22
<i>nitrofurantoin macrocrystalline cap 50</i> <i>mg</i>	22
<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	22
<i>nitroglycerin oint 0.4%</i>	122
<i>nitroglycerin sl tab 0.3 mg</i>	55
<i>nitroglycerin sl tab 0.4 mg</i>	55
<i>nitroglycerin sl tab 0.6 mg</i>	55
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	55
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	55
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	55
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	55
<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	55
<i>nizatidine cap 150 mg</i>	96
<i>nizatidine cap 300 mg</i>	96
<i>nora-be</i>	87
<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	87
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	87
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	87
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	87

<i>norethindrone ace-eth estradiol-fe</i>		
<i>chew tab 1 mg-20 mcg (24)</i>	87	
<i>norethindrone acetate tab 5 mg</i>	93	
<i>norethindrone acetate-ethinyl estradiol</i>		
<i>tab 0.5 mg-2.5 mcg</i>	89	
<i>norethindrone acetate-ethinyl estradiol</i>		
<i>tab 1 mg-5 mcg</i>	89	
<i>norethindrone ac-ethinyl estrad-fe tab</i>		
<i>1-20/1-30/1-35 mg-mcg</i>	87	
<i>norethindrone tab 0.35 mg</i>	87	
<i>norgestimate & ethinyl estradiol tab</i>		
<i>0.25 mg-35 mcg</i>	87	
<i>norgestimate-eth estrad tab 0.18-</i>		
<i>25/0.215-25/0.25-25 mg-mcg</i>	87	
<i>norgestimate-eth estrad tab 0.18-</i>		
<i>35/0.215-35/0.25-35 mg-mcg</i>	87	
<i>norlyroc</i>	87	
<i>nortrel 0.5/35 (28)</i>	87	
<i>nortrel 1/35 (21)</i>	87	
<i>nortrel 1/35 (28)</i>	87	
<i>nortrel 7/7/7</i>	87	
<i>nortriptyline hcl cap 10 mg</i>	60	
<i>nortriptyline hcl cap 25 mg</i>	60	
<i>nortriptyline hcl cap 50 mg</i>	60	
<i>nortriptyline hcl cap 75 mg</i>	60	
<i>nortriptyline hcl soln 10 mg/5ml</i>	60	
NORVIR POW 100MG	25	
NOVOLIN INJ 70/30	82	
NOVOLIN INJ 70/30 FP	82	
NOVOLIN N INJ 100 UNIT	82	
NOVOLIN N INJ U-100	82	
NOVOLIN R INJ 100 UNIT	83	
NOVOLIN R INJ U-100	83	
NOVOLOG INJ 100/ML	83	
NOVOLOG INJ FLEX REL	83	
NOVOLOG INJ FLEXPEN	83	
NOVOLOG INJ PENFILL	83	
NOVOLOG INJ RELION	83	
NOVOLOG MIX INJ 70/30	83	
NOVOLOG MIX INJ FLEXPEN	83	
NUBEQA TAB 300MG	35	
NUDEXTA CAP 20-10MG	77	
NULOJIX INJ 250MG	106	
NUPLAZID CAP 34MG	65	
NUPLAZID TAB 10MG	65	
NURTEC TAB 75MG ODT	76	
NUTRILIPID EMU 20%	111	
NUZYRA INJ 100MG	32	
NUZYRA TAB 150MG	32	
nyamyc	119	
nylia 1/35	87	
nylia 7/7/7	87	
nystatin cream 100000 unit/gm	119	
nystatin oint 100000 unit/gm	119	
nystatin susp 100000 unit/ml	122	
nystatin tab 500000 unit	24	
nystatin topical powder 100000		
unit/gm	119	
nystop	119	
O		
OCTAGAM INJ 10/100ML	105	
OCTAGAM INJ 10GM	105	
OCTAGAM INJ 1GM	105	
OCTAGAM INJ 2.5GM	105	
OCTAGAM INJ 20/200ML	105	
OCTAGAM INJ 2GM/20ML	105	
OCTAGAM INJ 30/300ML	105	
OCTAGAM INJ 5GM	105	
OCTAGAM INJ 5GM/50ML	105	
octreotide acetate inj 100 mcg/ml (0.1		
mg/ml)	92	
octreotide acetate inj 1000 mcg/ml (1		
mg/ml)	92	
octreotide acetate inj 200 mcg/ml (0.2		
mg/ml)	92	
octreotide acetate inj 50 mcg/ml (0.05		
mg/ml)	92	
octreotide acetate inj 500 mcg/ml (0.5		
mg/ml)	92	
octreotide acetate subcutaneous soln		
pref syr 100 mcg/ml	92	
octreotide acetate subcutaneous soln		
pref syr 50 mcg/ml	92	
octreotide acetate subcutaneous soln		
pref syr 500 mcg/ml	93	
ODEFSEY TAB	26	
ODOMZO CAP 200MG	41	
OFEV CAP 100MG	116	
OFEV CAP 150MG	116	
ofloxacin ophth soln 0.3%	111	
ofloxacin otic soln 0.3%	113	
OGIVRI INJ 150MG	41	
OGIVRI INJ 420MG	41	
OGSIVEO TAB 100MG	41	

OGSIVEO TAB 150MG.....	41	<i>omega-3-acid ethyl esters cap 1 gm.</i>	50
OJEMDA SUS 25MG/ML.....	41	<i>omeprazole cap delayed release 10 mg</i>	
OJEMDA TAB 100MG	41	.....	98
OJJAARA TAB 100MG.....	41	<i>omeprazole cap delayed release 20 mg</i>	
OJJAARA TAB 150MG.....	41	.....	98
OJJAARA TAB 200MG.....	41	<i>omeprazole cap delayed release 40 mg</i>	
<i>olanzapine for im inj 10 mg</i>	65	.....	98
<i>olanzapine orally disintegrating tab 10</i>		OMNIPOD 5 DX KIT INT G7G6	83
<i>mg</i>	65	OMNIPOD 5 DX MIS POD G7G6	83
<i>olanzapine orally disintegrating tab 15</i>		OMNIPOD 5 L2 KIT INTRO G6.....	83
<i>mg</i>	65	OMNIPOD 5 L2 MIS PODS G6	83
<i>olanzapine orally disintegrating tab 20</i>		OMNIPOD DASH KIT INTRO	83
<i>mg</i>	65	OMNIPOD DASH MIS PODS	83
<i>olanzapine orally disintegrating tab 5</i>		<i>ondansetron hcl inj 4 mg/2ml (2</i>	
<i>mg</i>	65	<i>mg/ml)</i>	95
<i>olanzapine tab 10 mg</i>	65	<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>olanzapine tab 15 mg</i>	65	<i>mg/ml)</i>	95
<i>olanzapine tab 2.5 mg</i>	65	<i>ondansetron hcl inj soln pref syr 4</i>	
<i>olanzapine tab 20 mg</i>	65	<i>mg/2ml</i>	95
<i>olanzapine tab 5 mg</i>	65	<i>ondansetron hcl oral soln 4 mg/5ml</i> .	95
<i>olanzapine tab 7.5 mg</i>	65	<i>ondansetron hcl tab 4 mg</i>	95
<i>olmesartan medoxomil tab 20 mg</i>	47	<i>ondansetron hcl tab 8 mg</i>	95
<i>olmesartan medoxomil tab 40 mg</i>	47	<i>ondansetron orally disintegrating tab 4</i>	
<i>olmesartan medoxomil-</i>		<i>mg</i>	95
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>ondansetron orally disintegrating tab 8</i>	
.....	46	<i>mg</i>	95
<i>olmesartan medoxomil-</i>		ONTRUZANT INJ 150MG	41
<i>hydrochlorothiazide tab 40-12.5 mg</i>		ONTRUZANT INJ 420MG	41
.....	46	ONUREG TAB 200MG.....	34
<i>olmesartan medoxomil-</i>		ONUREG TAB 300MG.....	34
<i>hydrochlorothiazide tab 40-25 mg</i> .	46	OPIPZA MIS 10MG	65
<i>olmesartan-amlodipine-</i>		OPIPZA MIS 2MG.....	65
<i>hydrochlorothiazide tab 20-5-12.5</i>		OPIPZA MIS 5MG.....	65
<i>mg</i>	47	OPSUMIT TAB 10MG	55
<i>olmesartan-amlodipine-</i>		ORGOVYX TAB 120MG.....	35
<i>hydrochlorothiazide tab 40-10-12.5</i>		ORKAMBI GRA 100-125.....	116
<i>mg</i>	47	ORKAMBI GRA 150-188.....	116
<i>olmesartan-amlodipine-</i>		ORKAMBI GRA 75-94MG	116
<i>hydrochlorothiazide tab 40-10-25 mg</i>		ORKAMBI TAB 100-125	116
.....	47	ORKAMBI TAB 200-125	116
<i>olmesartan-amlodipine-</i>		<i>orquidea tab 0.35mg</i>	87
<i>hydrochlorothiazide tab 40-5-12.5</i>		ORSERDU TAB 345MG.....	35
<i>mg</i>	47	ORSERDU TAB 86MG.....	35
<i>olmesartan-amlodipine-</i>		<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>equiv)</i>	27
.....	47	<i>oseltamivir phosphate cap 45 mg (base</i>	
		<i>equiv)</i>	28

<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	28
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	28
OSPOMYV INJ 60MG/ML	83
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	32
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	32
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	32
<i>oxaliplatin for iv inj 100 mg</i>	33
<i>oxaliplatin for iv inj 50 mg</i>	33
<i>oxaliplatin iv soln 100 mg/20ml</i>	33
<i>oxaliplatin iv soln 200 mg/40ml</i>	33
<i>oxaliplatin iv soln 50 mg/10ml</i>	33
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	70
<i>oxcarbazepine tab 150 mg</i>	70
<i>oxcarbazepine tab 300 mg</i>	70
<i>oxcarbazepine tab 600 mg</i>	70
<i>oxybutynin chloride solution 5 mg/5ml</i>	99
<i>oxybutynin chloride tab 5 mg</i>	99
<i>oxybutynin chloride tab er 24hr 10 mg</i>	99
<i>oxybutynin chloride tab er 24hr 15 mg</i>	99
<i>oxybutynin chloride tab er 24hr 5 mg</i>	99
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	21
<i>oxycodone hcl soln 5 mg/5ml</i>	21
<i>oxycodone hcl tab 10 mg</i>	21
<i>oxycodone hcl tab 15 mg</i>	21
<i>oxycodone hcl tab 20 mg</i>	21
<i>oxycodone hcl tab 30 mg</i>	21
<i>oxycodone hcl tab 5 mg</i>	21
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	21
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	21
OXYCONTIN TAB 10MG ER	20

OXYCONTIN TAB 15MG ER	20
OXYCONTIN TAB 20MG ER	20
OXYCONTIN TAB 30MG ER	20
OXYCONTIN TAB 40MG ER	20
OXYCONTIN TAB 60MG ER	20
OXYCONTIN TAB 80MG ER	20
OZEMPIC (0.25 OR 0.5MG/DOSE)	81
OZEMPIC (1MG/DOSE)	81
OZEMPIC (2MG/DOSE)	81
P	
<i>pacerone</i>	48
<i>paclitaxel inj 100mg</i>	37
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	37
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	37
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	37
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	37
<i>paliperidone tab er 24hr 1.5 mg</i>	65
<i>paliperidone tab er 24hr 3 mg</i>	65
<i>paliperidone tab er 24hr 6 mg</i>	65
<i>paliperidone tab er 24hr 9 mg</i>	65
<i>pamidronate disodium iv soln 3 mg/ml</i>	83
<i>pamidronate disodium iv soln 9 mg/ml</i>	83
PAMIDRONATE INJ 6MG/ML	83
PANRETIN GEL 0.1%	122
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	98
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	99
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	99
PANZYGA SOL 10/100ML	106
PANZYGA SOL 1GM/10ML	105
PANZYGA SOL 2.5/25ML	106
PANZYGA SOL 20/200ML	106
PANZYGA SOL 30/300ML	106
PANZYGA SOL 5GM/50ML	106
<i>paricalcitol cap 1 mcg</i>	94
<i>paricalcitol cap 2 mcg</i>	94
<i>paricalcitol cap 4 mcg</i>	95
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	60

<i>paroxetine hcl tab 10 mg</i>	60	<i>pentamidine isethionate inj</i>	23
<i>paroxetine hcl tab 20 mg</i>	60	<i>pentoxifylline tab er 400 mg</i>	102
<i>paroxetine hcl tab 30 mg</i>	60	<i>perampanel susp 0.5 mg/ml</i>	70
<i>paroxetine hcl tab 40 mg</i>	60	<i>perampanel tab 10 mg</i>	70
PAXLOVID PAK	28	<i>perampanel tab 12 mg</i>	70
PAXLOVID TAB 150-100.....	28	<i>perampanel tab 2 mg</i>	70
PAXLOVID TAB 300-100.....	28	<i>perampanel tab 4 mg</i>	70
<i>pazopanib hcl tab 200 mg (base equiv)</i>	41	<i>perampanel tab 6 mg</i>	70
<i>pazopanib hcl tab 400 mg (base equiv)</i>	41	<i>perampanel tab 8 mg</i>	70
PEDIARIX INJ 0.5ML.....	107	<i>perindopril erbumine tab 2 mg</i>	45
PEDVAX HIB INJ	107	<i>perindopril erbumine tab 4 mg</i>	45
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i>	97	<i>perindopril erbumine tab 8 mg</i>	45
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	97	<i>periogard</i>	122
PEGASYS INJ.....	28	<i>permethrin cream 5%</i>	122
PEGASYS INJ 180MCG/M	28	<i>perphenazine tab 16 mg</i>	65
PEMAZYRE TAB 13.5MG.....	41	<i>perphenazine tab 2 mg</i>	65
PEMAZYRE TAB 4.5MG.....	41	<i>perphenazine tab 4 mg</i>	65
PEMAZYRE TAB 9MG	41	<i>perphenazine tab 8 mg</i>	65
<i>pemetrexed disodium for iv soln 100</i> <i>mg (base equiv)</i>	34	<i>pfizerpen</i>	32
<i>pemetrexed disodium for iv soln 1000</i> <i>mg (base equiv)</i>	34	<i>phenelzine sulfate tab 15 mg</i>	60
<i>pemetrexed disodium for iv soln 500</i> <i>mg (base equiv)</i>	34	<i>phenobarbital elixir 20 mg/5ml</i>	71
<i>pemetrexed disodium for iv soln 750</i> <i>mg (base equiv)</i>	34	<i>phenobarbital sodium inj 130 mg/ml</i> 71	
PENBRAYA INJ.....	107	<i>phenobarbital sodium inj 65 mg/ml</i> ..	71
<i>penicillamine tab 250 mg</i>	84	<i>phenobarbital tab 100 mg</i>	71
<i>penicillin g potassium for inj 20000000</i> <i>unit</i>	32	<i>phenobarbital tab 15 mg</i>	71
<i>penicillin g potassium for inj 5000000</i> <i>unit</i>	32	<i>phenobarbital tab 16.2 mg</i>	71
<i>penicillin g sodium for inj 5000000 unit</i>	32	<i>phenobarbital tab 30 mg</i>	71
<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i>	32	<i>phenobarbital tab 32.4 mg</i>	71
<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i>	32	<i>phenobarbital tab 60 mg</i>	71
<i>penicillin v potassium tab 250 mg</i>	32	<i>phenobarbital tab 64.8 mg</i>	71
<i>penicillin v potassium tab 500 mg</i>	32	<i>phenobarbital tab 97.2 mg</i>	71
PENMENVY INJ	107	<i>phenytek</i>	71
PENTACEL INJ	107	<i>phenytoin chew tab 50 mg</i>	71
<i>pentamidine isethionate inh</i>	23	<i>phenytoin sodium extended cap 100</i> <i>mg</i>	71
		<i>phenytoin sodium extended cap 200</i> <i>mg</i>	71
		<i>phenytoin sodium extended cap 300</i> <i>mg</i>	71
		<i>phenytoin sodium inj 50 mg/ml</i>	71
		<i>phenytoin susp 125 mg/5ml</i>	71
		PHESGO SOL	41
		<i>philith</i>	88
		PIFELTRO TAB 100MG	25
		<i>pilocarpine hcl ophth soln 1%</i>	112
		<i>pilocarpine hcl ophth soln 2%</i>	112
		<i>pilocarpine hcl ophth soln 4%</i>	112

<i>pilocarpine hcl tab 5 mg</i>	122	POMALYST CAP 3MG	36
<i>pilocarpine hcl tab 7.5 mg</i>	122	POMALYST CAP 4MG	36
<i>pimecrolimus cream 1%</i>	122	<i>portia-28</i>	88
<i>pimozide tab 1 mg</i>	65	<i>posaconazole tab delayed release 100</i>	
<i>pimozide tab 2 mg</i>	65	<i>mg</i>	24
<i>pimtrea</i>	88	POT CHL 20MEQ/L IN NACL 0.45% INJ	
<i>pindolol tab 10 mg</i>	51	.....	109
<i>pindolol tab 5 mg</i>	51	POT CHL 20MEQ/L IN NACL 0.9% INJ	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		.....	109
.....	81	POT CHL 40MEQ/L IN NACL 0.9% INJ	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		.....	109
.....	81	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>in dextrose 5% inj</i>	109
.....	81	<i>potassium chloride cap er 10 meq..</i>	110
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>potassium chloride cap er 8 meq ...</i>	110
<i>500 mg</i>	81	<i>potassium chloride inj 10 meq/100ml</i>	
<i>pioglitazone hcl-metformin hcl tab 15-</i>		.....	109
<i>850 mg</i>	81	<i>potassium chloride inj 10 meq/50ml</i>	
<i>piperacillin sod-tazobactam na for inj</i>		.....	109
<i>3.375 gm (3-0.375 gm)</i>	32	<i>potassium chloride inj 2 meq/ml ...</i>	109
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride inj 20 meq/100ml</i>	
<i>13.5 gm (12-1.5 gm)</i>	32	.....	109
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride inj 20 meq/50ml</i>	
<i>2.25 gm (2-0.25 gm)</i>	32	.....	109
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride inj 40 meq/100ml</i>	
<i>4.5 gm (4-0.5 gm)</i>	32	.....	109
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride microencapsulated</i>	
<i>40.5 gm (36-4.5 gm)</i>	32	<i>crys er tab 10 meq</i>	110
PIQRAY 200MG TAB DOSE.....	41	<i>potassium chloride microencapsulated</i>	
PIQRAY 250MG TAB DOSE.....	41	<i>crys er tab 15 meq</i>	110
PIQRAY 300MG TAB DOSE.....	41	<i>potassium chloride microencapsulated</i>	
<i>pirfenidone cap 267 mg</i>	116	<i>crys er tab 20 meq</i>	110
<i>pirfenidone tab 267 mg</i>	116	<i>potassium chloride oral soln 10% (20</i>	
<i>pirfenidone tab 534 mg</i>	116	<i>meq/15ml)</i>	110
<i>pirfenidone tab 801 mg</i>	116	<i>potassium chloride oral soln 20% (40</i>	
<i>piroxicam cap 10 mg</i>	19	<i>meq/15ml)</i>	110
<i>piroxicam cap 20 mg</i>	19	<i>potassium chloride powder packet 20</i>	
<i>plenamine</i>	111	<i>meq</i>	110
PLENVU SOL	97	<i>potassium chloride tab er 10 meq ..</i>	110
<i>podofilox soln 0.5%</i>	122	<i>potassium chloride tab er 20 meq</i>	
<i>polycin ophth oint</i>	111	<i>(1500 mg)</i>	110
<i>polymyxin b sulfat for inj 500000 unit</i>		<i>potassium chloride tab er 8 meq (600</i>	
.....	23	<i>mg)</i>	110
<i>polymyxin b-trimethoprim ophth soln</i>		<i>potassium citrate tab er 10 meq (1080</i>	
<i>10000 unit/ml-0.1%</i>	112	<i>mg)</i>	99
POMALYST CAP 1MG	36	<i>potassium citrate tab er 15 meq (1620</i>	
POMALYST CAP 2MG	36	<i>mg)</i>	99

<i>potassium citrate tab er 5 meq (540 mg)</i>	99	<i>prednisone tab therapy pack 5 mg (21)</i>	91
<i>pramipexole dihydrochloride tab 0.125 mg</i>	62	<i>prednisone tab therapy pack 5 mg (48)</i>	91
<i>pramipexole dihydrochloride tab 0.25 mg</i>	62	<i>pregabalin cap 100 mg</i>	72
<i>pramipexole dihydrochloride tab 0.5 mg</i>	62	<i>pregabalin cap 150 mg</i>	72
<i>pramipexole dihydrochloride tab 0.75 mg</i>	62	<i>pregabalin cap 200 mg</i>	72
<i>pramipexole dihydrochloride tab 1 mg</i>	62	<i>pregabalin cap 225 mg</i>	72
<i>pramipexole dihydrochloride tab 1.5 mg</i>	62	<i>pregabalin cap 25 mg</i>	71
<i>prasugrel hcl tab 10 mg (base equiv)</i>	102	<i>pregabalin cap 300 mg</i>	72
<i>prasugrel hcl tab 5 mg (base equiv)</i>	102	<i>pregabalin cap 50 mg</i>	71
<i>pravastatin sodium tab 10 mg</i>	49	<i>pregabalin cap 75 mg</i>	72
<i>pravastatin sodium tab 20 mg</i>	49	<i>pregabalin soln 20 mg/ml</i>	72
<i>pravastatin sodium tab 40 mg</i>	49	PREMASOL SOL 10%.....	111
<i>pravastatin sodium tab 80 mg</i>	49	PRENATAL TAB 27-1MG	110
<i>praziquantel tab 600 mg</i>	23	PRENATAL TAB PLUS	110
<i>prazosin hcl cap 1 mg</i>	46	<i>prevalite</i>	50
<i>prazosin hcl cap 2 mg</i>	46	PREVYMIS TAB 240MG	28
<i>prazosin hcl cap 5 mg</i>	46	PREVYMIS TAB 480MG	28
PRED SOD PHO SOL 1% OP.....	112	PREZCOBIX TAB 675/150	26
<i>prednisolone acetate ophth susp 1%</i>	112	PREZCOBIX TAB 800-150	27
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	90	PREZISTA SUS 100MG/ML	25
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	90	PREZISTA TAB 150MG.....	25
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	91	PREZISTA TAB 75MG	25
<i>prednisolone soln 15 mg/5ml</i>	91	PRIFTIN TAB 150MG	27
PREDNISON CON 5MG/ML	91	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	24
<i>prednisone oral soln 5 mg/5ml</i>	91	PRIMAQUINE TAB 26.3MG.....	24
<i>prednisone tab 1 mg</i>	91	<i>primidone tab 125 mg</i>	72
<i>prednisone tab 10 mg</i>	91	<i>primidone tab 250 mg</i>	72
<i>prednisone tab 2.5 mg</i>	91	<i>primidone tab 50 mg</i>	72
<i>prednisone tab 20 mg</i>	91	PRIORIX INJ	107
<i>prednisone tab 5 mg</i>	91	PRIVIGEN INJ 10GRAMS	106
<i>prednisone tab 50 mg</i>	91	PRIVIGEN INJ 20GRAMS	106
<i>prednisone tab therapy pack 10 mg (21)</i>	91	PRIVIGEN INJ 40GRAMS	106
<i>prednisone tab therapy pack 10 mg (48)</i>	91	PRIVIGEN INJ 5 GRAMS.....	106
		<i>probenecid tab 500 mg</i>	18
		<i>prochlorperazine edisylate inj 10 mg/2ml</i>	95
		<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	95
		<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	95
		<i>prochlorperazine suppos 25 mg</i>	95
		PROCRIT INJ 10000/ML	101
		PROCRIT INJ 2000/ML.....	101
		PROCRIT INJ 20000/ML	101

PROCRIT INJ 3000/ML	101
PROCRIT INJ 4000/ML	101
PROCRIT INJ 40000/ML	101
<i>proctocort</i>	122
<i>procto-med hc</i>	122
<i>proctosol hc</i>	122
<i>proctozone-hc</i>	122
<i>progesterone cap 100 mg</i>	93
<i>progesterone cap 200 mg</i>	93
PROGRAF GRA 0.2MG	106
PROGRAF GRA 1MG.....	106
PROLASTIN-C INJ 1000MG	116
PROLIA INJ 60MG/ML	83
<i>promethazine hcl inj 25 mg/ml</i>	95
<i>promethazine hcl inj 50 mg/ml</i>	96
<i>promethazine hcl oral soln 6.25</i> <i>mg/5ml</i>	96
<i>promethazine hcl tab 12.5 mg</i>	96
<i>promethazine hcl tab 25 mg</i>	96
<i>promethazine hcl tab 50 mg</i>	96
<i>propafenone hcl cap er 12hr 225 mg</i>	48
<i>propafenone hcl cap er 12hr 325 mg</i>	48
<i>propafenone hcl cap er 12hr 425 mg</i>	48
<i>propafenone hcl tab 150 mg</i>	48
<i>propafenone hcl tab 225 mg</i>	48
<i>propafenone hcl tab 300 mg</i>	48
<i>proparacaine hcl ophth soln 0.5%</i> ..	113
<i>propranolol hcl cap er 24hr 120 mg</i> ..	51
<i>propranolol hcl cap er 24hr 160 mg</i> ..	51
<i>propranolol hcl cap er 24hr 60 mg</i>	51
<i>propranolol hcl cap er 24hr 80 mg</i>	51
<i>propranolol hcl oral soln 20 mg/5ml</i> ..	51
<i>propranolol hcl oral soln 40 mg/5ml</i> ..	51
<i>propranolol hcl tab 10 mg</i>	51
<i>propranolol hcl tab 20 mg</i>	51
<i>propranolol hcl tab 40 mg</i>	51
<i>propranolol hcl tab 60 mg</i>	51
<i>propranolol hcl tab 80 mg</i>	51
<i>propylthiouracil tab 50 mg</i>	94
PROQUAD INJ.....	107
PROSOL INJ 20%.....	111
<i>protriptyline hcl tab 10 mg</i>	60
<i>protriptyline hcl tab 5 mg</i>	60
PULMOZYME SOL 1MG/ML.....	116
<i>pyrazinamide tab 500 mg</i>	27
<i>pyridostigmine bromide tab 60 mg</i> ...	77
<i>pyrimethamine tab 25 mg</i>	23

PYZCHIVA INJ 130/26ML	103
PYZCHIVA INJ 45/0.5ML	103
PYZCHIVA INJ 90MG/ML	103

Q

QINLOCK TAB 50MG	41
QUADRACEL INJ 0.5ML.....	108
<i>quetiapine fumarate tab 100 mg</i>	66
<i>quetiapine fumarate tab 150 mg</i>	66
<i>quetiapine fumarate tab 200 mg</i>	66
<i>quetiapine fumarate tab 25 mg</i>	66
<i>quetiapine fumarate tab 300 mg</i>	66
<i>quetiapine fumarate tab 400 mg</i>	66
<i>quetiapine fumarate tab 50 mg</i>	66
<i>quetiapine fumarate tab er 24hr 150</i> <i>mg</i>	66
<i>quetiapine fumarate tab er 24hr 200</i> <i>mg</i>	66
<i>quetiapine fumarate tab er 24hr 300</i> <i>mg</i>	66
<i>quetiapine fumarate tab er 24hr 400</i> <i>mg</i>	66
<i>quetiapine fumarate tab er 24hr 50 mg</i>	66
<i>quinapril hcl tab 10 mg</i>	45
<i>quinapril hcl tab 20 mg</i>	45
<i>quinapril hcl tab 40 mg</i>	45
<i>quinapril hcl tab 5 mg</i>	45
<i>quinidine sulfate tab 200 mg</i>	48
<i>quinidine sulfate tab 300 mg</i>	48
<i>quinine sulfate cap 324 mg</i>	24
QULIPTA TAB 10MG	76
QULIPTA TAB 30MG	76
QULIPTA TAB 60MG	76

R

RABAVERT INJ	108
<i>rabeprazole sodium ec tab 20 mg</i>	99
RALDESY SOL 10MG/ML	60
<i>raloxifene hcl tab 60 mg</i>	93
<i>ramelteon tab 8 mg</i>	75
<i>ramipril cap 1.25 mg</i>	45
<i>ramipril cap 10 mg</i>	45
<i>ramipril cap 2.5 mg</i>	45
<i>ramipril cap 5 mg</i>	45
<i>ranolazine tab er 12hr 1000 mg</i>	54
<i>ranolazine tab er 12hr 500 mg</i>	54
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	62

<i>rasagiline mesylate tab 1 mg (base equiv)</i>	62	<i>rimantadine hydrochloride tab 100 mg</i>	28
<i>reclipsen</i>	88	RINVOQ LQ SOL 1MG/ML.....	103
RECOMBIVA HB INJ 10MCG/ML.....	108	RINVOQ TAB 15MG ER	103
RECOMBIVA HB INJ 5MCG/0.5.....	108	RINVOQ TAB 30MG ER	103
RECOMBIVA-HB INJ 40MCG/ML.....	108	RINVOQ TAB 45MG ER	103
RELENZA MIS DISKHALE.....	28	<i>risedronate sodium tab 150 mg</i>	83
RELISTOR INJ 12/0.6ML	98	<i>risedronate sodium tab 35 mg</i>	83
RELISTOR INJ 8/0.4ML	97	<i>risedronate sodium tab 5 mg</i>	83
REMICADE INJ 100MG	103	<i>risedronate sodium tab delayed release 35 mg</i>	83
RENFLEXIS INJ 100MG	103	<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	66
<i>repaglinide tab 0.5 mg</i>	81	<i>risperidone microspheres for im extended rel susp 25 mg</i>	66
<i>repaglinide tab 1 mg</i>	81	<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	66
<i>repaglinide tab 2 mg</i>	81	<i>risperidone microspheres for im extended rel susp 50 mg</i>	66
REPATHA INJ 140MG/ML.....	50	<i>risperidone orally disintegrating tab 0.25 mg</i>	66
REPATHA SURE INJ 140MG/ML	50	<i>risperidone orally disintegrating tab 0.5 mg</i>	66
RESTASIS EMU 0.05% OP	113	<i>risperidone orally disintegrating tab 1 mg</i>	66
RESTASIS MUL EMU 0.05% OP	113	<i>risperidone orally disintegrating tab 2 mg</i>	66
RETEVMO TAB 120MG	41	<i>risperidone orally disintegrating tab 3 mg</i>	66
RETEVMO TAB 160MG	41	<i>risperidone orally disintegrating tab 4 mg</i>	66
RETEVMO TAB 40MG	41	<i>risperidone soln 1 mg/ml</i>	66
RETEVMO TAB 80MG	41	<i>risperidone tab 0.25 mg</i>	66
REVCovi INJ 1.6MG/ML.....	93	<i>risperidone tab 0.5 mg</i>	66
REVUFORJ TAB 110MG	41	<i>risperidone tab 1 mg</i>	66
REVUFORJ TAB 160MG	41	<i>risperidone tab 2 mg</i>	66
REVUFORJ TAB 25MG	41	<i>risperidone tab 3 mg</i>	66
REXULTI TAB 0.25MG.....	66	<i>risperidone tab 4 mg</i>	66
REXULTI TAB 0.5MG.....	66	<i>ritonavir tab 100 mg</i>	25
REXULTI TAB 1MG	66	<i>rivaroxaban for susp 1 mg/ml</i>	101
REXULTI TAB 2MG	66	<i>rivaroxaban tab 2.5 mg</i>	101
REXULTI TAB 3MG	66	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	57
REXULTI TAB 4MG	66	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	57
REYATAZ POW 50MG.....	25	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	57
REZDIFFRA TAB 100MG.....	93		
REZDIFFRA TAB 60MG.....	93		
REZDIFFRA TAB 80MG.....	93		
REZLIDHIA CAP 150MG	41		
REZUROCK TAB 200MG	107		
REZVOGLAR INJ 100UT/ML	83		
RHOPRESSA SOL 0.02%	112		
<i>ribavirin cap 200 mg</i>	28		
<i>ribavirin tab 200 mg</i>	28		
<i>rifabutin cap 150 mg</i>	27		
<i>rifampin cap 150 mg</i>	27		
<i>rifampin cap 300 mg</i>	27		
<i>rifampin for inj 600 mg</i>	27		
<i>riluzole tab 50 mg</i>	77		

<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	57
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	57
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	57
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	57
<i>rivelsa</i>	88
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	76
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	76
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	76
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	76
<i>ROCKLATAN DRO</i>	112
<i>roflumilast tab 250 mcg</i>	116
<i>roflumilast tab 500 mcg</i>	116
<i>ROMVIMZA CAP 14MG</i>	41
<i>ROMVIMZA CAP 20MG</i>	41
<i>ROMVIMZA CAP 30MG</i>	41
<i>ropinirole hydrochloride tab 0.25 mg</i> 62	
<i>ropinirole hydrochloride tab 0.5 mg</i> ..62	
<i>ropinirole hydrochloride tab 1 mg</i>.....62	
<i>ropinirole hydrochloride tab 2 mg</i>.....62	
<i>ropinirole hydrochloride tab 3 mg</i>.....62	
<i>ropinirole hydrochloride tab 4 mg</i>.....62	
<i>ropinirole hydrochloride tab 5 mg</i>.....62	
<i>rosuvastatin calcium tab 10 mg</i>	49
<i>rosuvastatin calcium tab 20 mg</i>	49
<i>rosuvastatin calcium tab 40 mg</i>	49
<i>rosuvastatin calcium tab 5 mg</i>	49
<i>rosyrah tab</i>	88
<i>ROTARIX SUS</i>	108
<i>ROTATEQ SOL</i>	108
<i>roweepra</i>	72
<i>ROZLYTREK CAP 100MG</i>	42
<i>ROZLYTREK CAP 200MG</i>	42
<i>ROZLYTREK PAK 50MG</i>	42
<i>RUBRACA TAB 200MG</i>	42
<i>RUBRACA TAB 250MG</i>	42
<i>RUBRACA TAB 300MG</i>	42
<i>rufinamide susp 40 mg/ml</i>	72
<i>rufinamide tab 200 mg</i>	72
<i>rufinamide tab 400 mg</i>	72

<i>RUKOBIA TAB 600MG ER</i>	25
<i>RYBELSUS TAB 14MG</i>	81
<i>RYBELSUS TAB 3MG</i>	81
<i>RYBELSUS TAB 7MG</i>	81
<i>RYDAPT CAP 25MG</i>	42
S	
<i>sacubitril-valsartan tab 24-26 mg</i>	47
<i>sacubitril-valsartan tab 49-51 mg</i>	47
<i>sacubitril-valsartan tab 97-103 mg</i> ..	47
<i>sajazir</i>	102
<i>SANTYL OIN 250/GM</i>	122
<i>sapropterin dihydrochloride powder packet 100 mg</i>	93
<i>sapropterin dihydrochloride powder packet 500 mg</i>	93
<i>sapropterin dihydrochloride tab 100 mg</i>	93
<i>SCEMBLIX TAB 100MG</i>	42
<i>SCEMBLIX TAB 20MG</i>	42
<i>SCEMBLIX TAB 40MG</i>	42
<i>scopolamine td patch 72hr 1 mg/3days</i>	96
<i>SECUADO DIS 3.8MG</i>	66
<i>SECUADO DIS 5.7MG</i>	66
<i>SECUADO DIS 7.6MG</i>	66
<i>selegiline hcl cap 5 mg</i>	62
<i>selegiline hcl tab 5 mg</i>	62
<i>selenium sulfide lotion 2.5%</i>	119
<i>SELZENTRY SOL 20MG/ML</i>	25
<i>SEMGLEE INJ 100U/ML</i>	83
<i>SEREVENT DIS AER 50MCG</i>	115
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	60
<i>sertraline hcl tab 100 mg</i>	60
<i>sertraline hcl tab 25 mg</i>	60
<i>sertraline hcl tab 50 mg</i>	60
<i>setlakin</i>	88
<i>sharobel</i>	88
<i>SHINGRIX INJ 50/0.5ML</i>	108
<i>SIGNIFOR INJ 0.3MG/ML</i>	93
<i>SIGNIFOR INJ 0.6MG/ML</i>	93
<i>SIGNIFOR INJ 0.9MG/ML</i>	93
<i>SIKLOS TAB 1000MG</i>	102
<i>SIKLOS TAB 100MG</i>	102
<i>sildenafil citrate tab 20 mg</i>	55
<i>silver sulfadiazine cream 1%</i>	119
<i>SIMBRINZA SUS 1-0.2%</i>	112

<i>simliya</i>	88	SOMAVERT INJ 20MG	93
<i>simpesse</i>	88	SOMAVERT INJ 25MG	93
<i>simvastatin tab 10 mg</i>	49	SOMAVERT INJ 30MG	93
<i>simvastatin tab 20 mg</i>	49	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>simvastatin tab 40 mg</i>	49	<i>equivalent)</i>	42
<i>simvastatin tab 5 mg</i>	49	<i>sotalol hcl (afib/afl) tab 120 mg</i>	48
<i>simvastatin tab 80 mg</i>	49	<i>sotalol hcl (afib/afl) tab 160 mg</i>	48
<i>sirolimus oral soln 1 mg/ml</i>	107	<i>sotalol hcl (afib/afl) tab 80 mg</i>	48
<i>sirolimus tab 0.5 mg</i>	107	<i>sotalol hcl tab 120 mg</i>	48
<i>sirolimus tab 1 mg</i>	107	<i>sotalol hcl tab 160 mg</i>	48
<i>sirolimus tab 2 mg</i>	107	<i>sotalol hcl tab 240 mg</i>	48
SIRTURO TAB 100MG	27	<i>sotalol hcl tab 80 mg</i>	48
SIRTURO TAB 20MG	27	SOTYKTU TAB 6MG	104
SKYRIZI INJ 150MG/ML	104	SPIRIVA RESP AER 1.25MCG	114
SKYRIZI INJ 180/1.2	104	<i>spironolactone & hydrochlorothiazide</i>	
SKYRIZI INJ 360/2.4	104	<i>tab 25-25 mg</i>	53
SKYRIZI PEN INJ 150MG/ML	104	<i>spironolactone tab 100 mg</i>	45
SKYRIZI SOL 60MG/ML	104	<i>spironolactone tab 25 mg</i>	45
SOD OXYBATE SOL 500MG/ML	78	<i>spironolactone tab 50 mg</i>	45
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>sprintec 28</i>	88
<i>17.5-3.13-1.6 gm/177ml</i>	97	SPRITAM TAB 1000MG	72
<i>sodium chloride inj 2.5 meq/ml</i>		SPRITAM TAB 250MG	72
<i>(14.6%)</i>	109	SPRITAM TAB 500MG	72
<i>sodium chloride irrigation soln 0.9%</i>		SPRITAM TAB 750MG	72
.....	122	<i>sps</i>	84
<i>sodium chloride iv soln 0.45%</i>	109	<i>sps rectal</i>	84
<i>sodium chloride iv soln 0.9%</i>	109	<i>sronyx</i>	88
<i>sodium chloride iv soln 3%</i>	109	<i>ssd</i>	119
<i>sodium chloride iv soln 5%</i>	109	STELARA INJ 45/0.5ML	104
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		STELARA INJ 5MG/ML	104
<i>mg/ml soln</i>	110	STELARA INJ 90MG/ML	104
<i>sodium phenylbutyrate oral powder 3</i>		STIVARGA TAB 40MG	42
<i>gm/teaspoonful</i>	93	<i>streptomycin sulfate for inj 1 gm</i>	23
<i>sodium phenylbutyrate tab 500 mg</i> ..	93	STRIBILD TAB	27
<i>sodium polystyrene sulfonate powder</i>		<i>subvenite</i>	72
.....	84	<i>sucralfate susp 1 gm/10ml</i>	98
<i>solifenacin succinate tab 10 mg</i>	99	<i>sucralfate tab 1 gm</i>	98
<i>solifenacin succinate tab 5 mg</i>	99	<i>sulfacetamide sodium lotion 10%</i>	
SOLQUA INJ 100/33	83	<i>(acne)</i>	119
SOLTAMOX SOL 10MG/5ML	35	<i>sulfacetamide sodium ophth oint 10%</i>	
SOLU-CORTEF INJ 1000MG	91	.....	112
SOLU-CORTEF INJ 250MG	91	<i>sulfacetamide sodium ophth soln 10%</i>	
SOLU-CORTEF INJ 500MG	91	.....	112
SOMATULINE INJ 60/0.2ML	93	<i>sulfacetamide sodium-prednisolone</i>	
SOMATULINE INJ 90/0.3ML	93	<i>ophth soln 10-0.23(0.25)%</i>	111
SOMAVERT INJ 10MG	93	<i>sulfadiazine tab 500 mg</i>	23
SOMAVERT INJ 15MG	93		

<i>sulfamethoxazole-trimethoprim iv soln</i>	
400-80 mg/5ml	23
<i>sulfamethoxazole-trimethoprim susp</i>	
200-40 mg/5ml	23
<i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	23
<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	23
SULFAMYLON CRE 85MG/GM	119
<i>sulfasalazine tab 500 mg</i>	97
<i>sulfasalazine tab delayed release 500</i>	
<i>mg</i>	97
<i>sulindac tab 150 mg</i>	19
<i>sulindac tab 200 mg</i>	19
<i>sumatriptan nasal spray 20 mg/act</i> ..	76
<i>sumatriptan nasal spray 5 mg/act</i>	76
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
.....	76
<i>sumatriptan succinate solution auto-</i>	
<i>injector 6 mg/0.5ml</i>	76
<i>sumatriptan succinate tab 100 mg</i> ...	76
<i>sumatriptan succinate tab 25 mg</i>	76
<i>sumatriptan succinate tab 50 mg</i>	76
<i>sunitinib malate cap 12.5 mg (base</i>	
<i>equivalent)</i>	42
<i>sunitinib malate cap 25 mg (base</i>	
<i>equivalent)</i>	42
<i>sunitinib malate cap 37.5 mg (base</i>	
<i>equivalent)</i>	42
<i>sunitinib malate cap 50 mg (base</i>	
<i>equivalent)</i>	42
SUNLENCA TAB 300MG	25
<i>syeda</i>	88
SYMDEKO TAB 100-150	116
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<i>terazosin hcl cap 10 mg (base equivalent)</i>	46	<i>thioridazine hcl tab 100 mg</i>	67
<i>terazosin hcl cap 2 mg (base equivalent)</i>	46	<i>thioridazine hcl tab 25 mg</i>	67
<i>terazosin hcl cap 5 mg (base equivalent)</i>	46	<i>thioridazine hcl tab 50 mg</i>	67
<i>terbinafine hcl tab 250 mg</i>	24	<i>thiothixene cap 1 mg</i>	67
<i>terbutaline sulfate tab 2.5 mg</i>	115	<i>thiothixene cap 10 mg</i>	67
<i>terbutaline sulfate tab 5 mg</i>	115	<i>thiothixene cap 2 mg</i>	67
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<i>tobramycin ophth soln 0.3%</i>	112	<i>trandolapril tab 1 mg</i>	45
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	23	<i>trandolapril tab 2 mg</i>	45
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	23	<i>trandolapril tab 4 mg</i>	45
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<i>toremide tab 100 mg</i>	53	<i>tretinoin cream 0.1%</i>	119
<i>toremide tab 20 mg</i>	53	<i>tretinoin gel 0.01%</i>	119
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		<i>triamcinolone acetonide cream 0.1%</i>	121

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<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	67
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	67
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	67
<i>trifluridine ophth soln 1%</i>	112
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	62
<i>trihexyphenidyl hcl tab 2 mg</i>	62
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<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	73
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<i>valsartan tab 320 mg</i>	48
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<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		<i>vilazodone hcl tab 40 mg</i>	61
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<i>(base equivalent)</i>	61	<i>vinorelbine tartrate inj 10 mg/ml (base</i>	
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<i>equivalent)</i>	61	<i>vinorelbine tartrate inj 50 mg/5ml (10</i>	
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<i>verapamil hcl tab er 120 mg</i>	53	<i>voriconazole for inj 200 mg</i>	24
<i>verapamil hcl tab er 180 mg</i>	53	<i>voriconazole for susp 40 mg/ml</i>	24
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WESTAB PLUS TAB 27-1MG	110	XOFLUZA TAB 40MG	28
WINREVAIR INJ 45MG	56	XOFLUZA TAB 80MG	28
WINREVAIR INJ 60MG	56	XOLAIR INJ 150MG/ML	117
<i>wixela inhub</i>	118	XOLAIR INJ 300/2ML	117
<i>wymzya fe</i>	88	XOLAIR INJ 75/0.5	117
WYOST INJ 120/1.7	84	XOLAIR SOL 150MG	117
X		XOSPATA TAB 40MG	43
XALKORI CAP 150MG	43	XPOVIO PAK (100 MG ONCE WEEKLY)	
XALKORI CAP 200MG	43		43
XALKORI CAP 20MG	43	XPOVIO PAK (40 MG ONCE WEEKLY)	43
XALKORI CAP 250MG	43	XPOVIO PAK (40 MG TWICE WEEKLY)	
XALKORI CAP 50MG	43		43
<i>xarah fe tab</i>	88	XPOVIO PAK (60 MG ONCE WEEKLY)	43
XARELTO STAR TAB 15/20MG	101	XPOVIO PAK (60 MG TWICE WEEKLY)	
XARELTO TAB 10MG	101		43
XARELTO TAB 15MG	101	XPOVIO PAK (80 MG ONCE WEEKLY)	43
XARELTO TAB 2.5MG	101	XPOVIO PAK (80 MG TWICE WEEKLY)	
XARELTO TAB 20MG	101		43
XATMEP SOL 2.5MG/ML	105	XTANDI CAP 40MG	35
XCOPRI PAK 100-150	73	XTANDI TAB 40MG	35
XCOPRI PAK 12.5-25	73	XTANDI TAB 80MG	35
XCOPRI PAK 150-200MG		<i>xulane</i>	88
(MAINTENANCE)	73	XULTOPHY INJ 100/3.6	83
XCOPRI PAK 150-200MG (TITRATION)		Y	
.....	73	YESINTEK INJ 130/26ML	104
XCOPRI PAK 50-100MG	73	YESINTEK INJ 45/0.5ML	104
XCOPRI TAB 100MG	73	YESINTEK INJ 90MG/ML	104
XCOPRI TAB 150MG	73	YF-VAX INJ	108
XCOPRI TAB 200MG	73	YONSA TAB 125MG	35
XCOPRI TAB 25MG	73	YUTREPIA CAP 106MCG	56
XCOPRI TAB 50MG	73	YUTREPIA CAP 26.5MCG	56
XDEMVY DRO 0.25%	112	YUTREPIA CAP 53MCG	56
XELJANZ SOL 1MG/ML	104	YUTREPIA CAP 79.5MCG	56
XELJANZ TAB 10MG	104	<i>yuvaferm</i>	89
XELJANZ TAB 5MG	104		

Z	
<i>zafemy</i>	88
<i>zafirlukast tab 10 mg</i>	115
<i>zafirlukast tab 20 mg</i>	115
<i>zaleplon cap 10 mg</i>	75
<i>zaleplon cap 5 mg</i>	75
<i>ZARXIO INJ 300/0.5</i>	101
<i>ZARXIO INJ 480/0.8</i>	101
<i>ZEGALOGUE INJ 0.6/0.6</i>	91
<i>ZEJULA TAB 100MG</i>	43
<i>ZEJULA TAB 200MG</i>	43
<i>ZEJULA TAB 300MG</i>	43
<i>ZELBORAF TAB 240MG</i>	43
<i>zelvysia pow 100mg</i>	93
<i>zelvysia pow 500mg</i>	93
<i>ZEMAIRA INJ 1000MG</i>	117
<i>ZEMAIRA INJ 4000MG</i>	117
<i>ZEMAIRA INJ 5000MG</i>	117
<i>zenatane</i>	119
<i>ZENPEP CAP 10000UNT</i>	98
<i>ZENPEP CAP 15000UNT</i>	98
<i>ZENPEP CAP 20000UNT</i>	98
<i>ZENPEP CAP 25000UNT</i>	98
<i>ZENPEP CAP 3000UNIT</i>	98
<i>ZENPEP CAP 40000UNT</i>	98
<i>ZENPEP CAP 5000UNIT</i>	98
<i>ZENPEP CAP 60000UNT</i>	98
<i>ZERViate DRO 0.24%</i>	112
<i>zidovudine cap 100 mg</i>	26
<i>zidovudine syrup 10 mg/ml</i>	26
<i>zidovudine tab 300 mg</i>	26
<i>ziprasidone hcl cap 20 mg</i>	67
<i>ziprasidone hcl cap 40 mg</i>	67
<i>ziprasidone hcl cap 60 mg</i>	67
<i>ziprasidone hcl cap 80 mg</i>	67
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	67
<i>ZIRABEV INJ 100/4ML</i>	43
<i>ZIRABEV INJ 400/16ML</i>	44
<i>ZIRGAN GEL 0.15%</i>	112
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	84
<i>zoledronic acid iv soln 5 mg/100ml</i> ..	84
<i>ZOLINZA CAP 100MG</i>	44
<i>zolpidem tartrate tab 10 mg</i>	76
<i>zolpidem tartrate tab 5 mg</i>	75
<i>ZONISADE SUS 100MG/5</i>	73
<i>zonisamide cap 100 mg</i>	73
<i>zonisamide cap 25 mg</i>	73
<i>zonisamide cap 50 mg</i>	73
<i>zovia 1/35</i>	89
<i>ZTALMY SUS 50MG/ML</i>	73
<i>zumandimine</i>	89
<i>ZURZUVAE CAP 20MG</i>	61
<i>ZURZUVAE CAP 25MG</i>	61
<i>ZURZUVAE CAP 30MG</i>	61
<i>ZYDELIG TAB 100MG</i>	44
<i>ZYDELIG TAB 150MG</i>	44
<i>ZYKADIA TAB 150MG</i>	44
<i>ZYLET SUS 0.5-0.3%</i>	111
<i>ZYPREXA RELP INJ 210MG</i>	67
<i>ZYPREXA RELP INJ 300MG</i>	67
<i>ZYPREXA RELP INJ 405MG</i>	67

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

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

Analgesics

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

Anthelmintic Agents

- *Reese's Pinworm
(pyrantel pamoate)

Antihistamines/ Decongestants

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

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

Antimicrobials, Topical

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

Compounding Agents

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

Contraceptives, Oral

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

Contraceptives, Topical

- *nonoxynol-9

Dermatologic Agents, Topical

- *benzoyl peroxide
- *calamine lotion
- *colloidal oatmeal
- *hydrocortisone cream,
lotion, ointment
- *hydrophilic ointment
- *lanolin
- *petrolatum
- *selenium sulfide
- *vitamin A and D
ointment
- *witch hazel
- *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
- *magaldrate
- *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
- *cod liver oil
- *coenzyme Q10 < 21
years
- *electrolyte solution,
pediatric
- *ferrous fumarate
- *ferrous gluconate
- *ferrous sulfate
- *folic acid
- *glucose products < 21
years
- *iron polysaccharide
complex
- *magnesium salts
- *melatonin
- *melatonin/pyridoxine
tablet
- *multivitamins
- *niacinamide
- *nicotinic acid
- *pediatric multivitamins

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

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

This *Drug List* was updated on 02/01/2026.

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

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