

CCA One Care (HMO D-SNP)

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



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

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Esta *Lista de medicamentos* se actualizó el 09/01/2026.

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

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



La llamada es gratuita. **Para obtener más información**,
visite ccama.org.

09/01/2026.

Introducción

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

Índice

A. Descargos de responsabilidad	6
B. Preguntas frecuentes (FAQ)	17
B1. ¿Qué medicamentos están en la <i>Lista de Medicamentos Cubiertos</i> ? (Para abreviar, llamamos <i>Lista de Medicamentos</i> a la <i>Lista de Medicamentos cubiertos</i>).....	18
B2. ¿La <i>Lista de medicamentos</i> cambia alguna vez?	19

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B3. ¿Qué sucede cuando hay un cambio en la <i>Lista de Medicamentos</i> ?.....	22
B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna acción obligatoria a tomar para obtener determinados medicamentos?	26
B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay acciones necesarias a realizar para obtenerlo?	28
B6. ¿Qué sucede si CCA One Care cambia sus reglas sobre cómo cubren algunos medicamentos (por ejemplo, autorización previa, límites de cantidad y/o restricciones de terapia escalonada)?	29
B7. ¿Cómo puedo encontrar un medicamento en la <i>Lista de medicamentos</i> ?	29
B8. ¿Qué pasa si el medicamento que quiero tomar no está en la <i>Lista de Medicamentos</i> ?	30
B9. ¿Qué pasa si soy un nuevo miembro de CCA One Care y no puedo encontrar mi	

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medicamento en la <i>Lista de medicamentos</i> o tengo un problema para obtenerlo?.....	31
B10. ¿Puedo solicitar una excepción para la cobertura de mi medicamento?	34
B11. ¿Cómo puedo solicitar una excepción?	35
B12. ¿Cuánto tiempo se tarda en obtener una excepción?	35
B13. ¿Qué son los medicamentos genéricos?	36
B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?	37
B15. ¿Qué son los medicamentos OTC?	38
B16. ¿CCA One Care cubre productos OTC que no son medicamentos?	39
B17. ¿CCA One Care cubre el suministro de recetas a largo plazo?	39
B18. ¿Puedo obtener recetas enviadas a mi domicilio desde mi farmacia local?	40
B19. ¿Cuál es mi copago?	40

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C. Descripción general de la <i>Lista de medicamentos cubiertos</i>	41
C1. Lista de medicamentos por afección médica	43
D. Índice de medicamentos cubiertos	374

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A. Descargos de responsabilidad

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

- ❖ CCA One Care (HMO D-SNP) es un plan de salud que tiene contratos con Medicare y MassHealth (Medicaid) para proporcionar los beneficios de ambos programas a los inscritos. La inscripción en el plan depende de la renovación del contrato del plan con Medicare.
- ❖ Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA One Care.
- ❖ En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- ❖ **Concientización sobre la recuperación del patrimonio:** la ley federal exige que MassHealth (Medicaid) recupere dinero de los patrimonios de determinados miembros de MassHealth (Medicaid)

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



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que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth (Medicaid), visite www.mass.gov/estaterecovery.

- ❖ La lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.
- ❖ Los beneficios pueden cambiar el 1 de enero de cada año.
- ❖ Siempre puede consultar la *Lista de medicamentos cubiertos* de CCA One Care más reciente en línea en ccama.org o llamando a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, 7 días a la semana. Esta llamada es gratuita.
- ❖ Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.

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



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- ❖ Este documento está disponible de forma gratuita en otros idiomas.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.
- ❖ Para las comunicaciones futuras, conservaremos su solicitud de formatos alternativos e idioma especial. Comuníquese con Servicios al miembro para cambiar su solicitud por un idioma o formato preferido.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Aviso de no discriminación

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

Commonwealth Care Alliance, Inc.:

- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
 - Intérpretes calificados de lenguaje de señas
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios al miembro.

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

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Teléfono: 617-960-0474, ext. 3932 (TTY: 711)

fax: 857-453-4517

Correo electrónico:

civilrightscoordinator@commonwealthcare.org

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Teléfono: 800-368-1019, 800-537-7697 (TDD)

Los formularios de quejas están disponibles en

www.hhs.gov/ocr/office/file/index.html.

Massachusetts 2026 ND

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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Interpreter Services

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

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

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

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

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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.

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



La llamada es gratuita. **Para obtener más información,** visite ccama.org.

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

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

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

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

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



La llamada es gratuita. **Para obtener más información,** visite ccama.org.

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

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

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

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

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



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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).

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



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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។ ជំនួយនិងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

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B. Preguntas frecuentes (FAQ)

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

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



La llamada es gratuita. **Para obtener más información,** visite ccama.org.

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

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

- CCA One Care cubrirá todos los medicamentos médicamente necesarios en la *Lista de medicamentos* si:
 - su médico u otro médico que le receta medicamentos le dice que los necesita para mejorar o mantenerse saludable;
 - CCA One Care está de acuerdo con que el medicamento es médicamente necesario para usted; **y**

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- usted surte la receta en una farmacia de la red CCA One Care.
- En algunos casos, es necesario hacer algo antes de poder conseguir un medicamento. Consulte la pregunta B4 para obtener más información.

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

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

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Decidir si se requiere o no autorización previa para un medicamento. (La autorización previa es el permiso de CCA One Care antes de que pueda obtener un medicamento).
- Agregar o cambiar la cantidad de un medicamento que puede obtener (llamados límites de cantidad).
- Agregar o cambiar las restricciones de terapia escalonada en un medicamento. (La terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Podemos realizar estos cambios solo si el medicamento que estamos agregando:
 - es una nueva versión genérica de un medicamento de marca, o
 - es una nueva versión biosimilar determinada de productos biológicos originales de la *Lista de Medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta).
 - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.
- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- **Eliminar medicamentos inseguros y otros medicamentos que se retiran del mercado.**

A veces, un medicamento puede resultar inseguro o retirarse del mercado por otro motivo. Si esto sucede, podemos retirarlo de inmediato de la *Lista de medicamentos*. Si está tomando el medicamento, le enviaremos un aviso después de que realicemos el cambio. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al medicamento que se retiró del mercado.

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

- La FDA proporciona nuevas pautas o existen nuevas pautas clínicas sobre un medicamento.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado, o
- Eliminamos un producto biológico original al agregar uno biosimilar, o
- Cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

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

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

- si hay un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar, o

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- si se debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

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

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

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener autorización de CCA One Care antes de surtir su receta. La autorización previa es diferente a una remisión. Es posible que CCA One Care no cubra el medicamento si no obtiene autorización previa.

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



La llamada es gratuita. **Para obtener más información,** visite ccama.org.

- **Límites de cantidad:** A veces CCA One Care limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** A veces CCA One Care requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos para su afección médica en un orden determinado. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no funciona para usted, entonces cubriremos el segundo.
- **Cobertura basada en indicaciones:** Si CCA One Care cubre un medicamento solo para algunas afecciones médicas, lo identificamos claramente en la *Lista de medicamentos* junto con las afecciones médicas específicas que están cubiertas.

Puede consultar las tablas de la **Sección C** para saber si su medicamento tiene requisitos o límites adicionales. También puede obtener más información visitando nuestro sitio web ccama.org. Hemos publicado documentos en línea que

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



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explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

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

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

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

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



La llamada es gratuita. **Para obtener más información,** visite ccama.org.

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

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

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

Hay dos formas de encontrar un medicamento:

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

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

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

CCA One Care no cubrirá el medicamento, puede hacer una de estas cosas:

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

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

Podemos ayudar. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días que sea miembro de CCA One Care. Esto le dará tiempo para

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



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hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción.

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

Cubriremos un suministro para 31 días de su medicamento si:

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

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

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

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

También puede solicitarnos que cambiemos las reglas sobre su medicamento.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

B11. ¿Cómo puedo solicitar una excepción?

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

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

CVS Caremark Part D Appeals and Exceptions

PO Box 52000, MC109

Phoenix, AZ 85072-2000

Fax: 855-633-7673

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

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos de los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos

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

CCA One Care cubre tanto medicamentos de marca como medicamentos genéricos.

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

Cuando nos referimos a medicamentos, podríamos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según la ley estatal, pueden reemplazarse por el producto biológico original en la farmacia sin la necesidad de una nueva receta, del mismo modo que los medicamentos genéricos pueden reemplazarse por los medicamentos de marca.

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

B15. ¿Qué son los medicamentos OTC?

OTC significa “over-the-counter” (de venta libre).

CCA One Care cubre algunos medicamentos OTC cuando su proveedor los prescribe como recetas.

Puede leer la *Lista de medicamentos* de CCA One Care para saber qué medicamentos OTC están cubiertos.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

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

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

B17. ¿CCA One Care cubre el suministro de recetas a largo plazo?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 100 días de sus medicamentos, que se envían directamente a su hogar. No hay copago para medicamentos pedidos por correo. Los medicamentos especializados se limitan a un suministro para 31 días.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- **Programas de 100 días de farmacias minoristas.**

Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos cubiertos. No hay copago para recetas de farmacias minoristas. Los medicamentos especializados se limitan a un suministro para 31 días.

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

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

B19. ¿Cuál es mi copago?

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

Todos los medicamentos de la Lista de medicamentos del plan están en el nivel 1. No tiene copagos para medicamentos recetados y OTC en la Lista de medicamentos de CCA One Care. Para encontrar sus medicamentos, puede consultar la Lista de medicamentos.

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

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

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

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por CCA One Care. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos cubiertos por CCA One Care.

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

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- También puede leer el **Capítulo 9** del *Manual para miembros* para saber cómo apelar una decisión.

C1. Lista de medicamentos por afección médica

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

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

PA = Autorización previa: debe tener autorización del plan antes de poder obtener este medicamento.

ST = Terapia escalonada: debe probar otro medicamento antes de poder obtener éste.

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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

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

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

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *valsartán*), los medicamentos de marca aparecen en mayúscula (por ejemplo,

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



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MYRBETRIQ). La información en la columna “Acciones necesarias, restricciones o límites de uso” le indica si CCA One Care tiene alguna regla para cubrir su medicamento.

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

CCA_CY26_1T_SNP eff 09/01/2026

NAME OF DRUG

NECESSARY ACTIONS

RESTRICTIONS OR LIMITS ON USE

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

allopurinol tab 100 mg

allopurinol tab 300 mg

colchicine tab 0.6 mg

QL (120 tabs /
30 days)

*colchicine w/ probenecid tab
0.5-500 mg*

probenecid tab 500 mg

MISCELLANEOUS

JOURNAVX TAB 50MG

QL (29 tabs / 14
days), PA

lidocaine hcl local inj 0.5%

B/D

lidocaine hcl local inj 1%

B/D

lidocaine hcl local inj 2%

B/D

*lidocaine hcl local preservative
free (pf) inj 0.5%*

*lidocaine hcl local preservative
free (pf) inj 1%*

*lidocaine hcl local preservative
free (pf) inj 1.5%*

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

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

etodolac tab 400 mg

etodolac tab 500 mg

etodolac tab er 24hr 400 mg

etodolac tab er 24hr 500 mg

etodolac tab er 24hr 600 mg

flurbiprofen tab 100 mg

ibu

ibuprofen susp 100 mg/5ml

ibuprofen tab 400 mg

ibuprofen tab 600 mg

ibuprofen tab 800 mg

meloxicam tab 7.5 mg

meloxicam tab 15 mg

nabumetone tab 500 mg

nabumetone tab 750 mg

naproxen sodium tab 275 mg

naproxen sodium tab 550 mg

naproxen tab 250 mg

naproxen tab 375 mg

naproxen tab 500 mg

naproxen tab ec 375 mg

QL (120 tabs /
30 days)

piroxicam cap 10 mg

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

piroxicam cap 20 mg

sulindac tab 150 mg

sulindac tab 200 mg

OPIOID ANALGESICS, LONG-ACTING

buprenorphine td patch weekly QL (4 patches /
5 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
7.5 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
10 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
15 mcg/hr 28 days), PA

buprenorphine td patch weekly QL (4 patches /
20 mcg/hr 28 days), PA

fentanyl td patch 72hr 12 QL (10 patches /
mcg/hr 30 days), PA

fentanyl td patch 72hr 25 QL (10 patches /
mcg/hr 30 days), PA

fentanyl td patch 72hr 37.5 QL (10 patches /
mcg/hr 30 days), PA

fentanyl td patch 72hr 50 QL (10 patches /
mcg/hr 30 days), PA

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

<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

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

OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<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>	

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

<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)

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

<i>hydromorphone hcl tab 2 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	B/D
<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)

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

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

<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
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<i>tramadol hcl tab 50 mg</i>	QL (240 tabs / 30 days)
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<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)
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**ANTI-INFECTIVES - DRUGS TO TREAT
INFECTIONS****ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	QL (672 tabs / year), PA
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<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	
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<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
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ARIKAYCE SUS	NDS, PA
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<i>atovaquone susp 750 mg/5ml</i>	QL (300 mL / 30 days), PA
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<i>aztreonam for inj 1 gm</i>	
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<i>aztreonam for inj 2 gm</i>	
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BLUJEPA TAB 750MG	
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CAYSTON INH 75MG	NDS, PA
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<i>clindamycin hcl cap 75 mg</i>	
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

clindamycin hcl cap 150 mg

clindamycin hcl cap 300 mg

*clindamycin palmitate hcl for
soln 75 mg/5ml (base equiv)*

*clindamycin phosphate in d5w
iv soln 300 mg/50ml*

*clindamycin phosphate in d5w
iv soln 600 mg/50ml*

*clindamycin phosphate in d5w
iv soln 900 mg/50ml*

*clindamycin phosphate inj 300
mg/2ml*

*clindamycin phosphate inj 600
mg/4ml*

*clindamycin phosphate inj 900
mg/6ml*

CLINDMYC/NAC INJ 300/50ML

CLINDMYC/NAC INJ 600/50ML

CLINDMYC/NAC INJ 900/50ML

*colistimethate sod for inj 150
mg (colistin base activity)*

dapsone tab 25 mg

dapsone tab 100 mg

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

<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>	

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

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

*metronidazole iv soln 500
mg/100ml*

metronidazole tab 250 mg

metronidazole tab 500 mg

neomycin sulfate tab 500 mg

nitazoxanide tab 500 mg

NDS, QL (6 tabs
/ 30 days)

*nitrofurantoin macrocrystalline
cap 50 mg*

*nitrofurantoin macrocrystalline
cap 100 mg*

*nitrofurantoin monohydrate
macrocrystalline cap 100 mg*

pentamidine isethionate inh

B/D

pentamidine isethionate inj

*polymyxin b sulfate for inj
500000 unit*

praziquantel tab 600 mg

pyrimethamine tab 25 mg

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

*streptomycin sulfate for inj 1
gm*

NDS

sulfadiazine tab 500 mg

NDS

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

*sulfamethoxazole-trimethoprim
iv soln 400-80 mg/5ml*

*sulfamethoxazole-trimethoprim
susp 200-40 mg/5ml*

*sulfamethoxazole-trimethoprim
tab 400-80 mg*

*sulfamethoxazole-trimethoprim
tab 800-160 mg*

tinidazole tab 250 mg

tinidazole tab 500 mg

TOBI PODHALR CAP 28MG

NDS, PA

*tobramycin nebu soln 300
mg/5ml*

NDS, PA

*tobramycin sulfate inj 1.2
gm/30ml (40 mg/ml) (base
equiv)*

*tobramycin sulfate inj 10
mg/ml (base equivalent)*

*tobramycin sulfate inj 80
mg/2ml (40 mg/ml) (base
equiv)*

trimethoprim tab 100 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

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

<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>micafungin sodium for iv soln 50 mg</i>	
<i>micafungin 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

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

terbinafine hcl tab 250 mg

QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year

voriconazole for inj 200 mg

PA

voriconazole for susp 40 mg/ml

NDS, QL (600 mL / 28 days), PA

voriconazole tab 50 mg

QL (480 tabs / 30 days)

voriconazole tab 200 mg

QL (120 tabs / 30 days)

**ANTIMALARIALS - DRUGS TO TREAT
MALARIA**

atovaquone-proguanil hcl tab 62.5-25 mg

atovaquone-proguanil hcl tab 250-100 mg

chloroquine phosphate tab 250 mg

chloroquine phosphate tab 500 mg

COARTEM TAB 20-120MG

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

mefloquine hcl tab 250 mg

*primaquine phosphate tab
26.3 mg (15 mg base)*

PRIMAQUINE TAB 26.3MG

quinine sulfate cap 324 mg PA

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

*abacavir sulfate soln 20 mg/ml
(base equiv)*

*abacavir sulfate tab 300 mg
(base equiv)*

APTIVUS CAP 250MG NDS

*atazanavir sulfate cap 150 mg
(base equiv)*

*atazanavir sulfate cap 200 mg
(base equiv)*

*atazanavir sulfate cap 300 mg
(base equiv)*

darunavir tab 600 mg QL (60 tabs / 30
days)

darunavir tab 800 mg QL (30 tabs / 30
days)

EDURANT PED TAB 2.5MG NDS

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIFELTRO TAB 100MG	NDS
PREZISTA SUS 100MG/ML	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	NDS, QL (240 tabs / 30 days)
REYATAZ POW 50MG	NDS
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	NDS
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>	
EVOTAZ TAB 300-150	NDS
GENVOYA TAB	NDS
IDVYNZO TAB 100-0.25	NDS
JULUCA TAB 50-25MG	NDS
KALETRA SOL	

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

lamivudine-zidovudine tab
150-300 mg

lopinavir-ritonavir tab 100-25
mg

lopinavir-ritonavir tab 200-50
mg

ODEFSEY TAB NDS

PREZCOBIX TAB 675/150 NDS

PREZCOBIX TAB 800-150 NDS

STRIBILD TAB NDS

SYMTUZA TAB NDS

TRIUMEQ PD TAB

TRIUMEQ TAB NDS

**ANTITUBERCULAR AGENTS - DRUGS TO
TREAT TUBERCULOSIS**

cycloserine cap 250 mg NDS

ethambutol hcl tab 100 mg

ethambutol hcl tab 400 mg

isoniazid syrup 50 mg/5ml

isoniazid tab 100 mg

isoniazid tab 300 mg

PRIFTIN TAB 150MG

pyrazinamide tab 500 mg

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

rifabutin cap 150 mg

rifampin cap 150 mg

rifampin cap 300 mg

rifampin for inj 600 mg

SIRTURO TAB 20MG

NDS, PA

SIRTURO TAB 100MG

NDS, PA

**ANTIVIRALS - DRUGS TO TREAT VIRAL
INFECTIONS**

acyclovir cap 200 mg

*acyclovir sodium iv soln 50
mg/ml*

B/D

acyclovir susp 200 mg/5ml

acyclovir tab 400 mg

acyclovir tab 800 mg

adefovir dipivoxil tab 10 mg

BARACLUDE SOL

NDS, ST

entecavir tab 0.5 mg

entecavir tab 1 mg

EPCLUSA PAK 150-37.5

NDS, PA

EPCLUSA PAK 200-50MG

NDS, PA

EPCLUSA TAB 200-50MG

NDS, PA

EPCLUSA TAB 400-100

NDS, PA

famciclovir tab 125 mg

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

<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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	NDS, PA
PEGASYS INJ 180MCG/M	NDS, PA
PREVYMIS TAB 240MG	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
<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)

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

XOFLUZA TAB 80MG

QL (1 tab / 180
days)

***CEPHALOSPORINS - DRUGS TO TREAT
INFECTIONS***

cefaclor cap 250 mg

cefaclor cap 500 mg

cefadroxil cap 500 mg

cefadroxil for susp 250 mg/5ml

cefadroxil for susp 500 mg/5ml

CEFAZOLIN INJ 1GM/50ML

CEFAZOLIN INJ 2GM

CEFAZOLIN INJ 3GM

cefazolin sodium for inj 1 gm

cefazolin sodium for inj 2 gm

cefazolin sodium for inj 3 gm

cefazolin sodium for inj 10 gm

*cefazolin sodium for inj 500
mg*

*cefazolin sodium for iv soln 1
gm*

CEFAZOLIN SOLN 2GM/100ML-
4%

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

CEFAZOLIN/DEX SOL
1GM/50ML-4%

CEFAZOLIN/DEX SOL
2GM/50ML-3%

CEFAZOLIN/DEX SOL
3GM/50ML-2%

CEFAZOLIN/DEX SOL
3GM/150ML-4%

cefdinir cap 300 mg

cefdinir for susp 125 mg/5ml

cefdinir for susp 250 mg/5ml

cefepime hcl for inj 1 gm

cefepime hcl for iv soln 2 gm

cefixime cap 400 mg

cefixime for susp 100 mg/5ml

cefixime for susp 200 mg/5ml

*cefotetan disodium for inj 1
gm*

*cefotetan disodium for inj 2
gm*

*cefoxitin sodium for iv soln 1
gm*

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

cefoxitin sodium for iv soln 2 gm

cefoxitin sodium for iv soln 10 gm

cefpodoxime proxetil for susp 50 mg/5ml

cefpodoxime proxetil for susp 100 mg/5ml

cefpodoxime proxetil tab 100 mg

cefpodoxime proxetil tab 200 mg

cefprozil for susp 125 mg/5ml

cefprozil for susp 250 mg/5ml

cefprozil tab 250 mg

cefprozil tab 500 mg

ceftaroline fosamil for iv soln 400 mg NDS

ceftaroline fosamil for iv soln 600 mg NDS

ceftazidime for inj 1 gm

ceftazidime for inj 6 gm

ceftazidime for iv soln 2 gm

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

ceftriaxone sodium for inj 1 gm

ceftriaxone sodium for inj 2 gm

ceftriaxone sodium for inj 10 gm

ceftriaxone sodium for inj 250 mg

ceftriaxone sodium for inj 500 mg

ceftriaxone sodium for iv soln 1 gm

ceftriaxone sodium for iv soln 2 gm

cefuroxime axetil tab 250 mg

cefuroxime axetil tab 500 mg

cefuroxime sodium for inj 750 mg

cefuroxime sodium for iv soln 1.5 gm

cephalexin cap 250 mg

cephalexin cap 500 mg

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

*cephalexin for susp 125
mg/5ml*

*cephalexin for susp 250
mg/5ml*

tazicef

TEFLARO INJ 400MG

NDS

TEFLARO INJ 600MG

NDS

***ERYTHROMYCINS/MACROLIDES - DRUGS
TO TREAT INFECTIONS***

*azithromycin for susp 100
mg/5ml*

*azithromycin for susp 200
mg/5ml*

*azithromycin iv for soln 500
mg*

azithromycin tab 250 mg

azithromycin tab 500 mg

azithromycin tab 600 mg

*clarithromycin for susp 125
mg/5ml*

*clarithromycin for susp 250
mg/5ml*

clarithromycin tab 250 mg

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

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

*ciprofloxacin 200 mg/100ml in
d5w*

*ciprofloxacin 400 mg/200ml in
d5w*

*ciprofloxacin hcl tab 250 mg
(base equiv)*

*ciprofloxacin hcl tab 500 mg
(base equiv)*

*ciprofloxacin hcl tab 750 mg
(base equiv)*

*levofloxacin in d5w iv soln 250
mg/50ml*

*levofloxacin in d5w iv soln 500
mg/100ml*

*levofloxacin in d5w iv soln 750
mg/150ml*

levofloxacin iv soln 25 mg/ml

*levofloxacin oral soln 25
mg/ml*

levofloxacin tab 250 mg

levofloxacin tab 500 mg

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

levofloxacin tab 750 mg

*moxifloxacin hcl 400**mg/250ml in sodium chloride**0.8% inj*

*moxifloxacin hcl tab 400 mg**(base equiv)*

***PENICILLINS - DRUGS TO TREAT
INFECTIONS***

*amoxicillin & k clavulanate for
susp 200-28.5 mg/5ml*

*amoxicillin & k clavulanate for
susp 250-62.5 mg/5ml*

*amoxicillin & k clavulanate for
susp 400-57 mg/5ml*

*amoxicillin & k clavulanate for
susp 600-42.9 mg/5ml*

*amoxicillin & k clavulanate tab
250-125 mg*

*amoxicillin & k clavulanate tab
500-125 mg*

*amoxicillin & k clavulanate tab
875-125 mg*

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

*amoxicillin (trihydrate) cap
250 mg*

*amoxicillin (trihydrate) cap
500 mg*

*amoxicillin (trihydrate) chew
tab 125 mg*

*amoxicillin (trihydrate) chew
tab 250 mg*

*amoxicillin (trihydrate) for
susp 125 mg/5ml*

*amoxicillin (trihydrate) for
susp 200 mg/5ml*

*amoxicillin (trihydrate) for
susp 250 mg/5ml*

*amoxicillin (trihydrate) for
susp 400 mg/5ml*

*amoxicillin (trihydrate) tab 500
mg*

*amoxicillin (trihydrate) tab 875
mg*

*ampicillin & sulbactam sodium
for inj 1.5 (1-0.5) gm*

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

*ampicillin & sulbactam sodium
for inj 3 (2-1) gm*

*ampicillin & sulbactam sodium
for iv soln 1.5 (1-0.5) gm*

*ampicillin & sulbactam sodium
for iv soln 3 (2-1) gm*

*ampicillin & sulbactam sodium
for iv soln 15 (10-5) gm*

ampicillin cap 500 mg

ampicillin sodium for inj 1 gm

ampicillin sodium for inj 2 gm

*ampicillin sodium for inj 250
mg*

*ampicillin sodium for inj 500
mg*

*ampicillin sodium for iv soln 1
gm*

*ampicillin sodium for iv soln 2
gm*

*ampicillin sodium for iv soln 10
gm*

BICILLIN L-A INJ 600000

BICILLIN L-A INJ 1200000

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A INJ 2400000	
<i>dicloxacillin sodium cap 250 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	
<i>nafcillin sodium for inj 1 gm</i>	
<i>nafcillin sodium for inj 2 gm</i>	
<i>nafcillin sodium for iv soln 10 gm</i>	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>	

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

*penicillin v potassium for soln
250 mg/5ml*

*penicillin v potassium tab 250
mg*

*penicillin v potassium tab 500
mg*

pfizerpen

*piperacillin sod-tazobactam na
for inj 3.375 gm (3-0.375 gm)*

*piperacillin sod-tazobactam
sod for inj 2.25 gm (2-0.25
gm)*

*piperacillin sod-tazobactam
sod for inj 4.5 gm (4-0.5 gm)*

*piperacillin sod-tazobactam
sod for inj 13.5 gm (12-1.5
gm)*

*piperacillin sod-tazobactam
sod for inj 40.5 gm (36-4.5
gm)*

**TETRACYCLINES - DRUGS TO TREAT
INFECTIONS**

doxy 100

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

doxycycline hyclate cap 50 mg

doxycycline hyclate cap 100 mg

doxycycline hyclate for inj 100 mg

doxycycline hyclate tab 20 mg

doxycycline hyclate tab 100 mg

doxycycline monohydrate cap 50 mg

doxycycline monohydrate cap 100 mg

doxycycline monohydrate for susp 25 mg/5ml

doxycycline monohydrate tab 50 mg

doxycycline monohydrate tab 75 mg

doxycycline monohydrate tab 100 mg

minocycline hcl cap 50 mg

minocycline hcl cap 75 mg

minocycline hcl cap 100 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUZYRA INJ 100MG	NDS
NUZYRA TAB 150MG	NDS, QL (30 tabs / 14 days)
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

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

LONSURF TAB 15-6.14	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	NDS, QL (80 tabs / 28 days), PA
<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
<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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
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

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

LIFYORLI CAP 125MG DS	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	NDS, PA
LUPRON DEPOT INJ 11.25MG	NDS, PA
LYSODREN TAB 500MG	NDS
<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>	

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

*tamoxifen citrate tab 20 mg
(base equivalent)*

*toremifene citrate tab 60 mg
(base equivalent)*

PA

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

lenalidomide cap 5 mg
NDS, QL (28
caps / 28 days),
PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lenalidomide cap 10 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	NDS, QL (21 caps / 28 days), PA
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

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

THALOMID CAP 100MG

NDS, QL (112
caps / 28 days),
PA**MISCELLANEOUS**

BESREMI SOL 500MCG

NDS, QL (2
syringes / 28
days), PA*bexarotene cap 75 mg*NDS, QL (300
caps / 30 days),
PA*doxorubicin hcl inj 2 mg/ml*

B/D

*doxorubicin hcl liposomal susp
(for iv infusion) 2 mg/ml*

NDS, B/D

*hydroxyurea cap 500 mg**irinotecan hcl inj 40 mg/2ml
(20 mg/ml)*

B/D

*irinotecan hcl inj 100 mg/5ml
(20 mg/ml)*

B/D

*irinotecan hcl inj 300 mg/15ml
(20 mg/ml)*

B/D

*irinotecan hcl inj 500 mg/25ml
(20 mg/ml)*

B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IWILFIN TAB 192MG	NDS, QL (240 tabs / 30 days), PA
<i>leucovorin calcium for inj 50 mg</i>	B/D
<i>leucovorin calcium for inj 100 mg</i>	B/D
<i>leucovorin calcium for inj 200 mg</i>	B/D
<i>leucovorin calcium for inj 350 mg</i>	B/D
<i>leucovorin calcium for inj 500 mg</i>	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	B/D
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

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

*vinorelbine tartrate inj 10
mg/ml (base equiv)*

B/D

*vinorelbine tartrate inj 50
mg/5ml (10 mg/ml) (base
equiv)*

B/D

MOLECULAR TARGET AGENTS

ALECENSA CAP 150MG

NDS, QL (240
caps / 30 days),
PA

ALUNBRIG PAKNDS, QL (30 tabs
/ 30 days), PA

ALUNBRIG TAB 30MGNDS, QL (120
tabs / 30 days),
PA

ALUNBRIG TAB 90MGNDS, QL (30 tabs
/ 30 days), PA

ALUNBRIG TAB 180MGNDS, QL (30 tabs
/ 30 days), PA

AUGTYRO CAP 40MGNDS, QL (240
caps / 30 days),
PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<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

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

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

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

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

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

<i>dasatinib tab 50 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	NDS, QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	NDS, QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	NDS, QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	NDS, QL (30 caps / 30 days), PA

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

<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

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

FOTIVDA CAP 1.34MG	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	NDS, QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	NDS, QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	NDS, QL (168 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

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

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

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

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

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

JAKAFI TAB 25MG	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	NDS, QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	NDS, B/D
KADCYLA INJ 160MG	NDS, B/D
KANJINTI INJ 420MG	NDS, PA
KANJINTI SOL 150MG	NDS, PA
KEYTRUDA INJ 100MG/4M	NDS, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	NDS, QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	NDS, QL (1 vial / 42 days), PA
KISQALI 200 DOSE	NDS, QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	NDS, QL (42 tabs / 28 days), PA
KISQALI 600 DOSE	NDS, QL (63 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

LAZCLUZE TAB 240MG	NDS, QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	NDS, QL (60 caps / 30 days), PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

<i>nilotinib hcl cap 150 mg (base equivalent)</i>	NDS, QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	NDS, QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	NDS, QL (3 caps / 28 days), PA
NINLARO CAP 3MG	NDS, QL (3 caps / 28 days), PA
NINLARO CAP 4MG	NDS, QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	NDS, QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	NDS, PA
OGIVRI INJ 420MG	NDS, PA
OGSIVEO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	NDS, QL (96 mL / 28 days), PA

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

OJEMDA TAB 100MG	NDS, QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	NDS, PA
ONTRUZANT INJ 420MG	NDS, PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	NDS, QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	NDS, PA

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

PIQRAY 200MG TAB DOSE	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	NDS, QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	NDS, QL (120 tabs / 30 days), PA

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	NDS, QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	NDS, QL (120 caps / 30 days), PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

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

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

VITRAKVI CAP 100MG	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	NDS, QL (30 tabs / 30 days), PA
VONJO CAP 100MG	NDS, QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	NDS, QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	NDS, QL (120 caps / 30 days), PA

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

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

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

XPOVIO PAK (60 MG TWICE WEEKLY)	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
<i>yulithira</i>	QL (30 tabs / 30 days), PA
ZEJULA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	NDS, PA
ZIRABEV INJ 400/16ML	NDS, PA

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

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)

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

<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	QL (30 caps / 30 days)
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<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>
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<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>

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

*enalapril maleate &
hydrochlorothiazide tab 5-12.5
mg*

*enalapril maleate &
hydrochlorothiazide tab 10-25
mg*

*fosinopril sodium &
hydrochlorothiazide tab 10-
12.5 mg*

*fosinopril sodium &
hydrochlorothiazide tab 20-
12.5 mg*

*lisinopril & hydrochlorothiazide
tab 10-12.5 mg*

*lisinopril & hydrochlorothiazide
tab 20-12.5 mg*

*lisinopril & hydrochlorothiazide
tab 20-25 mg*

**ACE INHIBITORS - DRUGS TO TREAT HIGH
BLOOD PRESSURE**

benazepril hcl tab 5 mg

benazepril hcl tab 10 mg

benazepril hcl tab 20 mg

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

benazepril hcl tab 40 mg

captopril tab 12.5 mg

captopril tab 25 mg

captopril tab 50 mg

captopril tab 100 mg

enalapril maleate tab 2.5 mg

enalapril maleate tab 5 mg

enalapril maleate tab 10 mg

enalapril maleate tab 20 mg

fosinopril sodium tab 10 mg

fosinopril sodium tab 20 mg

fosinopril sodium tab 40 mg

lisinopril tab 2.5 mg

lisinopril tab 5 mg

lisinopril tab 10 mg

lisinopril tab 20 mg

lisinopril tab 30 mg

lisinopril tab 40 mg

moexipril hcl tab 7.5 mg

moexipril hcl tab 15 mg

perindopril erbumine tab 2 mg

perindopril erbumine tab 4 mg

perindopril erbumine tab 8 mg

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

quinapril hcl tab 5 mg

quinapril hcl tab 10 mg

quinapril hcl tab 20 mg

quinapril hcl tab 40 mg

ramipril cap 1.25 mg

ramipril cap 2.5 mg

ramipril cap 5 mg

ramipril cap 10 mg

trandolapril tab 1 mg

trandolapril tab 2 mg

trandolapril tab 4 mg

**ALDOSTERONE RECEPTOR ANTAGONISTS -
DRUGS TO TREAT HIGH BLOOD PRESSURE**

eplerenone tab 25 mg

eplerenone tab 50 mg

KERENDIA TAB 10MG

QL (30 tabs / 30
days)

KERENDIA TAB 20MG

QL (30 tabs / 30
days)

KERENDIA TAB 40MG

QL (30 tabs / 30
days)

spironolactone tab 25 mg

spironolactone tab 50 mg

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

spironolactone tab 100 mg

**ALPHA BLOCKERS - DRUGS TO TREAT HIGH
BLOOD PRESSURE**

doxazosin mesylate tab 1 mg

doxazosin mesylate tab 2 mg

doxazosin mesylate tab 4 mg

doxazosin mesylate tab 8 mg

prazosin hcl cap 1 mg

prazosin hcl cap 2 mg

prazosin hcl cap 5 mg

*terazosin hcl cap 1 mg (base
equivalent)*

*terazosin hcl cap 2 mg (base
equivalent)*

*terazosin hcl cap 5 mg (base
equivalent)*

*terazosin hcl cap 10 mg (base
equivalent)*

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg</i>	

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

*losartan potassium &
hydrochlorothiazide tab 100-25
mg*

*olmesartan medoxomil-
hydrochlorothiazide tab 20-
12.5 mg*QL (30 tabs / 30
days)

*olmesartan medoxomil-
hydrochlorothiazide tab 40-
12.5 mg*

QL (30 tabs / 30
days)

*olmesartan medoxomil-
hydrochlorothiazide tab 40-25
mg*

QL (30 tabs / 30
days)

*olmesartan-amlodipine-
hydrochlorothiazide tab 20-5-
12.5 mg*

QL (30 tabs / 30
days)

*olmesartan-amlodipine-
hydrochlorothiazide tab 40-5-
12.5 mg*

QL (30 tabs / 30
days)

*olmesartan-amlodipine-
hydrochlorothiazide tab 40-5-
25 mg*

QL (30 tabs / 30
days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 25 mg</i>	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	QL (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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>candesartan cilexetil tab 16 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	
<i>losartan potassium tab 50 mg</i>	
<i>losartan potassium tab 100 mg</i>	
<i>olmesartan medoxomil tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	QL (30 tabs / 30 days)

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

<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>

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

*disopyramide phosphate cap
150 mg*

*dofetilide cap 125 mcg (0.125
mg)*

*dofetilide cap 250 mcg (0.25
mg)*

*dofetilide cap 500 mcg (0.5
mg)*

flecainide acetate tab 50 mg

flecainide acetate tab 100 mg

flecainide acetate tab 150 mg

MULTAQ TAB 400MG

*QL (60 tabs / 30
days)*

pacerone

*propafenone hcl cap er 12hr
225 mg*

*propafenone hcl cap er 12hr
325 mg*

*propafenone hcl cap er 12hr
425 mg*

propafenone hcl tab 150 mg

propafenone hcl tab 225 mg

propafenone hcl tab 300 mg

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

quinidine sulfate tab 200 mg

quinidine sulfate tab 300 mg

sotalol hcl (afib/afl) tab 80 mg

sotalol hcl (afib/afl) tab 120 mg

sotalol hcl (afib/afl) tab 160 mg

sotalol hcl tab 80 mg

sotalol hcl tab 120 mg

sotalol hcl tab 160 mg

sotalol hcl tab 240 mg

ANTILIPEMICS, FIBRATES

fenofibrate micronized cap 67 mg

fenofibrate micronized cap 134 mg

fenofibrate micronized cap 200 mg

fenofibrate tab 48 mg

fenofibrate tab 54 mg

fenofibrate tab 145 mg

fenofibrate tab 160 mg

gemfibrozil tab 600 mg

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTILIPEMICS, HMG-CoA REDUCTASE
INHIBITORS - DRUGS TO TREAT HIGH
CHOLESTEROL**

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

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

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

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

VASCEPA CAP 1GM

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

*atenolol & chlorthalidone tab
50-25 mg*

*atenolol & chlorthalidone tab
100-25 mg*

*bisoprolol &
hydrochlorothiazide tab 2.5-
6.25 mg*

*bisoprolol &
hydrochlorothiazide tab 5-6.25
mg*

*bisoprolol &
hydrochlorothiazide tab 10-
6.25 mg*

*metoprolol &
hydrochlorothiazide tab 50-25
mg*

*metoprolol &
hydrochlorothiazide tab 100-25
mg*

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

*metoprolol &
hydrochlorothiazide tab 100-50
mg*

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

acebutolol hcl cap 200 mg

acebutolol hcl cap 400 mg

atenolol tab 25 mg

atenolol tab 50 mg

atenolol tab 100 mg

betaxolol hcl tab 10 mg

betaxolol hcl tab 20 mg

bisoprolol fumarate tab 5 mg

bisoprolol fumarate tab 10 mg

carvedilol tab 3.125 mg

carvedilol tab 6.25 mg

carvedilol tab 12.5 mg

carvedilol tab 25 mg

labetalol hcl tab 100 mg

labetalol hcl tab 200 mg

labetalol hcl tab 300 mg

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

*metoprolol succinate tab er
24hr 25 mg (tartrate equiv)*

*metoprolol succinate tab er
24hr 50 mg (tartrate equiv)*

*metoprolol succinate tab er
24hr 100 mg (tartrate equiv)*

*metoprolol succinate tab er
24hr 200 mg (tartrate equiv)*

*metoprolol tartrate iv soln 5
mg/5ml*

metoprolol tartrate tab 25 mg

metoprolol tartrate tab 50 mg

metoprolol tartrate tab 100 mg

nadolol tab 20 mg

nadolol tab 40 mg

nadolol tab 80 mg

*nebivolol hcl tab 2.5 mg (base
equivalent)*

QL (30 tabs / 30
days)*nebivolol hcl tab 5 mg (base
equivalent)*

QL (30 tabs / 30
days)*nebivolol hcl tab 10 mg (base
equivalent)*

QL (30 tabs / 30
days)

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

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

timolol maleate tab 20 mg

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

*amlodipine besylate tab 2.5
mg (base equivalent)*

*amlodipine besylate tab 5 mg
(base equivalent)*

*amlodipine besylate tab 10 mg
(base equivalent)*

cartia xt

dilt-xr

*diltiazem hcl cap er 12hr 60
mg*

*diltiazem hcl cap er 12hr 90
mg*

*diltiazem hcl cap er 12hr 120
mg*

*diltiazem hcl cap er 24hr 120
mg*

*diltiazem hcl cap er 24hr 180
mg*

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

diltiazem hcl cap er 24hr 240 mg

diltiazem hcl coated beads cap er 24hr 120 mg

diltiazem hcl coated beads cap er 24hr 180 mg

diltiazem hcl coated beads cap er 24hr 240 mg

diltiazem hcl coated beads cap er 24hr 300 mg

diltiazem hcl coated beads cap er 24hr 360 mg

diltiazem hcl extended release beads cap er 24hr 120 mg

diltiazem hcl extended release beads cap er 24hr 180 mg

diltiazem hcl extended release beads cap er 24hr 240 mg

diltiazem hcl extended release beads cap er 24hr 300 mg

diltiazem hcl extended release beads cap er 24hr 360 mg

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

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

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

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

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

diltiazem hcl tab 30 mg

diltiazem hcl tab 60 mg

diltiazem hcl tab 90 mg

diltiazem hcl tab 120 mg

felodipine tab er 24hr 2.5 mg

felodipine tab er 24hr 5 mg

felodipine tab er 24hr 10 mg

isradipine cap 2.5 mg

isradipine cap 5 mg

nicardipine hcl cap 20 mg

nicardipine hcl cap 30 mg

nifedipine tab er 24hr 30 mg

nifedipine tab er 24hr 60 mg

nifedipine tab er 24hr 90 mg

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

*nifedipine tab er 24hr osmotic
release 30 mg*

*nifedipine tab er 24hr osmotic
release 60 mg*

*nifedipine tab er 24hr osmotic
release 90 mg*

nimodipine cap 30 mg

tiadylt er

*verapamil hcl cap er 24hr 100
mg*

*verapamil hcl cap er 24hr 120
mg*

*verapamil hcl cap er 24hr 180
mg*

*verapamil hcl cap er 24hr 200
mg*

*verapamil hcl cap er 24hr 240
mg*

*verapamil hcl cap er 24hr 300
mg*

*verapamil hcl cap er 24hr 360
mg*

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

*verapamil hcl iv soln 2.5
mg/ml*

verapamil hcl tab 40 mg

verapamil hcl tab 80 mg

verapamil hcl tab 120 mg

verapamil hcl tab er 120 mg

verapamil hcl tab er 180 mg

verapamil hcl tab er 240 mg

**DIURETICS - DRUGS TO TREAT HEART
CONDITIONS**

*acetazolamide cap er 12hr 500
mg*

acetazolamide tab 125 mg

acetazolamide tab 250 mg

amiloride &

*hydrochlorothiazide tab 5-50
mg*

amiloride hcl tab 5 mg

bumetanide inj 0.25 mg/ml

bumetanide tab 0.5 mg

bumetanide tab 1 mg

bumetanide tab 2 mg

chlorthalidone tab 25 mg

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

chlorthalidone tab 50 mg

furosemide inj

furosemide oral soln 8 mg/ml

furosemide oral soln 10 mg/ml

furosemide tab 20 mg

furosemide tab 40 mg

furosemide tab 80 mg

*hydrochlorothiazide cap 12.5
mg*

*hydrochlorothiazide tab 12.5
mg*

hydrochlorothiazide tab 25 mg

hydrochlorothiazide tab 50 mg

indapamide tab 1.25 mg

indapamide tab 2.5 mg

methazolamide tab 25 mg

methazolamide tab 50 mg

metolazone tab 2.5 mg

metolazone tab 5 mg

metolazone tab 10 mg

*spironolactone &
hydrochlorothiazide tab 25-25
mg*

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

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*

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

*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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>guanfacine hcl tab 1 mg</i>	PA; PA applies if 65 years and older
<i>guanfacine hcl tab 2 mg</i>	PA; PA applies if 65 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	
<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	
<i>ranolazine tab er 12hr 500 mg</i>	

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

ranolazine tab er 12hr 1000 mg

VERQUVO TAB 2.5MG

QL (30 tabs / 30 days), PA

VERQUVO TAB 5MG

QL (30 tabs / 30 days), PA

VERQUVO TAB 10MG

QL (30 tabs / 30 days), PA

VYNDAMAX CAP 61MG

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

NITRATES - DRUGS TO TREAT HEART CONDITIONS

isosorbide dinitrate tab 5 mg

isosorbide dinitrate tab 10 mg

isosorbide dinitrate tab 20 mg

isosorbide dinitrate tab 30 mg

isosorbide mononitrate tab er 24hr 30 mg

isosorbide mononitrate tab er 24hr 60 mg

isosorbide mononitrate tab er 24hr 120 mg

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

nitro-bid

nitroglycerin oint 2%

nitroglycerin sl tab 0.3 mg

nitroglycerin sl tab 0.4 mg

nitroglycerin sl tab 0.6 mg

*nitroglycerin td patch 24hr 0.1
mg/hr*

*nitroglycerin td patch 24hr 0.2
mg/hr*

*nitroglycerin td patch 24hr 0.4
mg/hr*

*nitroglycerin td patch 24hr 0.6
mg/hr*

*nitroglycerin tl soln 0.4
mg/spray (400 mcg/spray)*

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

ADEMPAS TAB 0.5MGNDS, QL (90 tabs
/ 30 days), PA

ADEMPAS TAB 1.5MG

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

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

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
<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

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

<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
UPTRAVI PACK TAB 200/800	NDS, QL (1 pack / 28 days), PA
UPTRAVI TAB 200MCG	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	NDS, QL (60 tabs / 30 days), PA

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

UPTRAVI TAB 1000MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	NDS, QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	NDS, QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	NDS, QL (140 caps / 28 days), PA

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

YUTREPIA CAP 106MCG

NDS, QL (224
caps / 28 days),
PA

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

alprazolam tab 0.5 mg

QL (150 tabs /
30 days)

alprazolam tab 0.25 mg

QL (150 tabs /
30 days)

alprazolam tab 1 mg

QL (150 tabs /
30 days)

alprazolam tab 2 mg

QL (150 tabs /
30 days)

buspirone hcl tab 5 mg

buspirone hcl tab 7.5 mg

buspirone hcl tab 10 mg

buspirone hcl tab 15 mg

buspirone hcl tab 30 mg

*fluvoxamine maleate tab 25
mg*

*fluvoxamine maleate tab 50
mg*

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

fluvoxamine maleate tab 100 mg

*lorazepam conc 2 mg/ml**QL (150 mL / 30 days)*

lorazepam inj 2 mg/ml

lorazepam inj 4 mg/ml

*lorazepam intensol**QL (150 mL / 30 days)*

*lorazepam tab 0.5 mg**QL (150 tabs / 30 days)*

*lorazepam tab 1 mg**QL (150 tabs / 30 days)*

*lorazepam tab 2 mg**QL (150 tabs / 30 days)*

**ANTIDEMENTIA - DRUGS TO TREAT
DEMENTIA AND MEMORY LOSS**

*donepezil hydrochloride orally
disintegrating tab 5 mg*

QL (30 tabs / 30 days)

*donepezil hydrochloride orally
disintegrating tab 10 mg*

donepezil hydrochloride tab 5 mg

QL (30 tabs / 30 days)

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

<i>donepezil hydrochloride tab 10 mg</i>	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	PA; PA applies if 29 years and younger

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

<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>	

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

*memantine hcl-donepezil hcl
cap er 24hr 28-10 mg*

NAMZARIC CAP 7-10MG

*rivastigmine tartrate cap 1.5
mg (base equivalent)* QL (60 caps / 30
days)

*rivastigmine tartrate cap 3 mg
(base equivalent)* QL (60 caps / 30
days)

*rivastigmine tartrate cap 4.5
mg (base equivalent)* QL (60 caps / 30
days)

*rivastigmine tartrate cap 6 mg
(base equivalent)* QL (60 caps / 30
days)

*rivastigmine td patch 24hr 4.6
mg/24hr* QL (30 patches /
30 days)

*rivastigmine td patch 24hr 9.5
mg/24hr* QL (30 patches /
30 days)

*rivastigmine td patch 24hr
13.3 mg/24hr* QL (30 patches /
30 days)

**ANTIDEPRESSANTS - DRUGS TO TREAT
DEPRESSION**

amitriptyline hcl tab 10 mg PA; PA applies if
65 years and
older

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

<i>amitriptyline hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 50 mg</i>	PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxapine tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 150 mg</i>	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days)
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)

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

*citalopram hydrobromide oral
soln 10 mg/5ml*

*citalopram hydrobromide tab
10 mg (base equiv)*

*citalopram hydrobromide tab
20 mg (base equiv)*

*citalopram hydrobromide tab
40 mg (base equiv)*

clomipramine hcl cap 25 mg PA

clomipramine hcl cap 50 mg PA

clomipramine hcl cap 75 mg PA

desipramine hcl tab 10 mg PA; PA applies if
65 years and
older

desipramine hcl tab 25 mg PA; PA applies if
65 years and
older

desipramine hcl tab 50 mg PA; PA applies if
65 years and
older

desipramine hcl tab 75 mg PA; PA applies if
65 years and
older

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

<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxepin hcl cap 75 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 100 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 150 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	QL (60 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

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

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>	

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>	

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

<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paroxetine hcl tab 40 mg</i>	PA; PA applies if 65 years and older
<i>phenelzine sulfate tab 15 mg</i>	
<i>protriptyline hcl tab 5 mg</i>	
<i>protriptyline hcl tab 10 mg</i>	
RALDESY SOL 10MG/ML	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg</i>	
<i>sertraline hcl tab 50 mg</i>	
<i>sertraline hcl tab 100 mg</i>	
<i>tranylcypromine sulfate tab 10 mg</i>	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
<i>trimipramine maleate cap 25 mg</i>	QL (120 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	QL (120 caps / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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*venlafaxine hcl tab 100 mg
(base equivalent)*

vilazodone hcl tab 10 mg

QL (30 tabs / 30 days)

vilazodone hcl tab 20 mg

QL (30 tabs / 30 days)

vilazodone hcl tab 40 mg

QL (30 tabs / 30 days)

ZURZUVAE CAP 20MG

NDS, QL (28 caps / 14 days),
PA

ZURZUVAE CAP 25MG

NDS, QL (28 caps / 14 days),
PA

ZURZUVAE CAP 30MG

NDS, QL (14 caps / 14 days),
PA

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

amantadine hcl cap 100 mg

QL (120 caps / 30 days)

*amantadine hcl soln 50
mg/5ml*

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

amantadine hcl tab 100 mg

*benztropine mesylate inj 1
mg/ml*

*benztropine mesylate tab 0.5
mg*

PA; PA applies if
65 years and
older

benztropine mesylate tab 1 mg

PA; PA applies if
65 years and
older

benztropine mesylate tab 2 mg

PA; PA applies if
65 years and
older

*bromocriptine mesylate cap 5
mg (base equivalent)*

*bromocriptine mesylate tab
2.5 mg (base equivalent)*

*carb/levo orally disintegrating
tab 10-100mg*

*carb/levo orally disintegrating
tab 25-100mg*

*carb/levo orally disintegrating
tab 25-250mg*

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

carbidopa & levodopa tab 10-100 mg

carbidopa & levodopa tab 25-100 mg

carbidopa & levodopa tab 25-250 mg

carbidopa & levodopa tab er 25-100 mg

carbidopa & levodopa tab er 50-200 mg

carbidopa-levodopa-entacapone tabs 12.5-50-200 mg

carbidopa-levodopa-entacapone tabs 18.75-75-200 mg

carbidopa-levodopa-entacapone tabs 25-100-200 mg

carbidopa-levodopa-entacapone tabs 31.25-125-200 mg

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

*carbidopa-levodopa-
entacapone tabs 37.5-150-200
mg*

*carbidopa-levodopa-
entacapone tabs 50-200-200
mg*

entacapone tab 200 mg

*INBRIJA CAP 42MG**NDS, QL (300
caps / 30 days),
PA*

*pramipexole dihydrochloride
tab 0.5 mg*

*pramipexole dihydrochloride
tab 0.25 mg*

*pramipexole dihydrochloride
tab 0.75 mg*

*pramipexole dihydrochloride
tab 0.125 mg*

*pramipexole dihydrochloride
tab 1 mg*

*pramipexole dihydrochloride
tab 1.5 mg*

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

<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>	

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)

*aripiprazole oral solution 1
mg/ml*

QL (900 mL / 30
days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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>	

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

*chlorpromazine hcl inj 50
mg/2ml*

chlorpromazine hcl tab 10 mg

chlorpromazine hcl tab 25 mg

chlorpromazine hcl tab 50 mg

chlorpromazine hcl tab 100 mg

chlorpromazine hcl tab 200 mg

*clozapine orally disintegrating
tab 12.5 mg*

*clozapine orally disintegrating
tab 25 mg*

*clozapine orally disintegrating
tab 100 mg*

QL (270 tabs /
30 days), PA

*clozapine orally disintegrating
tab 150 mg*

QL (180 tabs /
30 days), PA

*clozapine orally disintegrating
tab 200 mg*

QL (120 tabs /
30 days), PA

clozapine tab 25 mg

clozapine tab 50 mg

clozapine tab 100 mg

QL (270 tabs /
30 days)

clozapine tab 200 mg

QL (120 tabs /
30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COBENFY CAP 50-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	NDS, QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	NDS, QL (1 syringe / 28 days)

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

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

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

*fluphenazine decanoate inj 25
mg/ml*

*fluphenazine hcl elixir 2.5
mg/5ml*

fluphenazine hcl inj 2.5 mg/ml

*fluphenazine hcl oral conc 5
mg/ml*

fluphenazine hcl tab 1 mg

fluphenazine hcl tab 2.5 mg

fluphenazine hcl tab 5 mg

fluphenazine hcl tab 10 mg

*haloperidol decanoate im soln
50 mg/ml*

*haloperidol decanoate im soln
100 mg/ml*

haloperidol lactate inj 5 mg/ml

*haloperidol lactate oral conc 2
mg/ml*

haloperidol tab 0.5 mg

haloperidol tab 1 mg

haloperidol tab 2 mg

haloperidol tab 5 mg

haloperidol tab 10 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>haloperidol tab 20 mg</i>	
INVEGA HAFYE INJ 1092MG	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	NDS, QL (1 syringe / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

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

<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)

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

<i>olanzapine orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	NDS, QL (30 films / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

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

<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

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

REXULTI TAB 0.5MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	NDS, QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	NDS, QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	NDS, QL (2 injections / 28 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>	

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

VERSACLOZ SUS 50MG/ML	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 0.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 0.75MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 3MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)

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

<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

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

<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>	

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

*carbamazepine cap er 12hr
300 mg*

*carbamazepine chew tab 100
mg*

*carbamazepine chew tab 200
mg*

*carbamazepine susp 100
mg/5ml*

carbamazepine tab 200 mg

*carbamazepine tab er 12hr
100 mg*

*carbamazepine tab er 12hr
200 mg*

*carbamazepine tab er 12hr
400 mg*

*clobazam suspension 2.5
mg/ml*

QL (480 mL / 30
days), PA

clobazam tab 10 mg

QL (60 tabs / 30
days), PA

clobazam tab 20 mg

QL (60 tabs / 30
days), PA

*clonazepam orally
disintegrating tab 0.5 mg*

QL (90 tabs / 30
days)

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

<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

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

<i>clorazepate dipotassium tab 15mg</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

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

<i>diazepam oral soln 1 mg/ml</i>	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	
<i>diazepam rectal gel delivery system 10 mg</i>	
<i>diazepam rectal gel delivery system 20 mg</i>	
<i>diazepam tab 2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

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

diazepam tab 5 mg

QL (120 tabs /
30 days), PA; PA
applies if 65
years and older
when greater
than 5 day
supply

diazepam tab 10 mg

QL (120 tabs /
30 days), PA; PA
applies if 65
years and older
when greater
than 5 day
supply

DILANTIN CAP 30MG

*divalproex sodium cap delayed
release sprinkle 125 mg*

*divalproex sodium tab delayed
release 125 mg*

*divalproex sodium tab delayed
release 250 mg*

*divalproex sodium tab delayed
release 500 mg*

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

*divalproex sodium tab er 24 hr
250 mg*

*divalproex sodium tab er 24 hr
500 mg*

*EPIDIOLEX SOL 100MG/ML**NDS, QL (600 mL
/ 30 days), PA*

*eslicarbazepine acetate tab
200 mg*

*QL (30 tabs / 30
days)*

*eslicarbazepine acetate tab
400 mg*

*QL (30 tabs / 30
days)*

*eslicarbazepine acetate tab
600 mg*

*QL (60 tabs / 30
days)*

*eslicarbazepine acetate tab
800 mg*

*QL (60 tabs / 30
days)*

ethosuximide cap 250 mg

ethosuximide soln 250 mg/5ml

felbamate susp 600 mg/5ml

felbamate tab 400 mg

felbamate tab 600 mg

*FINTEPLA SOL 2.2MG/ML**NDS, QL (360 mL
/ 30 days), PA*

*FYCOMPA SUS 0.5MG/ML**NDS, QL (680 mL
/ 28 days), PA*

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

FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	QL (180 tabs / 30 days)

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

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

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

<i>levetiracetam tab 750 mg</i>	
<i>levetiracetam tab 1000 mg</i>	
<i>levetiracetam tab disintegrating soluble 250 mg</i>	QL (360 tabs / 30 days)
<i>levetiracetam tab disintegrating soluble 500 mg</i>	QL (180 tabs / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	
<i>methsuximide cap 300 mg</i>	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	
<i>oxcarbazepine tab 150 mg</i>	
<i>oxcarbazepine tab 300 mg</i>	
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	NDS, QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	PA; PA applies if 65 years and older

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

<i>phenobarbital tab 15 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 30 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 60 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

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

phenobarbital tab 97.2 mg

QL (120 tabs /
30 days), PA; PA
applies if 65
years and older

phenobarbital tab 100 mg

QL (120 tabs /
30 days), PA; PA
applies if 65
years and older

phenytek

phenytoin chew tab 50 mg

*phenytoin sodium extended
cap 100 mg*

*phenytoin sodium extended
cap 200 mg*

*phenytoin sodium extended
cap 300 mg*

*phenytoin sodium inj 50
mg/ml*

phenytoin susp 125 mg/5ml

pregabalin cap 25 mg

QL (120 caps /
30 days), PA; PA
applies if 65
years and older

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

<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

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

<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rufinamide tab 400 mg</i>	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
<i>subvenite</i>	
SUBVENITE SUS 10MG/ML	NDS, ST
SYMPAZAN MIS 5MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	

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

tiagabine hcl tab 4 mg

tiagabine hcl tab 12 mg

tiagabine hcl tab 16 mg

topiramate oral soln 25 mg/ml QL (480 mL / 30 days), PA

topiramate sprinkle cap 15 mg

topiramate sprinkle cap 25 mg

topiramate sprinkle cap 50 mg

topiramate tab 25 mg

topiramate tab 50 mg

topiramate tab 100 mg

topiramate tab 200 mg

valproate sodium inj 100 mg/ml

valproate sodium oral soln 250 mg/5ml (base equiv)

valproic acid cap 250 mg

VALTOCO SPR 5MG

QL (10 blister packs / 30 days)

VALTOCO SPR 10MG

QL (10 blister packs / 30 days)

VALTOCO SPR 15MG

QL (10 blister packs / 30 days)

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

VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	NDS, QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	NDS, QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	NDS, QL (56 tabs / 28 days)

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

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

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

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

<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)

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

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

<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

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

<i>methylphenidate hcl tab 20 mg</i>	QL (90 tabs / 30 days), PA
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<i>methylphenidate hcl tab er 10 mg</i>	QL (90 tabs / 30 days), PA
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<i>methylphenidate hcl tab er 20 mg</i>	QL (90 tabs / 30 days), PA
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HYPNOTICS - DRUGS TO TREAT INSOMNIA

DAYVIGO TAB 5MG	QL (30 tabs / 30 days)
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DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
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<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	QL (30 tabs / 30 days)
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<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	QL (30 tabs / 30 days)
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<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
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

eszopiclone tab 2 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

eszopiclone tab 3 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

ramelteon tab 8 mg

QL (30 tabs / 30 days)

tasimelteon capsule 20 mg

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

temazepam cap 7.5 mg

QL (30 caps / 30 days), PA; PA applies if 65 years and older

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

temazepam cap 15 mg

QL (60 caps / 30 days), PA; PA applies if 65 years and older

temazepam cap 30 mg

QL (30 caps / 30 days), PA; PA applies if 65 years and older

zaleplon cap 5 mg

QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

zaleplon cap 10 mg

QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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

zolpidem tartrate tab 5 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

zolpidem tartrate tab 10 mg

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG INJ 70MG/ML

QL (1 pen / 30 days), PA

AIMOVIG INJ 140MG/ML

QL (1 pen / 30 days), PA

dihydroergotamine mesylate nasal spray 4 mg/ml

NDS, QL (8 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

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

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

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

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

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

riluzole tab 50 mg

*tetrabenazine tab 12.5 mg*QL (90 tabs / 30 days), PA

*tetrabenazine tab 25 mg*NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BAFIERTAM CAP 95MG

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

BETASERON INJ 0.3MG

NDS, QL (14 kits / 28 days), PA

COPAXONE INJ 20MG/ML

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

COPAXONE INJ 40MG/ML

NDS, QL (12 syringes / 28 days), PA

*dalfampridine tab er 12hr 10 mg*QL (60 tabs / 30 days), PA

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

*fingolimod hcl cap 0.5 mg
(base equiv)*

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

*glatiramer acetate soln
prefilled syringe 20 mg/ml*

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

*glatiramer acetate soln
prefilled syringe 40 mg/ml*

NDS, QL (12
syringes / 28
days), PA

glatopa

NDS, QL (12
syringes / 28
days), PA

glatopa

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

KESIMPTA INJ 20/.4ML

NDS, QL (16
pens / 365
days), PA

**MUSCULOSKELETAL THERAPY AGENTS -
DRUGS TO TREAT MUSCLE SPASMS**

baclofen tab 5 mg

QL (90 tabs / 30
days)

baclofen tab 10 mg

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

baclofen tab 20 mg

carisoprodol tab 350 mg

QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

cyclobenzaprine hcl tab 5 mg

QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

cyclobenzaprine hcl tab 10 mg

QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

dantrolene sodium cap 25 mg

dantrolene sodium cap 50 mg

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

dantrolene sodium cap 100 mg

methocarbamol tab 500 mg

QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

methocarbamol tab 750 mg

QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

tizanidine hcl tab 2 mg (base equivalent)

tizanidine hcl tab 4 mg (base equivalent)

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

armodafinil tab 50 mg

QL (60 tabs / 30 days), PA

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

<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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (180 tabs / 30 days)
<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>	
<i>KLOXXADO SPR 8MG</i>	
<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>	

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

*naloxone hcl soln prefilled
syringe 2 mg/2ml*

naltrexone hcl tab 50 mg

NICOTROL NS SPR 10MG/ML

varenicline tartrate tab 0.5 mg QL (56 tabs / 28
(base equiv) days

varenicline tartrate tab 1 mg QL (56 tabs / 28
(base equiv) days

varenicline tartrate tab 11 x QL (2 packs /
0.5 mg & 42 x 1 mg start pack year)

VIVITROL INJ 380MG NDS

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

danazol cap 50 mg

danazol cap 100 mg

danazol cap 200 mg

depo-testosterone PA

testosterone cypionate im inj PA
in oil 100 mg/ml

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

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

ANTIDIABETICS

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC TAB 4MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 9MG	QL (30 tabs / 30 days), PA
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
<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)

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

TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR KWP INJ 100/ML	
CEQUR 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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLARGIN YFGN SOL 100U/ML	
HUMALOG INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	
HUMALOG KWPN INJ 100/ML	
HUMALOG KWPN INJ 200/ML	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)
<i>CALCIUM REGULATORS</i>	
<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

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

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

<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	

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

LOKELMA PAK 10GM

penicillamine tab 250 mg

NDS

*sodium polystyrene sulfonate
powder*

*sodium polystyrene sulfonate
susp 15 gm/60ml*

sps

sps rectal

trientine hcl cap 250 mg

NDS, PA

**CONTRACEPTIVES - DRUGS FOR BIRTH
CONTROL***afirmelle*

altavera

alyacen 1/35

alyacen 7/7/7

amethyst

apri

aranelle

ashlyna

aubra eq

aurovela 1/20

aurovela 24 fe

aurovela fe 1.5/30

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

aurovela fe 1/20

aviane

ayuna

azurette

balziva

blisovi 24 fe

blisovi fe 1.5/30

blisovi fe 1/20

briellyn

camila

camrese

camrese lo

chateal eq

cryselle

cyred eq

dasetta 1/35

dasetta 7/7/7

daysee

deblitane

DEPO-SQ PROV INJ 104

*desogest-eth estrad & eth
estrاد tab 0.15-0.02/0.01
mg(21/5)*

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

dolishale

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

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

*drospirenone-ethinyl estradiol
tab 3-0.02 mg*

*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

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

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

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

kariva

kelnor 1/35

kurvelo

larin 1.5/30

larin 1/20

larin 24 fe

larin fe 1.5/30

larin fe 1/20

lessina

levonest

*levonor-eth est tab 0.15-
0.02/0.025/0.03 mg & eth est
0.01 mg*

*levonorg-eth est tab 0.1-
0.02mg(84) & eth est tab
0.01mg(7)*

*levonorgestrel & ethinyl
estradiol (91-day) tab 0.15-
0.03 mg*

*levonorgestrel & ethinyl
estradiol tab 0.1 mg-20 mcg*

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

*levonorgestrel-eth estra tab
0.05-30/0.075-40/0.125-
30mg-mcg*

*levonorgestrel-ethinyl estradiol
(continuous) tab 90-20 mcg*

levora 0.15/30-28

LILETTA IUD 52MG

loestrin 1.5/30-21

loestrin 1/20-21

loestrin fe 1.5/30

loestrin fe 1/20

lojaimiess

loryna

low-ogestrel

luizza 1.5/30

luizza 1/20

lutra

lyleq

lyza

marlissa

*medroxyprogesterone acetate
im susp 150 mg/ml*

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

*medroxyprogesterone acetate
im susp prefilled syr 150
mg/ml*

meleya

mibelas 24 fe

microgestin 1.5/30

microgestin 1/20

microgestin fe 1.5/30

microgestin fe 1/20

mili

mono-lynyah

necon 0.5/35-28

NEXPLANON IMP 68MG

nikki

nora-be

*norelgestromin-ethinyl
estradiol td ptwk 150-35
mcg/24hr*

*norethindrone ac-ethinyl
estradiol fe tab 1-20/1-30/1-35
mg-mcg*

*norethindrone ace & ethinyl
estradiol tab 1 mg-20 mcg*

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

*norethindrone ace & ethinyl
estradiol tab 1.5 mg-30 mcg*

*norethindrone ace & ethinyl
estradiol-fe tab 1 mg-20 mcg*

*norethindrone ace-eth
estradiol-fe chew tab 1 mg-20
mcg (24)*

norethindrone tab 0.35 mg

*norgestimate & ethinyl
estradiol tab 0.25 mg-35 mcg*

*norgestimate-eth estrad tab
0.18-25/0.215-25/0.25-25
mg-mcg*

*norgestimate-eth estrad tab
0.18-35/0.215-35/0.25-35
mg-mcg*

norlyroc

nortrel 0.5/35 (28)

nortrel 1/35 (21)

nortrel 1/35 (28)

nortrel 7/7/7

nylia 1/35

nylia 7/7/7

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE***orquidea**philith**pimtrea**portia-28**reclipsen**rivelsa**rosyrah**setlakin**sharobel**simliya**simpesse**sprintec 28**sronyx**syeda**tarina 24 fe**tarina fe 1/20 eq**tilia fe**tri-estarylla**tri-legest fe**tri-lynyah**tri-lo-estarylla**tri-lo-marzia**tri-lo-mili*

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

tri-lo-sprintec

tri-mili

tri-sprintec

tri-vylibra

tri-vylibra lo

turqoz

tydemy

valtya 1/35

valtya 1/50

velivet

vestura

vienva

viorele

vyfemla

vylibra

wera

wymzya fe

xarah fe

xelria fe

xulane

zafemy

zovia 1/35

zumandimine

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****ESTROGENS - DRUGS TO REGULATE
FEMALE HORMONES***

abigale

abigale lo

dotti

estradiol & norethindrone

acetate tab 0.5-0.1 mg

estradiol & norethindrone

acetate tab 1-0.5 mg

estradiol tab 0.5 mg

estradiol tab 1 mg

estradiol tab 2 mg

estradiol td patch twice weekly

0.1 mg/24hr

estradiol td patch twice weekly

0.05 mg/24hr

estradiol td patch twice weekly

0.025 mg/24hr

estradiol td patch twice weekly

0.075 mg/24hr

estradiol td patch twice weekly

0.0375 mg/24hr

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

*estradiol td patch weekly 0.1
mg/24hr*

*estradiol td patch weekly 0.05
mg/24hr*

*estradiol td patch weekly 0.06
mg/24hr*

*estradiol td patch weekly
0.025 mg/24hr*

*estradiol td patch weekly
0.075 mg/24hr*

*estradiol td patch weekly
0.0375 mg/24hr (37.5
mcg/24hr)*

estradiol vaginal cream 0.01%

estradiol vaginal tab 10 mcg

*estradiol valerate im in oil 10
mg/ml*

*estradiol valerate im in oil 20
mg/ml*

*estradiol valerate im in oil 40
mg/ml*

fyavolv tab 0.5mg-2.5mcg

fyavolv tab 1mg-5mcg

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

jinteli

lyllana

mimvey

*norethindrone acetate-ethinyl
estradiol tab 0.5 mg-2.5 mcg*

*norethindrone acetate-ethinyl
estradiol tab 1 mg-5 mcg*

yuvaferm

**GLUCOCORTICOIDS - DRUGS TO TREAT
INFLAMMATORY RESPONSE**

DEXAMETHASON CON 1MG/ML

*dexamethasone elixir 0.5
mg/5ml*

*dexamethasone sod phos inj
sol pref syr 10 mg/ml (pf)*

*dexamethasone sod phosphate
preservative free inj 10 mg/ml*

*dexamethasone sodium
phosphate inj 4 mg/ml*

*dexamethasone sodium
phosphate inj 10 mg/ml*

*dexamethasone sodium
phosphate inj 20 mg/5ml*

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

*dexamethasone sodium
phosphate inj 100 mg/10ml*

*dexamethasone sodium
phosphate inj 120 mg/30ml*

*dexamethasone sodium
phosphate inj soln pref syr 4
mg/ml*

*dexamethasone soln 0.5
mg/5ml*

dexamethasone tab 0.5 mg

dexamethasone tab 0.75 mg

dexamethasone tab 1 mg

dexamethasone tab 1.5 mg

dexamethasone tab 2 mg

dexamethasone tab 4 mg

dexamethasone tab 6 mg

*fludrocortisone acetate tab 0.1
mg*

*hydrocortisone sodium
succinate pf for inj 100 mg*

hydrocortisone tab 5 mg

hydrocortisone tab 10 mg

hydrocortisone tab 20 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>PREDNISONE 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>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-CORTEF INJ 1000MG	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR	
BAQSIMI ONE POW 3MG/DOSE	
BAQSIMI TWO POW 3MG/DOSE	
<i>diazoxide susp 50 mg/ml</i>	NDS
GVOKE HYPO 1 INJ 0.5/.1ML	
GVOKE HYPO 1 INJ 1/0.2ML	
GVOKE HYPO 2 INJ 0.5/.1ML	
GVOKE HYPO 2 INJ 1/0.2ML	
GVOKE KIT SOL 1/0.2ML	
GVOKE PFS INJ 1/0.2ML	
ZEGALOGUE INJ 0.6/0.6	
MISCELLANEOUS	
ALDURAZYME INJ 2.9MG/5M	NDS, PA
<i>betaine powder for oral solution</i>	NDS
<i>cabergoline tab 0.5 mg</i>	
<i>carglumic acid soluble tab 200 mg</i>	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CERDELGA CAP 84MG	NDS, PA
CEREZYME INJ 400UNIT	NDS, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	NDS
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	NDS
<i>desmopressin acetate tab 0.1 mg</i>	

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

<i>desmopressin acetate tab 0.2 mg</i>	
FABRAZYME INJ 5MG	NDS, PA
FABRAZYME INJ 35MG	NDS, PA
GENOTROPIN INJ 0.2MG	PA
GENOTROPIN INJ 0.4MG	NDS, PA
GENOTROPIN INJ 0.6MG	NDS, PA
GENOTROPIN INJ 0.8MG	NDS, PA
GENOTROPIN INJ 1.2MG	NDS, PA
GENOTROPIN INJ 1.4MG	NDS, PA
GENOTROPIN INJ 1.6MG	NDS, PA
GENOTROPIN INJ 1.8MG	NDS, PA
GENOTROPIN INJ 1MG	NDS, PA
GENOTROPIN INJ 2MG	NDS, PA
GENOTROPIN INJ 5MG	NDS, PA
GENOTROPIN INJ 12MG	NDS, PA
INCRELEX INJ 40MG/4ML	NDS, PA
<i>javygtor</i>	NDS, PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	NDS, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>octreotide acetate</i> <i>subcutaneous soln pref syr 50</i> <i>mcg/ml</i>	PA
<i>octreotide acetate</i> <i>subcutaneous soln pref syr 100</i> <i>mcg/ml</i>	PA
<i>octreotide acetate</i> <i>subcutaneous soln pref syr 500</i> <i>mcg/ml</i>	NDS, PA
<i>raloxifene hcl tab 60 mg</i>	
REVCovi INJ 1.6MG/ML	NDS, PA
REZDIFFRA TAB 60MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride</i> <i>powder packet 100 mg</i>	NDS, PA
<i>sapropterin dihydrochloride</i> <i>powder packet 500 mg</i>	NDS, PA
<i>sapropterin dihydrochloride tab</i> <i>100 mg</i>	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 500mg</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 15mg</i>	NDS, PA

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

<i>tolvaptan tab therapy pack 30 & 15 mg</i>	NDS, PA
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<i>tolvaptan tab therapy pack 45 & 15 mg</i>	NDS, PA
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<i>tolvaptan tab therapy pack 60 & 30 mg</i>	NDS, PA
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<i>tolvaptan tab therapy pack 90 & 30 mg</i>	NDS, PA
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<i>zelvysia</i>	NDS, PA
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**PROGESTINS - DRUGS TO REGULATE
FEMALE HORMONES**

<i>gallifrey</i>	
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<i>medroxyprogesterone acetate tab 2.5 mg</i>	
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<i>medroxyprogesterone acetate tab 5 mg</i>	
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<i>medroxyprogesterone acetate tab 10 mg</i>	
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<i>megestrol acetate susp 40 mg/ml</i>	
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<i>megestrol acetate susp 625 mg/5ml</i>	PA
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>	
<i>levothyroxine sodium tab 88 mcg</i>	
<i>levothyroxine sodium tab 100 mcg</i>	
<i>levothyroxine sodium tab 112 mcg</i>	
<i>levothyroxine sodium tab 125 mcg</i>	
<i>levothyroxine sodium tab 137 mcg</i>	

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	B/D
<i>compro</i>	
<i>dronabinol cap 2.5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	B/D, QL (60 caps / 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>granisetron hcl tab 1 mg</i>	B/D
<i>meclizine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>meclizine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

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

*metoclopramide hcl inj 5
mg/ml (base equivalent)*

*metoclopramide hcl soln 5
mg/5ml (10 mg/10ml) (base
equiv)*

*metoclopramide hcl tab 5 mg
(base equivalent)*

*metoclopramide hcl tab 10 mg
(base equivalent)*

*ondansetron hcl inj 4 mg/2ml
(2 mg/ml)*

*ondansetron hcl inj 40
mg/20ml (2 mg/ml)*

*ondansetron hcl inj soln pref
syr 4 mg/2ml*

*ondansetron hcl oral soln 4 B/D
mg/5ml*

ondansetron hcl tab 4 mg B/D

ondansetron hcl tab 8 mg B/D

*ondansetron orally B/D
disintegrating tab 4 mg*

*ondansetron orally B/D
disintegrating tab 8 mg*

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

prochlorperazine edisylate inj
10 mg/2ml

prochlorperazine maleate tab 5
mg (base equivalent)

prochlorperazine maleate tab
10 mg (base equivalent)

prochlorperazine suppos 25
mg

promethazine hcl inj 25 mg/ml PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

promethazine hcl inj 50 mg/ml PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

promethazine hcl oral soln
6.25 mg/5ml PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

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

<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
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<i>promethazine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
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<i>promethazine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
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<i>scopolamine td patch 72hr 1 mg/3days</i>	QL (10 patches / 30 days)
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ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl cap 10 mg</i>	PA; PA applies if 65 years and older
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

dicyclomine hcl oral soln 10 mg/5ml

PA; PA applies if 65 years and older

dicyclomine hcl tab 20 mg

PA; PA applies if 65 years and older

glycopyrrolate tab 1 mg

QL (90 tabs / 30 days)

glycopyrrolate tab 2 mg

QL (120 tabs / 30 days)

**H2-RECEPTOR ANTAGONISTS - DRUGS FOR
ULCERS AND STOMACH ACID**

famotidine for susp 40 mg/5ml

famotidine in nacl 0.9% iv soln 20 mg/50ml

famotidine inj 40 mg/4ml

famotidine inj 200 mg/20ml

famotidine preservative free inj 20 mg/2ml

famotidine tab 20 mg

famotidine tab 40 mg

nizatidine cap 150 mg

nizatidine cap 300 mg

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sulfasalazine tab delayed release 500 mg</i>	
LAXATIVES	
<i>constulose</i>	
<i>enulose</i>	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n/flavor pack</i>	
<i>generlac</i>	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	
<i>lactulose solution 10 gm/15ml</i>	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
PLENVU SOL	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	
MISCELLANEOUS	
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	<i>QL (60 tabs / 30 days), PA</i>

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alosetron hcl tab 1 mg (base equiv)</i>	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
GATTEX KIT 5MG	NDS, PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	
<i>lubiprostone cap 8 mcg</i>	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	QL (60 caps / 30 days)

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

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

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

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

*omeprazole cap delayed
release 10 mg*

*omeprazole cap delayed
release 20 mg*

*omeprazole cap delayed
release 40 mg*

*pantoprazole sodium ec tab 20
mg (base equiv)*

*pantoprazole sodium ec tab 40
mg (base equiv)*

*pantoprazole sodium for iv
soln 40 mg (base equiv)*

rabeprazole sodium ec tab 20 mg QL (30 tabs / 30 days)

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

alfuzosin hcl tab er 24hr 10 mg QL (30 tabs / 30 days)

dutasteride cap 0.5 mg QL (30 caps / 30 days)

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

<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

acetic acid irrigation soln 0.25%

bethanechol chloride tab 5 mg

bethanechol chloride tab 10 mg

bethanechol chloride tab 25 mg

bethanechol chloride tab 50 mg

potassium citrate tab er 5 meq (540 mg)

potassium citrate tab er 10 meq (1080 mg)

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

*potassium citrate tab er 15
meq (1620 mg)*

**URINARY ANTISPASMODICS - DRUGS TO
TREAT URINARY INCONTINENCE**

*fesoterodine fumarate tab er
24hr 4 mg*

QL (30 tabs / 30
days)

*fesoterodine fumarate tab er
24hr 8 mg*

QL (30 tabs / 30
days)

GEMTESA TAB 75MG

QL (30 tabs / 30
days)

mirabegron tab er 24 hr 25 mg

QL (30 tabs / 30
days)

mirabegron tab er 24 hr 50 mg

QL (30 tabs / 30
days)

MYRBETRIQ SUS 8MG/ML

QL (300 mL / 28
days)

MYRBETRIQ TAB 25MG

QL (30 tabs / 30
days)

MYRBETRIQ TAB 50MG

QL (30 tabs / 30
days)

*oxybutynin chloride solution 5
mg/5ml*

QL (600 mL / 30
days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxybutynin chloride tab 5 mg</i>	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	QL (60 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****VAGINAL ANTI-INFECTIVES***

*clindamycin phosphate vaginal
cream 2%*

*metronidazole vaginal gel
0.75%*

*terconazole vaginal cream
0.4%*

*terconazole vaginal cream
0.8%*

*terconazole vaginal suppos 80
mg*

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

dabigatran etexilate mesylate QL (60 caps / 30
cap 75 mg (etexilate base eq) days)

dabigatran etexilate mesylate QL (120 caps /
cap 110 mg (etexilate base eq) 30 days)

dabigatran etexilate mesylate QL (60 caps / 30
cap 150 mg (etexilate base eq) days)

ELIQUIS (1.5MG PACK) 3 X QL (591 tabs /
29 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine) pf inj</i>	B/D
<i>1000 unit/ml</i>	
<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)

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

XARELTO TAB 15MG

QL (30 tabs / 30 days)

XARELTO TAB 20MG

QL (30 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA INJ 6/0.6ML

NDS, QL (2 syringes / 28 days), PA

PROCRIT INJ 2000/ML

PA

PROCRIT INJ 3000/ML

PA

PROCRIT INJ 4000/ML

PA

PROCRIT INJ 10000/ML

PA

PROCRIT INJ 20000/ML

NDS, PA

PROCRIT INJ 40000/ML

NDS, PA

ZARXIO INJ 300/0.5

NDS, PA

ZARXIO INJ 480/0.8

NDS, PA

MISCELLANEOUS

ALVAIZ TAB 9MG

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

ALVAIZ TAB 18MG

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

ALVAIZ TAB 36MG

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

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

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

<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

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

dipyridamole tab 50 mg

PA; PA applies if 65 years and older

dipyridamole tab 75 mg

PA; PA applies if 65 years and older

prasugrel hcl tab 5 mg (base equiv)

prasugrel hcl tab 10 mg (base equiv)

ticagrelor tab 60 mg

ticagrelor tab 90 mg

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

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

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

BIMZELX INJ 160MG/ML
NDS, QL (2 pens
/ 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

RENFLXIS 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

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

STELARA INJ 5MG/ML	NDS, PA
STELARA INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

USTEKINUMAB INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	NDS, PA
VELSIPITY TAB 2MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	NDS, QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	NDS, QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YESINTEK INJ 130/26ML	PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</i>	
<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
<i>IMMUNOGLOBULINS</i>	
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

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

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

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
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	NDS, B/D
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	NDS, PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	NDS, PA
<i>cyclosporine cap 25 mg</i>	B/D
<i>cyclosporine cap 100 mg</i>	B/D
<i>cyclosporine modified cap 25 mg</i>	B/D
<i>cyclosporine modified cap 50 mg</i>	B/D
<i>cyclosporine modified cap 100 mg</i>	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	B/D
<i>everolimus tab 0.5 mg</i>	NDS, B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	NDS, B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 (mycophenolic acid equiv)</i>	B/D
<i>mycophenolate sodium tab dr 360 mg (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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ROTATEQ SOL	
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SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
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SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
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TENIVAC INJ 5-2LF	B/D
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TICOVAC INJ	
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TRUMENBA INJ	
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TWINRIX INJ	
-------------	--

TYPHIM VI INJ	
---------------	--

VAQTA INJ 25/0.5ML	
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VAQTA INJ 50UNT/ML	
--------------------	--

VARIVAX INJ	
-------------	--

VAXCHORA SUS	
--------------	--

VIMKUNYA INJ 40/0.8ML	
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VIVOTIF CAP EC	
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YF-VAX INJ	
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NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	
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D5W/NACL INJ 0.2%	
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D5W/NACL INJ 0.45%	
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

D10W/NACL INJ 0.2%

D10W/NACL INJ 0.45%

*dextrose 2.5% w/ sodium
chloride 0.45%*

*dextrose 5% in lactated
ringers*

*dextrose 5% w/ sodium
chloride 0.3%*

*dextrose 5% w/ sodium
chloride 0.9%*

*dextrose 5% w/ sodium
chloride 0.45%*

*dextrose 5% w/ sodium
chloride 0.225%*

ISOLYTE-P INJ /D5W

ISOLYTE-S INJ PH 7.4

*kcl 10 meq/l (0.075%) in
dextrose 5% & nacl 0.45% inj*

*kcl 20 meq/l (0.15%) in
dextrose 5% & nacl 0.9% inj*

*kcl 20 meq/l (0.15%) in
dextrose 5% & nacl 0.45% inj*

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

*kcl 20 meq/l (0.15%) in nacl
0.9% inj*

*kcl 20 meq/l (0.15%) in nacl
0.45% inj*

*kcl 20 meq/l (0.149%) in nacl
0.9% inj*

*kcl 20 meq/l (0.149%) in nacl
0.45% inj*

*kcl 30 meq/l (0.224%) in
dextrose 5% & nacl 0.45% inj*

*kcl 40 meq/l (0.3%) in
dextrose 5% & nacl 0.9% inj*

*kcl 40 meq/l (0.3%) in
dextrose 5% & nacl 0.45% inj*

*kcl 40 meq/l (0.3%) in nacl
0.9% inj*

*kcl 40 meq/l (0.298%) in nacl
0.9% inj*

KCL/D5W/NACL INJ 0.3/0.9%

KCL/D5W/NACL INJ 0.15/0.2

LACTATED RIN INJ

lactated ringer's solution

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

MAGNESIUM SU INJ
2GM/50ML

MAGNESIUM SU INJ 4G/100ML

MAGNESIUM SU INJ 20/500ML

MAGNESIUM SU INJ 40G/1000

*magnesium sulfate in dextrose
5% iv soln 1 gm/100ml*

magnesium sulfate inj 50%

*magnesium sulfate iv soln 2
gm/50ml (40 mg/ml)*

*magnesium sulfate iv soln 3
gm/100ml (30 mg/ml)*

*magnesium sulfate iv soln 4
gm/50ml (80 mg/ml)*

*magnesium sulfate iv soln 4
gm/100ml (40 mg/ml)*

*magnesium sulfate iv soln 20
gm/500ml (40 mg/ml)*

*magnesium sulfate iv soln 40
gm/1000ml (40 mg/ml)*

multiple electrolytes ph 5.5

POT CHL 20MEQ/L IN NACL
0.9% INJ

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

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%

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sodium chloride iv soln 5%</i>	
TPN ELECTROL INJ	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
<i>klor-con</i>	
<i>klor-con 8</i>	
KLOR-CON 8 TAB 8MEQ ER	
<i>klor-con 10</i>	
KLOR-CON 10 TAB 10MEQ ER	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
M-NATAL PLUS TAB	
<i>potassium chloride cap er 8 meq</i>	
<i>potassium chloride cap er 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	

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

*potassium chloride
microencapsulated crys er tab
20 meq*

*potassium chloride oral soln
10% (20 meq/15ml)*

*potassium chloride oral soln
20% (40 meq/15ml)*

*potassium chloride powder
packet 20 meq*

*potassium chloride tab er 8
meq (600 mg)*

*potassium chloride tab er 10
meq*

*potassium chloride tab er 20
meq (1500 mg)*

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

<i>aminosyn ii soln 15%</i>	B/D
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AMINOSYN INJ 10%	B/D
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AMINOSYN-PF INJ 10%	B/D
CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
<i>clinisol sf 15%</i>	B/D
CLINOLIPID EMU 20%	B/D
<i>dextrose inj 5%</i>	
<i>dextrose inj 10%</i>	
DEXTROSE INJ 10%	
<i>dextrose inj 50%</i>	B/D
DEXTROSE INJ 70%	B/D
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	NDS, B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

NAME OF DRUG

NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

*bacitracin-polymyxin-
neomycin-hc ophth oint 1%*

*loteprednol etabonate-
tobramycin ophth susp 0.5-
0.3%*

*neomycin-polymyxin-
dexamethasone ophth oint
0.1%*

*neomycin-polymyxin-
dexamethasone ophth susp
0.1%*

*neomycin-polymyxin-hc ophth
susp*

*sulfacetamide sodium-
prednisolone ophth soln 10-
0.23(0.25)%*

TOBRADEX OIN 0.3-0.1%

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

*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

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

*neomycin-bacitrac zn-polymyx
5(3.5)mg-400unt-10000unt op
oin*

*neomycin-polymy-gramicid op
sol 1.75-10000-0.025mg-unt-
mg/ml*

ofloxacin ophth soln 0.3%

*polymyxin b-trimethoprim
ophth soln 10000 unit/ml-
0.1%*

*sulfacetamide sodium ophth
soln 10%*

tobramycin ophth soln 0.3%

trifluridine ophth soln 1%

XDEMZY 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%*

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

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%

**ANTIALLERGICS - DRUGS TO TREAT
ALLERGIES**

azelastine hcl ophth soln
0.05%

cromolyn sodium ophth soln
4%

ZERVIAE DRO 0.24%

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>timolol maleate ophth gel forming soln 0.25%</i>	
<i>timolol maleate ophth soln 0.5%</i>	
<i>timolol maleate ophth soln 0.25%</i>	
VYZULTA SOL 0.024%	
MISCELLANEOUS	
ATROPINE SUL SOL 1% OP	
<i>atropine sulfate ophth soln 1%</i>	
CYSTADROPS SOL 0.37%	NDS, PA
CYSTARAN SOL 0.44%	NDS, PA
EYSUVIS DRO 0.25%	
MIEBO DRO 1.3GM/ML	
<i>proparacaine hcl ophth soln 0.5%</i>	
RESTASIS EMU 0.05% OP	
RESTASIS MUL EMU 0.05% OP	
XIIDRA DRO 5%	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR	
OTIC AGENTS	
<i>acetic acid otic soln 2%</i>	

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

*ciprofloxacin-dexamethasone
otic susp 0.3-0.1%*

flac

*fluocinolone acetonide (otic) oil
0.01%*

*hydrocortisone w/ acetic acid
otic soln 1-2%*

*neomycin-polymyxin-hc otic
soln 1%*

*neomycin-polymyxin-hc otic
susp 3.5 mg/ml-10000
unit/ml-1%*

ofloxacin otic soln 0.3%

**RESPIRATORY - DRUGS TO TREAT
BREATHING DISORDERS****ANTICHOLINERGIC/BETA AGONIST****COMBINATIONS - DRUGS TO TREAT COPD**

ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
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BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
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BREZTRI AERO AER 9MCG	QL (1 inhaler / 30 days)
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

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)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	B/D

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

*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 QL (300 mL / 30
(5 mg/5ml) 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

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

*diphenhydramine hcl inj 50
mg/ml*

*hydroxyzine hcl im soln 25
mg/ml*

PA; PA applies if
65 years and
older

*hydroxyzine hcl im soln 50
mg/ml*

PA; PA applies if
65 years and
older

*hydroxyzine hcl syrup 10
mg/5ml*

PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

hydroxyzine hcl tab 10 mg

PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

hydroxyzine hcl tab 25 mg

PA; PA applies if
65 years and
older after a 30
day supply in a
calendar year

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

<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)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****BETA AGONISTS - DRUGS TO TREAT
ASTHMA AND COPD**

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate syrup 2 mg/5ml</i>	
<i>albuterol sulfate tab 2 mg</i>	
<i>albuterol sulfate tab 4 mg</i>	
<i>levalbuterol hcl soln nebu 0.31 B/D mg/3ml (base equiv)</i>	
<i>levalbuterol hcl soln nebu 0.63 B/D mg/3ml (base equiv)</i>	
<i>levalbuterol hcl soln nebu 1.25 B/D mg/3ml (base equiv)</i>	
<i>levalbuterol hcl soln nebu conc B/D 1.25 mg/0.5ml (base equiv)</i>	
<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)

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

VENTOLIN HFA AER

QL (2 inhalers /
30 days)

LEUKOTRIENE MODULATORS

*montelukast sodium chew tab
4 mg (base equiv)*

*montelukast sodium chew tab
5 mg (base equiv)*

*montelukast sodium oral
granules packet 4 mg (base
equiv)*

*montelukast sodium tab 10 mg
(base equiv)*

zafirlukast tab 10 mg

zafirlukast tab 20 mg

MISCELLANEOUS

acetylcysteine inhal soln 10% B/D

acetylcysteine inhal soln 20% B/D

ALYFTREK TAB 4-20-50

NDS, QL (84 tabs
/ 28 days), PA

ALYFTREK TAB 10-50-125

NDS, QL (56 tabs
/ 28 days), PA

ARALAST NP INJ 500MG

NDS, PA

ARALAST NP INJ 1000MG

NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO GRA 5.8MG	NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	NDS, QL (56 packets / 28 days), PA
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

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

<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>	

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

*theophylline tab er 12hr 100
mg*

*theophylline tab er 12hr 200
mg*

*theophylline tab er 12hr 300
mg*

*theophylline tab er 12hr 450
mg*

*theophylline tab er 24hr 400
mg*

*theophylline tab er 24hr 600
mg*

TRIKAFTA PAK 59.5MG

NDS, QL (56
packs / 28 days),
PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****NASAL STEROIDS - DRUGS TO TREAT
ALLERGIES***

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

***STEROID INHALANTS - DRUGS TO TREAT
ASTHMA***

ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)

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

budesonide inhalation susp 0.5 mg/2ml

budesonide inhalation susp 0.25 mg/2ml

fluticasone propionate hfa inhal aer 110 mcg/act

fluticasone propionate hfa inhal aer 220 mcg/act

fluticasone propionate hfa inhal aero 44 mcg/act

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

ADVAIR HFA AER 45/21

ADVAIR HFA AER 115/21

ADVAIR HFA AER 230/21

AIRSUPRA AER 90-80MCG

BREO ELLIPTA INH 50-25MCG

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
<i>breyna</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days)

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

*fluticasone-salmeterol aer
powder ba 250-50 mcg/act*QL (60
inhalations / 30
days)

*fluticasone-salmeterol aer
powder ba 500-50 mcg/act*QL (60
inhalations / 30
days)

*wixela inhub*QL (60
inhalations / 30
days)**TOPICAL - DRUGS TO TREAT EAR AND SKIN
CONDITIONS*****DERMATOLOGY, ACNE***

accutane

PA

amnesteem

PA

*benzoyl peroxide-erythromycin
gel 5-3%*QL (46.6 gm / 30
days)

claravis

PA

*clindamycin phosph-benzoyl
peroxide (refrig) gel 1.2 (1)-
5%*QL (45 gm / 30
days)

*clindamycin phosphate gel 1%
(once-daily)*QL (75 mL / 30
days), PA

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

<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
<i>ery</i>	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac</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

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

<i>tretinoin cream 0.025%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	QL (60 gm / 30 days)
<i>zenatane</i>	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	
<i>ssd</i>	
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (90 gm / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)

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

<i>nystatin oint 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (60 gm / 30 days)
<i>nystop</i>	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	PA
<i>acitretin cap 17.5 mg</i>	PA
<i>acitretin cap 25 mg</i>	PA
<i>calcipotriene cream 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	QL (120 mL / 30 days), PA
<i>calcitrene</i>	QL (120 gm / 30 days), PA
ENSTILAR AER	NDS, QL (120 gm / 30 days), PA

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

*pellix sol 0.005%*QL (120 mL / 30 days), PA

*tazarotene cream 0.1%*QL (60 gm / 30 days), PA

*tazarotene cream 0.05%*QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

ala-cort

*alclometasone dipropionate
cream 0.05%*QL (60 gm / 30 days)

*alclometasone dipropionate
oint 0.05%*QL (60 gm / 30 days)

*betamethasone dipropionate
augmented cream 0.05%*QL (120 gm / 30 days)

*betamethasone dipropionate
augmented gel 0.05%*QL (120 gm / 30 days)

*betamethasone dipropionate
augmented lotion 0.05%*QL (120 mL / 30 days)

*betamethasone dipropionate
augmented oint 0.05%*QL (120 gm / 30 days)

*betamethasone dipropionate
cream 0.05%*QL (120 gm / 30 days)

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

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

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

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

mometasone furoate solution
0.1% (lotion)

triamcinolone acetonide cream QL (454 gm / 30
0.1% days)

triamcinolone acetonide cream QL (454 gm / 30
0.5% days)

triamcinolone acetonide cream QL (454 gm / 30
0.025% days)

triamcinolone acetonide lotion
0.1%

triamcinolone acetonide lotion
0.025%

triamcinolone acetonide oint
0.1%

triamcinolone acetonide oint
0.5%

triamcinolone acetonide oint
0.025%

triderm QL (454 gm / 30
days)

DERMATOLOGY, LOCAL ANESTHETICS

glydo QL (60 mL / 30
days), PA

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

<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)
EUCRISA OIN 2%	QL (120 gm / 30 days), PA

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

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

<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)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)
<i>DERMATOLOGY, WOUND CARE AGENTS</i>	
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>	
<i>MOUTH/THROAT/DENTAL AGENTS</i>	
<i>cevimeline hcl cap 30 mg</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	
<i>clotrimazole troche 10 mg</i>	QL (150 lozenges / 30 days)
<i>kourzeq</i>	
<i>lidocaine hcl viscous soln 2%</i>	
<i>nystatin susp 100000 unit/ml</i>	
<i>periogard</i>	
<i>pilocarpine hcl tab 5 mg</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	

D. Índice de medicamentos cubiertos

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

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



La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Index

A

abacavir sulfate soln 20 mg/ml (base equiv)..66
abacavir sulfate tab 300 mg (base equiv)66
abacavir sulfate-lamivudine tab 600-300 mg69
abigale.....275
abigale lo275
 ABILIFY ASIM INJ
 720MG 191
 ABILIFY ASIM INJ
 960MG 191
 ABILIFY MAIN INJ
 300MG 191
 ABILIFY MAIN INJ
 400MG 191
abiraterone acetate tab 250 mg93
abiraterone acetate tab 500 mg93
abirtega93
 ABRYSVO INJ 120MCG
 327
acamprosate calcium tab delayed release 333 mg..... 246

acarbose tab 100 mg249
acarbose tab 25 mg . 249
acarbose tab 50 mg . 249
 accutane 360
acebutolol hcl cap 200 mg 153
acebutolol hcl cap 400 mg 153
acetaminophen w/codeine soln 120-12 mg/5ml 52
acetaminophen w/codeine tab 300-15 mg 52
acetaminophen w/codeine tab 300-30 mg 52
acetaminophen w/codeine tab 300-60 mg 52
acetazolamide cap er 12hr 500 mg..... 160
acetazolamide tab 125 mg 160
acetazolamide tab 250 mg 160
acetic acid irrigation soln 0.25%..... 303

<i>acetic acid otic soln 2%</i>		ADEMPAS TAB 2.5MG	
.....	342	.....	167
<i>acetylcysteine inhal soln</i>		ADEMPAS TAB 2MG .	167
10%	350	ADMELOG INJ 100U/ML	
<i>acetylcysteine inhal soln</i>		.....	257
20%	350	ADMELOG SOLO INJ	
<i>acitretin cap 10 mg..</i>	364	100U/ML	257
<i>acitretin cap 17.5 mg</i>	364	ADVAIR HFA AER 115/21	
<i>acitretin cap 25 mg..</i>	364	.....	358
ACTHIB INJ.....	327	ADVAIR HFA AER 230/21	
ACTIMMUNE INJ		.....	358
2MU/0.5	324	ADVAIR HFA AER 45/21	
<i>acyclovir cap 200 mg .</i>	72	.....	358
<i>acyclovir sodium iv soln</i>		<i>afirmelle</i>	265
50 mg/ml	72	AIMOVIG INJ 140MG/ML	
<i>acyclovir susp 200</i>		.....	237
<i>mg/5ml</i>	72	AIMOVIG INJ 70MG/ML	
<i>acyclovir tab 400 mg..</i>	72	.....	237
<i>acyclovir tab 800 mg..</i>	72	AIRSUPRA AER 90-	
ADACEL INJ	327	80MCG	358
ADALIMU-BWWD INJ		AKEEGA TAB 100/500	93
40/0.4ML.....	313	AKEEGA TAB 50/500MG	
<i>adefovir dipivoxil tab 10</i>		.....	93
<i>mg.....</i>	72	<i>ala-cort</i>	365
ADEMPAS TAB 0.5MG		<i>albendazole tab 200 mg</i>	
.....	166	.....	56
ADEMPAS TAB 1.5MG		<i>albuterol sulfate inhal</i>	
.....	166	<i>aero 108 mcg/act</i>	
ADEMPAS TAB 1MG..	167	<i>(90mcg base equiv)</i>	348

*albuterol sulfate soln
 nebu 0.083% (2.5
 mg/3ml) 348*
*albuterol sulfate soln
 nebu 0.5% (5 mg/ml)
 348*
*albuterol sulfate soln
 nebu 0.63 mg/3ml
 (base equiv)..... 348*
*albuterol sulfate soln
 nebu 1.25 mg/3ml
 (base equiv)..... 348*
*albuterol sulfate syrup 2
 mg/5ml 349*
*albuterol sulfate tab 2
 mg..... 349*
*albuterol sulfate tab 4
 mg..... 349*
*alclometasone
 dipropionate cream
 0.05% 365*
*alclometasone
 dipropionate oint
 0.05% 365*
 ALCOHOL SWABS:
 EMBECTA-
 BD/MHC/RUGBY 258
 ALDURAZYME INJ
 2.9MG/5M..... 281

ALECENSA CAP 150MG
 103
*alendronate sodium oral
 soln 70 mg/75ml ... 262*
*alendronate sodium tab
 10 mg 262*
*alendronate sodium tab
 35 mg 262*
*alendronate sodium tab
 70 mg 262*
*alfuzosin hcl tab er 24hr
 10 mg 302*
*aliskiren fumarate tab
 150 mg (base
 equivalent) 162*
*aliskiren fumarate tab
 300 mg (base
 equivalent) 162*
allopurinol tab 100 mg46
allopurinol tab 300 mg46
*alosetron hcl tab 0.5 mg
 (base equiv) 297*
*alosetron hcl tab 1 mg
 (base equiv) 298*
*alprazolam tab 0.25 mg
 170*
*alprazolam tab 0.5 mg
 170*
alprazolam tab 1 mg 170
alprazolam tab 2 mg 170

<i>altavera</i>	265	<i>amantadine hcl cap 100</i>	
ALUNBRIG PAK.....	103	<i>mg</i>	186
ALUNBRIG TAB 180MG		<i>amantadine hcl soln 50</i>	
.....	103	<i>mg/5ml</i>	186
ALUNBRIG TAB 30MG		<i>amantadine hcl tab 100</i>	
.....	103	<i>mg</i>	187
ALUNBRIG TAB 90MG		<i>ambrisentan tab 10 mg</i>	
.....	103	.....	167
ALVAIZ TAB 18MG ...	310	<i>ambrisentan tab 5 mg</i>	
ALVAIZ TAB 36MG ...	310	.....	167
ALVAIZ TAB 54MG ...	311	<i>amethyst</i>	265
ALVAIZ TAB 9MG.....	310	<i>amikacin sulfate inj 1</i>	
ALVESCO AER 160MCG		<i>gm/4ml (250 mg/ml)</i>	56
.....	357	<i>amikacin sulfate inj 500</i>	
ALVESCO AER 80MCG		<i>mg/2ml (250 mg/ml)</i>	56
.....	357	<i>amiloride &</i>	
<i>alyacen 1/35</i>	265	<i>hydrochlorothiazide tab</i>	
<i>alyacen 7/7/7</i>	265	<i>5-50 mg</i>	160
ALYFTREK TAB 10-50-		<i>amiloride hcl tab 5 mg</i>	
125.....	350	.....	160
ALYFTREK TAB 4-20-50		<i>aminosyn ii soln 15%</i>	
.....	350	.....	335
ALYGLO INJ 10/100ML		AMINOSYN INJ 10%	335
.....	322	AMINOSYN-PF INJ 10%	
ALYGLO INJ 20/200ML		.....	336
.....	322	<i>amiodarone hcl inj 150</i>	
ALYGLO INJ 5GM/50ML		<i>mg/3ml (50 mg/ml)</i>	145
.....	322	<i>amiodarone hcl inj 450</i>	
<i>alyq</i>	167	<i>mg/9ml (50 mg/ml)</i>	145

<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	145	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	133
<i>amiodarone hcl tab 100 mg</i>	145	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	134
<i>amiodarone hcl tab 200 mg</i>	145	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	133
<i>amiodarone hcl tab 400 mg</i>	145	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	133
<i>amitriptyline hcl tab 10 mg</i>	174	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	133
<i>amitriptyline hcl tab 100 mg</i>	175	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	133
<i>amitriptyline hcl tab 150 mg</i>	175	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	139
<i>amitriptyline hcl tab 25 mg</i>	175	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	139
<i>amitriptyline hcl tab 50 mg</i>	175	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	139
<i>amitriptyline hcl tab 75 mg</i>	175	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	139
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	156		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	156		
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	156		

<i>amlodipine besylate-valsartan tab 10-160 mg</i>	139
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	139
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	139
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	139
<i>amnestem</i>	360
<i>amoxapine tab 100 mg</i>	176
<i>amoxapine tab 150 mg</i>	176
<i>amoxapine tab 25 mg</i>	175
<i>amoxapine tab 50 mg</i>	175
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	82
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	82
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	82
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	82
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	82
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	82
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	82
<i>amoxicillin (trihydrate) cap 250 mg</i>	83
<i>amoxicillin (trihydrate) cap 500 mg</i>	83
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	83
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	83
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	83
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	83
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	83
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	83
<i>amoxicillin (trihydrate) tab 500 mg</i>	83

<i>amoxicillin (trihydrate)</i>	
<i>tab 875 mg</i>	<i>83</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 10 mg .</i>	<i>230</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 15 mg .</i>	<i>230</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 20 mg .</i>	<i>230</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 25 mg .</i>	<i>230</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 30 mg .</i>	<i>230</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 5 mg ...</i>	<i>230</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 10 mg.....</i>	<i>231</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 12.5 mg</i>	<i>231</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 15 mg.....</i>	<i>231</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 20 mg.....</i>	<i>231</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 30 mg.....</i>	<i>231</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 5 mg</i>	<i>230</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 7.5 mg.....</i>	<i>231</i>
<i>amphotericin b for iv</i>	
<i>soln 50 mg</i>	<i>63</i>
<i>amphotericin b liposome</i>	
<i>iv for susp 50 mg.....</i>	<i>63</i>
<i>ampicillin & sulbactam</i>	
<i>sodium for inj 1.5 (1-</i>	
<i>0.5) gm.....</i>	<i>83</i>
<i>ampicillin & sulbactam</i>	
<i>sodium for inj 3 (2-1)</i>	
<i>gm</i>	<i>84</i>
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 1.5</i>	
<i>(1-0.5) gm</i>	<i>84</i>
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 15</i>	
<i>(10-5) gm</i>	<i>84</i>

<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....</i>	<i>84</i>	<i>aprepitant capsule 40 mg</i>	<i>290</i>
<i>ampicillin cap 500 mg</i>	<i>84</i>	<i>aprepitant capsule 80 mg</i>	<i>290</i>
<i>ampicillin sodium for inj 1 gm</i>	<i>84</i>	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	<i>291</i>
<i>ampicillin sodium for inj 2 gm</i>	<i>84</i>	<i>apri</i>	<i>265</i>
<i>ampicillin sodium for inj 250 mg</i>	<i>84</i>	<i>APTIOM TAB 200MG.</i>	<i>209</i>
<i>ampicillin sodium for inj 500 mg</i>	<i>84</i>	<i>APTIOM TAB 400MG.</i>	<i>209</i>
<i>ampicillin sodium for iv soln 1 gm</i>	<i>84</i>	<i>APTIOM TAB 600MG.</i>	<i>209</i>
<i>ampicillin sodium for iv soln 10 gm.....</i>	<i>84</i>	<i>APTIOM TAB 800MG.</i>	<i>209</i>
<i>ampicillin sodium for iv soln 2 gm</i>	<i>84</i>	<i>APTIVUS CAP 250MG .</i>	<i>66</i>
<i>anagrelide hcl cap 0.5 mg.....</i>	<i>311</i>	<i>ARALAST NP INJ 1000MG</i>	<i>350</i>
<i>anagrelide hcl cap 1 mg</i>	<i>311</i>	<i>ARALAST NP INJ 500MG</i>	<i>350</i>
<i>anastrozole tab 1 mg .</i>	<i>94</i>	<i>aranelle.....</i>	<i>265</i>
<i>ANORO ELLIPT AER 62.5-25</i>	<i>343</i>	<i>ARCALYST INJ 220MG</i>	<i>324</i>
<i>APIDRA INJ SOLOSTAR</i>	<i>258</i>	<i>AREXVY INJ 120MCG</i>	<i>327</i>
<i>APIDRA INJ U-100 ...</i>	<i>258</i>	<i>ARIKAYCE SUS.....</i>	<i>56</i>
<i>aprepitant capsule 125 mg.....</i>	<i>290</i>	<i>aripiprazole oral solution 1 mg/ml</i>	<i>191</i>
		<i>aripiprazole orally disintegrating tab 10 mg</i>	<i>192</i>
		<i>aripiprazole orally disintegrating tab 15 mg</i>	<i>192</i>

<i>aripiprazole tab 10 mg</i>		ARNUIITY ELPT INH	
.....	192	200MCG	357
<i>aripiprazole tab 15 mg</i>		ARNUIITY ELPT INH	
.....	192	50MCG	357
<i>aripiprazole tab 2 mg</i>	192	<i>asenapine maleate sl tab</i>	
<i>aripiprazole tab 20 mg</i>		10 mg (base equiv)	193
.....	192	<i>asenapine maleate sl tab</i>	
<i>aripiprazole tab 30 mg</i>		2.5 mg (base equiv)	
.....	192	.....	193
<i>aripiprazole tab 5 mg</i>	192	<i>asenapine maleate sl tab</i>	
ARISTADA INJ 1064MG		5 mg (base equiv) .	193
.....	193	<i>ashlyna</i>	265
ARISTADA INJ 441MG/1.		<i>aspirin-dipyridamole cap</i>	
.....	192	er 12hr 25-200 mg	312
ARISTADA INJ 662MG/2		ASTAGRAF XL CAP	
.....	192	0.5MG	324
ARISTADA INJ 882MG/3		ASTAGRAF XL CAP 1MG	
.....	193	.....	325
ARISTADA INJ INITIO		ASTAGRAF XL CAP 5MG	
.....	193	.....	325
<i>armodafinil tab 150 mg</i>		<i>atazanavir sulfate cap</i>	
.....	246	150 mg (base equiv)	66
<i>armodafinil tab 200 mg</i>		<i>atazanavir sulfate cap</i>	
.....	246	200 mg (base equiv)	66
<i>armodafinil tab 250 mg</i>		<i>atazanavir sulfate cap</i>	
.....	246	300 mg (base equiv)	66
<i>armodafinil tab 50 mg</i>		<i>atenolol & chlorthalidone</i>	
.....	245	tab 100-25 mg	152
ARNUIITY ELPT INH		<i>atenolol & chlorthalidone</i>	
100MCG	357	tab 50-25 mg	152

<i>atenolol tab 100 mg</i> .153	<i>atovaquone susp 750</i>
<i>atenolol tab 25 mg</i> ..153	<i>mg/5ml</i> .....56
<i>atenolol tab 50 mg</i> ..153	<i>atovaquone-proguanil</i>
<i>atomoxetine hcl cap 10</i>	<i>hcl tab 250-100 mg</i> .65
<i>mg (base equiv)</i> ....231	<i>atovaquone-proguanil</i>
<i>atomoxetine hcl cap 100</i>	<i>hcl tab 62.5-25 mg</i> ..65
<i>mg (base equiv)</i> ....232	ATROPINE SUL SOL 1%
<i>atomoxetine hcl cap 18</i>	OP .....342
<i>mg (base equiv)</i> ....231	<i>atropine sulfate ophth</i>
<i>atomoxetine hcl cap 25</i>	<i>soln 1%</i>.....342
<i>mg (base equiv)</i> ....231	ATROVENT HFA AER
<i>atomoxetine hcl cap 40</i>	17MCG .....344
<i>mg (base equiv)</i> ....231	<i>aubra eq</i> .....265
<i>atomoxetine hcl cap 60</i>	AUGTYRO CAP 160MG
<i>mg (base equiv)</i> ....232	104
<i>atomoxetine hcl cap 80</i>	AUGTYRO CAP 40MG 103
<i>mg (base equiv)</i> ....232	<i>aurovela 1/20</i> .....265
<i>atorvastatin calcium tab</i>	<i>aurovela 24 fe</i>.....265
<i>10 mg (base</i>	<i>aurovela fe 1.5/30</i> ...265
<i>equivalent)</i> .....148	<i>aurovela fe 1/20</i>.....266
<i>atorvastatin calcium tab</i>	AUSTEDO TAB 12MG 240
<i>20 mg (base</i>	AUSTEDO TAB 6MG .240
<i>equivalent)</i> .....148	AUSTEDO TAB 9MG .240
<i>atorvastatin calcium tab</i>	AUSTEDO XR TAB 12MG
<i>40 mg (base</i>	240
<i>equivalent)</i> .....148	AUSTEDO XR TAB 18MG
<i>atorvastatin calcium tab</i>	240
<i>80 mg (base</i>	AUSTEDO XR TAB 24MG
<i>equivalent)</i> .....148	240

AUSTEDO XR TAB 30MG
 240
 AUSTEDO XR TAB 36MG
 241
 AUSTEDO XR TAB 42MG
 241
 AUSTEDO XR TAB 48MG
 241
 AUSTEDO XR TAB 6MG
 240
 AUSTEDO XR TAB TITR
 KIT 241
 AUVELITY TAB 45-
 105MG 176
 AUVELITY TAB TITRATIO
 176
aviane 266
 AVMAPKI PAK FAKZYNJA
 104
ayuna 266
 AYVAKIT TAB 100MG 104
 AYVAKIT TAB 200MG 104
 AYVAKIT TAB 25MG . 104
 AYVAKIT TAB 300MG 104
 AYVAKIT TAB 50MG . 104
azacitidine for inj 100
mg 90
azathioprine tab 50 mg
 325

azelastine hcl nasal
spray 0.1% (137
mcg/spray) 345
azelastine hcl ophth soln
0.05% 340
azithromycin for susp
100 mg/5ml 79
azithromycin for susp
200 mg/5ml 79
azithromycin iv for soln
500 mg 79
azithromycin tab 250 mg
 79
azithromycin tab 500 mg
 79
azithromycin tab 600 mg
 79
aztreonam for inj 1 gm
 56
aztreonam for inj 2 gm
 56
azurette 266
B
bacitracin-polymyxin b
ophth oint 338
bacitracin-polymyxin-
neomycin-hc ophth oint
1% 337
baclofen tab 10 mg.. 243
baclofen tab 20 mg.. 244

<i>baclofen tab 5 mg....</i>	243	<i>benazepril hcl tab 10 mg</i>	
BAFIERTAM CAP 95MG		.....	135
.....	242	<i>benazepril hcl tab 20 mg</i>	
<i>balsalazide disodium cap</i>		.....	135
750 mg	296	<i>benazepril hcl tab 40 mg</i>	
BALVERSA TAB 3MG	104	.....	136
BALVERSA TAB 4MG	104	<i>benazepril hcl tab 5 mg</i>	
BALVERSA TAB 5MG	104	.....	135
<i>balziva</i>	266	BENDAMUSTINE SOL	
BAQSIMI ONE POW		100/4ML.....	88
3MG/DOSE.....	281	BENDEKA INJ 100/4ML	
BAQSIMI TWO POW		.....	88
3MG/DOSE.....	281	BENLYSTA INJ 120MG	
BARACLUDE SOL	72	.....	325
BASAGLAR KWP INJ		BENLYSTA INJ	
100/ML.....	258	200MG/ML.....	325
BCG VACCINE INJ 50MG		BENLYSTA INJ 400MG	
.....	327	.....	325
<i>benazepril &</i>		<i>benzoyl peroxide-</i>	
<i>hydrochlorothiazide tab</i>		<i>erythromycin gel 5-3%</i>	
<i>10-12.5 mg.....</i>	134	.....	360
<i>benazepril &</i>		<i>benztropine mesylate inj</i>	
<i>hydrochlorothiazide tab</i>		<i>1 mg/ml</i>	187
<i>20-12.5 mg.....</i>	134	<i>benztropine mesylate</i>	
<i>benazepril &</i>		<i>tab 0.5 mg.....</i>	187
<i>hydrochlorothiazide tab</i>		<i>benztropine mesylate</i>	
<i>20-25 mg</i>	134	<i>tab 1 mg</i>	187
<i>benazepril &</i>		<i>benztropine mesylate</i>	
<i>hydrochlorothiazide tab</i>		<i>tab 2 mg</i>	187
<i>5-6.25mg</i>	134		

BERINERT INJ 500UNIT	
.....	311
<i>besifloxacin hcl ophth</i>	
<i>susp 0.6% (base equiv)</i>	
.....	338
BESIVANCE SUS 0.6%	
.....	338
BESREMI SOL 500MCG	
.....	99
<i>betaine powder for oral</i>	
<i>solution</i>	281
<i>betamethasone</i>	
<i>dipropionate</i>	
<i>augmented cream</i>	
<i>0.05%</i>	365
<i>betamethasone</i>	
<i>dipropionate</i>	
<i>augmented gel 0.05%</i>	
.....	365
<i>betamethasone</i>	
<i>dipropionate</i>	
<i>augmented lotion</i>	
<i>0.05%</i>	365
<i>betamethasone</i>	
<i>dipropionate</i>	
<i>augmented oint 0.05%</i>	
.....	365
<i>betamethasone</i>	
<i>dipropionate cream</i>	
<i>0.05%</i>	365
<i>betamethasone</i>	
<i>dipropionate lotion</i>	
<i>0.05%</i>	366
<i>betamethasone</i>	
<i>dipropionate oint</i>	
<i>0.05%</i>	366
<i>betamethasone valerate</i>	
<i>cream 0.1% (base</i>	
<i>equivalent)</i>	366
<i>betamethasone valerate</i>	
<i>lotion 0.1% (base</i>	
<i>equivalent)</i>	366
<i>betamethasone valerate</i>	
<i>oint 0.1% (base</i>	
<i>equivalent)</i>	366
BETASERON INJ 0.3MG	
.....	242
<i>betaxolol hcl ophth soln</i>	
<i>0.5%</i>	341
<i>betaxolol hcl tab 10 mg</i>	
.....	153
<i>betaxolol hcl tab 20 mg</i>	
.....	153
<i>bethanechol chloride tab</i>	
<i>10 mg</i>	303
<i>bethanechol chloride tab</i>	
<i>25 mg</i>	303
<i>bethanechol chloride tab</i>	
<i>5 mg</i>	303

<i>bethanechol chloride tab</i>		
50 mg	303	
BEVESPI AER 9-4.8MCG		
.....	343	
<i>bexarotene cap 75 mg</i>	99	
<i>bexarotene gel 1% ..</i>	370	
BEXSERO INJ	327	
<i>bicalutamide tab 50 mg</i>		
.....	94	
BICILLIN L-A INJ		
1200000.....	84	
BICILLIN L-A INJ		
2400000.....	85	
BICILLIN L-A INJ		
600000	84	
BIKTARVY TAB 30-120-		
15 MG	69	
BIKTARVY TAB 50-200-		
25 MG	69	
BILDYOS INJ 60MG/ML		
.....	262	
BIMZELX INJ 160MG/ML		
.....	313, 314	
BIMZELX INJ 320MG/2		
.....	314	
<i>bisoprolol &</i>		
<i>hydrochlorothiazide tab</i>		
10-6.25 mg.....	152	
<i>bisoprolol &</i>		
<i>hydrochlorothiazide tab</i>		
5-6.25 mg	152	
<i>bisoprolol fumarate tab</i>		
10 mg	153	
<i>bisoprolol fumarate tab</i>		
5 mg.....	153	
BIVIGAM INJ 10% ...	322	
<i>blisovi 24 fe</i>	266	
<i>blisovi fe 1.5/30</i>	266	
<i>blisovi fe 1/20</i>	266	
BLUJEPa TAB 750MG .	56	
BONSITY INJ 560/2.24		
.....	262	
BOOSTRIX INJ	327	
<i>bortezomib for inj 3.5</i>		
<i>mg</i>	104	
BORTEZOMIB INJ 1MG		
.....	104	
BORTEZOMIB INJ 2.5MG		
.....	105	
<i>bosentan tab 125 mg</i>		
.....	167	
<i>bosentan tab 62.5 mg</i>		
.....	167	
<i>bosentan tab for oral</i>		
<i>susp 32 mg</i>	167	

BOSULIF CAP 100MG	105	<i>brivaracetam oral soln</i>	
BOSULIF CAP 50MG	. 105	10 mg/ml	209
BOSULIF TAB 100MG	105	<i>brivaracetam tab 10 mg</i>	
BOSULIF TAB 400MG	105	.....	209
BOSULIF TAB 500MG	105	<i>brivaracetam tab 100</i>	
<i>bosutinib tab 100 mg</i>	105	mg	210
<i>bosutinib tab 400 mg</i>	105	<i>brivaracetam tab 25 mg</i>	
<i>bosutinib tab 500 mg</i>	105	.....	209
BRAFTOVI CAP 75MG	106	<i>brivaracetam tab 50 mg</i>	
BREO ELLIPTA INH 100-		.....	210
25	359	<i>brivaracetam tab 75 mg</i>	
BREO ELLIPTA INH 200-		.....	210
25	359	BRIVIACT SOL 10MG/ML	
BREO ELLIPTA INH 50-		.....	210
25MCG	358	BRIVIACT TAB 100MG	
<i>breyana</i>	359	.....	210
BREZTRI AERO AER		BRIVIACT TAB 10MG	210
18MCG	344	BRIVIACT TAB 25MG	210
BREZTRI AERO AER		BRIVIACT TAB 50MG	210
9MCG	343	BRIVIACT TAB 75MG	210
BREZTRI AERO AER		<i>bromocriptine mesylate</i>	
SPHERE		cap 5 mg (base	
(INSTITUTIONAL PACK)		equivalent)	187
.....	344	<i>bromocriptine mesylate</i>	
<i>briellyn</i>	266	tab 2.5 mg (base	
<i>brimonidine tartrate</i>		equivalent)	187
ophth soln 0.2%	341	BRUKINSA CAP 80MG	
<i>brinzolamide ophth susp</i>		.....	106
1%	341	BRUKINSA TAB 160MG	
		.....	106

<i>budesonide delayed release particles cap 3 mg.....</i>	<i>296</i>	<i>buprenorphine hcl- naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	<i>246</i>
<i>budesonide inhalation susp 0.25 mg/2ml..</i>	<i>358</i>	<i>buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv)</i>	<i>247</i>
<i>budesonide inhalation susp 0.5 mg/2ml ...</i>	<i>358</i>	<i>buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv)</i>	<i>247</i>
<i>budesonide tab er 24hr 9 mg</i>	<i>296</i>	<i>buprenorphine hcl- naloxone hcl sl tab 2- 0.5 mg (base equiv)</i>	<i>247</i>
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act....</i>	<i>359</i>	<i>buprenorphine hcl- naloxone hcl sl tab 8-2 mg (base equiv)</i>	<i>247</i>
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	<i>359</i>	<i>buprenorphine td patch weekly 10 mcg/hr....</i>	<i>49</i>
<i>bumetanide inj 0.25 mg/ml</i>	<i>160</i>	<i>buprenorphine td patch weekly 15 mcg/hr....</i>	<i>49</i>
<i>bumetanide tab 0.5 mg</i>	<i>160</i>	<i>buprenorphine td patch weekly 20 mcg/hr....</i>	<i>49</i>
<i>bumetanide tab 1 mg</i>	<i>160</i>	<i>buprenorphine td patch weekly 5 mcg/hr.....</i>	<i>49</i>
<i>bumetanide tab 2 mg</i>	<i>160</i>	<i>buprenorphine td patch weekly 7.5 mcg/hr... </i>	<i>49</i>
<i>buprenorphine hcl sl tab 2 mg (base equiv) .</i>	<i>246</i>	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	<i>247</i>
<i>buprenorphine hcl sl tab 8 mg (base equiv) .</i>	<i>246</i>		
<i>buprenorphine hcl- naloxone hcl sl film 12- 3 mg (base equiv) .</i>	<i>247</i>		

<i>bupropion hcl tab 100</i>	
<i>mg</i>	176
<i>bupropion hcl tab 75 mg</i>	
.....	176
<i>bupropion hcl tab er</i>	
<i>12hr 100 mg</i>	176
<i>bupropion hcl tab er</i>	
<i>12hr 150 mg</i>	176
<i>bupropion hcl tab er</i>	
<i>12hr 200 mg</i>	176
<i>bupropion hcl tab er</i>	
<i>24hr 150 mg</i>	176
<i>bupropion hcl tab er</i>	
<i>24hr 300 mg</i>	176
<i>buspirone hcl tab 10 mg</i>	
.....	170
<i>buspirone hcl tab 15 mg</i>	
.....	170
<i>buspirone hcl tab 30 mg</i>	
.....	170
<i>buspirone hcl tab 5 mg</i>	
.....	170
<i>buspirone hcl tab 7.5 mg</i>	
.....	170
<i>butorphanol tartrate inj</i>	
<i>1 mg/ml</i>	52
<i>butorphanol tartrate inj</i>	
<i>2 mg/ml</i>	53
BYSANTI TAB 10MG .	194
BYSANTI TAB 12MG .	194
BYSANTI TAB 1MG...	193
BYSANTI TAB 2MG...	193
BYSANTI TAB 4MG...	193
BYSANTI TAB 6MG...	193
BYSANTI TAB 8MG...	193
BYSANTI TAB PACK A	
.....	194
BYSANTI TAB PACK B	
.....	194
BYSANTI TAB PACK C	
.....	194
C	
<i>cabergoline tab 0.5 mg</i>	
.....	281
CABOMETYX TAB 20MG	
.....	106
CABOMETYX TAB 40MG	
.....	106
CABOMETYX TAB 60MG	
.....	106
<i>calcipotriene cream</i>	
<i>0.005%</i>	364
<i>calcipotriene oint</i>	
<i>0.005%</i>	364
<i>calcipotriene soln</i>	
<i>0.005% (50 mcg/ml)</i>	
.....	364
<i>calcitonin (salmon)</i>	
<i>spray</i>	263
<i>calcitrene</i>	364

<i>calcitriol (oral)</i>	290
<i>calcitriol cap 0.25 mcg</i>	290
<i>calcitriol cap 0.5 mcg</i>	290
CALQUENCE TAB 100MG	106
<i>camila</i>	266
<i>camrese</i>	266
<i>camrese lo</i>	266
<i>candesartan cilexetil tab</i> 16 mg	144
<i>candesartan cilexetil tab</i> 32 mg	144
<i>candesartan cilexetil tab</i> 4 mg	143
<i>candesartan cilexetil tab</i> 8 mg	143
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> 16-12.5 mg	140
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> 32-12.5 mg	140
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> 32-25 mg	140
CAPLYTA CAP 10.5MG	194
CAPLYTA CAP 21MG .	194
CAPLYTA CAP 42MG .	194
CAPRELSA TAB 100MG	106
CAPRELSA TAB 300MG	106
<i>captopril &</i> <i>hydrochlorothiazide tab</i> 25-15 mg	134
<i>captopril &</i> <i>hydrochlorothiazide tab</i> 25-25 mg	134
<i>captopril &</i> <i>hydrochlorothiazide tab</i> 50-15 mg	134
<i>captopril &</i> <i>hydrochlorothiazide tab</i> 50-25 mg	134
<i>captopril tab 100 mg</i>	136
<i>captopril tab 12.5 mg</i>	136
<i>captopril tab 25 mg .</i>	136
<i>captopril tab 50 mg .</i>	136
<i>carb/levo orally</i> <i>disintegrating tab 10-</i> <i>100mg</i>	187
<i>carb/levo orally</i> <i>disintegrating tab 25-</i> <i>100mg</i>	187
<i>carb/levo orally</i> <i>disintegrating tab 25-</i> <i>250mg</i>	187

<i>carbamazepine cap er</i>	
12hr 100 mg	210
<i>carbamazepine cap er</i>	
12hr 200 mg	210
<i>carbamazepine cap er</i>	
12hr 300 mg	211
<i>carbamazepine chew tab</i>	
100 mg	211
<i>carbamazepine chew tab</i>	
200 mg	211
<i>carbamazepine susp 100</i>	
mg/5ml	211
<i>carbamazepine tab 200</i>	
mg.....	211
<i>carbamazepine tab er</i>	
12hr 100 mg	211
<i>carbamazepine tab er</i>	
12hr 200 mg	211
<i>carbamazepine tab er</i>	
12hr 400 mg	211
<i>carbidopa & levodopa</i>	
tab 10-100 mg	188
<i>carbidopa & levodopa</i>	
tab 25-100 mg	188
<i>carbidopa & levodopa</i>	
tab 25-250 mg	188
<i>carbidopa & levodopa</i>	
tab er 25-100 mg ..	188
<i>carbidopa & levodopa</i>	
tab er 50-200 mg ..	188
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 12.5-</i>	
<i>50-200 mg</i>	188
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 18.75-</i>	
<i>75-200 mg</i>	188
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 25-</i>	
<i>100-200 mg.....</i>	188
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 31.25-</i>	
<i>125-200 mg.....</i>	188
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 37.5-</i>	
<i>150-200 mg.....</i>	189
<i>carbidopa-levodopa-</i>	
<i>entacapone tabs 50-</i>	
<i>200-200 mg.....</i>	189
<i>carboplatin iv soln 150</i>	
<i>mg/15ml</i>	88
<i>carboplatin iv soln 450</i>	
<i>mg/45ml</i>	88
<i>carboplatin iv soln 50</i>	
<i>mg/5ml</i>	88
<i>carboplatin iv soln 600</i>	
<i>mg/60ml</i>	88
<i>carglumic acid soluble</i>	
<i>tab 200 mg.....</i>	281
<i>carisoprodol tab 350 mg</i>	
<i>.....</i>	244

<i>carteolol hcl ophth soln</i>		
1%	341	
<i>cartia xt</i>	156	
<i>carvedilol tab 12.5 mg</i>		
.....	153	
<i>carvedilol tab 25 mg</i>	153	
<i>carvedilol tab 3.125 mg</i>		
.....	153	
<i>carvedilol tab 6.25 mg</i>		
.....	153	
<i>caspofungin acetate for</i>		
<i>iv soln 50 mg</i>	63	
<i>caspofungin acetate for</i>		
<i>iv soln 70 mg</i>	63	
CAYSTON INH 75MG ..	56	
<i>cefaclor cap 250 mg</i> ...	75	
<i>cefaclor cap 500 mg</i> ...	75	
<i>cefadroxil cap 500 mg</i>	75	
<i>cefadroxil for susp 250</i>		
<i>mg/5ml</i>	75	
<i>cefadroxil for susp 500</i>		
<i>mg/5ml</i>	75	
CEFAZOLIN INJ		
1GM/50ML	75	
CEFAZOLIN INJ 2GM ..	75	
CEFAZOLIN INJ 3GM ..	75	
<i>cefazolin sodium for inj</i>		
1 gm	75	
<i>cefazolin sodium for inj</i>		
10 gm	75	
<i>cefazolin sodium for inj</i>		
2 gm	75	
<i>cefazolin sodium for inj</i>		
3 gm	75	
<i>cefazolin sodium for inj</i>		
500 mg	75	
<i>cefazolin sodium for iv</i>		
<i>soln 1 gm</i>	75	
CEFAZOLIN SOLN		
2GM/100ML-4%	75	
CEFAZOLIN/DEX SOL		
1GM/50ML-4%	76	
CEFAZOLIN/DEX SOL		
2GM/50ML-3%	76	
CEFAZOLIN/DEX SOL		
3GM/150ML-4%	76	
CEFAZOLIN/DEX SOL		
3GM/50ML-2%	76	
<i>cefdinir cap 300 mg</i> ...	76	
<i>cefdinir for susp 125</i>		
<i>mg/5ml</i>	76	
<i>cefdinir for susp 250</i>		
<i>mg/5ml</i>	76	
<i>cefepime hcl for inj 1 gm</i>		
.....	76	
<i>cefepime hcl for iv soln 2</i>		
<i>gm</i>	76	
<i>cefixime cap 400 mg</i> ..	76	
<i>cefixime for susp 100</i>		
<i>mg/5ml</i>	76	

<i>cefixime for susp 200 mg/5ml</i>	<i>76</i>	<i>ceftazidime for inj 1 gm</i>	<i>77</i>
<i>cefotetan disodium for inj 1 gm</i>	<i>76</i>	<i>ceftazidime for inj 6 gm</i>	<i>77</i>
<i>cefotetan disodium for inj 2 gm</i>	<i>76</i>	<i>ceftazidime for iv soln 2 gm</i>	<i>77</i>
<i>cefoxitin sodium for iv soln 1 gm</i>	<i>76</i>	<i>ceftriaxone sodium for inj 1 gm</i>	<i>78</i>
<i>cefoxitin sodium for iv soln 10 gm.....</i>	<i>77</i>	<i>ceftriaxone sodium for inj 10 gm.....</i>	<i>78</i>
<i>cefoxitin sodium for iv soln 2 gm</i>	<i>77</i>	<i>ceftriaxone sodium for inj 2 gm</i>	<i>78</i>
<i>cefpodoxime proxetil for susp 100 mg/5ml.....</i>	<i>77</i>	<i>ceftriaxone sodium for inj 250 mg.....</i>	<i>78</i>
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	<i>77</i>	<i>ceftriaxone sodium for inj 500 mg.....</i>	<i>78</i>
<i>cefpodoxime proxetil tab 100 mg</i>	<i>77</i>	<i>ceftriaxone sodium for iv soln 1 gm</i>	<i>78</i>
<i>cefpodoxime proxetil tab 200 mg</i>	<i>77</i>	<i>ceftriaxone sodium for iv soln 2 gm</i>	<i>78</i>
<i>cefprozil for susp 125 mg/5ml</i>	<i>77</i>	<i>cefuroxime axetil tab 250 mg</i>	<i>78</i>
<i>cefprozil for susp 250 mg/5ml</i>	<i>77</i>	<i>cefuroxime axetil tab 500 mg</i>	<i>78</i>
<i>cefprozil tab 250 mg ..</i>	<i>77</i>	<i>cefuroxime sodium for inj 750 mg.....</i>	<i>78</i>
<i>cefprozil tab 500 mg ..</i>	<i>77</i>	<i>cefuroxime sodium for iv soln 1.5 gm</i>	<i>78</i>
<i>ceftaroline fosamil for iv soln 400 mg.....</i>	<i>77</i>	<i>celecoxib cap 100 mg.</i>	<i>47</i>
<i>ceftaroline fosamil for iv soln 600 mg.....</i>	<i>77</i>	<i>celecoxib cap 200 mg.</i>	<i>47</i>

<i>celecoxib cap 400 mg.</i>	47	<i>chateal eq</i>	266
<i>celecoxib cap 50 mg ..</i>	47	CHEMET CAP 100MG	264
<i>cephalexin cap 250 mg</i>		<i>chlorhexidine gluconate</i>	
<i>.....</i>	78	<i>soln 0.12%</i>	373
<i>cephalexin cap 500 mg</i>		<i>chloroquine phosphate</i>	
<i>.....</i>	78	<i>tab 250 mg.....</i>	65
<i>cephalexin for susp 125</i>		<i>chloroquine phosphate</i>	
<i>mg/5ml</i>	79	<i>tab 500 mg.....</i>	65
<i>cephalexin for susp 250</i>		<i>chlorpromazine hcl conc</i>	
<i>mg/5ml</i>	79	<i>100 mg/ml.....</i>	194
CEQUR EXT WR MIS		<i>chlorpromazine hcl conc</i>	
INSERTER.....	258	<i>30 mg/ml</i>	194
CEQUR SIMPL KIT 1U		<i>chlorpromazine hcl inj</i>	
EXTND	258	<i>25 mg/ml</i>	194
CEQUR SIMPL KIT 2U		<i>chlorpromazine hcl inj</i>	
EXTND	258	<i>50 mg/2ml.....</i>	195
CEQUR SIMPL KIT		<i>chlorpromazine hcl tab</i>	
PATCH 2U (3-DAY).	258	<i>10 mg</i>	195
CEQUR SIMPL KIT		<i>chlorpromazine hcl tab</i>	
PATCH 2U (4-DAY).	258	<i>100 mg</i>	195
CEQUR SIMPL MIS		<i>chlorpromazine hcl tab</i>	
INSERTER.....	258	<i>200 mg</i>	195
CERDELGA CAP 84MG		<i>chlorpromazine hcl tab</i>	
<i>.....</i>	282	<i>25 mg</i>	195
CEREZYME INJ 400UNIT		<i>chlorpromazine hcl tab</i>	
<i>.....</i>	282	<i>50 mg</i>	195
<i>cetirizine hcl oral soln 1</i>		<i>chlorthalidone tab 25 mg</i>	
<i>mg/ml (5 mg/5ml). </i>	345	<i>.....</i>	160
<i>cevimeline hcl cap 30</i>		<i>chlorthalidone tab 50 mg</i>	
<i>mg.....</i>	373	<i>.....</i>	161

<i>cholestyramine light powder 4 gm/dose .</i>	<i>150</i>	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	<i>338</i>
<i>cholestyramine light powder packets 4 gm</i>	<i>150</i>	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	<i>81</i>
<i>cholestyramine powder 4 gm/dose</i>	<i>150</i>	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	<i>81</i>
<i>cholestyramine powder packets 4 gm</i>	<i>150</i>	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	<i>81</i>
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	<i>362</i>	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	<i>343</i>
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	<i>363</i>	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	<i>88</i>
<i>ciclopirox shampoo 1%</i>	<i>363</i>	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	<i>89</i>
<i>cilostazol tab 100 mg</i>	<i>311</i>	<i>cisplatin inj 50 mg/50ml (1 mg/ml).....</i>	<i>88</i>
<i>cilostazol tab 50 mg.</i>	<i>311</i>	<i>cialopram hydrobromide oral soln 10 mg/5ml</i>	<i>177</i>
<i>CILOXAN OIN 0.3% OP</i>	<i>338</i>	<i>cialopram hydrobromide tab 10 mg (base equiv)</i>	<i>177</i>
<i>CIMDUO TAB 300-300</i>	<i>69</i>	<i>cialopram hydrobromide tab 20 mg (base equiv)</i>	<i>177</i>
<i>cinacalcet hcl tab 30 mg (base equiv).....</i>	<i>282</i>	<i>cialopram hydrobromide tab 40 mg (base equiv)</i>	<i>177</i>
<i>cinacalcet hcl tab 60 mg (base equiv).....</i>	<i>282</i>		
<i>cinacalcet hcl tab 90 mg (base equiv).....</i>	<i>282</i>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	<i>81</i>		
<i>ciprofloxacin 400 mg/200ml in d5w</i>	<i>81</i>		

<i>claravis</i>	360	<i>clindamycin phosphate</i>	
<i>clarithromycin for susp</i>		<i>in d5w iv soln 900</i>	
125 mg/5ml	79	mg/50ml	57
<i>clarithromycin for susp</i>		<i>clindamycin phosphate</i>	
250 mg/5ml	79	<i>inj 300 mg/2ml</i>	57
<i>clarithromycin tab 250</i>		<i>clindamycin phosphate</i>	
mg.....	79	<i>inj 600 mg/4ml</i>	57
<i>clarithromycin tab 500</i>		<i>clindamycin phosphate</i>	
mg.....	80	<i>inj 900 mg/6ml</i>	57
<i>clarithromycin tab er</i>		<i>clindamycin phosphate</i>	
24hr 500 mg	80	<i>lotion 1%</i>	361
<i>clindamycin hcl cap 150</i>		<i>clindamycin phosphate</i>	
mg.....	57	<i>soln 1%</i>	361
<i>clindamycin hcl cap 300</i>		<i>clindamycin phosphate</i>	
mg.....	57	<i>vaginal cream 2%..</i>	306
<i>clindamycin hcl cap 75</i>		<i>clindamycin phosph-</i>	
mg.....	56	<i>benzoyl peroxide</i>	
<i>clindamycin palmitate</i>		<i>(refrig) gel 1.2 (1)-5%</i>	
<i>hcl for soln 75 mg/5ml</i>		.....	360
<i>(base equiv)</i>	57	CLINDMYC/NAC INJ	
<i>clindamycin phosphate</i>		300/50ML.....	57
<i>gel 1% (once-daily)</i>	360	CLINDMYC/NAC INJ	
<i>clindamycin phosphate</i>		600/50ML.....	57
<i>in d5w iv soln 300</i>		CLINDMYC/NAC INJ	
<i>mg/50ml</i>	57	900/50ML.....	57
<i>clindamycin phosphate</i>		CLINIMIX INJ 4.25/D10	
<i>in d5w iv soln 600</i>		.....	336
<i>mg/50ml</i>	57	CLINIMIX INJ 4.25/D5W	
		.....	336

CLINIMIX INJ 5%/D15W	336	<i>clomipramine hcl cap 50 mg</i>	177
CLINIMIX INJ 5%/D20W	336	<i>clomipramine hcl cap 75 mg</i>	177
CLINIMIX INJ 6/5	336	<i>clonazepam orally disintegrating tab</i> 0.125 mg	212
CLINIMIX INJ 8/10...	336	<i>clonazepam orally disintegrating tab 0.25 mg</i>	212
CLINIMIX INJ 8/14...	336	<i>clonazepam orally disintegrating tab 0.5 mg</i>	211
<i>clinisol sf 15%</i>	336	<i>clonazepam orally disintegrating tab 1 mg</i>	212
CLINOLIPID EMU 20%	336	<i>clonazepam orally disintegrating tab 2 mg</i>	212
<i>clobazam suspension 2.5 mg/ml</i>	211	<i>clonazepam tab 0.5 mg</i>	212
<i>clobazam tab 10 mg</i>	211	<i>clonazepam tab 1 mg</i>	212
<i>clobazam tab 20 mg</i>	211	<i>clonazepam tab 2 mg</i>	212
<i>clobetasol propionate cream 0.05%</i>	366	<i>clonidine hcl tab 0.1 mg</i>	162
<i>clobetasol propionate e</i>	366	<i>clonidine hcl tab 0.2 mg</i>	162
<i>clobetasol propionate gel 0.05%</i>	366		
<i>clobetasol propionate oint 0.05%</i>	366		
<i>clobetasol propionate shampoo 0.05%</i>	366		
<i>clobetasol propionate soln 0.05%</i>	366		
<i>clodan</i>	367		
<i>clomipramine hcl cap 25 mg</i>	177		

<i>clonidine hcl tab 0.3 mg</i>	162
<i>clonidine td patch</i> <i>weekly 0.1 mg/24hr</i>	162
<i>clonidine td patch</i> <i>weekly 0.2 mg/24hr</i>	163
<i>clonidine td patch</i> <i>weekly 0.3 mg/24hr</i>	163
<i>clopidogrel bisulfate tab</i> <i>75 mg (base equiv)</i>	312
<i>clorazepate dipotassium</i> <i>tab 15 mg</i>	213
<i>clorazepate dipotassium</i> <i>tab 3.75 mg</i>	212
<i>clorazepate dipotassium</i> <i>tab 7.5 mg</i>	212
<i>clotrimazole cream 1%</i>	363
<i>clotrimazole soln 1%</i>	363
<i>clotrimazole troche 10</i> <i>mg</i>	373
<i>clotrimazole w/</i> <i>betamethasone cream</i> <i>1-0.05%</i>	363
<i>clozapine orally</i> <i>disintegrating tab 100</i> <i>mg</i>	195
<i>clozapine orally</i> <i>disintegrating tab 12.5</i> <i>mg</i>	195
<i>clozapine orally</i> <i>disintegrating tab 150</i> <i>mg</i>	195
<i>clozapine orally</i> <i>disintegrating tab 200</i> <i>mg</i>	195
<i>clozapine orally</i> <i>disintegrating tab 25</i> <i>mg</i>	195
<i>clozapine tab 100 mg</i>	195
<i>clozapine tab 200 mg</i>	195
<i>clozapine tab 25 mg</i>	195
<i>clozapine tab 50 mg</i>	195
<i>COARTEM TAB 20-</i> <i>120MG</i>	65
<i>COBENFY CAP 100-20MG</i>	196
<i>COBENFY CAP 125-30MG</i>	196
<i>COBENFY CAP 50-20MG</i>	196
<i>COBENFY STRT CAP</i> <i>PACK</i>	196
<i>colchicine tab 0.6 mg</i>	.46

<i>colchicine w/ probenecid</i>	
<i>tab 0.5-500 mg</i>	46
<i>colesevelam hcl packet</i>	
<i>for susp 3.75 gm ...</i>	150
<i>colesevelam hcl tab 625</i>	
<i>mg.....</i>	150
<i>colestipol hcl granule</i>	
<i>packets 5 gm</i>	150
<i>colestipol hcl granules 5</i>	
<i>gm.....</i>	150
<i>colestipol hcl tab 1 gm</i>	
<i>.....</i>	150
<i>colistimethate sod for inj</i>	
<i>150 mg (colistin base</i>	
<i>activity).....</i>	57
COMBIGAN SOL	
0.2/0.5%.....	341
COMBIVENT AER 20-100	
.....	344
COMETRIQ (60MG	
DOSE).....	106
COMETRIQ KIT 100MG	
.....	107
COMETRIQ KIT 140MG	
.....	107
<i>compro</i>	291
<i>constulose</i>	297
COPAXONE INJ	
20MG/ML.....	242
COPAXONE INJ	
40MG/ML.....	242
COPIKTRA CAP 15MG	107
COPIKTRA CAP 25MG	107
CORLANOR SOL	
5MG/5ML.....	163
COTELLIC TAB 20MG	107
CREON CAP 12000UNT	
.....	298
CREON CAP 24000UNT	
.....	298
CREON CAP 3000UNIT	
.....	298
CREON CAP 36000UNT	
.....	298
CREON CAP 6000UNIT	
.....	298
CRESEMBA CAP 186MG	
.....	63
CRESEMBA CAP 74.5MG	
.....	63
<i>cromolyn sodium ophth</i>	
<i>soln 4%.....</i>	340
<i>cromolyn sodium oral</i>	
<i>conc 100 mg/5ml...</i>	298
<i>cromolyn sodium soln</i>	
<i>nebu 20 mg/2ml....</i>	351
<i>cryselle</i>	266
<i>cyclobenzaprine hcl tab</i>	
<i>10 mg</i>	244

<i>cyclobenzaprine hcl tab</i>		
5 mg	244	
CYCLOPHOSPH INJ		
1000MG.....	89	
CYCLOPHOSPH INJ		
1GM/2ML.....	89	
CYCLOPHOSPH INJ		
1GM/5ML.....	89	
CYCLOPHOSPH INJ		
2000MG.....	89	
CYCLOPHOSPH INJ		
2GM/4ML.....	89	
CYCLOPHOSPH INJ		
500/5ML.....	89	
CYCLOPHOSPH INJ		
500MG/ML	89	
CYCLOPHOSPH TAB		
25MG	89	
CYCLOPHOSPH TAB		
50MG	89	
CYCLOPHOSPHA INJ		
2GM/10ML	89	
CYCLOPHOSPHA INJ		
500/2.5	89	
<i>cyclophosphamide cap</i>		
25 mg	89	
<i>cyclophosphamide cap</i>		
50 mg	89	
<i>cyclophosphamide for inj</i>		
1 gm	89	
<i>cyclophosphamide for inj</i>		
2 gm.....	89	
<i>cyclophosphamide for inj</i>		
500 mg	89	
<i>cyclophosphamide iv</i>		
soln 1 gm/5ml (200		
mg/ml)	89	
<i>cyclophosphamide iv</i>		
soln 500 mg/2.5ml		
(200 mg/ml)	90	
<i>cycloserine cap 250 mg</i>		
.....	71	
<i>cyclosporine cap 100 mg</i>		
.....	325	
<i>cyclosporine cap 25 mg</i>		
.....	325	
<i>cyclosporine modified</i>		
cap 100 mg	325	
<i>cyclosporine modified</i>		
cap 25 mg	325	
<i>cyclosporine modified</i>		
cap 50 mg	325	
<i>cyclosporine modified</i>		
oral soln 100 mg/ml		
.....	325	
<i>cycloheptadine hcl syrup</i>		
2 mg/5ml	345	
<i>cycloheptadine hcl tab 4</i>		
mg	345	
<i>cyred eq.....</i>	266	

CYSTADROPS SOL
 0.37% 342
 CYSTAGON CAP 150MG
 282
 CYSTAGON CAP 50MG
 282
 CYSTARAN SOL 0.44%
 342
cytarabine inj 20 mg/ml
 90

D

D10W/NACL INJ 0.2%
 330
 D10W/NACL INJ 0.45%
 330
 D2.5W/NACL INJ 0.45%
 329
 D5W/NACL INJ 0.2% 329
 D5W/NACL INJ 0.45%
 329
dabigatran etexilate
mesylate cap 110 mg
(etexilate base eq). 306
dabigatran etexilate
mesylate cap 150 mg
(etexilate base eq). 306
dabigatran etexilate
mesylate cap 75 mg
(etexilate base eq). 306

dalfampridine tab er
12hr 10 mg..... 242
danazol cap 100 mg. 248
danazol cap 200 mg. 248
danazol cap 50 mg .. 248
dantrolene sodium cap
100 mg 245
dantrolene sodium cap
25 mg 244
dantrolene sodium cap
50 mg 244
 DANZITEN TAB 71MG
 107
 DANZITEN TAB 95MG
 107
dapagliflozin free base-
metformin hcl tab er
24hr 10-1000 mg .. 250
dapagliflozin free base-
metformin hcl tab er
24hr 10-500 mg 250
dapagliflozin free base-
metformin hcl tab er
24hr 5-1000 mg 249
dapagliflozin free base-
metformin hcl tab er
24hr 5-500 mg 249
dapagliflozin tab 10 mg
 250

<i>dapagliflozin tab 5 mg</i>		<i>deferasirox tab 180 mg</i>	
.....	250	.....	264
<i>dapsone tab 100 mg ..</i>	57	<i>deferasirox tab 360 mg</i>	
<i>dapsone tab 25 mg</i>	57	.....	264
DAPTACEL INJ.....	327	<i>deferasirox tab 90 mg</i>	
<i>daptomycin for iv soln</i>		.....	264
350 mg	58	<i>deferasirox tab for oral</i>	
<i>daptomycin for iv soln</i>		<i>susp 125 mg</i>	264
500 mg	58	<i>deferasirox tab for oral</i>	
DAPTOMYCIN INJ 350MG		<i>susp 250 mg</i>	264
.....	58	<i>deferasirox tab for oral</i>	
<i>darunavir tab 600 mg</i>	66	<i>susp 500 mg</i>	264
<i>darunavir tab 800 mg</i>	66	DELSTRIGO TAB.....	69
<i>dasatinib tab 100 mg</i>	108	DEPO-SQ PROV INJ 104	
<i>dasatinib tab 140 mg</i>	108	.....	266
<i>dasatinib tab 20 mg .</i>	107	<i>depo-testosterone ...</i>	248
<i>dasatinib tab 50 mg .</i>	108	DESCOVY TAB 120-	
<i>dasatinib tab 70 mg .</i>	108	15MG.....	69
<i>dasatinib tab 80 mg .</i>	108	DESCOVY TAB	
<i>dasetta 1/35</i>	266	200/25MG	69
<i>dasetta 7/7/7</i>	266	<i>desipramine hcl tab 10</i>	
DAURISMO TAB 100MG		mg	177
.....	108	<i>desipramine hcl tab 100</i>	
DAURISMO TAB 25MG		mg	178
.....	108	<i>desipramine hcl tab 150</i>	
<i>daysee</i>	266	mg	178
DAYVIGO TAB 10MG	234	<i>desipramine hcl tab 25</i>	
DAYVIGO TAB 5MG ..	234	mg	177
<i>deblitane</i>	266	<i>desipramine hcl tab 50</i>	
		mg	177

<i>desipramine hcl tab 75 mg.....</i>	<i>177</i>	<i>DEXAMETHASON CON</i>	<i>1MG/ML</i>	<i>277</i>
<i>desmopressin acetate inj 4 mcg/ml.....</i>	<i>282</i>	<i>dexamethasone elixir 0.5 mg/5ml.....</i>	<i>277</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	<i>282</i>	<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf).....</i>	<i>277</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	<i>282</i>	<i>dexamethasone sod phosphate preservative free inj 10 mg/ml ..</i>	<i>277</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	<i>282</i>	<i>dexamethasone sodium phosphate inj 10 mg/ml.....</i>	<i>277</i>	
<i>desmopressin acetate tab 0.1 mg.....</i>	<i>282</i>	<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	<i>278</i>	
<i>desmopressin acetate tab 0.2 mg.....</i>	<i>283</i>	<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	<i>278</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	<i>266</i>	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	<i>277</i>	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....</i>	<i>178</i>	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	<i>277</i>	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....</i>	<i>178</i>	<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml.....</i>	<i>278</i>	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....</i>	<i>178</i>			

<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	<i>339</i>	<i>dextrose 5% w/ sodium chloride 0.225%</i>	<i>330</i>
<i>dexamethasone soln 0.5 mg/5ml</i>	<i>278</i>	<i>dextrose 5% w/ sodium chloride 0.3%</i>	<i>330</i>
<i>dexamethasone tab 0.5 mg.....</i>	<i>278</i>	<i>dextrose 5% w/ sodium chloride 0.45%.....</i>	<i>330</i>
<i>dexamethasone tab 0.75 mg.....</i>	<i>278</i>	<i>dextrose 5% w/ sodium chloride 0.9%</i>	<i>330</i>
<i>dexamethasone tab 1 mg.....</i>	<i>278</i>	<i>dextrose inj 10%.....</i>	<i>336</i>
<i>dexamethasone tab 1.5 mg.....</i>	<i>278</i>	<i>DEXTROSE INJ 10%.</i>	<i>336</i>
<i>dexamethasone tab 2 mg.....</i>	<i>278</i>	<i>dextrose inj 5%</i>	<i>336</i>
<i>dexamethasone tab 4 mg.....</i>	<i>278</i>	<i>dextrose inj 50%.....</i>	<i>336</i>
<i>dexamethasone tab 6 mg.....</i>	<i>278</i>	<i>DEXTROSE INJ 70%.</i>	<i>336</i>
<i>dexmethylphenidate hcl tab 10 mg.....</i>	<i>232</i>	<i>DIACOMIT CAP 250MG</i>	<i>213</i>
<i>dexmethylphenidate hcl tab 2.5 mg.....</i>	<i>232</i>	<i>DIACOMIT CAP 500MG</i>	<i>213</i>
<i>dexmethylphenidate hcl tab 5 mg</i>	<i>232</i>	<i>DIACOMIT PAK 250MG</i>	<i>213</i>
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	<i>330</i>	<i>DIACOMIT PAK 500MG</i>	<i>213</i>
<i>dextrose 5% in lactated ringers</i>	<i>330</i>	<i>diazepam inj.....</i>	<i>213</i>
		<i>diazepam intensol ...</i>	<i>213</i>
		<i>diazepam oral soln 1 mg/ml.....</i>	<i>214</i>
		<i>diazepam rectal gel delivery system 10 mg</i>	<i>214</i>

<i>diazepam rectal gel</i>		
<i>delivery system 2.5 mg</i>		
.....	214	
<i>diazepam rectal gel</i>		
<i>delivery system 20 mg</i>		
.....	214	
<i>diazepam tab 10 mg</i>	215	
<i>diazepam tab 2 mg</i>	..214	
<i>diazepam tab 5 mg</i>	..215	
<i>diazoxide susp 50 mg/ml</i>		
.....	281	
<i>diclofenac potassium tab</i>		
<i>50 mg</i>	47	
<i>diclofenac sodium ophth</i>		
<i>soln 0.1%</i>	339	
<i>diclofenac sodium soln</i>		
<i>1.5%</i>	370	
<i>diclofenac sodium tab</i>		
<i>delayed release 25 mg</i>		
.....	47	
<i>diclofenac sodium tab</i>		
<i>delayed release 50 mg</i>		
.....	47	
<i>diclofenac sodium tab</i>		
<i>delayed release 75 mg</i>		
.....	47	
<i>diclofenac sodium tab er</i>		
<i>24hr 100 mg</i>	47	
<i>dicloxacillin sodium cap</i>		
<i>250 mg</i>	85	
<i>dicloxacillin sodium cap</i>		
<i>500 mg</i>	85	
<i>dicyclomine hcl cap 10</i>		
<i>mg</i>	294	
<i>dicyclomine hcl oral soln</i>		
<i>10 mg/5ml</i>	295	
<i>dicyclomine hcl tab 20</i>		
<i>mg</i>	295	
<i>DIFICID SUS</i>	80	
<i>diflunisal tab 500 mg</i>	.47	
<i>difluprednate ophth</i>		
<i>emulsion 0.05%</i>	340	
<i>digoxin inj 0.25 mg/ml</i>		
.....	163	
<i>digoxin oral soln 0.05</i>		
<i>mg/ml</i>	163	
<i>digoxin tab 125 mcg</i>		
<i>(0.125 mg)</i>	163	
<i>digoxin tab 250 mcg</i>		
<i>(0.25 mg)</i>	163	
<i>dihydroergotamine</i>		
<i>mesylate nasal spray 4</i>		
<i>mg/ml</i>	237	
<i>DILANTIN CAP 30MG</i>	215	
<i>diltiazem hcl cap er 12hr</i>		
<i>120 mg</i>	156	
<i>diltiazem hcl cap er 12hr</i>		
<i>60 mg</i>	156	
<i>diltiazem hcl cap er 12hr</i>		
<i>90 mg</i>	156	

<i>diltiazem hcl cap er 24hr 120 mg 156</i>	<i>diltiazem hcl extended release beads cap er 24hr 300 mg 157</i>
<i>diltiazem hcl cap er 24hr 180 mg 156</i>	<i>diltiazem hcl extended release beads cap er 24hr 360 mg 157</i>
<i>diltiazem hcl cap er 24hr 240 mg 157</i>	<i>diltiazem hcl extended release beads cap er 24hr 420 mg 158</i>
<i>diltiazem hcl coated beads cap er 24hr 120 mg 157</i>	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 158</i>
<i>diltiazem hcl coated beads cap er 24hr 180 mg 157</i>	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml). 158</i>
<i>diltiazem hcl coated beads cap er 24hr 240 mg 157</i>	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 158</i>
<i>diltiazem hcl coated beads cap er 24hr 300 mg 157</i>	<i>diltiazem hcl tab 120 mg 158</i>
<i>diltiazem hcl coated beads cap er 24hr 360 mg 157</i>	<i>diltiazem hcl tab 30 mg 158</i>
<i>diltiazem hcl extended release beads cap er 24hr 120 mg 157</i>	<i>diltiazem hcl tab 60 mg 158</i>
<i>diltiazem hcl extended release beads cap er 24hr 180 mg 157</i>	<i>diltiazem hcl tab 90 mg 158</i>
<i>diltiazem hcl extended release beads cap er 24hr 240 mg 157</i>	<i>dilt-xr 156</i>
	<i>diphenhydramine hcl inj 50 mg/ml 346</i>
	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg 298</i>

<i>dipyridamole tab 25 mg</i>	312	<i>docetaxel for inj conc</i> <i>160 mg/8ml (20</i> <i>mg/ml)</i>	101
<i>dipyridamole tab 50 mg</i>	313	<i>docetaxel for inj conc 20</i> <i>mg/ml.....</i>	101
<i>dipyridamole tab 75 mg</i>	313	<i>docetaxel for inj conc 80</i> <i>mg/4ml (20 mg/ml)</i>	101
<i>disopyramide phosphate</i> <i>cap 100 mg.....</i>	145	DOCETAXEL INJ	
<i>disopyramide phosphate</i> <i>cap 150 mg.....</i>	146	160/16ML.....	101
<i>disulfiram tab 250 mg</i>	247	DOCETAXEL INJ	
<i>disulfiram tab 500 mg</i>	247	160/8ML.....	101
<i>divalproex sodium cap</i> <i>delayed release</i> <i>sprinkle 125 mg.....</i>	215	DOCETAXEL INJ	
<i>divalproex sodium tab</i> <i>delayed release 125</i> <i>mg.....</i>	215	20MG/2ML.....	101
<i>divalproex sodium tab</i> <i>delayed release 250</i> <i>mg.....</i>	215	DOCETAXEL INJ	
<i>divalproex sodium tab</i> <i>delayed release 500</i> <i>mg.....</i>	215	80MG/4ML.....	101
<i>divalproex sodium tab er</i> <i>24 hr 250 mg</i>	216	DOCETAXEL INJ	
<i>divalproex sodium tab er</i> <i>24 hr 500 mg</i>	216	80MG/8ML.....	101
		<i>docetaxel soln for iv</i> <i>infusion 160 mg/16ml</i>	102
		<i>docetaxel soln for iv</i> <i>infusion 20 mg/2ml</i>	101
		<i>docetaxel soln for iv</i> <i>infusion 80 mg/8ml</i>	101
		DOCIVYX INJ 160/16ML	
		.....	102
		DOCIVYX INJ 20MG/2ML	
		.....	102
		DOCIVYX INJ 80MG/8ML	
		.....	102

<i>dofetilide cap 125 mcg (0.125 mg)</i>	<i>146</i>	<i>doxazosin mesylate tab 1 mg.....</i>	<i>138</i>
<i>dofetilide cap 250 mcg (0.25 mg).....</i>	<i>146</i>	<i>doxazosin mesylate tab 2 mg.....</i>	<i>138</i>
<i>dofetilide cap 500 mcg (0.5 mg).....</i>	<i>146</i>	<i>doxazosin mesylate tab 4 mg.....</i>	<i>138</i>
<i>dolishale.....</i>	<i>267</i>	<i>doxazosin mesylate tab 8 mg.....</i>	<i>138</i>
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	<i>171</i>	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	<i>234</i>
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	<i>171</i>	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	<i>234</i>
<i>donepezil hydrochloride tab 10 mg.....</i>	<i>172</i>	<i>doxepin hcl cap 10 mg</i>	<i>178</i>
<i>donepezil hydrochloride tab 5 mg</i>	<i>171</i>	<i>doxepin hcl cap 100 mg</i>	<i>179</i>
<i>DOPTELET SPR CAP 10MG</i>	<i>311</i>	<i>doxepin hcl cap 150 mg</i>	<i>179</i>
<i>DOPTELET TAB 20MG</i>	<i>311</i>	<i>doxepin hcl cap 25 mg</i>	<i>178</i>
<i>dorzolamide hcl ophth soln 2%.....</i>	<i>341</i>	<i>doxepin hcl cap 50 mg</i>	<i>178</i>
<i>dorzolamide hcl-timolol maleate ophth soln 2- 0.5%</i>	<i>341</i>	<i>doxepin hcl cap 75 mg</i>	<i>179</i>
<i>dotti</i>	<i>275</i>	<i>doxepin hcl conc 10 mg/ml.....</i>	<i>179</i>
<i>DOVATO TAB 50-300MG</i>	<i>69</i>	<i>doxorubicin hcl inj 2 mg/ml.....</i>	<i>99</i>

<i>doxorubicin hcl</i>	
<i>liposomal susp (for iv</i>	
<i>infusion) 2 mg/ml</i>	99
<i>doxy 100</i>	86
<i>doxycycline hyclate cap</i>	
<i>100 mg</i>	87
<i>doxycycline hyclate cap</i>	
<i>50 mg</i>	87
<i>doxycycline hyclate for</i>	
<i>inj 100 mg</i>	87
<i>doxycycline hyclate tab</i>	
<i>100 mg</i>	87
<i>doxycycline hyclate tab</i>	
<i>20 mg</i>	87
<i>doxycycline</i>	
<i>monohydrate cap 100</i>	
<i>mg.....</i>	87
<i>doxycycline</i>	
<i>monohydrate cap 50</i>	
<i>mg.....</i>	87
<i>doxycycline</i>	
<i>monohydrate for susp</i>	
<i>25 mg/5ml.....</i>	87
<i>doxycycline</i>	
<i>monohydrate tab 100</i>	
<i>mg.....</i>	87
<i>doxycycline</i>	
<i>monohydrate tab 50</i>	
<i>mg.....</i>	87
<i>doxycycline</i>	
<i>monohydrate tab 75</i>	
<i>mg</i>	87
<i>DRIZALMA CAP 20MG</i>	
<i>DR.....</i>	179
<i>DRIZALMA CAP 30MG</i>	
<i>DR.....</i>	179
<i>DRIZALMA CAP 40MG</i>	
<i>DR.....</i>	179
<i>DRIZALMA CAP 60MG</i>	
<i>DR.....</i>	179
<i>dronabinol cap 10 mg</i>	
<i>.....</i>	291
<i>dronabinol cap 2.5 mg</i>	
<i>.....</i>	291
<i>dronabinol cap 5 mg</i>	291
<i>drospirenone-ethinyl</i>	
<i>estradiol tab 3-0.02 mg</i>	
<i>.....</i>	267
<i>drospirenone-ethinyl</i>	
<i>estradiol tab 3-0.03 mg</i>	
<i>.....</i>	267
<i>drospirenone-ethinyl</i>	
<i>estrad-levomefolate tab</i>	
<i>3-0.02-0.451 mg ...</i>	267
<i>drospirenone-ethinyl</i>	
<i>estrad-levomefolate tab</i>	
<i>3-0.03-0.451 mg ...</i>	267
<i>DROXIA CAP 200MG</i>	311
<i>DROXIA CAP 300MG</i>	311

DROXIA CAP 400MG	311
<i>droxidopa cap 100 mg</i>	
.....	163
<i>droxidopa cap 200 mg</i>	
.....	163
<i>droxidopa cap 300 mg</i>	
.....	163
DULERA AER 100-5MCG	
.....	359
DULERA AER 200-5MCG	
.....	359
DULERA AER 50-5MCG	
.....	359
<i>duloxetine hcl enteric</i>	
<i>coated pellets cap 20</i>	
<i>mg (base eq)</i>	179
<i>duloxetine hcl enteric</i>	
<i>coated pellets cap 30</i>	
<i>mg (base eq)</i>	180
<i>duloxetine hcl enteric</i>	
<i>coated pellets cap 60</i>	
<i>mg (base eq)</i>	180
DUPIXENT INJ 200/1.14	
.....	314
DUPIXENT INJ 200MG	
.....	314
DUPIXENT INJ 300/2ML	
.....	314
<i>dutasteride cap 0.5 mg</i>	
.....	302
<i>dutasteride-tamsulosin</i>	
<i>hcl cap 0.5-0.4 mg.</i>	303
E	
<i>e.e.s. 400.....</i>	80
EBGLYSS INJ 250/2ML	
.....	314, 315
<i>econazole nitrate cream</i>	
<i>1%</i>	363
EDURANT PED TAB	
2.5MG.....	66
EDURANT TAB 25MG..	67
<i>efavirenz tab 600 mg.</i>	67
<i>efavirenz-emtricitabine-</i>	
<i>tenofovir df tab 600-</i>	
<i>200-300 mg.....</i>	69
<i>efavirenz-lamivudine-</i>	
<i>tenofovir df tab 400-</i>	
<i>300-300 mg.....</i>	69
<i>efavirenz-lamivudine-</i>	
<i>tenofovir df tab 600-</i>	
<i>300-300 mg.....</i>	70
ELIGARD INJ 22.5MG.	94
ELIGARD INJ 30MG....	94
ELIGARD INJ 45MG....	94
ELIGARD INJ 7.5MG...	94
<i>elinest</i>	267
ELIQUIS (1.5MG PACK)	
3 X	306
ELIQUIS (2MG PACK) 4	
X.....	307

ELIQUIS CAP 0.15MG	307	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....</i>	70
ELIQUIS ST P TAB 5MG	307	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....</i>	70
ELIQUIS TAB 0.5MG.	307	EMTRIVA SOL 10MG/ML	67
ELIQUIS TAB 2.5MG.	307	EMVERM CHW 100MG	58
ELIQUIS TAB 5MG ...	307	<i>emzahh.....</i>	267
<i>eluryng</i>	267	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	135
EMGALITY INJ 100MG/ML	238	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	135
EMGALITY INJ 120MG/ML	238	<i>enalapril maleate tab 10 mg</i>	136
EMSAM DIS 12MG/24H	180	<i>enalapril maleate tab 2.5 mg</i>	136
EMSAM DIS 6MG/24HR	180	<i>enalapril maleate tab 20 mg</i>	136
EMSAM DIS 9MG/24HR	180	<i>enalapril maleate tab 5 mg</i>	136
<i>emtricitabine caps 200 mg.....</i>	67	ENBREL INJ 25/0.5ML	315
<i>emtricitabine-rilpivirine- tenofovir df tab 200- 25-300 mg.....</i>	70	ENBREL INJ 25MG ...	315
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	70	ENBREL INJ 50MG/ML	315
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	70		

ENBREL MINI INJ		
50MG/ML.....	315	
ENBREL SRCLK INJ		
50MG/ML.....	315	
<i>endocet tab 10-325mg</i>		
.....	53	
<i>endocet tab 2.5-325mg</i>		
.....	53	
<i>endocet tab 5-325mg</i>	53	
<i>endocet tab 7.5-325mg</i>		
.....	53	
ENGERIX-B INJ		
10/0.5ML.....	327	
ENGERIX-B INJ		
20MCG/ML.....	327	
<i>enilloring</i>	267	
<i>enoxaparin sodium inj</i>		
300 mg/3ml	307	
<i>enoxaparin sodium inj</i>		
soln pref syr 100		
mg/ml	308	
<i>enoxaparin sodium inj</i>		
soln pref syr 120		
mg/0.8ml	308	
<i>enoxaparin sodium inj</i>		
soln pref syr 150		
mg/ml	308	
<i>enoxaparin sodium inj</i>		
soln pref syr 30		
mg/0.3ml	307	
<i>enoxaparin sodium inj</i>		
soln pref syr 40		
mg/0.4ml	307	
<i>enoxaparin sodium inj</i>		
soln pref syr 60		
mg/0.6ml	307	
<i>enoxaparin sodium inj</i>		
soln pref syr 80		
mg/0.8ml	307	
ENSACOVE CAP 100MG		
.....	108	
ENSACOVE CAP 25MG		
.....	108	
<i>enskyce</i>	267	
ENSTILAR AER	364	
<i>entacapone tab 200 mg</i>		
.....	189	
<i>entecavir tab 0.5 mg..</i>	72	
<i>entecavir tab 1 mg</i>	72	
ENTRESTO CAP 15-		
16MG	140	
ENTRESTO CAP 6-6MG		
.....	140	
<i>enulose</i>	297	
EPCLUSA PAK 150-37.5		
.....	72	
EPCLUSA PAK 200-50MG		
.....	72	
EPCLUSA TAB 200-50MG		
.....	72	

EPCLUSA TAB 400-100.....72	<i>erlotinib hcl tab 25 mg (base equivalent)...</i> 109
EPIDIOLEX SOL 100MG/ML .....216	<i>errin</i> 267
<i>epinephrine inj 1 mg/ml.....163</i>	<i>ertapenem sodium for inj 1 gm (base equivalent) .....58</i>
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) .....351</i>	<i>ery</i> 361
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 351</i>	ERYTHROCIN INJ 500MG.....80
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 351</i>	<i>erythromycin ethylsuccinate tab 400 mg .....80</i>
<i>eplerenone tab 25 mg.....137</i>	<i>erythromycin gel 2% 361</i>
<i>eplerenone tab 50 mg.....137</i>	<i>erythromycin lactobionate for inj 500 mg .....80</i>
<i>ergotamine w/ caffeine tab 1-100 mg .....238</i>	<i>erythromycin ophth oint 5 mg/gm .....338</i>
ERIVEDGE CAP 150MG.....108	<i>erythromycin soln 2% .....361</i>
ERLEADA TAB 240MG...94	<i>erythromycin tab 250 mg .....80</i>
ERLEADA TAB 60MG...94	<i>erythromycin tab 500 mg .....80</i>
<i>erlotinib hcl tab 100 mg (base equivalent)...</i> 109	<i>erythromycin tab delayed release 250 mg .....80</i>
<i>erlotinib hcl tab 150 mg (base equivalent)...</i> 109	<i>erythromycin tab delayed release 333 mg .....80</i>

<i>erythromycin tab</i>		
<i>delayed release 500</i>		
<i>mg.....</i>	80	
<i>erythromycin w/ delayed</i>		
<i>release particles cap</i>		
<i>250 mg</i>	80	
ERZOFRI INJ 117/0.75		
.....	196	
ERZOFRI INJ 156MG/ML		
.....	196	
ERZOFRI INJ 234/1.5		
.....	196	
ERZOFRI INJ 351/2.25		
.....	197	
ERZOFRI INJ 39/0.25		
.....	196	
ERZOFRI INJ 78/0.5ML		
.....	196	
<i>escitalopram oxalate</i>		
<i>soln 5 mg/5ml (base</i>		
<i>equiv)</i>	180	
<i>escitalopram oxalate tab</i>		
<i>10 mg (base equiv)</i>	180	
<i>escitalopram oxalate tab</i>		
<i>20 mg (base equiv)</i>	180	
<i>escitalopram oxalate tab</i>		
<i>5 mg (base equiv)</i>	180	
<i>eslicarbazepine acetate</i>		
<i>tab 200 mg</i>	216	
<i>eslicarbazepine acetate</i>		
<i>tab 400 mg</i>	216	
<i>eslicarbazepine acetate</i>		
<i>tab 600 mg</i>	216	
<i>eslicarbazepine acetate</i>		
<i>tab 800 mg</i>	216	
<i>esomeprazole</i>		
<i>magnesium cap</i>		
<i>delayed release 20 mg</i>		
<i>(base eq).....</i>	300	
<i>esomeprazole</i>		
<i>magnesium cap</i>		
<i>delayed release 40 mg</i>		
<i>(base eq).....</i>	301	
<i>esomeprazole</i>		
<i>magnesium for delayed</i>		
<i>release susp pack 2.5</i>		
<i>mg</i>	301	
<i>esomeprazole</i>		
<i>magnesium for delayed</i>		
<i>release susp packet 10</i>		
<i>mg</i>	301	
<i>esomeprazole</i>		
<i>magnesium for delayed</i>		
<i>release susp packet 20</i>		
<i>mg</i>	301	
<i>esomeprazole</i>		
<i>magnesium for delayed</i>		
<i>release susp packet 40</i>		
<i>mg</i>	301	

esomeprazole	
magnesium for delayed release susp packet 5 mg.....	301
estarylla	267
estradiol & norethindrone acetate tab 0.5-0.1 mg	275
estradiol & norethindrone acetate tab 1-0.5 mg.....	275
estradiol tab 0.5 mg.	275
estradiol tab 1 mg ...	275
estradiol tab 2 mg ...	275
estradiol td patch twice weekly 0.025 mg/24hr	275
estradiol td patch twice weekly 0.0375 mg/24hr.....	275
estradiol td patch twice weekly 0.05 mg/24hr	275
estradiol td patch twice weekly 0.075 mg/24hr	275
estradiol td patch twice weekly 0.1 mg/24hr	275
estradiol td patch weekly 0.025 mg/24hr.....	276
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	276
estradiol td patch weekly 0.05 mg/24hr.....	276
estradiol td patch weekly 0.06 mg/24hr.....	276
estradiol td patch weekly 0.075 mg/24hr.....	276
estradiol td patch weekly 0.1 mg/24hr	276
estradiol vaginal cream 0.01%.....	276
estradiol vaginal tab 10 mcg	276
estradiol valerate im in oil 10 mg/ml	276
estradiol valerate im in oil 20 mg/ml	276
estradiol valerate im in oil 40 mg/ml	276
eszopiclone tab 1 mg	234
eszopiclone tab 2 mg	235
eszopiclone tab 3 mg	235
ethambutol hcl tab 100 mg	71
ethambutol hcl tab 400 mg	71

<i>ethosuximide cap 250 mg.....</i>	<i>216</i>	<i>EULEXIN CAP 125MG .</i>	<i>94</i>
<i>ethosuximide soln 250 mg/5ml</i>	<i>216</i>	<i>everolimus tab 0.25 mg</i>	<i>325</i>
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	<i>267</i>	<i>everolimus tab 0.5 mg</i>	<i>325</i>
<i>etodolac cap 200 mg..</i>	<i>47</i>	<i>everolimus tab 0.75 mg</i>	<i>325</i>
<i>etodolac cap 300 mg..</i>	<i>47</i>	<i>everolimus tab 1 mg</i>	<i>326</i>
<i>etodolac tab 400 mg ..</i>	<i>48</i>	<i>everolimus tab 10 mg</i>	<i>109</i>
<i>etodolac tab 500 mg ..</i>	<i>48</i>	<i>everolimus tab 2.5 mg</i>	<i>109</i>
<i>etodolac tab er 24hr 400 mg.....</i>	<i>48</i>	<i>everolimus tab 5 mg</i>	<i>109</i>
<i>etodolac tab er 24hr 500 mg.....</i>	<i>48</i>	<i>everolimus tab 7.5 mg</i>	<i>109</i>
<i>etodolac tab er 24hr 600 mg.....</i>	<i>48</i>	<i>everolimus tab for oral susp 2 mg</i>	<i>109</i>
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	<i>267</i>	<i>everolimus tab for oral susp 3 mg</i>	<i>109</i>
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	<i>102</i>	<i>everolimus tab for oral susp 5 mg</i>	<i>109</i>
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	<i>102</i>	<i>EVOTAZ TAB 300-150</i>	<i>70</i>
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	<i>102</i>	<i>exemestane tab 25 mg</i>	<i>94</i>
<i>etravirine tab 100 mg</i>	<i>67</i>	<i>EXXUA TAB 18.2MG .</i>	<i>180</i>
<i>etravirine tab 200 mg</i>	<i>67</i>	<i>EXXUA TAB 36.3MG .</i>	<i>181</i>
<i>EUCRISA OIN 2%</i>	<i>370</i>	<i>EXXUA TAB 54.5MG .</i>	<i>181</i>
		<i>EXXUA TAB 72.6MG .</i>	<i>181</i>
		<i>EXXUA TITRAT TAB 18.2MG</i>	<i>181</i>

EYSUVIS DRO 0.25% 342
 ezetimibe tab 10 mg 150
 ezetimibe-simvastatin
 tab 10-10 mg 150
 ezetimibe-simvastatin
 tab 10-20 mg 150
 ezetimibe-simvastatin
 tab 10-40 mg 151
 ezetimibe-simvastatin
 tab 10-80 mg 151

F

FABRAZYME INJ 35MG
 283
 FABRAZYME INJ 5MG 283
 falmina 267
 famciclovir tab 125 mg
 72
 famciclovir tab 250 mg
 73
 famciclovir tab 500 mg
 73
 famotidine for susp 40
 mg/5ml 295
 famotidine in nacl 0.9%
 iv soln 20 mg/50ml 295
 famotidine inj 200
 mg/20ml 295
 famotidine inj 40
 mg/4ml 295

famotidine preservative
 free inj 20 mg/2ml. 295
 famotidine tab 20 mg
 295
 famotidine tab 40 mg
 295
 FANAPT PAK PACK A 197
 FANAPT PAK PACK B 197
 FANAPT PAK PACK C 197
 FANAPT TAB 10MG .. 197
 FANAPT TAB 12MG .. 197
 FANAPT TAB 1MG 197
 FANAPT TAB 2MG 197
 FANAPT TAB 4MG 197
 FANAPT TAB 6MG 197
 FANAPT TAB 8MG 197
 FARXIGA TAB 10MG. 250
 FARXIGA TAB 5MG .. 250
 FASENRA INJ 10MG/0.5
 351
 FASENRA INJ 30MG/ML
 351
 FASENRA PEN INJ
 30MG/ML..... 351
 feirza 1.5/30..... 268
 feirza 1/20 268
 felbamate susp 600
 mg/5ml 216
 felbamate tab 400 mg
 216

<i>felbamate tab 600 mg</i>		<i>fentanyl td patch 72hr</i>	
.....	216	50 mcg/hr	49
<i>felodipine tab er 24hr 10</i>		<i>fentanyl td patch 72hr</i>	
<i>mg.....</i>	158	62.5 mcg/hr.....	50
<i>felodipine tab er 24hr</i>		<i>fentanyl td patch 72hr</i>	
2.5 mg	158	75 mcg/hr	50
<i>felodipine tab er 24hr 5</i>		<i>fentanyl td patch 72hr</i>	
<i>mg.....</i>	158	87.5 mcg/hr.....	50
<i>fenofibrate micronized</i>		<i>fesoterodine fumarate</i>	
<i>cap 134 mg.....</i>	147	<i>tab er 24hr 4 mg ...</i>	304
<i>fenofibrate micronized</i>		<i>fesoterodine fumarate</i>	
<i>cap 200 mg.....</i>	147	<i>tab er 24hr 8 mg ...</i>	304
<i>fenofibrate micronized</i>		FETZIMA CAP 120MG	181
<i>cap 67 mg</i>	147	FETZIMA CAP 20MG.	181
<i>fenofibrate tab 145 mg</i>		FETZIMA CAP 40MG.	181
.....	147	FETZIMA CAP 80MG.	181
<i>fenofibrate tab 160 mg</i>		FETZIMA CAP TITRATIO	
.....	147	.....	181
<i>fenofibrate tab 48 mg</i>		FIASP FLEX INJ TOUCH	
.....	147	.....	258
<i>fenofibrate tab 54 mg</i>		FIASP INJ 100/ML....	258
.....	147	FIASP PENFIL INJ U-100	
<i>fentanyl td patch 72hr</i>		.....	258
100 mcg/hr.....	50	FIASP PMPCRT INJ U-	
<i>fentanyl td patch 72hr</i>		100.....	258
12 mcg/hr	49	<i>fidaxomicin tab 200 mg</i>	
<i>fentanyl td patch 72hr</i>		.....	80
25 mcg/hr	49	<i>finasteride tab 5 mg</i>	303
<i>fentanyl td patch 72hr</i>		<i>fingolimod hcl cap 0.5</i>	
37.5 mcg/hr.....	49	<i>mg (base equiv)</i>	243

FINTEPLA SOL 2.2MG/ML		<i>fluconazole tab 200 mg</i>	
.....	216	.....	63
<i>finzala</i>	268	<i>fluconazole tab 50 mg</i>	63
FIRMAGON INJ 120MG	94	<i>flucytosine cap 250 mg</i>	
FIRMAGON INJ 80MG	.94	.....	63
<i>flac</i>	343	<i>flucytosine cap 500 mg</i>	
FLEBOGAMMA INJ		.....	64
10/200ML.....	322	<i>fludrocortisone acetate</i>	
FLEBOGAMMA INJ		<i>tab 0.1 mg</i>	278
20/400ML.....	322	<i>flunisolide nasal soln 25</i>	
FLEBOGAMMA INJ DIF		<i>mcg/act (0.025%)</i> .	357
5%	322	<i>fluocinolone acetonide</i>	
<i>flecainide acetate tab</i>		<i>(otic) oil 0.01%</i>	343
<i>100 mg</i>	146	<i>fluocinolone acetonide</i>	
<i>flecainide acetate tab</i>		<i>cream 0.01%</i>	367
<i>150 mg</i>	146	<i>fluocinolone acetonide</i>	
<i>flecainide acetate tab 50</i>		<i>cream 0.025%</i>	367
<i>mg</i>	146	<i>fluocinolone acetonide</i>	
<i>fluconazole for susp 10</i>		<i>oil 0.01% (body oil)</i>	367
<i>mg/ml</i>	63	<i>fluocinolone acetonide</i>	
<i>fluconazole for susp 40</i>		<i>oil 0.01% (scalp oil)</i>	
<i>mg/ml</i>	63	.....	367
<i>fluconazole in nacl 0.9%</i>		<i>fluocinolone acetonide</i>	
<i>inj 200 mg/100ml</i>	63	<i>oint 0.025%</i>	367
<i>fluconazole in nacl 0.9%</i>		<i>fluocinolone acetonide</i>	
<i>inj 400 mg/200ml</i>	63	<i>soln 0.01%</i>	367
<i>fluconazole tab 100 mg</i>		<i>fluocinonide cream</i>	
.....	63	<i>0.05%</i>	367
<i>fluconazole tab 150 mg</i>		<i>fluocinonide cream 0.1%</i>	
.....	63	.....	367

<i>fluocinonide emulsified base cream 0.05% .</i>	<i>367</i>	<i>fluoxetine hcl solution 20 mg/5ml</i>	<i>181</i>
<i>fluocinonide gel 0.05%</i>	<i>367</i>	<i>fluphenazine decanoate inj 25 mg/ml</i>	<i>198</i>
<i>fluocinonide oint 0.05%</i>	<i>368</i>	<i>fluphenazine hcl elixir 2.5 mg/5ml.....</i>	<i>198</i>
<i>fluocinonide soln 0.05%</i>	<i>368</i>	<i>fluphenazine hcl inj 2.5 mg/ml</i>	<i>198</i>
<i>fluorometholone ophth susp 0.1%</i>	<i>340</i>	<i>fluphenazine hcl oral conc 5 mg/ml</i>	<i>198</i>
<i>fluorouracil cream 5%</i>	<i>371</i>	<i>fluphenazine hcl tab 1 mg</i>	<i>198</i>
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	<i>91</i>	<i>fluphenazine hcl tab 10 mg</i>	<i>198</i>
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	<i>91</i>	<i>fluphenazine hcl tab 2.5 mg</i>	<i>198</i>
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	<i>91</i>	<i>fluphenazine hcl tab 5 mg</i>	<i>198</i>
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	<i>91</i>	<i>flurbiprofen sodium ophth soln 0.03% ..</i>	<i>340</i>
<i>fluorouracil soln 2% .</i>	<i>371</i>	<i>flurbiprofen tab 100 mg</i>	<i>48</i>
<i>fluorouracil soln 5% .</i>	<i>371</i>	<i>fluticasone propionate cream 0.05%</i>	<i>368</i>
<i>fluoxetine hcl cap 10 mg</i>	<i>181</i>	<i>fluticasone propionate hfa inhal aer 110 mcg/act.....</i>	<i>358</i>
<i>fluoxetine hcl cap 20 mg</i>	<i>181</i>	<i>fluticasone propionate hfa inhal aer 220 mcg/act.....</i>	<i>358</i>
<i>fluoxetine hcl cap 40 mg</i>	<i>181</i>		

<i>fluticasone propionate</i> <i>hfa inhal aero 44</i> <i>mcg/act.....</i>	<i>358</i>	<i>fondaparinux sodium</i> <i>subcutaneous inj 5</i> <i>mg/0.4ml</i>	<i>308</i>
<i>fluticasone propionate</i> <i>nasal susp 50 mcg/act</i> <i>.....</i>	<i>357</i>	<i>fondaparinux sodium</i> <i>subcutaneous inj 7.5</i> <i>mg/0.6ml</i>	<i>308</i>
<i>fluticasone propionate</i> <i>oint 0.005%</i>	<i>368</i>	<i>fosamprenavir calcium</i> <i>tab 700 mg (base</i> <i>equiv)</i>	<i>67</i>
<i>fluticasone-salmeterol</i> <i>aer powder ba 100-50</i> <i>mcg/act.....</i>	<i>359</i>	<i>fosfomycin</i> <i>tromethamine powd</i> <i>pack 3 gm (base</i> <i>equivalent)</i>	<i>58</i>
<i>fluticasone-salmeterol</i> <i>aer powder ba 250-50</i> <i>mcg/act.....</i>	<i>360</i>	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	<i>135</i>
<i>fluticasone-salmeterol</i> <i>aer powder ba 500-50</i> <i>mcg/act.....</i>	<i>360</i>	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	<i>135</i>
<i>fluvoxamine maleate tab</i> <i>100 mg</i>	<i>171</i>	<i>fosinopril sodium tab 10</i> <i>mg</i>	<i>136</i>
<i>fluvoxamine maleate tab</i> <i>25 mg</i>	<i>170</i>	<i>fosinopril sodium tab 20</i> <i>mg</i>	<i>136</i>
<i>fluvoxamine maleate tab</i> <i>50 mg</i>	<i>170</i>	<i>fosinopril sodium tab 40</i> <i>mg</i>	<i>136</i>
<i>fondaparinux sodium</i> <i>subcutaneous inj 10</i> <i>mg/0.8ml</i>	<i>308</i>	<i>FOTIVDA CAP 0.89MG</i> <i>.....</i>	<i>109</i>
<i>fondaparinux sodium</i> <i>subcutaneous inj 2.5</i> <i>mg/0.5ml</i>	<i>308</i>	<i>FOTIVDA CAP 1.34MG</i> <i>.....</i>	<i>110</i>

FRINDOVYX INJ
 1GM/2ML.....90
 FRINDOVYX INJ
 2GM/4ML.....90
 FRINDOVYX INJ
 500MG/ML.....90
 FRUZAQLA CAP 1MG 110
 FRUZAQLA CAP 5MG 110
 FULPHILA INJ 6/0.6ML
 310
fulvestrant inj soln pref
syr 250 mg/5ml.....94
furosemide inj..... 161
furosemide oral soln 10
mg/ml..... 161
furosemide oral soln 8
mg/ml..... 161
furosemide tab 20 mg
..... 161
furosemide tab 40 mg
..... 161
furosemide tab 80 mg
..... 161
fyavolv tab 0.5mg-
2.5mcg..... 276
fyavolv tab 1mg-5mcg
..... 276
 FYCOMPA SUS
 0.5MG/ML..... 216
 FYCOMPA TAB 10MG 217

FYCOMPA TAB 12MG 217
 FYCOMPA TAB 2MG.. 217
 FYCOMPA TAB 4MG.. 217
 FYCOMPA TAB 6MG.. 217
 FYCOMPA TAB 8MG.. 217

G

gabapentin cap 100 mg
..... 217
gabapentin cap 300 mg
..... 217
gabapentin cap 400 mg
..... 217
gabapentin oral soln 250
mg/5ml..... 217
gabapentin tab 600 mg
..... 217
gabapentin tab 800 mg
..... 218
galantamine
hydrobromide cap er
24hr 16 mg..... 172
galantamine
hydrobromide cap er
24hr 24 mg..... 172
galantamine
hydrobromide cap er
24hr 8 mg 172
galantamine
hydrobromide oral soln
4 mg/ml 172

<i>galantamine</i>		GAMMAKED INJ	
<i>hydrobromide tab 12</i>		1GM/10ML.....	323
<i>mg</i>	172	GAMMAKED INJ	
<i>galantamine</i>		20GM/200	323
<i>hydrobromide tab 4 mg</i>		GAMMAKED INJ	
.....	172	5GM/50ML.....	323
<i>galantamine</i>		GAMMAPLEX INJ 10%	
<i>hydrobromide tab 8 mg</i>		.....	323
.....	172	GAMMAPLEX INJ 5%	323
<i>galbriela</i>	268	GAMMGD ERC INJ	
<i>gallifrey</i>	287	10/100ML.....	323
GAMASTAN INJ.....	322	GAMMGD ERC INJ	
GAMMAGARD INJ		5GM/50ML.....	323
10GM/100	323	GAMUNEX-C INJ	
GAMMAGARD INJ		10GM/100	323
1GM/10ML.....	323	GAMUNEX-C INJ	
GAMMAGARD INJ		1GM/10ML.....	323
2.5GM/25	323	GAMUNEX-C INJ	
GAMMAGARD INJ		2.5GM/25	323
20GM/200	323	GAMUNEX-C INJ	
GAMMAGARD INJ		20GM/200	323
30GM/300	323	GAMUNEX-C INJ	
GAMMAGARD INJ		40/400ML.....	323
5GM/50ML.....	323	GAMUNEX-C INJ	
GAMMAGARD SD INJ		5GM/50ML.....	323
10GM HU.....	323	<i>ganciclovir sodium for inj</i>	
GAMMAGARD SD INJ		500 mg	73
5GM HU.....	323	GARDASIL 9 INJ.....	327
GAMMAKED INJ		<i>gatifloxacin ophth soln</i>	
10GM/100	323	0.5%	338

GATTEX KIT 5MG.....	298	GENOTROPIN INJ 0.2MG	
GAUZE PADS 2.....	258	.....	283
<i>gavilyte-c</i>	297	GENOTROPIN INJ 0.4MG	
<i>gavilyte-g</i>	297	.....	283
<i>gavilyte-n/flavor pack</i>		GENOTROPIN INJ 0.6MG	
.....	297	.....	283
GAVRETO CAP 100MG		GENOTROPIN INJ 0.8MG	
.....	110	.....	283
<i>gefitinib tab 250 mg.</i>	110	GENOTROPIN INJ 1.2MG	
<i>gemcitabine hcl for inj 1</i>		.....	283
<i>gm</i>	91	GENOTROPIN INJ 1.4MG	
<i>gemcitabine hcl for inj 2</i>		.....	283
<i>gm</i>	91	GENOTROPIN INJ 1.6MG	
<i>gemcitabine hcl for inj</i>		.....	283
<i>200 mg</i>	91	GENOTROPIN INJ 1.8MG	
<i>gemcitabine hcl inj 1</i>		.....	283
<i>gm/26.3ml (38 mg/ml)</i>		GENOTROPIN INJ 12MG	
<i>(base equiv)</i>	91	.....	283
<i>gemcitabine hcl inj 2</i>		GENOTROPIN INJ 1MG	
<i>gm/52.6ml (38 mg/ml)</i>		.....	283
<i>(base equiv)</i>	91	GENOTROPIN INJ 2MG	
<i>gemcitabine hcl inj 200</i>		.....	283
<i>mg/5.26ml (38 mg/ml)</i>		GENOTROPIN INJ 5MG	
<i>(base equiv)</i>	91	.....	283
<i>gemfibrozil tab 600 mg</i>		<i>gentamicin in saline inj</i>	
.....	147	<i>0.8 mg/ml</i>	58
GEMTESA TAB 75MG	304	<i>gentamicin in saline inj 1</i>	
<i>generlac</i>	297	<i>mg/ml</i>	58
<i>gengraf</i>	326	<i>gentamicin in saline inj</i>	
		<i>1.2 mg/ml</i>	58

<i>gentamicin in saline inj</i>		
1.6 mg/ml	58	
<i>gentamicin in saline inj 2</i>		
mg/ml	58	
<i>gentamicin sulfate</i>		
cream 0.1%	362	
<i>gentamicin sulfate inj 10</i>		
mg/ml	58	
<i>gentamicin sulfate inj 40</i>		
mg/ml	59	
<i>gentamicin sulfate oint</i>		
0.1%	362	
<i>gentamicin sulfate ophth</i>		
soln 0.3%	338	
GENVOYA TAB.....	70	
GILOTRIF TAB 20MG	110	
GILOTRIF TAB 30MG	110	
GILOTRIF TAB 40MG	110	
GLARGIN YFGN INJ		
100U/ML.....	258	
GLARGIN YFGN SOL		
100U/ML.....	259	
<i>glatiramer acetate soln</i>		
prefilled syringe 20		
mg/ml	243	
<i>glatiramer acetate soln</i>		
prefilled syringe 40		
mg/ml	243	
<i>glatopa</i>	243	
GLEOSTINE CAP 100MG		
.....	90	
GLEOSTINE CAP 10MG		
.....	90	
GLEOSTINE CAP 40MG		
.....	90	
<i>glimepiride tab 1 mg</i>	250	
<i>glimepiride tab 2 mg</i>	250	
<i>glimepiride tab 4 mg</i>	250	
<i>glipizide tab 10 mg ..</i>	251	
<i>glipizide tab 5 mg....</i>	250	
<i>glipizide tab er 24hr 10</i>		
mg	251	
<i>glipizide tab er 24hr 2.5</i>		
mg	251	
<i>glipizide tab er 24hr 5</i>		
mg	251	
<i>glipizide-metformin hcl</i>		
tab 2.5-250 mg	251	
<i>glipizide-metformin hcl</i>		
tab 2.5-500 mg	251	
<i>glipizide-metformin hcl</i>		
tab 5-500 mg	251	
<i>glycopyrrolate tab 1 mg</i>		
.....	295	
<i>glycopyrrolate tab 2 mg</i>		
.....	295	
<i>glydo</i>	369	
GLYXAMBI TAB 10-5 MG		
.....	251	

GLYXAMBI TAB 25-5 MG
 251
 GOMEKLI CAP 1MG .. 110
 GOMEKLI CAP 2MG .. 111
 GOMEKLI TAB 1MG .. 111
granisetron hcl inj 1
mg/ml 291
granisetron hcl inj 4
mg/4ml (1 mg/ml) . 291
granisetron hcl tab 1 mg
 291
griseofulvin microsize
susp 125 mg/5ml..... 64
griseofulvin microsize
tab 500 mg 64
griseofulvin
ultramicrosize tab 125
mg..... 64
griseofulvin
ultramicrosize tab 250
mg..... 64
guanfacine hcl tab 1 mg
 164
guanfacine hcl tab 2 mg
 164
guanfacine hcl tab er
24hr 1 mg (base equiv)
 232

guanfacine hcl tab er
24hr 2 mg (base equiv)
 232
guanfacine hcl tab er
24hr 3 mg (base equiv)
 233
guanfacine hcl tab er
24hr 4 mg (base equiv)
 233
 GVOKE HYPO 1 INJ
 0.5/.1ML 281
 GVOKE HYPO 1 INJ
 1/0.2ML 281
 GVOKE HYPO 2 INJ
 0.5/.1ML 281
 GVOKE HYPO 2 INJ
 1/0.2ML 281
 GVOKE KIT SOL 1/0.2ML
 281
 GVOKE PFS INJ 1/0.2ML
 281
H
 HADLIMA INJ 40/0.4ML
 315
 HADLIMA INJ 40/0.8ML
 315
 HADLIMA PUSH INJ
 40/0.4ML..... 316
 HADLIMA PUSH INJ
 40/0.8ML..... 316

HAEGARDA INJ	
2000UNIT	311
HAEGARDA INJ	
3000UNIT	311
<i>hailey 1.5/30</i>	268
<i>hailey 24 fe</i>	268
<i>hailey fe 1/20</i>	268
<i>halobetasol propionate</i>	
cream 0.05%	368
<i>halobetasol propionate</i>	
oint 0.05%.....	368
<i>haloperidol decanoate im</i>	
soln 100 mg/ml	198
<i>haloperidol decanoate im</i>	
soln 50 mg/ml	198
<i>haloperidol lactate inj 5</i>	
mg/ml	198
<i>haloperidol lactate oral</i>	
conc 2 mg/ml	198
<i>haloperidol tab 0.5 mg</i>	
.....	198
<i>haloperidol tab 1 mg</i>	198
<i>haloperidol tab 10 mg</i>	
.....	198
<i>haloperidol tab 2 mg</i>	198
<i>haloperidol tab 20 mg</i>	
.....	199
<i>haloperidol tab 5 mg</i>	198
HAVRIX INJ 1440UNIT	
.....	327
HAVRIX INJ 720UNIT	327
<i>heather</i>	268
HEP SOD/NACL INJ	
25000UNT	308
<i>heparin sodium</i>	
(porcine) inj 1000	
unit/ml	308
<i>heparin sodium</i>	
(porcine) inj 10000	
unit/ml	308
<i>heparin sodium</i>	
(porcine) inj 20000	
unit/ml	308
<i>heparin sodium</i>	
(porcine) inj 5000	
unit/ml	308
<i>heparin sodium</i>	
(porcine) pf inj 1000	
unit/ml	309
HEPLISAV-B INJ	
20/0.5ML	327
HERCEP HYLEC SOL 60-	
10000	111
HERCEPTIN INJ 150MG	
.....	111
HERCESSI INJ 150MG	
.....	111
HERCESSI INJ 420MG	
.....	111

HERNEXEOS TAB 60MG		
.....	111	
HERZUMA INJ 150MG		
.....	111	
HERZUMA INJ 420MG		
.....	111	
HIBERIX SOL 10MCG	327	
HUMALOG INJ 100/ML		
.....	259	
HUMALOG JR INJ		
100/ML.....	259	
HUMALOG KWPN INJ		
100/ML.....	259	
HUMALOG KWPN INJ		
200/ML.....	259	
HUMALOG MIX INJ		
50/50KWP	259	
HUMALOG MIX INJ		
75/25KWP	259	
HUMALOG MIX SUS		
75/25.....	259	
HUMALOG TMPO INJ		
100/ML.....	259	
HUMIRA INJ 10/0.1ML		
.....	316	
HUMIRA INJ 20/0.2ML		
.....	316	
HUMIRA INJ 40/0.4ML		
.....	316	
HUMIRA KIT 40MG/0.8		
.....	316	
HUMIRA PEN INJ		
40/0.4ML.....	316	
HUMIRA PEN INJ		
40MG/0.8	316	
HUMIRA PEN INJ		
80/0.8ML.....	317	
HUMIRA PEN KIT		
CD/UC/HS	317	
HUMIRA PEN KIT PS/UV		
.....	317	
HUMULIN INJ 70/30.	259	
HUMULIN INJ 70/30KWP		
.....	259	
HUMULIN N INJ U-100		
.....	259	
HUMULIN N INJ U-		
100KWP	259	
HUMULIN R INJ U-100		
.....	259	
HUMULIN R INJ U-500		
.....	259	
HUMULIN R INJ U-		
500KWP	259	
<i>hydralazine hcl inj 20</i>		
<i>mg/ml.....</i>	164	
<i>hydralazine hcl tab 10</i>		
<i>mg</i>	164	

<i>hydralazine hcl tab 100</i>		<i>hydrocodone bitartrate</i>	
<i>mg.....</i>	<i>164</i>	<i>tab er 24hr deter 60</i>	
<i>hydralazine hcl tab 25</i>		<i>mg</i>	<i>50</i>
<i>mg.....</i>	<i>164</i>	<i>hydrocodone bitartrate</i>	
<i>hydralazine hcl tab 50</i>		<i>tab er 24hr deter 80</i>	
<i>mg.....</i>	<i>164</i>	<i>mg</i>	<i>50</i>
<i>hydrochlorothiazide cap</i>		<i>hydrocodone-</i>	
<i>12.5 mg</i>	<i>161</i>	<i>acetaminophen soln</i>	
<i>hydrochlorothiazide tab</i>		<i>7.5-325 mg/15ml</i>	<i>53</i>
<i>12.5 mg</i>	<i>161</i>	<i>hydrocodone-</i>	
<i>hydrochlorothiazide tab</i>		<i>acetaminophen tab 10-</i>	
<i>25 mg</i>	<i>161</i>	<i>325 mg</i>	<i>53</i>
<i>hydrochlorothiazide tab</i>		<i>hydrocodone-</i>	
<i>50 mg</i>	<i>161</i>	<i>acetaminophen tab 5-</i>	
<i>hydrocodone bitartrate</i>		<i>325 mg</i>	<i>53</i>
<i>tab er 24hr deter 100</i>		<i>hydrocodone-</i>	
<i>mg.....</i>	<i>50</i>	<i>acetaminophen tab</i>	
<i>hydrocodone bitartrate</i>		<i>7.5-325 mg</i>	<i>53</i>
<i>tab er 24hr deter 120</i>		<i>hydrocodone-ibuprofen</i>	
<i>mg.....</i>	<i>50</i>	<i>tab 7.5-200 mg</i>	<i>53</i>
<i>hydrocodone bitartrate</i>		<i>hydrocortisone cream</i>	
<i>tab er 24hr deter 20</i>		<i>1%</i>	<i>368</i>
<i>mg.....</i>	<i>50</i>	<i>hydrocortisone cream</i>	
<i>hydrocodone bitartrate</i>		<i>2.5%</i>	<i>368</i>
<i>tab er 24hr deter 30</i>		<i>hydrocortisone enema</i>	
<i>mg.....</i>	<i>50</i>	<i>100 mg/60ml</i>	<i>296</i>
<i>hydrocodone bitartrate</i>		<i>hydrocortisone lotion</i>	
<i>tab er 24hr deter 40</i>		<i>2.5%</i>	<i>368</i>
<i>mg.....</i>	<i>50</i>	<i>hydrocortisone oint 1%</i>	
		<i>.....</i>	<i>368</i>

hydrocortisone oint
 2.5% 368
hydrocortisone perianal
 cream 1%..... 371
hydrocortisone perianal
 cream 2.5% 371
hydrocortisone sodium
 succinate pf for inj 100
 mg..... 278
hydrocortisone tab 10
 mg..... 278
hydrocortisone tab 20
 mg..... 278
hydrocortisone tab 5 mg
 278
hydrocortisone valerate
 cream 0.2% 368
hydrocortisone w/ acetic
 acid otic soln 1-2% 343
hydromorphone hcl liqd
 1 mg/ml 53
hydromorphone hcl tab
 2 mg 54
hydromorphone hcl tab
 4 mg 54
hydromorphone hcl tab
 8 mg 54
hydroxychloroquine
 sulfate tab 200 mg. 322

hydroxyurea cap 500 mg
 99
hydroxyzine hcl im soln
 25 mg/ml 346
hydroxyzine hcl im soln
 50 mg/ml 346
hydroxyzine hcl syrup 10
 mg/5ml 346
hydroxyzine hcl tab 10
 mg 346
hydroxyzine hcl tab 25
 mg 346
hydroxyzine hcl tab 50
 mg 347
hydroxyzine pamoate
 cap 25 mg 347
hydroxyzine pamoate
 cap 50 mg 347
 HYRNUO TAB 10MG . 111

I

ibandronate sodium tab
 150 mg (base
 equivalent) 263
 IBRANCE CAP 100MG 112
 IBRANCE CAP 125MG 112
 IBRANCE CAP 75MG. 111
 IBRANCE TAB 100MG 112
 IBRANCE TAB 125MG 112
 IBRANCE TAB 75MG. 112
 IBTROZI CAP 200MG 112

<i>ibu</i>	48	IMBRUVICA TAB 140MG	
<i>ibuprofen susp 100</i>		.....	113
<i>mg/5ml</i>	48	IMBRUVICA TAB 280MG	
<i>ibuprofen tab 400 mg.</i>	48	.....	113
<i>ibuprofen tab 600 mg.</i>	48	IMBRUVICA TAB 420MG	
<i>ibuprofen tab 800 mg.</i>	48	.....	113
<i>icatibant acetate</i>		<i>imipenem-cilastatin</i>	
<i>subcutaneous soln pref</i>		<i>intravenous for soln</i>	
<i>syr 30 mg/3ml</i>	311	<i>250 mg</i>	59
<i>iclevia</i>	268	<i>imipenem-cilastatin</i>	
ICLUSIG TAB 10MG..	112	<i>intravenous for soln</i>	
ICLUSIG TAB 15MG..	112	<i>500 mg</i>	59
ICLUSIG TAB 30MG..	112	<i>imipramine hcl tab 10</i>	
ICLUSIG TAB 45MG..	112	<i>mg</i>	182
IDHIFA TAB 100MG..	113	<i>imipramine hcl tab 25</i>	
IDHIFA TAB 50MG ...	113	<i>mg</i>	182
IDVYNISO TAB 100-0.25		<i>imipramine hcl tab 50</i>	
.....	70	<i>mg</i>	182
<i>imatinib mesylate tab</i>		<i>imiquimod cream 5%</i>	
<i>100 mg (base</i>		.....	371
<i>equivalent)</i>	113	IMKELDI SOL 80MG/ML	
<i>imatinib mesylate tab</i>		.....	114
<i>400 mg (base</i>		IMOVAX RABIE INJ	
<i>equivalent)</i>	113	<i>2.5/ML</i>	327
IMBRUVICA CAP 140MG		INBRIJA CAP 42MG..	189
.....	113	<i>incassia</i>	268
IMBRUVICA CAP 70MG		INCRELEX INJ	
.....	113	<i>40MG/4ML</i>	283
IMBRUVICA SUS		INCRUSE ELPT INH	
<i>70MG/ML</i>	113	<i>62.5MCG</i>	344

<i>indapamide tab 1.25 mg</i>	INTRALIPID INJ 30% 336
..... 161	<i>introvale</i> 268
<i>indapamide tab 2.5 mg</i>	INVEGA HAFYE INJ
..... 161	1092MG 199
INFANRIX INJ..... 328	INVEGA HAFYE INJ
INFLIXIMAB INJ 100MG	1560MG 199
..... 317	INVEGA SUST INJ
INLURIYO TAB 200MG 94	117/0.75 199
INLYTA TAB 1MG 114	INVEGA SUST INJ
INLYTA TAB 5MG 114	156MG/ML 199
INQOVI TAB 35-100MG	INVEGA SUST INJ
..... 91	234/1.5 199
INREBIC CAP 100MG 114	INVEGA SUST INJ
INSULIN GLAR INJ	39/0.25 199
300/ML 259	INVEGA SUST INJ
INSULIN LISP INJ	78/0.5ML 199
100/ML 259	INVEGA TRINZ INJ
INSULIN LISP INJ JR	273MG 200
KWPN 259	INVEGA TRINZ INJ
INSULIN LISP INJ PROT	410MG 200
KWP 259	INVEGA TRINZ INJ
INSULIN PEN NEEDLES:	546MG 200
EMBECTA-BD 260	INVEGA TRINZ INJ
INSULIN SAFETY	819MG 200
NEEDLES: EMBECTA-	IPOL INJ INACTIVE .. 328
BD 260	<i>ipratropium bromide hfa</i>
INSULIN SYRINGES:	<i>inhal aerosol 17</i>
EMBECTA-BD 260	<i>mcg/act</i> 344
INTELENCE TAB 25MG 67	<i>ipratropium bromide</i>
INTRALIPID INJ 20% 336	<i>inhal soln 0.02% ... 344</i>

<i>ipratropium bromide</i> <i>nasal soln 0.03% (21</i> <i>mcg/spray) 345</i>	ISENTRESS CHW 25MG 67
<i>ipratropium bromide</i> <i>nasal soln 0.06% (42</i> <i>mcg/spray) 345</i>	ISENTRESS HD TAB 600MG 67
<i>ipratropium-albuterol</i> <i>nebu soln 0.5-2.5(3)</i> <i>mg/3ml 344</i>	ISENTRESS POW 100MG 67
<i>irbesartan tab 150 mg</i> 144	ISENTRESS TAB 400MG 67
<i>irbesartan tab 300 mg</i> 144	<i>isibloom 268</i>
<i>irbesartan tab 75 mg</i> 144	ISOLYTE-P INJ /D5W 330
<i>irbesartan-</i> <i>hydrochlorothiazide tab</i> <i>150-12.5 mg 140</i>	ISOLYTE-S INJ PH 7.4 330
<i>irbesartan-</i> <i>hydrochlorothiazide tab</i> <i>300-12.5 mg 140</i>	<i>isoniazid syrup 50</i> <i>mg/5ml 71</i>
<i>irinotecan hcl inj 100</i> <i>mg/5ml (20 mg/ml) .99</i>	<i>isoniazid tab 100 mg.. 71</i>
<i>irinotecan hcl inj 300</i> <i>mg/15ml (20 mg/ml) 99</i>	<i>isoniazid tab 300 mg.. 71</i>
<i>irinotecan hcl inj 40</i> <i>mg/2ml (20 mg/ml) .99</i>	<i>isosorbide dinitrate tab</i> <i>10 mg 165</i>
<i>irinotecan hcl inj 500</i> <i>mg/25ml (20 mg/ml) 99</i>	<i>isosorbide dinitrate tab</i> <i>20 mg 165</i>
ISENTRESS CHW 100MG 67	<i>isosorbide dinitrate tab</i> <i>30 mg 165</i>
	<i>isosorbide dinitrate tab 5</i> <i>mg 165</i>
	<i>isosorbide mononitrate</i> <i>tab er 24hr 120 mg 165</i>
	<i>isosorbide mononitrate</i> <i>tab er 24hr 30 mg . 165</i>
	<i>isosorbide mononitrate</i> <i>tab er 24hr 60 mg . 165</i>

<i>isotretinoin cap 10 mg</i>	<i>jantoven</i>	309
..... 361	JANUMET TAB 50-1000	
<i>isotretinoin cap 20 mg</i>	 251	
..... 361	JANUMET TAB 50-500MG	
<i>isotretinoin cap 30 mg</i>	 251	
..... 361	JANUMET XR TAB 100-	
<i>isotretinoin cap 40 mg</i>	1000..... 252	
..... 361	JANUMET XR TAB 50-	
<i>isradipine cap 2.5 mg</i>	1000..... 252	
..... 158	JANUMET XR TAB 50-	
<i>isradipine cap 5 mg..</i>	500MG 252	
158	JANUVIA TAB 100MG	252
ITOVEBI TAB 3MG ...	JANUVIA TAB 25MG .	252
114	JANUVIA TAB 50MG .	252
ITOVEBI TAB 9MG ...	JARDIANCE TAB 10MG	
114	 252	
<i>itraconazole cap 100 mg</i>	JARDIANCE TAB 25MG	
..... 64	 252	
<i>ivabradine hcl tab 5 mg</i>	<i>jasmiel</i>	268
(base equiv).....	<i>javygtor</i>	283
164	JAYPIRCA TAB 100MG	
<i>ivabradine hcl tab 7.5</i>	 115	
mg (base equiv)	JAYPIRCA TAB 50MG	115
164	<i>jencycla</i>	268
<i>ivermectin tab 3 mg...</i>	JENTADUETO TAB 2.5-	
59	1000.....	252
<i>ivermectin tab 6 mg...</i>	JENTADUETO TAB 2.5-	
59	500.....	252
IWILFIN TAB 192MG	JENTADUETO TAB 2.5-	
100	850.....	252
IXIARO INJ		
328		
J		
<i>jaimiess</i>		268
JAKAFI TAB 10MG....		114
JAKAFI TAB 15MG....		114
JAKAFI TAB 20MG....		114
JAKAFI TAB 25MG....		115
JAKAFI TAB 5MG		114

JENTADUETO TAB XR
 2.5-1000MG..... 253
 JENTADUETO TAB XR 5-
 1000MG..... 253
jinteli 277
jolessa 268
 JOURNAVX TAB 50MG 46
juleber 268
 JULUCA TAB 50-25MG 70
junel 1.5/30..... 268
junel 1/20 268
junel fe 1.5/30 268
junel fe 1/20 268
junel fe 24..... 268
 JYLAMVO SOL 2MG/ML
 322
 JYNNEOS INJ 328
K
 KADCYLA INJ 100MG 115
 KADCYLA INJ 160MG 115
kaitlib fe..... 268
 KALETRA SOL..... 70
 KALYDECO GRA 13.4MG
 352
 KALYDECO GRA 5.8MG
 352
 KALYDECO PAK 25MG
 352
 KALYDECO PAK 50MG
 352

KALYDECO PAK 75MG
 352
 KALYDECO TAB 150MG
 352
 KANJINTI INJ 420MG 115
 KANJINTI SOL 150MG
 115
kariva 269
kcl 10 meq/l (0.075%)
in dextrose 5% & nacl
0.45% inj 330
kcl 20 meq/l (0.149%)
in nacl 0.45% inj ... 331
kcl 20 meq/l (0.149%)
in nacl 0.9% inj 331
kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.45% inj 330
kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.9% inj 330
kcl 20 meq/l (0.15%) in
nacl 0.45% inj..... 331
kcl 20 meq/l (0.15%) in
nacl 0.9% inj 331
kcl 30 meq/l (0.224%)
in dextrose 5% & nacl
0.45% inj 331
kcl 40 meq/l (0.298%)
in nacl 0.9% inj 331

<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	331
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	331
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	331
KCL/D5W/NACL INJ 0.15/0.2	331
KCL/D5W/NACL INJ 0.3/0.9%	331
<i>kelnor 1/35</i>	269
KERENDIA TAB 10MG	137
KERENDIA TAB 20MG	137
KERENDIA TAB 40MG	137
KESIMPTA INJ 20/.4ML	243
<i>ketoconazole cream 2%</i>	363
<i>ketoconazole shampoo 2%</i>	363
<i>ketoconazole tab 200 mg</i>	64
<i>ketorolac tromethamine ophth soln 0.4%</i>	340
<i>ketorolac tromethamine ophth soln 0.5%</i>	340
KEYTRUDA INJ 100MG/4M	115
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	115
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	115
KINERET INJ	317
KINRIX INJ	328
<i>kionex</i>	264
KISQALI 200 DOSE..	115
KISQALI 400 DOSE..	115
KISQALI 600 DOSE..	115
<i>klayesta</i>	363
<i>klor-con</i>	334
<i>klor-con 10</i>	334
KLOR-CON 10 TAB 10MEQ ER	334
<i>klor-con 8</i>	334
KLOR-CON 8 TAB 8MEQ ER	334
<i>klor-con m10</i>	334
<i>klor-con m15</i>	334
<i>klor-con m20</i>	334
KLOXXADO SPR 8MG	247
KOMZIFTI CAP 200MG	116

KOSELUGO CAP 10MG		<i>lactated ringer's solution</i>	
.....	116	.....	331
KOSELUGO CAP 25MG		<i>lactic acid (ammonium</i>	
.....	116	<i>lactate) cream 12%</i>	371
KOSELUGO CAP 5MG	116	<i>lactic acid (ammonium</i>	
KOSELUGO CAP 7.5MG		<i>lactate) lotion 12%</i>	371
.....	116	<i>lactulose</i>	
<i>kourzeq</i>	373	<i>(encephalopathy)</i>	
KRAZATI TAB 200MG	116	<i>solution 10 gm/15ml</i>	
<i>kurvelo</i>	269	.....	297
L		<i>lactulose solution 10</i>	
<i>labetalol hcl tab 100 mg</i>		<i>gm/15ml</i>	297
.....	153	<i>lamivudine oral soln 10</i>	
<i>labetalol hcl tab 200 mg</i>		<i>mg/ml</i>	67
.....	153	<i>lamivudine tab 100 mg</i>	
<i>labetalol hcl tab 300 mg</i>		<i>(hbv)</i>	73
.....	153	<i>lamivudine tab 150 mg</i>	
<i>lacosamide iv inj 200</i>		.....	67
<i>mg/20ml (10 mg/ml)</i>		<i>lamivudine tab 300 mg</i>	
.....	218	.....	67
<i>lacosamide oral</i>	218	<i>lamivudine-zidovudine</i>	
<i>lacosamide tab 100 mg</i>		<i>tab 150-300 mg</i>	71
.....	218	<i>lamotrigine tab 100 mg</i>	
<i>lacosamide tab 150 mg</i>		.....	218
.....	218	<i>lamotrigine tab 150 mg</i>	
<i>lacosamide tab 200 mg</i>		.....	218
.....	218	<i>lamotrigine tab 200 mg</i>	
<i>lacosamide tab 50 mg</i>		.....	218
.....	218	<i>lamotrigine tab 25 mg</i>	
LACTATED RIN INJ...	331	.....	218

<i>lamotrigine tab chewable dispersible 25 mg ..</i>	218	<i>larin 1/20</i>	269
<i>lamotrigine tab chewable dispersible 5 mg</i>	218	<i>larin 24 fe</i>	269
<i>lamotrigine tab er 24hr 100 mg</i>	219	<i>larin fe 1.5/30.....</i>	269
<i>lamotrigine tab er 24hr 200 mg</i>	219	<i>larin fe 1/20</i>	269
<i>lamotrigine tab er 24hr 25 mg</i>	218	<i>latanoprost ophth soln 0.005%.....</i>	341
<i>lamotrigine tab er 24hr 250 mg</i>	219	<i>LAZCLUZE TAB 240MG</i>	117
<i>lamotrigine tab er 24hr 300 mg</i>	219	<i>LAZCLUZE TAB 80MG</i>	116
<i>lamotrigine tab er 24hr 50 mg</i>	219	<i>leflunomide tab 10 mg</i>	322
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	283	<i>leflunomide tab 20 mg</i>	322
<i>lansoprazole cap delayed release 15 mg</i>	301	<i>lenalidomide cap 10 mg</i>	97
<i>lansoprazole cap delayed release 30 mg</i>	301	<i>lenalidomide cap 15 mg</i>	97
<i>LANTUS INJ 100/ML.</i>	260	<i>lenalidomide cap 20 mg</i>	97
<i>LANTUS SOLOS INJ 100/ML.....</i>	260	<i>lenalidomide cap 25 mg</i>	97
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	116	<i>lenalidomide cap 5 mg</i>	96
<i>larin 1.5/30</i>	269	<i>lenalidomide caps 2.5 mg</i>	97
		<i>LENVIMA CAP 10 MG</i>	117
		<i>LENVIMA CAP 12MG.</i>	117
		<i>LENVIMA CAP 14 MG</i>	117
		<i>LENVIMA CAP 18 MG</i>	117
		<i>LENVIMA CAP 20 MG</i>	117

LENVIMA CAP 24 MG	118	<i>levalbuterol hcl soln</i>	
LENVIMA CAP 4MG...	117	<i>nebu 0.31 mg/3ml</i>	
LENVIMA CAP 8 MG..	117	<i>(base equiv)</i>	349
<i>lessina</i>	269	<i>levalbuterol hcl soln</i>	
<i>letrozole tab 2.5 mg...</i>	94	<i>nebu 0.63 mg/3ml</i>	
<i>leucovorin calcium for inj</i>		<i>(base equiv)</i>	349
<i>100 mg</i>	100	<i>levalbuterol hcl soln</i>	
<i>leucovorin calcium for inj</i>		<i>nebu 1.25 mg/3ml</i>	
<i>200 mg</i>	100	<i>(base equiv)</i>	349
<i>leucovorin calcium for inj</i>		<i>levalbuterol hcl soln</i>	
<i>350 mg</i>	100	<i>nebu conc 1.25</i>	
<i>leucovorin calcium for inj</i>		<i>mg/0.5ml (base equiv)</i>	
<i>50 mg</i>	100	<i>.....</i>	349
<i>leucovorin calcium for inj</i>		<i>levalbuterol tartrate</i>	
<i>500 mg</i>	100	<i>inhal aerosol 45</i>	
<i>leucovorin calcium inj</i>		<i>mcg/act (base equiv)</i>	
<i>500 mg/50ml (10</i>		<i>.....</i>	349
<i>mg/ml).....</i>	100	<i>levetiracetam in sodium</i>	
<i>leucovorin calcium tab</i>		<i>chloride iv soln 1000</i>	
<i>10 mg</i>	100	<i>mg/100ml</i>	219
<i>leucovorin calcium tab</i>		<i>levetiracetam in sodium</i>	
<i>15 mg</i>	100	<i>chloride iv soln 1500</i>	
<i>leucovorin calcium tab</i>		<i>mg/100ml</i>	219
<i>25 mg</i>	100	<i>levetiracetam in sodium</i>	
<i>leucovorin calcium tab 5</i>		<i>chloride iv soln 500</i>	
<i>mg.....</i>	100	<i>mg/100ml</i>	219
LEUKERAN TAB 2MG ..	90	<i>levetiracetam inj 500</i>	
<i>leuprolide acetate inj kit</i>		<i>mg/5ml (100 mg/ml)</i>	
<i>1 mg/0.2ml (5 mg/ml)</i>		<i>.....</i>	219
<i>.....</i>	94		

<i>levetiracetam oral soln</i>		
100 mg/ml.....	219	
<i>levetiracetam tab 1000</i>		
mg.....	220	
<i>levetiracetam tab 250</i>		
mg.....	219	
<i>levetiracetam tab 500</i>		
mg.....	219	
<i>levetiracetam tab 750</i>		
mg.....	220	
<i>levetiracetam tab</i>		
<i>disintegrating soluble</i>		
250 mg	220	
<i>levetiracetam tab</i>		
<i>disintegrating soluble</i>		
500 mg	220	
<i>levetiracetam tab er</i>		
24hr 500 mg	220	
<i>levetiracetam tab er</i>		
24hr 750 mg	220	
<i>levobunolol hcl ophth</i>		
soln 0.5%	341	
<i>levocarnitine oral soln 1</i>		
gm/10ml (10%)	283	
<i>levocarnitine tab 330 mg</i>		
.....	283	
<i>levocetirizine</i>		
<i>dihydrochloride soln</i>		
2.5 mg/5ml (0.5		
mg/ml).....	347	
<i>levocetirizine</i>		
<i>dihydrochloride tab 5</i>		
mg	347	
<i>levofloxacin in d5w iv</i>		
soln 250 mg/50ml ...	81	
<i>levofloxacin in d5w iv</i>		
soln 500 mg/100ml..	81	
<i>levofloxacin in d5w iv</i>		
soln 750 mg/150ml..	81	
<i>levofloxacin iv soln 25</i>		
mg/ml.....	81	
<i>levofloxacin oral soln 25</i>		
mg/ml.....	81	
<i>levofloxacin tab 250 mg</i>		
.....	81	
<i>levofloxacin tab 500 mg</i>		
.....	81	
<i>levofloxacin tab 750 mg</i>		
.....	82	
<i>levonest.....</i>	269	
<i>levonor-eth est tab</i>		
0.15-0.02/0.025/0.03		
mg ð est 0.01 mg		
.....	269	
<i>levonorgestrel & ethinyl</i>		
<i>estradiol (91-day) tab</i>		
0.15-0.03 mg.....	269	
<i>levonorgestrel & ethinyl</i>		
<i>estradiol tab 0.1 mg-20</i>		
mcg	269	

<i>levonorgestrel-eth estra</i>	
<i>tab 0.05-30/0.075-</i>	
<i>40/0.125-30mg-mcg</i>	
.....	270
<i>levonorgestrel-ethinyl</i>	
<i>estradiol (continuous)</i>	
<i>tab 90-20 mcg</i>	270
<i>levonorg-eth est tab</i>	
<i>0.1-0.02mg(84) & eth</i>	
<i>est tab 0.01mg(7)..</i>	269
<i>levora 0.15/30-28 ...</i>	270
<i>levothyroxine sodium</i>	
<i>tab 100 mcg</i>	288
<i>levothyroxine sodium</i>	
<i>tab 112 mcg</i>	288
<i>levothyroxine sodium</i>	
<i>tab 125 mcg</i>	288
<i>levothyroxine sodium</i>	
<i>tab 137 mcg</i>	288
<i>levothyroxine sodium</i>	
<i>tab 150 mcg</i>	289
<i>levothyroxine sodium</i>	
<i>tab 175 mcg</i>	289
<i>levothyroxine sodium</i>	
<i>tab 200 mcg</i>	289
<i>levothyroxine sodium</i>	
<i>tab 25 mcg</i>	288
<i>levothyroxine sodium</i>	
<i>tab 300 mcg</i>	289
<i>levothyroxine sodium</i>	
<i>tab 50 mcg</i>	288
<i>levothyroxine sodium</i>	
<i>tab 75 mcg</i>	288
<i>levothyroxine sodium</i>	
<i>tab 88 mcg</i>	288
<i>levoxyl.....</i>	289
<i>l-glutamine (sickle cell)</i>	
.....	312
<i>lidocaine hcl local inj</i>	
<i>0.5%</i>	46
<i>lidocaine hcl local inj 1%</i>	
.....	46
<i>lidocaine hcl local inj 2%</i>	
.....	46
<i>lidocaine hcl local</i>	
<i>preservative free (pf)</i>	
<i>inj 0.5%</i>	46
<i>lidocaine hcl local</i>	
<i>preservative free (pf)</i>	
<i>inj 1%.....</i>	46
<i>lidocaine hcl local</i>	
<i>preservative free (pf)</i>	
<i>inj 1.5%</i>	46
<i>lidocaine hcl soln 4% 370</i>	
<i>lidocaine hcl</i>	
<i>urethral/mucosal gel</i>	
<i>prefilled syringe 2%370</i>	
<i>lidocaine hcl viscous soln</i>	
<i>2%</i>	373

<i>lidocaine oint 5%.....</i>	370	<i>lisinopril &</i>	
<i>lidocaine patch 5% ..</i>	370	<i>hydrochlorothiazide tab</i>	
<i>lidocaine-prilocaine</i>		<i>10-12.5 mg</i>	135
<i>cream 2.5-2.5%</i>	370	<i>lisinopril &</i>	
<i>lidocan</i>	370	<i>hydrochlorothiazide tab</i>	
LIFYORLI CAP 125MG DS		<i>20-12.5 mg</i>	135
.....	95	<i>lisinopril &</i>	
LIFYORLI CAP 150MG DS		<i>hydrochlorothiazide tab</i>	
.....	95	<i>20-25 mg</i>	135
LILETTA IUD 52MG ..	270	<i>lisinopril tab 10 mg..</i>	136
<i>linezolid for susp 100</i>		<i>lisinopril tab 2.5 mg.</i>	136
<i>mg/5ml</i>	59	<i>lisinopril tab 20 mg..</i>	136
LINEZOLID INJ 2MG/ML		<i>lisinopril tab 30 mg..</i>	136
.....	59	<i>lisinopril tab 40 mg..</i>	136
<i>linezolid iv soln 600</i>		<i>lisinopril tab 5 mg....</i>	136
<i>mg/300ml (2 mg/ml)</i>	59	<i>lithium carbonate cap</i>	
<i>linezolid tab 600 mg ..</i>	59	<i>150 mg</i>	241
LINZESS CAP 145MCG		<i>lithium carbonate cap</i>	
.....	298	<i>300 mg</i>	241
LINZESS CAP 290MCG		<i>lithium carbonate cap</i>	
.....	298	<i>600 mg</i>	241
LINZESS CAP 72MCG	298	<i>lithium carbonate tab</i>	
<i>liomny</i>	289	<i>300 mg</i>	241
<i>liothyronine sodium tab</i>		<i>lithium carbonate tab er</i>	
<i>25 mcg.....</i>	289	<i>300 mg</i>	241
<i>liothyronine sodium tab</i>		<i>lithium carbonate tab er</i>	
<i>5 mcg</i>	289	<i>450 mg</i>	241
<i>liothyronine sodium tab</i>		<i>lithium oral solution 8</i>	
<i>50 mcg.....</i>	289	<i>meq/5ml</i>	241

LIVTENCITY TAB 200MG	
.....	73
<i>loestrin 1.5/30-21 ...</i>	270
<i>loestrin 1/20-21</i>	270
<i>loestrin fe 1.5/30.....</i>	270
<i>loestrin fe 1/20</i>	270
<i>lojaimiess</i>	270
LOKELMA PAK 10GM	265
LOKELMA PAK 5GM ..	264
<i>lomustine cap 10 mg..</i>	90
<i>lomustine cap 100 mg</i>	90
<i>lomustine cap 40 mg..</i>	90
LONSURF TAB 15-6.	14
.....	92
LONSURF TAB 20-8.	19
.....	92
<i>loperamide hcl cap 2 mg</i>	
.....	298
<i>lopinavir-ritonavir tab</i>	
100-25 mg.....	71
<i>lopinavir-ritonavir tab</i>	
200-50 mg.....	71
<i>lorazepam conc 2 mg/ml</i>	
.....	171
<i>lorazepam inj 2 mg/ml</i>	
.....	171
<i>lorazepam inj 4 mg/ml</i>	
.....	171
<i>lorazepam intensol...</i>	171
<i>lorazepam tab 0.5 mg</i>	
.....	171
<i>lorazepam tab 1 mg.</i>	171
<i>lorazepam tab 2 mg.</i>	171
LORBRENA TAB 100MG	
.....	118
LORBRENA TAB 25MG	
.....	118
<i>loryna</i>	270
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab</i>	
100-12.5 mg.....	140
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab</i>	
100-25 mg	141
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab</i>	
50-12.5 mg	140
<i>losartan potassium tab</i>	
100 mg	144
<i>losartan potassium tab</i>	
25 mg	144
<i>losartan potassium tab</i>	
50 mg	144
LOTEMAX OIN 0.5%.	340
<i>loteprednol etabonate-</i>	
<i>tobramycin ophth susp</i>	
0.5-0.3%.....	337
<i>lovastatin tab 10 mg</i>	148
<i>lovastatin tab 20 mg</i>	148

<i>lovastatin tab 40 mg</i>	148	LUPR DEP-PED INJ 3M	
<i>low-ogestrel</i>	270	30MG	284
<i>loxapine succinate cap</i>		LUPR DEP-PED INJ	
10 mg	200	7.5MG	284
<i>loxapine succinate cap</i>		LUPRON DEPOT INJ	
25 mg	200	11.25MG	95
<i>loxapine succinate cap 5</i>		LUPRON DEPOT INJ	
<i>mg</i>	200	3.75MG	95
<i>loxapine succinate cap</i>		LUPRON DEPOT INJ	
50 mg	200	45MG	284
<i>lubiprostone cap 24 mcg</i>		<i>lurasidone hcl tab 120</i>	
.....	298	mg	201
<i>lubiprostone cap 8 mcg</i>		<i>lurasidone hcl tab 20 mg</i>	
.....	298	.....	200
<i>luizza 1.5/30</i>	270	<i>lurasidone hcl tab 40 mg</i>	
<i>luizza 1/20</i>	270	.....	200
LUMAKRAS TAB 120MG		<i>lurasidone hcl tab 60 mg</i>	
.....	118	.....	200
LUMAKRAS TAB 240MG		<i>lurasidone hcl tab 80 mg</i>	
.....	118	.....	201
LUMAKRAS TAB 320MG		<i>lutra</i>	270
.....	118	LYBALVI TAB 10-10MG	
LUMIGAN SOL 0.01% OP		.....	201
.....	341	LYBALVI TAB 15-10MG	
LUMIZYME INJ 50MG	284	.....	201
LUPR DEP-PED INJ		LYBALVI TAB 20-10MG	
11.25MG.....	284	.....	201
LUPR DEP-PED INJ 15MG		LYBALVI TAB 5-10MG	
.....	284	.....	201
		<i>lyleq</i>	270

lyllana 277
 LYNPARZA TAB 100MG
 118
 LYNPARZA TAB 150MG
 118
 LYSODREN TAB 500MG
 95
 LYTGGOBI (12 MG DAILY
 DOSE)..... 118
 LYTGGOBI (16 MG DAILY
 DOSE)..... 119
 LYTGGOBI (20 MG DAILY
 DOSE)..... 119
 LYUMJEV INJ 100UT/ML
 260
 LYUMJEV KWPN INJ
 100UT/ML..... 260
 LYUMJEV KWPN INJ
 200UT/ML..... 260
lyza 270

M

macitentan tab 10 mg
 167
 MAGNESIUM SU INJ
 20/500ML 332
 MAGNESIUM SU INJ
 2GM/50ML 332
 MAGNESIUM SU INJ
 40G/1000 332

MAGNESIUM SU INJ
 4G/100ML..... 332
*magnesium sulfate in
 dextrose 5% iv soln 1
 gm/100ml 332*
*magnesium sulfate inj
 50% 332*
*magnesium sulfate iv
 soln 2 gm/50ml (40
 mg/ml) 332*
*magnesium sulfate iv
 soln 20 gm/500ml (40
 mg/ml) 332*
*magnesium sulfate iv
 soln 3 gm/100ml (30
 mg/ml) 332*
*magnesium sulfate iv
 soln 4 gm/100ml (40
 mg/ml) 332*
*magnesium sulfate iv
 soln 4 gm/50ml (80
 mg/ml) 332*
*magnesium sulfate iv
 soln 40 gm/1000ml (40
 mg/ml) 332*
malathion lotion 0.5%
 372
maraviroc tab 150 mg 67
maraviroc tab 300 mg 67
marlissa 270

MARPLAN TAB 10MG	182	<i>megestrol acetate tab 20</i>	
MATULANE CAP 50MG		<i>mg</i>	95
.....	100	<i>megestrol acetate tab 40</i>	
MAVYRET PAK 50-20MG		<i>mg</i>	95
.....	73	MEKINIST SOL 0.05/ML	
MAVYRET TAB 100-		.....	119
40MG	73	MEKINIST TAB 0.5MG	
<i>meclizine hcl tab 12.5</i>		.....	119
<i>mg.....</i>	291	MEKINIST TAB 2MG .	119
<i>meclizine hcl tab 25 mg</i>		MEKTOVI TAB 15MG	119
.....	291	<i>meleya.....</i>	271
<i>medroxyprogesterone</i>		<i>meloxicam tab 15 mg</i>	48
<i>acetate im susp 150</i>		<i>meloxicam tab 7.5 mg</i>	48
<i>mg/ml.....</i>	270	<i>memantine hcl cap er</i>	
<i>medroxyprogesterone</i>		<i>24hr 14 mg.....</i>	172
<i>acetate im susp</i>		<i>memantine hcl cap er</i>	
<i>prefilled syr 150 mg/ml</i>		<i>24hr 21 mg.....</i>	173
.....	271	<i>memantine hcl cap er</i>	
<i>medroxyprogesterone</i>		<i>24hr 28 mg.....</i>	173
<i>acetate tab 10 mg..</i>	287	<i>memantine hcl cap er</i>	
<i>medroxyprogesterone</i>		<i>24hr 7 mg</i>	172
<i>acetate tab 2.5 mg.</i>	287	<i>memantine hcl oral</i>	
<i>medroxyprogesterone</i>		<i>solution 2 mg/ml ...</i>	173
<i>acetate tab 5 mg ...</i>	287	<i>memantine hcl tab 10</i>	
<i>mefloquine hcl tab 250</i>		<i>mg</i>	173
<i>mg.....</i>	66	<i>memantine hcl tab 28 x</i>	
<i>megestrol acetate susp</i>		<i>5 mg & 21 x 10 mg</i>	
<i>40 mg/ml</i>	287	<i>titration pack</i>	173
<i>megestrol acetate susp</i>		<i>memantine hcl tab 5 mg</i>	
<i>625 mg/5ml</i>	287	.....	173

<i>memantine hcl-donepezil</i>	
<i>hcl cap er 24hr 14-10</i>	
<i>mg.....</i>	<i>173</i>
<i>memantine hcl-donepezil</i>	
<i>hcl cap er 24hr 21-10</i>	
<i>mg.....</i>	<i>173</i>
<i>memantine hcl-donepezil</i>	
<i>hcl cap er 24hr 28-10</i>	
<i>mg.....</i>	<i>174</i>
<i>MENQUADFI INJ</i>	<i>328</i>
<i>MENVEO INJ</i>	<i>328</i>
<i>MENVEO SOL</i>	<i>328</i>
<i>mercaptopurine susp</i>	
<i>2000 mg/100ml (20</i>	
<i>mg/ml).....</i>	<i>92</i>
<i>mercaptopurine tab 50</i>	
<i>mg.....</i>	<i>92</i>
<i>meropenem iv for soln 1</i>	
<i>gm.....</i>	<i>59</i>
<i>meropenem iv for soln 2</i>	
<i>gm.....</i>	<i>59</i>
<i>meropenem iv for soln</i>	
<i>500 mg</i>	<i>59</i>
<i>mesalamine cap dr 400</i>	
<i>mg.....</i>	<i>296</i>
<i>mesalamine cap er 24hr</i>	
<i>0.375 gm.....</i>	<i>296</i>
<i>mesalamine enema 4</i>	
<i>gm.....</i>	<i>296</i>
<i>mesalamine rectal</i>	
<i>enema 4 gm & cleanser</i>	
<i>wipe kit</i>	<i>296</i>
<i>mesalamine suppos</i>	
<i>1000 mg</i>	<i>296</i>
<i>mesalamine tab delayed</i>	
<i>release 1.2 gm</i>	<i>296</i>
<i>mesna tab 400 mg ..</i>	<i>100</i>
<i>metformin hcl oral soln</i>	
<i>500 mg/5ml.....</i>	<i>253</i>
<i>metformin hcl tab 1000</i>	
<i>mg</i>	<i>253</i>
<i>metformin hcl tab 500</i>	
<i>mg</i>	<i>253</i>
<i>metformin hcl tab 850</i>	
<i>mg</i>	<i>253</i>
<i>metformin hcl tab er</i>	
<i>24hr 500 mg</i>	<i>253</i>
<i>metformin hcl tab er</i>	
<i>24hr 750 mg</i>	<i>253</i>
<i>methadone hcl soln 10</i>	
<i>mg/5ml</i>	<i>51</i>
<i>methadone hcl soln 5</i>	
<i>mg/5ml</i>	<i>51</i>
<i>methadone hcl tab 10</i>	
<i>mg</i>	<i>51</i>
<i>methadone hcl tab 5 mg</i>	
<i>.....</i>	<i>51</i>
<i>methadone</i>	
<i>hydrochloride i</i>	<i>51</i>

methazolamide tab 25 mg..... 161
methazolamide tab 50 mg..... 161
methenamine hippurate tab 1 gm59
methimazole tab 10 mg 289
methimazole tab 5 mg 289
methocarbamol tab 500 mg..... 245
methocarbamol tab 750 mg..... 245
methotrexate sodium for inj 1 gm92
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....92
methotrexate sodium inj 50 mg/2ml (25 mg/ml)92
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....92
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....92

methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)92
methotrexate sodium tab 2.5 mg (base equiv) 322
methsuximide cap 300 mg 220
methylphenidate hcl chew tab 10 mg 233
methylphenidate hcl chew tab 2.5 mg ... 233
methylphenidate hcl chew tab 5 mg 233
methylphenidate hcl soln 10 mg/5ml..... 233
methylphenidate hcl soln 5 mg/5ml 233
methylphenidate hcl tab 10 mg 233
methylphenidate hcl tab 20 mg 234
methylphenidate hcl tab 5 mg..... 233
methylphenidate hcl tab er 10 mg 234
methylphenidate hcl tab er 20 mg 234

<i>methylprednisolone acetate inj susp 40 mg/ml</i>	<i>279</i>	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	<i>292</i>
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	<i>279</i>	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	<i>292</i>
<i>methylprednisolone sod succ for inj 1000 mg (base equiv).....</i>	<i>279</i>	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	<i>292</i>
<i>methylprednisolone sod succ for inj 125 mg (base equiv).....</i>	<i>279</i>	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	<i>292</i>
<i>methylprednisolone sod succ for inj 40 mg (base equiv).....</i>	<i>279</i>	<i>metolazone tab 10 mg</i>	<i>161</i>
<i>methylprednisolone sod succ for inj 500 mg (base equiv).....</i>	<i>279</i>	<i>metolazone tab 2.5 mg</i>	<i>161</i>
<i>methylprednisolone tab 16 mg</i>	<i>279</i>	<i>metolazone tab 5 mg</i>	<i>161</i>
<i>methylprednisolone tab 32 mg</i>	<i>279</i>	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	<i>152</i>
<i>methylprednisolone tab 4 mg</i>	<i>279</i>	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	<i>153</i>
<i>methylprednisolone tab 8 mg</i>	<i>279</i>	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	<i>152</i>
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	<i>279</i>	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	<i>154</i>

<i>metoprolol succinate tab</i>	
<i>er 24hr 200 mg</i>	
<i>(tartrate equiv)</i>	<i>154</i>
<i>metoprolol succinate tab</i>	
<i>er 24hr 25 mg (tartrate</i>	
<i>equiv)</i>	<i>154</i>
<i>metoprolol succinate tab</i>	
<i>er 24hr 50 mg (tartrate</i>	
<i>equiv)</i>	<i>154</i>
<i>metoprolol tartrate iv</i>	
<i>soln 5 mg/5ml</i>	<i>154</i>
<i>metoprolol tartrate tab</i>	
<i>100 mg</i>	<i>154</i>
<i>metoprolol tartrate tab</i>	
<i>25 mg</i>	<i>154</i>
<i>metoprolol tartrate tab</i>	
<i>50 mg</i>	<i>154</i>
<i>metronidazole cream</i>	
<i>0.75%</i>	<i>371</i>
<i>metronidazole gel 0.75%</i>	
<i>.....</i>	<i>371</i>
<i>metronidazole iv soln</i>	
<i>500 mg/100ml</i>	<i>60</i>
<i>metronidazole lotion</i>	
<i>0.75%</i>	<i>371</i>
<i>metronidazole tab 250</i>	
<i>mg</i>	<i>60</i>
<i>metronidazole tab 500</i>	
<i>mg</i>	<i>60</i>
<i>metronidazole vaginal</i>	
<i>gel 0.75%</i>	<i>306</i>
<i>metyrosine cap 250 mg</i>	
<i>.....</i>	<i>164</i>
<i>mibelas 24 fe</i>	<i>271</i>
<i>micafungin sodium for iv</i>	
<i>soln 100 mg</i>	<i>64</i>
<i>micafungin sodium for iv</i>	
<i>soln 50 mg</i>	<i>64</i>
<i>microgestin 1.5/30 ..</i>	<i>271</i>
<i>microgestin 1/20</i>	<i>271</i>
<i>microgestin fe 1.5/30</i>	
<i>.....</i>	<i>271</i>
<i>microgestin fe 1/20 .</i>	<i>271</i>
<i>midodrine hcl tab 10 mg</i>	
<i>.....</i>	<i>164</i>
<i>midodrine hcl tab 2.5</i>	
<i>mg</i>	<i>164</i>
<i>midodrine hcl tab 5 mg</i>	
<i>.....</i>	<i>164</i>
<i>MIEBO DRO 1.3GM/ML</i>	
<i>.....</i>	<i>342</i>
<i>mifepristone tab 300 mg</i>	
<i>.....</i>	<i>284</i>
<i>mili</i>	<i>271</i>
<i>mimvey</i>	<i>277</i>
<i>minocycline hcl cap 100</i>	
<i>mg</i>	<i>87</i>
<i>minocycline hcl cap 50</i>	
<i>mg</i>	<i>87</i>

<i>minocycline hcl cap 75 mg</i>	87	<i>M-NATAL PLUS TAB</i> .	334
<i>minoxidil tab 10 mg</i> .	164	<i>modafinil tab 100 mg</i>	246
<i>minoxidil tab 2.5 mg</i> .	164	<i>modafinil tab 200 mg</i>	246
<i>mirabegron tab er 24 hr 25 mg</i>	304	<i>MODEYSO CAP 125MG</i>	101
<i>mirabegron tab er 24 hr 50 mg</i>	304	<i>moexipril hcl tab 15 mg</i>	136
<i>mirtazapine orally disintegrating tab 15 mg</i>	182	<i>moexipril hcl tab 7.5 mg</i>	136
<i>mirtazapine orally disintegrating tab 30 mg</i>	182	<i>molindone hcl tab 10 mg</i>	201
<i>mirtazapine orally disintegrating tab 45 mg</i>	182	<i>molindone hcl tab 25 mg</i>	201
<i>mirtazapine tab 15 mg</i>	182	<i>molindone hcl tab 5 mg</i>	201
<i>mirtazapine tab 30 mg</i>	182	<i>mometasone furoate cream 0.1%</i>	368
<i>mirtazapine tab 45 mg</i>	182	<i>mometasone furoate oint 0.1%</i>	368
<i>mirtazapine tab 7.5 mg</i>	182	<i>mometasone furoate solution 0.1% (lotion)</i>	369
<i>misoprostol tab 100 mcg</i>	299	<i>MONJUVI INJ 200MG</i> .	119
<i>misoprostol tab 200 mcg</i>	299	<i>mono-lynyah</i>	271
<i>M-M-R II INJ</i>	328	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	350

<i>montelukast sodium</i>	
<i>chew tab 5 mg (base</i>	
<i>equiv)</i>	350
<i>montelukast sodium oral</i>	
<i>granules packet 4 mg</i>	
<i>(base equiv).....</i>	350
<i>montelukast sodium tab</i>	
<i>10 mg (base equiv) 350</i>	
<i>morphine sulfate iv soln</i>	
<i>10 mg/ml</i>	54
<i>morphine sulfate iv soln</i>	
<i>2 mg/ml</i>	54
<i>morphine sulfate iv soln</i>	
<i>4 mg/ml</i>	54
<i>morphine sulfate iv soln</i>	
<i>8 mg/ml</i>	54
<i>morphine sulfate oral</i>	
<i>soln 10 mg/5ml</i>	54
<i>morphine sulfate oral</i>	
<i>soln 100 mg/5ml (20</i>	
<i>mg/ml).....</i>	54
<i>morphine sulfate oral</i>	
<i>soln 20 mg/5ml</i>	54
<i>morphine sulfate tab 15</i>	
<i>mg.....</i>	54
<i>morphine sulfate tab 30</i>	
<i>mg.....</i>	55
<i>morphine sulfate tab er</i>	
<i>100 mg</i>	51
<i>morphine sulfate tab er</i>	
<i>15 mg</i>	51
<i>morphine sulfate tab er</i>	
<i>200 mg</i>	51
<i>morphine sulfate tab er</i>	
<i>30 mg</i>	51
<i>morphine sulfate tab er</i>	
<i>60 mg</i>	51
<i>MOUNJARO INJ</i>	
<i>10MG/0.5</i>	254
<i>MOUNJARO INJ 12.5/0.5</i>	
<i>.....</i>	254
<i>MOUNJARO INJ</i>	
<i>15MG/0.5</i>	254
<i>MOUNJARO INJ 2.5/0.5</i>	
<i>.....</i>	253
<i>MOUNJARO INJ 5MG/0.5</i>	
<i>.....</i>	254
<i>MOUNJARO INJ 7.5/0.5</i>	
<i>.....</i>	254
<i>MOVANTIK TAB 12.5MG</i>	
<i>.....</i>	299
<i>MOVANTIK TAB 25MG</i>	
<i>.....</i>	299
<i>moxifloxacin hcl 400</i>	
<i>mg/250ml in sodium</i>	
<i>chloride 0.8% inj</i>	82
<i>moxifloxacin hcl ophth</i>	
<i>soln 0.5% (base equiv)</i>	
<i>.....</i>	338

moxifloxacin hcl tab 400 mg (base equiv)82
 MRESVIA INJ 50MCG 328
 MULTAQ TAB 400MG 146
multiple electrolytes ph 5.5 332
mupirocin oint 2% ... 362
mycophenolate mofetil cap 250 mg..... 326
mycophenolate mofetil for oral susp 200 mg/ml 326
mycophenolate mofetil tab 500 mg 326
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 326
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 326
 MYRBETRIQ SUS 8MG/ML..... 304
 MYRBETRIQ TAB 25MG 304
 MYRBETRIQ TAB 50MG 304

N

nabumetone tab 500 mg 48
nabumetone tab 750 mg 48
nadolol tab 20 mg ... 154
nadolol tab 40 mg ... 154
nadolol tab 80 mg ... 154
nafcillin sodium for inj 1 gm 85
nafcillin sodium for inj 2 gm 85
nafcillin sodium for iv soln 10 gm 85
 NAGLAZYME INJ 1MG/ML 284
naloxone hcl inj 0.4 mg/ml..... 247
naloxone hcl inj 4 mg/10ml 247
naloxone hcl soln cartridge 0.4 mg/ml 247
naloxone hcl soln prefilled syringe 0.4 mg/ml..... 247
naloxone hcl soln prefilled syringe 2 mg/2ml 248
naltrexone hcl tab 50 mg 248

NAMZARIC CAP 7-10MG	
.....	174
<i>naproxen sodium tab</i>	
275 mg	48
<i>naproxen sodium tab</i>	
550 mg	48
<i>naproxen tab 250 mg.</i>	48
<i>naproxen tab 375 mg.</i>	48
<i>naproxen tab 500 mg.</i>	48
<i>naproxen tab ec 375 mg</i>	
.....	48
<i>naratriptan hcl tab 1 mg</i>	
(base equiv).....	238
<i>naratriptan hcl tab 2.5</i>	
<i>mg (base equiv)</i>	238
NATACYN SUS 5% OP	
.....	338
<i>nateglinide tab 120 mg</i>	
.....	254
<i>nateglinide tab 60 mg</i>	
.....	254
NAYZILAM SPR 5MG.	220
<i>nebivolol hcl tab 10 mg</i>	
(base equivalent)...	154
<i>nebivolol hcl tab 2.5 mg</i>	
(base equivalent)...	154
<i>nebivolol hcl tab 20 mg</i>	
(base equivalent)...	155
<i>nebivolol hcl tab 5 mg</i>	
(base equivalent)...	154
<i>necon 0.5/35-28</i>	271
<i>nefazodone hcl tab 100</i>	
<i>mg</i>	182
<i>nefazodone hcl tab 150</i>	
<i>mg</i>	183
<i>nefazodone hcl tab 200</i>	
<i>mg</i>	183
<i>nefazodone hcl tab 250</i>	
<i>mg</i>	183
<i>nefazodone hcl tab 50</i>	
<i>mg</i>	182
<i>neomycin sulfate tab</i>	
500 mg	60
<i>neomycin-bacitrac zn-</i>	
<i>polymyx 5(3.5)mg-</i>	
<i>400unt-10000unt op</i>	
<i>oin.....</i>	339
<i>neomycin-polymy-</i>	
<i>gramicid op sol 1.75-</i>	
<i>10000-0.025mg-unt-</i>	
<i>mg/ml.....</i>	339
<i>neomycin-polymyxin-</i>	
<i>dexamethasone ophth</i>	
<i>oint 0.1%</i>	337
<i>neomycin-polymyxin-</i>	
<i>dexamethasone ophth</i>	
<i>susp 0.1%</i>	337
<i>neomycin-polymyxin-hc</i>	
<i>ophth susp.....</i>	337

*neomycin-polymyxin-hc
otic soln 1%..... 343*
*neomycin-polymyxin-hc
otic susp 3.5 mg/ml-
10000 unit/ml-1% . 343*
 NERLYNX TAB 40MG 119
neuac 361
*nevirapine susp 50
mg/5ml 67*
*nevirapine tab 200 mg
..... 67*
*nevirapine tab er 24hr
400 mg 67*
 NEXLETOL TAB 180MG
 151
 NEXLIZET TAB
 180/10MG 151
 NEXPLANON IMP 68MG
 271
*niacin tab er 1000 mg
(antihyperlipidemic) 151*
*niacin tab er 500 mg
(antihyperlipidemic) 151*
*niacin tab er 750 mg
(antihyperlipidemic) 151*
*nicardipine hcl cap 20
mg..... 158*
*nicardipine hcl cap 30
mg..... 158*

NICOTROL NS SPR
 10MG/ML..... 248
*nifedipine tab er 24hr 30
mg 158*
*nifedipine tab er 24hr 60
mg 158*
*nifedipine tab er 24hr 90
mg 158*
*nifedipine tab er 24hr
osmotic release 30 mg
..... 159*
*nifedipine tab er 24hr
osmotic release 60 mg
..... 159*
*nifedipine tab er 24hr
osmotic release 90 mg
..... 159*
nikki 271
*nilotinib hcl cap 150 mg
(base equivalent)... 120*
*nilotinib hcl cap 200 mg
(base equivalent)... 120*
*nilotinib hcl cap 50 mg
(base equivalent)... 119*
*nilutamide tab 150 mg
..... 95*
*nimodipine cap 30 mg
..... 159*
 NINLARO CAP 2.3MG 120
 NINLARO CAP 3MG .. 120

NINLARO CAP 4MG ..	120
nintedanib esylate cap 100 mg (base equivalent)	352
nintedanib esylate cap 150 mg (base equivalent)	352
nitazoxanide tab 500 mg	60
nitisinone cap 10 mg	284
nitisinone cap 2 mg..	284
nitisinone cap 20 mg	284
nitisinone cap 5 mg..	284
nitro-bid	166
nitrofurantoin macrocrystalline cap 100 mg	60
nitrofurantoin macrocrystalline cap 50 mg.....	60
nitrofurantoin monohydrate macrocrystalline cap 100 mg	60
nitroglycerin oint 0.4%	372
nitroglycerin oint 2%	166
nitroglycerin sl tab 0.3 mg.....	166
nitroglycerin sl tab 0.4 mg	166
nitroglycerin sl tab 0.6 mg	166
nitroglycerin td patch 24hr 0.1 mg/hr	166
nitroglycerin td patch 24hr 0.2 mg/hr	166
nitroglycerin td patch 24hr 0.4 mg/hr	166
nitroglycerin td patch 24hr 0.6 mg/hr	166
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	166
nizatidine cap 150 mg	295
nizatidine cap 300 mg	295
nora-be.....	271
norelgestromin-ethinyl estradiol td ptwk 150- 35 mcg/24hr	271
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	271
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	272

<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	272
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	272
<i>norethindrone acetate tab 5 mg</i>	288
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	277
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	277
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	271
<i>norethindrone tab 0.35 mg</i>	272
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	272
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	272
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	272
<i>norlyroc</i>	272
<i>nortrel 0.5/35 (28)</i>	272
<i>nortrel 1/35 (21)</i>	272
<i>nortrel 1/35 (28)</i>	272
<i>nortrel 7/7/7</i>	272
<i>nortriptyline hcl cap 10 mg</i>	183
<i>nortriptyline hcl cap 25 mg</i>	183
<i>nortriptyline hcl cap 50 mg</i>	183
<i>nortriptyline hcl cap 75 mg</i>	183
<i>nortriptyline hcl soln 10 mg/5ml</i>	183
<i>NORVIR POW 100MG</i>	.67
<i>NOVOLIN INJ 70/30</i>	260
<i>NOVOLIN INJ 70/30 FP</i>	260
<i>NOVOLIN N INJ 100 UNIT</i>	260
<i>NOVOLIN N INJ U-100</i>	260
<i>NOVOLIN R INJ 100 UNIT</i>	260
<i>NOVOLIN R INJ U-100</i>	261
<i>NOVOLOG INJ 100/ML</i>	261

NOVOLOG INJ FLEX REL
 261
 NOVOLOG INJ FLEXPEN
 261
 NOVOLOG INJ PENFILL
 261
 NOVOLOG INJ RELION
 261
 NOVOLOG MIX INJ
 70/30..... 261
 NOVOLOG MIX INJ
 FLEXPEN..... 261
 NUBEQA TAB 300MG..95
 NUEDEXTA CAP 20-
 10MG 241
 NULOJIX INJ 250MG. 326
 NUPLAZID CAP 34MG201
 NUPLAZID TAB 10MG201
 NURTEC TAB 75MG ODT
 238
 NUTRILIPID EMU 20%
 336
 NUZYRA INJ 100MG ...88
 NUZYRA TAB 150MG ..88
nyamyc..... 363
nylia 1/35..... 272
nylia 7/7/7 272
nystatin cream 100000
unit/gm 363

nystatin oint 100000
unit/gm 364
nystatin susp 100000
unit/ml..... 373
nystatin tab 500000 unit
 64
nystatin topical powder
100000 unit/gm 364
nystop 364
O
 OCTAGAM INJ 10/100ML
 324
 OCTAGAM INJ 10GM 324
 OCTAGAM INJ 1GM.. 323
 OCTAGAM INJ 2.5GM324
 OCTAGAM INJ 20/200ML
 324
 OCTAGAM INJ
 2GM/20ML..... 324
 OCTAGAM INJ 30/300ML
 324
 OCTAGAM INJ 5GM.. 324
 OCTAGAM INJ
 5GM/50ML..... 324
octreotide acetate inj
100 mcg/ml (0.1
mg/ml) 284
octreotide acetate inj
1000 mcg/ml (1
mg/ml) 284

<i>octreotide acetate inj</i> 200 mcg/ml (0.2 mg/ml).....	284	OGSIVEO TAB 100MG	120
<i>octreotide acetate inj</i> 50 mcg/ml (0.05 mg/ml)	284	OGSIVEO TAB 150MG	120
<i>octreotide acetate inj</i> 500 mcg/ml (0.5 mg/ml).....	284	OJEMDA SUS 25MG/ML	120
<i>octreotide acetate</i> subcutaneous soln pref syr 100 mcg/ml	285	OJEMDA TAB 100MG	121
<i>octreotide acetate</i> subcutaneous soln pref syr 50 mcg/ml	285	OJJAARA TAB 100MG	121
<i>octreotide acetate</i> subcutaneous soln pref syr 500 mcg/ml	285	OJJAARA TAB 150MG	121
ODEFSEY TAB	71	OJJAARA TAB 200MG	121
ODOMZO CAP 200MG	120	<i>olanzapine for im inj</i> 10 mg	201
OFEV CAP 100MG	353	<i>olanzapine orally</i> disintegrating tab 10 mg	202
OFEV CAP 150MG	353	<i>olanzapine orally</i> disintegrating tab 15 mg	202
<i>ofloxacin ophth soln</i> 0.3%	339	<i>olanzapine orally</i> disintegrating tab 20 mg	202
<i>ofloxacin otic soln</i> 0.3%	343	<i>olanzapine orally</i> disintegrating tab 5 mg	202
OGIVRI INJ 150MG ..	120	<i>olanzapine tab</i> 10 mg	202
OGIVRI INJ 420MG ..	120	<i>olanzapine tab</i> 15 mg	202
		<i>olanzapine tab</i> 2.5 mg	202

<i>olanzapine tab 20 mg</i>	
.....	202
<i>olanzapine tab 5 mg</i>	202
<i>olanzapine tab 7.5 mg</i>	
.....	202
<i>olmesartan medoxomil</i>	
<i>tab 20 mg</i>	144
<i>olmesartan medoxomil</i>	
<i>tab 40 mg</i>	144
<i>olmesartan medoxomil</i>	
<i>tab 5 mg</i>	144
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	141
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>40-12.5 mg</i>	141
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>40-25 mg</i>	141
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-5-12.5 mg</i>	141
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab</i>	
<i>40-10-12.5 mg</i>	142
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab</i>	
<i>40-10-25 mg</i>	142
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab</i>	
<i>40-5-12.5 mg</i>	141
<i>olmesartan-amlodipine-</i>	
<i>hydrochlorothiazide tab</i>	
<i>40-5-25 mg</i>	141
<i>omega-3-acid ethyl</i>	
<i>esters cap 1 gm</i>	151
<i>omeprazole cap delayed</i>	
<i>release 10 mg</i>	302
<i>omeprazole cap delayed</i>	
<i>release 20 mg</i>	302
<i>omeprazole cap delayed</i>	
<i>release 40 mg</i>	302
OMNIPOD 5 DX KIT INT	
G7G6	261
OMNIPOD 5 DX MIS POD	
G7G6	261
OMNIPOD DASH KIT	
INTRO	261
OMNIPOD DASH MIS	
PODS	262
OMNIPOD5 LIB KIT	
INTRO	261
OMNIPOD5 LIB MIS	
PODS	261
<i>ondansetron hcl inj 4</i>	
<i>mg/2ml (2 mg/ml)</i> .	292
<i>ondansetron hcl inj 40</i>	
<i>mg/20ml (2 mg/ml)</i>	292

<i>ondansetron hcl inj soln</i>	ORKAMBI GRA 75-94MG
<i>pref syr 4 mg/2ml..</i>	 353
<i>ondansetron hcl oral</i>	ORKAMBI TAB 100-125
<i>soln 4 mg/5ml.....</i>	 353
<i>ondansetron hcl tab 4</i>	ORKAMBI TAB 200-125
<i>mg.....</i>	 353
<i>ondansetron hcl tab 8</i>	<i>orquidea</i>
<i>mg.....</i>	273
<i>ondansetron orally</i>	ORSERDU TAB 345MG 95
<i>disintegrating tab 4 mg</i>	ORSERDU TAB 86MG .95
<i>.....</i>	<i>oseltamivir phosphate</i>
<i>ondansetron orally</i>	<i>cap 30 mg (base equiv)</i>
<i>disintegrating tab 8 mg</i>	73
<i>.....</i>	<i>oseltamivir phosphate</i>
ONTRUZANT INJ 150MG	<i>cap 45 mg (base equiv)</i>
..... 121	73
ONTRUZANT INJ 420MG	<i>oseltamivir phosphate</i>
..... 121	<i>cap 75 mg (base equiv)</i>
ONUREG TAB 200MG..92	73
ONUREG TAB 300MG..93	<i>oseltamivir phosphate</i>
OPIPZA MIS 10MG ... 203	<i>for susp 6 mg/ml (base</i>
OPIPZA MIS 2MG.....202	<i>equiv)</i>
OPIPZA MIS 5MG..... 203	73
OPSUMIT TAB 10MG 167	OSPOMYV INJ 60MG/ML
ORGOVYX TAB 120MG 95	 263
ORKAMBI GRA 100-125	<i>oxacillin sodium for inj 1</i>
..... 353	<i>gm (base equivalent)85</i>
ORKAMBI GRA 150-188	<i>oxacillin sodium for inj 2</i>
..... 353	<i>gm (base equivalent)85</i>
	<i>oxacillin sodium for iv</i>
	<i>soln 10 gm (base</i>
	<i>equivalent)</i>
	85

<i>oxaliplatin for iv inj 100 mg.....</i>	<i>90</i>	<i>oxycodone hcl soln 5 mg/5ml</i>	<i>55</i>
<i>oxaliplatin for iv inj 50 mg.....</i>	<i>90</i>	<i>oxycodone hcl tab 10 mg</i>	<i>55</i>
<i>oxaliplatin iv soln 100 mg/20ml</i>	<i>90</i>	<i>oxycodone hcl tab 15 mg</i>	<i>55</i>
<i>oxaliplatin iv soln 200 mg/40ml</i>	<i>90</i>	<i>oxycodone hcl tab 20 mg</i>	<i>55</i>
<i>oxaliplatin iv soln 50 mg/10ml</i>	<i>90</i>	<i>oxycodone hcl tab 30 mg</i>	<i>55</i>
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	<i>220</i>	<i>oxycodone hcl tab 5 mg</i>	<i>55</i>
<i>oxcarbazepine tab 150 mg.....</i>	<i>220</i>	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	<i>56</i>
<i>oxcarbazepine tab 300 mg.....</i>	<i>220</i>	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	<i>55</i>
<i>oxcarbazepine tab 600 mg.....</i>	<i>220</i>	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	<i>55</i>
<i>oxybutynin chloride solution 5 mg/5ml..</i>	<i>304</i>	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	<i>55</i>
<i>oxybutynin chloride tab 5 mg</i>	<i>305</i>	<i>OXYCONTIN TAB 10MG ER</i>	<i>51</i>
<i>oxybutynin chloride tab er 24hr 10 mg</i>	<i>305</i>	<i>OXYCONTIN TAB 15MG ER</i>	<i>52</i>
<i>oxybutynin chloride tab er 24hr 15 mg</i>	<i>305</i>	<i>OXYCONTIN TAB 20MG ER</i>	<i>52</i>
<i>oxybutynin chloride tab er 24hr 5 mg.....</i>	<i>305</i>		
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml) .</i>	<i>55</i>		

OXYCONTIN TAB 30MG
ER52
OXYCONTIN TAB 40MG
ER52
OXYCONTIN TAB 60MG
ER52
OXYCONTIN TAB 80MG
ER52
OZEMPIC (0.25 OR
0.5MG/DOSE)..... 254
OZEMPIC (1MG/DOSE)
..... 254
OZEMPIC (2MG/DOSE)
..... 254
OZEMPIC TAB 1.5MG 254
OZEMPIC TAB 4MG .. 255
OZEMPIC TAB 9MG .. 255

P

pacerone 146
paclitaxel inj 100mg. 102
*paclitaxel iv conc 100
mg/16.7ml (6 mg/ml)*
..... 102
*paclitaxel iv conc 150
mg/25ml (6 mg/ml)* 102
*paclitaxel iv conc 30
mg/5ml (6 mg/ml).* 102
*paclitaxel iv conc 300
mg/50ml (6 mg/ml)* 102

*paliperidone tab er 24hr
1.5 mg* 203
*paliperidone tab er 24hr
3 mg* 203
*paliperidone tab er 24hr
6 mg* 203
*paliperidone tab er 24hr
9 mg* 203
*pamidronate disodium iv
soln 3 mg/ml* 263
*pamidronate disodium iv
soln 9 mg/ml* 263
PAMIDRONATE INJ
6MG/ML 263
PANRETIN GEL 0.1% 372
*pantoprazole sodium ec
tab 20 mg (base equiv)*
..... 302
*pantoprazole sodium ec
tab 40 mg (base equiv)*
..... 302
*pantoprazole sodium for
iv soln 40 mg (base
equiv)* 302
PANZYGA SOL 10/100ML
..... 324
PANZYGA SOL
1GM/10ML 324
PANZYGA SOL 2.5/25ML
..... 324

PANZYGA SOL 20/200ML	324	<i>pazopanib hcl tab 400 mg (base equiv)</i>	121
PANZYGA SOL 30/300ML	324	PEDIARIX INJ 0.5ML	328
PANZYGA SOL 5GM/50ML	324	PEDVAXHIB INJ 7.5MCG	328
<i>paricalcitol cap 1 mcg</i>	290	<i>peg 3350-kcl-na bicarb- nacl-na sulfate for soln 236 gm</i>	297
<i>paricalcitol cap 2 mcg</i>	290	<i>peg 3350-kcl-sod bicarb- nacl for soln 420 gm</i>	297
<i>paricalcitol cap 4 mcg</i>	290	PEGASYS INJ	74
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	183	PEGASYS INJ 180MCG/M	74
<i>paroxetine hcl tab 10 mg</i>	183	<i>pellix sol 0.005%.....</i>	365
<i>paroxetine hcl tab 20 mg</i>	183	PEMAZYRE TAB 13.5MG	121
<i>paroxetine hcl tab 30 mg</i>	183	PEMAZYRE TAB 4.5MG	121
<i>paroxetine hcl tab 40 mg</i>	184	PEMAZYRE TAB 9MG	121
PAXLOVID PAK	73	<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	93
PAXLOVID TAB 150-100	73	<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	93
PAXLOVID TAB 300-100	74	<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	93
<i>pazopanib hcl tab 200 mg (base equiv)</i>	121		

<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	<i>93</i>	<i>perampanel tab 10 mg</i>	<i>221</i>
<i>PENBRAYA INJ.....</i>	<i>328</i>	<i>perampanel tab 12 mg</i>	<i>221</i>
<i>penicillamine tab 250 mg.....</i>	<i>265</i>	<i>perampanel tab 2 mg</i>	<i>220</i>
<i>penicillin g potassium for inj 20000000 unit</i>	<i>85</i>	<i>perampanel tab 4 mg</i>	<i>221</i>
<i>penicillin g potassium for inj 5000000 unit</i>	<i>85</i>	<i>perampanel tab 6 mg</i>	<i>221</i>
<i>penicillin g sodium for inj 5000000 unit</i>	<i>85</i>	<i>perampanel tab 8 mg</i>	<i>221</i>
<i>penicillin v potassium for soln 125 mg/5ml</i>	<i>85</i>	<i>perindopril erbumine tab 2 mg.....</i>	<i>136</i>
<i>penicillin v potassium for soln 250 mg/5ml</i>	<i>86</i>	<i>perindopril erbumine tab 4 mg.....</i>	<i>136</i>
<i>penicillin v potassium tab 250 mg</i>	<i>86</i>	<i>perindopril erbumine tab 8 mg.....</i>	<i>136</i>
<i>penicillin v potassium tab 500 mg</i>	<i>86</i>	<i>periogard</i>	<i>373</i>
<i>PENMENVY INJ</i>	<i>328</i>	<i>permethrin cream 5%</i>	<i>373</i>
<i>PENTACEL INJ</i>	<i>328</i>	<i>perphenazine tab 16 mg</i>	<i>203</i>
<i>pentamidine isethionate inh.....</i>	<i>60</i>	<i>perphenazine tab 2 mg</i>	<i>203</i>
<i>pentamidine isethionate inj.....</i>	<i>60</i>	<i>perphenazine tab 4 mg</i>	<i>203</i>
<i>pentoxifylline tab er 400 mg.....</i>	<i>312</i>	<i>perphenazine tab 8 mg</i>	<i>203</i>
<i>perampanel susp 0.5 mg/ml</i>	<i>220</i>	<i>pfizerpen</i>	<i>86</i>

<i>phenelzine sulfate tab</i>		
15 mg	184	
<i>phenobarbital elixir 20</i>		
mg/5ml	221	
<i>phenobarbital sodium inj</i>		
130 mg/ml.....	221	
<i>phenobarbital sodium inj</i>		
65 mg/ml	221	
<i>phenobarbital tab 100</i>		
mg.....	223	
<i>phenobarbital tab 15 mg</i>		
.....	222	
<i>phenobarbital tab 16.2</i>		
mg.....	222	
<i>phenobarbital tab 30 mg</i>		
.....	222	
<i>phenobarbital tab 32.4</i>		
mg.....	222	
<i>phenobarbital tab 60 mg</i>		
.....	222	
<i>phenobarbital tab 64.8</i>		
mg.....	222	
<i>phenobarbital tab 97.2</i>		
mg.....	223	
<i>phenytek</i>	223	
<i>phenytoin chew tab 50</i>		
mg.....	223	
<i>phenytoin sodium</i>		
extended cap 100 mg		
.....	223	
<i>phenytoin sodium</i>		
extended cap 200 mg		
.....	223	
<i>phenytoin sodium</i>		
extended cap 300 mg		
.....	223	
<i>phenytoin sodium inj 50</i>		
mg/ml.....	223	
<i>phenytoin susp 125</i>		
mg/5ml	223	
<i>PHEGO SOL</i>	121	
<i>philith</i>	273	
<i>PIFELTRO TAB 100MG</i>	68	
<i>pilocarpine hcl ophth</i>		
soln 1%.....	341	
<i>pilocarpine hcl ophth</i>		
soln 2%.....	341	
<i>pilocarpine hcl ophth</i>		
soln 4%.....	341	
<i>pilocarpine hcl tab 5 mg</i>		
.....	373	
<i>pilocarpine hcl tab 7.5</i>		
mg	373	
<i>pimecrolimus cream 1%</i>		
.....	372	
<i>pimozide tab 1 mg...</i>	203	
<i>pimozide tab 2 mg...</i>	203	
<i>pimtrea</i>	273	
<i>pindolol tab 10 mg...</i>	155	
<i>pindolol tab 5 mg</i>	155	

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	<i>255</i>	<i>40.5 gm (36-4.5 gm)</i>	<i>86</i>
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	<i>255</i>	<i>PIQRAY 200MG TAB DOSE</i>	<i>122</i>
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	<i>255</i>	<i>PIQRAY 250MG TAB DOSE</i>	<i>122</i>
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	<i>255</i>	<i>PIQRAY 300MG TAB DOSE</i>	<i>122</i>
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	<i>255</i>	<i>pirfenidone cap 267 mg</i>	<i>354</i>
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	<i>86</i>	<i>pirfenidone tab 267 mg</i>	<i>354</i>
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	<i>86</i>	<i>pirfenidone tab 534 mg</i>	<i>354</i>
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	<i>86</i>	<i>pirfenidone tab 801 mg</i>	<i>354</i>
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) ...</i>	<i>86</i>	<i>piroxicam cap 10 mg .</i>	<i>48</i>
<i>piperacillin sod-tazobactam sod for inj</i>		<i>piroxicam cap 20 mg .</i>	<i>49</i>
		<i>plenamine</i>	<i>336</i>
		<i>PLENVU SOL</i>	<i>297</i>
		<i>podofilox soln 0.5% .</i>	<i>372</i>
		<i>polymyxin b sulfate for inj 500000 unit.....</i>	<i>60</i>
		<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	<i>339</i>
		<i>pomalidomide cap 1 mg</i>	<i>97</i>

<i>pomalidomide cap 2 mg</i>.....97	<i>potassium chloride inj 10</i> <i>meq/50ml..... 333</i>
<i>pomalidomide cap 3 mg</i>.....98	<i>potassium chloride inj 2</i> <i>meq/ml 333</i>
<i>pomalidomide cap 4 mg</i>.....98	<i>potassium chloride inj 20</i> <i>meq/100ml..... 333</i>
POMALYST CAP 1MG ..98	<i>potassium chloride inj 20</i> <i>meq/50ml..... 333</i>
POMALYST CAP 2MG ..98	<i>potassium chloride inj 40</i> <i>meq/100ml..... 333</i>
POMALYST CAP 3MG ..98	<i>potassium chloride</i> <i>microencapsulated crys</i> <i>er tab 10 meq 334</i>
<i>portia-28..... 273</i>	<i>potassium chloride</i> <i>microencapsulated crys</i> <i>er tab 15 meq 334</i>
<i>posaconazole tab</i> <i>delayed release 100</i> <i>mg.....64</i>	<i>potassium chloride</i> <i>microencapsulated crys</i> <i>er tab 20 meq 335</i>
POT CHL 20MEQ/L IN NACL 0.45% INJ.... 333	<i>potassium chloride oral</i> <i>soln 10% (20</i> <i>meq/15ml) 335</i>
POT CHL 20MEQ/L IN NACL 0.9% INJ..... 332	<i>potassium chloride oral</i> <i>soln 20% (40</i> <i>meq/15ml) 335</i>
POT CHL 40MEQ/L IN NACL 0.9% INJ..... 333	<i>potassium chloride</i> <i>powder packet 20 meq</i> <i>..... 335</i>
<i>potassium chloride 20</i> <i>meq/l (0.15%) in</i> <i>dextrose 5% inj..... 333</i>	<i>potassium chloride tab</i> <i>er 10 meq..... 335</i>
<i>potassium chloride cap</i> <i>er 10 meq..... 334</i>	
<i>potassium chloride cap</i> <i>er 8 meq 334</i>	
<i>potassium chloride inj 10</i> <i>meq/100ml..... 333</i>	

<i>potassium chloride tab er 20 meq (1500 mg)</i>	<i>335</i>	<i>prasugrel hcl tab 10 mg (base equiv)</i>	<i>313</i>
<i>potassium chloride tab er 8 meq (600 mg)</i>	<i>335</i>	<i>prasugrel hcl tab 5 mg (base equiv)</i>	<i>313</i>
<i>potassium citrate tab er 10 meq (1080 mg).</i>	<i>303</i>	<i>pravastatin sodium tab 10 mg</i>	<i>148</i>
<i>potassium citrate tab er 15 meq (1620 mg).</i>	<i>304</i>	<i>pravastatin sodium tab 20 mg</i>	<i>148</i>
<i>potassium citrate tab er 5 meq (540 mg)</i>	<i>303</i>	<i>pravastatin sodium tab 40 mg</i>	<i>148</i>
<i>pramipexole dihydrochloride tab 0.125 mg.....</i>	<i>189</i>	<i>pravastatin sodium tab 80 mg</i>	<i>149</i>
<i>pramipexole dihydrochloride tab 0.25 mg</i>	<i>189</i>	<i>praziquantel tab 600 mg</i>	<i>60</i>
<i>pramipexole dihydrochloride tab 0.5 mg.....</i>	<i>189</i>	<i>prazosin hcl cap 1 mg</i>	<i>138</i>
<i>pramipexole dihydrochloride tab 0.75 mg</i>	<i>189</i>	<i>prazosin hcl cap 2 mg</i>	<i>138</i>
<i>pramipexole dihydrochloride tab 1 mg.....</i>	<i>189</i>	<i>prazosin hcl cap 5 mg</i>	<i>138</i>
<i>pramipexole dihydrochloride tab 1.5 mg.....</i>	<i>189</i>	<i>PRED SOD PHO SOL 1% OP</i>	<i>340</i>
		<i>prednisolone acetate ophth susp 1%</i>	<i>340</i>
		<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	<i>280</i>
		<i>prednisolone sod phosphate oral soln 5</i>	

<i>mg/5ml (base equiv)</i>	
.....	279
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) ..</i>	280
<i>prednisolone soln 15 mg/5ml</i>	280
PREDNISON CON	
5MG/ML.....	280
<i>prednisone oral soln 5 mg/5ml</i>	280
<i>prednisone tab 1 mg</i>	280
<i>prednisone tab 10 mg</i>	280
<i>prednisone tab 2.5 mg</i>	280
<i>prednisone tab 20 mg</i>	280
<i>prednisone tab 5 mg</i>	280
<i>prednisone tab 50 mg</i>	280
<i>prednisone tab therapy pack 10 mg (21)....</i>	280
<i>prednisone tab therapy pack 10 mg (48)....</i>	280
<i>prednisone tab therapy pack 5 mg (21)</i>	280
<i>prednisone tab therapy pack 5 mg (48)</i>	280
<i>pregabalin cap 100 mg</i>	224
<i>pregabalin cap 150 mg</i>	224
<i>pregabalin cap 200 mg</i>	224
<i>pregabalin cap 225 mg</i>	224
<i>pregabalin cap 25 mg</i>	223
<i>pregabalin cap 300 mg</i>	225
<i>pregabalin cap 50 mg</i>	224
<i>pregabalin cap 75 mg</i>	224
<i>pregabalin soln 20 mg/ml.....</i>	225
PREMASOL SOL 10%	336
PRENATAL TAB 27-1MG	335
PRENATAL TAB PLUS	335
<i>prevalite</i>	151
PREVYMIS TAB 240MG	74
PREVYMIS TAB 480MG	74
PREZCOBIX TAB 675/150	71
PREZCOBIX TAB 800-150.....	71

PREZISTA SUS		
100MG/ML	68	
PREZISTA TAB 150MG	68	
PREZISTA TAB 75MG..	68	
PRIFTIN TAB 150MG ..	71	
<i>primaquine phosphate</i>		
<i>tab 26.3 mg (15 mg</i>		
<i>base)</i>	66	
PRIMAQUINE TAB		
26.3MG	66	
<i>primidone tab 125 mg</i>		
<i>.....</i>	225	
<i>primidone tab 250 mg</i>		
<i>.....</i>	225	
<i>primidone tab 50 mg</i>	225	
PRIORIX INJ	328	
PRIVIGEN INJ 10GRAMS		
<i>.....</i>	324	
PRIVIGEN INJ 20GRAMS		
<i>.....</i>	324	
PRIVIGEN INJ 40GRAMS		
<i>.....</i>	324	
PRIVIGEN INJ 5 GRAMS		
<i>.....</i>	324	
<i>probenecid tab 500 mg</i>		
<i>.....</i>	46	
<i>prochlorperazine</i>		
<i>edisylate inj 10 mg/2ml</i>		
<i>.....</i>	293	
<i>prochlorperazine</i>		
<i>maleate tab 10 mg</i>		
<i>(base equivalent)...</i>	293	
<i>prochlorperazine</i>		
<i>maleate tab 5 mg</i>		
<i>(base equivalent)...</i>	293	
<i>prochlorperazine suppos</i>		
<i>25 mg</i>	293	
PROCRIT INJ 10000/ML		
<i>.....</i>	310	
PROCRIT INJ 2000/ML		
<i>.....</i>	310	
PROCRIT INJ 20000/ML		
<i>.....</i>	310	
PROCRIT INJ 3000/ML		
<i>.....</i>	310	
PROCRIT INJ 4000/ML		
<i>.....</i>	310	
PROCRIT INJ 40000/ML		
<i>.....</i>	310	
<i>proctocort</i>	372	
<i>procto-med hc</i>	372	
<i>proctosol hc.....</i>	372	
<i>proctozone-hc.....</i>	372	
<i>progesterone cap 100</i>		
<i>mg</i>	288	
<i>progesterone cap 200</i>		
<i>mg</i>	288	
PROGRAF GRA 0.2MG		
<i>.....</i>	326	

PROGRAF GRA 1MG .326	
PROLASTIN-C INJ	
1000MG.....	354
PROLIA INJ 60MG/ML	
.....	263
<i>promethazine hcl inj 25</i>	
<i>mg/ml</i>	<i>293</i>
<i>promethazine hcl inj 50</i>	
<i>mg/ml</i>	<i>293</i>
<i>promethazine hcl oral</i>	
<i>soln 6.25 mg/5ml ..</i>	<i>293</i>
<i>promethazine hcl tab</i>	
<i>12.5 mg</i>	<i>294</i>
<i>promethazine hcl tab 25</i>	
<i>mg.....</i>	<i>294</i>
<i>promethazine hcl tab 50</i>	
<i>mg.....</i>	<i>294</i>
<i>propafenone hcl cap er</i>	
<i>12hr 225 mg</i>	<i>146</i>
<i>propafenone hcl cap er</i>	
<i>12hr 325 mg</i>	<i>146</i>
<i>propafenone hcl cap er</i>	
<i>12hr 425 mg</i>	<i>146</i>
<i>propafenone hcl tab 150</i>	
<i>mg.....</i>	<i>146</i>
<i>propafenone hcl tab 225</i>	
<i>mg.....</i>	<i>146</i>
<i>propafenone hcl tab 300</i>	
<i>mg.....</i>	<i>146</i>
<i>proparacaine hcl ophth</i>	
<i>soln 0.5%.....</i>	<i>342</i>
<i>propranolol hcl cap er</i>	
<i>24hr 120 mg</i>	<i>155</i>
<i>propranolol hcl cap er</i>	
<i>24hr 160 mg</i>	<i>155</i>
<i>propranolol hcl cap er</i>	
<i>24hr 60 mg.....</i>	<i>155</i>
<i>propranolol hcl cap er</i>	
<i>24hr 80 mg.....</i>	<i>155</i>
<i>propranolol hcl oral soln</i>	
<i>20 mg/5ml.....</i>	<i>155</i>
<i>propranolol hcl oral soln</i>	
<i>40 mg/5ml.....</i>	<i>155</i>
<i>propranolol hcl tab 10</i>	
<i>mg</i>	<i>155</i>
<i>propranolol hcl tab 20</i>	
<i>mg</i>	<i>155</i>
<i>propranolol hcl tab 40</i>	
<i>mg</i>	<i>155</i>
<i>propranolol hcl tab 60</i>	
<i>mg</i>	<i>155</i>
<i>propranolol hcl tab 80</i>	
<i>mg</i>	<i>155</i>
<i>propylthiouracil tab 50</i>	
<i>mg</i>	<i>289</i>
PROQUAD INJ	328
PROSOL INJ 20%	336
<i>protriptyline hcl tab 10</i>	
<i>mg</i>	<i>184</i>

protriptyline hcl tab 5
mg..... 184
 PULMOZYME SOL
 1MG/ML..... 354
pyrazinamide tab 500
mg.....71
pyridostigmine bromide
tab 60 mg..... 241
pyrimethamine tab 25
mg.....60
 PYZCHIVA INJ 130/26ML
 317
 PYZCHIVA INJ 45/0.5ML
 317
 PYZCHIVA INJ 90MG/ML
 317

Q

QINLOCK TAB 50MG 122
 QUADRACEL INJ 0.5ML
 328
quetiapine fumarate tab
100 mg 204
quetiapine fumarate tab
150 mg 204
quetiapine fumarate tab
200 mg 204
quetiapine fumarate tab
25 mg 203
quetiapine fumarate tab
300 mg 204

quetiapine fumarate tab
400 mg 204
quetiapine fumarate tab
50 mg 204
quetiapine fumarate tab
er 24hr 150 mg 204
quetiapine fumarate tab
er 24hr 200 mg 204
quetiapine fumarate tab
er 24hr 300 mg 204
quetiapine fumarate tab
er 24hr 400 mg 204
quetiapine fumarate tab
er 24hr 50 mg 204
quinapril hcl tab 10 mg
 137
quinapril hcl tab 20 mg
 137
quinapril hcl tab 40 mg
 137
quinapril hcl tab 5 mg
 137
quinidine sulfate tab 200
mg 147
quinidine sulfate tab 300
mg 147
quinine sulfate cap 324
mg 66
 QULIPTA TAB 10MG . 238
 QULIPTA TAB 30MG . 238

QULIPTA TAB 60MG .238

R

RABAVERT INJ 328

rabeprazole sodium ec
tab 20 mg..... 302

RALDESY SOL 10MG/ML
..... 184

raloxifene hcl tab 60 mg
..... 285

ramelteon tab 8 mg .235

ramipril cap 1.25 mg 137

ramipril cap 10 mg ..137

ramipril cap 2.5 mg .137

ramipril cap 5 mg137

ranolazine tab er 12hr
1000 mg..... 165

ranolazine tab er 12hr
500 mg 164

rasagiline mesylate tab
0.5 mg (base equiv)
..... 190

rasagiline mesylate tab 1
mg (base equiv) 190

reclipsen 273

RECOMBIVA HB INJ

10MCG/ML..... 328

RECOMBIVA HB INJ

5MCG/0.5 328

RECOMBIVA-HB INJ

40MCG/ML..... 328

RELENZA MIS DISKHALE

..... 74

relgaabi 225

RELISTOR INJ 12/0.6ML
..... 299

RELISTOR INJ 8/0.4ML
..... 299

REMICADE INJ 100MG
..... 317

RENFLEXIS INJ 100MG
..... 318

repaglinide tab 0.5 mg
..... 255

repaglinide tab 1 mg 255

repaglinide tab 2 mg 255

REPATHA INJ 140MG/ML
..... 151

REPATHA SURE INJ
140MG/ML..... 151

RESTASIS EMU 0.05%
OP 342

RESTASIS MUL EMU
0.05% OP..... 342

RETEVMO TAB 120MG
..... 122

RETEVMO TAB 160MG
..... 122

RETEVMO TAB 40MG 122

RETEVMO TAB 80MG 122

REVCovi INJ 1.6MG/ML		<i>ribavirin cap 200 mg</i> .. 74
.....	285	<i>ribavirin tab 200 mg</i> .. 74
REVUFORJ TAB 110MG		<i>rifabutin cap 150 mg</i> .. 72
.....	122	<i>rifampin cap 150 mg</i> .. 72
REVUFORJ TAB 160MG		<i>rifampin cap 300 mg</i> .. 72
.....	123	<i>rifampin for inj 600 mg</i>
REVUFORJ TAB 25MG		 72
.....	122	<i>rilpivirine hcl tab 25 mg</i>
REXULTI TAB 0.25MG		(base equivalent)..... 68
.....	205	<i>riluzole tab 50 mg</i> ... 242
REXULTI TAB 0.5MG	205	<i>rimantadine</i>
REXULTI TAB 1MG ...	205	<i>hydrochloride tab 100</i>
REXULTI TAB 2MG ...	205	<i>mg</i> 74
REXULTI TAB 3MG ...	205	RINVOQ LQ SOL 1MG/ML
REXULTI TAB 4MG ...	205	 318
REYATAZ POW 50MG..	68	RINVOQ TAB 15MG ER
REZDIFFRA TAB 100MG		 318
.....	285	RINVOQ TAB 30MG ER
REZDIFFRA TAB 60MG		 318
.....	285	RINVOQ TAB 45MG ER
REZDIFFRA TAB 80MG		 318
.....	285	<i>risedronate sodium tab</i>
REZLIDHIA CAP 150MG		<i>150 mg</i> 263
.....	123	<i>risedronate sodium tab</i>
REZUROCK TAB 200MG		<i>35 mg</i> 263
.....	326	<i>risedronate sodium tab 5</i>
REZVOGLAR KP INJ		<i>mg</i> 263
100UT/ML.....	262	<i>risedronate sodium tab</i>
RHOPRESSA SOL 0.02%		<i>delayed release 35 mg</i>
.....	341	 263

<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	<i>205</i>	<i>risperidone soln 1 mg/ml</i>	<i>206</i>
<i>risperidone microspheres for im extended rel susp 25 mg</i>	<i>205</i>	<i>risperidone tab 0.25 mg</i>	<i>206</i>
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	<i>205</i>	<i>risperidone tab 0.5 mg</i>	<i>206</i>
<i>risperidone microspheres for im extended rel susp 50 mg</i>	<i>205</i>	<i>risperidone tab 1 mg</i>	<i>206</i>
<i>risperidone orally disintegrating tab 0.25 mg</i>	<i>206</i>	<i>risperidone tab 2 mg</i>	<i>206</i>
<i>risperidone orally disintegrating tab 0.5 mg</i>	<i>206</i>	<i>risperidone tab 3 mg</i>	<i>206</i>
<i>risperidone orally disintegrating tab 1 mg</i>	<i>206</i>	<i>risperidone tab 4 mg</i>	<i>206</i>
<i>risperidone orally disintegrating tab 2 mg</i>	<i>206</i>	<i>ritonavir tab 100 mg ..</i>	<i>68</i>
<i>risperidone orally disintegrating tab 3 mg</i>	<i>206</i>	<i>rivaroxaban for susp 1 mg/ml</i>	<i>309</i>
<i>risperidone orally disintegrating tab 4 mg</i>	<i>206</i>	<i>rivaroxaban tab 2.5 mg</i>	<i>309</i>
		<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	<i>174</i>
		<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	<i>174</i>
		<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	<i>174</i>
		<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	<i>174</i>
		<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	<i>174</i>

<i>rivastigmine td patch</i>	
24hr 4.6 mg/24hr ..	174
<i>rivastigmine td patch</i>	
24hr 9.5 mg/24hr ..	174
<i>rivelsa</i>	273
<i>rizatriptan benzoate oral</i>	
disintegrating tab 10	
mg (base eq)	239
<i>rizatriptan benzoate oral</i>	
disintegrating tab 5 mg	
(base eq)	238
<i>rizatriptan benzoate tab</i>	
10 mg (base	
equivalent)	239
<i>rizatriptan benzoate tab</i>	
5 mg (base equivalent)	
.....	239
ROCKLATAN DRO.....	341
<i>roflumilast tab 250 mcg</i>	
.....	354
<i>roflumilast tab 500 mcg</i>	
.....	354
ROMVIMZA CAP 14MG	
.....	123
ROMVIMZA CAP 20MG	
.....	123
ROMVIMZA CAP 30MG	
.....	123
<i>ropinirole hydrochloride</i>	
tab 0.25 mg	190
<i>ropinirole hydrochloride</i>	
tab 0.5 mg	190
<i>ropinirole hydrochloride</i>	
tab 1 mg	190
<i>ropinirole hydrochloride</i>	
tab 2 mg	190
<i>ropinirole hydrochloride</i>	
tab 3 mg	190
<i>ropinirole hydrochloride</i>	
tab 4 mg	190
<i>ropinirole hydrochloride</i>	
tab 5 mg	190
<i>rosuvastatin calcium tab</i>	
10 mg	149
<i>rosuvastatin calcium tab</i>	
20 mg	149
<i>rosuvastatin calcium tab</i>	
40 mg	149
<i>rosuvastatin calcium tab</i>	
5 mg	149
<i>rosyrah</i>	273
ROTARIX SUS	328
ROTATEQ SOL.....	329
<i>roweepra</i>	225
ROZLYTREK CAP 100MG	
.....	123
ROZLYTREK CAP 200MG	
.....	123
ROZLYTREK PAK 50MG	
.....	123

RUBRACA TAB 200MG
 123
 RUBRACA TAB 250MG
 124
 RUBRACA TAB 300MG
 124
*rufinamide susp 40
 mg/ml* 225
rufinamide tab 200 mg
 225
rufinamide tab 400 mg
 226
 RUKOBIA TAB 600MG ER
 68
 RYBELSUS TAB 14MG
 256
 RYBELSUS TAB 3MG. 255
 RYBELSUS TAB 7MG. 256
 RYDAPT CAP 25MG .. 124

S

*sacubitril-valsartan tab
 24-26 mg* 142
*sacubitril-valsartan tab
 49-51 mg* 142
*sacubitril-valsartan tab
 97-103 mg* 142
sajazir 312
 SANTYL OIN 250/GM 373

*sapropterin
 dihydrochloride powder
 packet 100 mg* 285
*sapropterin
 dihydrochloride powder
 packet 500 mg* 285
*sapropterin
 dihydrochloride tab 100
 mg* 285
 SCEMBLIX TAB 100MG
 124
 SCEMBLIX TAB 20MG
 124
 SCEMBLIX TAB 40MG
 124
*scopolamine td patch
 72hr 1 mg/3days* ... 294
 SECUADO DIS 3.8MG
 206
 SECUADO DIS 5.7MG
 207
 SECUADO DIS 7.6MG
 207
selegiline hcl cap 5 mg
 190
selegiline hcl tab 5 mg
 190
*selenium sulfide lotion
 2.5%* 364

SELZENTRY SOL		
20MG/ML	68	
SEMGLEE INJ 100U/ML		
.....	262	
SEREVENT DIS AER		
50MCG	349	
<i>sertraline hcl oral</i>		
<i>concentrate for solution</i>		
<i>20 mg/ml</i>	184	
<i>sertraline hcl tab 100</i>		
<i>mg.....</i>	184	
<i>sertraline hcl tab 25 mg</i>		
<i>.....</i>	184	
<i>sertraline hcl tab 50 mg</i>		
<i>.....</i>	184	
<i>setlakin</i>	273	
<i>sharobel</i>	273	
SHINGRIX INJ 50/0.5ML		
.....	329	
SIGNIFOR INJ 0.3MG/ML		
.....	286	
SIGNIFOR INJ 0.6MG/ML		
.....	286	
SIGNIFOR INJ 0.9MG/ML		
.....	286	
SIKLOS TAB 1000MG	312	
SIKLOS TAB 100MG	312	
<i>sildenafil citrate tab 20</i>		
<i>mg.....</i>	168	
<i>silver sulfadiazine cream</i>		
<i>1%</i>	362	
SIMBRINZA SUS 1-0.2%		
.....	341	
<i>simliya</i>	273	
<i>simpesse</i>	273	
<i>simvastatin tab 10 mg</i>		
<i>.....</i>	149	
<i>simvastatin tab 20 mg</i>		
<i>.....</i>	149	
<i>simvastatin tab 40 mg</i>		
<i>.....</i>	149	
<i>simvastatin tab 5 mg</i>	149	
<i>simvastatin tab 80 mg</i>		
<i>.....</i>	149	
<i>sirolimus oral soln 1</i>		
<i>mg/ml.....</i>	326	
<i>sirolimus tab 0.5 mg</i>	326	
<i>sirolimus tab 1 mg...</i>	326	
<i>sirolimus tab 2 mg...</i>	326	
SIRTURO TAB 100MG	72	
SIRTURO TAB 20MG	72	
<i>sitagliptin phosphate tab</i>		
<i>100 mg (base equiv)</i>		
<i>.....</i>	256	
<i>sitagliptin phosphate tab</i>		
<i>25 mg (base equiv)</i>	256	
<i>sitagliptin phosphate tab</i>		
<i>50 mg (base equiv)</i>	256	

<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	256
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	256
SKYRIZI INJ 150MG/ML	318
SKYRIZI INJ 180/1.2	318
SKYRIZI INJ 360/2.4	318
SKYRIZI PEN INJ 150MG/ML	318
SKYRIZI SOL 60MG/ML	318
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	297
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	333
<i>sodium chloride irrigation soln 0.9%</i>	373
<i>sodium chloride iv soln 0.45%</i>	333
<i>sodium chloride iv soln 0.9%</i>	333
<i>sodium chloride iv soln 3%</i>	333
<i>sodium chloride iv soln 5%</i>	334
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	335
<i>sodium oxybate oral solution 500 mg/ml</i>	246
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	286
<i>sodium phenylbutyrate tab 500 mg</i>	286
<i>sodium polystyrene sulfonate powder</i> ...	265
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	265
<i>solifenacin succinate tab 10 mg</i>	305
<i>solifenacin succinate tab 5 mg</i>	305
SOLQUA INJ 100/33	262
SOLTAMOX SOL 10MG/5ML	95
SOLU-CORTEF INJ 1000MG	281
SOLU-CORTEF INJ 250MG	281
SOLU-CORTEF INJ 500MG	281
SOMATULINE INJ 60/0.2ML	286

SOMATULINE INJ		
90/0.3ML.....	286	
SOMAVERT INJ 10MG		
.....	286	
SOMAVERT INJ 15MG		
.....	286	
SOMAVERT INJ 20MG		
.....	286	
SOMAVERT INJ 25MG		
.....	286	
SOMAVERT INJ 30MG		
.....	286	
<i>sorafenib tosylate tab</i>		
<i>200 mg (base</i>		
<i>equivalent)</i>	124	
<i>sotalol hcl (afib/afl) tab</i>		
<i>120 mg</i>	147	
<i>sotalol hcl (afib/afl) tab</i>		
<i>160 mg</i>	147	
<i>sotalol hcl (afib/afl) tab</i>		
<i>80 mg</i>	147	
<i>sotalol hcl tab 120 mg</i>		
.....	147	
<i>sotalol hcl tab 160 mg</i>		
.....	147	
<i>sotalol hcl tab 240 mg</i>		
.....	147	
<i>sotalol hcl tab 80 mg</i>	147	
SOTYKTU TAB 6MG ..	318	
SPIRIVA RESP AER		
1.25MCG	345	
<i>spironolactone &</i>		
<i>hydrochlorothiazide tab</i>		
<i>25-25 mg</i>	161	
<i>spironolactone tab 100</i>		
<i>mg</i>	138	
<i>spironolactone tab 25</i>		
<i>mg</i>	137	
<i>spironolactone tab 50</i>		
<i>mg</i>	137	
<i>sprintec 28</i>	273	
SPRITAM TAB 1000MG		
.....	226	
SPRITAM TAB 250MG	226	
SPRITAM TAB 500MG	226	
SPRITAM TAB 750MG	226	
<i>sps</i>	265	
<i>sps rectal</i>	265	
<i>sronyx</i>	273	
<i>ssd</i>	362	
STELARA INJ 45/0.5ML		
.....	319	
STELARA INJ 5MG/ML		
.....	319	
STELARA INJ 90MG/ML		
.....	319	
STIVARGA TAB 40MG		
.....	124	

streptomycin sulfate for
inj 1 gm60
STRIBILD TAB71
subvenite 226
SUBVENITE SUS
10MG/ML..... 226
sucralfate susp 1
gm/10ml 299
sucralfate tab 1 gm.. 299
sulfacetamide sodium
lotion 10% (acne).. 361
sulfacetamide sodium
ophth soln 10% 339
sulfacetamide sodium-
prednisolone ophth soln
10-0.23(0.25)% 337
sulfadiazine tab 500 mg
.....60
sulfamethoxazole-
trimethoprim iv soln
400-80 mg/5ml61
sulfamethoxazole-
trimethoprim susp 200-
40 mg/5ml.....61
sulfamethoxazole-
trimethoprim tab 400-
80 mg61
sulfamethoxazole-
trimethoprim tab 800-
160 mg61

SULFAMYLON CRE
85MG/GM 362
sulfasalazine tab 500 mg
..... 296
sulfasalazine tab delayed
release 500 mg 297
sulindac tab 150 mg ..49
sulindac tab 200 mg ..49
sumatriptan nasal spray
20 mg/act..... 239
sumatriptan nasal spray
5 mg/act 239
sumatriptan succinate
inj 6 mg/0.5ml 239
sumatriptan succinate
solution auto-injector 6
mg/0.5ml 239
sumatriptan succinate
tab 100 mg..... 239
sumatriptan succinate
tab 25 mg..... 239
sumatriptan succinate
tab 50 mg..... 239
sunitinib malate cap
12.5 mg (base
equivalent) 125
sunitinib malate cap 25
mg (base equivalent)
..... 125

sunitinib malate cap
37.5 mg (base
equivalent) 125
sunitinib malate cap 50
mg (base equivalent)
..... 125
SUNLENCA TAB 300MG
..... 68
syeda..... 273
SYMDEKO TAB 100-150
..... 354
SYMDEKO TAB 50-75MG
..... 354
SYMPAZAN MIS 10MG
..... 226
SYMPAZAN MIS 20MG
..... 226
SYMPAZAN MIS 5MG 226
SYMTUZA TAB..... 71
SYNAREL SOL 2MG/ML
..... 286
SYNTHROID TAB
100MCG 289
SYNTHROID TAB
112MCG 290
SYNTHROID TAB
125MCG 290
SYNTHROID TAB
137MCG 290

SYNTHROID TAB
150MCG 290
SYNTHROID TAB
175MCG 290
SYNTHROID TAB
200MCG 290
SYNTHROID TAB 25MCG
..... 289
SYNTHROID TAB
300MCG 290
SYNTHROID TAB 50MCG
..... 289
SYNTHROID TAB 75MCG
..... 289
SYNTHROID TAB 88MCG
..... 289

T

TABLOID TAB 40MG... 93
TABRECTA TAB 150MG
..... 125
TABRECTA TAB 200MG
..... 125
tacrolimus cap 0.5 mg
..... 327
tacrolimus cap 1 mg 327
tacrolimus cap 5 mg 327
tacrolimus cap er 24hr
0.5 mg 327
tacrolimus cap er 24hr 1
mg 327

<i>tacrolimus cap er 24hr 5 mg</i>	327	<i>tamsulosin hcl cap 0.4 mg</i>	303
<i>tacrolimus oint 0.03%</i>	372	<i>tarina 24 fe</i>	273
<i>tacrolimus oint 0.1%</i>	372	<i>tarina fe 1/20 eq</i>	273
<i>tadalafil tab 20 mg (pah)</i>	168	<i>tasimelteon capsule 20 mg</i>	235
<i>tadalafil tab 5 mg</i>	303	TAVNEOS CAP 10MG	312
TAFINLAR CAP 50MG	125	<i>tazarotene cream 0.05%</i>	365
TAFINLAR CAP 75MG	126	<i>tazarotene cream 0.1%</i>	365
TAFINLAR TAB 10MG	126	<i>tazicef</i>	79
TAGRISSO TAB 40MG	126	TECENTRIQ INJ 1200/20	127
TAGRISSO TAB 80MG	126	TECENTRIQ INJ 840/14	127
TALZENNA CAP 0.1MG	126	TECENTRIQ INJ HYBREZA.....	127
TALZENNA CAP 0.25MG	126	TEFLARO INJ 400MG..	79
TALZENNA CAP 0.35MG	126	TEFLARO INJ 600MG..	79
TALZENNA CAP 0.5MG	126	<i>telmisartan tab 20 mg</i>	144
TALZENNA CAP 0.75MG	127	<i>telmisartan tab 40 mg</i>	144
TALZENNA CAP 1MG	127	<i>telmisartan tab 80 mg</i>	145
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	95	<i>telmisartan-amlodipine tab 40-10 mg</i>	142
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	96	<i>telmisartan-amlodipine tab 40-5 mg</i>	142

<i>telmisartan-amlodipine</i>		
<i>tab 80-10 mg</i>	142	
<i>telmisartan-amlodipine</i>		
<i>tab 80-5 mg</i>	142	
<i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
<i>40-12.5 mg</i>	142	
<i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
<i>80-12.5 mg</i>	143	
<i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
<i>80-25 mg</i>	143	
<i>temazepam cap 15 mg</i>		
<i>.....</i>	236	
<i>temazepam cap 30 mg</i>		
<i>.....</i>	236	
<i>temazepam cap 7.5 mg</i>		
<i>.....</i>	235	
<i>TENIVAC INJ 5-2LF ..</i>	329	
<i>tenofovir disoproxil</i>		
<i>fumarate tab 300 mg</i>	68	
<i>TEPMETKO TAB 225MG</i>		
<i>.....</i>	127	
<i>terazosin hcl cap 1 mg</i>		
<i>(base equivalent)...</i>	138	
<i>terazosin hcl cap 10 mg</i>		
<i>(base equivalent)...</i>	138	
<i>terazosin hcl cap 2 mg</i>		
<i>(base equivalent)...</i>	138	
<i>terazosin hcl cap 5 mg</i>		
<i>(base equivalent)...</i>	138	
<i>terbinafine hcl tab 250</i>		
<i>mg</i>	65	
<i>terbutaline sulfate tab</i>		
<i>2.5 mg</i>	349	
<i>terbutaline sulfate tab 5</i>		
<i>mg</i>	349	
<i>terconazole vaginal</i>		
<i>cream 0.4%</i>	306	
<i>terconazole vaginal</i>		
<i>cream 0.8%</i>	306	
<i>terconazole vaginal</i>		
<i>suppos 80 mg</i>	306	
<i>TERIPARATIDE INJ</i>		
<i>560/2.24</i>	263	
<i>teriparatide soln pen-inj</i>		
<i>560 mcg/2.24ml</i>	264	
<i>testosterone cypionate</i>		
<i>im inj in oil 100 mg/ml</i>		
<i>.....</i>	248	
<i>testosterone cypionate</i>		
<i>im inj in oil 200 mg/ml</i>		
<i>.....</i>	249	
<i>testosterone enanthate</i>		
<i>im inj in oil 200 mg/ml</i>		
<i>.....</i>	249	
<i>testosterone pump ..</i>	249	
<i>testosterone td gel 12.5</i>		
<i>mg/act (1%)</i>	249	

testosterone td gel 25 mg/2.5gm (1%)	249	theophylline tab er 24hr 600 mg	355
testosterone td gel 50 mg/5gm (1%)	249	thioridazine hcl tab 10 mg	207
tetrabenazine tab 12.5 mg.....	242	thioridazine hcl tab 100 mg	207
tetrabenazine tab 25 mg	242	thioridazine hcl tab 25 mg	207
tetracycline hcl cap 250 mg.....	88	thioridazine hcl tab 50 mg	207
tetracycline hcl cap 500 mg.....	88	thiothixene cap 1 mg	207
THALOMID CAP 100MG	99	thiothixene cap 10 mg	207
THALOMID CAP 50MG	98	thiothixene cap 2 mg	207
theophylline elixir 80 mg/15ml	354	thiothixene cap 5 mg	207
theophylline soln 80 mg/15ml	354	tiadylt er	159
theophylline tab er 12hr 100 mg	355	tiagabine hcl tab 12 mg	227
theophylline tab er 12hr 200 mg	355	tiagabine hcl tab 16 mg	227
theophylline tab er 12hr 300 mg	355	tiagabine hcl tab 2 mg	226
theophylline tab er 12hr 450 mg	355	tiagabine hcl tab 4 mg	227
theophylline tab er 24hr 400 mg	355	TIBSOVO TAB 250MG	127
		ticagrelor tab 60 mg	313
		ticagrelor tab 90 mg	313
		TICOVAC INJ	329

<i>tigecycline for iv soln 50 mg</i>	88
<i>tilia fe</i>	273
<i>timolol maleate ophth gel forming soln 0.25%</i>	342
<i>timolol maleate ophth gel forming soln 0.5%</i>	341
<i>timolol maleate ophth soln 0.25%</i>	342
<i>timolol maleate ophth soln 0.5%</i>	342
<i>timolol maleate tab 10 mg</i>	155
<i>timolol maleate tab 20 mg</i>	156
<i>timolol maleate tab 5 mg</i>	155
<i>tinidazole tab 250 mg</i>	61
<i>tinidazole tab 500 mg</i>	61
<i>TIVICAY PD TAB 5MG</i>	.68
<i>TIVICAY TAB 50MG</i>	68
<i>tizanidine hcl tab 2 mg (base equivalent)</i> ...	245
<i>tizanidine hcl tab 4 mg (base equivalent)</i> ...	245
<i>TOBI PODHALR CAP 28MG</i>	61
<i>TOBRADEX OIN 0.3-0.1%</i>	337
<i>tobramycin nebu soln 300 mg/5ml</i>	61
<i>tobramycin ophth soln 0.3%</i>	339
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	61
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	61
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	61
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	338
<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>	319
<i>tofacitinib citrate tab 10 mg (base equivalent)</i>	319
<i>tofacitinib citrate tab 5 mg (base equivalent)</i>	319
<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i>	319

<i>tofacitinib citrate tab er</i>	
<i>24hr 22 mg (base</i>	
<i>equivalent)</i>	<i>319</i>
<i>tolterodine tartrate cap</i>	
<i>er 24hr 2 mg.....</i>	<i>305</i>
<i>tolterodine tartrate cap</i>	
<i>er 24hr 4 mg.....</i>	<i>305</i>
<i>tolterodine tartrate tab 1</i>	
<i>mg.....</i>	<i>305</i>
<i>tolterodine tartrate tab 2</i>	
<i>mg.....</i>	<i>305</i>
<i>tolvaptan tab 15 mg</i>	<i>286</i>
<i>tolvaptan tab 30 mg</i>	<i>286</i>
<i>tolvaptan tab therapy</i>	
<i>pack 15 mg.....</i>	<i>286</i>
<i>tolvaptan tab therapy</i>	
<i>pack 30 & 15 mg ...</i>	<i>287</i>
<i>tolvaptan tab therapy</i>	
<i>pack 45 & 15 mg ...</i>	<i>287</i>
<i>tolvaptan tab therapy</i>	
<i>pack 60 & 30 mg ...</i>	<i>287</i>
<i>tolvaptan tab therapy</i>	
<i>pack 90 & 30 mg ...</i>	<i>287</i>
<i>topiramate oral soln 25</i>	
<i>mg/ml.....</i>	<i>227</i>
<i>topiramate sprinkle cap</i>	
<i>15 mg</i>	<i>227</i>
<i>topiramate sprinkle cap</i>	
<i>25 mg</i>	<i>227</i>
<i>topiramate sprinkle cap</i>	
<i>50 mg</i>	<i>227</i>
<i>topiramate tab 100 mg</i>	
<i>.....</i>	<i>227</i>
<i>topiramate tab 200 mg</i>	
<i>.....</i>	<i>227</i>
<i>topiramate tab 25 mg</i>	
<i>.....</i>	<i>227</i>
<i>topiramate tab 50 mg</i>	
<i>.....</i>	<i>227</i>
<i>toremifene citrate tab 60</i>	
<i>mg (base equivalent)</i>	<i>96</i>
<i>torpenz</i>	<i>127</i>
<i>torsemide tab 10 mg</i>	<i>162</i>
<i>torsemide tab 100 mg</i>	
<i>.....</i>	<i>162</i>
<i>torsemide tab 20 mg</i>	<i>162</i>
<i>torsemide tab 5 mg .</i>	<i>162</i>
<i>TOUJEO MAX INJ 300/ML</i>	
<i>.....</i>	<i>262</i>
<i>TOUJEO SOLO INJ</i>	
<i>300/ML</i>	<i>262</i>
<i>TPN ELECTROL INJ ..</i>	<i>334</i>
<i>TRADJENTA TAB 5MG</i>	
<i>.....</i>	<i>256</i>
<i>tramadol hcl tab 50 mg</i>	
<i>.....</i>	<i>56</i>
<i>tramadol-acetaminophen</i>	
<i>tab 37.5-325 mg</i>	<i>56</i>
<i>trandolapril tab 1 mg</i>	<i>137</i>

<i>trandolapril tab 2 mg</i>	137	<i>treprostinil inj soln 100</i>	
<i>trandolapril tab 4 mg</i>	137	<i>mg/20ml (5 mg/ml)</i>	168
<i>tranexamic acid iv soln</i>		<i>treprostinil inj soln 20</i>	
<i>1000 mg/10ml (100</i>		<i>mg/20ml (1 mg/ml)</i>	168
<i>mg/ml).....</i>	312	<i>treprostinil inj soln 200</i>	
<i>tranexamic acid tab 650</i>		<i>mg/20ml (10 mg/ml)</i>	
<i>mg.....</i>	312	<i>.....</i>	168
<i>tranylcypromine sulfat</i>		<i>treprostinil inj soln 50</i>	
<i>tab 10 mg.....</i>	184	<i>mg/20ml (2.5 mg/ml)</i>	
TRAVASOL INJ 10% .	336	<i>.....</i>	168
TRAZIMERA INJ 150MG		TRESIBA FLEX INJ	
<i>.....</i>	127	<i>100UNIT.....</i>	262
TRAZIMERA INJ 420MG		TRESIBA FLEX INJ	
<i>.....</i>	127	<i>200UNIT.....</i>	262
<i>trazodone hcl tab 100</i>		TRESIBA INJ 100UNIT	
<i>mg.....</i>	184	<i>.....</i>	262
<i>trazodone hcl tab 150</i>		<i>tretinoin cap 10 mg .</i>	101
<i>mg.....</i>	184	<i>tretinoin cream 0.025%</i>	
<i>trazodone hcl tab 50 mg</i>		<i>.....</i>	362
<i>.....</i>	184	<i>tretinoin cream 0.05%</i>	
TRELEGY AER ELLIPTA		<i>.....</i>	361
<i>100-62.5-25 MCG ..</i>	344	<i>tretinoin cream 0.1%</i>	361
TRELEGY AER ELLIPTA		<i>tretinoin gel 0.01%..</i>	362
<i>200-62.5-25 MCG ..</i>	344	<i>tretinoin gel 0.025%</i>	362
TREMFYA INJ 100MG/ML		<i>triamcinolone acetone</i>	
<i>.....</i>	319, 320	<i>cream 0.025%</i>	369
TREMFYA INJ 200/20ML		<i>triamcinolone acetone</i>	
<i>.....</i>	320	<i>cream 0.1%.....</i>	369
TREMFYA INJ 200/2ML		<i>triamcinolone acetone</i>	
<i>.....</i>	320	<i>cream 0.5%.....</i>	369

<i>triamcinolone acetonide</i> <i>dental paste 0.1% .373</i>	<i>trifluoperazine hcl tab 10</i> <i>mg (base equivalent)</i> 207
<i>triamcinolone acetonide</i> <i>lotion 0.025% 369</i>	<i>trifluoperazine hcl tab 2</i> <i>mg (base equivalent)</i> 207
<i>triamcinolone acetonide</i> <i>lotion 0.1% 369</i>	<i>trifluoperazine hcl tab 5</i> <i>mg (base equivalent)</i> 207
<i>triamcinolone acetonide</i> <i>oint 0.025% 369</i>	<i>trifluridine ophth soln</i> <i>1% 339</i>
<i>triamcinolone acetonide</i> <i>oint 0.1% 369</i>	<i>trihexyphenidyl hcl oral</i> <i>soln 0.4 mg/ml..... 190</i>
<i>triamcinolone acetonide</i> <i>oint 0.5% 369</i>	<i>trihexyphenidyl hcl tab 2</i> <i>mg 190</i>
<i>triamterene &</i> <i>hydrochlorothiazide cap</i> <i>37.5-25 mg..... 162</i>	<i>trihexyphenidyl hcl tab 5</i> <i>mg 191</i>
<i>triamterene &</i> <i>hydrochlorothiazide tab</i> <i>37.5-25 mg..... 162</i>	TRIJARDY XR TAB ER 24HR 10-5-1000MG256
<i>triamterene &</i> <i>hydrochlorothiazide tab</i> <i>75-50 mg 162</i>	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 256
<i>tridacaine iii..... 370</i>	TRIJARDY XR TAB ER 24HR 25-5-1000MG257
<i>triderm 369</i>	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 256
<i>trientine hcl cap 250 mg</i> 265	TRIKAFTA PAK 59.5MG 355
<i>tri-estarylla..... 273</i>	TRIKAFTA PAK 75MG 355
<i>trifluoperazine hcl tab 1</i> <i>mg (base equivalent)</i> 207	

TRIKAFTA TAB 100-50-75MG & 150MG	355	TROGARZO INJ 150MG/ML	68
TRIKAFTA TAB 50-25-37.5MG & 75MG	355	TROPHAMINE INJ 10%	336
<i>tri-legest fe</i>	273	<i>trospium chloride tab 20 mg</i>	305
<i>tri-lynyah</i>	273	TRULANCE TAB 3MG	299
<i>tri-lo-estarylla</i>	273	TRULICITY INJ 0.75/0.5	257
<i>tri-lo-marzia</i>	273	TRULICITY INJ 1.5/0.5	257
<i>tri-lo-mili</i>	273	TRULICITY INJ 3/0.5	257
<i>tri-lo-sprintec</i>	274	TRULICITY INJ 4.5/0.5	257
<i>trimethoprim tab 100 mg</i>	61	TRUMENBA INJ	329
<i>tri-mili</i>	274	TRUQAP PAK 160MG	127
<i>trimipramine maleate cap 100 mg</i>	185	TRUQAP PAK 200MG	128
<i>trimipramine maleate cap 25 mg</i>	184	TRUQAP TAB 160MG	128
<i>trimipramine maleate cap 50 mg</i>	184	TRUQAP TAB 200MG	128
TRINTELLIX TAB 10MG	185	TRUXIMA INJ 100/10ML	128
TRINTELLIX TAB 20MG	185	TRUXIMA INJ 500/50ML	128
TRINTELLIX TAB 5MG	185	TUKYSA TAB 150MG	128
<i>tri-sprintec</i>	274	TUKYSA TAB 50MG ..	128
TRIUMEQ PD TAB	71	TURALIO CAP 125MG	128
TRIUMEQ TAB	71	<i>turqoz</i>	274
<i>tri-vylibra</i>	274	<i>twice-daily clindamycin phosphate (topical)</i>	362
<i>tri-vylibra lo</i>	274	TWINRIX INJ	329

TYBOST TAB 150MG...68
tydemy 274
 TYENNE INJ 162/0.9 320
 TYENNE INJ 162MG.. 320
 TYENNE INJ 200/10ML
 320
 TYENNE INJ 400/20ML
 320
 TYENNE INJ 80MG/4ML
 320
 TYMLOS INJ 264
 TYPHIM VI INJ..... 329
U
 UBRELVY TAB 100MG
 240
 UBRELVY TAB 50MG. 239
unithroid 290
 UPTRAVI PACK TAB
 200/800 168
 UPTRAVI TAB 1000MCG
 169
 UPTRAVI TAB 1200MCG
 169
 UPTRAVI TAB 1400MCG
 169
 UPTRAVI TAB 1600MCG
 169
 UPTRAVI TAB 200MCG
 168

UPTRAVI TAB 400MCG
 168
 UPTRAVI TAB 600MCG
 168
 UPTRAVI TAB 800MCG
 168
ursodiol cap 300 mg 299
ursodiol tab 250 mg. 299
ursodiol tab 500 mg. 299
 USTEKINUMAB INJ
 130/26ML..... 321
 USTEKINUMAB INJ
 45/0.5ML..... 320
 USTEKINUMAB INJ
 90MG/ML..... 321
V
valacyclovir hcl tab 1 gm
 74
valacyclovir hcl tab 500
mg 74
 VALCHLOR GEL 0.016%
 372
valganciclovir hcl for
soln 50 mg/ml (base
equiv) 74
valganciclovir hcl tab
450 mg (base
equivalent) 74
valproate sodium inj 100
mg/ml..... 227

<i>valproate sodium oral</i>	
<i>soln 250 mg/5ml (base</i>	
<i>equiv)</i>	227
<i>valproic acid cap 250 mg</i>	
<i>.....</i>	227
<i>valsartan tab 160 mg</i>	
<i>.....</i>	145
<i>valsartan tab 320 mg</i>	
<i>.....</i>	145
<i>valsartan tab 40 mg.</i>	145
<i>valsartan tab 80 mg.</i>	145
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>160-12.5 mg</i>	143
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>160-25 mg.....</i>	143
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-12.5 mg</i>	143
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-25 mg.....</i>	143
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>80-12.5 mg.....</i>	143
VALTOCO SPR 10MG	227
VALTOCO SPR 15MG	227
VALTOCO SPR 20MG	228
VALTOCO SPR 5MG..	227
<i>valtya 1/35.....</i>	274
<i>valtya 1/50.....</i>	274
<i>vancomycin hcl cap 125</i>	
<i>mg (base equivalent)</i>	62
<i>vancomycin hcl cap 250</i>	
<i>mg (base equivalent)</i>	62
<i>vancomycin hcl for iv</i>	
<i>soln 1 gm (base</i>	
<i>equivalent)</i>	62
<i>vancomycin hcl for iv</i>	
<i>soln 1.25 gm (base</i>	
<i>equivalent)</i>	62
<i>vancomycin hcl for iv</i>	
<i>soln 1.5 gm (base</i>	
<i>equivalent)</i>	62
<i>vancomycin hcl for iv</i>	
<i>soln 10 gm (base</i>	
<i>equivalent)</i>	62
<i>vancomycin hcl for iv</i>	
<i>soln 5 gm (base</i>	
<i>equivalent)</i>	62
<i>vancomycin hcl for iv</i>	
<i>soln 500 mg (base</i>	
<i>equivalent)</i>	62
<i>vancomycin hcl for iv</i>	
<i>soln 750 mg (base</i>	
<i>equivalent)</i>	62
VANCOMYCIN INJ 1 GM	
<i>.....</i>	62

VANCOMYCIN INJ		VENCLEXTA TAB 50MG	
500MG	62	.....	129
VANCOMYCIN INJ		VENCLEXTA TAB START	
750MG	62	PK	129
VANFLYTA TAB 17.7MG		<i>venlafaxine hcl cap er</i>	
.....	128	<i>24hr 150 mg (base</i>	
VANFLYTA TAB 26.5MG		<i>equivalent)</i>	185
.....	128	<i>venlafaxine hcl cap er</i>	
VAQTA INJ 25/0.5ML	329	<i>24hr 37.5 mg (base</i>	
VAQTA INJ 50UNT/ML		<i>equivalent)</i>	185
.....	329	<i>venlafaxine hcl cap er</i>	
<i>varenicline tartrate tab</i>		<i>24hr 75 mg (base</i>	
<i>0.5 mg (base equiv)</i>		<i>equivalent)</i>	185
.....	248	<i>venlafaxine hcl tab 100</i>	
<i>varenicline tartrate tab 1</i>		<i>mg (base equivalent)</i>	
<i>mg (base equiv)</i>	248	.....	186
<i>varenicline tartrate tab</i>		<i>venlafaxine hcl tab 25</i>	
<i>11 x 0.5 mg & 42 x 1</i>		<i>mg (base equivalent)</i>	
<i>mg start pack</i>	248	.....	185
VARIVAX INJ	329	<i>venlafaxine hcl tab 37.5</i>	
VASCEPA CAP 0.5GM	151	<i>mg (base equivalent)</i>	
VASCEPA CAP 1GM ..	152	.....	185
VAXCHORA SUS	329	<i>venlafaxine hcl tab 50</i>	
<i>velivet</i>	274	<i>mg (base equivalent)</i>	
VELSIPITY TAB 2MG.	321	.....	185
VENCLEXTA TAB 100MG		<i>venlafaxine hcl tab 75</i>	
.....	129	<i>mg (base equivalent)</i>	
VENCLEXTA TAB 10MG		.....	185
.....	129		

VENTOLIN HFA (INSTITUTIONAL PACK)	349	<i>verapamil hcl tab er 180 mg</i>	160
VENTOLIN HFA AER .	350	<i>verapamil hcl tab er 240 mg</i>	160
VEPPANU TAB 100MG.	96	VERQUVO TAB 10MG	165
VEPPANU TAB 200MG.	96	VERQUVO TAB 2.5MG	165
<i>verapamil hcl cap er 24hr 100 mg</i>	159	VERQUVO TAB 5MG .	165
<i>verapamil hcl cap er 24hr 120 mg</i>	159	VERSACLOZ SUS 50MG/ML.....	208
<i>verapamil hcl cap er 24hr 180 mg</i>	159	VERZENIO TAB 100MG	129
<i>verapamil hcl cap er 24hr 200 mg</i>	159	VERZENIO TAB 150MG	129
<i>verapamil hcl cap er 24hr 240 mg</i>	159	VERZENIO TAB 200MG	129
<i>verapamil hcl cap er 24hr 300 mg</i>	159	VERZENIO TAB 50MG	129
<i>verapamil hcl cap er 24hr 360 mg</i>	159	<i>vestura</i>	274
<i>verapamil hcl iv soln 2.5 mg/ml</i>	160	<i>vienva</i>	274
<i>verapamil hcl tab 120 mg</i>	160	<i>vigabatrin powd pack 500 mg</i>	228
<i>verapamil hcl tab 40 mg</i>	160	<i>vigabatrin tab 500 mg</i>	228
<i>verapamil hcl tab 80 mg</i>	160	<i>vigadrone</i>	228
<i>verapamil hcl tab er 120 mg</i>	160	VIGAFYDE SOL 100MG/ML.....	228
		<i>vilazodone hcl tab 10 mg</i>	186

<i>vilazodone hcl tab 20 mg</i>	186	VIVOTIF CAP EC	329
<i>vilazodone hcl tab 40 mg</i>	186	VIZIMPRO TAB 15MG	130
VIMKUNYA INJ 40/0.8ML	329	VIZIMPRO TAB 30MG	130
<i>vincristine sulfate iv soln</i> <i>1 mg/ml</i>	102	VIZIMPRO TAB 45MG	130
<i>vinorelbine tartrate inj</i> <i>10 mg/ml (base equiv)</i>	103	VONJO CAP 100MG ..	130
<i>vinorelbine tartrate inj</i> <i>50 mg/5ml (10 mg/ml)</i> <i>(base equiv)</i>	103	VOQUEZNA PAK DUAL PAK	300
<i>viorele</i>	274	VOQUEZNA PAK TRIP PK	300
VIRACEPT TAB 250MG	68	VORANIGO TAB 10MG	130
VIRACEPT TAB 625MG	68	VORANIGO TAB 40MG	130
VIREAD POW 40MG/GM	68	<i>voriconazole for inj 200</i> <i>mg</i>	65
VIREAD TAB 150MG...	69	<i>voriconazole for susp 40</i> <i>mg/ml</i>	65
VIREAD TAB 200MG...	69	<i>voriconazole tab 200 mg</i>	65
VIREAD TAB 250MG...	69	<i>voriconazole tab 50 mg</i>	65
VITRAKVI CAP 100MG	130	VOSEVI TAB	74
VITRAKVI CAP 25MG	129	VOWST CAP.....	300
VITRAKVI SOL 20MG/ML	130	VRAYLAR CAP 0.5MG	208
VIVIMUSTA INJ 100/4ML	90	VRAYLAR CAP 0.75MG	208
VIVITROL INJ 380MG	248	VRAYLAR CAP 1.5MG	208
		VRAYLAR CAP 3MG ..	208
		VRAYLAR CAP 4.5MG	208
		VRAYLAR CAP 6MG ..	208

vyfemla 274
vylibra 274
VYNDAMAX CAP 61MG

..... 165

VYZULTA SOL 0.024%

..... 342

W

warfarin sodium tab 1
mg..... 309

warfarin sodium tab 10
mg..... 309

warfarin sodium tab 2
mg..... 309

warfarin sodium tab 2.5
mg..... 309

warfarin sodium tab 3
mg..... 309

warfarin sodium tab 4
mg..... 309

warfarin sodium tab 5
mg..... 309

warfarin sodium tab 6
mg..... 309

warfarin sodium tab 7.5
mg..... 309

water for irrigation,
sterile irrigation soln
..... 373

WELIREG TAB 40MG 101

wera 274

WESTAB PLUS TAB 27-
1MG..... 335

WINREVAIR INJ 45MG
..... 169

WINREVAIR INJ 60MG
..... 169

wixela inhub 360

wymzya fe..... 274

WYOST INJ 120/1.7 . 264

X

XALKORI CAP 150MG131

XALKORI CAP 200MG131

XALKORI CAP 20MG. 130

XALKORI CAP 250MG131

XALKORI CAP 50MG. 131

xarah fe 274

XARELTO STAR TAB
15/20MG 309

XARELTO TAB 10MG 309

XARELTO TAB 15MG 310

XARELTO TAB 2.5MG 309

XARELTO TAB 20MG 310

XATMEP SOL 2.5MG/ML
..... 322

XCOPRI PAK 100-150
..... 228

XCOPRI PAK 12.5-25 228

XCOPRI PAK 150-200MG
(MAINTENANCE).... 229

XCOPRI PAK 150-200MG (TITRATION)	229	XIGDUO XR TAB 5- 1000MG	257
XCOPRI PAK 50-100MG	228	XIGDUO XR TAB 5- 500MG	257
XCOPRI TAB 100MG.	229	XIIDRA DRO 5%.....	342
XCOPRI TAB 150MG.	229	XOFLUZA TAB 40MG ..	74
XCOPRI TAB 200MG.	229	XOFLUZA TAB 80MG ..	75
XCOPRI TAB 25MG...	229	XOLAIR INJ 150MG/ML	356
XCOPRI TAB 50MG...	229	XOLAIR INJ 300/2ML	356
XDEMVY DRO 0.25%	339	XOLAIR INJ 75/0.5 ..	356
XELJANZ SOL 1MG/ML	321	XOLAIR SOL 150MG.	356
XELJANZ TAB 10MG.	321	XOSPATA TAB 40MG	131
XELJANZ TAB 5MG...	321	XPOVIO PAK (100 MG ONCE WEEKLY)	132
XELJANZ XR TAB 11MG	321	XPOVIO PAK (40 MG ONCE WEEKLY)	131
XELJANZ XR TAB 22MG	321	XPOVIO PAK (40 MG TWICE WEEKLY)	131
<i>xelria fe</i>	274	XPOVIO PAK (60 MG ONCE WEEKLY)	131
XERMELO TAB 250MG	300	XPOVIO PAK (60 MG TWICE WEEKLY)	132
XHANCE MIS 93MCG	357	XPOVIO PAK (80 MG ONCE WEEKLY)	132
XIFAXAN TAB 550MG	300	XPOVIO PAK (80 MG TWICE WEEKLY)	132
XIGDUO XR TAB 10- 1000	257	XTANDI CAP 40MG	96
XIGDUO XR TAB 10- 500MG	257	XTANDI TAB 40MG	96
XIGDUO XR TAB 2.5- 1000	257	XTANDI TAB 80MG	96

XTRENBO SOL 120/1.7
 264
xulane..... 274
 XULTOPHY INJ 100/3.6
 262

Y

YESINTEK INJ 130/26ML
 322
 YESINTEK INJ 45/0.5ML
 321
 YESINTEK INJ 90MG/ML
 321
 YF-VAX INJ 329
 YONSA TAB 125MG 96
yulithira 132
 YUTREPIA CAP 106MCG
 170
 YUTREPIA CAP 26.5MCG
 169
 YUTREPIA CAP 53MCG
 169
 YUTREPIA CAP 79.5MCG
 169
yuvaferm 277

Z

zafemy..... 274
zafirlukast tab 10 mg 350
zafirlukast tab 20 mg 350
zaleplon cap 10 mg .. 236
zaleplon cap 5 mg ... 236

ZARXIO INJ 300/0.5 310
 ZARXIO INJ 480/0.8 310
 ZEGALOGUE INJ 0.6/0.6
 281
 ZEJULA TAB 100MG . 132
 ZEJULA TAB 200MG . 132
 ZEJULA TAB 300MG . 132
 ZELBORAF TAB 240MG
 132
zelvysia..... 287
 ZEMAIRA INJ 1000MG
 356
 ZEMAIRA INJ 4000MG
 356
 ZEMAIRA INJ 5000MG
 356
zenatane 362
 ZENPEP CAP 10000UNT
 300
 ZENPEP CAP 15000UNT
 300
 ZENPEP CAP 20000UNT
 300
 ZENPEP CAP 25000UNT
 300
 ZENPEP CAP 3000UNIT
 300
 ZENPEP CAP 40000UNT
 300

ZENPEP CAP 5000UNIT	
.....	300
ZENPEP CAP 60000UNT	
.....	300
ZERVIAE DRO 0.24%	
.....	340
<i>zidovudine cap 100 mg</i>	
.....	69
<i>zidovudine syrup 10</i>	
<i>mg/ml</i>	69
<i>zidovudine tab 300 mg</i>	
.....	69
<i>ziprasidone hcl cap 20</i>	
<i>mg</i>	208
<i>ziprasidone hcl cap 40</i>	
<i>mg</i>	208
<i>ziprasidone hcl cap 60</i>	
<i>mg</i>	208
<i>ziprasidone hcl cap 80</i>	
<i>mg</i>	208
<i>ziprasidone mesylate for</i>	
<i>inj 20 mg (base</i>	
<i>equivalent)</i>	209
ZIRABEV INJ 100/4ML	
.....	132
ZIRABEV INJ 400/16ML	
.....	132
ZIRGAN GEL 0.15% .	339
<i>zoledronic acid inj conc</i>	
<i>for iv infusion 4</i>	
<i>mg/5ml</i>	264
<i>zoledronic acid iv soln 5</i>	
<i>mg/100ml</i>	264
ZOLINZA CAP 100MG	
.....	133
<i>zolpidem tartrate tab 10</i>	
<i>mg</i>	237
<i>zolpidem tartrate tab 5</i>	
<i>mg</i>	237
ZONISADE SUS	
100MG/5	229
<i>zonisamide cap 100 mg</i>	
.....	229
<i>zonisamide cap 25 mg</i>	
.....	229
<i>zonisamide cap 50 mg</i>	
.....	229
<i>zovia 1/35</i>	274
ZTALMY SUS 50MG/ML	
.....	229
<i>zumandimine</i>	274
ZURZUVAE CAP 20MG	
.....	186
ZURZUVAE CAP 25MG	
.....	186
ZURZUVAE CAP 30MG	
.....	186
ZYDELIG TAB 100MG	133

ZYDELIG TAB 150MG133
ZYKADIA TAB 150MG133
ZYLET SUS 0.5-0.3%338
ZYPREXA RELP INJ
210MG 209
ZYPREXA RELP INJ
300MG 209
ZYPREXA RELP INJ
405MG 209

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

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

Analgesics

- *acetaminophen
≤ 4 grams/day
- *aspirin 81 mg
- *aspirin 325 mg,
500 mg, 650 mg
- *aspirin
suppository
- *aspirin with
buffers
- *capsaicin
- *diclofenac
1% gel

- *ibuprofen
- *lidocaine 4%
patches
≤ 4 patches/day
- *naproxen
capsule, tablet

Anthelmintic Agents

- *Reese's Pinworm
(pyrantel
pamoate)

Antihistamines/ Decongestants

- *cetirizine syrup,
tablet
- *cetirizine/
pseudoephedrine
- *chlorpheniramine
- *diphenhydramine
- *doxylamine
- *fexofenadine
tablet
- *fexofenadine/
pseudoephedrine

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

Antimicrobials, Topical

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

*tolnaftate
cream, powder
*triple antibiotic
ointment

Contraceptives, Oral

*levonorgestrel
1.5 mg tablet
*Opill (norgestrel
tablet)

Contraceptives, Topical

*nonoxynol-9

Dermatologic Agents, Topical

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

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

Gastrointestinal Agents

*Align
(bifidobacterium
infantis) < 21
years
*aluminum
carbonate
*aluminum
hydroxide

*bisacodyl enema,
suppository
*bisacodyl tablet
*bismuth
subsalcylate
*calcium
polycarbophil
*cimetidine tablet
*Culturelle
(lactobacillus
rhamnosus GG)
< 21 years
*dextrin
*docusate sodium
capsule, tablet
*docusate sodium
enema
*docusate sodium
solution, syrup

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

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

*simethicone
*sodium
bicarbonate
*sodium
phosphate

Intranasal Sprays

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

Medical Foods

*levomethylfolate
tablet
 ≤ 1 unit/day

Opioid Reversal Agents

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

Otic Agents

*carbamide
peroxide

Pediculicides /Scabicides

*permethrin
*piperonyl
butoxide/pyrethroids

Respiratory Agents

*sodium chloride
for inhalation

Smoking Cessation

*nicotine gum,
lozenge, patch

Tear/Saliva Replacement Agents

*artificial tears
*saliva substitute

**Vitamins/
Nutrients/
Supplements**

*calcium
replacement
*coenzyme Q10
< 21 years
*electrolyte
solution,
pediatric
*ferrous
fumarate
*ferrous
gluconate
*ferrous sulfate
*folic acid
*glucose
products
< 21 years
*iron
polysaccharide
complex

*magnesium salts
*melatonin
*melatonin/
pyridoxine
tablet
*multivitamins
*niacinamide
*nicotinic acid
*pediatric
multivitamins
*Phos-Flur
(sodium fluoride
oral rinse)
*prenatal
vitamins
*potassium
phosphate
*sodium chloride
tablet
*sodium fluoride
*vitamin A
(retinol)

*vitamin B-1
(thiamine)
*vitamin B-2
(riboflavin)
*vitamin B-3
(niacin)
*vitamin B-6
(pyridoxine)
*vitamin B-12
(cyanocobalamin)
*vitamin B complex
*vitamin C
(ascorbic acid)
*vitamin D
*vitamin E, oral
*vitamins, multiple
vitamins,
*multiple/minerals
*vitamins, pediatric
*vitamins, prenatal

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

Esta *Lista de medicamentos* se actualizó el 09/01/2026.

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

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