

CCA One Care (HMO D-SNP)

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



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

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Esta *Lista de Medicamentos* foi atualizada em 09/01/2026.

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

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09/01/2026.

Introdução

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

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A. Avisos legais

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

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



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Aviso de não discriminação

A Commonwealth Care Alliance, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina, exclui nem trata pessoas de forma diferente em razão de quadros clínicos, estado de saúde, recebimento de serviços de saúde, experiência com reivindicações, histórico médico, deficiência (incluindo deficiência comportamental), estado civil, idade, sexo (incluindo estereótipos sexuais e identidade de gênero), orientação sexual, nacionalidade, raça, cor, religião, credo, assistência pública ou local de residência. A Commonwealth Care Alliance, Inc.:

- Fornece auxílios e serviços gratuitos para pessoas com deficiência se comunicarem efetivamente conosco, como:
 - Oferece intérpretes qualificados de linguagem de sinais
 - Oferecer informações escritas em outros formatos (letras grandes, áudio, formatos eletrônicos acessíveis, outros formatos)
- Fornece serviços de idiomas gratuitos para pessoas cuja língua materna não seja o inglês, como:
 - Intérpretes qualificados
 - Informações escritas em outros idiomas

Se precisar desses serviços, entre em contato com o Serviços ao Associado.

Se você acredita que a Commonwealth Care Alliance, Inc. deixou de fornecer esses serviços ou discriminou de outra forma em decorrência de quadro clínico, estado de saúde, recebimento de serviços de saúde, experiência com reivindicações, histórico médico, deficiência (incluindo deficiência comportamental), estado civil, idade, sexo (incluindo estereótipos sexuais e identidade de gênero), orientação sexual, nacionalidade, raça, cor, religião, credo, assistência pública ou local de residência, você pode registrar uma reclamação em:

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

Você pode registrar uma reclamação pessoalmente ou por correio, fax ou e-mail.

Se precisar de ajuda para registrar uma queixa, o Coordenador de Direitos Civis está disponível para ajudar você.

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

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

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

Massachusetts 2026 ND



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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 أيضاً مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجاًاً. اتصل على الرقم 1-866-610-2273 (TTY: 711).



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

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

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

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta disponível. Também ta sta disponível 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, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

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

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

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09/01/2026.

B. Perguntas frequentes (FAQ)

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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



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- uma nova versão biossimilar de produtos biológicos originais da *Lista de Medicamentos* (por exemplo, adicionar um biossimilar intercambiável que pode substituir um produto biológico original sem a necessidade de uma nova prescrição).
- Alguns desses tipos de medicamentos podem ser novos para você. Para mais informações, consulte a **Seção B14**.
- Você ou seu médico podem solicitar uma exceção a essas alterações. Enviaremos um aviso com os passos que você pode seguir para solicitar uma exceção. Consulte as perguntas B10–B12 para mais informações sobre exceções.
- **Remoção de medicamentos inseguros e outros medicamentos retirados do mercado** Às vezes, um medicamento pode ser considerado inseguro ou retirado do mercado por outro motivo. Se isso acontecer, podemos removê-lo imediatamente da *Lista de Medicamentos*. Se você estiver usando esse medicamento, enviaremos um aviso após fazermos a alteração. O seu médico emitirá uma nova prescrição para substituir o medicamento que foi retirado do mercado.

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

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

Quando essas alterações acontecerem, nós:

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



Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita. **Para mais informações**, visite ccama.org.

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

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

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

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

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

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

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



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

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

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

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

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

Existem duas maneiras de encontrar um medicamento:

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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



Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita. **Para mais informações**, visite ccama.org.

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

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

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

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

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

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

B11. Como posso solicitar uma exceção?

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

B12. Quanto tempo demora para conseguir uma exceção?

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

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

O formulário pode ser enviado por correio ou fax:

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



Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita. **Para mais informações**, visite ccama.org.

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

B13. O que são medicamentos genéricos?

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

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

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

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

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

B15. O que são medicamentos OTC?

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

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



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

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

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

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

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

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

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

B19. Qual é o meu copagamento?

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

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

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

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

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



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C. Visão geral da *Lista de Medicamentos Cobertos*

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

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

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

C1. Lista de Medicamentos por Condição Médica

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

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

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

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

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

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



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

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

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

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



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

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

MISCELLANEOUS

<i>JOURNAVX TAB 50MG</i>	QL (29 tabs / 14 days), PA
<i>lidocaine hcl local inj 0.5%</i>	B/D
<i>lidocaine hcl local inj 1%</i>	B/D
<i>lidocaine hcl local inj 2%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	B/D

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

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

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

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

OPIOID ANALGESICS, LONG-ACTING

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

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

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

OPIOID ANALGESICS, SHORT-ACTING

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

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

<i>morphine sulfate iv soln 4 mg/ml</i>	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)

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

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

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

<i>clindamycin phosphate inj 300 mg/2ml</i>	
<i>clindamycin phosphate inj 600 mg/4ml</i>	
<i>clindamycin phosphate inj 900 mg/6ml</i>	
CLINDMYC/NAC INJ 300/50ML	
CLINDMYC/NAC INJ 600/50ML	
CLINDMYC/NAC INJ 900/50ML	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	
<i>daptomycin for iv soln 350 mg</i>	NDS
<i>daptomycin for iv soln 500 mg</i>	NDS
DAPTOMYCIN INJ 350MG	NDS
EMVERM CHW 100MG	NDS, QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate inj 10 mg/ml</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	
<i>ivermectin tab 3 mg</i>	QL (20 tabs / 90 days), PA
<i>ivermectin tab 6 mg</i>	QL (10 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	NDS, QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	
<i>linezolid tab 600 mg</i>	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	
<i>meropenem iv for soln 2 gm</i>	
<i>meropenem iv for soln 500 mg</i>	
<i>methenamine hippurate tab 1 gm</i>	
<i>metronidazole iv soln 500 mg/100ml</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
<i>neomycin sulfate tab 500 mg</i>	
<i>nitazoxanide tab 500 mg</i>	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	

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

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

<i>amphotericin b for iv soln 50 mg</i>	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	NDS, B/D
<i>caspofungin acetate for iv soln 50 mg</i>	
<i>caspofungin acetate for iv soln 70 mg</i>	
CRESEMBA CAP 74.5MG	NDS, PA
CRESEMBA CAP 186MG	NDS, PA
<i>fluconazole for susp 10 mg/ml</i>	
<i>fluconazole for susp 40 mg/ml</i>	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>fluconazole tab 50 mg</i>	
<i>fluconazole tab 100 mg</i>	
<i>fluconazole tab 150 mg</i>	
<i>fluconazole tab 200 mg</i>	
<i>flucytosine cap 250 mg</i>	NDS, PA
<i>flucytosine cap 500 mg</i>	NDS, PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>itraconazole cap 100 mg</i>	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	PA
<i>miconazole sodium for iv soln 50 mg</i>	
<i>miconazole sodium for iv soln 100 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole tab delayed release 100 mg</i>	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole for inj 200 mg</i>	PA
<i>voriconazole for susp 40 mg/ml</i>	NDS, QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	QL (120 tabs / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate tab 250 mg</i>	
<i>chloroquine phosphate tab 500 mg</i>	
COARTEM TAB 20-120MG	
<i>mefloquine hcl tab 250 mg</i>	

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

PRIMAQUINE TAB 26.3MG

quinine sulfate cap 324 mg

PA

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

APTIVUS CAP 250MG

NDS

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

QL (60 tabs / 30 days)

darunavir tab 800 mg

QL (30 tabs / 30 days)

EDURANT PED TAB 2.5MG

NDS

EDURANT TAB 25MG

NDS

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

EMTRIVA SOL 10MG/ML

etravirine tab 100 mg

NDS

etravirine tab 200 mg

NDS

fosamprenavir calcium tab 700 mg (base equiv)

NDS

INTELENCE TAB 25MG

ISENTRESS CHW 25MG

ISENTRESS CHW 100MG

NDS

ISENTRESS HD TAB 600MG

NDS

ISENTRESS POW 100MG

NDS

ISENTRESS TAB 400MG

NDS

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

NDS

maraviroc tab 300 mg

NDS

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

NORVIR POW 100MG

PIFELTRO TAB 100MG

NDS

PREZISTA SUS 100MG/ML

NDS, QL (400 mL / 30 days)

PREZISTA TAB 75MG

QL (480 tabs / 30 days)

PREZISTA TAB 150MG

NDS, QL (240 tabs / 30 days)

REYATAZ POW 50MG

NDS

rilpivirine hcl tab 25 mg (base equivalent)

NDS

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

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

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

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

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

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

<i>cycloserine cap 250 mg</i>	NDS
<i>ethambutol hcl tab 100 mg</i>	
<i>ethambutol hcl tab 400 mg</i>	
<i>isoniazid syrup 50 mg/5ml</i>	
<i>isoniazid tab 100 mg</i>	
<i>isoniazid tab 300 mg</i>	
PRIFTIN TAB 150MG	
<i>pyrazinamide tab 500 mg</i>	
<i>rifabutin cap 150 mg</i>	
<i>rifampin cap 150 mg</i>	
<i>rifampin cap 300 mg</i>	
<i>rifampin for inj 600 mg</i>	
SIRTURO TAB 20MG	NDS, PA
SIRTURO TAB 100MG	NDS, PA

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	
<i>acyclovir sodium iv soln 50 mg/ml</i>	B/D
<i>acyclovir susp 200 mg/5ml</i>	
<i>acyclovir tab 400 mg</i>	
<i>acyclovir tab 800 mg</i>	
<i>adefovir dipivoxil tab 10 mg</i>	
BARACLUDE SOL	NDS, ST
<i>entecavir tab 0.5 mg</i>	
<i>entecavir tab 1 mg</i>	
EPCLUSA PAK 150-37.5	NDS, PA
EPCLUSA PAK 200-50MG	NDS, PA
EPCLUSA TAB 200-50MG	NDS, PA

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

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

EPCLUSA TAB 400-100	NDS, PA
<i>famciclovir tab 125 mg</i>	
<i>famciclovir tab 250 mg</i>	
<i>famciclovir tab 500 mg</i>	
<i>ganciclovir sodium for inj 500 mg</i>	B/D
<i>lamivudine tab 100 mg (hbv)</i>	
LIVTENCITY TAB 200MG	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	NDS, PA
MAVYRET TAB 100-40MG	NDS, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (1080 mL / year)
PAXLOVID PAK	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	NDS, PA
PEGASYS INJ 180MCG/M	NDS, PA
PREVYMIS TAB 240MG	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	
<i>ribavirin tab 200 mg</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	
<i>valacyclovir hcl tab 1 gm</i>	
<i>valacyclovir hcl tab 500 mg</i>	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
VOSEVI TAB	NDS, PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	QL (1 tab / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	
<i>cefaclor cap 500 mg</i>	
<i>cefadroxil cap 500 mg</i>	
<i>cefadroxil for susp 250 mg/5ml</i>	
<i>cefadroxil for susp 500 mg/5ml</i>	
CEFAZOLIN INJ 1GM/50ML	
CEFAZOLIN INJ 2GM	

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

CEFAZOLIN INJ 3GM	
<i>cefazolin sodium for inj 1 gm</i>	
<i>cefazolin sodium for inj 2 gm</i>	
<i>cefazolin sodium for inj 3 gm</i>	
<i>cefazolin sodium for inj 10 gm</i>	
<i>cefazolin sodium for inj 500 mg</i>	
<i>cefazolin sodium for iv soln 1 gm</i>	
CEFAZOLIN SOLN 2GM/100ML-4%	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	
<i>cefdinir cap 300 mg</i>	
<i>cefdinir for susp 125 mg/5ml</i>	
<i>cefdinir for susp 250 mg/5ml</i>	
<i>cefepime hcl for inj 1 gm</i>	
<i>cefepime hcl for iv soln 2 gm</i>	
<i>cefixime cap 400 mg</i>	
<i>cefixime for susp 100 mg/5ml</i>	
<i>cefixime for susp 200 mg/5ml</i>	
<i>cefotetan disodium for inj 1 gm</i>	
<i>cefotetan disodium for inj 2 gm</i>	
<i>cefoxitin sodium for iv soln 1 gm</i>	
<i>cefoxitin sodium for iv soln 2 gm</i>	
<i>cefoxitin sodium for iv soln 10 gm</i>	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	
<i>cefpodoxime proxetil tab 100 mg</i>	
<i>cefpodoxime proxetil tab 200 mg</i>	
<i>cefprozil for susp 125 mg/5ml</i>	
<i>cefprozil for susp 250 mg/5ml</i>	
<i>cefprozil tab 250 mg</i>	
<i>cefprozil tab 500 mg</i>	
<i>ceftaroline fosamil for iv soln 400 mg</i>	NDS
<i>ceftaroline fosamil for iv soln 600 mg</i>	NDS
<i>ceftazidime for inj 1 gm</i>	
<i>ceftazidime for inj 6 gm</i>	
<i>ceftazidime for iv soln 2 gm</i>	
<i>ceftriaxone sodium for inj 1 gm</i>	
<i>ceftriaxone sodium for inj 2 gm</i>	
<i>ceftriaxone sodium for inj 10 gm</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	

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

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***ceftriaxone sodium for iv soln 1 gm**ceftriaxone sodium for iv soln 2 gm**cefuroxime axetil tab 250 mg**cefuroxime axetil tab 500 mg**cefuroxime sodium for inj 750 mg**cefuroxime sodium for iv soln 1.5 gm**cephalexin cap 250 mg**cephalexin cap 500 mg**cephalexin for susp 125 mg/5ml**cephalexin for susp 250 mg/5ml**tazicef*

TEFLARO INJ 400MG

NDS

TEFLARO INJ 600MG

NDS

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

DIFICID SUS

NDS

e.e.s. 400

ERYTHROCIN INJ 500MG

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

NDS

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

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

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

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

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

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

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

<i>doxycycline monohydrate cap 50 mg</i>	
<i>doxycycline monohydrate cap 100 mg</i>	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>doxycycline monohydrate tab 50 mg</i>	
<i>doxycycline monohydrate tab 75 mg</i>	
<i>doxycycline monohydrate tab 100 mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
NUZYRA INJ 100MG	NDS
NUZYRA TAB 150MG	NDS, QL (30 tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	
<i>tetracycline hcl cap 500 mg</i>	
<i>tigecycline for iv soln 50 mg</i>	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**ALKYLATING AGENTS**

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

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

ANTIMETABOLITES

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

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

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

<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	B/D
ONUREG TAB 200MG	NDS, QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	NDS, QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	NDS, B/D
TABLOID TAB 40MG	NDS, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	NDS, QL (60 tabs / 30 days), PA
<i>abirtega</i>	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	NDS, QL (60 tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	
<i>bicalutamide tab 50 mg</i>	
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
ERLEADA TAB 60MG	NDS, QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	NDS
<i>exemestane tab 25 mg</i>	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	NDS, PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	NDS, B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLURIYO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
<i>letrozole tab 2.5 mg</i>	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	PA
LIFYORLI CAP 125MG DS	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	NDS, PA
LUPRON DEPOT INJ 11.25MG	NDS, PA
LYSODREN TAB 500MG	NDS
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg</i>	NDS
NUBEQA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	NDS, PA
ORSERDU TAB 86MG	NDS, QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	PA
VEPPANU TAB 100MG	NDS, QL (90 tabs / 30 days), PA
VEPPANU TAB 200MG	NDS, QL (30 tabs / 30 days), PA
XTANDI CAP 40MG	NDS, QL (120 caps / 30 days), PA
XTANDI TAB 40MG	NDS, QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	NDS, QL (60 tabs / 30 days), PA
YONSA TAB 125MG	NDS, QL (120 tabs / 30 days), PA
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	NDS, QL (28 caps / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lenalidomide cap 20 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>pomalidomide cap 1 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 2 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 3 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 4 mg</i>	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 1MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 2MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	NDS, QL (112 caps / 28 days), PA

MISCELLANEOUS

BESREMI SOL 500MCG	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	NDS, B/D
<i>hydroxyurea cap 500 mg</i>	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	B/D
IWILFIN TAB 192MG	NDS, QL (240 tabs / 30 days), PA
<i>leucovorin calcium for inj 50 mg</i>	B/D
<i>leucovorin calcium for inj 100 mg</i>	B/D
<i>leucovorin calcium for inj 200 mg</i>	B/D
<i>leucovorin calcium for inj 350 mg</i>	B/D

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

<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	NDS
<i>mesna tab 400 mg</i>	NDS
MODEYSO CAP 125MG	NDS, QL (20 caps / 28 days), PA
<i>tretinoin cap 10 mg</i>	NDS
WELIREG TAB 40MG	NDS, QL (90 tabs / 30 days), PA

MITOTIC INHIBITORS

<i>docetaxel for inj conc 20 mg/ml</i>	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	NDS, B/D
DOCETAXEL INJ 20MG/2ML	NDS, B/D
DOCETAXEL INJ 80MG/4ML	NDS, B/D
DOCETAXEL INJ 80MG/8ML	NDS, B/D
DOCETAXEL INJ 160/8ML	NDS, B/D
DOCETAXEL INJ 160/16ML	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	NDS, B/D
DOCIVYX INJ 20MG/2ML	NDS, B/D
DOCIVYX INJ 80MG/8ML	NDS, B/D
DOCIVYX INJ 160/16ML	NDS, B/D
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	B/D
<i>paclitaxel inj 100mg</i>	NDS, B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	B/D

MOLECULAR TARGET AGENTS

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

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bosutinib tab 400 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>bosutinib tab 500 mg</i>	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	NDS, QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	NDS, QL (60 tabs / 30 days), PA
CABOMETYX TAB 20MG	NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	NDS, QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	NDS, QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	NDS, QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	NDS, QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	NDS, QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	NDS, QL (30 tabs / 30 days), PA

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dasatinib tab 100 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	NDS, QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	NDS, QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	NDS, QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	NDS, QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	NDS, QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	NDS, QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	NDS, QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	NDS, QL (60 tabs / 30 days), PA

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
GILOTRIF TAB 20MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	NDS, QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	NDS, PA
HERCEPTIN INJ 150MG	NDS, PA
HERCESSI INJ 150MG	NDS, PA
HERCESSI INJ 420MG	NDS, PA
HERNEXEOS TAB 60MG	NDS, QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	NDS, PA
HERZUMA INJ 420MG	NDS, PA
HYRNUO TAB 10MG	NDS, QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	NDS, QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	NDS, QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	NDS, QL (30 tabs / 30 days), PA

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
IDHIFA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	NDS, QL (280 mL / 28 days), PA
INLYTA TAB 1MG	NDS, QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	NDS, QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	NDS, QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	NDS, QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	NDS, QL (60 tabs / 30 days), PA

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
KADCYLA INJ 100MG	NDS, B/D
KADCYLA INJ 160MG	NDS, B/D
KANJINTI INJ 420MG	NDS, PA
KANJINTI SOL 150MG	NDS, PA
KEYTRUDA INJ 100MG/4M	NDS, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	NDS, QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	NDS, QL (1 vial / 42 days), PA
KISQALI 200 DOSE	NDS, QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	NDS, QL (42 tabs / 28 days), PA
KISQALI 600 DOSE	NDS, QL (63 tabs / 28 days), PA
KOMZIFTI CAP 200MG	NDS, QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	NDS, QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	NDS, QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	NDS, QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	NDS, QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	NDS, QL (90 caps / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 20 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	NDS, QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	NDS, QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	NDS, QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	NDS, QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	NDS, QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	NDS, QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	NDS, QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	NDS, PA
NERLYNX TAB 40MG	NDS, QL (180 tabs / 30 days), PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	NDS, QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	NDS, QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	NDS, QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	NDS, QL (3 caps / 28 days), PA
NINLARO CAP 3MG	NDS, QL (3 caps / 28 days), PA

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
NINLARO CAP 4MG	NDS, QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	NDS, QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	NDS, PA
OGIVRI INJ 420MG	NDS, PA
OGSIVEO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	NDS, QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	NDS, QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	NDS, PA
ONTRUZANT INJ 420MG	NDS, PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	NDS, QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	NDS, PA
PIQRAY 200MG TAB DOSE	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	NDS, QL (120 tabs / 30 days), PA

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
RETEVMO TAB 120MG	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	NDS, QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	NDS, QL (224 caps / 28 days), PA
SCEMBLIX TAB 20MG	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TAB 40MG	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	NDS, QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA

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>sunitinib malate cap 37.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	NDS, QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	NDS, QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	NDS, QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	NDS, QL (840 tabs / 28 days), PA
TAGRISSE TAB 40MG	NDS, QL (30 tabs / 30 days), PA
TAGRISSE TAB 80MG	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	NDS, QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	NDS, QL (30 caps / 30 days), PA
TECENTRIQ INJ 840/14	NDS, PA
TECENTRIQ INJ 1200/20	NDS, PA
TECENTRIQ INJ HYBREZA	NDS, QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i>	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	NDS, PA
TRAZIMERA INJ 420MG	NDS, PA
TRUQAP PAK 160MG	NDS, QL (4 packs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUQAP PAK 200MG	NDS, QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	NDS, QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	NDS, QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	NDS, PA
TRUXIMA INJ 500/50ML	NDS, PA
TUKYSA TAB 50MG	NDS, QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	NDS, QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	NDS, QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	NDS, QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	NDS, QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	NDS, QL (30 tabs / 30 days), PA

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
VONJO CAP 100MG	NDS, QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	NDS, QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 50MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 150MG	NDS, QL (180 caps / 30 days), PA
XALKORI CAP 200MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 250MG	NDS, QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
<i>yulithira</i>	QL (30 tabs / 30 days), PA
ZEJULA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	NDS, QL (240 tabs / 30 days), PA

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 100/4ML	NDS, PA
ZIRABEV INJ 400/16ML	NDS, PA
ZOLINZA CAP 100MG	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	NDS, QL (84 tabs / 28 days), PA

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<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>

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

<i>benazepril hcl tab 40 mg</i>	
<i>captopril tab 12.5 mg</i>	
<i>captopril tab 25 mg</i>	
<i>captopril tab 50 mg</i>	
<i>captopril tab 100 mg</i>	
<i>enalapril maleate tab 2.5 mg</i>	
<i>enalapril maleate tab 5 mg</i>	
<i>enalapril maleate tab 10 mg</i>	
<i>enalapril maleate tab 20 mg</i>	
<i>fosinopril sodium tab 10 mg</i>	
<i>fosinopril sodium tab 20 mg</i>	
<i>fosinopril sodium tab 40 mg</i>	
<i>lisinopril tab 2.5 mg</i>	
<i>lisinopril tab 5 mg</i>	
<i>lisinopril tab 10 mg</i>	
<i>lisinopril tab 20 mg</i>	
<i>lisinopril tab 30 mg</i>	
<i>lisinopril tab 40 mg</i>	
<i>moexipril hcl tab 7.5 mg</i>	
<i>moexipril hcl tab 15 mg</i>	
<i>perindopril erbumine tab 2 mg</i>	
<i>perindopril erbumine tab 4 mg</i>	
<i>perindopril erbumine tab 8 mg</i>	
<i>quinapril hcl tab 5 mg</i>	
<i>quinapril hcl tab 10 mg</i>	
<i>quinapril hcl tab 20 mg</i>	
<i>quinapril hcl tab 40 mg</i>	
<i>ramipril cap 1.25 mg</i>	
<i>ramipril cap 2.5 mg</i>	
<i>ramipril cap 5 mg</i>	
<i>ramipril cap 10 mg</i>	
<i>trandolapril tab 1 mg</i>	
<i>trandolapril tab 2 mg</i>	
<i>trandolapril tab 4 mg</i>	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone tab 25 mg</i>	
<i>eplerenone tab 50 mg</i>	
KERENDIA TAB 10MG	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	QL (30 tabs / 30 days)
<i>spironolactone tab 25 mg</i>	
<i>spironolactone tab 50 mg</i>	

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>spironolactone tab 100 mg</i>	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>doxazosin mesylate tab 1 mg</i>	
<i>doxazosin mesylate tab 2 mg</i>	
<i>doxazosin mesylate tab 4 mg</i>	
<i>doxazosin mesylate tab 8 mg</i>	
<i>prazosin hcl cap 1 mg</i>	
<i>prazosin hcl cap 2 mg</i>	
<i>prazosin hcl cap 5 mg</i>	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
<i>ENTRESTO CAP 6-6MG</i>	QL (240 caps / 30 days)
<i>ENTRESTO CAP 15-16MG</i>	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	

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

<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	QL (180 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)

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>olmesartan medoxomil tab 20 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	QL (30 tabs / 30 days)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	
<i>amiodarone hcl tab 100 mg</i>	
<i>amiodarone hcl tab 200 mg</i>	
<i>amiodarone hcl tab 400 mg</i>	
<i>disopyramide phosphate cap 100 mg</i>	
<i>disopyramide phosphate cap 150 mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	
<i>flecainide acetate tab 50 mg</i>	
<i>flecainide acetate tab 100 mg</i>	
<i>flecainide acetate tab 150 mg</i>	
MULTAQ TAB 400MG	QL (60 tabs / 30 days)
<i>pacerone</i>	
<i>propafenone hcl cap er 12hr 225 mg</i>	
<i>propafenone hcl cap er 12hr 325 mg</i>	
<i>propafenone hcl cap er 12hr 425 mg</i>	
<i>propafenone hcl tab 150 mg</i>	
<i>propafenone hcl tab 225 mg</i>	
<i>propafenone hcl tab 300 mg</i>	
<i>quinidine sulfate tab 200 mg</i>	
<i>quinidine sulfate tab 300 mg</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	
<i>sotalol hcl tab 80 mg</i>	
<i>sotalol hcl tab 120 mg</i>	
<i>sotalol hcl tab 160 mg</i>	
<i>sotalol hcl tab 240 mg</i>	

ANTILIPEMICS, FIBRATES

<i>fenofibrate micronized cap 67 mg</i>	
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NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***fenofibrate micronized cap 134 mg**fenofibrate micronized cap 200 mg**fenofibrate tab 48 mg**fenofibrate tab 54 mg**fenofibrate tab 145 mg**fenofibrate tab 160 mg**gemfibrozil tab 600 mg***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO
TREAT HIGH CHOLESTEROL***atorvastatin calcium tab 10 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 20 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 40 mg (base equivalent)* QL (30 tabs / 30 days)*atorvastatin calcium tab 80 mg (base equivalent)* QL (30 tabs / 30 days)*lovastatin tab 10 mg* QL (60 tabs / 30 days)*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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	
<i>prevalite</i>	
REPATHA INJ 140MG/ML	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	
VASCEPA CAP 1GM	

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

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

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

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

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

<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	
<i>metoprolol tartrate tab 25 mg</i>	
<i>metoprolol tartrate tab 50 mg</i>	
<i>metoprolol tartrate tab 100 mg</i>	
<i>nadolol tab 20 mg</i>	
<i>nadolol tab 40 mg</i>	
<i>nadolol tab 80 mg</i>	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl cap er 24hr 60 mg</i>	
<i>propranolol hcl cap er 24hr 80 mg</i>	
<i>propranolol hcl cap er 24hr 120 mg</i>	
<i>propranolol hcl cap er 24hr 160 mg</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	
<i>propranolol hcl tab 20 mg</i>	
<i>propranolol hcl tab 40 mg</i>	
<i>propranolol hcl tab 60 mg</i>	
<i>propranolol hcl tab 80 mg</i>	
<i>timolol maleate tab 5 mg</i>	
<i>timolol maleate tab 10 mg</i>	
<i>timolol maleate tab 20 mg</i>	

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	
<i>cartia xt</i>	
<i>dilt-xr</i>	
<i>diltiazem hcl cap er 12hr 60 mg</i>	

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

<i>diltiazem hcl cap er 12hr 90 mg</i>	
<i>diltiazem hcl cap er 12hr 120 mg</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	
<i>diltiazem hcl cap er 24hr 180 mg</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	
<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>	

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>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>	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	
<i>verapamil hcl tab 40 mg</i>	
<i>verapamil hcl tab 80 mg</i>	
<i>verapamil hcl tab 120 mg</i>	
<i>verapamil hcl tab er 120 mg</i>	
<i>verapamil hcl tab er 180 mg</i>	
<i>verapamil hcl tab er 240 mg</i>	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide cap er 12hr 500 mg</i>	
<i>acetazolamide tab 125 mg</i>	
<i>acetazolamide tab 250 mg</i>	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tab 5 mg</i>	
<i>bumetanide inj 0.25 mg/ml</i>	
<i>bumetanide tab 0.5 mg</i>	
<i>bumetanide tab 1 mg</i>	
<i>bumetanide tab 2 mg</i>	
<i>chlorthalidone tab 25 mg</i>	
<i>chlorthalidone tab 50 mg</i>	
<i>furosemide inj</i>	
<i>furosemide oral soln 8 mg/ml</i>	
<i>furosemide oral soln 10 mg/ml</i>	
<i>furosemide tab 20 mg</i>	
<i>furosemide tab 40 mg</i>	
<i>furosemide tab 80 mg</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	
<i>hydrochlorothiazide tab 12.5 mg</i>	
<i>hydrochlorothiazide tab 25 mg</i>	
<i>hydrochlorothiazide tab 50 mg</i>	
<i>indapamide tab 1.25 mg</i>	
<i>indapamide tab 2.5 mg</i>	
<i>methazolamide tab 25 mg</i>	
<i>methazolamide tab 50 mg</i>	
<i>metolazone tab 2.5 mg</i>	
<i>metolazone tab 5 mg</i>	
<i>metolazone tab 10 mg</i>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***spironolactone & hydrochlorothiazide tab 25-25 mg**torsemide tab 5 mg**torsemide tab 10 mg**torsemide tab 20 mg**torsemide tab 100 mg**triamterene & hydrochlorothiazide cap 37.5-25 mg**triamterene & hydrochlorothiazide tab 37.5-25 mg**triamterene & hydrochlorothiazide tab 75-50 mg***MISCELLANEOUS***aliskiren fumarate tab 150 mg (base equivalent)* QL (30 tabs / 30 days)*aliskiren fumarate tab 300 mg (base equivalent)* QL (30 tabs / 30 days)*clonidine hcl tab 0.1 mg**clonidine hcl tab 0.2 mg**clonidine hcl tab 0.3 mg**clonidine td patch weekly 0.1 mg/24hr**clonidine td patch weekly 0.2 mg/24hr**clonidine td patch weekly 0.3 mg/24hr**CORLANOR SOL 5MG/5ML* QL (450 mL / 30 days)*digoxin inj 0.25 mg/ml**digoxin oral soln 0.05 mg/ml**digoxin tab 125 mcg (0.125 mg)* QL (30 tabs / 30 days)*digoxin tab 250 mcg (0.25 mg)* QL (30 tabs / 30 days)*droxidopa cap 100 mg* QL (90 caps / 30 days), PA*droxidopa cap 200 mg* NDS, QL (180 caps / 30 days), PA*droxidopa cap 300 mg* NDS, QL (180 caps / 30 days), PA*epinephrine inj 1 mg/ml**guanfacine hcl tab 1 mg* PA; PA applies if 65 years and older*guanfacine hcl tab 2 mg* PA; PA applies if 65 years and older*hydralazine hcl inj 20 mg/ml**hydralazine hcl tab 10 mg**hydralazine hcl tab 25 mg**hydralazine hcl tab 50 mg**hydralazine hcl tab 100 mg**ivabradine hcl tab 5 mg (base equiv)* QL (60 tabs / 30 days)*ivabradine hcl tab 7.5 mg (base equiv)* QL (60 tabs / 30 days)*metyrosine cap 250 mg* NDS, PA*midodrine hcl tab 2.5 mg**midodrine hcl tab 5 mg**midodrine hcl tab 10 mg*

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

<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	
<i>ranolazine tab er 12hr 500 mg</i>	
<i>ranolazine tab er 12hr 1000 mg</i>	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA
VYNDAMAX CAP 61MG	NDS, QL (30 caps / 30 days), PA

NITRATES - DRUGS TO TREAT HEART CONDITIONS

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

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

ADEMPAS TAB 0.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	NDS, QL (90 tabs / 30 days), PA
<i>alyq</i>	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	NDS, QL (30 tabs / 30 days), PA

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

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
YUTREPIA CAP 79.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	NDS, QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	
<i>buspirone hcl tab 7.5 mg</i>	
<i>buspirone hcl tab 10 mg</i>	
<i>buspirone hcl tab 15 mg</i>	
<i>buspirone hcl tab 30 mg</i>	
<i>fluvoxamine maleate tab 25 mg</i>	
<i>fluvoxamine maleate tab 50 mg</i>	
<i>fluvoxamine maleate tab 100 mg</i>	
<i>lorazepam conc 2 mg/ml</i>	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	
<i>lorazepam inj 4 mg/ml</i>	
<i>lorazepam intensol</i>	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	QL (150 tabs / 30 days)

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>donepezil hydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	PA; PA applies if 29 years and younger

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

<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
<i>amoxapine tab 100 mg</i>	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxapine tab 150 mg</i>	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	NDS, QL (2 packs / year)
<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

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	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	
EXXUA TAB 18.2MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	NDS, QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	
<i>fluoxetine hcl cap 20 mg</i>	
<i>fluoxetine hcl cap 40 mg</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	

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

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

<i>tranylcypromine sulfate tab 10 mg</i>	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
<i>trimipramine maleate cap 25 mg</i>	QL (120 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	
<i>vilazodone hcl tab 10 mg</i>	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	NDS, QL (14 caps / 14 days), PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>amantadine hcl tab 100 mg</i>	
<i>benztropine mesylate inj 1 mg/ml</i>	
<i>benztropine mesylate tab 0.5 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	PA; PA applies if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	

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

<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tab 200 mg</i>	
INBRIJA CAP 42MG	NDS, QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	
<i>ropinirole hydrochloride tab 0.25 mg</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	
<i>ropinirole hydrochloride tab 2 mg</i>	
<i>ropinirole hydrochloride tab 3 mg</i>	
<i>ropinirole hydrochloride tab 4 mg</i>	
<i>ropinirole hydrochloride tab 5 mg</i>	
<i>selegiline hcl cap 5 mg</i>	
<i>selegiline hcl tab 5 mg</i>	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	
<i>trihexyphenidyl hcl tab 2 mg</i>	

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**

trihexyphenidyl hcl tab 5 mg

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY ASIM INJ 720MG	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	NDS
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	QL (60 tabs / 30 days)
BYSANTI TAB 1MG	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB 2MG	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB 4MG	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB 6MG	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB 8MG	NDS, QL (60 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BYSANTI TAB 10MG	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB 12MG	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	QL (2 packs / year), PA
BYSANTI TAB PACK B	QL (2 packs / year), PA
BYSANTI TAB PACK C	QL (2 packs / year), PA
CAPLYTA CAP 10.5MG	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	
<i>chlorpromazine hcl conc 100 mg/ml</i>	
<i>chlorpromazine hcl inj 25 mg/ml</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	
<i>chlorpromazine hcl tab 10 mg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	
<i>chlorpromazine hcl tab 50 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	
<i>chlorpromazine hcl tab 200 mg</i>	
<i>clozapine orally disintegrating tab 12.5 mg</i>	PA
<i>clozapine orally disintegrating tab 25 mg</i>	PA
<i>clozapine orally disintegrating tab 100 mg</i>	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	
<i>clozapine tab 50 mg</i>	
<i>clozapine tab 100 mg</i>	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	NDS, QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	NDS, QL (1 syringe / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ERZOFRI INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	NDS, QL (2 syringes / year)
FANAPT PAK PACK A	QL (2 packs / year), PA
FANAPT PAK PACK B	QL (2 packs / year), PA
FANAPT PAK PACK C	QL (2 packs / year), PA
FANAPT TAB 1MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	NDS, QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	
<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>haloperidol lactate inj 5 mg/ml</i>	
<i>haloperidol lactate oral conc 2 mg/ml</i>	
<i>haloperidol tab 0.5 mg</i>	
<i>haloperidol tab 1 mg</i>	
<i>haloperidol tab 2 mg</i>	
<i>haloperidol tab 5 mg</i>	
<i>haloperidol tab 10 mg</i>	
<i>haloperidol tab 20 mg</i>	
INVEGA HAFYE INJ 1092MG	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	NDS, QL (1 injection / 180 days)

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 SUST INJ 39/0.25	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>lurasidone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	NDS, QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	
<i>molindone hcl tab 10 mg</i>	
<i>molindone hcl tab 25 mg</i>	
NUPLAZID CAP 34MG	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	QL (60 tabs / 30 days)

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>olanzapine tab 7.5 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	NDS, QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	
<i>perphenazine tab 4 mg</i>	
<i>perphenazine tab 8 mg</i>	
<i>perphenazine tab 16 mg</i>	
<i>pimozide tab 1 mg</i>	
<i>pimozide tab 2 mg</i>	
<i>quetiapine fumarate tab 25 mg</i>	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	NDS, QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	NDS, QL (2 injections / 28 days)

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

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

VRAYLAR CAP 4.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	NDS, QL (1 vial / 28 days), PA

ANTISEIZURE AGENTS

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

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

<i>carbamazepine tab 200 mg</i>	
<i>carbamazepine tab er 12hr 100 mg</i>	
<i>carbamazepine tab er 12hr 200 mg</i>	
<i>carbamazepine tab er 12hr 400 mg</i>	
<i>clobazam suspension 2.5 mg/ml</i>	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	NDS, QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	NDS, QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	NDS, QL (180 packets / 30 days), PA
<i>diazepam inj</i>	
<i>diazepam intensol</i>	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	
<i>diazepam rectal gel delivery system 10 mg</i>	
<i>diazepam rectal gel delivery system 20 mg</i>	

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

<i>diazepam tab 2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 10 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	
<i>divalproex sodium tab delayed release 125 mg</i>	
<i>divalproex sodium tab delayed release 250 mg</i>	
<i>divalproex sodium tab delayed release 500 mg</i>	
<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>divalproex sodium tab er 24 hr 500 mg</i>	
EPIDIOLEX SOL 100MG/ML	NDS, QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	
<i>ethosuximide soln 250 mg/5ml</i>	
<i>felbamate susp 600 mg/5ml</i>	
<i>felbamate tab 400 mg</i>	
<i>felbamate tab 600 mg</i>	
FINTEPLA SOL 2.2MG/ML	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	NDS, QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 12MG	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	
<i>lacosamide oral</i>	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	
<i>lamotrigine tab 100 mg</i>	
<i>lamotrigine tab 150 mg</i>	
<i>lamotrigine tab 200 mg</i>	
<i>lamotrigine tab chewable dispersible 5 mg</i>	
<i>lamotrigine tab chewable dispersible 25 mg</i>	
<i>lamotrigine tab er 24hr 25 mg</i>	ST
<i>lamotrigine tab er 24hr 50 mg</i>	ST
<i>lamotrigine tab er 24hr 100 mg</i>	ST
<i>lamotrigine tab er 24hr 200 mg</i>	ST
<i>lamotrigine tab er 24hr 250 mg</i>	ST
<i>lamotrigine tab er 24hr 300 mg</i>	ST
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	
<i>levetiracetam oral soln 100 mg/ml</i>	
<i>levetiracetam tab 250 mg</i>	
<i>levetiracetam tab 500 mg</i>	
<i>levetiracetam tab 750 mg</i>	
<i>levetiracetam tab 1000 mg</i>	
<i>levetiracetam tab disintegrating soluble 250 mg</i>	QL (360 tabs / 30 days)
<i>levetiracetam tab disintegrating soluble 500 mg</i>	QL (180 tabs / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	
<i>methsuximide cap 300 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	
<i>oxcarbazepine tab 150 mg</i>	
<i>oxcarbazepine tab 300 mg</i>	
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	NDS, QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital tab 15 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 30 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<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

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

<i>phenytek</i>	
<i>phenytoin chew tab 50 mg</i>	
<i>phenytoin sodium extended cap 100 mg</i>	
<i>phenytoin sodium extended cap 200 mg</i>	
<i>phenytoin sodium extended cap 300 mg</i>	
<i>phenytoin sodium inj 50 mg/ml</i>	
<i>phenytoin susp 125 mg/5ml</i>	
<i>pregabalin cap 25 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 50 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 75 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 100 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 150 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 200 mg</i>	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 225 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 300 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin soln 20 mg/ml</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone tab 50 mg</i>	
<i>primidone tab 125 mg</i>	
<i>primidone tab 250 mg</i>	
<i>relgaabi</i>	QL (270 caps / 30 days)
<i>relgaabi</i>	QL (360 caps / 30 days)
<i>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	NDS, QL (240 tabs / 30 days), PA

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
SPRITAM TAB 250MG	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
<i>subvenite</i>	
SUBVENITE SUS 10MG/ML	NDS, ST
SYMPAZAN MIS 5MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	
<i>tiagabine hcl tab 4 mg</i>	
<i>tiagabine hcl tab 12 mg</i>	
<i>tiagabine hcl tab 16 mg</i>	
<i>topiramate oral soln 25 mg/ml</i>	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	
<i>topiramate sprinkle cap 25 mg</i>	
<i>topiramate sprinkle cap 50 mg</i>	
<i>topiramate tab 25 mg</i>	
<i>topiramate tab 50 mg</i>	
<i>topiramate tab 100 mg</i>	
<i>topiramate tab 200 mg</i>	
<i>valproate sodium inj 100 mg/ml</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	NDS, QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 tabs / 30 days), PA

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**

VIGAFYDE SOL 100MG/ML	NDS, QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	NDS, QL (28 tabs / 28 days)
XCOPRI TAB 25MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg</i>	
ZTALMY SUS 50MG/ML	NDS, QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

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

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

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

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

<i>eszopiclone tab 3 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon tab 8 mg</i>	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	NDS, QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG INJ 70MG/ML	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	NDS, QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs / 30 days)

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

NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TAB 6MG	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	NDS, QL (2 packs / year), PA

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

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

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

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
<i>sodium oxybate oral solution 500 mg/ml</i>	NDS, 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	
KLOXXADO SPR 8MG	
<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	
NICOTROL NS SPR 10MG/ML	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (2 packs / year)
VIVITROL INJ 380MG	NDS

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

ANTIDIABETICS

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

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

<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin tab 5 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin tab 10 mg</i>	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	QL (30 tabs / 30 days)
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC TAB 1.5MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 4MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 9MG	QL (30 tabs / 30 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	QL (60 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	QL (60 tabs / 30 days)
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA

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
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR KWP INJ 100/ML	
CEQUR EXT WR MIS INSERTER	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
GLARGIN YFGN INJ 100U/ML	
GLARGIN YFGN SOL 100U/ML	
HUMALOG INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	
HUMALOG KWPN INJ 100/ML	
HUMALOG KWPN INJ 200/ML	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	

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
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	NDS, B/D
HUMULIN R INJ U-500KWP	NDS
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
OMNIPOD5 LIB KIT INTRO	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)
CALCIUM REGULATORS	
<i>alendronate sodium oral soln 70 mg/75ml</i>	ST
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	NDS, QL (1 pen / 28 days), PA
<i>calcitonin (salmon) spray</i>	B/D
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	B/D
OSPOMYV INJ 60MG/ML	QL (1 syringe / 180 days)
<i>pamidronate disodium iv soln 3 mg/ml</i>	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	B/D
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	
<i>risedronate sodium tab 35 mg</i>	
<i>risedronate sodium tab 150 mg</i>	
<i>risedronate sodium tab delayed release 35 mg</i>	ST
TERIPARATIDE INJ 560/2.24	NDS, QL (1 pen / 28 days), PA; (ALVOGEN product)
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	NDS, QL (1 pen / 28 days), PA
TYMLOS INJ	NDS, QL (1 pen / 30 days), PA
WYOST INJ 120/1.7	NDS, PA
XTRENBO SOL 120/1.7	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	B/D
CHELATING AGENTS	
CHEMET CAP 100MG	NDS
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</i>	PA
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	NDS, PA
<i>deferasirox tab for oral susp 500 mg</i>	NDS, PA
<i>kionex</i>	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>penicillamine tab 250 mg</i>	NDS
<i>sodium polystyrene sulfonate powder</i>	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	
<i>sps</i>	
<i>sps rectal</i>	
<i>trientine hcl cap 250 mg</i>	NDS, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	
<i>camrese</i>	
<i>camrese lo</i>	
<i>chateal eq</i>	
<i>cryselle</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i>	
<i>DEPO-SQ PROV INJ 104</i>	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	
<i>dolishale</i>	

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

drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg

drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg

drospirenone-ethinyl estradiol tab 3-0.02 mg

drospirenone-ethinyl estradiol tab 3-0.03 mg

elinest

eluryng

emzahh

enilloring

enskyce

errin

estarylla

ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg

etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr

falmina

feirza 1.5/30

feirza 1/20

finzala

galbriela

hailey 1.5/30

hailey 24 fe

hailey fe 1/20

heather

iclevia

incassia

introvale

isibloom

jaimiess

jasmiel

jencycla

jolessa

juleber

junel 1.5/30

junel 1/20

junel fe 1.5/30

junel fe 1/20

junel fe 24

kaitlib fe

kariva

kelnor 1/35

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

<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>	
LILETTA IUD 52MG	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>luizza 1.5/30</i>	
<i>luizza 1/20</i>	
<i>luteru</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>marlissa</i>	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	
<i>meleya</i>	
<i>mibelas 24 fe</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	

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

<i>mili</i>	
<i>mono-lyyah</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</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivelsa</i>	
<i>rosyrah</i>	
<i>setlakin</i>	
<i>sharobel</i>	
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	

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

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

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

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

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>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>
<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>

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

<i>dexamethasone tab 0.5 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	
<i>dexamethasone tab 1 mg</i>	
<i>dexamethasone tab 1.5 mg</i>	
<i>dexamethasone tab 2 mg</i>	
<i>dexamethasone tab 4 mg</i>	
<i>dexamethasone tab 6 mg</i>	
<i>fludrocortisone acetate tab 0.1 mg</i>	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	
<i>hydrocortisone tab 5 mg</i>	
<i>hydrocortisone tab 10 mg</i>	
<i>hydrocortisone tab 20 mg</i>	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	B/D
<i>methylprednisolone tab 4 mg</i>	B/D
<i>methylprednisolone tab 8 mg</i>	B/D
<i>methylprednisolone tab 16 mg</i>	B/D
<i>methylprednisolone tab 32 mg</i>	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	B/D
<i>prednisolone soln 15 mg/5ml</i>	B/D
<i>PREDNISON CON 5MG/ML</i>	B/D
<i>prednisone oral soln 5 mg/5ml</i>	B/D
<i>prednisone tab 1 mg</i>	B/D
<i>prednisone tab 2.5 mg</i>	B/D
<i>prednisone tab 5 mg</i>	B/D
<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>	

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***prednisone tab therapy pack 10 mg (21)**prednisone tab therapy pack 10 mg (48)*

SOLU-CORTEF INJ 250MG

SOLU-CORTEF INJ 500MG

SOLU-CORTEF INJ 1000MG

**GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD
SUGAR**

BAQSIMI ONE POW 3MG/DOSE

BAQSIMI TWO POW 3MG/DOSE

diazoxide susp 50 mg/ml

NDS

GVOKE HYPO 1 INJ 0.5/.1ML

GVOKE HYPO 1 INJ 1/0.2ML

GVOKE HYPO 2 INJ 0.5/.1ML

GVOKE HYPO 2 INJ 1/0.2ML

GVOKE KIT SOL 1/0.2ML

GVOKE PFS INJ 1/0.2ML

ZEGALOGUE INJ 0.6/0.6

MISCELLANEOUS

ALDURAZYME INJ 2.9MG/5M

NDS, PA

betaine powder for oral solution

NDS

*cabergoline tab 0.5 mg**carglumic acid soluble tab 200 mg*

NDS, PA

CERDELGA CAP 84MG

NDS, PA

CEREZYME INJ 400UNIT

NDS, PA

cinacalcet hcl tab 30 mg (base equiv)

B/D, QL (60 tabs / 30 days)

cinacalcet hcl tab 60 mg (base equiv)

B/D, QL (60 tabs / 30 days)

cinacalcet hcl tab 90 mg (base equiv)

B/D, QL (120 tabs / 30 days)

CYSTAGON CAP 50MG

PA

CYSTAGON CAP 150MG

PA

desmopressin acetate inj 4 mcg/ml

NDS

*desmopressin acetate nasal spray soln 0.01%**desmopressin acetate nasal spray soln 0.01%**(refrigerated)**desmopressin acetate preservative free (pf) inj 4 mcg/ml*

NDS

*desmopressin acetate tab 0.1 mg**desmopressin acetate tab 0.2 mg*

FABRAZYME INJ 5MG

NDS, PA

FABRAZYME INJ 35MG

NDS, PA

GENOTROPIN INJ 0.2MG

PA

GENOTROPIN INJ 0.4MG

NDS, PA

GENOTROPIN INJ 0.6MG

NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 0.8MG	NDS, PA
GENOTROPIN INJ 1.2MG	NDS, PA
GENOTROPIN INJ 1.4MG	NDS, PA
GENOTROPIN INJ 1.6MG	NDS, PA
GENOTROPIN INJ 1.8MG	NDS, PA
GENOTROPIN INJ 1MG	NDS, PA
GENOTROPIN INJ 2MG	NDS, PA
GENOTROPIN INJ 5MG	NDS, PA
GENOTROPIN INJ 12MG	NDS, PA
INCRELEX INJ 40MG/4ML	NDS, PA
<i>javygtor</i>	NDS, PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	NDS, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D
LUMIZYME INJ 50MG	NDS, PA
LUPR DEP-PED INJ 3M 30MG	NDS, PA
LUPR DEP-PED INJ 7.5MG	NDS, PA
LUPR DEP-PED INJ 11.25MG	NDS, PA
LUPR DEP-PED INJ 15MG	NDS, PA
LUPRON DEPOT INJ 45MG	NDS, PA
<i>mifepristone tab 300 mg</i>	NDS, PA
NAGLAZYME INJ 1MG/ML	NDS, PA
<i>nitisinone cap 2 mg</i>	NDS, PA
<i>nitisinone cap 5 mg</i>	NDS, PA
<i>nitisinone cap 10 mg</i>	NDS, PA
<i>nitisinone cap 20 mg</i>	NDS, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	NDS, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	NDS, PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	NDS, PA
<i>raloxifene hcl tab 60 mg</i>	
REVCIVI INJ 1.6MG/ML	NDS, PA
REZDIFFRA TAB 60MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	NDS, QL (30 tabs / 30 days), PA

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REZDIFFRA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	NDS, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	NDS, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	NDS, PA
SIGNIFOR INJ 0.3MG/ML	NDS, PA
SIGNIFOR INJ 0.6MG/ML	NDS, PA
SIGNIFOR INJ 0.9MG/ML	NDS, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	NDS, PA
<i>sodium phenylbutyrate tab 500 mg</i>	NDS, PA
SOMATULINE INJ 60/0.2ML	NDS, PA
SOMATULINE INJ 90/0.3ML	NDS, PA
SOMAVERT INJ 10MG	NDS, PA
SOMAVERT INJ 15MG	NDS, PA
SOMAVERT INJ 20MG	NDS, PA
SOMAVERT INJ 25MG	NDS, PA
SOMAVERT INJ 30MG	NDS, PA
SYNAREL SOL 2MG/ML	NDS, PA
<i>tolvaptan tab 15 mg</i>	NDS, PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	NDS, PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	NDS, PA
<i>zelvysia</i>	NDS, PA

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>gallifrey</i>	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	
<i>medroxyprogesterone acetate tab 5 mg</i>	
<i>medroxyprogesterone acetate tab 10 mg</i>	
<i>megestrol acetate susp 40 mg/ml</i>	
<i>megestrol acetate susp 625 mg/5ml</i>	PA
<i>norethindrone acetate tab 5 mg</i>	
<i>progesterone cap 100 mg</i>	
<i>progesterone cap 200 mg</i>	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levothyroxine sodium tab 25 mcg</i>	
<i>levothyroxine sodium tab 50 mcg</i>	
<i>levothyroxine sodium tab 75 mcg</i>	

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

levothyroxine sodium tab 88 mcg
levothyroxine sodium tab 100 mcg
levothyroxine sodium tab 112 mcg
levothyroxine sodium tab 125 mcg
levothyroxine sodium tab 137 mcg
levothyroxine sodium tab 150 mcg
levothyroxine sodium tab 175 mcg
levothyroxine sodium tab 200 mcg
levothyroxine sodium tab 300 mcg

levoxyl

liomny

liothyronine sodium tab 5 mcg

liothyronine sodium tab 25 mcg

liothyronine sodium tab 50 mcg

methimazole tab 5 mg

methimazole tab 10 mg

propylthiouracil tab 50 mg

SYNTHROID TAB 25MCG

SYNTHROID TAB 50MCG

SYNTHROID TAB 75MCG

SYNTHROID TAB 88MCG

SYNTHROID TAB 100MCG

SYNTHROID TAB 112MCG

SYNTHROID TAB 125MCG

SYNTHROID TAB 137MCG

SYNTHROID TAB 150MCG

SYNTHROID TAB 175MCG

SYNTHROID TAB 200MCG

SYNTHROID TAB 300MCG

unithroid

VITAMIN D ANALOGS

calcitriol (oral) B/D

calcitriol cap 0.5 mcg B/D

calcitriol cap 0.25 mcg B/D

paricalcitol cap 1 mcg B/D

paricalcitol cap 2 mcg B/D

paricalcitol cap 4 mcg B/D

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

aprepitant capsule 40 mg B/D

aprepitant capsule 80 mg B/D

aprepitant capsule 125 mg B/D

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>aprepitant capsule therapy pack 80 & 125 mg compro</i>	B/D
<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
<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

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>promethazine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	
<i>dicyclomine hcl cap 10 mg</i>	PA; PA applies if 65 years and older
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	PA; PA applies if 65 years and older
<i>dicyclomine hcl tab 20 mg</i>	PA; PA applies if 65 years and older
<i>glycopyrrolate tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID	
<i>famotidine for susp 40 mg/5ml</i>	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	
<i>famotidine inj 40 mg/4ml</i>	
<i>famotidine inj 200 mg/20ml</i>	
<i>famotidine preservative free inj 20 mg/2ml</i>	
<i>famotidine tab 20 mg</i>	
<i>famotidine tab 40 mg</i>	
<i>nizatidine cap 150 mg</i>	
<i>nizatidine cap 300 mg</i>	
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium cap 750 mg</i>	
<i>budesonide delayed release particles cap 3 mg</i>	QL (90 caps / 30 days)
<i>budesonide tab er 24hr 9 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	
<i>mesalamine cap dr 400 mg</i>	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	QL (1680 mL / 28 days)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	
<i>sulfasalazine tab delayed release 500 mg</i>	

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

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

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNIT	
CREON CAP 24000UNIT	
CREON CAP 36000UNIT	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
GATTEX KIT 5MG	NDS, PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	
<i>lubiprostone cap 8 mcg</i>	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 200 mcg</i>	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 vials / 28 days), PA

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

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

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	
<i>rabeprazole sodium ec tab 20 mg</i>	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE	
<i>alfuzosin hcl tab er 24hr 10 mg</i>	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	QL (30 tabs / 30 days)
<i>tadalafil tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	QL (60 caps / 30 days)
MISCELLANEOUS	
<i>acetic acid irrigation soln 0.25%</i>	
<i>bethanechol chloride tab 5 mg</i>	
<i>bethanechol chloride tab 10 mg</i>	
<i>bethanechol chloride tab 25 mg</i>	
<i>bethanechol chloride tab 50 mg</i>	
<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 25 mg</i>	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 50 mg</i>	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	QL (30 tabs / 30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tolterodine tartrate tab 2 mg</i>	QL (60 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal cream 2%</i>	
<i>metronidazole vaginal gel 0.75%</i>	
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS	
ANTICOAGULANTS - BLOOD THINNERS	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	QL (120 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	QL (60 caps / 30 days)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	NDS
HEP SOD/NAACL INJ 25000UNT	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	B/D

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	B/D
<i>jantoven</i>	
<i>rivaroxaban for susp 1 mg/ml</i>	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	
<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS	
FULPHILA INJ 6/0.6ML	NDS, QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	NDS, PA
PROCRIT INJ 40000/ML	NDS, PA
ZARXIO INJ 300/0.5	NDS, PA
ZARXIO INJ 480/0.8	NDS, PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	NDS, QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
BERINERT INJ 500UNIT	NDS, QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>cilostazol tab 100 mg</i>	
DOPTelet SPR CAP 10MG	NDS, PA
DOPTelet TAB 20MG	NDS, PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	NDS, QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	NDS, QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	NDS, QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	NDS, PA
<i>pentoxifylline tab er 400 mg</i>	
<i>sajazir</i>	NDS, QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	NDS
TAVNEOS CAP 10MG	NDS, QL (180 caps / 30 days), PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	
<i>tranexamic acid tab 650 mg</i>	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

AUTOIMMUNE AGENTS

ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BIMZELX INJ 160MG/ML	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	NDS, QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	NDS, QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 syringes / 28 days), PA
EBGLYSS INJ 250/2ML	NDS, QL (20 pens / 365 days), PA
EBGLYSS INJ 250/2ML	NDS, QL (20 syringes / 365 days), PA
ENBREL INJ 25/0.5ML	NDS, QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	NDS, QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	NDS, QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	NDS, QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	NDS, QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	NDS, QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	NDS, QL (6 syringes / 28 days), PA

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

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

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
STELARA INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>	NDS, QL (480 mL / 24 days), PA
<i>tofacitinib citrate tab 5 mg (base equivalent)</i>	NDS, QL (60 tabs / 30 days), PA
<i>tofacitinib citrate tab 10 mg (base equivalent)</i>	NDS, QL (60 tabs / 30 days), PA
<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
<i>tofacitinib citrate tab er 24hr 22 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	NDS, PA
TYENNE INJ 80MG/4ML	NDS, PA
TYENNE INJ 162/0.9	NDS, QL (4 pens / 28 days), PA
TYENNE INJ 162MG	NDS, QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	NDS, PA
TYENNE INJ 400/20ML	NDS, PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	NDS, PA
VELSIPITY TAB 2MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	NDS, QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	NDS, QL (60 tabs / 30 days), PA

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

XELJANZ XR TAB 11MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	NDS, QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA

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

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

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML	NDS, PA
ALYGLO INJ 10/100ML	NDS, PA
ALYGLO INJ 20/200ML	NDS, PA
BIVIGAM INJ 10%	NDS, PA
FLEBOGAMMA INJ 10/200ML	NDS, PA
FLEBOGAMMA INJ 20/400ML	NDS, PA
FLEBOGAMMA INJ DIF 5%	NDS, PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	NDS, PA
GAMMAGARD INJ 2.5GM/25	NDS, PA
GAMMAGARD INJ 5GM/50ML	NDS, PA
GAMMAGARD INJ 10GM/100	NDS, PA
GAMMAGARD INJ 20GM/200	NDS, PA
GAMMAGARD INJ 30GM/300	NDS, PA
GAMMAGARD SD INJ 5GM HU	NDS, PA
GAMMAGARD SD INJ 10GM HU	NDS, PA
GAMMAKED INJ 1GM/10ML	NDS, PA
GAMMAKED INJ 5GM/50ML	NDS, PA
GAMMAKED INJ 10GM/100	NDS, PA
GAMMAKED INJ 20GM/200	NDS, PA
GAMMAPLEX INJ 5%	NDS, PA
GAMMAPLEX INJ 10%	NDS, PA
GAMMGD ERC INJ 5GM/50ML	NDS, PA
GAMMGD ERC INJ 10/100ML	NDS, PA
GAMUNEX-C INJ 1GM/10ML	NDS, PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>cyclosporine modified oral soln 100 mg/ml</i>	B/D
<i>everolimus tab 0.5 mg</i>	NDS, B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	NDS, B/D
<i>everolimus tab 1 mg</i>	NDS, B/D
<i>gengraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	B/D
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	B/D
NULOJIX INJ 250MG	NDS, B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	B/D
<i>sirolimus tab 0.5 mg</i>	B/D
<i>sirolimus tab 1 mg</i>	B/D
<i>sirolimus tab 2 mg</i>	B/D
<i>tacrolimus cap 0.5 mg</i>	B/D
<i>tacrolimus cap 1 mg</i>	B/D
<i>tacrolimus cap 5 mg</i>	B/D
<i>tacrolimus cap er 24hr 0.5 mg</i>	B/D
<i>tacrolimus cap er 24hr 1 mg</i>	B/D
<i>tacrolimus cap er 24hr 5 mg</i>	NDS, B/D

VACCINES

ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
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

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
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	
PEDVAXHIB INJ 7.5MCG	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI INJ	
VAQTA INJ 25/0.5ML	
VAQTA INJ 50UNT/ML	
VARIVAX INJ	
VAXCHORA SUS	
VIMKUNYA INJ 40/0.8ML	
VIVOTIF CAP EC	
YF-VAX INJ	

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

D2.5W/NACL INJ 0.45%

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**

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

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)**magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)**magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)**multiple electrolytes ph 5.5**POT CHL 20MEQ/L IN NACL 0.9% INJ**POT CHL 20MEQ/L IN NACL 0.45% INJ**POT CHL 40MEQ/L IN NACL 0.9% INJ**potassium chloride 20 meq/l (0.15%) in dextrose 5% inj**potassium chloride inj 2 meq/ml**potassium chloride inj 10 meq/50ml**potassium chloride inj 10 meq/100ml**potassium chloride inj 20 meq/50ml**potassium chloride inj 20 meq/100ml**potassium chloride inj 40 meq/100ml**sodium chloride inj 2.5 meq/ml (14.6%)**sodium chloride iv soln 0.9%**sodium chloride iv soln 0.45%**sodium chloride iv soln 3%**sodium chloride iv soln 5%**TPN ELECTROL INJ*

B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL*klor-con**klor-con 8**KLOR-CON 8 TAB 8MEQ ER**klor-con 10**KLOR-CON 10 TAB 10MEQ ER**klor-con m10**klor-con m15**klor-con m20**M-NATAL PLUS TAB**potassium chloride cap er 8 meq**potassium chloride cap er 10 meq**potassium chloride microencapsulated crys er tab 10 meq**potassium chloride microencapsulated crys er tab 15 meq**potassium chloride microencapsulated crys er tab 20 meq**potassium chloride oral soln 10% (20 meq/15ml)**potassium chloride oral soln 20% (40 meq/15ml)**potassium chloride powder packet 20 meq*

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***potassium chloride tab er 8 meq (600 mg)**potassium chloride tab er 10 meq**potassium chloride tab er 20 meq (1500 mg)*

PRENATAL TAB 27-1MG

PRENATAL TAB PLUS

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

WESTAB PLUS TAB 27-1MG

IV NUTRITION*aminosyn ii soln 15%*

B/D

AMINOSYN INJ 10%

B/D

AMINOSYN-PF INJ 10%

B/D

CLINIMIX INJ 4.25/D5W

B/D

CLINIMIX INJ 4.25/D10

B/D

CLINIMIX INJ 5%/D15W

B/D

CLINIMIX INJ 5%/D20W

B/D

CLINIMIX INJ 6/5

B/D

CLINIMIX INJ 8/10

B/D

CLINIMIX INJ 8/14

B/D

clinisol sf 15%

B/D

CLINOLIPID EMU 20%

B/D

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

DEXTROSE INJ 10%

dextrose inj 50%

B/D

DEXTROSE INJ 70%

B/D

INTRALIPID INJ 20%

B/D

INTRALIPID INJ 30%

B/D

NUTRILIPID EMU 20%

B/D

plenamine

B/D

PREMASOL SOL 10%

NDS, B/D

PROSOL INJ 20%

B/D

TRAVASOL INJ 10%

B/D

TROPHAMINE INJ 10%

B/D

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

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

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***neomycin-polymyxin-hc ophth susp**sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%**TOBRADEX OIN 0.3-0.1%**tobramycin-dexamethasone ophth susp 0.3-0.1%**ZYLET SUS 0.5-0.3%***ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS***bacitracin-polymyxin b ophth oint**besifloxacin hcl ophth susp 0.6% (base equiv)**BESIVANCE SUS 0.6%**CILOXAN OIN 0.3% OP**ciprofloxacin hcl ophth soln 0.3% (base equivalent)**erythromycin ophth oint 5 mg/gm**gatifloxacin ophth soln 0.5%**gentamicin sulfate ophth soln 0.3%**moxifloxacin hcl ophth soln 0.5% (base equiv)* QL (12 mL / 30 days)*NATACYN SUS 5% OP**neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin**neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml**ofloxacin ophth soln 0.3%**polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%**sulfacetamide sodium ophth soln 10%**tobramycin ophth soln 0.3%**trifluridine ophth soln 1%**XDEMVI DRO 0.25%*

NDS, PA

*ZIRGAN GEL 0.15%***ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION***dexamethasone sodium phosphate ophth soln 0.1%**diclofenac sodium ophth soln 0.1%**difluprednate ophth emulsion 0.05%**fluorometholone ophth susp 0.1%**flurbiprofen sodium ophth soln 0.03%**ketorolac tromethamine ophth soln 0.4%**ketorolac tromethamine ophth soln 0.5%**LOTEMAX OIN 0.5%**PRED SOD PHO SOL 1% OP**prednisolone acetate ophth susp 1%*

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****ANTIALLERGICS - DRUGS TO TREAT ALLERGIES***azelastine hcl ophth soln 0.05%**cromolyn sodium ophth soln 4%**ZERVIAE DRO 0.24%***ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA***betaxolol hcl ophth soln 0.5%**brimonidine tartrate ophth soln 0.2%**brinzolamide ophth susp 1%* ST*carteolol hcl ophth soln 1%**COMBIGAN SOL 0.2/0.5%**dorzolamide hcl ophth soln 2%**dorzolamide hcl-timolol maleate ophth soln 2-0.5%**latanoprost ophth soln 0.005%**levobunolol hcl ophth soln 0.5%**LUMIGAN SOL 0.01% OP**pilocarpine hcl ophth soln 1%**pilocarpine hcl ophth soln 2%**pilocarpine hcl ophth soln 4%**RHOPRESSA SOL 0.02%**ROCKLATAN DRO**SIMBRINZA SUS 1-0.2%**timolol maleate ophth gel forming soln 0.5%**timolol maleate ophth gel forming soln 0.25%**timolol maleate ophth soln 0.5%**timolol maleate ophth soln 0.25%**VYZULTA SOL 0.024%***MISCELLANEOUS***ATROPINE SUL SOL 1% OP**atropine sulfate ophth soln 1%**CYSTADROPS SOL 0.37%* NDS, PA*CYSTARAN SOL 0.44%* NDS, PA*EYSUVIS DRO 0.25%**MIEBO DRO 1.3GM/ML**proparacaine hcl ophth soln 0.5%**RESTASIS EMU 0.05% OP**RESTASIS MUL EMU 0.05% OP**XIIDRA DRO 5%***OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR****OTIC AGENTS***acetic acid otic soln 2%**ciprofloxacin-dexamethasone otic susp 0.3-0.1%**flac*

NAME OF DRUG**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE***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 9MCG

QL (1 inhaler / 30 days)

BREZTRI AERO AER 18MCG

QL (1 inhaler / 30 days)

*BREZTRI AERO AER SPHERE (INSTITUTIONAL
PACK)*

QL (4 inhalers / 28 days)

COMBIVENT AER 20-100

QL (2 inhalers / 30 days)

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

QL (60 blisters / 30 days)

TRELEGY AER ELLIPTA 200-62.5-25 MCG

QL (60 blisters / 30 days)

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

QL (2 inhalers / 30 days)

INCRUSE ELPT INH 62.5MCG

QL (30 blisters / 30 days)

ipratropium bromide hfa inhal aerosol 17 mcg/act

QL (2 inhalers / 30 days)

ipratropium bromide inhal soln 0.02%

B/D

*ipratropium bromide nasal soln 0.03% (21
mcg/spray)**ipratropium bromide nasal soln 0.06% (42
mcg/spray)**SPIRIVA RESP AER 1.25MCG*

QL (1 inhaler / 30 days)

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES*azelastine hcl nasal spray 0.1% (137 mcg/spray)**cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)*

QL (300 mL / 30 days)

*cyproheptadine hcl syrup 2 mg/5ml*PA; PA applies if 65 years
and older after a 30 day
supply in a calendar year*cyproheptadine hcl tab 4 mg*PA; PA applies if 65 years
and older after a 30 day
supply in a calendar year*diphenhydramine hcl inj 50 mg/ml**hydroxyzine hcl im soln 25 mg/ml*PA; PA applies if 65 years
and older*hydroxyzine hcl im soln 50 mg/ml*PA; PA applies if 65 years
and older

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

<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)
<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

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

<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	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	NDS, PA
ARALAST NP INJ 1000MG	NDS, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	NDS, QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	NDS, QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	NDS, QL (56 packets / 28 days), PA

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

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

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

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

STERIOD INHALANTS - DRUGS TO TREAT ASTHMA

ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	B/D

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

<i>budesonide inhalation susp 0.25 mg/2ml</i>	B/D
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)

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

<i>ADVAIR HFA AER 45/21</i>	QL (1 inhaler / 30 days)
<i>ADVAIR HFA AER 115/21</i>	QL (1 inhaler / 30 days)
<i>ADVAIR HFA AER 230/21</i>	QL (1 inhaler / 30 days)
<i>AIRSUPRA AER 90-80MCG</i>	QL (3 inhalers / 30 days)
<i>BREO ELLIPTA INH 50-25MCG</i>	QL (60 blisters / 30 days)
<i>BREO ELLIPTA INH 100-25</i>	QL (60 blisters / 30 days)
<i>BREO ELLIPTA INH 200-25</i>	QL (60 blisters / 30 days)
<i>breyana</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)
<i>DULERA AER 50-5MCG</i>	QL (3 inhalers / 30 days)
<i>DULERA AER 100-5MCG</i>	QL (3 inhalers / 30 days)
<i>DULERA AER 200-5MCG</i>	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

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

<i>accutane</i>	PA
<i>amnesteam</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)

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

<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac</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>	
<i>SULFAMYLON CRE 85MG/GM</i>	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

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

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	QL (120 mL / 30 days), PA
<i>calcitrene</i>	QL (120 gm / 30 days), PA
ENSTILAR AER	NDS, QL (120 gm / 30 days), PA
<i>pellix sol 0.005%</i>	QL (120 mL / 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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate oint 0.005%</i>	
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone oint 1%</i>	QL (30 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	
<i>hydrocortisone valerate cream 0.2%</i>	QL (60 gm / 30 days)
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate oint 0.1%</i>	
<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>triamcinolone acetonide cream 0.1%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
<i>triderm</i>	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS	
<i>glydo</i>	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	QL (60 mL / 30 days), PA
<i>lidocaine oint 5%</i>	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	QL (3 patches / 1 day), PA
<i>tridacaine iii</i>	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>bexarotene gel 1%</i>	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	QL (300 mL / 28 days)
<i>EUCRISA OIN 2%</i>	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	QL (10 mL / 30 days)

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>hydrocortisone perianal cream 1%</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>imiquimod cream 5%</i>	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>metronidazole cream 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	QL (7 mL / 28 days)
<i>procto-med hc</i>	
<i>proctocort</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>tacrolimus oint 0.1%</i>	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	NDS, QL (60 gm / 30 days), PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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

D. Índice de Medicamentos Cobertos

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



Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita. **Para mais informações**, visite ccama.org. 138

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<i>alendronate sodium tab 10 mg</i>	<i>96</i>
<i>alendronate sodium tab 35 mg</i>	<i>96</i>
<i>alendronate sodium tab 70 mg</i>	<i>96</i>
<i>alfuzosin hcl tab er 24hr 10 mg.....</i>	<i>112</i>
<i>aliskiren fumarate tab 150 mg (base</i> <i>equivalent).....</i>	<i>62</i>
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<i>allopurinol tab 100 mg.....</i>	<i>19</i>
<i>allopurinol tab 300 mg.....</i>	<i>19</i>
<i>alosetron hcl tab 0.5 mg (base equiv)</i> <i>.....</i>	<i>110</i>
<i>alosetron hcl tab 1 mg (base equiv)</i>	110
<i>alprazolam tab 0.25 mg.....</i>	<i>65</i>
<i>alprazolam tab 0.5 mg.....</i>	<i>65</i>
<i>alprazolam tab 1 mg</i>	<i>65</i>
<i>alprazolam tab 2 mg</i>	<i>65</i>
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<i>amantadine hcl cap 100 mg</i>	<i>70</i>
<i>amantadine hcl soln 50 mg/5ml</i>	<i>70</i>
<i>amantadine hcl tab 100 mg</i>	<i>70</i>
<i>ambrisentan tab 10 mg</i>	<i>64</i>
<i>ambrisentan tab 5 mg</i>	<i>63</i>
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<i>amikacin sulfate inj 1 gm/4ml (250</i> <i>mg/ml).....</i>	<i>22</i>
<i>amikacin sulfate inj 500 mg/2ml (250</i> <i>mg/ml).....</i>	<i>22</i>
<i>amiloride & hydrochlorothiazide tab 5-</i> <i>50 mg</i>	<i>61</i>
<i>amiloride hcl tab 5 mg</i>	<i>61</i>
<i>aminosyn ii soln 15%</i>	<i>125</i>
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<i>amiodarone hcl inj 150 mg/3ml (50</i> <i>mg/ml).....</i>	<i>56</i>
<i>amiodarone hcl inj 450 mg/9ml (50</i> <i>mg/ml).....</i>	<i>56</i>
<i>amiodarone hcl inj 900 mg/18ml (50</i> <i>mg/ml).....</i>	<i>56</i>
<i>amiodarone hcl tab 100 mg</i>	<i>56</i>
<i>amiodarone hcl tab 200 mg</i>	<i>56</i>
<i>amiodarone hcl tab 400 mg</i>	<i>56</i>
<i>amitriptyline hcl tab 10 mg</i>	<i>66</i>
<i>amitriptyline hcl tab 100 mg</i>	<i>66</i>
<i>amitriptyline hcl tab 150 mg</i>	<i>66</i>
<i>amitriptyline hcl tab 25 mg</i>	<i>66</i>
<i>amitriptyline hcl tab 50 mg</i>	<i>66</i>
<i>amitriptyline hcl tab 75 mg</i>	<i>66</i>
<i>amlodipine besylate tab 10 mg (base</i> <i>equivalent)</i>	<i>59</i>
<i>amlodipine besylate tab 2.5 mg (base</i> <i>equivalent)</i>	<i>59</i>
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<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	<i>52</i>
<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	<i>52</i>
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>	<i>52</i>
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>	<i>52</i>
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	<i>52</i>
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	<i>54</i>
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	<i>54</i>

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	54
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	54
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	54
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	54
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	54
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	54
<i>amnestem</i>	133
<i>amoxapine tab 100 mg</i>	66
<i>amoxapine tab 150 mg</i>	67
<i>amoxapine tab 25 mg</i>	66
<i>amoxapine tab 50 mg</i>	66
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	32
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	32
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	32
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	32
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	32
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	32
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	32
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	32
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	32
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	32
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	32
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	32
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	32
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<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	85
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	85
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<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	85
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	85
<i>amphetamine-dextroamphetamine tab 10 mg</i>	85
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	85
<i>amphetamine-dextroamphetamine tab 15 mg</i>	85
<i>amphetamine-dextroamphetamine tab 20 mg</i>	85
<i>amphetamine-dextroamphetamine tab 30 mg</i>	85
<i>amphetamine-dextroamphetamine tab 5 mg</i>	85
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	85
<i>amphotericin b for iv soln 50 mg</i>	25
<i>amphotericin b liposome iv for susp 50 mg</i>	25
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	32
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	32
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	32
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	32
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	32
<i>ampicillin cap 500 mg</i>	32
<i>ampicillin sodium for inj 1 gm</i>	33
<i>ampicillin sodium for inj 2 gm</i>	33
<i>ampicillin sodium for inj 250 mg</i>	33
<i>ampicillin sodium for inj 500 mg</i>	33
<i>ampicillin sodium for iv soln 1 gm</i>	33
<i>ampicillin sodium for iv soln 10 gm</i> ..	33
<i>ampicillin sodium for iv soln 2 gm</i>	33

<i>anagrelide hcl cap 0.5 mg</i>	114	<i>asenapine maleate sl tab 10 mg (base equiv)</i>	72
<i>anagrelide hcl cap 1 mg</i>	114	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	72
<i>anastrozole tab 1 mg</i>	36	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	72
ANORO ELLIPT AER 62.5-25	128	<i>ashlyna</i>	97
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<i>aprepitant capsule 125 mg</i>	107	ASTAGRAF XL CAP 1MG.....	120
<i>aprepitant capsule 40 mg</i>	107	ASTAGRAF XL CAP 5MG.....	120
<i>aprepitant capsule 80 mg</i>	107	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	26
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	108	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	26
<i>apri</i>	97	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	26
APTIOM TAB 200MG	78	<i>atenolol & chlorthalidone tab 100-25 mg</i>	58
APTIOM TAB 400MG	78	<i>atenolol & chlorthalidone tab 50-25 mg</i>	58
APTIOM TAB 600MG	78	<i>atenolol tab 100 mg</i>	58
APTIOM TAB 800MG	78	<i>atenolol tab 25 mg</i>	58
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ARALAST NP INJ 1000MG.....	130	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	85
ARALAST NP INJ 500MG	130	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	86
<i>aranelle</i>	97	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	85
ARCALYST INJ 220MG	120	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	85
AREXVY INJ 120MCG	121	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	85
ARIKAYCE SUS	22	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	86
<i>aripiprazole oral solution 1 mg/ml</i>	72	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	86
<i>aripiprazole orally disintegrating tab 10 mg</i>	72	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	57
<i>aripiprazole orally disintegrating tab 15 mg</i>	72	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	57
<i>aripiprazole tab 10 mg</i>	72	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	57
<i>aripiprazole tab 15 mg</i>	72	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	57
<i>aripiprazole tab 2 mg</i>	72		
<i>aripiprazole tab 20 mg</i>	72		
<i>aripiprazole tab 30 mg</i>	72		
<i>aripiprazole tab 5 mg</i>	72		
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ARISTADA INJ 441MG/1.	72		
ARISTADA INJ 662MG/2	72		
ARISTADA INJ 882MG/3	72		
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<i>armodafinil tab 150 mg</i>	90		
<i>armodafinil tab 200 mg</i>	90		
<i>armodafinil tab 250 mg</i>	90		
<i>armodafinil tab 50 mg</i>	90		
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ARNUITY ELPT INH 200MCG	132		
ARNUITY ELPT INH 50MCG.....	132		

<i>atovaquone susp 750 mg/5ml</i>	22
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	25
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	25
ATROPINE SUL SOL 1% OP	127
<i>atropine sulfate ophth soln 1%</i>	127
ATROVENT HFA AER 17MCG	128
<i>aubra eq</i>	97
AUGTYRO CAP 160MG	40
AUGTYRO CAP 40MG	40
<i>aurovela 1/20</i>	97
<i>aurovela 24 fe</i>	97
<i>aurovela fe 1.5/30</i>	97
<i>aurovela fe 1/20</i>	97
AUSTEDO TAB 12MG	88
AUSTEDO TAB 6MG	88
AUSTEDO TAB 9MG	88
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AUSTEDO XR TAB 18MG	88
AUSTEDO XR TAB 24MG	88
AUSTEDO XR TAB 30MG	88
AUSTEDO XR TAB 36MG	88
AUSTEDO XR TAB 42MG	88
AUSTEDO XR TAB 48MG	88
AUSTEDO XR TAB 6MG	88
AUSTEDO XR TAB TITR KIT	88
AUVELITY TAB 45-105MG	67
AUVELITY TAB TITRATIO	67
<i>aviane</i>	97
AVMAPKI PAK FAKZYNJA	40
<i>ayuna</i>	97
AYVAKIT TAB 100MG	40
AYVAKIT TAB 200MG	40
AYVAKIT TAB 25MG	40
AYVAKIT TAB 300MG	40
AYVAKIT TAB 50MG	40
<i>azacitidine for inj 100 mg</i>	35
<i>azathioprine tab 50 mg</i>	120
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	128
<i>azelastine hcl ophth soln 0.05%</i>	127
<i>azithromycin for susp 100 mg/5ml</i> ...	31
<i>azithromycin for susp 200 mg/5ml</i> ...	31
<i>azithromycin iv for soln 500 mg</i>	31
<i>azithromycin tab 250 mg</i>	31
<i>azithromycin tab 500 mg</i>	31
<i>azithromycin tab 600 mg</i>	31
<i>aztreonam for inj 1 gm</i>	22
<i>aztreonam for inj 2 gm</i>	22
<i>azurette</i>	97
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<i>bacitracin-polymyxin b ophth oint</i> ..	126
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	125
<i>baclofen tab 10 mg</i>	89
<i>baclofen tab 20 mg</i>	89
<i>baclofen tab 5 mg</i>	89
BAFIERTAM CAP 95MG	89
<i>balsalazide disodium cap 750 mg</i> ...	109
BALVERSA TAB 3MG	40
BALVERSA TAB 4MG	40
BALVERSA TAB 5MG	40
<i>balziva</i>	97
BAQSIMI ONE POW 3MG/DOSE	104
BAQSIMI TWO POW 3MG/DOSE	104
BARACLUDE SOL	28
BASAGLAR KWP INJ 100/ML	94
BCG VACCINE INJ 50MG	121
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	52
<i>benazepril hcl tab 10 mg</i>	52
<i>benazepril hcl tab 20 mg</i>	52
<i>benazepril hcl tab 40 mg</i>	53
<i>benazepril hcl tab 5 mg</i>	52
BENDAMUSTINE SOL 100/4ML	34
BENDEKA INJ 100/4ML	34
BENLYSTA INJ 120MG	120
BENLYSTA INJ 200MG/ML	120
BENLYSTA INJ 400MG	120
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	133
<i>benztropine mesylate inj 1 mg/ml</i> ...	70
<i>benztropine mesylate tab 0.5 mg</i>	70
<i>benztropine mesylate tab 1 mg</i>	70
<i>benztropine mesylate tab 2 mg</i>	70
BERINERT INJ 500UNIT	114

<i>besifloxacin hcl ophth susp 0.6% (base equiv)</i>	126	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	58
BESIVANCE SUS 0.6%.....	126	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	58
BESREMI SOL 500MCG	38	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	58
<i>betaine powder for oral solution</i>	104	<i>bisoprolol fumarate tab 10 mg</i>	58
<i>betamethasone dipropionate augmented cream 0.05%</i>	135	<i>bisoprolol fumarate tab 5 mg</i>	58
<i>betamethasone dipropionate augmented gel 0.05%</i>	135	BIVIGAM INJ 10%	119
<i>betamethasone dipropionate augmented lotion 0.05%</i>	135	<i>blisovi 24 fe</i>	97
<i>betamethasone dipropionate augmented oint 0.05%</i>	135	<i>blisovi fe 1.5/30</i>	97
<i>betamethasone dipropionate cream 0.05%</i>	135	<i>blisovi fe 1/20</i>	97
<i>betamethasone dipropionate lotion 0.05%</i>	135	BLUJEPa TAB 750MG.....	22
<i>betamethasone dipropionate oint 0.05%</i>	135	BONSITY INJ 560/2.24	96
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	135	BOOSTRIX INJ	121
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	135	<i>bortezomib for inj 3.5 mg</i>	40
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	135	BORTEZOMIB INJ 1MG	40
BETASERON INJ 0.3MG.....	89	BORTEZOMIB INJ 2.5MG	40
<i>betaxolol hcl ophth soln 0.5%</i>	127	<i>bosentan tab 125 mg</i>	64
<i>betaxolol hcl tab 10 mg</i>	58	<i>bosentan tab 62.5 mg</i>	64
<i>betaxolol hcl tab 20 mg</i>	58	<i>bosentan tab for oral susp 32 mg</i>	64
<i>bethanechol chloride tab 10 mg</i>	112	BOSULIF CAP 100MG	40
<i>bethanechol chloride tab 25 mg</i>	112	BOSULIF CAP 50MG	40
<i>bethanechol chloride tab 5 mg</i>	112	BOSULIF TAB 100MG	40
<i>bethanechol chloride tab 50 mg</i>	112	BOSULIF TAB 400MG	40
BEVESPI AER 9-4.8MCG.....	128	BOSULIF TAB 500MG	40
<i>bexarotene cap 75 mg</i>	38	<i>bosutinib tab 100 mg</i>	40
<i>bexarotene gel 1%</i>	136	<i>bosutinib tab 400 mg</i>	41
BEXSERO INJ	121	<i>bosutinib tab 500 mg</i>	41
<i>bicalutamide tab 50 mg</i>	36	BRAFTOVI CAP 75MG	41
BICILLIN L-A INJ 1200000	33	BREO ELLIPTA INH 100-25.....	133
BICILLIN L-A INJ 2400000	33	BREO ELLIPTA INH 200-25.....	133
BICILLIN L-A INJ 600000	33	BREO ELLIPTA INH 50-25MCG	133
BIKTARVY TAB 30-120-15 MG	27	<i>brey-na</i>	133
BIKTARVY TAB 50-200-25 MG	27	BREZTRI AERO AER 18MCG	128
BILDYOS INJ 60MG/ML	96	BREZTRI AERO AER 9MCG	128
BIMZELX INJ 160MG/ML	116	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	128
BIMZELX INJ 320MG/2	116	<i>briellyn</i>	97
		<i>brimonidine tartrate ophth soln 0.2%</i>	127
		<i>brinzolamide ophth susp 1%</i>	127
		<i>brivaracetam oral soln 10 mg/ml</i>	78
		<i>brivaracetam tab 10 mg</i>	78
		<i>brivaracetam tab 100 mg</i>	78
		<i>brivaracetam tab 25 mg</i>	78
		<i>brivaracetam tab 50 mg</i>	78

<i>brivaracetam tab 75 mg</i>	78	<i>buprenorphine td patch weekly 15</i>	
BRIVIACT SOL 10MG/ML.....	78	<i>mcg/hr</i>	20
BRIVIACT TAB 100MG	78	<i>buprenorphine td patch weekly 20</i>	
BRIVIACT TAB 10MG	78	<i>mcg/hr</i>	20
BRIVIACT TAB 25MG	78	<i>buprenorphine td patch weekly 5</i>	
BRIVIACT TAB 50MG	78	<i>mcg/hr</i>	20
BRIVIACT TAB 75MG	78	<i>buprenorphine td patch weekly 7.5</i>	
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>mcg/hr</i>	20
<i>equivalent)</i>	70	<i>bupropion hcl (smoking deterrent) tab</i>	
<i>bromocriptine mesylate tab 2.5 mg</i>		<i>er 12hr 150 mg</i>	91
<i>(base equivalent)</i>	71	<i>bupropion hcl tab 100 mg</i>	67
BRUKINSA CAP 80MG	41	<i>bupropion hcl tab 75 mg</i>	67
BRUKINSA TAB 160MG	41	<i>bupropion hcl tab er 12hr 100 mg</i>	67
<i>budesonide delayed release particles</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	67
<i>cap 3 mg</i>	109	<i>bupropion hcl tab er 12hr 200 mg</i>	67
<i>budesonide inhalation susp 0.25</i>		<i>bupropion hcl tab er 24hr 150 mg</i>	67
<i>mg/2ml</i>	133	<i>bupropion hcl tab er 24hr 300 mg</i>	67
<i>budesonide inhalation susp 0.5 mg/2ml</i>		<i>buspirone hcl tab 10 mg</i>	65
.....	132	<i>buspirone hcl tab 15 mg</i>	65
<i>budesonide tab er 24hr 9 mg</i>	109	<i>buspirone hcl tab 30 mg</i>	65
<i>budesonide-formoterol fumarate dihyd</i>		<i>buspirone hcl tab 5 mg</i>	65
<i>aerosol 160-4.5 mcg/act</i>	133	<i>buspirone hcl tab 7.5 mg</i>	65
<i>budesonide-formoterol fumarate dihyd</i>		<i>butorphanol tartrate inj 1 mg/ml</i>	21
<i>aerosol 80-4.5 mcg/act</i>	133	<i>butorphanol tartrate inj 2 mg/ml</i>	21
<i>bumetanide inj 0.25 mg/ml</i>	61	BYSANTI TAB 10MG	73
<i>bumetanide tab 0.5 mg</i>	61	BYSANTI TAB 12MG	73
<i>bumetanide tab 1 mg</i>	61	BYSANTI TAB 1MG.....	72
<i>bumetanide tab 2 mg</i>	61	BYSANTI TAB 2MG.....	72
<i>buprenorphine hcl sl tab 2 mg (base</i>		BYSANTI TAB 4MG.....	72
<i>equiv)</i>	90	BYSANTI TAB 6MG.....	72
<i>buprenorphine hcl sl tab 8 mg (base</i>		BYSANTI TAB 8MG.....	72
<i>equiv)</i>	90	BYSANTI TAB PACK A.....	73
<i>buprenorphine hcl-naloxone hcl sl film</i>		BYSANTI TAB PACK B.....	73
<i>12-3 mg (base equiv)</i>	91	BYSANTI TAB PACK C.....	73
<i>buprenorphine hcl-naloxone hcl sl film</i>		C	
<i>2-0.5 mg (base equiv)</i>	90	<i>cabergoline tab 0.5 mg</i>	104
<i>buprenorphine hcl-naloxone hcl sl film</i>		CABOMETYX TAB 20MG	41
<i>4-1 mg (base equiv)</i>	90	CABOMETYX TAB 40MG	41
<i>buprenorphine hcl-naloxone hcl sl film</i>		CABOMETYX TAB 60MG	41
<i>8-2 mg (base equiv)</i>	90	<i>calcipotriene cream 0.005%</i>	134
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>calcipotriene oint 0.005%</i>	134
<i>2-0.5 mg (base equiv)</i>	91	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab</i>		.....	135
<i>8-2 mg (base equiv)</i>	91	<i>calcitonin (salmon) spray</i>	96
<i>buprenorphine td patch weekly 10</i>		<i>calcitrene</i>	135
<i>mcg/hr</i>	20	<i>calcitriol (oral)</i>	107
		<i>calcitriol cap 0.25 mcg</i>	107

<i>calcitriol cap 0.5 mcg</i>	107	<i>carbamazepine tab er 12hr 100 mg</i> ..	79
CALQUENCE TAB 100MG	41	<i>carbamazepine tab er 12hr 200 mg</i> ..	79
<i>camila</i>	97	<i>carbamazepine tab er 12hr 400 mg</i> ..	79
<i>camrese</i>	97	<i>carbidopa & levodopa tab 10-100 mg</i>	71
<i>camrese lo</i>	97	<i>carbidopa & levodopa tab 25-100 mg</i>	71
<i>candesartan cilexetil tab 16 mg</i>	55	<i>carbidopa & levodopa tab 25-250 mg</i>	71
<i>candesartan cilexetil tab 32 mg</i>	55	<i>carbidopa & levodopa tab er 25-100</i>	
<i>candesartan cilexetil tab 4 mg</i>	55	<i>mg</i>	71
<i>candesartan cilexetil tab 8 mg</i>	55	<i>carbidopa & levodopa tab er 50-200</i>	
<i>candesartan cilexetil-</i>		<i>mg</i>	71
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
.....	54	<i>12.5-50-200 mg</i>	71
<i>candesartan cilexetil-</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>		<i>18.75-75-200 mg</i>	71
.....	54	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-</i>		<i>25-100-200 mg</i>	71
<i>hydrochlorothiazide tab 32-25 mg</i> .	54	<i>carbidopa-levodopa-entacapone tabs</i>	
CAPLYTA CAP 10.5MG	73	<i>31.25-125-200 mg</i>	71
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CAPLYTA CAP 42MG	73	<i>37.5-150-200 mg</i>	71
CAPRELSA TAB 100MG	41	<i>carbidopa-levodopa-entacapone tabs</i>	
CAPRELSA TAB 300MG	41	<i>50-200-200 mg</i>	71
<i>captopril & hydrochlorothiazide tab 25-</i>		<i>carboplatin iv soln 150 mg/15ml</i>	34
<i>15 mg</i>	52	<i>carboplatin iv soln 450 mg/45ml</i>	34
<i>captopril & hydrochlorothiazide tab 25-</i>		<i>carboplatin iv soln 50 mg/5ml</i>	34
<i>25 mg</i>	52	<i>carboplatin iv soln 600 mg/60ml</i>	34
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>carglumic acid soluble tab 200 mg</i> .	104
<i>15 mg</i>	52	<i>carisoprodol tab 350 mg</i>	90
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>carteolol hcl ophth soln 1%</i>	127
<i>25 mg</i>	52	<i>cartia xt</i>	59
<i>captopril tab 100 mg</i>	53	<i>carvedilol tab 12.5 mg</i>	58
<i>captopril tab 12.5 mg</i>	53	<i>carvedilol tab 25 mg</i>	58
<i>captopril tab 25 mg</i>	53	<i>carvedilol tab 3.125 mg</i>	58
<i>captopril tab 50 mg</i>	53	<i>carvedilol tab 6.25 mg</i>	58
<i>carb/levo orally disintegrating tab 10-</i>		<i>casprofungin acetate for iv soln 50 mg</i>	
<i>100mg</i>	71	.....	25
<i>carb/levo orally disintegrating tab 25-</i>		<i>casprofungin acetate for iv soln 70 mg</i>	
<i>100mg</i>	71	.....	25
<i>carb/levo orally disintegrating tab 25-</i>		CAYSTON INH 75MG	22
<i>250mg</i>	71	<i>cefaclor cap 250 mg</i>	29
<i>carbamazepine cap er 12hr 100 mg</i> ..	78	<i>cefaclor cap 500 mg</i>	29
<i>carbamazepine cap er 12hr 200 mg</i> ..	78	<i>cefadroxil cap 500 mg</i>	29
<i>carbamazepine cap er 12hr 300 mg</i> ..	78	<i>cefadroxil for susp 250 mg/5ml</i>	29
<i>carbamazepine chew tab 100 mg</i>	78	<i>cefadroxil for susp 500 mg/5ml</i>	29
<i>carbamazepine chew tab 200 mg</i>	78	CEFAZOLIN INJ 1GM/50ML	29
<i>carbamazepine susp 100 mg/5ml</i>	78	CEFAZOLIN INJ 2GM	29
<i>carbamazepine tab 200 mg</i>	79	CEFAZOLIN INJ 3GM	30

<i>cefazolin sodium for inj 1 gm</i>	30	<i>cefuroxime axetil tab 250 mg</i>	31
<i>cefazolin sodium for inj 10 gm</i>	30	<i>cefuroxime axetil tab 500 mg</i>	31
<i>cefazolin sodium for inj 2 gm</i>	30	<i>cefuroxime sodium for inj 750 mg</i>	31
<i>cefazolin sodium for inj 3 gm</i>	30	<i>cefuroxime sodium for iv soln 1.5 gm</i>	
<i>cefazolin sodium for inj 500 mg</i>	30	.....	31
<i>cefazolin sodium for iv soln 1 gm</i>	30	<i>celecoxib cap 100 mg</i>	19
CEFAZOLIN SOLN 2GM/100ML-4% ...	30	<i>celecoxib cap 200 mg</i>	19
CEFAZOLIN/DEX SOL 1GM/50ML-4% 30		<i>celecoxib cap 400 mg</i>	19
CEFAZOLIN/DEX SOL 2GM/50ML-3% 30		<i>celecoxib cap 50 mg</i>	19
CEFAZOLIN/DEX SOL 3GM/150ML-4%		<i>cephalexin cap 250 mg</i>	31
.....	30	<i>cephalexin cap 500 mg</i>	31
CEFAZOLIN/DEX SOL 3GM/50ML-2% 30		<i>cephalexin for susp 125 mg/5ml</i>	31
<i>cefdinir cap 300 mg</i>	30	<i>cephalexin for susp 250 mg/5ml</i>	31
<i>cefdinir for susp 125 mg/5ml</i>	30	CEQUR EXT WR MIS INSERTER.....	94
<i>cefdinir for susp 250 mg/5ml</i>	30	CEQUR SIMPL KIT 1U EXTND.....	94
<i>cefepime hcl for inj 1 gm</i>	30	CEQUR SIMPL KIT 2U EXTND.....	94
<i>cefepime hcl for iv soln 2 gm</i>	30	CEQUR SIMPL KIT PATCH 2U (3-DAY)	
<i>cefixime cap 400 mg</i>	30	.....	94
<i>cefixime for susp 100 mg/5ml</i>	30	CEQUR SIMPL KIT PATCH 2U (4-DAY)	
<i>cefixime for susp 200 mg/5ml</i>	30	.....	94
<i>cefotetan disodium for inj 1 gm</i>	30	CEQUR SIMPL MIS INSERTER	94
<i>cefotetan disodium for inj 2 gm</i>	30	CERDELGA CAP 84MG	104
<i>cefoxitin sodium for iv soln 1 gm</i>	30	CEREZYME INJ 400UNIT	104
<i>cefoxitin sodium for iv soln 10 gm</i>	30	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefoxitin sodium for iv soln 2 gm</i>	30	<i>mg/5ml)</i>	128
<i>cefpodoxime proxetil for susp 100</i>		<i>cevimeline hcl cap 30 mg</i>	137
<i>mg/5ml</i>	30	<i>chateal eq</i>	97
<i>cefpodoxime proxetil for susp 50</i>		CHEMET CAP 100MG	96
<i>mg/5ml</i>	30	<i>chlorhexidine gluconate soln 0.12%</i> 137	
<i>cefpodoxime proxetil tab 100 mg</i>	30	<i>chloroquine phosphate tab 250 mg</i> ..	25
<i>cefpodoxime proxetil tab 200 mg</i>	30	<i>chloroquine phosphate tab 500 mg</i> ..	25
<i>cefprozil for susp 125 mg/5ml</i>	30	<i>chlorpromazine hcl conc 100 mg/ml</i> .	73
<i>cefprozil for susp 250 mg/5ml</i>	30	<i>chlorpromazine hcl conc 30 mg/ml</i> ...	73
<i>cefprozil tab 250 mg</i>	30	<i>chlorpromazine hcl inj 25 mg/ml</i>	73
<i>cefprozil tab 500 mg</i>	30	<i>chlorpromazine hcl inj 50 mg/2ml</i>	73
<i>ceftaroline fosamil for iv soln 400 mg</i> 30		<i>chlorpromazine hcl tab 10 mg</i>	73
<i>ceftaroline fosamil for iv soln 600 mg</i> 30		<i>chlorpromazine hcl tab 100 mg</i>	73
<i>ceftazidime for inj 1 gm</i>	30	<i>chlorpromazine hcl tab 200 mg</i>	73
<i>ceftazidime for inj 6 gm</i>	30	<i>chlorpromazine hcl tab 25 mg</i>	73
<i>ceftazidime for iv soln 2 gm</i>	30	<i>chlorpromazine hcl tab 50 mg</i>	73
<i>ceftriaxone sodium for inj 1 gm</i>	30	<i>chlorthalidone tab 25 mg</i>	61
<i>ceftriaxone sodium for inj 10 gm</i>	30	<i>chlorthalidone tab 50 mg</i>	61
<i>ceftriaxone sodium for inj 2 gm</i>	30	<i>cholestyramine light powder 4 gm/dose</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	30	.....	57
<i>ceftriaxone sodium for inj 500 mg</i>	30	<i>cholestyramine light powder packets 4</i>	
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	31	<i>gm</i>	57
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	31	<i>cholestyramine powder 4 gm/dose</i> ...	57

<i>cholestyramine powder packets 4 gm</i>	57	<i>clindamycin hcl cap 150 mg</i>	22
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	134	<i>clindamycin hcl cap 300 mg</i>	22
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	134	<i>clindamycin hcl cap 75 mg</i>	22
<i>ciclopirox shampoo 1%</i>	134	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	22
<i>cilostazol tab 100 mg</i>	115	<i>clindamycin phosphate gel 1% (once-daily)</i>	133
<i>cilostazol tab 50 mg</i>	114	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	22
<i>CILOXAN OIN 0.3% OP</i>	126	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	22
<i>CIMDUO TAB 300-300</i>	27	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	22
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	104	<i>clindamycin phosphate inj 300 mg/2ml</i>	23
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	104	<i>clindamycin phosphate inj 600 mg/4ml</i>	23
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	104	<i>clindamycin phosphate inj 900 mg/6ml</i>	23
<i>ciprofloxacin 200 mg/100ml in d5w</i>	31	<i>clindamycin phosphate lotion 1%...</i>	133
<i>ciprofloxacin 400 mg/200ml in d5w</i>	31	<i>clindamycin phosphate soln 1%....</i>	133
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	126	<i>clindamycin phosphate vaginal cream 2%</i>	113
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	31	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	133
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	31	<i>CLINDMYC/NAC INJ 300/50ML</i>	23
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	32	<i>CLINDMYC/NAC INJ 600/50ML</i>	23
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	127	<i>CLINDMYC/NAC INJ 900/50ML</i>	23
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	34	<i>CLINIMIX INJ 4.25/D10</i>	125
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	34	<i>CLINIMIX INJ 4.25/D5W</i>	125
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	34	<i>CLINIMIX INJ 5%/D15W</i>	125
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	67	<i>CLINIMIX INJ 5%/D20W</i>	125
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	67	<i>CLINIMIX INJ 6/5</i>	125
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	67	<i>CLINIMIX INJ 8/10</i>	125
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	67	<i>CLINIMIX INJ 8/14</i>	125
<i>claravis</i>	133	<i>clinisol sf 15%</i>	125
<i>clarithromycin for susp 125 mg/5ml</i>	31	<i>CLINOLIPID EMU 20%</i>	125
<i>clarithromycin for susp 250 mg/5ml</i>	31	<i>clobazam suspension 2.5 mg/ml</i>	79
<i>clarithromycin tab 250 mg</i>	31	<i>clobazam tab 10 mg</i>	79
<i>clarithromycin tab 500 mg</i>	31	<i>clobazam tab 20 mg</i>	79
<i>clarithromycin tab er 24hr 500 mg</i>	31	<i>clobetasol propionate cream 0.05%</i>	135
		<i>clobetasol propionate e</i>	135
		<i>clobetasol propionate gel 0.05%</i>	135
		<i>clobetasol propionate oint 0.05%</i>	135
		<i>clobetasol propionate shampoo 0.05%</i>	135
		<i>clobetasol propionate soln 0.05%</i>	135

<i>clodan</i>	135	<i>clozapine tab 200 mg</i>	73
<i>clomipramine hcl cap 25 mg</i>	67	<i>clozapine tab 25 mg</i>	73
<i>clomipramine hcl cap 50 mg</i>	67	<i>clozapine tab 50 mg</i>	73
<i>clomipramine hcl cap 75 mg</i>	67	COARTEM TAB 20-120MG	25
<i>clonazepam orally disintegrating tab</i> <i>0.125 mg</i>	79	COBENFY CAP 100-20MG	73
<i>clonazepam orally disintegrating tab</i> <i>0.25 mg</i>	79	COBENFY CAP 125-30MG	73
<i>clonazepam orally disintegrating tab</i> <i>0.5 mg</i>	79	COBENFY CAP 50-20MG	73
<i>clonazepam orally disintegrating tab 1</i> <i>mg</i>	79	COBENFY STRT CAP PACK	73
<i>clonazepam orally disintegrating tab 2</i> <i>mg</i>	79	<i>colchicine tab 0.6 mg</i>	19
<i>clonazepam tab 0.5 mg</i>	79	<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	19
<i>clonazepam tab 1 mg</i>	79	<i>colesevelam hcl packet for susp 3.75</i> <i>gm</i>	57
<i>clonazepam tab 2 mg</i>	79	<i>colesevelam hcl tab 625 mg</i>	57
<i>clonidine hcl tab 0.1 mg</i>	62	<i>colestipol hcl granule packets 5 gm</i> ..	57
<i>clonidine hcl tab 0.2 mg</i>	62	<i>colestipol hcl granules 5 gm</i>	57
<i>clonidine hcl tab 0.3 mg</i>	62	<i>colestipol hcl tab 1 gm</i>	57
<i>clonidine td patch weekly 0.1 mg/24hr</i>	62	<i>colistimethate sod for inj 150 mg</i> <i>(colistin base activity)</i>	23
<i>clonidine td patch weekly 0.2 mg/24hr</i>	62	COMBIGAN SOL 0.2/0.5%	127
<i>clonidine td patch weekly 0.3 mg/24hr</i>	62	COMBIVENT AER 20-100	128
<i>clopidogrel bisulfate tab 75 mg (base</i> <i>equiv)</i>	115	COMETRIQ (60MG DOSE)	41
<i>clorazepate dipotassium tab 15 mg</i> ..	79	COMETRIQ KIT 100MG	41
<i>clorazepate dipotassium tab 3.75 mg</i>	79	COMETRIQ KIT 140MG	41
<i>clorazepate dipotassium tab 7.5 mg</i> ..	79	<i>compro</i>	108
<i>clotrimazole cream 1%</i>	134	<i>constulose</i>	110
<i>clotrimazole soln 1%</i>	134	COPAXONE INJ 20MG/ML	89
<i>clotrimazole troche 10 mg</i>	137	COPAXONE INJ 40MG/ML	89
<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i>	134	COPIKTRA CAP 15MG	41
<i>clozapine orally disintegrating tab 100</i> <i>mg</i>	73	COPIKTRA CAP 25MG	41
<i>clozapine orally disintegrating tab 12.5</i> <i>mg</i>	73	CORLANOR SOL 5MG/5ML	62
<i>clozapine orally disintegrating tab 150</i> <i>mg</i>	73	COTELLIC TAB 20MG	41
<i>clozapine orally disintegrating tab 200</i> <i>mg</i>	73	CREON CAP 12000UNT	110
<i>clozapine orally disintegrating tab 25</i> <i>mg</i>	73	CREON CAP 24000UNT	110
<i>clozapine tab 100 mg</i>	73	CREON CAP 3000UNIT	110
		CREON CAP 36000UNT	110
		CREON CAP 6000UNIT	110
		CRESEMBA CAP 186MG	25
		CRESEMBA CAP 74.5MG	25
		<i>cromolyn sodium ophth soln 4%</i>	127
		<i>cromolyn sodium oral conc 100 mg/5ml</i>	110
		<i>cromolyn sodium soln nebu 20 mg/2ml</i>	130
		<i>cryselle</i>	97
		<i>cyclobenzaprine hcl tab 10 mg</i>	90
		<i>cyclobenzaprine hcl tab 5 mg</i>	90

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CYCLOPHOSPH INJ 1GM/2ML.....	34
CYCLOPHOSPH INJ 1GM/5ML.....	34
CYCLOPHOSPH INJ 2000MG	34
CYCLOPHOSPH INJ 2GM/4ML.....	34
CYCLOPHOSPH INJ 500/5ML.....	34
CYCLOPHOSPH INJ 500MG/ML.....	34
CYCLOPHOSPH TAB 25MG	34
CYCLOPHOSPH TAB 50MG	34
CYCLOPHOSPHA INJ 2GM/10ML	34
CYCLOPHOSPHA INJ 500/2.5	34
<i>cyclophosphamide cap 25 mg</i>	<i>34</i>
<i>cyclophosphamide cap 50 mg</i>	<i>34</i>
<i>cyclophosphamide for inj 1 gm</i>	<i>34</i>
<i>cyclophosphamide for inj 2 gm</i>	<i>34</i>
<i>cyclophosphamide for inj 500 mg</i>	<i>34</i>
<i>cyclophosphamide iv soln 1 gm/5ml</i> <i>(200 mg/ml)</i>	<i>34</i>
<i>cyclophosphamide iv soln 500</i> <i>mg/2.5ml (200 mg/ml)</i>	<i>35</i>
<i>cycloserine cap 250 mg</i>	<i>28</i>
<i>cyclosporine cap 100 mg</i>	<i>120</i>
<i>cyclosporine cap 25 mg</i>	<i>120</i>
<i>cyclosporine modified cap 100 mg ..</i>	<i>120</i>
<i>cyclosporine modified cap 25 mg ...</i>	<i>120</i>
<i>cyclosporine modified cap 50 mg ...</i>	<i>120</i>
<i>cyclosporine modified oral soln 100</i> <i>mg/ml</i>	<i>121</i>
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	<i>128</i>
<i>cyproheptadine hcl tab 4 mg</i>	<i>128</i>
<i>cyred eq</i>	<i>97</i>
CYSTADROPS SOL 0.37%	127
CYSTAGON CAP 150MG	104
CYSTAGON CAP 50MG	104
CYSTARAN SOL 0.44%	127
<i>cytarabine inj 20 mg/ml.....</i>	<i>35</i>

D

D10W/NACL INJ 0.2%	123
D10W/NACL INJ 0.45%	123
D2.5W/NACL INJ 0.45%	122
D5W/NACL INJ 0.2%	123
D5W/NACL INJ 0.45%	123
<i>dabigatran etexilate mesylate cap 110</i> <i>mg (etexilate base eq).....</i>	<i>113</i>
<i>dabigatran etexilate mesylate cap 150</i> <i>mg (etexilate base eq).....</i>	<i>113</i>

<i>dabigatran etexilate mesylate cap 75</i> <i>mg (etexilate base eq)</i>	<i>113</i>
<i>dalfampridine tab er 12hr 10 mg</i>	<i>89</i>
<i>danazol cap 100 mg.....</i>	<i>91</i>
<i>danazol cap 200 mg.....</i>	<i>91</i>
<i>danazol cap 50 mg</i>	<i>91</i>
<i>dantrolene sodium cap 100 mg.....</i>	<i>90</i>
<i>dantrolene sodium cap 25 mg</i>	<i>90</i>
<i>dantrolene sodium cap 50 mg</i>	<i>90</i>
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<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 10-500 mg</i>	<i>92</i>
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 5-1000 mg</i>	<i>92</i>
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 5-500 mg.....</i>	<i>91</i>
<i>dapagliflozin tab 10 mg</i>	<i>92</i>
<i>dapagliflozin tab 5 mg.....</i>	<i>92</i>
<i>dapsone tab 100 mg</i>	<i>23</i>
<i>dapsone tab 25 mg.....</i>	<i>23</i>
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<i>daptomycin for iv soln 500 mg</i>	<i>23</i>
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<i>darunavir tab 600 mg</i>	<i>26</i>
<i>darunavir tab 800 mg</i>	<i>26</i>
<i>dasatinib tab 100 mg</i>	<i>42</i>
<i>dasatinib tab 140 mg</i>	<i>42</i>
<i>dasatinib tab 20 mg</i>	<i>41</i>
<i>dasatinib tab 50 mg</i>	<i>41</i>
<i>dasatinib tab 70 mg</i>	<i>41</i>
<i>dasatinib tab 80 mg</i>	<i>41</i>
<i>dasetta 1/35.....</i>	<i>97</i>
<i>dasetta 7/7/7.....</i>	<i>97</i>
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<i>diazoxide susp 50 mg/ml</i>	104	<i>diltiazem hcl extended release beads</i>	
<i>diclofenac potassium tab 50 mg</i>	19	<i>cap er 24hr 180 mg</i>	60
<i>diclofenac sodium ophth soln 0.1%</i>	126	<i>diltiazem hcl extended release beads</i>	
<i>diclofenac sodium soln 1.5%</i>	136	<i>cap er 24hr 240 mg</i>	60
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl extended release beads</i>	
<i>25 mg</i>	19	<i>cap er 24hr 300 mg</i>	60
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl extended release beads</i>	
<i>50 mg</i>	19	<i>cap er 24hr 360 mg</i>	60
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl extended release beads</i>	
<i>75 mg</i>	19	<i>cap er 24hr 420 mg</i>	60
<i>diclofenac sodium tab er 24hr 100 mg</i>		<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
.....	19	<i>mg/ml)</i>	60
<i>dicloxacillin sodium cap 250 mg</i>	33	<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>dicloxacillin sodium cap 500 mg</i>	33	<i>mg/ml)</i>	60
<i>dicyclomine hcl cap 10 mg</i>	109	<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>		<i>mg/ml)</i>	60
.....	109	<i>diltiazem hcl tab 120 mg</i>	60
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<i>DIFICID SUS</i>	31	<i>diltiazem hcl tab 60 mg</i>	60
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<i>digoxin oral soln 0.05 mg/ml</i>	62	<i>0.025 mg</i>	110
<i>digoxin tab 125 mcg (0.125 mg)</i>	62	<i>dipyridamole tab 25 mg</i>	115
<i>digoxin tab 250 mcg (0.25 mg)</i>	62	<i>dipyridamole tab 50 mg</i>	115
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<i>DILANTIN CAP 30MG</i>	80	<i>disopyramide phosphate cap 150 mg</i>	56
<i>diltiazem hcl cap er 12hr 120 mg</i>	60	<i>disulfiram tab 250 mg</i>	91
<i>diltiazem hcl cap er 12hr 60 mg</i>	59	<i>disulfiram tab 500 mg</i>	91
<i>diltiazem hcl cap er 12hr 90 mg</i>	60	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	60	<i>sprinkle 125 mg</i>	80
<i>diltiazem hcl cap er 24hr 180 mg</i>	60	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	60	<i>125 mg</i>	80
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>120 mg</i>	60	<i>250 mg</i>	80
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>180 mg</i>	60	<i>500 mg</i>	80
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>240 mg</i>	60	.....	80
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>300 mg</i>	60	.....	80
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>360 mg</i>	60	<i>mg/ml)</i>	39
<i>diltiazem hcl extended release beads</i>		<i>docetaxel for inj conc 20 mg/ml</i>	39
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<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	39	<i>doxepin hcl conc 10 mg/ml</i>	68
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DOCETAXEL INJ 80MG/4ML	39	<i>doxycycline hyclate cap 100 mg</i>	33
DOCETAXEL INJ 80MG/8ML	39	<i>doxycycline hyclate cap 50 mg</i>	33
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	39	<i>doxycycline hyclate for inj 100 mg</i> ...	33
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	39	<i>doxycycline hyclate tab 100 mg</i>	33
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<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	65	DRIZALMA CAP 40MG DR.....	68
<i>donepezil hydrochloride tab 10 mg</i> ...65		DRIZALMA CAP 60MG DR.....	68
<i>donepezil hydrochloride tab 5 mg</i>65		<i>dronabinol cap 10 mg</i>	108
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DOPTelet TAB 20MG	115	<i>dronabinol cap 5 mg</i>	108
<i>dorzolamide hcl ophth soln 2%</i>	127	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	98
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	127	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	98
<i>dotti</i>	101	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> 98	
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<i>doxazosin mesylate tab 1 mg</i>	54	DROXIA CAP 200MG	115
<i>doxazosin mesylate tab 2 mg</i>	54	DROXIA CAP 300MG	115
<i>doxazosin mesylate tab 4 mg</i>	54	DROXIA CAP 400MG	115
<i>doxazosin mesylate tab 8 mg</i>	54	<i>droxidopa cap 100 mg</i>	62
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	86	<i>droxidopa cap 200 mg</i>	62
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	86	<i>droxidopa cap 300 mg</i>	62
<i>doxepin hcl cap 10 mg</i>	67	DULERA AER 100-5MCG	133
<i>doxepin hcl cap 100 mg</i>	68	DULERA AER 200-5MCG	133
<i>doxepin hcl cap 150 mg</i>	68	DULERA AER 50-5MCG	133
<i>doxepin hcl cap 25 mg</i>	67	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	68
<i>doxepin hcl cap 50 mg</i>	67	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	68
<i>doxepin hcl cap 75 mg</i>	67		

<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 60 mg (base eq)</i>	68
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DUPIXENT INJ 300/2ML	116
<i>dutasteride cap 0.5 mg</i>	112
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>mg</i>	112

E

<i>e.e.s. 400</i>	31
EBGLYSS INJ 250/2ML	116
<i>econazole nitrate cream 1%</i>	134
EDURANT PED TAB 2.5MG	26
EDURANT TAB 25MG	26
<i>efavirenz tab 600 mg</i>	26
<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>600-200-300 mg</i>	27
<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>400-300-300 mg</i>	27
<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>600-300-300 mg</i>	27
ELIGARD INJ 22.5MG	36
ELIGARD INJ 30MG	36
ELIGARD INJ 45MG	36
ELIGARD INJ 7.5MG	36
<i>elinest</i>	98
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ELIQUIS CAP 0.15MG	113
ELIQUIS ST P TAB 5MG	113
ELIQUIS TAB 0.5MG	113
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ELIQUIS TAB 5MG	113
<i>eluryng</i>	98
EMGALITY INJ 100MG/ML	87
EMGALITY INJ 120MG/ML	87
EMSAM DIS 12MG/24H	68
EMSAM DIS 6MG/24HR	68
EMSAM DIS 9MG/24HR	68
<i>emtricitabine caps 200 mg</i>	26
<i>emtricitabine-rilpivirine-tenofovir df tab</i>	
<i>200-25-300 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 100-150 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 133-200 mg</i>	27

<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 167-250 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 200-300 mg</i>	27
EMTRIVA SOL 10MG/ML	26
EMVERM CHW 100MG	23
<i>emzakh</i>	98
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>tab 10-25 mg</i>	52
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>tab 5-12.5 mg</i>	52
<i>enalapril maleate tab 10 mg</i>	53
<i>enalapril maleate tab 2.5 mg</i>	53
<i>enalapril maleate tab 20 mg</i>	53
<i>enalapril maleate tab 5 mg</i>	53
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ENBREL INJ 25MG	116
ENBREL INJ 50MG/ML	116
ENBREL MINI INJ 50MG/ML	116
ENBREL SRCLK INJ 50MG/ML	116
<i>endocet tab 10-325mg</i>	21
<i>endocet tab 2.5-325mg</i>	21
<i>endocet tab 5-325mg</i>	21
<i>endocet tab 7.5-325mg</i>	21
ENERGIX-B INJ 10/0.5ML	121
ENERGIX-B INJ 20MCG/ML	121
<i>enilloring</i>	98
<i>enoxaparin sodium inj 300 mg/3ml</i>	113
<i>enoxaparin sodium inj soln pref syr 100</i>	
<i>mg/ml</i>	113
<i>enoxaparin sodium inj soln pref syr 120</i>	
<i>mg/0.8ml</i>	113
<i>enoxaparin sodium inj soln pref syr 150</i>	
<i>mg/ml</i>	113
<i>enoxaparin sodium inj soln pref syr 30</i>	
<i>mg/0.3ml</i>	113
<i>enoxaparin sodium inj soln pref syr 40</i>	
<i>mg/0.4ml</i>	113
<i>enoxaparin sodium inj soln pref syr 60</i>	
<i>mg/0.6ml</i>	113
<i>enoxaparin sodium inj soln pref syr 80</i>	
<i>mg/0.8ml</i>	113
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ENSACOVE CAP 25MG	42
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ENSTILAR AER	135
<i>entacapone tab 200 mg</i>	71

<i>entecavir tab 0.5 mg</i>	28	<i>erythromycin tab delayed release 333</i>	
<i>entecavir tab 1 mg</i>	28	<i>mg</i>	31
ENTRESTO CAP 15-16MG	54	<i>erythromycin tab delayed release 500</i>	
ENTRESTO CAP 6-6MG	54	<i>mg</i>	31
<i>enulose</i>	110	<i>erythromycin w/ delayed release</i>	
EPCLUSA PAK 150-37.5	28	<i>particles cap 250 mg</i>	31
EPCLUSA PAK 200-50MG	28	ERZOFRI INJ 117/0.75	73
EPCLUSA TAB 200-50MG	28	ERZOFRI INJ 156MG/ML	74
EPCLUSA TAB 400-100	29	ERZOFRI INJ 234/1.5	74
EPIDIOLEX SOL 100MG/ML	80	ERZOFRI INJ 351/2.25	74
<i>epinephrine inj 1 mg/ml</i>	62	ERZOFRI INJ 39/0.25	73
<i>epinephrine solution auto-injector 0.15</i>		ERZOFRI INJ 78/0.5ML	73
<i>mg/0.15ml (1:1000)</i>	130	<i>escitalopram oxalate soln 5 mg/5ml</i>	
<i>epinephrine solution auto-injector 0.15</i>		<i>(base equiv)</i>	68
<i>mg/0.3ml (1:2000)</i>	130	<i>escitalopram oxalate tab 10 mg (base</i>	
<i>epinephrine solution auto-injector 0.3</i>		<i>equiv)</i>	68
<i>mg/0.3ml (1:1000)</i>	130	<i>escitalopram oxalate tab 20 mg (base</i>	
<i>eplerenone tab 25 mg</i>	53	<i>equiv)</i>	68
<i>eplerenone tab 50 mg</i>	53	<i>escitalopram oxalate tab 5 mg (base</i>	
<i>ergotamine w/ caffeine tab 1-100 mg</i>		<i>equiv)</i>	68
.....	87	<i>eslicarbazepine acetate tab 200 mg</i> .	80
ERIVEDGE CAP 150MG	42	<i>eslicarbazepine acetate tab 400 mg</i> .	80
ERLEADA TAB 240MG	36	<i>eslicarbazepine acetate tab 600 mg</i> .	80
ERLEADA TAB 60MG	36	<i>eslicarbazepine acetate tab 800 mg</i> .	80
<i>erlotinib hcl tab 100 mg (base</i>		<i>esomeprazole magnesium cap delayed</i>	
<i>equivalent)</i>	42	<i>release 20 mg (base eq)</i>	111
<i>erlotinib hcl tab 150 mg (base</i>		<i>esomeprazole magnesium cap delayed</i>	
<i>equivalent)</i>	42	<i>release 40 mg (base eq)</i>	111
<i>erlotinib hcl tab 25 mg (base</i>		<i>esomeprazole magnesium for delayed</i>	
<i>equivalent)</i>	42	<i>release susp pack 2.5 mg</i>	111
<i>errin</i>	98	<i>esomeprazole magnesium for delayed</i>	
<i>ertapenem sodium for inj 1 gm (base</i>		<i>release susp packet 10 mg</i>	111
<i>equivalent)</i>	23	<i>esomeprazole magnesium for delayed</i>	
<i>ery</i>	133	<i>release susp packet 20 mg</i>	111
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<i>erythromycin ethylsuccinate tab 400</i>		<i>release susp packet 40 mg</i>	111
<i>mg</i>	31	<i>esomeprazole magnesium for delayed</i>	
<i>erythromycin gel 2%</i>	133	<i>release susp packet 5 mg</i>	111
<i>erythromycin lactobionate for inj 500</i>		<i>estarylla</i>	98
<i>mg</i>	31	<i>estradiol & norethindrone acetate tab</i>	
<i>erythromycin ophth oint 5 mg/gm</i> ..	126	<i>0.5-0.1 mg</i>	101
<i>erythromycin soln 2%</i>	133	<i>estradiol & norethindrone acetate tab</i>	
<i>erythromycin tab 250 mg</i>	31	<i>1-0.5 mg</i>	101
<i>erythromycin tab 500 mg</i>	31	<i>estradiol tab 0.5 mg</i>	101
<i>erythromycin tab delayed release 250</i>		<i>estradiol tab 1 mg</i>	101
<i>mg</i>	31	<i>estradiol tab 2 mg</i>	101

estradiol td patch twice weekly 0.025 mg/24hr	102
estradiol td patch twice weekly 0.0375 mg/24hr	102
estradiol td patch twice weekly 0.05 mg/24hr	102
estradiol td patch twice weekly 0.075 mg/24hr	102
estradiol td patch twice weekly 0.1 mg/24hr	102
estradiol td patch weekly 0.025 mg/24hr	102
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	102
estradiol td patch weekly 0.05 mg/24hr	102
estradiol td patch weekly 0.06 mg/24hr	102
estradiol td patch weekly 0.075 mg/24hr	102
estradiol td patch weekly 0.1 mg/24hr	102
estradiol vaginal cream 0.01%.....	102
estradiol vaginal tab 10 mcg.....	102
estradiol valerate im in oil 10 mg/ml	102
estradiol valerate im in oil 20 mg/ml	102
estradiol valerate im in oil 40 mg/ml	102
eszopiclone tab 1 mg.....	86
eszopiclone tab 2 mg.....	86
eszopiclone tab 3 mg.....	87
ethambutol hcl tab 100 mg	28
ethambutol hcl tab 400 mg	28
ethosuximide cap 250 mg	80
ethosuximide soln 250 mg/5ml	80
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	98
etodolac cap 200 mg	19
etodolac cap 300 mg	19
etodolac tab 400 mg	19
etodolac tab 500 mg	19
etodolac tab er 24hr 400 mg	19
etodolac tab er 24hr 500 mg	19
etodolac tab er 24hr 600 mg	19

etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	98
etoposide inj 1 gm/50ml (20 mg/ml) 39	
etoposide inj 100 mg/5ml (20 mg/ml)	39
etoposide inj 500 mg/25ml (20 mg/ml)	39
etravirine tab 100 mg	26
etravirine tab 200 mg	26
EUCRISA OIN 2%	136
EULEXIN CAP 125MG	36
everolimus tab 0.25 mg.....	121
everolimus tab 0.5 mg	121
everolimus tab 0.75 mg.....	121
everolimus tab 1 mg	121
everolimus tab 10 mg	42
everolimus tab 2.5 mg	42
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<i>unit/ml</i>	113	<i>hydrocodone bitartrate tab er 24hr</i>	
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<i>unit/ml</i>	113	<i>hydrocodone bitartrate tab er 24hr</i>	
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<i>pref syr 30 mg/3ml</i>	115
<i>iclevia</i>	98
<i>ICLUSIG TAB 10MG</i>	43
<i>ICLUSIG TAB 15MG</i>	43
<i>ICLUSIG TAB 30MG</i>	43
<i>ICLUSIG TAB 45MG</i>	43
<i>IDHIFA TAB 100MG</i>	44
<i>IDHIFA TAB 50MG</i>	44
<i>IDVYNZO TAB 100-0.25</i>	28
<i>imatinib mesylate tab 100 mg (base</i>	
<i>equivalent)</i>	44
<i>imatinib mesylate tab 400 mg (base</i>	
<i>equivalent)</i>	44
<i>IMBRUVICA CAP 140MG</i>	44
<i>IMBRUVICA CAP 70MG</i>	44
<i>IMBRUVICA SUS 70MG/ML</i>	44
<i>IMBRUVICA TAB 140MG</i>	44
<i>IMBRUVICA TAB 280MG</i>	44
<i>IMBRUVICA TAB 420MG</i>	44
<i>imipenem-cilastatin intravenous for</i>	
<i>soln 250 mg</i>	23
<i>imipenem-cilastatin intravenous for</i>	
<i>soln 500 mg</i>	23
<i>imipramine hcl tab 10 mg</i>	69
<i>imipramine hcl tab 25 mg</i>	69
<i>imipramine hcl tab 50 mg</i>	69
<i>imiquimod cream 5%</i>	137
<i>IMKELDI SOL 80MG/ML</i>	44
<i>IMOVAX RABIE INJ 2.5/ML</i>	122
<i>INBRIJA CAP 42MG</i>	71
<i>incassia</i>	98
<i>INCRELEX INJ 40MG/4ML</i>	105
<i>INCRUSE ELPT INH 62.5MCG</i>	128
<i>indapamide tab 1.25 mg</i>	61
<i>indapamide tab 2.5 mg</i>	61
<i>INFANRIX INJ</i>	122
<i>INFLIXIMAB INJ 100MG</i>	117
<i>INLURIYO TAB 200MG</i>	37
<i>INLYTA TAB 1MG</i>	44
<i>INLYTA TAB 5MG</i>	44
<i>INQOVI TAB 35-100MG</i>	35
<i>INREBIC CAP 100MG</i>	44
<i>INSULIN GLAR INJ 300/ML</i>	95
<i>INSULIN LISP INJ 100/ML</i>	95
<i>INSULIN LISP INJ JR KWPN</i>	95
<i>INSULIN LISP INJ PROT KWP</i>	95
<i>INSULIN PEN NEEDLES: EMBECTA-BD</i>	
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<i>INSULIN SAFETY NEEDLES: EMBECTA-</i>	
<i>BD</i>	95
<i>INSULIN SYRINGES: EMBECTA-BD</i> ...	95
<i>INTELENCE TAB 25MG</i>	26
<i>INTRALIPID INJ 20%</i>	125
<i>INTRALIPID INJ 30%</i>	125
<i>introvale</i>	98
<i>INVEGA HAFYE INJ 1092MG</i>	74
<i>INVEGA HAFYE INJ 1560MG</i>	74
<i>INVEGA SUST INJ 117/0.75</i>	75

INVEGA SUST INJ 156MG/ML	75	<i>isosorbide dinitrate tab 30 mg</i>	63
INVEGA SUST INJ 234/1.5	75	<i>isosorbide dinitrate tab 5 mg</i>	63
INVEGA SUST INJ 39/0.25	75	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVEGA SUST INJ 78/0.5ML	75	<i>mg</i>	63
INVEGA TRINZ INJ 273MG	75	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVEGA TRINZ INJ 410MG	75	<i>mg</i>	63
INVEGA TRINZ INJ 546MG	75	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVEGA TRINZ INJ 819MG	75	<i>mg</i>	63
IPOL INJ INACTIVE	122	<i>isotretinoin cap 10 mg</i>	134
<i>ipratropium bromide hfa inhal aerosol</i>		<i>isotretinoin cap 20 mg</i>	134
<i>17 mcg/act</i>	128	<i>isotretinoin cap 30 mg</i>	134
<i>ipratropium bromide inhal soln 0.02%</i>		<i>isotretinoin cap 40 mg</i>	134
.....	128	<i>isradipine cap 2.5 mg</i>	60
<i>ipratropium bromide nasal soln 0.03%</i>		<i>isradipine cap 5 mg</i>	60
<i>(21 mcg/spray)</i>	128	ITOVEBI TAB 3MG	44
<i>ipratropium bromide nasal soln 0.06%</i>		ITOVEBI TAB 9MG	44
<i>(42 mcg/spray)</i>	128	<i>itraconazole cap 100 mg</i>	25
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>ivabradine hcl tab 5 mg (base equiv)</i> 62	
<i>2.5(3) mg/3ml</i>	128	<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	
<i>irbesartan tab 150 mg</i>	55	.....	62
<i>irbesartan tab 300 mg</i>	55	<i>ivermectin tab 3 mg</i>	23
<i>irbesartan tab 75 mg</i>	55	<i>ivermectin tab 6 mg</i>	23
<i>irbesartan-hydrochlorothiazide tab</i>		IWILFIN TAB 192MG	38
<i>150-12.5 mg</i>	54	IXIARO INJ	122
<i>irbesartan-hydrochlorothiazide tab</i>		J	
<i>300-12.5 mg</i>	54	<i>jaimiess</i>	98
<i>irinotecan hcl inj 100 mg/5ml (20</i>		JAKAFI TAB 10MG	44
<i>mg/ml)</i>	38	JAKAFI TAB 15MG	44
<i>irinotecan hcl inj 300 mg/15ml (20</i>		JAKAFI TAB 20MG	44
<i>mg/ml)</i>	38	JAKAFI TAB 25MG	44
<i>irinotecan hcl inj 40 mg/2ml (20</i>		JAKAFI TAB 5MG	44
<i>mg/ml)</i>	38	<i>jantoven</i>	114
<i>irinotecan hcl inj 500 mg/25ml (20</i>		JANUMET TAB 50-1000	92
<i>mg/ml)</i>	38	JANUMET TAB 50-500MG	92
ISENTRESS CHW 100MG	26	JANUMET XR TAB 100-1000	92
ISENTRESS CHW 25MG	26	JANUMET XR TAB 50-1000	92
ISENTRESS HD TAB 600MG	26	JANUMET XR TAB 50-500MG	92
ISENTRESS POW 100MG	26	JANUVIA TAB 100MG	92
ISENTRESS TAB 400MG	26	JANUVIA TAB 25MG	92
<i>isibloom</i>	98	JANUVIA TAB 50MG	92
ISOLYTE-P INJ /D5W	123	JARDIANCE TAB 10MG	92
ISOLYTE-S INJ PH 7.4	123	JARDIANCE TAB 25MG	92
<i>isoniazid syrup 50 mg/5ml</i>	28	<i>jasmiel</i>	98
<i>isoniazid tab 100 mg</i>	28	<i>javygtor</i>	105
<i>isoniazid tab 300 mg</i>	28	JAYPIRCA TAB 100MG	44
<i>isosorbide dinitrate tab 10 mg</i>	63	JAYPIRCA TAB 50MG	44
<i>isosorbide dinitrate tab 20 mg</i>	63	<i>jencycla</i>	98

JENTADUETO TAB 2.5-1000	92	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	123
JENTADUETO TAB 2.5-500	92	.....	123
JENTADUETO TAB 2.5-850	92	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	123
JENTADUETO TAB XR 2.5-1000MG ...	92	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	123
JENTADUETO TAB XR 5-1000MG	92	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	123
<i>jinteli</i>	102	.....	123
<i>jolessa</i>	98	KCL/D5W/NACL INJ 0.15/0.2	123
JOURNAVX TAB 50MG.....	19	KCL/D5W/NACL INJ 0.3/0.9%	123
<i>juleber</i>	98	<i>kelnor 1/35</i>	98
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<i>junel 1/20</i>	98	KERENDIA TAB 40MG.....	53
<i>junel fe 1.5/30</i>	98	KESIMPTA INJ 20/.4ML.....	89
<i>junel fe 1/20</i>	98	<i>ketoconazole cream 2%</i>	134
<i>junel fe 24</i>	98	<i>ketoconazole shampoo 2%</i>	134
JYLAMVO SOL 2MG/ML	119	<i>ketoconazole tab 200 mg</i>	25
JYNNEOS INJ.....	122	<i>ketorolac tromethamine ophth soln 0.4%</i>	126
K		<i>ketorolac tromethamine ophth soln 0.5%</i>	126
KADCYLA INJ 100MG.....	45	KEYTRUDA INJ 100MG/4M	45
KADCYLA INJ 160MG.....	45	KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	45
<i>kaitlib fe</i>	98	KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	45
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KALYDECO GRA 13.4MG	130	KINRIX INJ	122
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KALYDECO PAK 50MG.....	131	KISQALI 400 DOSE	45
KALYDECO PAK 75MG.....	131	KISQALI 600 DOSE	45
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<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	123	KLOR-CON 8 TAB 8MEQ ER	124
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	123	<i>klor-con m10</i>	124
.....	123	<i>klor-con m15</i>	124
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	123	<i>klor-con m20</i>	124
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	123	KLOXXADO SPR 8MG.....	91
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	123	KOMZIFTI CAP 200MG.....	45
.....	123	KOSELUGO CAP 10MG.....	45
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	123	KOSELUGO CAP 25MG.....	45
.....	123	KOSELUGO CAP 5MG.....	45
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	123		

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labetalol hcl tab 100 mg	58
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labetalol hcl tab 300 mg	58
lacosamide iv inj 200 mg/20ml (10 mg/ml)	81
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lactic acid (ammonium lactate) lotion 12%.....	137
lactulose (encephalopathy) solution 10 gm/15ml.....	110
lactulose solution 10 gm/15ml	110
lamivudine oral soln 10 mg/ml.....	26
lamivudine tab 100 mg (hbv)	29
lamivudine tab 150 mg	26
lamivudine tab 300 mg	26
lamivudine-zidovudine tab 150-300 mg	28
lamotrigine tab 100 mg	81
lamotrigine tab 150 mg	81
lamotrigine tab 200 mg	81
lamotrigine tab 25 mg	81
lamotrigine tab chewable dispersible 25 mg.....	81
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lamotrigine tab er 24hr 250 mg	81
lamotrigine tab er 24hr 300 mg	81
lamotrigine tab er 24hr 50 mg	81
lanreotide acetate extended release inj 120 mg/0.5ml	105

lansoprazole cap delayed release 15 mg	111
lansoprazole cap delayed release 30 mg	111
LANTUS INJ 100/ML.....	95
LANTUS SOLOS INJ 100/ML	95
lapatinib ditosylate tab 250 mg (base equiv)	45
larin 1.5/30	99
larin 1/20	99
larin 24 fe	99
larin fe 1.5/30.....	99
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latanoprost ophth soln 0.005%.....	127
LAZCLUZE TAB 240MG	45
LAZCLUZE TAB 80MG	45
leflunomide tab 10 mg	119
leflunomide tab 20 mg	119
lenalidomide cap 10 mg.....	37
lenalidomide cap 15 mg.....	37
lenalidomide cap 20 mg.....	38
lenalidomide cap 25 mg.....	38
lenalidomide cap 5 mg	37
lenalidomide caps 2.5 mg	38
LENVIMA CAP 10 MG.....	45
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LENVIMA CAP 14 MG.....	45
LENVIMA CAP 18 MG.....	45
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leucovorin calcium for inj 100 mg	38
leucovorin calcium for inj 200 mg	38
leucovorin calcium for inj 350 mg	38
leucovorin calcium for inj 50 mg	38
leucovorin calcium for inj 500 mg	39
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	39
leucovorin calcium tab 10 mg	39
leucovorin calcium tab 15 mg	39
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levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	129
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	129
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	129
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	129
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levetiracetam in sodium chloride iv soln 1000 mg/100ml.....	81
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levetiracetam oral soln 100 mg/ml ...	81
levetiracetam tab 1000 mg	81
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levetiracetam tab disintegrating soluble 500 mg	81
levetiracetam tab er 24hr 500 mg ...	81
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levobunolol hcl ophth soln 0.5%	127
levocarnitine oral soln 1 gm/10ml (10%)	105
levocarnitine tab 330 mg	105
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	129
levocetirizine dihydrochloride tab 5 mg	129
levofloxacin in d5w iv soln 250 mg/50ml.....	32
levofloxacin in d5w iv soln 500 mg/100ml.....	32
levofloxacin in d5w iv soln 750 mg/150ml.....	32
levofloxacin iv soln 25 mg/ml	32
levofloxacin oral soln 25 mg/ml	32
levofloxacin tab 250 mg	32
levofloxacin tab 500 mg	32
levofloxacin tab 750 mg	32
levonest	99
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	99
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	99
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	99
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	99
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	99
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	99
levora 0.15/30-28	99
levothyroxine sodium tab 100 mcg.	107
levothyroxine sodium tab 112 mcg.	107
levothyroxine sodium tab 125 mcg.	107
levothyroxine sodium tab 137 mcg.	107
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levothyroxine sodium tab 175 mcg.	107
levothyroxine sodium tab 200 mcg.	107
levothyroxine sodium tab 25 mcg ..	106
levothyroxine sodium tab 300 mcg.	107
levothyroxine sodium tab 50 mcg ..	106
levothyroxine sodium tab 75 mcg ..	106
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l-glutamine (sickle cell)	115
lidocaine hcl local inj 0.5%.....	19
lidocaine hcl local inj 1%	19
lidocaine hcl local inj 2%	19
lidocaine hcl local preservative free (pf) inj 0.5%	19
lidocaine hcl local preservative free (pf) inj 1%.....	19
lidocaine hcl local preservative free (pf) inj 1.5%	19
lidocaine hcl soln 4%	136
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	136
lidocaine hcl viscous soln 2%	137
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<i>lidocaine-prilocaine cream 2.5-2.5%</i>		<i>lomustine cap 40 mg</i>	35
.....	136	LONSURF TAB 15-6.14	35
<i>lidocan</i>	136	LONSURF TAB 20-8.19	35
LIFYORLI CAP 125MG DS	37	<i>loperamide hcl cap 2 mg</i>	110
LIFYORLI CAP 150MG DS	37	<i>lopinavir-ritonavir tab 100-25 mg</i>	28
LILETTA IUD 52MG	99	<i>lopinavir-ritonavir tab 200-50 mg</i>	28
<i>linezolid for susp 100 mg/5ml</i>	23	<i>lorazepam conc 2 mg/ml</i>	65
LINEZOLID INJ 2MG/ML.....	23	<i>lorazepam inj 2 mg/ml</i>	65
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>lorazepam inj 4 mg/ml</i>	65
<i>mg/ml)</i>	23	<i>lorazepam intensol</i>	65
<i>linezolid tab 600 mg</i>	23	<i>lorazepam tab 0.5 mg</i>	65
LINZESS CAP 145MCG.....	110	<i>lorazepam tab 1 mg</i>	65
LINZESS CAP 290MCG.....	110	<i>lorazepam tab 2 mg</i>	65
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<i>liomny</i>	107	LORBRENA TAB 25MG	46
<i>liothyronine sodium tab 25 mcg</i>	107	<i>loryna</i>	99
<i>liothyronine sodium tab 5 mcg</i>	107	<i>losartan potassium &</i>	
<i>liothyronine sodium tab 50 mcg</i>	107	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-</i>		.....	54
<i>12.5 mg</i>	52	<i>losartan potassium &</i>	
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>hydrochlorothiazide tab 100-25 mg</i>	54
<i>12.5 mg</i>	52	<i>losartan potassium &</i>	
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>25 mg</i>	52	.....	54
<i>lisinopril tab 10 mg</i>	53	<i>losartan potassium tab 100 mg</i>	55
<i>lisinopril tab 2.5 mg</i>	53	<i>losartan potassium tab 25 mg</i>	55
<i>lisinopril tab 20 mg</i>	53	<i>losartan potassium tab 50 mg</i>	55
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<i>lisinopril tab 40 mg</i>	53	<i>loteprednol etabonate-tobramycin</i>	
<i>lisinopril tab 5 mg</i>	53	<i>ophth susp 0.5-0.3%</i>	125
<i>lithium carbonate cap 150 mg</i>	89	<i>lovastatin tab 10 mg</i>	57
<i>lithium carbonate cap 300 mg</i>	89	<i>lovastatin tab 20 mg</i>	57
<i>lithium carbonate cap 600 mg</i>	89	<i>lovastatin tab 40 mg</i>	57
<i>lithium carbonate tab 300 mg</i>	89	<i>low-ogestrel</i>	99
<i>lithium carbonate tab er 300 mg</i>	89	<i>loxapine succinate cap 10 mg</i>	75
<i>lithium carbonate tab er 450 mg</i>	89	<i>loxapine succinate cap 25 mg</i>	75
<i>lithium oral solution 8 meq/5ml</i>	89	<i>loxapine succinate cap 5 mg</i>	75
LIVTENCITY TAB 200MG	29	<i>loxapine succinate cap 50 mg</i>	75
<i>loestrin 1.5/30-21</i>	99	<i>lubiprostone cap 24 mcg</i>	110
<i>loestrin 1/20-21</i>	99	<i>lubiprostone cap 8 mcg</i>	110
<i>loestrin fe 1.5/30</i>	99	<i>luizza 1.5/30</i>	99
<i>loestrin fe 1/20</i>	99	<i>luizza 1/20</i>	99
<i>lojaimiess</i>	99	LUMAKRAS TAB 120MG	46
LOKELMA PAK 10GM	96	LUMAKRAS TAB 240MG	46
LOKELMA PAK 5GM	96	LUMAKRAS TAB 320MG	46
<i>lomustine cap 10 mg</i>	35	LUMIGAN SOL 0.01% OP	127
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LUPR DEP-PED INJ 15MG	105
LUPR DEP-PED INJ 3M 30MG	105
LUPR DEP-PED INJ 7.5MG	105
LUPRON DEPOT INJ 11.25MG	37
LUPRON DEPOT INJ 3.75MG	37
LUPRON DEPOT INJ 45MG	105
<i>lurasidone hcl tab 120 mg</i>	75
<i>lurasidone hcl tab 20 mg</i>	75
<i>lurasidone hcl tab 40 mg</i>	75
<i>lurasidone hcl tab 60 mg</i>	75
<i>lurasidone hcl tab 80 mg</i>	75
<i>lutea</i>	99
LYBALVI TAB 10-10MG	75
LYBALVI TAB 15-10MG	75
LYBALVI TAB 20-10MG	75
LYBALVI TAB 5-10MG	75
<i>lyleq</i>	99
<i>lyllana</i>	102
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LYTGOBI (16 MG DAILY DOSE)	46
LYTGOBI (20 MG DAILY DOSE)	46
LYUMJEV INJ 100UT/ML	95
LYUMJEV KWPN INJ 100UT/ML.....	95
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<i>lyza</i>	99

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<i>macitentan tab 10 mg</i>	64
MAGNESIUM SU INJ 20/500ML	123
MAGNESIUM SU INJ 2GM/50ML	123
MAGNESIUM SU INJ 40G/1000	123
MAGNESIUM SU INJ 4G/100ML.....	123
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	123
<i>magnesium sulfate inj 50%</i>	123
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	123
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	124
<i>magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)</i>	123
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	124

<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	123
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	124
<i>malathion lotion 0.5%</i>	137
<i>maraviroc tab 150 mg</i>	26
<i>maraviroc tab 300 mg</i>	26
<i>marlissa</i>	99
MARPLAN TAB 10MG	69
MATULANE CAP 50MG	39
MAVYRET PAK 50-20MG	29
MAVYRET TAB 100-40MG.....	29
<i>meclizine hcl tab 12.5 mg</i>	108
<i>meclizine hcl tab 25 mg</i>	108
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	99
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	99
<i>medroxyprogesterone acetate tab 10 mg</i>	106
<i>medroxyprogesterone acetate tab 2.5 mg</i>	106
<i>medroxyprogesterone acetate tab 5 mg</i>	106
<i>mefloquine hcl tab 250 mg</i>	25
<i>megestrol acetate susp 40 mg/ml ..</i>	106
<i>megestrol acetate susp 625 mg/5ml</i>	106
<i>megestrol acetate tab 20 mg</i>	37
<i>megestrol acetate tab 40 mg</i>	37
MEKINIST SOL 0.05/ML.....	46
MEKINIST TAB 0.5MG	46
MEKINIST TAB 2MG	46
MEKTOVI TAB 15MG	46
<i>meleya</i>	99
<i>meloxicam tab 15 mg</i>	19
<i>meloxicam tab 7.5 mg</i>	19
<i>memantine hcl cap er 24hr 14 mg ...</i>	66
<i>memantine hcl cap er 24hr 21 mg ...</i>	66
<i>memantine hcl cap er 24hr 28 mg ...</i>	66
<i>memantine hcl cap er 24hr 7 mg</i>	65
<i>memantine hcl oral solution 2 mg/ml</i>	66
<i>memantine hcl tab 10 mg</i>	66
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	66
<i>memantine hcl tab 5 mg</i>	66

<i>memantine hcl-donepezil hcl cap er</i>		
24hr 14-10 mg	66	
<i>memantine hcl-donepezil hcl cap er</i>		
24hr 21-10 mg	66	
<i>memantine hcl-donepezil hcl cap er</i>		
24hr 28-10 mg	66	
MENQUADFI INJ	122	
MENVEO INJ.....	122	
MENVEO SOL	122	
<i>mercaptopurine susp 2000 mg/100ml</i>		
(20 mg/ml)	35	
<i>mercaptopurine tab 50 mg</i>	35	
<i>meropenem iv for soln 1 gm</i>	23	
<i>meropenem iv for soln 2 gm</i>	23	
<i>meropenem iv for soln 500 mg</i>	23	
<i>mesalamine cap dr 400 mg</i>	109	
<i>mesalamine cap er 24hr 0.375 gm</i> .	109	
<i>mesalamine enema 4 gm</i>	109	
<i>mesalamine rectal enema 4 gm &</i>		
<i>cleanser wipe kit</i>	109	
<i>mesalamine suppos 1000 mg</i>	109	
<i>mesalamine tab delayed release 1.2</i>		
<i>gm</i>	109	
<i>mesna tab 400 mg</i>	39	
<i>metformin hcl oral soln 500 mg/5ml</i> .	92	
<i>metformin hcl tab 1000 mg</i>	92	
<i>metformin hcl tab 500 mg</i>	92	
<i>metformin hcl tab 850 mg</i>	92	
<i>metformin hcl tab er 24hr 500 mg</i>	93	
<i>metformin hcl tab er 24hr 750 mg</i>	93	
<i>methadone hcl soln 10 mg/5ml</i>	21	
<i>methadone hcl soln 5 mg/5ml</i>	21	
<i>methadone hcl tab 10 mg</i>	21	
<i>methadone hcl tab 5 mg</i>	21	
<i>methadone hydrochloride i</i>	21	
<i>methazolamide tab 25 mg</i>	61	
<i>methazolamide tab 50 mg</i>	61	
<i>methenamine hippurate tab 1 gm</i>	23	
<i>methimazole tab 10 mg</i>	107	
<i>methimazole tab 5 mg</i>	107	
<i>methocarbamol tab 500 mg</i>	90	
<i>methocarbamol tab 750 mg</i>	90	
<i>methotrexate sodium for inj 1 gm</i>	35	
<i>methotrexate sodium inj 250 mg/10ml</i>		
(25 mg/ml)	36	
<i>methotrexate sodium inj 50 mg/2ml</i>		
(25 mg/ml)	35	
<i>methotrexate sodium inj pf 1000</i>		
<i>mg/40ml (25 mg/ml)</i>	36	
<i>methotrexate sodium inj pf 250</i>		
<i>mg/10ml (25 mg/ml)</i>	36	
<i>methotrexate sodium inj pf 50 mg/2ml</i>		
(25 mg/ml)	36	
<i>methotrexate sodium tab 2.5 mg (base</i>		
<i>equiv)</i>	119	
<i>methsuximide cap 300 mg</i>	81	
<i>methylphenidate hcl chew tab 10 mg</i>	86	
<i>methylphenidate hcl chew tab 2.5 mg</i>		
.....	86	
<i>methylphenidate hcl chew tab 5 mg</i> .	86	
<i>methylphenidate hcl soln 10 mg/5ml</i>	86	
<i>methylphenidate hcl soln 5 mg/5ml</i> ..	86	
<i>methylphenidate hcl tab 10 mg</i>	86	
<i>methylphenidate hcl tab 20 mg</i>	86	
<i>methylphenidate hcl tab 5 mg</i>	86	
<i>methylphenidate hcl tab er 10 mg</i>	86	
<i>methylphenidate hcl tab er 20 mg</i>	86	
<i>methylprednisolone acetate inj susp 40</i>		
<i>mg/ml</i>	103	
<i>methylprednisolone acetate inj susp 80</i>		
<i>mg/ml</i>	103	
<i>methylprednisolone sod succ for inj</i>		
<i>1000 mg (base equiv)</i>	103	
<i>methylprednisolone sod succ for inj</i>		
<i>125 mg (base equiv)</i>	103	
<i>methylprednisolone sod succ for inj 40</i>		
<i>mg (base equiv)</i>	103	
<i>methylprednisolone sod succ for inj</i>		
<i>500 mg (base equiv)</i>	103	
<i>methylprednisolone tab 16 mg</i>	103	
<i>methylprednisolone tab 32 mg</i>	103	
<i>methylprednisolone tab 4 mg</i>	103	
<i>methylprednisolone tab 8 mg</i>	103	
<i>methylprednisolone tab therapy pack 4</i>		
<i>mg (21)</i>	103	
<i>metoclopramide hcl inj 5 mg/ml (base</i>		
<i>equivalent)</i>	108	
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		
<i>mg/10ml) (base equiv)</i>	108	
<i>metoclopramide hcl tab 10 mg (base</i>		
<i>equivalent)</i>	108	
<i>metoclopramide hcl tab 5 mg (base</i>		
<i>equivalent)</i>	108	
<i>metolazone tab 10 mg</i>	61	

<i>metolazone tab 2.5 mg</i>	61	<i>minoxidil tab 2.5 mg</i>	63
<i>metolazone tab 5 mg</i>	61	<i>mirabegron tab er 24 hr 25 mg</i>	112
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mirabegron tab er 24 hr 50 mg</i>	112
<i>100-25 mg</i>	58	<i>mirtazapine orally disintegrating tab 15</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mg</i>	69
<i>100-50 mg</i>	58	<i>mirtazapine orally disintegrating tab 30</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mg</i>	69
<i>50-25 mg</i>	58	<i>mirtazapine orally disintegrating tab 45</i>	
<i>metoprolol succinate tab er 24hr 100</i>		<i>mg</i>	69
<i>mg (tartrate equiv)</i>	59	<i>mirtazapine tab 15 mg</i>	69
<i>metoprolol succinate tab er 24hr 200</i>		<i>mirtazapine tab 30 mg</i>	69
<i>mg (tartrate equiv)</i>	59	<i>mirtazapine tab 45 mg</i>	69
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>mirtazapine tab 7.5 mg</i>	69
<i>(tartrate equiv)</i>	59	<i>misoprostol tab 100 mcg</i>	110
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>misoprostol tab 200 mcg</i>	110
<i>(tartrate equiv)</i>	59	<i>M-M-R II INJ</i>	122
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	59	<i>M-NATAL PLUS TAB</i>	124
<i>metoprolol tartrate tab 100 mg</i>	59	<i>modafinil tab 100 mg</i>	90
<i>metoprolol tartrate tab 25 mg</i>	59	<i>modafinil tab 200 mg</i>	90
<i>metoprolol tartrate tab 50 mg</i>	59	<i>MODEYSO CAP 125MG</i>	39
<i>metronidazole cream 0.75%</i>	137	<i>moexipril hcl tab 15 mg</i>	53
<i>metronidazole gel 0.75%</i>	137	<i>moexipril hcl tab 7.5 mg</i>	53
<i>metronidazole iv soln 500 mg/100ml</i>	23	<i>molindone hcl tab 10 mg</i>	75
<i>metronidazole lotion 0.75%</i>	137	<i>molindone hcl tab 25 mg</i>	75
<i>metronidazole tab 250 mg</i>	23	<i>molindone hcl tab 5 mg</i>	75
<i>metronidazole tab 500 mg</i>	23	<i>mometasone furoate cream 0.1%</i> ..	136
<i>metronidazole vaginal gel 0.75%</i> ...	113	<i>mometasone furoate oint 0.1%</i>	136
<i>metyrosine cap 250 mg</i>	62	<i>mometasone furoate solution 0.1%</i>	
<i>mibelas 24 fe</i>	99	<i>(lotion)</i>	136
<i>micafungin sodium for iv soln 100 mg</i>		<i>MONJUVI INJ 200MG</i>	46
.....	25	<i>mono-linyah</i>	100
<i>micafungin sodium for iv soln 50 mg</i>	25	<i>montelukast sodium chew tab 4 mg</i>	
<i>microgestin 1.5/30</i>	99	<i>(base equiv)</i>	130
<i>microgestin 1/20</i>	99	<i>montelukast sodium chew tab 5 mg</i>	
<i>microgestin fe 1.5/30</i>	99	<i>(base equiv)</i>	130
<i>microgestin fe 1/20</i>	99	<i>montelukast sodium oral granules</i>	
<i>midodrine hcl tab 10 mg</i>	62	<i>packet 4 mg (base equiv)</i>	130
<i>midodrine hcl tab 2.5 mg</i>	62	<i>montelukast sodium tab 10 mg (base</i>	
<i>midodrine hcl tab 5 mg</i>	62	<i>equiv)</i>	130
<i>MIEBO DRO 1.3GM/ML</i>	127	<i>morphine sulfate iv soln 10 mg/ml</i> ...	22
<i>mifepristone tab 300 mg</i>	105	<i>morphine sulfate iv soln 2 mg/ml</i>	21
<i>mili</i>	100	<i>morphine sulfate iv soln 4 mg/ml</i>	22
<i>mimvey</i>	102	<i>morphine sulfate iv soln 8 mg/ml</i>	22
<i>minocycline hcl cap 100 mg</i>	34	<i>morphine sulfate oral soln 10 mg/5ml</i>	
<i>minocycline hcl cap 50 mg</i>	34	.....	22
<i>minocycline hcl cap 75 mg</i>	34	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>minoxidil tab 10 mg</i>	63	<i>(20 mg/ml)</i>	22

<i>morphine sulfate oral soln 20 mg/5ml</i>	
.....	22
<i>morphine sulfate tab 15 mg</i>	22
<i>morphine sulfate tab 30 mg</i>	22
<i>morphine sulfate tab er 100 mg</i>	21
<i>morphine sulfate tab er 15 mg</i>	21
<i>morphine sulfate tab er 200 mg</i>	21
<i>morphine sulfate tab er 30 mg</i>	21
<i>morphine sulfate tab er 60 mg</i>	21
MOUNJARO INJ 10MG/0.5	93
MOUNJARO INJ 12.5/0.5	93
MOUNJARO INJ 15MG/0.5	93
MOUNJARO INJ 2.5/0.5	93
MOUNJARO INJ 5MG/0.5	93
MOUNJARO INJ 7.5/0.5	93
MOVANTIK TAB 12.5MG	110
MOVANTIK TAB 25MG	110
<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>sodium chloride 0.8% inj</i>	32
<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>equiv)</i>	126
<i>moxifloxacin hcl tab 400 mg (base</i>	
<i>equiv)</i>	32
MRESVIA INJ 50MCG	122
MULTAQ TAB 400MG	56
<i>multiple electrolytes ph 5.5</i>	124
<i>mupirocin oint 2%</i>	134
<i>mycophenolate mofetil cap 250 mg</i>	121
<i>mycophenolate mofetil for oral susp</i>	
<i>200 mg/ml</i>	121
<i>mycophenolate mofetil tab 500 mg</i>	121
<i>mycophenolate sodium tab dr 180 mg</i>	
<i>(mycophenolic acid equiv)</i>	121
<i>mycophenolate sodium tab dr 360 mg</i>	
<i>(mycophenolic acid equiv)</i>	121
MYRBETRIQ SUS 8MG/ML	112
MYRBETRIQ TAB 25MG	112
MYRBETRIQ TAB 50MG	112
N	
<i>nabumetone tab 500 mg</i>	20
<i>nabumetone tab 750 mg</i>	20
<i>nadolol tab 20 mg</i>	59
<i>nadolol tab 40 mg</i>	59
<i>nadolol tab 80 mg</i>	59
<i>nafcillin sodium for inj 1 gm</i>	33
<i>nafcillin sodium for inj 2 gm</i>	33
<i>nafcillin sodium for iv soln 10 gm</i>	33

NAGLAZYME INJ 1MG/ML	105
<i>naloxone hcl inj 0.4 mg/ml</i>	91
<i>naloxone hcl inj 4 mg/10ml</i>	91
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
.....	91
<i>naloxone hcl soln prefilled syringe 0.4</i>	
<i>mg/ml</i>	91
<i>naloxone hcl soln prefilled syringe 2</i>	
<i>mg/2ml</i>	91
<i>naltrexone hcl tab 50 mg</i>	91
NAMZARIC CAP 7-10MG	66
<i>naproxen sodium tab 275 mg</i>	20
<i>naproxen sodium tab 550 mg</i>	20
<i>naproxen tab 250 mg</i>	20
<i>naproxen tab 375 mg</i>	20
<i>naproxen tab 500 mg</i>	20
<i>naproxen tab ec 375 mg</i>	20
<i>naratriptan hcl tab 1 mg (base equiv)</i>	
.....	87
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
.....	87
NATACYN SUS 5% OP	126
<i>nateglinide tab 120 mg</i>	93
<i>nateglinide tab 60 mg</i>	93
NAYZILAM SPR 5MG	82
<i>nebivolol hcl tab 10 mg (base</i>	
<i>equivalent)</i>	59
<i>nebivolol hcl tab 2.5 mg (base</i>	
<i>equivalent)</i>	59
<i>nebivolol hcl tab 20 mg (base</i>	
<i>equivalent)</i>	59
<i>nebivolol hcl tab 5 mg (base</i>	
<i>equivalent)</i>	59
necon 0.5/35-28	100
<i>nefazodone hcl tab 100 mg</i>	69
<i>nefazodone hcl tab 150 mg</i>	69
<i>nefazodone hcl tab 200 mg</i>	69
<i>nefazodone hcl tab 250 mg</i>	69
<i>nefazodone hcl tab 50 mg</i>	69
<i>neomycin sulfate tab 500 mg</i>	23
<i>neomycin-bacitrac zn-polymyx</i>	
<i>5(3.5)mg-400unt-10000unt op oin</i>	
.....	126
<i>neomycin-polymyx-gramicid op sol</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i>	126
<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth oint 0.1%</i>	125

<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	125	<i>nintedanib esylate cap 150 mg (base equivalent)</i>	131
<i>neomycin-polymyxin-hc ophth susp</i>	126	<i>nitazoxanide tab 500 mg</i>	23
<i>neomycin-polymyxin-hc otic soln 1%</i>	128	<i>nitisinone cap 10 mg</i>	105
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	128	<i>nitisinone cap 2 mg</i>	105
<i>NERLYNX TAB 40MG</i>	46	<i>nitisinone cap 20 mg</i>	105
<i>neuac</i>	134	<i>nitisinone cap 5 mg</i>	105
<i>nevirapine susp 50 mg/5ml</i>	26	<i>nitro-bid</i>	63
<i>nevirapine tab 200 mg</i>	26	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	24
<i>nevirapine tab er 24hr 400 mg</i>	26	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	23
<i>NEXLETOL TAB 180MG</i>	58	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	24
<i>NEXLIZET TAB 180/10MG</i>	58	<i>nitroglycerin oint 0.4%</i>	137
<i>NEXPLANON IMP 68MG</i>	100	<i>nitroglycerin oint 2%</i>	63
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	58	<i>nitroglycerin sl tab 0.3 mg</i>	63
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	58	<i>nitroglycerin sl tab 0.4 mg</i>	63
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	58	<i>nitroglycerin sl tab 0.6 mg</i>	63
<i>nicardipine hcl cap 20 mg</i>	60	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	63
<i>nicardipine hcl cap 30 mg</i>	60	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	63
<i>NICOTROL NS SPR 10MG/ML</i>	91	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	63
<i>nifedipine tab er 24hr 30 mg</i>	60	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	63
<i>nifedipine tab er 24hr 60 mg</i>	60	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	63
<i>nifedipine tab er 24hr 90 mg</i>	60	<i>nizatidine cap 150 mg</i>	109
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	60	<i>nizatidine cap 300 mg</i>	109
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	60	<i>nora-be</i>	100
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	60	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	100
<i>nikki</i>	100	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	100
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	46	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	100
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	46	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	100
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	46	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	100
<i>nilutamide tab 150 mg</i>	37	<i>norethindrone acetate tab 5 mg</i>	106
<i>nimodipine cap 30 mg</i>	60	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	102
<i>NINLARO CAP 2.3MG</i>	46	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	102
<i>NINLARO CAP 3MG</i>	46		
<i>NINLARO CAP 4MG</i>	47		
<i>nintedanib esylate cap 100 mg (base equivalent)</i>	131		

norethindrone ac-ethinyl estrad-fe tab
1-20/1-30/1-35 mg-mcg 100
norethindrone tab 0.35 mg 100
norgestimate & ethinyl estradiol tab
0.25 mg-35 mcg 100
norgestimate-eth estrad tab 0.18-
25/0.215-25/0.25-25 mg-mcg 100
norgestimate-eth estrad tab 0.18-
35/0.215-35/0.25-35 mg-mcg 100
norlyroc..... 100
nortrel 0.5/35 (28) 100
nortrel 1/35 (21) 100
nortrel 1/35 (28) 100
nortrel 7/7/7 100
nortriptyline hcl cap 10 mg.....69
nortriptyline hcl cap 25 mg.....69
nortriptyline hcl cap 50 mg.....69
nortriptyline hcl cap 75 mg.....69
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 NOVOLOG INJ PENFILL95
 NOVOLOG INJ RELION95
 NOVOLOG MIX INJ 70/3095
 NOVOLOG MIX INJ FLEXPEN95
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 NUEDEXTA CAP 20-10MG.....89
 NULOJIX INJ 250MG 121
 NUPLAZID CAP 34MG75
 NUPLAZID TAB 10MG75
 NURTEC TAB 75MG ODT88
 NUTRILIPID EMU 20% 125
 NUZYRA INJ 100MG34
 NUZYRA TAB 150MG34
nyamyc 134
nylia 1/35..... 100
nylia 7/7/7..... 100
nystatin cream 100000 unit/gm 134
nystatin oint 100000 unit/gm 134

nystatin susp 100000 unit/ml 137
nystatin tab 500000 unit 25
nystatin topical powder 100000
unit/gm 134
nystop 134
O
 OCTAGAM INJ 10/100ML 120
 OCTAGAM INJ 10GM 120
 OCTAGAM INJ 1GM 120
 OCTAGAM INJ 2.5GM 120
 OCTAGAM INJ 20/200ML 120
 OCTAGAM INJ 2GM/20ML 120
 OCTAGAM INJ 30/300ML 120
 OCTAGAM INJ 5GM 120
 OCTAGAM INJ 5GM/50ML 120
octreotide acetate inj 100 mcg/ml (0.1
mg/ml)..... 105
octreotide acetate inj 1000 mcg/ml (1
mg/ml)..... 105
octreotide acetate inj 200 mcg/ml (0.2
mg/ml)..... 105
octreotide acetate inj 50 mcg/ml (0.05
mg/ml)..... 105
octreotide acetate inj 500 mcg/ml (0.5
mg/ml)..... 105
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pref syr 100 mcg/ml..... 105
octreotide acetate subcutaneous soln
pref syr 50 mcg/ml 105
octreotide acetate subcutaneous soln
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ofloxacin otic soln 0.3% 128
 OGIVRI INJ 150MG47
 OGIVRI INJ 420MG47
 OGSIVEO TAB 100MG47
 OGSIVEO TAB 150MG47
 OJEMDA SUS 25MG/ML47
 OJEMDA TAB 100MG47
 OJJAARA TAB 100MG47
 OJJAARA TAB 150MG47
 OJJAARA TAB 200MG47
olanzapine for im inj 10 mg..... 75

<i>olanzapine orally disintegrating tab 10 mg</i>	75	OMNIPOD 5 DX KIT INT G7G6	95
<i>olanzapine orally disintegrating tab 15 mg</i>	75	OMNIPOD 5 DX MIS POD G7G6	95
<i>olanzapine orally disintegrating tab 20 mg</i>	75	OMNIPOD DASH KIT INTRO	95
<i>olanzapine orally disintegrating tab 5 mg</i>	75	OMNIPOD DASH MIS PODS	95
<i>olanzapine tab 10 mg</i>	76	OMNIPOD5 LIB KIT INTRO	95
<i>olanzapine tab 15 mg</i>	76	OMNIPOD5 LIB MIS PODS.....	95
<i>olanzapine tab 2.5 mg</i>	75	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	108
<i>olanzapine tab 20 mg</i>	76	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	108
<i>olanzapine tab 5 mg</i>	75	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	108
<i>olanzapine tab 7.5 mg</i>	76	<i>ondansetron hcl oral soln 4 mg/5ml</i> 108	
<i>olmesartan medoxomil tab 20 mg</i>	56	<i>ondansetron hcl tab 4 mg</i>	108
<i>olmesartan medoxomil tab 40 mg</i>	56	<i>ondansetron hcl tab 8 mg</i>	108
<i>olmesartan medoxomil tab 5 mg</i>	55	<i>ondansetron orally disintegrating tab 4 mg</i>	108
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	55	<i>ondansetron orally disintegrating tab 8 mg</i>	108
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	55	ONTRUZANT INJ 150MG	47
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .55		ONTRUZANT INJ 420MG	47
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	55	ONUREG TAB 200MG.....	36
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	55	ONUREG TAB 300MG.....	36
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	55	OPIPZA MIS 10MG	76
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	55	OPIPZA MIS 2MG.....	76
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	55	OPIPZA MIS 5MG.....	76
<i>omega-3-acid ethyl esters cap 1 gm</i> .58		OPSUMIT TAB 10MG	64
<i>omeprazole cap delayed release 10 mg</i>	111	ORGOVYX TAB 120MG.....	37
<i>omeprazole cap delayed release 20 mg</i>	111	ORKAMBI GRA 100-125.....	131
<i>omeprazole cap delayed release 40 mg</i>	111	ORKAMBI GRA 150-188.....	131
		ORKAMBI GRA 75-94MG	131
		ORKAMBI TAB 100-125	131
		ORKAMBI TAB 200-125	131
		<i>orquidea</i>	100
		ORSERDU TAB 345MG.....	37
		ORSERDU TAB 86MG.....	37
		<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	29
		<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	29
		<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	29
		<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	29
		OSPOMYV INJ 60MG/ML	96
		<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	33

<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	33	<i>OZEMPIC (1MG/DOSE)</i>	93
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	33	<i>OZEMPIC (2MG/DOSE)</i>	93
<i>oxaliplatin for iv inj 100 mg</i>	35	<i>OZEMPIC TAB 1.5MG</i>	93
<i>oxaliplatin for iv inj 50 mg</i>	35	<i>OZEMPIC TAB 4MG</i>	93
<i>oxaliplatin iv soln 100 mg/20ml</i>	35	<i>OZEMPIC TAB 9MG</i>	93
<i>oxaliplatin iv soln 200 mg/40ml</i>	35	P	
<i>oxaliplatin iv soln 50 mg/10ml</i>	35	<i>pacerone</i>	56
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	82	<i>paclitaxel inj 100mg</i>	39
<i>oxcarbazepine tab 150 mg</i>	82	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	39
<i>oxcarbazepine tab 300 mg</i>	82	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	39
<i>oxcarbazepine tab 600 mg</i>	82	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	39
<i>oxybutynin chloride solution 5 mg/5ml</i>	112	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	39
<i>oxybutynin chloride tab 5 mg</i>	112	<i>paliperidone tab er 24hr 1.5 mg</i>	76
<i>oxybutynin chloride tab er 24hr 10 mg</i>	112	<i>paliperidone tab er 24hr 3 mg</i>	76
<i>oxybutynin chloride tab er 24hr 15 mg</i>	112	<i>paliperidone tab er 24hr 6 mg</i>	76
<i>oxybutynin chloride tab er 24hr 5 mg</i>	112	<i>paliperidone tab er 24hr 9 mg</i>	76
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	22	<i>pamidronate disodium iv soln 3 mg/ml</i>	96
<i>oxycodone hcl soln 5 mg/5ml</i>	22	<i>pamidronate disodium iv soln 9 mg/ml</i>	96
<i>oxycodone hcl tab 10 mg</i>	22	<i>PAMIDRONATE INJ 6MG/ML</i>	96
<i>oxycodone hcl tab 15 mg</i>	22	<i>PANRETIN GEL 0.1%</i>	137
<i>oxycodone hcl tab 20 mg</i>	22	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	111
<i>oxycodone hcl tab 30 mg</i>	22	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	111
<i>oxycodone hcl tab 5 mg</i>	22	<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	112
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	22	<i>PANZYGA SOL 10/100ML</i>	120
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	22	<i>PANZYGA SOL 1GM/10ML</i>	120
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	22	<i>PANZYGA SOL 2.5/25ML</i>	120
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	22	<i>PANZYGA SOL 20/200ML</i>	120
<i>OXYCONTIN TAB 10MG ER</i>	21	<i>PANZYGA SOL 30/300ML</i>	120
<i>OXYCONTIN TAB 15MG ER</i>	21	<i>PANZYGA SOL 5GM/50ML</i>	120
<i>OXYCONTIN TAB 20MG ER</i>	21	<i>paricalcitol cap 1 mcg</i>	107
<i>OXYCONTIN TAB 30MG ER</i>	21	<i>paricalcitol cap 2 mcg</i>	107
<i>OXYCONTIN TAB 40MG ER</i>	21	<i>paricalcitol cap 4 mcg</i>	107
<i>OXYCONTIN TAB 60MG ER</i>	21	<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	69
<i>OXYCONTIN TAB 80MG ER</i>	21	<i>paroxetine hcl tab 10 mg</i>	69
<i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i>	93	<i>paroxetine hcl tab 20 mg</i>	69
		<i>paroxetine hcl tab 30 mg</i>	69
		<i>paroxetine hcl tab 40 mg</i>	69

PAXLOVID PAK	29	perampanel tab 10 mg	82
PAXLOVID TAB 150-100.....	29	perampanel tab 12 mg	82
PAXLOVID TAB 300-100.....	29	perampanel tab 2 mg	82
pazopanib hcl tab 200 mg (base equiv)		perampanel tab 4 mg	82
.....	47	perampanel tab 6 mg	82
pazopanib hcl tab 400 mg (base equiv)		perampanel tab 8 mg	82
.....	47	perindopril erbumine tab 2 mg	53
PEDIARIX INJ 0.5ML.....	122	perindopril erbumine tab 4 mg	53
PEDVAXHIB INJ 7.5MCG	122	perindopril erbumine tab 8 mg	53
peg 3350-kcl-na bicarb-nacl-na sulfate		periogard	137
for soln 236 gm	110	permethrin cream 5%	137
peg 3350-kcl-sod bicarb-nacl for soln		perphenazine tab 16 mg	76
420 gm	110	perphenazine tab 2 mg.....	76
PEGASYS INJ.....	29	perphenazine tab 4 mg.....	76
PEGASYS INJ 180MCG/M	29	perphenazine tab 8 mg.....	76
pellix sol 0.005%.....	135	pfizerpen.....	33
PEMAZYRE TAB 13.5MG	47	phenelzine sulfate tab 15 mg	69
PEMAZYRE TAB 4.5MG.....	47	phenobarbital elixir 20 mg/5ml.....	82
PEMAZYRE TAB 9MG	47	phenobarbital sodium inj 130 mg/ml	82
pemetrexed disodium for iv soln 100		phenobarbital sodium inj 65 mg/ml..	82
mg (base equiv)	36	phenobarbital tab 100 mg.....	82
pemetrexed disodium for iv soln 1000		phenobarbital tab 15 mg	82
mg (base equiv)	36	phenobarbital tab 16.2 mg.....	82
pemetrexed disodium for iv soln 500		phenobarbital tab 30 mg	82
mg (base equiv)	36	phenobarbital tab 32.4 mg.....	82
pemetrexed disodium for iv soln 750		phenobarbital tab 60 mg	82
mg (base equiv)	36	phenobarbital tab 64.8 mg.....	82
PENBRAYA INJ.....	122	phenobarbital tab 97.2 mg.....	82
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penicillin g potassium for inj 20000000		phenytoin chew tab 50 mg.....	83
unit.....	33	phenytoin sodium extended cap 100	
penicillin g potassium for inj 5000000		mg	83
unit.....	33	phenytoin sodium extended cap 200	
penicillin g sodium for inj 5000000 unit		mg	83
.....	33	phenytoin sodium extended cap 300	
penicillin v potassium for soln 125		mg	83
mg/5ml	33	phenytoin sodium inj 50 mg/ml	83
penicillin v potassium for soln 250		phenytoin susp 125 mg/5ml.....	83
mg/5ml	33	PHESGO SOL	47
penicillin v potassium tab 250 mg	33	philith	100
penicillin v potassium tab 500 mg	33	PIFELTRO TAB 100MG	26
PENMENVY INJ	122	pilocarpine hcl ophth soln 1%.....	127
PENTACEL INJ	122	pilocarpine hcl ophth soln 2%.....	127
pentamidine isethionate inh	24	pilocarpine hcl ophth soln 4%.....	127
pentamidine isethionate inj	24	pilocarpine hcl tab 5 mg	137
pentoxifylline tab er 400 mg.....	115	pilocarpine hcl tab 7.5 mg.....	137
perampanel susp 0.5 mg/ml.....	82	pimecrolimus cream 1%	137

<i>pimozide tab 1 mg</i>	76	POMALYST CAP 3MG	38
<i>pimozide tab 2 mg</i>	76	POMALYST CAP 4MG	38
<i>pimtrea</i>	100	<i>portia-28</i>	100
<i>pindolol tab 10 mg</i>	59	<i>posaconazole tab delayed release 100</i>	
<i>pindolol tab 5 mg</i>	59	<i>mg</i>	25
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		POT CHL 20MEQ/L IN NACL 0.45% INJ	
.....	93	.....	124
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		POT CHL 20MEQ/L IN NACL 0.9% INJ	
.....	93	.....	124
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		POT CHL 40MEQ/L IN NACL 0.9% INJ	
.....	93	.....	124
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>500 mg</i>	93	<i>in dextrose 5% inj</i>	124
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>potassium chloride cap er 10 meq..</i>	124
<i>850 mg</i>	93	<i>potassium chloride cap er 8 meq ...</i>	124
<i>piperacillin sod-tazobactam na for inj</i>		<i>potassium chloride inj 10 meq/100ml</i>	
<i>3.375 gm (3-0.375 gm)</i>	33	.....	124
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride inj 10 meq/50ml</i>	
<i>13.5 gm (12-1.5 gm)</i>	33	.....	124
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride inj 2 meq/ml ...</i>	124
<i>2.25 gm (2-0.25 gm)</i>	33	<i>potassium chloride inj 20 meq/100ml</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		.....	124
<i>4.5 gm (4-0.5 gm)</i>	33	<i>potassium chloride inj 20 meq/50ml</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		.....	124
<i>40.5 gm (36-4.5 gm)</i>	33	<i>potassium chloride inj 40 meq/100ml</i>	
PIQRAY 200MG TAB DOSE.....	47	.....	124
PIQRAY 250MG TAB DOSE.....	47	<i>potassium chloride microencapsulated</i>	
PIQRAY 300MG TAB DOSE.....	47	<i>crys er tab 10 meq</i>	124
<i>pirfenidone cap 267 mg</i>	131	<i>potassium chloride microencapsulated</i>	
<i>pirfenidone tab 267 mg</i>	131	<i>crys er tab 15 meq</i>	124
<i>pirfenidone tab 534 mg</i>	131	<i>potassium chloride microencapsulated</i>	
<i>pirfenidone tab 801 mg</i>	131	<i>crys er tab 20 meq</i>	124
<i>piroxicam cap 10 mg</i>	20	<i>potassium chloride oral soln 10% (20</i>	
<i>piroxicam cap 20 mg</i>	20	<i>meq/15ml)</i>	124
<i>plenamine</i>	125	<i>potassium chloride oral soln 20% (40</i>	
PLENVU SOL	110	<i>meq/15ml)</i>	124
<i>podofilox soln 0.5%</i>	137	<i>potassium chloride powder packet 20</i>	
<i>polymyxin b sulfate for inj 500000 unit</i>		<i>meq</i>	124
.....	24	<i>potassium chloride tab er 10 meq ..</i>	125
<i>polymyxin b-trimethoprim ophth soln</i>		<i>potassium chloride tab er 20 meq</i>	
<i>10000 unit/ml-0.1%</i>	126	<i>(1500 mg)</i>	125
<i>pomalidomide cap 1 mg</i>	38	<i>potassium chloride tab er 8 meq (600</i>	
<i>pomalidomide cap 2 mg</i>	38	<i>mg)</i>	125
<i>pomalidomide cap 3 mg</i>	38	<i>potassium citrate tab er 10 meq (1080</i>	
<i>pomalidomide cap 4 mg</i>	38	<i>mg)</i>	112
POMALYST CAP 1MG	38	<i>potassium citrate tab er 15 meq (1620</i>	
POMALYST CAP 2MG	38	<i>mg)</i>	112

<i>potassium citrate tab er 5 meq (540 mg)</i>	112
<i>pramipexole dihydrochloride tab 0.125 mg</i>	71
<i>pramipexole dihydrochloride tab 0.25 mg</i>	71
<i>pramipexole dihydrochloride tab 0.5 mg</i>	71
<i>pramipexole dihydrochloride tab 0.75 mg</i>	71
<i>pramipexole dihydrochloride tab 1 mg</i>	71
<i>pramipexole dihydrochloride tab 1.5 mg</i>	71
<i>prasugrel hcl tab 10 mg (base equiv)</i>	115
<i>prasugrel hcl tab 5 mg (base equiv)</i>	115
<i>pravastatin sodium tab 10 mg</i>	57
<i>pravastatin sodium tab 20 mg</i>	57
<i>pravastatin sodium tab 40 mg</i>	57
<i>pravastatin sodium tab 80 mg</i>	57
<i>praziquantel tab 600 mg</i>	24
<i>prazosin hcl cap 1 mg</i>	54
<i>prazosin hcl cap 2 mg</i>	54
<i>prazosin hcl cap 5 mg</i>	54
<i>PRED SOD PHO SOL 1% OP</i>	126
<i>prednisolone acetate ophth susp 1%</i>	126
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	103
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	103
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	103
<i>prednisolone soln 15 mg/5ml</i>	103
<i>PREDNISONE CON 5MG/ML</i>	103
<i>prednisone oral soln 5 mg/5ml</i>	103
<i>prednisone tab 1 mg</i>	103
<i>prednisone tab 10 mg</i>	103
<i>prednisone tab 2.5 mg</i>	103
<i>prednisone tab 20 mg</i>	103
<i>prednisone tab 5 mg</i>	103
<i>prednisone tab 50 mg</i>	103
<i>prednisone tab therapy pack 10 mg (21)</i>	104
<i>prednisone tab therapy pack 10 mg (48)</i>	104

<i>prednisone tab therapy pack 5 mg (21)</i>	103
<i>prednisone tab therapy pack 5 mg (48)</i>	103
<i>pregabalin cap 100 mg</i>	83
<i>pregabalin cap 150 mg</i>	83
<i>pregabalin cap 200 mg</i>	83
<i>pregabalin cap 225 mg</i>	83
<i>pregabalin cap 25 mg</i>	83
<i>pregabalin cap 300 mg</i>	83
<i>pregabalin cap 50 mg</i>	83
<i>pregabalin cap 75 mg</i>	83
<i>pregabalin soln 20 mg/ml</i>	83
<i>PREMASOL SOL 10%</i>	125
<i>PRENATAL TAB 27-1MG</i>	125
<i>PRENATAL TAB PLUS</i>	125
<i>prevalite</i>	58
<i>PREVYMIS TAB 240MG</i>	29
<i>PREVYMIS TAB 480MG</i>	29
<i>PREZCOBIX TAB 675/150</i>	28
<i>PREZCOBIX TAB 800-150</i>	28
<i>PREZISTA SUS 100MG/ML</i>	26
<i>PREZISTA TAB 150MG</i>	26
<i>PREZISTA TAB 75MG</i>	26
<i>PRIFTIN TAB 150MG</i>	28
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	26
<i>PRIMAQUINE TAB 26.3MG</i>	26
<i>primidone tab 125 mg</i>	83
<i>primidone tab 250 mg</i>	83
<i>primidone tab 50 mg</i>	83
<i>PRIORIX INJ</i>	122
<i>PRIVIGEN INJ 10GRAMS</i>	120
<i>PRIVIGEN INJ 20GRAMS</i>	120
<i>PRIVIGEN INJ 40GRAMS</i>	120
<i>PRIVIGEN INJ 5 GRAMS</i>	120
<i>probenecid tab 500 mg</i>	19
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	108
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	108
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	108
<i>prochlorperazine suppos 25 mg</i>	108
<i>PROCRIT INJ 10000/ML</i>	114
<i>PROCRIT INJ 2000/ML</i>	114
<i>PROCRIT INJ 20000/ML</i>	114

PROCRIT INJ 3000/ML	114
PROCRIT INJ 4000/ML	114
PROCRIT INJ 40000/ML	114
<i>proctocort</i>	137
<i>procto-med hc</i>	137
<i>proctosol hc</i>	137
<i>proctozone-hc</i>	137
<i>progesterone cap 100 mg</i>	106
<i>progesterone cap 200 mg</i>	106
PROGRAF GRA 0.2MG	121
PROGRAF GRA 1MG.....	121
PROLASTIN-C INJ 1000MG	131
PROLIA INJ 60MG/ML	96
<i>promethazine hcl inj 25 mg/ml</i>	108
<i>promethazine hcl inj 50 mg/ml</i>	108
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	108
<i>promethazine hcl tab 12.5 mg</i>	108
<i>promethazine hcl tab 25 mg</i>	109
<i>promethazine hcl tab 50 mg</i>	109
<i>propafenone hcl cap er 12hr 225 mg</i> 56	
<i>propafenone hcl cap er 12hr 325 mg</i> 56	
<i>propafenone hcl cap er 12hr 425 mg</i> 56	
<i>propafenone hcl tab 150 mg</i>	56
<i>propafenone hcl tab 225 mg</i>	56
<i>propafenone hcl tab 300 mg</i>	56
<i>proparacaine hcl ophth soln 0.5%</i> ..	127
<i>propranolol hcl cap er 24hr 120 mg</i> ..	59
<i>propranolol hcl cap er 24hr 160 mg</i> ..	59
<i>propranolol hcl cap er 24hr 60 mg</i>	59
<i>propranolol hcl cap er 24hr 80 mg</i>	59
<i>propranolol hcl oral soln 20 mg/5ml</i> .	59
<i>propranolol hcl oral soln 40 mg/5ml</i> .	59
<i>propranolol hcl tab 10 mg</i>	59
<i>propranolol hcl tab 20 mg</i>	59
<i>propranolol hcl tab 40 mg</i>	59
<i>propranolol hcl tab 60 mg</i>	59
<i>propranolol hcl tab 80 mg</i>	59
<i>propylthiouracil tab 50 mg</i>	107
PROQUAD INJ.....	122
PROSOL INJ 20%.....	125
<i>protriptyline hcl tab 10 mg</i>	69
<i>protriptyline hcl tab 5 mg</i>	69
PULMOZYME SOL 1MG/ML.....	131
<i>pyrazinamide tab 500 mg</i>	28
<i>pyridostigmine bromide tab 60 mg</i> ...	89
<i>pyrimethamine tab 25 mg</i>	24

PYZCHIVA INJ 130/26ML	117
PYZCHIVA INJ 45/0.5ML	117
PYZCHIVA INJ 90MG/ML	117

Q

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QUADRACEL INJ 0.5ML.....	122
<i>quetiapine fumarate tab 100 mg</i>	76
<i>quetiapine fumarate tab 150 mg</i>	76
<i>quetiapine fumarate tab 200 mg</i>	76
<i>quetiapine fumarate tab 25 mg</i>	76
<i>quetiapine fumarate tab 300 mg</i>	76
<i>quetiapine fumarate tab 400 mg</i>	76
<i>quetiapine fumarate tab 50 mg</i>	76
<i>quetiapine fumarate tab er 24hr 150 mg</i>	76
<i>quetiapine fumarate tab er 24hr 200 mg</i>	76
<i>quetiapine fumarate tab er 24hr 300 mg</i>	76
<i>quetiapine fumarate tab er 24hr 400 mg</i>	76
<i>quetiapine fumarate tab er 24hr 50 mg</i>	76
<i>quinapril hcl tab 10 mg</i>	53
<i>quinapril hcl tab 20 mg</i>	53
<i>quinapril hcl tab 40 mg</i>	53
<i>quinapril hcl tab 5 mg</i>	53
<i>quinidine sulfate tab 200 mg</i>	56
<i>quinidine sulfate tab 300 mg</i>	56
<i>quinine sulfate cap 324 mg</i>	26
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QULIPTA TAB 30MG	88
QULIPTA TAB 60MG	88

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<i>rabeprazole sodium ec tab 20 mg</i> ..	112
RALDESY SOL 10MG/ML	69
<i>raloxifene hcl tab 60 mg</i>	105
<i>ramelteon tab 8 mg</i>	87
<i>ramipril cap 1.25 mg</i>	53
<i>ramipril cap 10 mg</i>	53
<i>ramipril cap 2.5 mg</i>	53
<i>ramipril cap 5 mg</i>	53
<i>ranolazine tab er 12hr 1000 mg</i>	63
<i>ranolazine tab er 12hr 500 mg</i>	63
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	71

<i>rasagiline mesylate tab 1 mg (base equiv)</i>	71	<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	26
<i>reclipsen</i>	100	<i>riluzole tab 50 mg</i>	89
RECOMBIVA HB INJ 10MCG/ML.....	122	<i>rimantadine hydrochloride tab 100 mg</i>	29
RECOMBIVA HB INJ 5MCG/0.5.....	122	RINVOQ LQ SOL 1MG/ML.....	117
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<i>relgaabi</i>	83	RINVOQ TAB 45MG ER	117
RELISTOR INJ 12/0.6ML	110	<i>risedronate sodium tab 150 mg</i>	96
RELISTOR INJ 8/0.4ML	110	<i>risedronate sodium tab 35 mg</i>	96
REMICADE INJ 100MG	117	<i>risedronate sodium tab 5 mg</i>	96
RENFLEXIS INJ 100MG	117	<i>risedronate sodium tab delayed release 35 mg</i>	96
<i>repaglinide tab 0.5 mg</i>	93	<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	76
<i>repaglinide tab 1 mg</i>	93	<i>risperidone microspheres for im extended rel susp 25 mg</i>	76
<i>repaglinide tab 2 mg</i>	93	<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	76
REPATHA INJ 140MG/ML.....	58	<i>risperidone microspheres for im extended rel susp 50 mg</i>	77
REPATHA SURE INJ 140MG/ML	58	<i>risperidone orally disintegrating tab 0.25 mg</i>	77
RESTASIS EMU 0.05% OP	127	<i>risperidone orally disintegrating tab 0.5 mg</i>	77
RESTASIS MUL EMU 0.05% OP	127	<i>risperidone orally disintegrating tab 1 mg</i>	77
RETEVMO TAB 120MG	48	<i>risperidone orally disintegrating tab 2 mg</i>	77
RETEVMO TAB 160MG	48	<i>risperidone orally disintegrating tab 3 mg</i>	77
RETEVMO TAB 40MG	47	<i>risperidone orally disintegrating tab 4 mg</i>	77
RETEVMO TAB 80MG	47	<i>risperidone soln 1 mg/ml</i>	77
REVCovi INJ 1.6MG/ML.....	105	<i>risperidone tab 0.25 mg</i>	77
REVUFORJ TAB 110MG	48	<i>risperidone tab 0.5 mg</i>	77
REVUFORJ TAB 160MG	48	<i>risperidone tab 1 mg</i>	77
REVUFORJ TAB 25MG	48	<i>risperidone tab 2 mg</i>	77
REXULTI TAB 0.25MG.....	76	<i>risperidone tab 3 mg</i>	77
REXULTI TAB 0.5MG.....	76	<i>risperidone tab 4 mg</i>	77
REXULTI TAB 1MG	76	<i>ritonavir tab 100 mg</i>	27
REXULTI TAB 2MG	76	<i>rivaroxaban for susp 1 mg/ml</i>	114
REXULTI TAB 3MG	76	<i>rivaroxaban tab 2.5 mg</i>	114
REXULTI TAB 4MG	76	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	66
REYATAZ POW 50MG.....	26		
REZDIFFRA TAB 100MG	106		
REZDIFFRA TAB 60MG	105		
REZDIFFRA TAB 80MG.....	105		
REZLIDHIA CAP 150MG	48		
REZUROCK TAB 200MG	121		
REZVOGLAR KP INJ 100UT/ML.....	95		
RHOPRESSA SOL 0.02%	127		
<i>ribavirin cap 200 mg</i>	29		
<i>ribavirin tab 200 mg</i>	29		
<i>rifabutin cap 150 mg</i>	28		
<i>rifampin cap 150 mg</i>	28		
<i>rifampin cap 300 mg</i>	28		
<i>rifampin for inj 600 mg</i>	28		

<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	66
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	66
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	66
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	66
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	66
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	66
<i>rivelsa</i>	100
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	88
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	88
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	88
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	88
<i>ROCKLATAN DRO</i>	127
<i>roflumilast tab 250 mcg</i>	131
<i>roflumilast tab 500 mcg</i>	131
<i>ROMVIMZA CAP 14MG</i>	48
<i>ROMVIMZA CAP 20MG</i>	48
<i>ROMVIMZA CAP 30MG</i>	48
<i>ropinirole hydrochloride tab 0.25 mg</i>	71
<i>ropinirole hydrochloride tab 0.5 mg</i>	71
<i>ropinirole hydrochloride tab 1 mg</i>	71
<i>ropinirole hydrochloride tab 2 mg</i>	71
<i>ropinirole hydrochloride tab 3 mg</i>	71
<i>ropinirole hydrochloride tab 4 mg</i>	71
<i>ropinirole hydrochloride tab 5 mg</i>	71
<i>rosuvastatin calcium tab 10 mg</i>	57
<i>rosuvastatin calcium tab 20 mg</i>	57
<i>rosuvastatin calcium tab 40 mg</i>	57
<i>rosuvastatin calcium tab 5 mg</i>	57
<i>rosyrah</i>	100
<i>ROTARIX SUS</i>	122
<i>ROTATEQ SOL</i>	122
<i>roweepra</i>	83
<i>ROZLYTREK CAP 100MG</i>	48
<i>ROZLYTREK CAP 200MG</i>	48
<i>ROZLYTREK PAK 50MG</i>	48
<i>RUBRACA TAB 200MG</i>	48
<i>RUBRACA TAB 250MG</i>	48

<i>RUBRACA TAB 300MG</i>	48
<i>rufinamide susp 40 mg/ml</i>	83
<i>rufinamide tab 200 mg</i>	83
<i>rufinamide tab 400 mg</i>	83
<i>RUKOBIA TAB 600MG ER</i>	27
<i>RYBELSUS TAB 14MG</i>	93
<i>RYBELSUS TAB 3MG</i>	93
<i>RYBELSUS TAB 7MG</i>	93
<i>RYDAPT CAP 25MG</i>	48
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<i>sacubitril-valsartan tab 24-26 mg</i>	55
<i>sacubitril-valsartan tab 49-51 mg</i>	55
<i>sacubitril-valsartan tab 97-103 mg</i> ..	55
<i>sajazir</i>	115
<i>SANTYL OIN 250/GM</i>	137
<i>sapropterin dihydrochloride powder packet 100 mg</i>	106
<i>sapropterin dihydrochloride powder packet 500 mg</i>	106
<i>sapropterin dihydrochloride tab 100 mg</i>	106
<i>SCEMBLIX TAB 100MG</i>	48
<i>SCEMBLIX TAB 20MG</i>	48
<i>SCEMBLIX TAB 40MG</i>	48
<i>scopolamine td patch 72hr 1 mg/3days</i>	109
<i>SECUADO DIS 3.8MG</i>	77
<i>SECUADO DIS 5.7MG</i>	77
<i>SECUADO DIS 7.6MG</i>	77
<i>selegiline hcl cap 5 mg</i>	71
<i>selegiline hcl tab 5 mg</i>	71
<i>selenium sulfide lotion 2.5%</i>	134
<i>SELZENTRY SOL 20MG/ML</i>	27
<i>SEMGLEE INJ 100U/ML</i>	95
<i>SEREVENT DIS AER 50MCG</i>	130
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	69
<i>sertraline hcl tab 100 mg</i>	69
<i>sertraline hcl tab 25 mg</i>	69
<i>sertraline hcl tab 50 mg</i>	69
<i>setlakin</i>	100
<i>sharobel</i>	100
<i>SHINGRIX INJ 50/0.5ML</i>	122
<i>SIGNIFOR INJ 0.3MG/ML</i>	106
<i>SIGNIFOR INJ 0.6MG/ML</i>	106
<i>SIGNIFOR INJ 0.9MG/ML</i>	106
<i>SIKLOS TAB 1000MG</i>	115

SIKLOS TAB 100MG	115	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sildenafil citrate tab 20 mg</i>	64	<i>gm/teaspoonful</i>	106
<i>silver sulfadiazine cream 1%</i>	134	<i>sodium phenylbutyrate tab 500 mg</i>	106
SIMBRINZA SUS 1-0.2%.....	127	<i>sodium polystyrene sulfonate powder</i>	
<i>simliya</i>	100	.....	97
<i>simpesse</i>	100	<i>sodium polystyrene sulfonate susp 15</i>	
<i>simvastatin tab 10 mg</i>	57	<i>gm/60ml</i>	97
<i>simvastatin tab 20 mg</i>	57	<i>solifenacin succinate tab 10 mg</i>	112
<i>simvastatin tab 40 mg</i>	57	<i>solifenacin succinate tab 5 mg</i>	112
<i>simvastatin tab 5 mg</i>	57	SOLQUA INJ 100/33	95
<i>simvastatin tab 80 mg</i>	57	SOLTAMOX SOL 10MG/5ML.....	37
<i>sirolimus oral soln 1 mg/ml</i>	121	SOLU-CORTEF INJ 1000MG	104
<i>sirolimus tab 0.5 mg</i>	121	SOLU-CORTEF INJ 250MG.....	104
<i>sirolimus tab 1 mg</i>	121	SOLU-CORTEF INJ 500MG.....	104
<i>sirolimus tab 2 mg</i>	121	SOMATULINE INJ 60/0.2ML.....	106
SIRTURO TAB 100MG	28	SOMATULINE INJ 90/0.3ML.....	106
SIRTURO TAB 20MG.....	28	SOMAVERT INJ 10MG.....	106
<i>sitagliptin phosphate tab 100 mg (base</i>		SOMAVERT INJ 15MG.....	106
<i>equiv)</i>	93	SOMAVERT INJ 20MG.....	106
<i>sitagliptin phosphate tab 25 mg (base</i>		SOMAVERT INJ 25MG.....	106
<i>equiv)</i>	93	SOMAVERT INJ 30MG.....	106
<i>sitagliptin phosphate tab 50 mg (base</i>		<i>sorafenib tosylate tab 200 mg (base</i>	
<i>equiv)</i>	93	<i>equivalent)</i>	48
<i>sitagliptin phosphate-metformin hcl tab</i>		<i>sotalol hcl (afib/afl) tab 120 mg</i>	56
<i>50-1000 mg</i>	93	<i>sotalol hcl (afib/afl) tab 160 mg</i>	56
<i>sitagliptin phosphate-metformin hcl tab</i>		<i>sotalol hcl (afib/afl) tab 80 mg</i>	56
<i>50-500 mg</i>	93	<i>sotalol hcl tab 120 mg</i>	56
SKYRIZI INJ 150MG/ML	117	<i>sotalol hcl tab 160 mg</i>	56
SKYRIZI INJ 180/1.2	117	<i>sotalol hcl tab 240 mg</i>	56
SKYRIZI INJ 360/2.4	117	<i>sotalol hcl tab 80 mg</i>	56
SKYRIZI PEN INJ 150MG/ML.....	117	SOTYKTU TAB 6MG	117
SKYRIZI SOL 60MG/ML.....	117	SPIRIVA RESP AER 1.25MCG.....	128
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>spironolactone & hydrochlorothiazide</i>	
<i>17.5-3.13-1.6 gm/177ml</i>	110	<i>tab 25-25 mg</i>	62
<i>sodium chloride inj 2.5 meq/ml</i>		<i>spironolactone tab 100 mg</i>	54
<i>(14.6%)</i>	124	<i>spironolactone tab 25 mg</i>	53
<i>sodium chloride irrigation soln 0.9%</i>		<i>spironolactone tab 50 mg</i>	53
.....	137	<i>sprintec 28</i>	100
<i>sodium chloride iv soln 0.45%</i>	124	SPRITAM TAB 1000MG	84
<i>sodium chloride iv soln 0.9%</i>	124	SPRITAM TAB 250MG	84
<i>sodium chloride iv soln 3%</i>	124	SPRITAM TAB 500MG	84
<i>sodium chloride iv soln 5%</i>	124	SPRITAM TAB 750MG	84
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		<i>sps</i>	97
<i>mg/ml soln</i>	125	<i>sps rectal</i>	97
<i>sodium oxybate oral solution 500</i>		<i>sronyx</i>	101
<i>mg/ml</i>	90	<i>ssd</i>	134
		STELARA INJ 45/0.5ML.....	117, 118

STELARA INJ 5MG/ML.....	117
STELARA INJ 90MG/ML.....	118
STIVARGA TAB 40MG	48
<i>streptomycin sulfate for inj 1 gm</i>	24
STRIBILD TAB	28
<i>subvenite</i>	84
SUBVENITE SUS 10MG/ML	84
<i>sucralfate susp 1 gm/10ml</i>	111
<i>sucralfate tab 1 gm</i>	111
<i>sulfacetamide sodium lotion 10% (acne)</i>	134
<i>sulfacetamide sodium ophth soln 10%</i>	126
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	126
<i>sulfadiazine tab 500 mg</i>	24
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	24
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	24
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	24
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	24
SULFAMYLON CRE 85MG/GM	134
<i>sulfasalazine tab 500 mg</i>	109
<i>sulfasalazine tab delayed release 500 mg</i>	109
<i>sulindac tab 150 mg</i>	20
<i>sulindac tab 200 mg</i>	20
<i>sumatriptan nasal spray 20 mg/act</i> ..	88
<i>sumatriptan nasal spray 5 mg/act</i>	88
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	88
<i>sumatriptan succinate solution auto- injector 6 mg/0.5ml</i>	88
<i>sumatriptan succinate tab 100 mg</i> ...	88
<i>sumatriptan succinate tab 25 mg</i>	88
<i>sumatriptan succinate tab 50 mg</i>	88
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	48
<i>sunitinib malate cap 25 mg (base equivalent)</i>	48
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	49
<i>sunitinib malate cap 50 mg (base equivalent)</i>	49

SUNLENCA TAB 300MG	27
<i>syeda</i>	101
SYMDEKO TAB 100-150.....	131
SYMDEKO TAB 50-75MG.....	131
SYMPAZAN MIS 10MG	84
SYMPAZAN MIS 20MG	84
SYMPAZAN MIS 5MG	84
SYMTUZA TAB.....	28
SYNAREL SOL 2MG/ML	106
SYNTHROID TAB 100MCG	107
SYNTHROID TAB 112MCG	107
SYNTHROID TAB 125MCG	107
SYNTHROID TAB 137MCG	107
SYNTHROID TAB 150MCG	107
SYNTHROID TAB 175MCG	107
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SYNTHROID TAB 25MCG.....	107
SYNTHROID TAB 300MCG	107
SYNTHROID TAB 50MCG.....	107
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TABLOID TAB 40MG.....	36
TABRECTA TAB 150MG	49
TABRECTA TAB 200MG	49
<i>tacrolimus cap 0.5 mg</i>	121
<i>tacrolimus cap 1 mg</i>	121
<i>tacrolimus cap 5 mg</i>	121
<i>tacrolimus cap er 24hr 0.5 mg</i>	121
<i>tacrolimus cap er 24hr 1 mg</i>	121
<i>tacrolimus cap er 24hr 5 mg</i>	121
<i>tacrolimus oint 0.03%</i>	137
<i>tacrolimus oint 0.1%</i>	137
<i>tadalafil tab 20 mg (pah)</i>	64
<i>tadalafil tab 5 mg</i>	112
TAFINLAR CAP 50MG.....	49
TAFINLAR CAP 75MG.....	49
TAFINLAR TAB 10MG.....	49
TAGRISSO TAB 40MG.....	49
TAGRISSO TAB 80MG.....	49
TALZENNA CAP 0.1MG.....	49
TALZENNA CAP 0.25MG.....	49
TALZENNA CAP 0.35MG.....	49
TALZENNA CAP 0.5MG.....	49
TALZENNA CAP 0.75MG.....	49
TALZENNA CAP 1MG	49

<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	37	<i>terbinafine hcl tab 250 mg</i>	25
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	37	<i>terbutaline sulfate tab 2.5 mg</i>	130
<i>tamsulosin hcl cap 0.4 mg</i>	112	<i>terbutaline sulfate tab 5 mg</i>	130
<i>tarina 24 fe</i>	101	<i>terconazole vaginal cream 0.4%</i>	113
<i>tarina fe 1/20 eq</i>	101	<i>terconazole vaginal cream 0.8%</i>	113
<i>tasimelteon capsule 20 mg</i>	87	<i>terconazole vaginal suppos 80 mg</i> .	113
<i>TAVNEOS CAP 10MG</i>	115	<i>TERIPARATIDE INJ 560/2.24</i>	96
<i>tazarotene cream 0.05%</i>	135	<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	96
<i>tazarotene cream 0.1%</i>	135	<i>testosterone cypionate im inj in oil 100 mg/ml</i>	91
<i>tazicef</i>	31	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	91
<i>TECENTRIQ INJ 1200/20</i>	49	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	91
<i>TECENTRIQ INJ 840/14</i>	49	<i>testosterone pump</i>	91
<i>TECENTRIQ INJ HYBREZA</i>	49	<i>testosterone td gel 12.5 mg/act (1%)</i>	91
<i>TEFLARO INJ 400MG</i>	31	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	91
<i>TEFLARO INJ 600MG</i>	31	<i>testosterone td gel 50 mg/5gm (1%)</i>	91
<i>telmisartan tab 20 mg</i>	56	<i>tetrabenazine tab 12.5 mg</i>	89
<i>telmisartan tab 40 mg</i>	56	<i>tetrabenazine tab 25 mg</i>	89
<i>telmisartan tab 80 mg</i>	56	<i>tetracycline hcl cap 250 mg</i>	34
<i>telmisartan-amlodipine tab 40-10 mg</i>	55	<i>tetracycline hcl cap 500 mg</i>	34
<i>telmisartan-amlodipine tab 40-5 mg</i>	55	<i>THALOMID CAP 100MG</i>	38
<i>telmisartan-amlodipine tab 80-10 mg</i>	55	<i>THALOMID CAP 50MG</i>	38
<i>telmisartan-amlodipine tab 80-5 mg</i>	55	<i>theophylline elixir 80 mg/15ml</i>	131
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	55	<i>theophylline soln 80 mg/15ml</i>	131
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	55	<i>theophylline tab er 12hr 100 mg</i>	131
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	55	<i>theophylline tab er 12hr 200 mg</i>	132
<i>temazepam cap 15 mg</i>	87	<i>theophylline tab er 12hr 300 mg</i>	132
<i>temazepam cap 30 mg</i>	87	<i>theophylline tab er 12hr 450 mg</i>	132
<i>temazepam cap 7.5 mg</i>	87	<i>theophylline tab er 24hr 400 mg</i>	132
<i>TENIVAC INJ 5-2LF</i>	122	<i>theophylline tab er 24hr 600 mg</i>	132
<i>tenofovir disoproxil fumarate tab 300 mg</i>	27	<i>thioridazine hcl tab 10 mg</i>	77
<i>TEPMETKO TAB 225MG</i>	49	<i>thioridazine hcl tab 100 mg</i>	77
<i>terazosin hcl cap 1 mg (base equivalent)</i>	54	<i>thioridazine hcl tab 25 mg</i>	77
<i>terazosin hcl cap 10 mg (base equivalent)</i>	54	<i>thioridazine hcl tab 50 mg</i>	77
<i>terazosin hcl cap 2 mg (base equivalent)</i>	54	<i>thiothixene cap 1 mg</i>	77
<i>terazosin hcl cap 5 mg (base equivalent)</i>	54	<i>thiothixene cap 10 mg</i>	77
		<i>thiothixene cap 2 mg</i>	77
		<i>thiothixene cap 5 mg</i>	77
		<i>tiadylt er</i>	60
		<i>tiagabine hcl tab 12 mg</i>	84
		<i>tiagabine hcl tab 16 mg</i>	84
		<i>tiagabine hcl tab 2 mg</i>	84

<i>tiagabine hcl tab 4 mg</i>	84	<i>tolterodine tartrate cap er 24hr 2 mg</i>	112
TIBSOVO TAB 250MG.....	49	<i>tolterodine tartrate cap er 24hr 4 mg</i>	112
<i>ticagrelor tab 60 mg</i>	115	<i>tolterodine tartrate tab 1 mg</i>	112
<i>ticagrelor tab 90 mg</i>	115	<i>tolterodine tartrate tab 2 mg</i>	113
TICOVAC INJ.....	122	<i>tolvaptan tab 15 mg</i>	106
<i>tigecycline for iv soln 50 mg</i>	34	<i>tolvaptan tab 30 mg</i>	106
<i>tilia fe</i>	101	<i>tolvaptan tab therapy pack 15 mg..</i>	106
<i>timolol maleate ophth gel forming soln</i> 0.25%.....	127	<i>tolvaptan tab therapy pack 30 & 15 mg</i>	106
<i>timolol maleate ophth gel forming soln</i> 0.5%.....	127	<i>tolvaptan tab therapy pack 45 & 15 mg</i>	106
<i>timolol maleate ophth soln 0.25%..</i>	127	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	106
<i>timolol maleate ophth soln 0.5%....</i>	127	<i>tolvaptan tab therapy pack 90 & 30 mg</i>	106
<i>timolol maleate tab 10 mg</i>	59	<i>topiramate oral soln 25 mg/ml</i>	84
<i>timolol maleate tab 20 mg</i>	59	<i>topiramate sprinkle cap 15 mg</i>	84
<i>timolol maleate tab 5 mg</i>	59	<i>topiramate sprinkle cap 25 mg</i>	84
<i>tinidazole tab 250 mg</i>	24	<i>topiramate sprinkle cap 50 mg</i>	84
<i>tinidazole tab 500 mg</i>	24	<i>topiramate tab 100 mg</i>	84
TIVICAY PD TAB 5MG	27	<i>topiramate tab 200 mg</i>	84
TIVICAY TAB 50MG	27	<i>topiramate tab 25 mg</i>	84
<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	90	<i>topiramate tab 50 mg</i>	84
<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	90	<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	37
TOBI PODHALR CAP 28MG	24	<i>torpenz</i>	49
TOBRADEX OIN 0.3-0.1%	126	<i>torsemide tab 10 mg</i>	62
<i>tobramycin nebu soln 300 mg/5ml ...</i>	24	<i>torsemide tab 100 mg</i>	62
<i>tobramycin ophth soln 0.3%</i>	126	<i>torsemide tab 20 mg</i>	62
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i> <i>mg/ml) (base equiv)</i>	24	<i>torsemide tab 5 mg</i>	62
<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i>	24	TOUJEO MAX INJ 300/ML.....	95
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	24	TOUJEO SOLO INJ 300/ML	95
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	126	TPN ELECTROL INJ.....	124
<i>tofacitinib citrate oral soln 1 mg/ml</i> <i>(base equivalent)</i>	118	TRADJENTA TAB 5MG.....	93
<i>tofacitinib citrate tab 10 mg (base</i> <i>equivalent)</i>	118	<i>tramadol hcl tab 50 mg</i>	22
<i>tofacitinib citrate tab 5 mg (base</i> <i>equivalent)</i>	118	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	22
<i>tofacitinib citrate tab er 24hr 11 mg</i> <i>(base equivalent)</i>	118	<i>trandolapril tab 1 mg</i>	53
<i>tofacitinib citrate tab er 24hr 22 mg</i> <i>(base equivalent)</i>	118	<i>trandolapril tab 2 mg</i>	53
		<i>trandolapril tab 4 mg</i>	53
		<i>tranexamic acid iv soln 1000 mg/10ml</i> <i>(100 mg/ml)</i>	115
		<i>tranexamic acid tab 650 mg</i>	115
		<i>tranylcypromine sulfate tab 10 mg...</i>	70
		TRAVASOL INJ 10%	125

TRAZIMERA INJ 150MG	49	<i>triamterene & hydrochlorothiazide tab</i>	
TRAZIMERA INJ 420MG	49	37.5-25 mg	62
<i>trazodone hcl tab 100 mg</i>	70	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trazodone hcl tab 150 mg</i>	70	75-50 mg	62
<i>trazodone hcl tab 50 mg</i>	70	<i>tridacaine iii</i>	136
TRELEGY AER ELLIPTA 100-62.5-25		<i>triderm</i>	136
MCG.....	128	<i>trientine hcl cap 250 mg</i>	97
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-estarylla</i>	101
MCG.....	128	<i>trifluoperazine hcl tab 1 mg (base</i>	
TREMFYA INJ 100MG/ML.....	118	equivalent)	77
TREMFYA INJ 200/20ML.....	118	<i>trifluoperazine hcl tab 10 mg (base</i>	
TREMFYA INJ 200/2ML.....	118	equivalent)	77
<i>treprostinil inj soln 100 mg/20ml (5</i>		<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>mg/ml)</i>	64	equivalent)	77
<i>treprostinil inj soln 20 mg/20ml (1</i>		<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>mg/ml)</i>	64	equivalent)	77
<i>treprostinil inj soln 200 mg/20ml (10</i>		<i>trifluridine ophth soln 1%</i>	126
<i>mg/ml)</i>	64	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	
<i>treprostinil inj soln 50 mg/20ml (2.5</i>		.....	71
<i>mg/ml)</i>	64	<i>trihexyphenidyl hcl tab 2 mg</i>	71
TRESIBA FLEX INJ 100UNIT.....	95	<i>trihexyphenidyl hcl tab 5 mg</i>	72
TRESIBA FLEX INJ 200UNIT.....	96	TRIJARDY XR TAB ER 24HR 10-5-	
TRESIBA INJ 100UNIT	96	1000MG	93
<i>tretinoin cap 10 mg</i>	39	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tretinoin cream 0.025%</i>	134	1000MG	93
<i>tretinoin cream 0.05%</i>	134	TRIJARDY XR TAB ER 24HR 25-5-	
<i>tretinoin cream 0.1%</i>	134	1000MG	93
<i>tretinoin gel 0.01%</i>	134	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>tretinoin gel 0.025%</i>	134	1000MG	93
<i>triamcinolone acetonide cream 0.025%</i>		TRIKAFTA PAK 59.5MG.....	132
.....	136	TRIKAFTA PAK 75MG.....	132
<i>triamcinolone acetonide cream 0.1%</i>		TRIKAFTA TAB 100-50-75MG & 150MG	
.....	136	.....	132
<i>triamcinolone acetonide cream 0.5%</i>		TRIKAFTA TAB 50-25-37.5MG & 75MG	
.....	136	.....	132
<i>triamcinolone acetonide dental paste</i>		<i>tri-legest fe</i>	101
0.1%.....	137	<i>tri-lynyah</i>	101
<i>triamcinolone acetonide lotion 0.025%</i>		<i>tri-lo-estarylla</i>	101
.....	136	<i>tri-lo-marzia</i>	101
<i>triamcinolone acetonide lotion 0.1%</i>		<i>tri-lo-mili</i>	101
.....	136	<i>tri-lo-sprintec</i>	101
<i>triamcinolone acetonide oint 0.025%</i>		<i>trimethoprim tab 100 mg</i>	24
.....	136	<i>tri-mili</i>	101
<i>triamcinolone acetonide oint 0.1%</i> .	136	<i>trimipramine maleate cap 100 mg</i>	70
<i>triamcinolone acetonide oint 0.5%</i> .	136	<i>trimipramine maleate cap 25 mg</i>	70
<i>triamterene & hydrochlorothiazide cap</i>		<i>trimipramine maleate cap 50 mg</i>	70
37.5-25 mg.....	62	TRINTELLIX TAB 10MG	70

TRINTELLIX TAB 20MG	70	UPTRAVI TAB 200MCG	64
TRINTELLIX TAB 5MG	70	UPTRAVI TAB 400MCG	64
<i>tri-sprintec</i>	101	UPTRAVI TAB 600MCG	64
TRIUMEQ PD TAB	28	UPTRAVI TAB 800MCG	64
TRIUMEQ TAB	28	<i>ursodiol cap 300 mg</i>	111
<i>tri-vylibra</i>	101	<i>ursodiol tab 250 mg</i>	111
<i>tri-vylibra lo</i>	101	<i>ursodiol tab 500 mg</i>	111
TROGARZO INJ 150MG/ML	27	USTEKINUMAB INJ 130/26ML	118
TROPHAMINE INJ 10%	125	USTEKINUMAB INJ 45/0.5ML	118
<i>tropium chloride tab 20 mg</i>	113	USTEKINUMAB INJ 90MG/ML	118
TRULANCE TAB 3MG	111	V	
TRULICITY INJ 0.75/0.5	93	<i>valacyclovir hcl tab 1 gm</i>	29
TRULICITY INJ 1.5/0.5	93	<i>valacyclovir hcl tab 500 mg</i>	29
TRULICITY INJ 3/0.5	94	VALCHLOR GEL 0.016%	137
TRULICITY INJ 4.5/0.5	94	<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv)	29
TRUMENBA INJ	122	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	29
TRUQAP PAK 160MG	49	<i>valproate sodium inj 100 mg/ml</i>	84
TRUQAP PAK 200MG	50	<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	84
TRUQAP TAB 160MG	50	<i>valproic acid cap 250 mg</i>	84
TRUQAP TAB 200MG	50	<i>valsartan tab 160 mg</i>	56
TRUXIMA INJ 100/10ML	50	<i>valsartan tab 320 mg</i>	56
TRUXIMA INJ 500/50ML	50	<i>valsartan tab 40 mg</i>	56
TUKYSA TAB 150MG	50	<i>valsartan tab 80 mg</i>	56
TUKYSA TAB 50MG	50	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	55
TURALIO CAP 125MG	50	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	55
<i>turqoz</i>	101	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	55
<i>twice-daily clindamycin phosphate</i> (topical)	134	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	55
TWINRIX INJ	122	<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	55
TYBOST TAB 150MG	27	VALTOCO SPR 10MG	84
<i>tydemy</i>	101	VALTOCO SPR 15MG	84
TYENNE INJ 162/0.9	118	VALTOCO SPR 20MG	84
TYENNE INJ 162MG	118	VALTOCO SPR 5MG	84
TYENNE INJ 200/10ML	118	<i>valtya 1/35</i>	101
TYENNE INJ 400/20ML	118	<i>valtya 1/50</i>	101
TYENNE INJ 80MG/4ML	118	<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i>	24
TYMLOS INJ	96	<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent)</i>	24
TYPHIM VI INJ	122		
U			
UBRELVY TAB 100MG	88		
UBRELVY TAB 50MG	88		
<i>unithroid</i>	107		
UPTRAVI PACK TAB 200/800	64		
UPTRAVI TAB 1000MCG	64		
UPTRAVI TAB 1200MCG	64		
UPTRAVI TAB 1400MCG	64		
UPTRAVI TAB 1600MCG	64		

<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	24	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	70
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	24	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	70
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	24	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	70
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	24	VENTOLIN HFA (INSTITUTIONAL PACK)	130
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	24	VENTOLIN HFA AER	130
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	24	VEPPANU TAB 100MG.....	37
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	24	VEPPANU TAB 200MG.....	37
VANCOMYCIN INJ 1 GM	24	<i>verapamil hcl cap er 24hr 100 mg</i>	61
VANCOMYCIN INJ 500MG.....	24	<i>verapamil hcl cap er 24hr 120 mg</i>	61
VANCOMYCIN INJ 750MG.....	24	<i>verapamil hcl cap er 24hr 180 mg</i>	61
VANFLYTA TAB 17.7MG.....	50	<i>verapamil hcl cap er 24hr 200 mg</i>	61
VANFLYTA TAB 26.5MG.....	50	<i>verapamil hcl cap er 24hr 240 mg</i>	61
VAQTA INJ 25/0.5ML.....	122	<i>verapamil hcl cap er 24hr 300 mg</i>	61
VAQTA INJ 50UNT/ML.....	122	<i>verapamil hcl cap er 24hr 360 mg</i>	61
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	91	<i>verapamil hcl iv soln 2.5 mg/ml</i>	61
<i>varenicline tartrate tab 1 mg (base equiv)</i>	91	<i>verapamil hcl tab 120 mg</i>	61
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	91	<i>verapamil hcl tab 40 mg</i>	61
VARIVAX INJ	122	<i>verapamil hcl tab 80 mg</i>	61
VASCEPA CAP 0.5GM.....	58	<i>verapamil hcl tab er 120 mg</i>	61
VASCEPA CAP 1GM	58	<i>verapamil hcl tab er 180 mg</i>	61
VAXCHORA SUS.....	122	<i>verapamil hcl tab er 240 mg</i>	61
<i>velivet</i>	101	VERQUVO TAB 10MG.....	63
VELSIPITY TAB 2MG	118	VERQUVO TAB 2.5MG.....	63
VENCLEXTA TAB 100MG	50	VERQUVO TAB 5MG	63
VENCLEXTA TAB 10MG	50	VERSACLOZ SUS 50MG/ML	77
VENCLEXTA TAB 50MG	50	VERZENIO TAB 100MG	50
VENCLEXTA TAB START PK.....	50	VERZENIO TAB 150MG	50
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	70	VERZENIO TAB 200MG	50
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	70	VERZENIO TAB 50MG.....	50
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	70	<i>vestura</i>	101
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	70	<i>vienna</i>	101
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	70	<i>vigabatrin powd pack 500 mg</i>	84
		<i>vigabatrin tab 500 mg</i>	84
		<i>vigadrone</i>	84
		VIGAFYDE SOL 100MG/ML	85
		<i>vilazodone hcl tab 10 mg</i>	70
		<i>vilazodone hcl tab 20 mg</i>	70
		<i>vilazodone hcl tab 40 mg</i>	70
		VIMKUNYA INJ 40/0.8ML	122
		<i>vincristine sulfate iv soln 1 mg/ml</i>	39
		<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	39

<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	39
<i>violele</i>	101
VIRACEPT TAB 250MG	27
VIRACEPT TAB 625MG	27
VIREAD POW 40MG/GM	27
VIREAD TAB 150MG	27
VIREAD TAB 200MG	27
VIREAD TAB 250MG	27
VITRAKVI CAP 100MG	50
VITRAKVI CAP 25MG	50
VITRAKVI SOL 20MG/ML	50
VIVIMUSTA INJ 100/4ML	35
VIVITROL INJ 380MG	91
VIVOTIF CAP EC	122
VIZIMPRO TAB 15MG	50
VIZIMPRO TAB 30MG	50
VIZIMPRO TAB 45MG	50
VONJO CAP 100MG	51
VOQUEZNA PAK DUAL PAK	111
VOQUEZNA PAK TRIP PK	111
VORANIGO TAB 10MG	51
VORANIGO TAB 40MG	51
<i>voriconazole for inj 200 mg</i>	25
<i>voriconazole for susp 40 mg/ml</i>	25
<i>voriconazole tab 200 mg</i>	25
<i>voriconazole tab 50 mg</i>	25
VOSEVI TAB	29
VOWST CAP	111
VRAYLAR CAP 0.5MG	77
VRAYLAR CAP 0.75MG	77
VRAYLAR CAP 1.5MG	77
VRAYLAR CAP 3MG	77
VRAYLAR CAP 4.5MG	78
VRAYLAR CAP 6MG	78
<i>vyfemla</i>	101
<i>vylibra</i>	101
VYNDAMAX CAP 61MG	63
VYZULTA SOL 0.024%	127

W

<i>warfarin sodium tab 1 mg</i>	114
<i>warfarin sodium tab 10 mg</i>	114
<i>warfarin sodium tab 2 mg</i>	114
<i>warfarin sodium tab 2.5 mg</i>	114
<i>warfarin sodium tab 3 mg</i>	114
<i>warfarin sodium tab 4 mg</i>	114
<i>warfarin sodium tab 5 mg</i>	114

<i>warfarin sodium tab 6 mg</i>	114
<i>warfarin sodium tab 7.5 mg</i>	114
<i>water for irrigation, sterile irrigation soln</i>	137
WELIREG TAB 40MG	39
<i>wera</i>	101
WESTAB PLUS TAB 27-1MG	125
WINREVAIR INJ 45MG	64
WINREVAIR INJ 60MG	64
<i>wixela inhub</i>	133
<i>wymzya fe</i>	101
WYOST INJ 120/1.7	96

X

XALKORI CAP 150MG	51
XALKORI CAP 200MG	51
XALKORI CAP 20MG	51
XALKORI CAP 250MG	51
XALKORI CAP 50MG	51
<i>xarah fe</i>	101
XARELTO STAR TAB 15/20MG	114
XARELTO TAB 10MG	114
XARELTO TAB 15MG	114
XARELTO TAB 2.5MG	114
XARELTO TAB 20MG	114
XATMEP SOL 2.5MG/ML	119
XCOPRI PAK 100-150	85
XCOPRI PAK 12.5-25	85
XCOPRI PAK 150-200MG (MAINTENANCE)	85
XCOPRI PAK 150-200MG (TITRATION)	85
XCOPRI PAK 50-100MG	85
XCOPRI TAB 100MG	85
XCOPRI TAB 150MG	85
XCOPRI TAB 200MG	85
XCOPRI TAB 25MG	85
XCOPRI TAB 50MG	85
XDEMVY DRO 0.25%	126
XELJANZ SOL 1MG/ML	118
XELJANZ TAB 10MG	118
XELJANZ TAB 5MG	118
XELJANZ XR TAB 11MG	119
XELJANZ XR TAB 22MG	119
<i>xelria fe</i>	101
XERMELO TAB 250MG	111
XHANCE MIS 93MCG	132
XIFAXAN TAB 550MG	111

XIGDUO XR TAB 10-1000.....	94	<i>zaleplon cap 5 mg</i>	87
XIGDUO XR TAB 10-500MG.....	94	ZARXIO INJ 300/0.5	114
XIGDUO XR TAB 2.5-1000.....	94	ZARXIO INJ 480/0.8	114
XIGDUO XR TAB 5-1000MG.....	94	ZEGALOGUE INJ 0.6/0.6.....	104
XIGDUO XR TAB 5-500MG.....	94	ZEJULA TAB 100MG	51
XIIDRA DRO 5%	127	ZEJULA TAB 200MG	51
XOFLUZA TAB 40MG.....	29	ZEJULA TAB 300MG	51
XOFLUZA TAB 80MG.....	29	ZELBORAF TAB 240MG	51
XOLAIR INJ 150MG/ML	132	<i>zelvysia</i>	106
XOLAIR INJ 300/2ML.....	132	ZEMAIRA INJ 1000MG	132
XOLAIR INJ 75/0.5.....	132	ZEMAIRA INJ 4000MG	132
XOLAIR SOL 150MG	132	ZEMAIRA INJ 5000MG	132
XOSPATA TAB 40MG.....	51	<i>zenatane</i>	134
XPOVIO PAK (100 MG ONCE WEEKLY)		ZENPEP CAP 10000UNT	111
.....	51	ZENPEP CAP 15000UNT	111
XPOVIO PAK (40 MG ONCE WEEKLY)	51	ZENPEP CAP 20000UNT	111
XPOVIO PAK (40 MG TWICE WEEKLY)		ZENPEP CAP 25000UNT	111
.....	51	ZENPEP CAP 3000UNIT.....	111
XPOVIO PAK (60 MG ONCE WEEKLY)	51	ZENPEP CAP 40000UNT	111
XPOVIO PAK (60 MG TWICE WEEKLY)		ZENPEP CAP 5000UNIT.....	111
.....	51	ZENPEP CAP 60000UNT	111
XPOVIO PAK (80 MG ONCE WEEKLY)	51	ZERViate DRO 0.24%	127
XPOVIO PAK (80 MG TWICE WEEKLY)		<i>zidovudine cap 100 mg</i>	27
.....	51	<i>zidovudine syrup 10 mg/ml</i>	27
XTANDI CAP 40MG.....	37	<i>zidovudine tab 300 mg</i>	27
XTANDI TAB 40MG.....	37	<i>ziprasidone hcl cap 20 mg</i>	78
XTANDI TAB 80MG.....	37	<i>ziprasidone hcl cap 40 mg</i>	78
XTRENBO SOL 120/1.7	96	<i>ziprasidone hcl cap 60 mg</i>	78
<i>xulane</i>	101	<i>ziprasidone hcl cap 80 mg</i>	78
XULTOPHY INJ 100/3.6.....	96	<i>ziprasidone mesylate for inj 20 mg</i>	
Y		(base equivalent).....	78
YESINTEK INJ 130/26ML.....	119	ZIRABEV INJ 100/4ML.....	52
YESINTEK INJ 45/0.5ML.....	119	ZIRABEV INJ 400/16ML.....	52
YESINTEK INJ 90MG/ML.....	119	ZIRGAN GEL 0.15%	126
YF-VAX INJ	122	<i>zoledronic acid inj conc for iv infusion 4</i>	
YONSA TAB 125MG	37	<i>mg/5ml</i>	96
<i>yulithira</i>	51	<i>zoledronic acid iv soln 5 mg/100ml</i> ..	96
YUTREPIA CAP 106MCG	65	ZOLINZA CAP 100MG	52
YUTREPIA CAP 26.5MCG	64	<i>zolpidem tartrate tab 10 mg</i>	87
YUTREPIA CAP 53MCG	64	<i>zolpidem tartrate tab 5 mg</i>	87
YUTREPIA CAP 79.5MCG	65	ZONISADE SUS 100MG/5	85
<i>yuvaferm</i>	102	<i>zonisamide cap 100 mg</i>	85
Z		<i>zonisamide cap 25 mg</i>	85
<i>zafemy</i>	101	<i>zonisamide cap 50 mg</i>	85
<i>zafirlukast tab 10 mg</i>	130	<i>zovia 1/35</i>	101
<i>zafirlukast tab 20 mg</i>	130	ZTALMY SUS 50MG/ML.....	85
<i>zaleplon cap 10 mg</i>	87	<i>zumandimine</i>	101

ZURZUVAE CAP 20MG	70	ZYKADIA TAB 150MG	52
ZURZUVAE CAP 25MG	70	ZYLET SUS 0.5-0.3%	126
ZURZUVAE CAP 30MG	70	ZYPREXA RELP INJ 210MG	78
ZYDELIG TAB 100MG.....	52	ZYPREXA RELP INJ 300MG	78
ZYDELIG TAB 150MG.....	52	ZYPREXA RELP INJ 405MG	78

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

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

Analgesics

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

Anthelmintic Agents

- *Reese's Pinworm
(pyrantel pamoate)

Antihistamines/ Decongestants

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

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

Antimicrobials, Topical

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

Contraceptives, Oral

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

Contraceptives, Topical

- *nonoxynol-9

Dermatologic Agents, Topical

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

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

Gastrointestinal Agents

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

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

Intranasal Sprays

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

Medical Foods

- *levomethylfolate tablet
≤ 1 unit/day

Opioid Reversal Agents

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

Otic Agents

- *carbamide peroxide

Pediculicides/Scabicides

- *permethrin
- *piperonyl butoxide/pyrethrins

Respiratory Agents

- *sodium chloride for inhalation

Smoking Cessation

- *nicotine gum, lozenge, patch

Tear/Saliva

Replacement Agents

- *artificial tears
- *saliva substitute

Vitamins/Nutrients/Supplements

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

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

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

Esta *Lista de Medicamentos* foi atualizada em 09/01/2026.

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

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