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 11/01/2026.

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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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 4

B. Preguntas frecuentes (FAQ) 8

B1. ¿Qué medicamentos están en la *Lista de Medicamentos Cubiertos*? (Para abreviar, llamamos *Lista de Medicamentos* a la *Lista de Medicamentos cubiertos*). 8

B2. ¿La *Lista de medicamentos* cambia alguna vez? 8

B3. ¿Qué sucede cuando hay un cambio en la *Lista de Medicamentos* ? 9

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna acción obligatoria a tomar para obtener determinados medicamentos? 11

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay acciones necesarias a realizar para obtenerlo? 12

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)? 12

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos* ? 12

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de Medicamentos* ? 12

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? 13

B10. ¿Puedo solicitar una excepción para la cobertura de mi medicamento? 14

B11. ¿Cómo puedo solicitar una excepción? 14

B12. ¿Cuánto tiempo se tarda en obtener una excepción? 14

B13. ¿Qué son los medicamentos genéricos? 15

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares? 15

B15. ¿Qué son los medicamentos OTC? 15

B16. ¿CCA One Care cubre productos OTC que no son medicamentos? 15

B17. ¿CCA One Care cubre el suministro de recetas a largo plazo? 16

B18. ¿Puedo obtener recetas enviadas a mi domicilio desde mi farmacia local? 16

B19. ¿Cuál es mi copago? 16

C. Descripción general de la *Lista de medicamentos cubiertos* 16

C1. Lista de medicamentos por afección médica 17

D. Índice de medicamentos cubiertos 139

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) 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.
- 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.

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.:

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  - Intérpretes calificados de lenguaje de señas
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios al miembro.

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

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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).

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

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

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

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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).

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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, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

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

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមាន
ការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ 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.

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**
    - 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:

- 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:

- 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.

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.

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

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

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

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

Cuando se produzcan estos cambios, haremos lo siguiente:

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

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

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

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

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

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener autorización de CCA 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.
- **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 explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

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

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

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

B6. ¿Qué sucede si CCA 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.

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 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 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 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.

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.

- 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.

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
Pheonix, AZ 85072-2000
Fax: 855-633-7673

Si usted o su médico creen que su salud puede verse perjudicada si tiene que esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es una decisión más

rápida. Si su médico respalda su solicitud, le daremos una decisión dentro de las 24 horas de recibir la declaración de respaldo de su médico.

B13. ¿Qué son los medicamentos genéricos?

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

CCA 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. 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.

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.

- **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.

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 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.
- 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.

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, 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.

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%	B/D
lidocaine hcl local preservative free (pf) inj 1%	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION	
celecoxib cap 50 mg	QL (60 caps / 30 days)
celecoxib cap 100 mg	QL (60 caps / 30 days)
celecoxib cap 200 mg	QL (60 caps / 30 days)
celecoxib cap 400 mg	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	
diclofenac sodium tab delayed release 50 mg	
diclofenac sodium tab delayed release 75 mg	
diclofenac sodium tab er 24hr 100 mg	
diflunisal tab 500 mg	
etodolac cap 200 mg	
etodolac cap 300 mg	
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	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocodone bitartrate tab er 24hr deter 100 mg	NDS, QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	NDS, QL (30 tabs / 30 days), PA
methadone hcl soln 5 mg/5ml	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	QL (90 tabs / 30 days), PA
methadone hcl tab 10 mg	QL (90 tabs / 30 days), PA
methadone hydrochloride i	QL (90 mL / 30 days), PA
morphine sulfate tab er 15 mg	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	QL (90 tabs / 30 days), PA
morphine sulfate tab er 200 mg	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING	
acetaminophen w/ codeine soln 120-12 mg/5ml	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	QL (180 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	
butorphanol tartrate inj 2 mg/ml	
endocet tab 2.5-325mg	QL (360 tabs / 30 days)
endocet tab 5-325mg	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	QL (240 tabs / 30 days)
endocet tab 10-325mg	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	QL (600 mL / 30 days)
hydromorphone hcl tab 2 mg	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	QL (180 tabs / 30 days)
morphine sulfate iv soln 2 mg/ml	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate iv soln 4 mg/ml	B/D
morphine sulfate iv soln 8 mg/ml	B/D
morphine sulfate iv soln 10 mg/ml	B/D
morphine sulfate oral soln 10 mg/5ml	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	QL (900 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	QL (180 tabs / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	QL (180 tabs / 30 days)
tramadol hcl tab 50 mg	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS	
ANTI-INFECTIVES - MISCELLANEOUS	
albendazole tab 200 mg	QL (672 tabs / year), PA
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	
ARIKAYCE SUS	NDS, PA
atovaquone susp 750 mg/5ml	QL (300 mL / 30 days), PA
aztreonam for inj 1 gm	
aztreonam for inj 2 gm	
BLUJEPA TAB 750MG	
CAYSTON INH 75MG	NDS, PA
clindamycin hcl cap 75 mg	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
daptomycin for iv soln 350 mg	NDS
daptomycin for iv soln 500 mg	NDS
DAPTOMYCIN INJ 350MG	NDS
EMVERM CHW 100MG	NDS, QL (12 tabs / year)
ertapenem sodium for inj 1 gm (base equivalent)	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	
gentamicin in saline inj 0.8 mg/ml	
gentamicin in saline inj 1 mg/ml	
gentamicin in saline inj 1.2 mg/ml	
gentamicin in saline inj 1.6 mg/ml	
gentamicin in saline inj 2 mg/ml	
gentamicin sulfate inj 10 mg/ml	
gentamicin sulfate inj 40 mg/ml	
imipenem-cilastatin intravenous for soln 250 mg	
imipenem-cilastatin intravenous for soln 500 mg	
ivermectin tab 3 mg	QL (20 tabs / 90 days), PA
ivermectin tab 6 mg	QL (10 tabs / 90 days), PA
linezolid for susp 100 mg/5ml	NDS, QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	
linezolid iv soln 600 mg/300ml (2 mg/ml)	
linezolid tab 600 mg	QL (60 tabs / 30 days)
meropenem iv for soln 1 gm	
meropenem iv for soln 2 gm	
meropenem iv for soln 500 mg	
methenamine hippurate tab 1 gm	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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	
vancomycin hcl cap 125 mg (base equivalent)	QL (80 caps / 180 days)
vancomycin hcl cap 250 mg (base equivalent)	QL (160 caps / 180 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	
vancomycin hcl for iv soln 1.25 gm (base equivalent)	
vancomycin hcl for iv soln 5 gm (base equivalent)	
vancomycin hcl for iv soln 10 gm (base equivalent)	
vancomycin hcl for iv soln 500 mg (base equivalent)	
vancomycin hcl for iv soln 750 mg (base equivalent)	
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	
amphotericin b for iv soln 50 mg	B/D
amphotericin b liposome iv for susp 50 mg	NDS, B/D
caspofungin acetate for iv soln 50 mg	
caspofungin acetate for iv soln 70 mg	
CRESEMBA CAP 74.5MG	NDS, PA
CRESEMBA CAP 186MG	NDS, PA
fluconazole for susp 10 mg/ml	
fluconazole for susp 40 mg/ml	
fluconazole in nacl 0.9% inj 200 mg/100ml	
fluconazole in nacl 0.9% inj 400 mg/200ml	
fluconazole tab 50 mg	
fluconazole tab 100 mg	
fluconazole tab 150 mg	
fluconazole tab 200 mg	
flucytosine cap 250 mg	NDS, PA
flucytosine cap 500 mg	NDS, PA
griseofulvin microsize susp 125 mg/5ml	
griseofulvin microsize tab 500 mg	
griseofulvin ultramicrosize tab 125 mg	
griseofulvin ultramicrosize tab 250 mg	
itraconazole cap 100 mg	QL (120 caps / 30 days)
ketoconazole tab 200 mg	PA
micafungin sodium for iv soln 50 mg	
micafungin sodium for iv soln 100 mg	
nystatin tab 500000 unit	
posaconazole tab delayed release 100 mg	NDS, QL (93 tabs / 30 days), PA
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	
mefloquine hcl tab 250 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
primaquine phosphate tab 26.3 mg (15 mg base)	
PRIMAQUINE TAB 26.3MG	
quinine sulfate cap 324 mg	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION	
abacavir sulfate soln 20 mg/ml (base equiv)	
abacavir sulfate tab 300 mg (base equiv)	
APTIVUS CAP 250MG	NDS
atazanavir sulfate cap 150 mg (base equiv)	
atazanavir sulfate cap 200 mg (base equiv)	
atazanavir sulfate cap 300 mg (base equiv)	
darunavir tab 600 mg	QL (60 tabs / 30 days)
darunavir tab 800 mg	QL (30 tabs / 30 days)
EDURANT PED TAB 2.5MG	NDS
EDURANT TAB 25MG	NDS
efavirenz tab 600 mg	
emtricitabine caps 200 mg	
EMTRIVA SOL 10MG/ML	
etravirine tab 100 mg	NDS
etravirine tab 200 mg	NDS
fosamprenavir calcium tab 700 mg (base equiv)	NDS
INTELENCE TAB 25MG	
ISENTRESS CHW 25MG	
ISENTRESS CHW 100MG	NDS
ISENTRESS HD TAB 600MG	NDS
ISENTRESS POW 100MG	NDS
ISENTRESS TAB 400MG	NDS
lamivudine oral soln 10 mg/ml	
lamivudine tab 150 mg	
lamivudine tab 300 mg	
maraviroc tab 150 mg	NDS
maraviroc tab 300 mg	NDS
nevirapine susp 50 mg/5ml	
nevirapine tab 200 mg	
nevirapine tab er 24hr 400 mg	
NORVIR POW 100MG	
PIFELTRO TAB 100MG	NDS
PREZISTA SUS 100MG/ML	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	NDS, QL (240 tabs / 30 days)
REYATAZ POW 50MG	NDS
rilpivirine hcl tab 25 mg (base equivalent)	NDS

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

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

abacavir sulfate-lamivudine tab 600-300 mg	
BIKTARVY TAB 30-120-15 MG	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
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	NDS
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	NDS
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	NDS
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EVOTAZ TAB 300-150	NDS
GENVOYA TAB	NDS
IDVYNSO TAB 100-0.25	NDS
JULUCA TAB 50-25MG	NDS
KALETRA SOL	
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	
rifabutin cap 150 mg	
rifampin cap 150 mg	
rifampin cap 300 mg	
rifampin for inj 600 mg	
rifapentine tab 150 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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 SOLN 2GM/100ML-4%	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	
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	
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ceftriaxone sodium for iv soln 1 gm	
ceftriaxone sodium for iv soln 2 gm	
cefuroxime axetil tab 250 mg	
cefuroxime axetil tab 500 mg	
cefuroxime sodium for inj 750 mg	
cefuroxime sodium for iv soln 1.5 gm	
cephalexin cap 250 mg	
cephalexin cap 500 mg	
cephalexin for susp 125 mg/5ml	
cephalexin for susp 250 mg/5ml	
tazicef	
TEFLARO INJ 400MG	NDS
TEFLARO INJ 600MG	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS	
azithromycin for susp 100 mg/5ml	
azithromycin for susp 200 mg/5ml	
azithromycin iv for soln 500 mg	
azithromycin tab 250 mg	
azithromycin tab 500 mg	
azithromycin tab 600 mg	
clarithromycin for susp 125 mg/5ml	
clarithromycin for susp 250 mg/5ml	
clarithromycin tab 250 mg	
clarithromycin tab 500 mg	
clarithromycin tab er 24hr 500 mg	
DIFICID SUS	NDS
e.e.s. 400	
ERYTHROCIN INJ 500MG	
erythromycin ethylsuccinate tab 400 mg	
erythromycin lactobionate for inj 500 mg	
erythromycin tab 250 mg	
erythromycin tab 500 mg	
erythromycin tab delayed release 250 mg	
erythromycin tab delayed release 333 mg	
erythromycin tab delayed release 500 mg	
erythromycin w/ delayed release particles cap 250 mg	
fidaxomicin tab 200 mg	NDS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
ciprofloxacin 200 mg/100ml in d5w	
ciprofloxacin 400 mg/200ml in d5w	
ciprofloxacin hcl tab 250 mg (base equiv)	
ciprofloxacin hcl tab 500 mg (base equiv)	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
BICILLIN L-A INJ 2400000	
dicloxacillin sodium cap 250 mg	
dicloxacillin sodium cap 500 mg	
nafcillin sodium for inj 1 gm	
nafcillin sodium for inj 2 gm	
nafcillin sodium for iv soln 10 gm	NDS
oxacillin sodium for inj 1 gm (base equivalent)	
oxacillin sodium for inj 2 gm (base equivalent)	
oxacillin sodium for iv soln 10 gm (base equivalent)	
penicillin g potassium for inj 5000000 unit	
penicillin g potassium for inj 20000000 unit	
penicillin g sodium for inj 5000000 unit	
penicillin v potassium for soln 125 mg/5ml	
penicillin v potassium for soln 250 mg/5ml	
penicillin v potassium tab 250 mg	
penicillin v potassium tab 500 mg	
pfizerpen	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	
doxy 100	
doxycycline hyclate cap 50 mg	
doxycycline hyclate cap 100 mg	
doxycycline hyclate for inj 100 mg	
doxycycline hyclate tab 20 mg	
doxycycline hyclate tab 100 mg	
doxycycline monohydrate cap 50 mg	
doxycycline monohydrate cap 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxycycline monohydrate for susp 25 mg/5ml	
doxycycline monohydrate tab 50 mg	
doxycycline monohydrate tab 75 mg	
doxycycline monohydrate tab 100 mg	
minocycline hcl cap 50 mg	
minocycline hcl cap 75 mg	
minocycline hcl cap 100 mg	
NUZYRA INJ 100MG	NDS
NUZYRA TAB 150MG	NDS, QL (30 tabs / 14 days)
tetracycline hcl cap 250 mg	
tetracycline hcl cap 500 mg	
tigecycline for iv soln 50 mg	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDAMUSTINE SOL 100/4ML	NDS, B/D
BENDEKA INJ 100/4ML	NDS, B/D
carboplatin iv soln 50 mg/5ml	B/D
carboplatin iv soln 150 mg/15ml	B/D
carboplatin iv soln 450 mg/45ml	B/D
carboplatin iv soln 600 mg/60ml	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	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
cyclophosphamide cap 25 mg	B/D
cyclophosphamide cap 50 mg	B/D
cyclophosphamide for inj 1 gm	B/D
cyclophosphamide for inj 2 gm	NDS, B/D
cyclophosphamide for inj 500 mg	B/D
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	NDS, B/D
cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	B/D
FRINDOVYX INJ 1GM/2ML	NDS, B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
lomustine cap 10 mg	
lomustine cap 40 mg	
lomustine cap 100 mg	NDS
oxaliplatin for iv inj 50 mg	NDS, B/D
oxaliplatin for iv inj 100 mg	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	B/D
oxaliplatin iv soln 100 mg/20ml	B/D
oxaliplatin iv soln 200 mg/40ml	B/D
VIVIMUSTA INJ 100/4ML	NDS, B/D
ANTIMETABOLITES	
azacitidine for inj 100 mg	NDS, B/D
cytarabine inj 20 mg/ml	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	B/D
gemcitabine hcl for inj 1 gm	B/D
gemcitabine hcl for inj 2 gm	B/D
gemcitabine hcl for inj 200 mg	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	B/D
INQOVI TAB 35-100MG	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	NDS, QL (80 tabs / 28 days), PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	NDS
mercaptopurine tab 50 mg	
methotrexate sodium for inj 1 gm	B/D
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	B/D
ONUREG TAB 200MG	NDS, QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	NDS, QL (14 tabs / 28 days), PA
pemetrexed disodium for iv soln 100 mg (base equiv)	NDS, B/D
pemetrexed disodium for iv soln 500 mg (base equiv)	NDS, B/D
pemetrexed disodium for iv soln 750 mg (base equiv)	NDS, B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	NDS, B/D
TABLOID TAB 40MG	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS	
abiraterone acetate tab 250 mg	NDS, QL (120 tabs / 30 days), PA
abiraterone acetate tab 500 mg	NDS, QL (60 tabs / 30 days), PA
abirtega	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
anastrozole tab 1 mg	
bicalutamide tab 50 mg	
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
exemestane tab 25 mg	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	NDS, PA
fulvestrant inj soln pref syr 250 mg/5ml	NDS, B/D
INLURIYO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
letrozole tab 2.5 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	PA
LIFYORLI CAP 125MG DS	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	NDS, PA
LUPRON DEPOT INJ 11.25MG	NDS, PA
LYSODREN TAB 500MG	NDS
megestrol acetate tab 20 mg	
megestrol acetate tab 40 mg	
nilutamide tab 150 mg	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
tamoxifen citrate tab 10 mg (base equivalent)	
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
lenalidomide cap 10 mg	NDS, QL (28 caps / 28 days), PA
lenalidomide cap 15 mg	NDS, QL (28 caps / 28 days), PA
lenalidomide cap 20 mg	NDS, QL (21 caps / 28 days), PA
lenalidomide cap 25 mg	NDS, QL (21 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lenalidomide caps 2.5 mg	NDS, QL (28 caps / 28 days), PA
pomalidomide cap 1 mg	NDS, QL (21 caps / 28 days), PA
pomalidomide cap 2 mg	NDS, QL (21 caps / 28 days), PA
pomalidomide cap 3 mg	NDS, QL (21 caps / 28 days), PA
pomalidomide cap 4 mg	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 1MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 2MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	NDS, QL (112 caps / 28 days), PA
ZENBEXUS CAP 0.75MG	NDS, QL (21 caps / 28 days), PA
ZENBEXUS CAP 1MG	NDS, QL (21 caps / 28 days), PA
MISCELLANEOUS	
BESREMI PEN INJ 500MCG	NDS, QL (2 pens / 28 days), PA
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
IWILFIN TAB 192MG	NDS, QL (240 tabs / 30 days), PA
leucovorin calcium for inj 50 mg	B/D
leucovorin calcium for inj 100 mg	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
leucovorin calcium for inj 200 mg	B/D
leucovorin calcium for inj 350 mg	B/D
leucovorin calcium for inj 500 mg	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	B/D
leucovorin calcium tab 5 mg	
leucovorin calcium tab 10 mg	
leucovorin calcium tab 15 mg	
leucovorin calcium tab 25 mg	
MATULANE CAP 50MG	NDS
mesna tab 400 mg	NDS
MODEYSO CAP 125MG	NDS, QL (20 caps / 28 days), PA
tretinoin cap 10 mg	NDS
WELIREG TAB 40MG	NDS, QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS	
docetaxel for inj conc 20 mg/ml	B/D
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	NDS, B/D
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	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
docetaxel soln for iv infusion 20 mg/2ml	NDS, B/D
docetaxel soln for iv infusion 80 mg/8ml	NDS, B/D
docetaxel soln for iv infusion 160 mg/16ml	NDS, B/D
DOCIVYX INJ 20MG/2ML	NDS, B/D
DOCIVYX INJ 80MG/8ML	NDS, B/D
DOCIVYX INJ 160/16ML	NDS, B/D
etoposide inj 1 gm/50ml (20 mg/ml)	B/D
etoposide inj 100 mg/5ml (20 mg/ml)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	B/D
paclitaxel inj 100mg	NDS, B/D
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	B/D
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	B/D
vincristine sulfate iv soln 1 mg/ml	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	B/D

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dasatinib tab 20 mg	NDS, QL (90 tabs / 30 days), PA
dasatinib tab 50 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 70 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 80 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 100 mg	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 140 mg	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
erlotinib hcl tab 25 mg (base equivalent)	NDS, QL (90 tabs / 30 days), PA
erlotinib hcl tab 100 mg (base equivalent)	NDS, QL (30 tabs / 30 days), PA
erlotinib hcl tab 150 mg (base equivalent)	NDS, QL (30 tabs / 30 days), PA
everolimus tab 2.5 mg	NDS, QL (30 tabs / 30 days), PA
everolimus tab 5 mg	NDS, QL (30 tabs / 30 days), PA
everolimus tab 7.5 mg	NDS, QL (30 tabs / 30 days), PA
everolimus tab 10 mg	NDS, QL (30 tabs / 30 days), PA
everolimus tab for oral susp 2 mg	NDS, QL (60 tabs / 30 days), PA
everolimus tab for oral susp 3 mg	NDS, QL (90 tabs / 30 days), PA
everolimus tab for oral susp 5 mg	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	NDS, QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	NDS, QL (21 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
gefitinib tab 250 mg	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	NDS, QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	NDS, PA
HERCEPTIN INJ 150MG	NDS, PA
HERCESSI INJ 150MG	NDS, PA
HERCESSI INJ 420MG	NDS, PA
HERNEXEOS TAB 60MG	NDS, QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	NDS, PA
HERZUMA INJ 420MG	NDS, PA
HYRNUO TAB 10MG	NDS, QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	NDS, QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	NDS, QL (90 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ICLUSIG TAB 10MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
imatinib mesylate tab 100 mg (base equivalent)	QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	NDS, QL (280 mL / 28 days), PA
INLYTA TAB 1MG	NDS, QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	NDS, QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	NDS, QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	NDS, QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TAB 20MG	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	NDS, QL (60 tabs / 30 days), PA
JIDEYTRO TAB 25MG	NDS, QL (90 tabs / 30 days), PA
JIDEYTRO TAB 100MG	NDS, QL (30 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
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
lapatinib ditosylate tab 250 mg (base equiv)	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 4MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	NDS, QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	NDS, QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	NDS, QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	NDS, QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	NDS, QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	NDS, QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	NDS, QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	NDS, PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NERLYNX TAB 40MG	NDS, QL (180 tabs / 30 days), PA
nilotinib hcl cap 50 mg (base equivalent)	NDS, QL (120 caps / 30 days), PA
nilotinib hcl cap 150 mg (base equivalent)	NDS, QL (112 caps / 28 days), PA
nilotinib hcl cap 200 mg (base equivalent)	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
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
pazopanib hcl tab 200 mg (base equiv)	NDS, QL (120 tabs / 30 days), PA
pazopanib hcl tab 400 mg (base equiv)	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
REVUFORJ TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	NDS, QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	NDS, QL (224 caps / 28 days), PA
SCEMBLIX TAB 20MG	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SCEMBLIX TAB 40MG	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	NDS, QL (120 tabs / 30 days), PA
sorafenib tosylate tab 200 mg (base equivalent)	NDS, QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	NDS, QL (84 tabs / 28 days), PA
sunitinib malate cap 12.5 mg (base equivalent)	NDS, QL (30 caps / 30 days), PA
sunitinib malate cap 25 mg (base equivalent)	NDS, QL (30 caps / 30 days), PA
sunitinib malate cap 37.5 mg (base equivalent)	NDS, QL (30 caps / 30 days), PA
sunitinib malate cap 50 mg (base equivalent)	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	NDS, QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	NDS, QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	NDS, QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	NDS, QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	NDS, QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	NDS, QL (30 caps / 30 days), PA
TECENTRIQ INJ 840/14	NDS, PA
TECENTRIQ INJ 1200/20	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
torpenz	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	NDS, PA
TRAZIMERA INJ 420MG	NDS, PA
TRUQAP PAK 160MG	NDS, QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	NDS, QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	NDS, QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	NDS, QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	NDS, PA
TRUXIMA INJ 500/50ML	NDS, PA
TUKYSA TAB 50MG	NDS, QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	NDS, QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	NDS, QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	NDS, QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	NDS, QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	NDS, QL (56 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITRAKVI CAP 25MG	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	NDS, QL (30 tabs / 30 days), PA
VONJO CAP 100MG	NDS, QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	NDS, QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 50MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 150MG	NDS, QL (180 caps / 30 days), PA
XALKORI CAP 200MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 250MG	NDS, QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	NDS, QL (32 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO PAK (100 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
yulithira	QL (30 tabs / 30 days), PA
ZEJULA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	NDS, PA
ZIRABEV INJ 400/16ML	NDS, PA
ZOLINZA CAP 100MG	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	NDS, QL (84 tabs / 28 days), PA

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-25 mg	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
benazepril hcl tab 5 mg	
benazepril hcl tab 10 mg	
benazepril hcl tab 20 mg	
benazepril hcl tab 40 mg	
captopril tab 12.5 mg	
captopril tab 25 mg	
captopril tab 50 mg	
captopril tab 100 mg	
enalapril maleate tab 2.5 mg	
enalapril maleate tab 5 mg	
enalapril maleate tab 10 mg	
enalapril maleate tab 20 mg	
fosinopril sodium tab 10 mg	
fosinopril sodium tab 20 mg	
fosinopril sodium tab 40 mg	
lisinopril tab 2.5 mg	
lisinopril tab 5 mg	
lisinopril tab 10 mg	
lisinopril tab 20 mg	
lisinopril tab 30 mg	
lisinopril tab 40 mg	
moexipril hcl tab 7.5 mg	
moexipril hcl tab 15 mg	
perindopril erbumine tab 2 mg	
perindopril erbumine tab 4 mg	
perindopril erbumine tab 8 mg	
quinapril hcl tab 5 mg	
quinapril hcl tab 10 mg	
quinapril hcl tab 20 mg	
quinapril hcl tab 40 mg	
ramipril cap 1.25 mg	
ramipril cap 2.5 mg	
ramipril cap 5 mg	
ramipril cap 10 mg	
trandolapril tab 1 mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	
losartan potassium & hydrochlorothiazide tab 100-25 mg	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
candesartan cilexetil tab 4 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	QL (60 tabs / 30 days)
candesartan cilexetil tab 32 mg	QL (30 tabs / 30 days)
irbesartan tab 75 mg	QL (30 tabs / 30 days)
irbesartan tab 150 mg	QL (30 tabs / 30 days)
irbesartan tab 300 mg	QL (30 tabs / 30 days)
losartan potassium tab 25 mg	
losartan potassium tab 50 mg	
losartan potassium tab 100 mg	
olmesartan medoxomil tab 5 mg	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	QL (30 tabs / 30 days)
telmisartan tab 20 mg	QL (30 tabs / 30 days)
telmisartan tab 40 mg	QL (30 tabs / 30 days)
telmisartan tab 80 mg	QL (30 tabs / 30 days)
valsartan tab 40 mg	QL (60 tabs / 30 days)
valsartan tab 80 mg	QL (60 tabs / 30 days)
valsartan tab 160 mg	QL (60 tabs / 30 days)
valsartan tab 320 mg	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM	
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	
amiodarone hcl tab 100 mg	
amiodarone hcl tab 200 mg	
amiodarone hcl tab 400 mg	
disopyramide phosphate cap 100 mg	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propafenone hcl tab 225 mg	
propafenone hcl tab 300 mg	
quinidine sulfate tab 200 mg	
quinidine sulfate tab 300 mg	
sotalol hcl (afib/afl) tab 80 mg	
sotalol hcl (afib/afl) tab 120 mg	
sotalol hcl (afib/afl) tab 160 mg	
sotalol hcl tab 80 mg	
sotalol hcl tab 120 mg	
sotalol hcl tab 160 mg	
sotalol hcl tab 240 mg	
ANTILIPEMICS, FIBRATES	
fenofibrate micronized cap 67 mg	
fenofibrate micronized cap 134 mg	
fenofibrate micronized cap 200 mg	
fenofibrate tab 48 mg	
fenofibrate tab 54 mg	
fenofibrate tab 145 mg	
fenofibrate tab 160 mg	
gemfibrozil tab 600 mg	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL	
atorvastatin calcium tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	QL (30 tabs / 30 days)
lovastatin tab 10 mg	QL (60 tabs / 30 days)
lovastatin tab 20 mg	QL (60 tabs / 30 days)
lovastatin tab 40 mg	QL (60 tabs / 30 days)
pravastatin sodium tab 10 mg	QL (30 tabs / 30 days)
pravastatin sodium tab 20 mg	QL (30 tabs / 30 days)
pravastatin sodium tab 40 mg	QL (30 tabs / 30 days)
pravastatin sodium tab 80 mg	QL (30 tabs / 30 days)
rosuvastatin calcium tab 5 mg	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	QL (30 tabs / 30 days)
rosuvastatin calcium tab 40 mg	QL (30 tabs / 30 days)
simvastatin tab 5 mg	QL (30 tabs / 30 days)
simvastatin tab 10 mg	QL (30 tabs / 30 days)
simvastatin tab 20 mg	QL (30 tabs / 30 days)
simvastatin tab 40 mg	QL (30 tabs / 30 days)
simvastatin tab 80 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL	
cholestyramine light powder 4 gm/dose	
cholestyramine light powder packets 4 gm	
cholestyramine powder 4 gm/dose	
cholestyramine powder packets 4 gm	
colesevelam hcl packet for susp 3.75 gm	
colesevelam hcl tab 625 mg	
colestipol hcl granule packets 5 gm	
colestipol hcl granules 5 gm	
colestipol hcl tab 1 gm	
ezetimibe tab 10 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	
prevalite	
REPATHA INJ 140MG/ML	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	
VASCEPA CAP 1GM	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	
metoprolol & hydrochlorothiazide tab 50-25 mg	
metoprolol & hydrochlorothiazide tab 100-25 mg	
metoprolol & hydrochlorothiazide tab 100-50 mg	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
acebutolol hcl cap 200 mg	
acebutolol hcl cap 400 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atenolol tab 25 mg	
atenolol tab 50 mg	
atenolol tab 100 mg	
betaxolol hcl tab 10 mg	
betaxolol hcl tab 20 mg	
bisoprolol fumarate tab 5 mg	
bisoprolol fumarate tab 10 mg	
carvedilol tab 3.125 mg	
carvedilol tab 6.25 mg	
carvedilol tab 12.5 mg	
carvedilol tab 25 mg	
labetalol hcl tab 100 mg	
labetalol hcl tab 200 mg	
labetalol hcl tab 300 mg	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	
metoprolol tartrate iv soln 5 mg/5ml	
metoprolol tartrate tab 25 mg	
metoprolol tartrate tab 50 mg	
metoprolol tartrate tab 100 mg	
nadolol tab 20 mg	
nadolol tab 40 mg	
nadolol tab 80 mg	
nebivolol hcl tab 2.5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	QL (60 tabs / 30 days)
pindolol tab 5 mg	
pindolol tab 10 mg	
propranolol hcl cap er 24hr 60 mg	
propranolol hcl cap er 24hr 80 mg	
propranolol hcl cap er 24hr 120 mg	
propranolol hcl cap er 24hr 160 mg	
propranolol hcl oral soln 20 mg/5ml	
propranolol hcl oral soln 40 mg/5ml	
propranolol hcl tab 10 mg	
propranolol hcl tab 20 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl tab 40 mg	
propranolol hcl tab 60 mg	
propranolol hcl tab 80 mg	
timolol maleate tab 5 mg	
timolol maleate tab 10 mg	
timolol maleate tab 20 mg	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
amlodipine besylate tab 2.5 mg (base equivalent)	
amlodipine besylate tab 5 mg (base equivalent)	
amlodipine besylate tab 10 mg (base equivalent)	
cartia xt	
dilt-xr	
diltiazem hcl cap er 12hr 60 mg	
diltiazem hcl cap er 12hr 90 mg	
diltiazem hcl cap er 12hr 120 mg	
diltiazem hcl cap er 24hr 120 mg	
diltiazem hcl cap er 24hr 180 mg	
diltiazem hcl cap er 24hr 240 mg	
diltiazem hcl coated beads cap er 24hr 120 mg	
diltiazem hcl coated beads cap er 24hr 180 mg	
diltiazem hcl coated beads cap er 24hr 240 mg	
diltiazem hcl coated beads cap er 24hr 300 mg	
diltiazem hcl coated beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 120 mg	
diltiazem hcl extended release beads cap er 24hr 180 mg	
diltiazem hcl extended release beads cap er 24hr 240 mg	
diltiazem hcl extended release beads cap er 24hr 300 mg	
diltiazem hcl extended release beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 420 mg	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	
diltiazem hcl tab 30 mg	
diltiazem hcl tab 60 mg	
diltiazem hcl tab 90 mg	
diltiazem hcl tab 120 mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
furosemide oral soln 10 mg/ml	
furosemide tab 20 mg	
furosemide tab 40 mg	
furosemide tab 80 mg	
hydrochlorothiazide cap 12.5 mg	
hydrochlorothiazide tab 12.5 mg	
hydrochlorothiazide tab 25 mg	
hydrochlorothiazide tab 50 mg	
indapamide tab 1.25 mg	
indapamide tab 2.5 mg	
methazolamide tab 25 mg	
methazolamide tab 50 mg	
metolazone tab 2.5 mg	
metolazone tab 5 mg	
metolazone tab 10 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
torsemide tab 5 mg	
torsemide tab 10 mg	
torsemide tab 20 mg	
torsemide tab 100 mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	
MISCELLANEOUS	
aliskiren fumarate tab 150 mg (base equivalent)	QL (30 tabs / 30 days)
aliskiren fumarate tab 300 mg (base equivalent)	QL (30 tabs / 30 days)
clonidine hcl tab 0.1 mg	
clonidine hcl tab 0.2 mg	
clonidine hcl tab 0.3 mg	
clonidine td patch weekly 0.1 mg/24hr	
clonidine td patch weekly 0.2 mg/24hr	
clonidine td patch weekly 0.3 mg/24hr	
CORLANOR SOL 5MG/5ML	QL (450 mL / 30 days)
digoxin inj 0.25 mg/ml	
digoxin oral soln 0.05 mg/ml	
digoxin tab 125 mcg (0.125 mg)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	QL (30 tabs / 30 days)
droxidopa cap 100 mg	QL (90 caps / 30 days), PA
droxidopa cap 200 mg	NDS, QL (180 caps / 30 days), PA
droxidopa cap 300 mg	NDS, QL (180 caps / 30 days), PA
epinephrine inj 1 mg/ml	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION	
ADEMPAS TAB 0.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	NDS, QL (90 tabs / 30 days), PA
alyq	NDS, QL (60 tabs / 30 days), PA
ambrisentan tab 5 mg	NDS, QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	NDS, QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	NDS, QL (60 tabs / 30 days), PA
bosentan tab 125 mg	NDS, QL (60 tabs / 30 days), PA
bosentan tab for oral susp 32 mg	NDS, QL (120 tabs / 30 days), PA
macitentan tab 10 mg	NDS, QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	NDS, QL (30 tabs / 30 days), PA
sildenafil citrate tab 20 mg	QL (360 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	QL (60 tabs / 30 days), PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	NDS, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	NDS, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	NDS, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	NDS, PA
UPTRAVI PACK TAB 200/800	NDS, QL (1 pack / 28 days), PA
UPTRAVI TAB 100MCG	NDS, QL (280 tabs / 28 days), PA
UPTRAVI TAB 150MCG	NDS, QL (280 tabs / 28 days), PA
UPTRAVI TAB 200MCG	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 600MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	NDS, QL (60 tabs / 30 days), PA
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
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	
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
donepezil hydrochloride tab 10 mg	
galantamine hydrobromide cap er 24hr 8 mg	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	QL (200 mL / 30 days)
galantamine hydrobromide tab 4 mg	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 14 mg	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 21 mg	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 28 mg	PA; PA applies if 29 years and younger
memantine hcl oral solution 2 mg/ml	PA; PA applies if 29 years and younger
memantine hcl tab 5 mg	PA; PA applies if 29 years and younger
memantine hcl tab 10 mg	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	
amitriptyline hcl tab 10 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 25 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 50 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 75 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 100 mg	PA; PA applies if 65 years and older
amitriptyline hcl tab 150 mg	PA; PA applies if 65 years and older
amoxapine tab 25 mg	PA; PA applies if 65 years and older
amoxapine tab 50 mg	PA; PA applies if 65 years and older
amoxapine tab 100 mg	PA; PA applies if 65 years and older
amoxapine tab 150 mg	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)
bupropion hcl tab 75 mg	
bupropion hcl tab 100 mg	
bupropion hcl tab er 12hr 100 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 150 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 200 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 150 mg	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	QL (30 tabs / 30 days)
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desipramine hcl tab 75 mg	PA; PA applies if 65 years and older
desipramine hcl tab 100 mg	PA; PA applies if 65 years and older
desipramine hcl tab 150 mg	PA; PA applies if 65 years and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	PA; PA applies if 65 years and older
doxepin hcl cap 25 mg	PA; PA applies if 65 years and older
doxepin hcl cap 50 mg	PA; PA applies if 65 years and older
doxepin hcl cap 75 mg	PA; PA applies if 65 years and older
doxepin hcl cap 100 mg	PA; PA applies if 65 years and older
doxepin hcl cap 150 mg	PA; PA applies if 65 years and older
doxepin hcl conc 10 mg/ml	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
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	QL (120 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	QL (90 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	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
escitalopram oxalate soln 5 mg/5ml (base equiv)	
escitalopram oxalate tab 5 mg (base equiv)	
escitalopram oxalate tab 10 mg (base equiv)	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	
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	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	
entacapone tab 200 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
rasagiline mesylate tab 0.5 mg (base equiv)	QL (30 tabs / 30 days)
rasagiline mesylate tab 1 mg (base equiv)	QL (30 tabs / 30 days)
ropinirole hydrochloride tab 0.5 mg	
ropinirole hydrochloride tab 0.25 mg	
ropinirole hydrochloride tab 1 mg	
ropinirole hydrochloride tab 2 mg	
ropinirole hydrochloride tab 3 mg	
ropinirole hydrochloride tab 4 mg	
ropinirole hydrochloride tab 5 mg	
selegiline hcl cap 5 mg	
selegiline hcl tab 5 mg	
trihexyphenidyl hcl oral soln 0.4 mg/ml	
trihexyphenidyl hcl tab 2 mg	
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)
aripiprazole orally disintegrating tab 10 mg	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	QL (60 tabs / 30 days), ST
aripiprazole tab 2 mg	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARISTADA INJ 441MG/1.	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	NDS
asenapine maleate sl tab 2.5 mg (base equiv)	QL (60 tabs / 30 days)
asenapine maleate sl tab 5 mg (base equiv)	QL (60 tabs / 30 days)
asenapine maleate sl tab 10 mg (base equiv)	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
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)
chlorpromazine hcl conc 30 mg/ml	
chlorpromazine hcl conc 100 mg/ml	
chlorpromazine hcl inj 25 mg/ml	
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	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine orally disintegrating tab 25 mg	PA
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)
COBENFY CAP 50-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	NDS, QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	NDS, QL (2 syringes / year)
FANAPT PAK PACK A	QL (2 packs / year), PA
FANAPT PAK PACK B	QL (2 packs / year), PA
FANAPT PAK PACK C	QL (2 packs / year), PA
FANAPT TAB 1MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	NDS, QL (60 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	
fluphenazine hcl elixir 2.5 mg/5ml	
fluphenazine hcl inj 2.5 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
haloperidol tab 20 mg	
INVEGA HAFYE INJ 1092MG	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	NDS, QL (1 syringe / 90 days)
loxapine succinate cap 5 mg	
loxapine succinate cap 10 mg	
loxapine succinate cap 25 mg	
loxapine succinate cap 50 mg	
lurasidone hcl tab 20 mg	QL (30 tabs / 30 days)
lurasidone hcl tab 40 mg	QL (30 tabs / 30 days)
lurasidone hcl tab 60 mg	QL (30 tabs / 30 days)
lurasidone hcl tab 80 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lurasidone hcl tab 120 mg	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)
molindone hcl tab 5 mg	
molindone hcl tab 10 mg	
molindone hcl tab 25 mg	
NUPLAZID CAP 34MG	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	NDS, QL (30 tabs / 30 days), PA
olanzapine for im inj 10 mg	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 10 mg	QL (60 tabs / 30 days), ST
olanzapine orally disintegrating tab 15 mg	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 20 mg	QL (30 tabs / 30 days), ST
olanzapine tab 2.5 mg	QL (60 tabs / 30 days)
olanzapine tab 5 mg	QL (60 tabs / 30 days)
olanzapine tab 7.5 mg	QL (30 tabs / 30 days)
olanzapine tab 10 mg	QL (60 tabs / 30 days)
olanzapine tab 15 mg	QL (30 tabs / 30 days)
olanzapine tab 20 mg	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	NDS, QL (90 films / 30 days), PA
paliperidone tab er 24hr 1.5 mg	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	QL (30 tabs / 30 days)
perphenazine tab 2 mg	
perphenazine tab 4 mg	
perphenazine tab 8 mg	
perphenazine tab 16 mg	
pimozide tab 1 mg	
pimozide tab 2 mg	
quetiapine fumarate tab 25 mg	QL (180 tabs / 30 days)
quetiapine fumarate tab 50 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 150 mg	QL (90 tabs / 30 days)
quetiapine fumarate tab 200 mg	QL (90 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thiothixene cap 1 mg	
thiothixene cap 2 mg	
thiothixene cap 5 mg	
thiothixene cap 10 mg	
trifluoperazine hcl tab 1 mg (base equivalent)	
trifluoperazine hcl tab 2 mg (base equivalent)	
trifluoperazine hcl tab 5 mg (base equivalent)	
trifluoperazine hcl tab 10 mg (base equivalent)	
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)
ziprasidone hcl cap 20 mg	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	QL (60 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	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)
brivaracetam oral soln 10 mg/ml	QL (600 mL / 30 days), PA
brivaracetam tab 10 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 25 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 50 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 75 mg	QL (60 tabs / 30 days), PA
brivaracetam tab 100 mg	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
carbamazepine cap er 12hr 100 mg	
carbamazepine cap er 12hr 200 mg	
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)
clonazepam orally disintegrating tab 0.25 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	QL (90 tabs / 30 days)
clonazepam tab 1 mg	QL (90 tabs / 30 days)
clonazepam tab 2 mg	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 7.5 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 15 mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	NDS, QL (360 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
diazepam inj	
diazepam intensol	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam oral soln 1 mg/ml	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam rectal gel delivery system 2.5 mg	
diazepam rectal gel delivery system 10 mg	
diazepam rectal gel delivery system 20 mg	
diazepam tab 2 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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
gabapentin cap 100 mg	QL (360 caps / 30 days)
gabapentin cap 300 mg	QL (360 caps / 30 days)
gabapentin cap 400 mg	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	QL (2160 mL / 30 days)
gabapentin tab 600 mg	QL (180 tabs / 30 days)
gabapentin tab 800 mg	QL (120 tabs / 30 days)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	
lacosamide oral	QL (1200 mL / 30 days)
lacosamide tab 50 mg	QL (120 tabs / 30 days)
lacosamide tab 100 mg	QL (60 tabs / 30 days)
lacosamide tab 150 mg	QL (60 tabs / 30 days)
lacosamide tab 200 mg	QL (60 tabs / 30 days)
lamotrigine tab 25 mg	
lamotrigine tab 100 mg	
lamotrigine tab 150 mg	
lamotrigine tab 200 mg	
lamotrigine tab chewable dispersible 5 mg	
lamotrigine tab chewable dispersible 25 mg	
lamotrigine tab er 24hr 25 mg	ST
lamotrigine tab er 24hr 50 mg	ST
lamotrigine tab er 24hr 100 mg	ST
lamotrigine tab er 24hr 200 mg	ST
lamotrigine tab er 24hr 250 mg	ST
lamotrigine tab er 24hr 300 mg	ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam in sodium chloride iv soln 500 mg/100ml	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	
levetiracetam inj 500 mg/5ml (100 mg/ml)	
levetiracetam oral soln 100 mg/ml	
levetiracetam tab 250 mg	
levetiracetam tab 500 mg	
levetiracetam tab 750 mg	
levetiracetam tab 1000 mg	
levetiracetam tab disintegrating soluble 250 mg	QL (360 tabs / 30 days)
levetiracetam tab disintegrating soluble 500 mg	QL (180 tabs / 30 days)
levetiracetam tab er 24hr 500 mg	
levetiracetam tab er 24hr 750 mg	
methsuximide cap 300 mg	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	
oxcarbazepine tab 150 mg	
oxcarbazepine tab 300 mg	
oxcarbazepine tab 600 mg	
perampanel susp 0.5 mg/ml	NDS, QL (680 mL / 28 days), PA
perampanel tab 2 mg	QL (60 tabs / 30 days), PA
perampanel tab 4 mg	QL (30 tabs / 30 days), PA
perampanel tab 6 mg	QL (30 tabs / 30 days), PA
perampanel tab 8 mg	QL (30 tabs / 30 days), PA
perampanel tab 10 mg	QL (30 tabs / 30 days), PA
perampanel tab 12 mg	QL (30 tabs / 30 days), PA
phenobarbital elixir 20 mg/5ml	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium inj 65 mg/ml	PA; PA applies if 65 years and older
phenobarbital sodium inj 130 mg/ml	PA; PA applies if 65 years and older
phenobarbital tab 15 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 16.2 mg	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 30 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 32.4 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 60 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 64.8 mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
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)
pregabalin cap 50 mg	QL (120 caps / 30 days)
pregabalin cap 75 mg	QL (120 caps / 30 days)
pregabalin cap 100 mg	QL (120 caps / 30 days)
pregabalin cap 150 mg	QL (120 caps / 30 days)
pregabalin cap 200 mg	QL (90 caps / 30 days)
pregabalin cap 225 mg	QL (60 caps / 30 days)
pregabalin cap 300 mg	QL (60 caps / 30 days)
pregabalin soln 20 mg/ml	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone tab 50 mg	
primidone tab 125 mg	
primidone tab 250 mg	
relgaabi	QL (270 caps / 30 days)
relgaabi	QL (360 caps / 30 days)
roweepra	
rufinamide susp 40 mg/ml	NDS, QL (2400 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rufinamide tab 200 mg	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	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)
subvenite	
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
tiagabine hcl tab 2 mg	
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)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
vigabatrin powd pack 500 mg	NDS, QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	NDS, QL (180 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vigadrone	NDS, QL (180 packets / 30 days), PA
vigadrone	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	NDS, QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	NDS, QL (28 tabs / 28 days)
XCOPRI TAB 25MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	NDS, QL (900 mL / 30 days), PA
zonisamide cap 25 mg	
zonisamide cap 50 mg	
zonisamide cap 100 mg	
ZTALMY SUS 50MG/ML	NDS, QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

amphetamine-dextroamphetamine cap er 24hr 5 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atomoxetine hcl cap 10 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 5 mg	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 10 mg	QL (60 tabs / 30 days), PA
guanfacine hcl tab er 24hr 1 mg (base equiv)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl chew tab 2.5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 10 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl soln 5 mg/5ml	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 10 mg	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 20 mg	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA	
DAYVIGO TAB 5MG	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	QL (30 tabs / 30 days)
eszopiclone tab 1 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ergotamine w/ caffeine tab 1-100 mg	QL (40 tabs / 28 days), PA
naratriptan hcl tab 1 mg (base equiv)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	QL (18 tabs / 30 days)
sumatriptan nasal spray 5 mg/act	QL (24 units / 30 days)
sumatriptan nasal spray 20 mg/act	QL (12 units / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	QL (12 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA
MISCELLANEOUS	
AUSTEDO TAB 6MG	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 48MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	NDS, QL (2 packs / year), PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	NDS, QL (60 caps / 30 days), PA
lithium carbonate cap 150 mg	
lithium carbonate cap 300 mg	
lithium carbonate cap 600 mg	
lithium carbonate tab 300 mg	
lithium carbonate tab er 300 mg	
lithium carbonate tab er 450 mg	
lithium oral solution 8 meq/5ml	
NUEDEXTA CAP 20-10MG	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	
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
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	
baclofen tab 5 mg	QL (90 tabs / 30 days)
baclofen tab 10 mg	
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	
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
armodafinil tab 150 mg	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	QL (30 tabs / 30 days), PA
modafinil tab 100 mg	QL (30 tabs / 30 days), PA
modafinil tab 200 mg	QL (60 tabs / 30 days), PA
sodium oxybate oral solution 500 mg/ml	NDS, QL (540 mL / 30 days), PA
PSYCHOTHERAPEUTIC-MISC	
acamprosate calcium tab delayed release 333 mg	
buprenorphine hcl sl tab 2 mg (base equiv)	QL (180 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	QL (120 tabs / 30 days)

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

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metformin hcl tab 850 mg	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	QL (90 tabs / 30 days)
nateglinide tab 120 mg	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC TAB 1.5MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 4MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 9MG	QL (30 tabs / 30 days), PA
pioglitazone hcl tab 15 mg (base equiv)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	QL (90 tabs / 30 days)
repaglinide tab 0.5 mg	QL (120 tabs / 30 days)
repaglinide tab 1 mg	QL (120 tabs / 30 days)
repaglinide tab 2 mg	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
sitagliptin phosphate tab 25 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate tab 50 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate tab 100 mg (base equiv)	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR KWP INJ 100/ML	
CEQUR EXT WR MIS INSERTER	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
GLARGIN YFGN INJ 100U/ML	
GLARGIN YFGN SOL 100U/ML	
HUMALOG INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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-500KWP	NDS
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
OMNIPOD5 LIB KIT INTRO	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)
CALCIUM REGULATORS	
alendronate sodium oral soln 70 mg/75ml	ST
alendronate sodium tab 10 mg	
alendronate sodium tab 35 mg	
alendronate sodium tab 70 mg	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	NDS, QL (1 pen / 28 days), PA
calcitonin (salmon) spray	B/D
ibandronate sodium tab 150 mg (base equivalent)	B/D
OSPOMYV INJ 60MG/ML	QL (1 syringe / 180 days)
pamidronate disodium iv soln 3 mg/ml	B/D
pamidronate disodium iv soln 9 mg/ml	B/D
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
risedronate sodium tab 5 mg	
risedronate sodium tab 35 mg	
risedronate sodium tab 150 mg	
risedronate sodium tab delayed release 35 mg	ST
TERIPARATIDE INJ 560/2.24	NDS, QL (1 pen / 28 days), PA; (ALVOGEN product)
teriparatide soln pen-inj 560 mcg/2.24ml	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
zoledronic acid inj conc for iv infusion 4 mg/5ml	B/D
zoledronic acid iv soln 5 mg/100ml	B/D
CHELATING AGENTS	
CHEMET CAP 100MG	NDS
deferasirox tab 90 mg	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
deferasirox tab 180 mg	PA
deferasirox tab 360 mg	PA
deferasirox tab for oral susp 125 mg	PA
deferasirox tab for oral susp 250 mg	NDS, PA
deferasirox tab for oral susp 500 mg	NDS, PA
kionex	
LOKELMA PAK 5GM	
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dasetta 7/7/7	
daysee	
deblitane	
DEPO-SQ PROV INJ 104	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
junel fe 1.5/30	
junel fe 1/20	
junel fe 24	
kaitlib fe	
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	
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	
lutera	
lyleq	
lyza	
marlissa	
medroxyprogesterone acetate im susp 150 mg/ml	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
meleya	
mibelas 24 fe	
microgestin 1.5/30	
microgestin 1/20	
microgestin fe 1.5/30	
microgestin fe 1/20	
mili	
mono-linyah	
necon 0.5/35-28	
NEXPLANON IMP 68MG	
nikki	
nora-be	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	
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	
orquidea	
philith	
pimtrea	
portia-28	
reclipsen	
rivelsa	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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-linyah	
tri-lo-estarylla	
tri-lo-marzia	
tri-lo-mili	
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	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
abigale	
abigale lo	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dotti	
estradiol & norethindrone acetate tab 0.5-0.1 mg	
estradiol & norethindrone acetate tab 1-0.5 mg	
estradiol tab 0.5 mg	
estradiol tab 1 mg	
estradiol tab 2 mg	
estradiol td patch twice weekly 0.1 mg/24hr	
estradiol td patch twice weekly 0.05 mg/24hr	
estradiol td patch twice weekly 0.025 mg/24hr	
estradiol td patch twice weekly 0.075 mg/24hr	
estradiol td patch twice weekly 0.0375 mg/24hr	
estradiol td patch weekly 0.1 mg/24hr	
estradiol td patch weekly 0.05 mg/24hr	
estradiol td patch weekly 0.06 mg/24hr	
estradiol td patch weekly 0.025 mg/24hr	
estradiol td patch weekly 0.075 mg/24hr	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	
estradiol vaginal cream 0.01%	
estradiol vaginal tab 10 mcg	
estradiol valerate im in oil 10 mg/ml	
estradiol valerate im in oil 20 mg/ml	
estradiol valerate im in oil 40 mg/ml	
fyavolv tab 0.5mg-2.5mcg	
fyavolv tab 1mg-5mcg	
jinteli	
lyllana	
mimvey	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
yuvafem	
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	
methylprednisolone acetate inj susp 40 mg/ml	B/D
methylprednisolone acetate inj susp 80 mg/ml	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	B/D
methylprednisolone sod succ for inj 500 mg (base equiv)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	B/D
methylprednisolone tab 4 mg	B/D
methylprednisolone tab 8 mg	B/D
methylprednisolone tab 16 mg	B/D
methylprednisolone tab 32 mg	B/D
methylprednisolone tab therapy pack 4 mg (21)	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	B/D
prednisolone soln 15 mg/5ml	B/D
PREDNISONE CON 5MG/ML	B/D
prednisone oral soln 5 mg/5ml	B/D
prednisone tab 1 mg	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisone tab 2.5 mg	B/D
prednisone tab 5 mg	B/D
prednisone tab 10 mg	B/D
prednisone tab 20 mg	B/D
prednisone tab 50 mg	B/D
prednisone tab therapy pack 5 mg (21)	
prednisone tab therapy pack 5 mg (48)	
prednisone tab therapy pack 10 mg (21)	
prednisone tab therapy pack 10 mg (48)	
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-CORTEF INJ 1000MG	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR	
BAQSIMI ONE POW 3MG/DOSE	
BAQSIMI TWO POW 3MG/DOSE	
diazoxide susp 50 mg/ml	NDS
GVOKE HYPO 1 INJ 0.5/.1ML	
GVOKE HYPO 1 INJ 1/0.2ML	
GVOKE HYPO 2 INJ 0.5/.1ML	
GVOKE HYPO 2 INJ 1/0.2ML	
GVOKE KIT SOL 1/0.2ML	
GVOKE PFS INJ 1/0.2ML	
ZEGALOGUE INJ 0.6/0.6	
MISCELLANEOUS	
ALDURAZYME INJ 2.9MG/5M	NDS, PA
betaine powder for oral solution	NDS
cabergoline tab 0.5 mg	
carglumic acid soluble tab 200 mg	NDS, PA
CERDELGA CAP 84MG	NDS, PA
CEREZYME INJ 400UNIT	NDS, PA
cinacalcet hcl tab 30 mg (base equiv)	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 60 mg (base equiv)	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 90 mg (base equiv)	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
desmopressin acetate inj 4 mcg/ml	NDS
desmopressin acetate nasal spray soln 0.01%	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	NDS

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	NDS, PA
raloxifene hcl tab 60 mg	
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
sapropterin dihydrochloride powder packet 100 mg	NDS, PA
sapropterin dihydrochloride powder packet 500 mg	NDS, PA
sapropterin dihydrochloride tab 100 mg	NDS, PA
SIGNIFOR INJ 0.3MG/ML	NDS, PA
SIGNIFOR INJ 0.6MG/ML	NDS, PA
SIGNIFOR INJ 0.9MG/ML	NDS, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	NDS, PA
sodium phenylbutyrate tab 500 mg	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
tolvaptan tab 15 mg	NDS, PA; (generic of JYNARQUE)
tolvaptan tab 30 mg	NDS, PA; (generic of JYNARQUE)
tolvaptan tab therapy pack 15 mg	NDS, PA
tolvaptan tab therapy pack 30 & 15 mg	NDS, PA
tolvaptan tab therapy pack 45 & 15 mg	NDS, PA
tolvaptan tab therapy pack 60 & 30 mg	NDS, PA
tolvaptan tab therapy pack 90 & 30 mg	NDS, PA
zelvysia	NDS, PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
gallifrey	
medroxyprogesterone acetate tab 2.5 mg	
medroxyprogesterone acetate tab 5 mg	
medroxyprogesterone acetate tab 10 mg	
megestrol acetate susp 40 mg/ml	
megestrol acetate susp 625 mg/5ml	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone acetate tab 5 mg	
progesterone cap 100 mg	
progesterone cap 200 mg	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
levothyroxine sodium tab 25 mcg	
levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 100 mcg	
levothyroxine sodium tab 112 mcg	
levothyroxine sodium tab 125 mcg	
levothyroxine sodium tab 137 mcg	
levothyroxine sodium tab 150 mcg	
levothyroxine sodium tab 175 mcg	
levothyroxine sodium tab 200 mcg	
levothyroxine sodium tab 300 mcg	
levoxyl	
liomny	
liothyronine sodium tab 5 mcg	
liothyronine sodium tab 25 mcg	
liothyronine sodium tab 50 mcg	
methimazole tab 5 mg	
methimazole tab 10 mg	
propylthiouracil tab 50 mg	
SYNTHROID TAB 25MCG	
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	
SYNTHROID TAB 88MCG	
SYNTHROID TAB 100MCG	
SYNTHROID TAB 112MCG	
SYNTHROID TAB 125MCG	
SYNTHROID TAB 137MCG	
SYNTHROID TAB 150MCG	
SYNTHROID TAB 175MCG	
SYNTHROID TAB 200MCG	
SYNTHROID TAB 300MCG	
unithroid	
VITAMIN D ANALOGS	
calcitriol (oral)	B/D
calcitriol cap 0.5 mcg	B/D
calcitriol cap 0.25 mcg	B/D
paricalcitol cap 1 mcg	B/D
paricalcitol cap 2 mcg	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paricalcitol cap 4 mcg	B/D

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

aprepitant capsule 40 mg	B/D
aprepitant capsule 80 mg	B/D
aprepitant capsule 125 mg	B/D
aprepitant capsule therapy pack 80 & 125 mg	B/D
compro	
dronabinol cap 2.5 mg	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	B/D, QL (60 caps / 30 days)
granisetron hcl inj 1 mg/ml	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	
granisetron hcl tab 1 mg	B/D
meclizine hcl tab 12.5 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
meclizine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl inj 5 mg/ml (base equivalent)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	
metoclopramide hcl tab 5 mg (base equivalent)	
metoclopramide hcl tab 10 mg (base equivalent)	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	
ondansetron hcl inj soln pref syr 4 mg/2ml	
ondansetron hcl oral soln 4 mg/5ml	B/D
ondansetron hcl tab 4 mg	B/D
ondansetron hcl tab 8 mg	B/D
ondansetron orally disintegrating tab 4 mg	B/D
ondansetron orally disintegrating tab 8 mg	B/D
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
promethazine hcl tab 12.5 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine td patch 72hr 1 mg/3days	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	
dicyclomine hcl cap 10 mg	PA; PA applies if 65 years and older
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	
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium cap 750 mg	
budesonide delayed release particles cap 3 mg	QL (90 caps / 30 days)
budesonide tab er 24hr 9 mg	NDS, QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	
mesalamine cap dr 400 mg	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	QL (120 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mesalamine enema 4 gm	QL (1680 mL / 28 days)
mesalamine rectal enema 4 gm & cleanser wipe kit	QL (28 bottles / 28 days)
mesalamine suppos 1000 mg	QL (30 suppositories / 30 days)
mesalamine tab delayed release 1.2 gm	QL (120 tabs / 30 days)
sulfasalazine tab 500 mg	
sulfasalazine tab delayed release 500 mg	
LAXATIVES	
constulose	
enulose	
gavilyte-c	
gavilyte-g	
gavilyte-n/flavor pack	
generlac	
lactulose (encephalopathy) solution 10 gm/15ml	
lactulose solution 10 gm/15ml	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	
PLENVU SOL	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	
MISCELLANEOUS	
alosetron hcl tab 0.5 mg (base equiv)	QL (60 tabs / 30 days), PA
alosetron hcl tab 1 mg (base equiv)	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
cromolyn sodium oral conc 100 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
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)
loperamide hcl cap 2 mg	
lubiprostone cap 8 mcg	QL (60 caps / 30 days)
lubiprostone cap 24 mcg	QL (60 caps / 30 days)
misoprostol tab 100 mcg	
misoprostol tab 200 mcg	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	NDS, QL (28 vials / 28 days), PA
sucralfate susp 1 gm/10ml	
sucralfate tab 1 gm	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
ursodiol cap 300 mg	
ursodiol tab 250 mg	
ursodiol tab 500 mg	
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

esomeprazole magnesium cap delayed release 20 mg (base eq)	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	QL (30 caps / 30 days), ST
esomeprazole magnesium for delayed release susp pack 2.5 mg	
esomeprazole magnesium for delayed release susp packet 5 mg	
esomeprazole magnesium for delayed release susp packet 10 mg	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 20 mg	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	QL (30 packets / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lansoprazole cap delayed release 15 mg	QL (60 caps / 30 days)
lansoprazole cap delayed release 30 mg	QL (60 caps / 30 days)
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)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	QL (30 caps / 30 days)
finasteride tab 5 mg	QL (30 tabs / 30 days)
tadalafil tab 5 mg	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	QL (60 caps / 30 days)

MISCELLANEOUS

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

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

fesoterodine fumarate tab er 24hr 4 mg	QL (30 tabs / 30 days)
fesoterodine fumarate tab er 24hr 8 mg	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 25 mg	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 50 mg	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	QL (120 tabs / 30 days)
oxybutynin chloride tab er 24hr 5 mg	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxybutynin chloride tab er 24hr 10 mg	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	QL (60 tabs / 30 days)
solifenacin succinate tab 5 mg	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	QL (30 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	QL (30 caps / 30 days)
tolterodine tartrate cap er 24hr 4 mg	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	QL (60 tabs / 30 days)
tolterodine tartrate tab 2 mg	QL (60 tabs / 30 days)
trospium chloride tab 20 mg	QL (60 tabs / 30 days)
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 cap 75 mg (etexilate base eq)	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	QL (60 caps / 30 days)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	
enoxaparin sodium inj soln pref syr 100 mg/ml	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	
enoxaparin sodium inj soln pref syr 150 mg/ml	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	NDS
HEP SOD/NACL INJ 25000UNT	
heparin sodium (porcine) inj 1000 unit/ml	B/D
heparin sodium (porcine) inj 5000 unit/ml	B/D
heparin sodium (porcine) inj 10000 unit/ml	B/D
heparin sodium (porcine) inj 20000 unit/ml	B/D
heparin sodium (porcine) pf inj 1000 unit/ml	B/D
jantoven	
rivaroxaban for susp 1 mg/ml	QL (620 mL / 30 days)
rivaroxaban tab 2.5 mg	QL (60 tabs / 30 days)
warfarin sodium tab 1 mg	
warfarin sodium tab 2 mg	
warfarin sodium tab 2.5 mg	
warfarin sodium tab 3 mg	
warfarin sodium tab 4 mg	
warfarin sodium tab 5 mg	
warfarin sodium tab 6 mg	
warfarin sodium tab 7.5 mg	
warfarin sodium tab 10 mg	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS	
FULPHILA INJ 6/0.6ML	NDS, QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	NDS, PA
PROCRIT INJ 40000/ML	NDS, PA
ZARXIO INJ 300/0.5	NDS, PA
ZARXIO INJ 480/0.8	NDS, PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	NDS, QL (90 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALVAIZ TAB 54MG	NDS, QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	
anagrelide hcl cap 1 mg	
BERINERT INJ 500UNIT	NDS, QL (24 boxes / 30 days), PA
cilostazol tab 50 mg	
cilostazol tab 100 mg	
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
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	NDS, QL (9 syringes / 30 days), PA
l-glutamine (sickle cell)	NDS, PA
pentoxifylline tab er 400 mg	
sajazir	NDS, QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	NDS
TAVNEOS CAP 10MG	NDS, QL (180 caps / 30 days), PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	
tranexamic acid tab 650 mg	
PLATELET AGGREGATION INHIBITORS	
aspirin-dipyridamole cap er 12hr 25-200 mg	
clopidogrel bisulfate tab 75 mg (base equiv)	
dipyridamole tab 25 mg	PA; PA applies if 65 years and older
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM	
AUTOIMMUNE AGENTS	
ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
ADALIMU-BWWD INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	NDS, QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	NDS, QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	NDS, QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 syringes / 28 days), PA
EBGLYSS INJ 250/2ML	NDS, QL (20 pens / 365 days), PA
EBGLYSS INJ 250/2ML	NDS, QL (20 syringes / 365 days), PA
ENBREL INJ 25/0.5ML	NDS, QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	NDS, QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	NDS, QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	NDS, QL (6 autoinjectors / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
HUMIRA PEN INJ 80/0.8ML	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	NDS, QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	NDS, QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	NDS, PA
KINERET INJ	NDS, QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	NDS, QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	NDS, PA
REMICADE INJ 100MG	NDS, PA
RENFLEXIS INJ 100MG	NDS, PA
RINVOQ LQ SOL 1MG/ML	NDS, QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	NDS, QL (168 tabs / year), PA
SKYRIZI INJ 55/0.37	NDS, QL (6 syringes / 365 days), PA
SKYRIZI INJ 150MG/ML	NDS, QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	NDS, QL (1 cartridge / 56 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SKYRIZI INJ 360/2.4	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	NDS, QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	NDS, PA
SOTYKTU TAB 6MG	NDS, QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	NDS, PA
STELARA INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	NDS, QL (480 mL / 24 days), PA
tofacitinib citrate tab 5 mg (base equivalent)	NDS, QL (60 tabs / 30 days), PA
tofacitinib citrate tab 10 mg (base equivalent)	NDS, QL (60 tabs / 30 days), PA
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	NDS, QL (30 tabs / 30 days), PA
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	NDS, QL (30 tabs / 30 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	NDS, PA
TYENNE INJ 80MG/4ML	NDS, PA
TYENNE INJ 162/0.9	NDS, QL (4 pens / 28 days), PA
TYENNE INJ 162MG	NDS, QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	NDS, PA
TYENNE INJ 400/20ML	NDS, PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA

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
YESINTEK INJ 130/26ML	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS	
hydroxychloroquine sulfate tab 200 mg	
JYLAMVO SOL 2MG/ML	B/D
leflunomide tab 10 mg	QL (30 tabs / 30 days)
leflunomide tab 20 mg	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	
XATMEP SOL 2.5MG/ML	B/D
IMMUNOGLOBULINS	
ALYGLO INJ 5GM/50ML	NDS, PA
ALYGLO INJ 10/100ML	NDS, PA
ALYGLO INJ 20/200ML	NDS, PA
BIVIGAM INJ 10%	NDS, PA
FLEBOGAMMA INJ 10/200ML	NDS, PA
FLEBOGAMMA INJ 20/400ML	NDS, PA
FLEBOGAMMA INJ DIF 5%	NDS, PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	NDS, PA
GAMMAGARD INJ 2.5GM/25	NDS, PA
GAMMAGARD INJ 5GM/50ML	NDS, PA
GAMMAGARD INJ 10GM/100	NDS, PA
GAMMAGARD INJ 20GM/200	NDS, PA
GAMMAGARD INJ 30GM/300	NDS, PA
GAMMAGARD SD INJ 5GM HU	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
OCTAGAM INJ 2.5GM	NDS, PA
OCTAGAM INJ 2GM/20ML	NDS, PA
OCTAGAM INJ 5GM	NDS, PA
OCTAGAM INJ 5GM/50ML	NDS, PA
OCTAGAM INJ 10/100ML	NDS, PA
OCTAGAM INJ 10GM	NDS, PA
OCTAGAM INJ 20/200ML	NDS, PA
OCTAGAM INJ 30/300ML	NDS, PA
PANZYGA SOL 1GM/10ML	NDS, PA
PANZYGA SOL 2.5/25ML	NDS, PA
PANZYGA SOL 5GM/50ML	NDS, PA
PANZYGA SOL 10/100ML	NDS, PA
PANZYGA SOL 20/200ML	NDS, PA
PANZYGA SOL 30/300ML	NDS, PA
PRIVIGEN INJ 5 GRAMS	NDS, PA
PRIVIGEN INJ 10GRAMS	NDS, PA
PRIVIGEN INJ 20GRAMS	NDS, PA
PRIVIGEN INJ 40GRAMS	NDS, PA
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	NDS, PA
ARCALYST INJ 220MG	NDS, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	NDS, B/D
azathioprine tab 50 mg	B/D
BENLYSTA INJ 120MG	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
cyclosporine cap 25 mg	B/D
cyclosporine cap 100 mg	B/D
cyclosporine modified cap 25 mg	B/D
cyclosporine modified cap 50 mg	B/D
cyclosporine modified cap 100 mg	B/D
cyclosporine modified oral soln 100 mg/ml	B/D
everolimus tab 0.5 mg	NDS, B/D
everolimus tab 0.25 mg	B/D
everolimus tab 0.75 mg	NDS, B/D
everolimus tab 1 mg	NDS, B/D
gengraf	B/D
mycophenolate mofetil cap 250 mg	B/D
mycophenolate mofetil for oral susp 200 mg/ml	NDS, B/D
mycophenolate mofetil tab 500 mg	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	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
sirolimus oral soln 1 mg/ml	B/D
sirolimus tab 0.5 mg	B/D
sirolimus tab 1 mg	B/D
sirolimus tab 2 mg	B/D
tacrolimus cap 0.5 mg	B/D
tacrolimus cap 1 mg	B/D
tacrolimus cap 5 mg	B/D
tacrolimus cap er 24hr 0.5 mg	B/D
tacrolimus cap er 24hr 1 mg	B/D
tacrolimus cap er 24hr 5 mg	NDS, B/D
VACCINES	
ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
ENGERIX-B INJ 10/0.5ML	B/D
ENGERIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA
PEDIARIX INJ 0.5ML	
PEDVAXHIB INJ 7.5MCG	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI INJ	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VAQTA INJ 25/0.5ML	
VAQTA INJ 50UNT/ML	
VARIVAX INJ	
VAXCHORA SUS	
VIMKUNYA INJ 40/0.8ML	
VIVOTIF CAP EC	
YF-VAX INJ	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS	
ELECTROLYTES/MINERALS, INJECTABLE	
D2.5W/NACL INJ 0.45%	
D5W/NACL INJ 0.2%	
D5W/NACL INJ 0.45%	
D10W/NACL INJ 0.2%	
D10W/NACL INJ 0.45%	
dextrose 2.5% w/ sodium chloride 0.45%	
dextrose 5% in lactated ringers	
dextrose 5% w/ sodium chloride 0.3%	
dextrose 5% w/ sodium chloride 0.9%	
dextrose 5% w/ sodium chloride 0.45%	
dextrose 5% w/ sodium chloride 0.225%	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ PH 7.4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	
KCL/D5W/NACL INJ 0.3/0.9%	
KCL/D5W/NACL INJ 0.15/0.2	
LACTATED RIN INJ	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lactated ringer's solution	
MAGNESIUM SU INJ 2GM/50ML	
MAGNESIUM SU INJ 4G/100ML	
MAGNESIUM SU INJ 20/500ML	
MAGNESIUM SU INJ 40G/1000	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	
magnesium sulfate inj 50%	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	
multiple electrolytes ph 5.5	
POT CHL 20MEQ/L IN NACL 0.9% INJ	
POT CHL 20MEQ/L IN NACL 0.45% INJ	
POT CHL 40MEQ/L IN NACL 0.9% INJ	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	
potassium chloride inj 2 meq/ml	
potassium chloride inj 10 meq/50ml	
potassium chloride inj 10 meq/100ml	
potassium chloride inj 20 meq/50ml	
potassium chloride inj 20 meq/100ml	
potassium chloride inj 40 meq/100ml	
sodium chloride inj 2.5 meq/ml (14.6%)	
sodium chloride iv soln 0.9%	
sodium chloride iv soln 0.45%	
sodium chloride iv soln 3%	
sodium chloride iv soln 5%	
TPN ELECTROL INJ	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
klor-con	
klor-con 8	
KLOR-CON 8 TAB 8MEQ ER	
klor-con 10	
KLOR-CON 10 TAB 10MEQ ER	
klor-con m10	
klor-con m15	
klor-con m20	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
M-NATAL PLUS TAB	
potassium chloride cap er 8 meq	
potassium chloride cap er 10 meq	
potassium chloride microencapsulated crys er tab 10 meq	
potassium chloride microencapsulated crys er tab 15 meq	
potassium chloride microencapsulated crys er tab 20 meq	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
potassium chloride powder packet 20 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg)	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	
WESTAB PLUS TAB 27-1MG	
IV NUTRITION	
aminosyn ii soln 15%	B/D
AMINOSYN INJ 10%	B/D
AMINOSYN-PF INJ 10%	B/D
CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
clinisol sf 15%	B/D
CLINOLIPID EMU 20%	B/D
dextrose inj 5%	
dextrose inj 10%	
DEXTROSE INJ 10%	
dextrose inj 50%	B/D
DEXTROSE INJ 70%	B/D
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
plenamine	B/D
PREMASOL SOL 10%	NDS, B/D
PROSOL INJ 20%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	
neomycin-polymyxin-hc ophth susp	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	
TOBRADEX OIN 0.3-0.1%	
tobramycin-dexamethasone ophth susp 0.3-0.1%	
ZYLET SUS 0.5-0.3%	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS	
bacitracin-polymyxin b ophth oint	
besifloxacin hcl ophth susp 0.6% (base equiv)	
BESIVANCE SUS 0.6%	
CILOXAN OIN 0.3% OP	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	
erythromycin ophth oint 5 mg/gm	
gatifloxacin ophth soln 0.5%	
gentamicin sulfate ophth soln 0.3%	
moxifloxacin hcl ophth soln 0.5% (base equiv)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-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%	
XDEMVY DRO 0.25%	NDS, PA
ZIRGAN GEL 0.15%	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTARAN SOL 0.44%	NDS, PA
EYSUVIS DRO 0.25%	
MIEBO DRO 1.3GM/ML	
proparacaine hcl ophth soln 0.5%	
RESTASIS EMU 0.05% OP	
RESTASIS MUL EMU 0.05% OP	
XIIDRA DRO 5%	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR	
OTIC AGENTS	
acetic acid otic soln 2%	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
flac	
fluocinolone acetonide (otic) oil 0.01%	
hydrocortisone w/ acetic acid otic soln 1-2%	
neomycin-polymyxin-hc otic soln 1%	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	
ofloxacin otic soln 0.3%	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD	
ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	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)
ipratropium bromide hfa inhal aerosol 17 mcg/act	QL (2 inhalers / 30 days)
ipratropium bromide inhal soln 0.02%	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	QL (300 mL / 30 days)
cyproheptadine hcl syrup 2 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
cyproheptadine hcl tab 4 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl inj 50 mg/ml	
hydroxyzine hcl im soln 25 mg/ml	PA; PA applies if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	PA; PA applies if 65 years and older
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
hydroxyzine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	QL (300 mL / 30 days)
levocetirizine dihydrochloride tab 5 mg	QL (30 tabs / 30 days)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	B/D
albuterol sulfate syrup 2 mg/5ml	
albuterol sulfate tab 2 mg	
albuterol sulfate tab 4 mg	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	
terbutaline sulfate tab 5 mg	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)
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
cromolyn sodium soln nebu 20 mg/2ml	B/D
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	(generic of EpiPen)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	NDS, QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	NDS, QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	NDS, QL (56 packets / 28 days), PA
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
nintedanib esylate cap 100 mg (base equivalent)	NDS, QL (60 caps / 30 days), PA
nintedanib esylate cap 150 mg (base equivalent)	NDS, QL (60 caps / 30 days), PA
OFEV CAP 100MG	NDS, QL (60 caps / 30 days), PA
OFEV CAP 150MG	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	NDS, QL (112 tabs / 28 days), PA
pirfenidone cap 267 mg	NDS, QL (270 caps / 30 days), PA
pirfenidone tab 267 mg	NDS, QL (270 tabs / 30 days), PA
pirfenidone tab 534 mg	NDS, QL (90 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pirfenidone tab 801 mg	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	NDS, PA
PULMOZYME SOL 1MG/ML	NDS, PA
roflumilast tab 250 mcg	QL (56 tabs / year)
roflumilast tab 500 mcg	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
theophylline elixir 80 mg/15ml	
theophylline soln 80 mg/15ml	
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
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	
flunisolide nasal soln 25 mcg/act (0.025%)	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	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)
budesonide inhalation susp 0.5 mg/2ml	B/D
budesonide inhalation susp 0.25 mg/2ml	B/D
fluticasone propionate hfa inhal aer 110 mcg/act	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aer 220 mcg/act	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD	
ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
breyna	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	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)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	QL (60 inhalations / 30 days)
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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
clindamycin phosphate lotion 1%	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	QL (60 mL / 30 days)
ery	QL (60 pledgets / 30 days)
erythromycin gel 2%	QL (60 gm / 30 days)
erythromycin soln 2%	QL (60 mL / 30 days)
isotretinoin cap 10 mg	PA
isotretinoin cap 20 mg	PA
isotretinoin cap 30 mg	PA
isotretinoin cap 40 mg	PA
neuac	QL (45 gm / 30 days)
sulfacetamide sodium lotion 10% (acne)	QL (118 mL / 30 days)
tretinoin cream 0.1%	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	QL (45 gm / 30 days), PA
tretinoin gel 0.01%	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical)	QL (60 gm / 30 days)
zenatane	PA
DERMATOLOGY, ANTIBIOTICS	
gentamicin sulfate cream 0.1%	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	QL (30 gm / 30 days)
mupirocin oint 2%	QL (220 gm / 30 days)
silver sulfadiazine cream 1%	
ssd	
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS	
ciclopirox olamine cream 0.77% (base equiv)	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	QL (60 mL / 30 days)
ciclopirox shampoo 1%	QL (120 mL / 30 days)
clotrimazole cream 1%	QL (45 gm / 30 days)
clotrimazole soln 1%	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	QL (45 gm / 30 days)
econazole nitrate cream 1%	QL (85 gm / 30 days)
ketoconazole cream 2%	QL (60 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ketoconazole shampoo 2%	QL (120 mL / 30 days)
klayesta	QL (60 gm / 30 days)
nyamyc	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	QL (60 gm / 30 days)
nystop	QL (60 gm / 30 days)
selenium sulfide lotion 2.5%	
DERMATOLOGY, ANTIPSORIATICS	
acitretin cap 10 mg	PA
acitretin cap 17.5 mg	PA
acitretin cap 25 mg	PA
calcipotriene cream 0.005%	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	QL (120 mL / 30 days), PA
calcitrene	QL (120 gm / 30 days), PA
ENSTILAR AER	NDS, QL (120 gm / 30 days), PA
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)
betamethasone dipropionate lotion 0.05%	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	QL (120 mL / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	QL (120 gm / 30 days)
clobetasol propionate e	QL (120 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clobetasol propionate gel 0.05%	QL (120 gm / 30 days)
clobetasol propionate oint 0.05%	QL (120 gm / 30 days)
clobetasol propionate shampoo 0.05%	QL (236 mL / 30 days)
clobetasol propionate soln 0.05%	QL (100 mL / 30 days)
clodan	QL (236 mL / 30 days)
fluocinolone acetonide cream 0.01%	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	QL (118.28 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	QL (118.28 mL / 30 days)
fluocinolone acetonide oint 0.025%	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	QL (60 mL / 30 days)
fluocinonide cream 0.1%	QL (120 gm / 30 days)
fluocinonide cream 0.05%	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	QL (120 gm / 30 days)
fluocinonide gel 0.05%	QL (60 gm / 30 days)
fluocinonide oint 0.05%	QL (60 gm / 30 days)
fluocinonide soln 0.05%	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	
fluticasone propionate oint 0.005%	
halobetasol propionate cream 0.05%	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	QL (50 gm / 30 days)
hydrocortisone cream 1%	
hydrocortisone cream 2.5%	
hydrocortisone lotion 2.5%	
hydrocortisone oint 1%	QL (30 gm / 30 days)
hydrocortisone oint 2.5%	
hydrocortisone valerate cream 0.2%	QL (60 gm / 30 days)
mometasone furoate cream 0.1%	
mometasone furoate oint 0.1%	
mometasone furoate solution 0.1% (lotion)	
triamcinolone acetonide cream 0.1%	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.025%	QL (454 gm / 30 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
lidocaine hcl soln 4%	QL (50 mL / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	QL (60 mL / 30 days), PA
lidocaine oint 5%	QL (50 gm / 30 days), PA
lidocaine patch 5%	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	B/D, QL (30 gm / 30 days)
lidocan	QL (3 patches / 1 day), PA
tridacaine iii	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
bexarotene gel 1%	NDS, QL (60 gm / 30 days), PA
diclofenac sodium soln 1.5%	QL (300 mL / 28 days)
EUCRISA OIN 2%	QL (120 gm / 30 days), PA
fluorouracil cream 5%	QL (40 gm / 30 days)
fluorouracil soln 2%	QL (10 mL / 30 days)
fluorouracil soln 5%	QL (10 mL / 30 days)
hydrocortisone perianal cream 1%	
hydrocortisone perianal cream 2.5%	
imiquimod cream 5%	QL (24 packets / 30 days)
lactic acid (ammonium lactate) cream 12%	
lactic acid (ammonium lactate) lotion 12%	
metronidazole cream 0.75%	QL (45 gm / 30 days)
metronidazole gel 0.75%	QL (45 gm / 30 days)
metronidazole lotion 0.75%	QL (59 mL / 30 days)
nitroglycerin oint 0.4%	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	NDS, QL (60 gm / 30 days), PA
pimecrolimus cream 1%	QL (100 gm / 30 days), PA
podofilox soln 0.5%	QL (7 mL / 28 days)
procto-med hc	
proctocort	
proctosol hc	
proctozone-hc	
tacrolimus oint 0.1%	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
malathion lotion 0.5%	QL (59 mL / 30 days)
permethrin cream 5%	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS	
SANTYL OIN 250/GM	QL (180 gm / 30 days), PA
sodium chloride irrigation soln 0.9%	
water for irrigation, sterile irrigation soln	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOUTH/THROAT/DENTAL AGENTS	
cevimeline hcl cap 30 mg	
chlorhexidine gluconate soln 0.12%	
clotrimazole troche 10 mg	QL (150 lozenges / 30 days)
kourzeq	
lidocaine hcl viscous soln 2%	
nystatin susp 100000 unit/ml	
periogard	
pilocarpine hcl tab 5 mg	
pilocarpine hcl tab 7.5 mg	
triamcinolone acetonide dental paste 0.1%	

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.

Index

A

abacavir sulfate soln 20 mg/ml (base equiv) 26
abacavir sulfate tab 300 mg (base equiv) 26
abacavir sulfate-lamivudine tab 600-300 mg 27
abigale 101
abigale lo 101
ABILIFY ASIM INJ 720MG 72
ABILIFY ASIM INJ 960MG 72
ABILIFY MAIN INJ 300MG 72
ABILIFY MAIN INJ 400MG 72
abiraterone acetate tab 250 mg 36
abiraterone acetate tab 500 mg 36
abirtega 36
ABRYSVO INJ 120MCG 121
acamprosate calcium tab delayed release 333 mg 90
acarbose tab 100 mg 92
acarbose tab 25 mg 92
acarbose tab 50 mg 92
accutane 134
acebutolol hcl cap 200 mg 58
acebutolol hcl cap 400 mg 58
acetaminophen w/ codeine soln 120-12 mg/5ml 21
acetaminophen w/ codeine tab 300-15 mg 21
acetaminophen w/ codeine tab 300-30 mg 21
acetaminophen w/ codeine tab 300-60 mg 21
acetazolamide cap er 12hr 500 mg ... 61
acetazolamide tab 125 mg 61
acetazolamide tab 250 mg 61
acetic acid irrigation soln 0.25% 112
acetic acid otic soln 2% 128
acetylcysteine inhal soln 10% 130
acetylcysteine inhal soln 20% 130
acitretin cap 10 mg 135
acitretin cap 17.5 mg 135
acitretin cap 25 mg 135
ACTHIB INJ 121
ACTIMMUNE INJ 2MU/0.5 120
acyclovir cap 200 mg 28
acyclovir sodium iv soln 50 mg/ml ... 28
acyclovir susp 200 mg/5ml 28
acyclovir tab 400 mg 28
acyclovir tab 800 mg 28
ADACEL INJ 121
ADALIMU-BWWD INJ 40/0.4ML 116
adefovir dipivoxil tab 10 mg 28
ADEMPAS TAB 0.5MG 64
ADEMPAS TAB 1.5MG 64
ADEMPAS TAB 1MG 64
ADEMPAS TAB 2.5MG 64
ADEMPAS TAB 2MG 64
ADMELOG INJ 100U/ML 94
ADMELOG SOLO INJ 100U/ML 94
ADVAIR HFA AER 115/21 133
ADVAIR HFA AER 230/21 133
ADVAIR HFA AER 45/21 133
afirmelle 97
AIMOVIG INJ 140MG/ML 87
AIMOVIG INJ 70MG/ML 87
AIRSUPRA AER 90-80MCG 133
AKEEGA TAB 100/500 36
AKEEGA TAB 50/500MG 36
ala-cort 135
albendazole tab 200 mg 22
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 129
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 129
albuterol sulfate soln nebu 0.5% (5 mg/ml) 129
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 129
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 130
albuterol sulfate syrup 2 mg/5ml ... 130
albuterol sulfate tab 2 mg 130
albuterol sulfate tab 4 mg 130
alclometasone dipropionate cream 0.05% 135
alclometasone dipropionate oint 0.05% 135
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 94

ALDURAZYME INJ 2.9MG/5M 104
ALECENSA CAP 150MG 40
alendronate sodium oral soln 70 mg/75ml 96
alendronate sodium tab 10 mg 96
alendronate sodium tab 35 mg 96
alendronate sodium tab 70 mg 96
alfuzosin hcl tab er 24hr 10 mg 112
aliskiren fumarate tab 150 mg (base equivalent) 62
aliskiren fumarate tab 300 mg (base equivalent) 62
allopurinol tab 100 mg 19
allopurinol tab 300 mg 19
alosetron hcl tab 0.5 mg (base equiv) 110
alosetron hcl tab 1 mg (base equiv) 110
alprazolam tab 0.25 mg 65
alprazolam tab 0.5 mg 65
alprazolam tab 1 mg 65
alprazolam tab 2 mg 65
altavera 97
ALUNBRIG PAK 40
ALUNBRIG TAB 180MG 40
ALUNBRIG TAB 30MG 40
ALUNBRIG TAB 90MG 40
ALVAIZ TAB 18MG 114
ALVAIZ TAB 36MG 114
ALVAIZ TAB 54MG 115
ALVAIZ TAB 9MG 114
ALVESCO AER 160MCG 133
ALVESCO AER 80MCG 133
alyacen 1/35 97
alyacen 7/7/7 97
ALYFTREK TAB 10-50-125 130
ALYFTREK TAB 4-20-50 130
ALYGLO INJ 10/100ML 119
ALYGLO INJ 20/200ML 119
ALYGLO INJ 5GM/50ML 119
alyq 64
amantadine hcl cap 100 mg 71
amantadine hcl soln 50 mg/5ml 71
amantadine hcl tab 100 mg 71
ambrisentan tab 10 mg 64
ambrisentan tab 5 mg 64
amethyst 97
amikacin sulfate inj 1 gm/4ml (250 mg/ml) 22
amikacin sulfate inj 500 mg/2ml (250 mg/ml) 22
amiloride & hydrochlorothiazide tab 5-50 mg 61
amiloride hcl tab 5 mg 61
aminosyn ii soln 15% 125
AMINOSYN INJ 10% 125
AMINOSYN-PF INJ 10% 125
amiodarone hcl inj 150 mg/3ml (50 mg/ml) 56
amiodarone hcl inj 450 mg/9ml (50 mg/ml) 56
amiodarone hcl inj 900 mg/18ml (50 mg/ml) 56
amiodarone hcl tab 100 mg 56
amiodarone hcl tab 200 mg 56
amiodarone hcl tab 400 mg 56
amitriptyline hcl tab 10 mg 67
amitriptyline hcl tab 100 mg 67
amitriptyline hcl tab 150 mg 67
amitriptyline hcl tab 25 mg 67
amitriptyline hcl tab 50 mg 67
amitriptyline hcl tab 75 mg 67
amlodipine besylate tab 10 mg (base equivalent) 60
amlodipine besylate tab 2.5 mg (base equivalent) 60
amlodipine besylate tab 5 mg (base equivalent) 60
amlodipine besylate-benazepril hcl cap 10-20 mg 52
amlodipine besylate-benazepril hcl cap 10-40 mg 52
amlodipine besylate-benazepril hcl cap 2.5-10 mg 52
amlodipine besylate-benazepril hcl cap 5-10 mg 52
amlodipine besylate-benazepril hcl cap 5-20 mg 52
amlodipine besylate-benazepril hcl cap 5-40 mg 52
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 54
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 54

amlodipine besylate-olmesartan medoxomil tab 5-20 mg 54
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 54
amlodipine besylate-valsartan tab 10-160 mg 54
amlodipine besylate-valsartan tab 10-320 mg 54
amlodipine besylate-valsartan tab 5-160 mg 54
amlodipine besylate-valsartan tab 5-320 mg 54
amnesteem 134
amoxapine tab 100 mg 67
amoxapine tab 150 mg 67
amoxapine tab 25 mg 67
amoxapine tab 50 mg 67
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 32
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 32
amoxicillin & k clavulanate for susp 400-57 mg/5ml 32
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 32
amoxicillin & k clavulanate tab 250-125 mg 32
amoxicillin & k clavulanate tab 500-125 mg 32
amoxicillin & k clavulanate tab 875-125 mg 32
amoxicillin (trihydrate) cap 250 mg .. 32
amoxicillin (trihydrate) cap 500 mg .. 32
amoxicillin (trihydrate) chew tab 125 mg 32
amoxicillin (trihydrate) chew tab 250 mg 32
amoxicillin (trihydrate) for susp 125 mg/5ml 32
amoxicillin (trihydrate) for susp 200 mg/5ml 32
amoxicillin (trihydrate) for susp 250 mg/5ml 32
amoxicillin (trihydrate) for susp 400 mg/5ml 32
amoxicillin (trihydrate) tab 500 mg .. 32
amoxicillin (trihydrate) tab 875 mg .. 32
amphetamine-dextroamphetamine cap er 24hr 10 mg 85
amphetamine-dextroamphetamine cap er 24hr 15 mg 85
amphetamine-dextroamphetamine cap er 24hr 20 mg 85
amphetamine-dextroamphetamine cap er 24hr 25 mg 85
amphetamine-dextroamphetamine cap er 24hr 30 mg 85
amphetamine-dextroamphetamine cap er 24hr 5 mg 85
amphetamine-dextroamphetamine tab 10 mg 85
amphetamine-dextroamphetamine tab 12.5 mg 85
amphetamine-dextroamphetamine tab 15 mg 85
amphetamine-dextroamphetamine tab 20 mg 85
amphetamine-dextroamphetamine tab 30 mg 85
amphetamine-dextroamphetamine tab 5 mg 85
amphetamine-dextroamphetamine tab 7.5 mg 85
amphotericin b for iv soln 50 mg 25
amphotericin b liposome iv for susp 50 mg 25
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 32
ampicillin & sulbactam sodium for inj 3 (2-1) gm 32
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 32
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 32
ampicillin cap 500 mg 32
ampicillin sodium for inj 1 gm 32
ampicillin sodium for inj 2 gm 32
ampicillin sodium for inj 250 mg 33
ampicillin sodium for inj 500 mg 33
ampicillin sodium for iv soln 1 gm 33
ampicillin sodium for iv soln 10 gm .. 33
ampicillin sodium for iv soln 2 gm 33
anagrelide hcl cap 0.5 mg 115
anagrelide hcl cap 1 mg 115

anastrozole tab 1 mg 36
ANORO ELLIPT AER 62.5-25 128
APIDRA INJ SOLOSTAR 94
APIDRA INJ U-100 94
aprepitant capsule 125 mg 108
aprepitant capsule 40 mg 108
aprepitant capsule 80 mg 108
aprepitant capsule therapy pack 80 & 125 mg 108
apri 97
APTIOM TAB 200MG 78
APTIOM TAB 400MG 78
APTIOM TAB 600MG 78
APTIOM TAB 800MG 78
APTIVUS CAP 250MG 26
ARALAST NP INJ 1000MG 130
ARALAST NP INJ 500MG 130
aranelle 97
ARCALYST INJ 220MG 120
AREXVY INJ 120MCG 121
ARIKAYCE SUS 22
aripiprazole oral solution 1 mg/ml 72
aripiprazole orally disintegrating tab 10 mg 72
aripiprazole orally disintegrating tab 15 mg 72
aripiprazole tab 10 mg 72
aripiprazole tab 15 mg 72
aripiprazole tab 2 mg 72
aripiprazole tab 20 mg 72
aripiprazole tab 30 mg 72
aripiprazole tab 5 mg 72
ARISTADA INJ 1064MG 73
ARISTADA INJ 441MG/1. 73
ARISTADA INJ 662MG/2 73
ARISTADA INJ 882MG/3 73
ARISTADA INJ INITIO 73
armodafinil tab 150 mg 90
armodafinil tab 200 mg 90
armodafinil tab 250 mg 90
armodafinil tab 50 mg 90
ARNUITY ELPT INH 100MCG 133
ARNUITY ELPT INH 200MCG 133
ARNUITY ELPT INH 50MCG 133
asenapine maleate sl tab 10 mg (base equiv) 73
asenapine maleate sl tab 2.5 mg (base equiv) 73
asenapine maleate sl tab 5 mg (base equiv) 73
ashlyna 97
aspirin-dipyridamole cap er 12hr 25-200 mg 115
ASTAGRAF XL CAP 0.5MG 120
ASTAGRAF XL CAP 1MG 120
ASTAGRAF XL CAP 5MG 120
atazanavir sulfate cap 150 mg (base equiv) 26
atazanavir sulfate cap 200 mg (base equiv) 26
atazanavir sulfate cap 300 mg (base equiv) 26
atenolol & chlorthalidone tab 100-25 mg 58
atenolol & chlorthalidone tab 50-25 mg 58
atenolol tab 100 mg 59
atenolol tab 25 mg 59
atenolol tab 50 mg 59
atomoxetine hcl cap 10 mg (base equiv) 86
atomoxetine hcl cap 100 mg (base equiv) 86
atomoxetine hcl cap 18 mg (base equiv) 86
atomoxetine hcl cap 25 mg (base equiv) 86
atomoxetine hcl cap 40 mg (base equiv) 86
atomoxetine hcl cap 60 mg (base equiv) 86
atomoxetine hcl cap 80 mg (base equiv) 86
atorvastatin calcium tab 10 mg (base equivalent) 57
atorvastatin calcium tab 20 mg (base equivalent) 57
atorvastatin calcium tab 40 mg (base equivalent) 57
atorvastatin calcium tab 80 mg (base equivalent) 57
atovaquone susp 750 mg/5ml 22

atovaquone-proguanil hcl tab 250-100 mg 25
atovaquone-proguanil hcl tab 62.5-25 mg 25
ATROPINE SUL SOL 1% OP 127
atropine sulfate ophth soln 1% 127
ATROVENT HFA AER 17MCG 128
aubra eq 97
AUGTYRO CAP 160MG 40
AUGTYRO CAP 40MG 40
aurovela 1/20 97
aurovela 24 fe 97
aurovela fe 1.5/30 97
aurovela fe 1/20 97
AUSTEDO TAB 12MG 88
AUSTEDO TAB 6MG 88
AUSTEDO TAB 9MG 88
AUSTEDO XR TAB 12MG 88
AUSTEDO XR TAB 18MG 88
AUSTEDO XR TAB 24MG 88
AUSTEDO XR TAB 30MG 88
AUSTEDO XR TAB 36MG 88
AUSTEDO XR TAB 42MG 88
AUSTEDO XR TAB 48MG 89
AUSTEDO XR TAB 6MG 88
AUSTEDO XR TAB TITR KIT 89
AUVELITY TAB 45-105MG 67
AUVELITY TAB TITRATIO 67
aviane 97
AVMAPKI PAK FAKZYNJA 40
ayuna 97
AYVAKIT TAB 100MG 40
AYVAKIT TAB 200MG 40
AYVAKIT TAB 25MG 40
AYVAKIT TAB 300MG 40
AYVAKIT TAB 50MG 40
azacitidine for inj 100 mg 35
azathioprine tab 50 mg 120
azelastine hcl nasal spray 0.1% (137 mcg/spray) 128
azelastine hcl ophth soln 0.05% 127
azithromycin for susp 100 mg/5ml ... 31
azithromycin for susp 200 mg/5ml ... 31
azithromycin iv for soln 500 mg 31
azithromycin tab 250 mg 31
azithromycin tab 500 mg 31
azithromycin tab 600 mg 31
aztreonam for inj 1 gm 22
aztreonam for inj 2 gm 22
azurette 97

B

bacitracin-polymyxin b ophth oint .. 126
bacitracin-polymyxin-neomycin-hc ophth oint 1% 126
baclofen tab 10 mg 90
baclofen tab 20 mg 90
baclofen tab 5 mg 90
BAFIERTAM CAP 95MG 89
balsalazide disodium cap 750 mg ... 109
BALVERSA TAB 3MG 40
BALVERSA TAB 4MG 40
BALVERSA TAB 5MG 40
balziva 97
BAQSIMI ONE POW 3MG/DOSE 104
BAQSIMI TWO POW 3MG/DOSE 104
BARACLUDE SOL 28
BASAGLAR KWP INJ 100/ML 94
BCG VACCINE INJ 50MG 122
benazepril & hydrochlorothiazide tab 10-12.5 mg 52
benazepril & hydrochlorothiazide tab 20-12.5 mg 52
benazepril & hydrochlorothiazide tab 20-25 mg 52
benazepril & hydrochlorothiazide tab 5-6.25mg 52
benazepril hcl tab 10 mg 53
benazepril hcl tab 20 mg 53
benazepril hcl tab 40 mg 53
benazepril hcl tab 5 mg 53
BENDAMUSTINE SOL 100/4ML 34
BENDEKA INJ 100/4ML 34
BENLYSTA INJ 120MG 120
BENLYSTA INJ 200MG/ML 121
BENLYSTA INJ 400MG 121
benzoyl peroxide-erythromycin gel 5-3% 134
benztropine mesylate inj 1 mg/ml 71
benztropine mesylate tab 0.5 mg 71
benztropine mesylate tab 1 mg 71
benztropine mesylate tab 2 mg 71
BERINERT INJ 500UNIT 115
besifloxacin hcl ophth susp 0.6% (base equiv) 126

BESIVANCE SUS 0.6%..... 126
BESREMI PEN INJ 500MCG..... 38
BESREMI SOL 500MCG 38
betaine powder for oral solution..... 104
betamethasone dipropionate augmented cream 0.05%..... 135
betamethasone dipropionate augmented gel 0.05% 135
betamethasone dipropionate augmented lotion 0.05%..... 135
betamethasone dipropionate augmented oint 0.05% 135
betamethasone dipropionate cream 0.05%..... 135
betamethasone dipropionate lotion 0.05%..... 135
betamethasone dipropionate oint 0.05%..... 135
betamethasone valerate cream 0.1% (base equivalent)..... 135
betamethasone valerate lotion 0.1% (base equivalent)..... 135
betamethasone valerate oint 0.1% (base equivalent)..... 135
BETASERON INJ 0.3MG..... 89
betaxolol hcl ophth soln 0.5%..... 127
betaxolol hcl tab 10 mg 59
betaxolol hcl tab 20 mg 59
bethanechol chloride tab 10 mg 112
bethanechol chloride tab 25 mg 112
bethanechol chloride tab 5 mg..... 112
bethanechol chloride tab 50 mg 112
BEVESPI AER 9-4.8MCG..... 128
bexarotene cap 75 mg..... 38
bexarotene gel 1%..... 137
BEXSERO INJ 122
bicalutamide tab 50 mg 36
BICILLIN L-A INJ 1200000 33
BICILLIN L-A INJ 2400000 33
BICILLIN L-A INJ 600000 33
BIKTARVY TAB 30-120-15 MG 27
BIKTARVY TAB 50-200-25 MG 27
BILDYOS INJ 60MG/ML..... 96
BIMZELX INJ 160MG/ML 116
BIMZELX INJ 320MG/2 116
bisoprolol & hydrochlorothiazide tab 10-6.25 mg..... 58
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg..... 58
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 58
bisoprolol fumarate tab 10 mg..... 59
bisoprolol fumarate tab 5 mg 59
BIVIGAM INJ 10% 119
blisovi 24 fe..... 97
blisovi fe 1.5/30 97
blisovi fe 1/20..... 97
BLUJEPA TAB 750MG..... 22
BONSITY INJ 560/2.24 96
BOOSTRIX INJ 122
bortezomib for inj 3.5 mg 40
BORTEZOMIB INJ 1MG 40
BORTEZOMIB INJ 2.5MG 40
bosentan tab 125 mg 64
bosentan tab 62.5 mg 64
bosentan tab for oral susp 32 mg..... 64
BOSULIF CAP 100MG 40
BOSULIF CAP 50MG 40
BOSULIF TAB 100MG 40
BOSULIF TAB 400MG 40
BOSULIF TAB 500MG 41
bosutinib tab 100 mg 41
bosutinib tab 400 mg 41
bosutinib tab 500 mg 41
BRAFTOVI CAP 75MG 41
BREO ELLIPTA INH 100-25..... 133
BREO ELLIPTA INH 200-25..... 133
BREO ELLIPTA INH 50-25MCG 133
breyna 133
BREZTRI AERO AER 18MCG 128
BREZTRI AERO AER 9MCG 128
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 128
briellyn 97
brimonidine tartrate ophth soln 0.2% 127
brinzolamide ophth susp 1% 127
brivaracetam oral soln 10 mg/ml 78
brivaracetam tab 10 mg 78
brivaracetam tab 100 mg 78
brivaracetam tab 25 mg 78
brivaracetam tab 50 mg 78
brivaracetam tab 75 mg 78
BRIVIACT SOL 10MG/ML..... 79

BRIVIACT TAB 100MG 79
BRIVIACT TAB 10MG 79
BRIVIACT TAB 25MG 79
BRIVIACT TAB 50MG 79
BRIVIACT TAB 75MG 79
bromocriptine mesylate cap 5 mg (base equivalent) 71
bromocriptine mesylate tab 2.5 mg (base equivalent) 71
BRUKINSA CAP 80MG 41
BRUKINSA TAB 160MG 41
budesonide delayed release particles cap 3 mg 109
budesonide inhalation susp 0.25 mg/2ml 133
budesonide inhalation susp 0.5 mg/2ml 133
budesonide tab er 24hr 9 mg 109
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 133
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 133
bumetanide inj 0.25 mg/ml 61
bumetanide tab 0.5 mg 61
bumetanide tab 1 mg 61
bumetanide tab 2 mg 61
buprenorphine hcl sl tab 2 mg (base equiv) 90
buprenorphine hcl sl tab 8 mg (base equiv) 90
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 91
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 91
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 91
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 91
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 91
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 91
buprenorphine td patch weekly 10 mcg/hr 20
buprenorphine td patch weekly 15 mcg/hr 20
buprenorphine td patch weekly 20 mcg/hr 20
buprenorphine td patch weekly 5 mcg/hr 20
buprenorphine td patch weekly 7.5 mcg/hr 20
bupropion hcl (smoking deterrent) tab er 12hr 150 mg 91
bupropion hcl tab 100 mg 67
bupropion hcl tab 75 mg 67
bupropion hcl tab er 12hr 100 mg 67
bupropion hcl tab er 12hr 150 mg 67
bupropion hcl tab er 12hr 200 mg 67
bupropion hcl tab er 24hr 150 mg 67
bupropion hcl tab er 24hr 300 mg 67
buspirone hcl tab 10 mg 65
buspirone hcl tab 15 mg 65
buspirone hcl tab 30 mg 65
buspirone hcl tab 5 mg 65
buspirone hcl tab 7.5 mg 65
butorphanol tartrate inj 1 mg/ml 21
butorphanol tartrate inj 2 mg/ml 21
BYSANTI TAB 10MG 73
BYSANTI TAB 12MG 73
BYSANTI TAB 1MG 73
BYSANTI TAB 2MG 73
BYSANTI TAB 4MG 73
BYSANTI TAB 6MG 73
BYSANTI TAB 8MG 73
BYSANTI TAB PACK A 73
BYSANTI TAB PACK B 73
BYSANTI TAB PACK C 73

C

cabergoline tab 0.5 mg 104
CABOMETYX TAB 20MG 41
CABOMETYX TAB 40MG 41
CABOMETYX TAB 60MG 41
calcipotriene cream 0.005% 135
calcipotriene oint 0.005% 135
calcipotriene soln 0.005% (50 mcg/ml) 135
calcitonin (salmon) spray 96
calcitrene 135
calcitriol (oral) 107
calcitriol cap 0.25 mcg 107
calcitriol cap 0.5 mcg 107
CALQUENCE TAB 100MG 41

camila 97
camrese 97
camrese lo 97
candesartan cilexetil tab 16 mg 56
candesartan cilexetil tab 32 mg 56
candesartan cilexetil tab 4 mg 56
candesartan cilexetil tab 8 mg 56
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 54
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 54
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg . 55
CAPLYTA CAP 10.5MG 73
CAPLYTA CAP 21MG 73
CAPLYTA CAP 42MG 73
CAPRELSA TAB 100MG 41
CAPRELSA TAB 300MG 41
captopril & hydrochlorothiazide tab 25-15 mg 52
captopril & hydrochlorothiazide tab 25-25 mg 52
captopril & hydrochlorothiazide tab 50-15 mg 52
captopril & hydrochlorothiazide tab 50-25 mg 52
captopril tab 100 mg 53
captopril tab 12.5 mg 53
captopril tab 25 mg 53
captopril tab 50 mg 53
carb/levo orally disintegrating tab 10-100mg 71
carb/levo orally disintegrating tab 25-100mg 71
carb/levo orally disintegrating tab 25-250mg 71
carbamazepine cap er 12hr 100 mg .. 79
carbamazepine cap er 12hr 200 mg .. 79
carbamazepine cap er 12hr 300 mg .. 79
carbamazepine chew tab 100 mg 79
carbamazepine chew tab 200 mg 79
carbamazepine susp 100 mg/5ml 79
carbamazepine tab 200 mg 79
carbamazepine tab er 12hr 100 mg .. 79
carbamazepine tab er 12hr 200 mg .. 79
carbamazepine tab er 12hr 400 mg .. 79
carbidopa & levodopa tab 10-100 mg 71
carbidopa & levodopa tab 25-100 mg 71
carbidopa & levodopa tab 25-250 mg 71
carbidopa & levodopa tab er 25-100 mg 71
carbidopa & levodopa tab er 50-200 mg 71
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 71
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 71
carbidopa-levodopa-entacapone tabs 25-100-200 mg 71
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 71
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 71
carbidopa-levodopa-entacapone tabs 50-200-200 mg 71
carboplatin iv soln 150 mg/15ml 34
carboplatin iv soln 450 mg/45ml 34
carboplatin iv soln 50 mg/5ml 34
carboplatin iv soln 600 mg/60ml 34
carglumic acid soluble tab 200 mg . 104
carisoprodol tab 350 mg 90
carteolol hcl ophth soln 1% 127
cartia xt 60
carvedilol tab 12.5 mg 59
carvedilol tab 25 mg 59
carvedilol tab 3.125 mg 59
carvedilol tab 6.25 mg 59
caspofungin acetate for iv soln 50 mg 25
caspofungin acetate for iv soln 70 mg 25
CAVHANZA TAB 60MG 41
CAVHANZA TAB 80MG 41
CAYSTON INH 75MG 22
cefaclor cap 250 mg 29
cefaclor cap 500 mg 29
cefadroxil cap 500 mg 29
cefadroxil for susp 250 mg/5ml 29
cefadroxil for susp 500 mg/5ml 29
CEFAZOLIN INJ 1GM/50ML 29
CEFAZOLIN INJ 2GM 30
CEFAZOLIN INJ 3GM 30

cefazolin sodium for inj 1 gm 30
cefazolin sodium for inj 10 gm 30
cefazolin sodium for inj 2 gm 30
cefazolin sodium for inj 3 gm 30
cefazolin sodium for inj 500 mg 30
CEFAZOLIN SOLN 2GM/100ML-4% ... 30
CEFAZOLIN/DEX SOL 1GM/50ML-4% 30
CEFAZOLIN/DEX SOL 2GM/50ML-3% 30
CEFAZOLIN/DEX SOL 3GM/150ML-4% 30
CEFAZOLIN/DEX SOL 3GM/50ML-2% 30
cefdinir cap 300 mg 30
cefdinir for susp 125 mg/5ml 30
cefdinir for susp 250 mg/5ml 30
cefepime hcl for inj 1 gm 30
cefepime hcl for iv soln 2 gm 30
cefixime cap 400 mg 30
cefixime for susp 100 mg/5ml 30
cefixime for susp 200 mg/5ml 30
cefotetan disodium for inj 1 gm 30
cefotetan disodium for inj 2 gm 30
cefoxitin sodium for iv soln 1 gm 30
cefoxitin sodium for iv soln 10 gm 30
cefoxitin sodium for iv soln 2 gm 30
cefpodoxime proxetil for susp 100 mg/5ml 30
cefpodoxime proxetil for susp 50 mg/5ml 30
cefpodoxime proxetil tab 100 mg 30
cefpodoxime proxetil tab 200 mg 30
cefprozil for susp 125 mg/5ml 30
cefprozil for susp 250 mg/5ml 30
cefprozil tab 250 mg 30
cefprozil tab 500 mg 30
ceftaroline fosamil for iv soln 400 mg 30
ceftaroline fosamil for iv soln 600 mg 30
ceftazidime for inj 1 gm 30
ceftazidime for inj 6 gm 30
ceftazidime for iv soln 2 gm 30
ceftriaxone sodium for inj 1 gm 30
ceftriaxone sodium for inj 10 gm 30
ceftriaxone sodium for inj 2 gm 30
ceftriaxone sodium for inj 250 mg 30
ceftriaxone sodium for inj 500 mg 30
ceftriaxone sodium for iv soln 1 gm .. 31
ceftriaxone sodium for iv soln 2 gm .. 31
cefuroxime axetil tab 250 mg 31
cefuroxime axetil tab 500 mg 31
cefuroxime sodium for inj 750 mg 31
cefuroxime sodium for iv soln 1.5 gm 31
celecoxib cap 100 mg 19
celecoxib cap 200 mg 19
celecoxib cap 400 mg 19
celecoxib cap 50 mg 19
cephalexin cap 250 mg 31
cephalexin cap 500 mg 31
cephalexin for susp 125 mg/5ml 31
cephalexin for susp 250 mg/5ml 31
CEQUR EXT WR MIS INSERTER 94
CEQUR SIMPL KIT 1U EXTND 94
CEQUR SIMPL KIT 2U EXTND 94
CEQUR SIMPL KIT PATCH 2U (3-DAY) 94
CEQUR SIMPL KIT PATCH 2U (4-DAY) 94
CEQUR SIMPL MIS INSERTER 94
CERDELGA CAP 84MG 104
CEREZYME INJ 400UNIT 104
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 129
cevimeline hcl cap 30 mg 138
chateal eq 97
CHEMET CAP 100MG 96
chlorhexidine gluconate soln 0.12% 138
chloroquine phosphate tab 250 mg .. 25
chloroquine phosphate tab 500 mg .. 25
chlorpromazine hcl conc 100 mg/ml . 73
chlorpromazine hcl conc 30 mg/ml ... 73
chlorpromazine hcl inj 25 mg/ml 73
chlorpromazine hcl inj 50 mg/2ml 73
chlorpromazine hcl tab 10 mg 73
chlorpromazine hcl tab 100 mg 73
chlorpromazine hcl tab 200 mg 73
chlorpromazine hcl tab 25 mg 73
chlorpromazine hcl tab 50 mg 73
chlorthalidone tab 25 mg 61
chlorthalidone tab 50 mg 61
cholestyramine light powder 4 gm/dose 58
cholestyramine light powder packets 4 gm 58
cholestyramine powder 4 gm/dose ... 58
cholestyramine powder packets 4 gm 58

ciclopirox olamine cream 0.77% (base equiv) 134
ciclopirox olamine susp 0.77% (base equiv) 134
ciclopirox shampoo 1% 134
cilostazol tab 100 mg 115
cilostazol tab 50 mg 115
CILOXAN OIN 0.3% OP 126
CIMDUO TAB 300-300 27
cinacalcet hcl tab 30 mg (base equiv) 104
cinacalcet hcl tab 60 mg (base equiv) 104
cinacalcet hcl tab 90 mg (base equiv) 104
ciprofloxacin 200 mg/100ml in d5w .. 31
ciprofloxacin 400 mg/200ml in d5w .. 31
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 126
ciprofloxacin hcl tab 250 mg (base equiv) 31
ciprofloxacin hcl tab 500 mg (base equiv) 31
ciprofloxacin hcl tab 750 mg (base equiv) 32
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 128
cisplatin inj 100 mg/100ml (1 mg/ml) 34
cisplatin inj 200 mg/200ml (1 mg/ml) 34
cisplatin inj 50 mg/50ml (1 mg/ml) .. 34
citalopram hydrobromide oral soln 10 mg/5ml 67
citalopram hydrobromide tab 10 mg (base equiv) 67
citalopram hydrobromide tab 20 mg (base equiv) 67
citalopram hydrobromide tab 40 mg (base equiv) 67
claravis 134
clarithromycin for susp 125 mg/5ml .. 31
clarithromycin for susp 250 mg/5ml .. 31
clarithromycin tab 250 mg 31
clarithromycin tab 500 mg 31
clarithromycin tab er 24hr 500 mg ... 31
clindamycin hcl cap 150 mg 22
clindamycin hcl cap 300 mg 22
clindamycin hcl cap 75 mg 22
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 22
clindamycin phosphate gel 1% (once-daily) 134
clindamycin phosphate in d5w iv soln 300 mg/50ml 22
clindamycin phosphate in d5w iv soln 600 mg/50ml 22
clindamycin phosphate in d5w iv soln 900 mg/50ml 22
clindamycin phosphate inj 300 mg/2ml 23
clindamycin phosphate inj 600 mg/4ml 23
clindamycin phosphate inj 900 mg/6ml 23
clindamycin phosphate lotion 1% ... 134
clindamycin phosphate soln 1% 134
clindamycin phosphate vaginal cream 2% 113
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 134
CLINDMYC/NAC INJ 300/50ML 23
CLINDMYC/NAC INJ 600/50ML 23
CLINDMYC/NAC INJ 900/50ML 23
CLINIMIX INJ 4.25/D10 125
CLINIMIX INJ 4.25/D5W 125
CLINIMIX INJ 5%/D15W 125
CLINIMIX INJ 5%/D20W 125
CLINIMIX INJ 6/5 125
CLINIMIX INJ 8/10 125
CLINIMIX INJ 8/14 125
clinisol sf 15% 125
CLINOLIPID EMU 20% 125
clobazam suspension 2.5 mg/ml 79
clobazam tab 10 mg 79
clobazam tab 20 mg 79
clobetasol propionate cream 0.05% 135
clobetasol propionate e 135
clobetasol propionate gel 0.05% 136
clobetasol propionate oint 0.05% ... 136
clobetasol propionate shampoo 0.05% 136
clobetasol propionate soln 0.05% .. 136
clodan 136

clomipramine hcl cap 25 mg 67
clomipramine hcl cap 50 mg 67
clomipramine hcl cap 75 mg 67
clonazepam orally disintegrating tab 0.125 mg 79
clonazepam orally disintegrating tab 0.25 mg 79
clonazepam orally disintegrating tab 0.5 mg 79
clonazepam orally disintegrating tab 1 mg 79
clonazepam orally disintegrating tab 2 mg 79
clonazepam tab 0.5 mg 79
clonazepam tab 1 mg 79
clonazepam tab 2 mg 79
clonidine hcl tab 0.1 mg 62
clonidine hcl tab 0.2 mg 62
clonidine hcl tab 0.3 mg 62
clonidine td patch weekly 0.1 mg/24hr 62
clonidine td patch weekly 0.2 mg/24hr 62
clonidine td patch weekly 0.3 mg/24hr 62
clopidogrel bisulfate tab 75 mg (base equiv) 115
clorazepate dipotassium tab 15 mg .. 79
clorazepate dipotassium tab 3.75 mg 79
clorazepate dipotassium tab 7.5 mg . 79
clotrimazole cream 1% 134
clotrimazole soln 1% 134
clotrimazole troche 10 mg 138
clotrimazole w/ betamethasone cream 1-0.05% 134
clozapine orally disintegrating tab 100 mg 74
clozapine orally disintegrating tab 12.5 mg 73
clozapine orally disintegrating tab 150 mg 74
clozapine orally disintegrating tab 200 mg 74
clozapine orally disintegrating tab 25 mg 74
clozapine tab 100 mg 74
clozapine tab 200 mg 74
clozapine tab 25 mg 74
clozapine tab 50 mg 74
COARTEM TAB 20-120MG 25
COBENFY CAP 100-20MG 74
COBENFY CAP 125-30MG 74
COBENFY CAP 50-20MG 74
COBENFY STRT CAP PACK 74
colchicine tab 0.6 mg 19
colchicine w/ probenecid tab 0.5-500 mg 19
colesevelam hcl packet for susp 3.75 gm 58
colesevelam hcl tab 625 mg 58
colestipol hcl granule packets 5 gm .. 58
colestipol hcl granules 5 gm 58
colestipol hcl tab 1 gm 58
colistimethate sod for inj 150 mg (colistin base activity) 23
COMBIGAN SOL 0.2/0.5% 127
COMBIVENT AER 20-100 128
COMETRIQ (60MG DOSE) 41
COMETRIQ KIT 100MG 41
COMETRIQ KIT 140MG 41
compro 108
constulose 110
COPAXONE INJ 20MG/ML 89
COPAXONE INJ 40MG/ML 89
COPIKTRA CAP 15MG 41
COPIKTRA CAP 25MG 41
CORLANOR SOL 5MG/5ML 62
COTELLIC TAB 20MG 41
CREON CAP 12000UNT 110
CREON CAP 24000UNT 110
CREON CAP 3000UNIT 110
CREON CAP 36000UNT 110
CREON CAP 6000UNIT 110
CRESEMBA CAP 186MG 25
CRESEMBA CAP 74.5MG 25
cromolyn sodium ophth soln 4% 127
cromolyn sodium oral conc 100 mg/5ml 110
cromolyn sodium soln nebu 20 mg/2ml 130
cryselle 97
cyclobenzaprine hcl tab 10 mg 90
cyclobenzaprine hcl tab 5 mg 90
CYCLOPHOSPH INJ 1000MG 34

CYCLOPHOSPH INJ 1GM/2ML.....34
CYCLOPHOSPH INJ 1GM/5ML.....34
CYCLOPHOSPH INJ 2000MG 34
CYCLOPHOSPH INJ 2GM/4ML.....34
CYCLOPHOSPH INJ 500/5ML.....34
CYCLOPHOSPH INJ 500MG/ML.....34
CYCLOPHOSPH TAB 25MG.....34
CYCLOPHOSPH TAB 50MG.....34
CYCLOPHOSPHA INJ 2GM/10ML.....34
CYCLOPHOSPHA INJ 500/2.5.....34
cyclophosphamide cap 25 mg.....34
cyclophosphamide cap 50 mg.....34
cyclophosphamide for inj 1 gm.....34
cyclophosphamide for inj 2 gm.....34
cyclophosphamide for inj 500 mg.....34
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml).....34
cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml).....34
cycloserine cap 250 mg.....28
cyclosporine cap 100 mg.....121
cyclosporine cap 25 mg.....121
cyclosporine modified cap 100 mg..121
cyclosporine modified cap 25 mg...121
cyclosporine modified cap 50 mg...121
cyclosporine modified oral soln 100 mg/ml.....121
*cyproheptadine hcl syrup 2 mg/5ml*129
cyproheptadine hcl tab 4 mg.....129
cyred eq.....97
CYSTADROPS SOL 0.37%.....127
CYSTAGON CAP 150MG.....104
CYSTAGON CAP 50MG.....104
CYSTARAN SOL 0.44%.....128
cytarabine inj 20 mg/ml.....35

D

D10W/NACL INJ 0.2%.....123
D10W/NACL INJ 0.45%.....123
D2.5W/NACL INJ 0.45%.....123
D5W/NACL INJ 0.2%.....123
D5W/NACL INJ 0.45%.....123
dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....113
dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....113
dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....113
dalfampridine tab er 12hr 10 mg.....89
danazol cap 100 mg.....91
danazol cap 200 mg.....91
danazol cap 50 mg.....91
dantrolene sodium cap 100 mg.....90
dantrolene sodium cap 25 mg.....90
dantrolene sodium cap 50 mg.....90
DANZITEN TAB 71MG.....41
DANZITEN TAB 95MG.....41
dapagliflozin tab 10 mg.....92
dapagliflozin tab 5 mg.....92
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg.....92
dapagliflozin-metformin hcl tab er 24hr 10-500 mg.....92
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg.....92
dapagliflozin-metformin hcl tab er 24hr 5-500 mg.....92
dapsone tab 100 mg.....23
dapsone tab 25 mg.....23
DAPTACEL INJ..... 122
daptomycin for iv soln 350 mg.....23
daptomycin for iv soln 500 mg.....23
DAPTOMYCIN INJ 350MG.....23
darunavir tab 600 mg.....26
darunavir tab 800 mg.....26
dasatinib tab 100 mg.....42
dasatinib tab 140 mg.....42
dasatinib tab 20 mg.....42
dasatinib tab 50 mg.....42
dasatinib tab 70 mg.....42
dasatinib tab 80 mg.....42
dasetta 1/35.....97
dasetta 7/7/7.....98
DAURISMO TAB 100MG.....42
DAURISMO TAB 25MG.....42
daysee.....98
DAYVIGO TAB 10MG.....86
DAYVIGO TAB 5MG.....86
deblitane.....98
deferasirox tab 180 mg.....97
deferasirox tab 360 mg.....97
deferasirox tab 90 mg.....96
deferasirox tab for oral susp 125 mg 97
deferasirox tab for oral susp 250 mg 97
deferasirox tab for oral susp 500 mg 97

DELSTRIGO TAB 27
DEPO-SQ PROV INJ 104 98
depo-testosterone 91
DESCOVY TAB 120-15MG 27
DESCOVY TAB 200/25MG 27
desipramine hcl tab 10 mg 67
desipramine hcl tab 100 mg 68
desipramine hcl tab 150 mg 68
desipramine hcl tab 25 mg 67
desipramine hcl tab 50 mg 67
desipramine hcl tab 75 mg 68
desmopressin acetate inj 4 mcg/ml 104
desmopressin acetate nasal spray soln 0.01% 104
desmopressin acetate nasal spray soln 0.01% (refrigerated) 104
desmopressin acetate preservative free (pf) inj 4 mcg/ml 104
desmopressin acetate tab 0.1 mg ... 105
desmopressin acetate tab 0.2 mg ... 105
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 98
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 68
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 68
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 68
DEXAMETHASON CON 1MG/ML 102
dexamethasone elixir 0.5 mg/5ml .. 102
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf) 102
dexamethasone sod phosphate preservative free inj 10 mg/ml 102
dexamethasone sodium phosphate inj 10 mg/ml 102
dexamethasone sodium phosphate inj 100 mg/10ml 103
dexamethasone sodium phosphate inj 120 mg/30ml 103
dexamethasone sodium phosphate inj 20 mg/5ml 102
dexamethasone sodium phosphate inj 4 mg/ml 102
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml 103
dexamethasone sodium phosphate ophth soln 0.1% 127
dexamethasone soln 0.5 mg/5ml ... 103
dexamethasone tab 0.5 mg 103
dexamethasone tab 0.75 mg 103
dexamethasone tab 1 mg 103
dexamethasone tab 1.5 mg 103
dexamethasone tab 2 mg 103
dexamethasone tab 4 mg 103
dexamethasone tab 6 mg 103
dexmethylphenidate hcl tab 10 mg .. 86
dexmethylphenidate hcl tab 2.5 mg . 86
dexmethylphenidate hcl tab 5 mg 86
dextromethorphan hbr-quinidine sulfate cap 20-10 mg 89
dextrose 2.5% w/ sodium chloride 0.45% 123
dextrose 5% in lactated ringers 123
dextrose 5% w/ sodium chloride 0.225% 123
dextrose 5% w/ sodium chloride 0.3% 123
dextrose 5% w/ sodium chloride 0.45% 123
dextrose 5% w/ sodium chloride 0.9% 123
dextrose inj 10% 125
DEXTROSE INJ 10% 125
dextrose inj 5% 125
dextrose inj 50% 125
DEXTROSE INJ 70% 125
DIACOMIT CAP 250MG 79
DIACOMIT CAP 500MG 80
DIACOMIT PAK 250MG 80
DIACOMIT PAK 500MG 80
diazepam inj 80
diazepam intensol 80
diazepam oral soln 1 mg/ml 80
diazepam rectal gel delivery system 10 mg 80
diazepam rectal gel delivery system 2.5 mg 80
diazepam rectal gel delivery system 20 mg 80
diazepam tab 10 mg 80
diazepam tab 2 mg 80
diazepam tab 5 mg 80

diazoxide susp 50 mg/ml 104
diclofenac potassium tab 50 mg 19
diclofenac sodium ophth soln 0.1% 127
diclofenac sodium soln 1.5% 137
diclofenac sodium tab delayed release 25 mg 19
diclofenac sodium tab delayed release 50 mg 19
diclofenac sodium tab delayed release 75 mg 19
diclofenac sodium tab er 24hr 100 mg 19
dicloxacillin sodium cap 250 mg 33
dicloxacillin sodium cap 500 mg 33
dicyclomine hcl cap 10 mg 109
dicyclomine hcl oral soln 10 mg/5ml 109
dicyclomine hcl tab 20 mg 109
DIFICID SUS 31
diflunisal tab 500 mg 19
difluprednate ophth emulsion 0.05% 127
digoxin inj 0.25 mg/ml 62
digoxin oral soln 0.05 mg/ml 62
digoxin tab 125 mcg (0.125 mg) 62
digoxin tab 250 mcg (0.25 mg) 62
dihydroergotamine mesylate nasal spray 4 mg/ml 87
DILANTIN CAP 30MG 80
diltiazem hcl cap er 12hr 120 mg 60
diltiazem hcl cap er 12hr 60 mg 60
diltiazem hcl cap er 12hr 90 mg 60
diltiazem hcl cap er 24hr 120 mg 60
diltiazem hcl cap er 24hr 180 mg 60
diltiazem hcl cap er 24hr 240 mg 60
diltiazem hcl coated beads cap er 24hr 120 mg 60
diltiazem hcl coated beads cap er 24hr 180 mg 60
diltiazem hcl coated beads cap er 24hr 240 mg 60
diltiazem hcl coated beads cap er 24hr 300 mg 60
diltiazem hcl coated beads cap er 24hr 360 mg 60
diltiazem hcl extended release beads cap er 24hr 120 mg 60
diltiazem hcl extended release beads cap er 24hr 180 mg 60
diltiazem hcl extended release beads cap er 24hr 240 mg 60
diltiazem hcl extended release beads cap er 24hr 300 mg 60
diltiazem hcl extended release beads cap er 24hr 360 mg 60
diltiazem hcl extended release beads cap er 24hr 420 mg 60
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 60
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) 60
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 60
diltiazem hcl tab 120 mg 60
diltiazem hcl tab 30 mg 60
diltiazem hcl tab 60 mg 60
diltiazem hcl tab 90 mg 60
dilt-xr 60
diphenhydramine hcl inj 50 mg/ml . 129
diphenoxylate w/ atropine tab 2.5-0.025 mg 110
dipyridamole tab 25 mg 115
dipyridamole tab 50 mg 115
dipyridamole tab 75 mg 115
disopyramide phosphate cap 100 mg 56
disopyramide phosphate cap 150 mg 56
disulfiram tab 250 mg 91
disulfiram tab 500 mg 91
divalproex sodium cap delayed release sprinkle 125 mg 80
divalproex sodium tab delayed release 125 mg 80
divalproex sodium tab delayed release 250 mg 80
divalproex sodium tab delayed release 500 mg 80
divalproex sodium tab er 24 hr 250 mg 80
divalproex sodium tab er 24 hr 500 mg 80
docetaxel for inj conc 160 mg/8ml (20 mg/ml) 39
docetaxel for inj conc 20 mg/ml 39

docetaxel for inj conc 80 mg/4ml (20 mg/ml) 39
DOCETAXEL INJ 160/16ML 39
DOCETAXEL INJ 160/8ML 39
DOCETAXEL INJ 20MG/2ML 39
DOCETAXEL INJ 80MG/4ML 39
DOCETAXEL INJ 80MG/8ML 39
docetaxel soln for iv infusion 160 mg/16ml 39
docetaxel soln for iv infusion 20 mg/2ml 39
docetaxel soln for iv infusion 80 mg/8ml 39
DOCIVYX INJ 160/16ML 39
DOCIVYX INJ 20MG/2ML 39
DOCIVYX INJ 80MG/8ML 39
dofetilide cap 125 mcg (0.125 mg) ... 56
dofetilide cap 250 mcg (0.25 mg) 56
dofetilide cap 500 mcg (0.5 mg) 56
dolishale 98
donepezil hydrochloride orally disintegrating tab 10 mg 66
donepezil hydrochloride orally disintegrating tab 5 mg 66
donepezil hydrochloride tab 10 mg ... 66
donepezil hydrochloride tab 5 mg 66
DOPTELET SPR CAP 10MG 115
DOPTELET TAB 20MG 115
dorzolamide hcl ophth soln 2% 127
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 127
dotti 102
DOVATO TAB 50-300MG 27
doxazosin mesylate tab 1 mg 54
doxazosin mesylate tab 2 mg 54
doxazosin mesylate tab 4 mg 54
doxazosin mesylate tab 8 mg 54
doxepin hcl (sleep) tab 3 mg (base equiv) 86
doxepin hcl (sleep) tab 6 mg (base equiv) 86
doxepin hcl cap 10 mg 68
doxepin hcl cap 100 mg 68
doxepin hcl cap 150 mg 68
doxepin hcl cap 25 mg 68
doxepin hcl cap 50 mg 68
doxepin hcl cap 75 mg 68
doxepin hcl conc 10 mg/ml 68
doxorubicin hcl inj 2 mg/ml 38
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml 38
doxy 100 33
doxycycline hyclate cap 100 mg 33
doxycycline hyclate cap 50 mg 33
doxycycline hyclate for inj 100 mg ... 33
doxycycline hyclate tab 100 mg 33
doxycycline hyclate tab 20 mg 33
doxycycline monohydrate cap 100 mg 33
doxycycline monohydrate cap 50 mg 33
doxycycline monohydrate for susp 25 mg/5ml 34
doxycycline monohydrate tab 100 mg 34
doxycycline monohydrate tab 50 mg 34
doxycycline monohydrate tab 75 mg 34
DRIZALMA CAP 20MG DR 68
DRIZALMA CAP 30MG DR 68
DRIZALMA CAP 40MG DR 68
DRIZALMA CAP 60MG DR 68
dronabinol cap 10 mg 108
dronabinol cap 2.5 mg 108
dronabinol cap 5 mg 108
drospirenone-ethinyl estradiol tab 3-0.02 mg 98
drospirenone-ethinyl estradiol tab 3-0.03 mg 98
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 98
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 98
DROXIA CAP 200MG 115
DROXIA CAP 300MG 115
DROXIA CAP 400MG 115
droxidopa cap 100 mg 62
droxidopa cap 200 mg 62
droxidopa cap 300 mg 62
DULERA AER 100-5MCG 133
DULERA AER 200-5MCG 133
DULERA AER 50-5MCG 133
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 68
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 68

duloxetine hcl enteric coated pellets cap 60 mg (base eq) 68
DUPIXENT INJ 200/1.14 116
DUPIXENT INJ 200MG 116
DUPIXENT INJ 300/2ML 116
dutasteride cap 0.5 mg 112
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 112

E

e.e.s. 400 31
EBGLYSS INJ 250/2ML 116
econazole nitrate cream 1% 134
EDURANT PED TAB 2.5MG 26
EDURANT TAB 25MG 26
efavirenz tab 600 mg 26
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 27
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 27
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 27
ELIGARD INJ 22.5MG 36
ELIGARD INJ 30MG 36
ELIGARD INJ 45MG 36
ELIGARD INJ 7.5MG 36
elinest 98
ELIQUIS (1.5MG PACK) 3 X 113
ELIQUIS (2MG PACK) 4 X 113
ELIQUIS CAP 0.15MG 113
ELIQUIS ST P TAB 5MG 113
ELIQUIS TAB 0.5MG 113
ELIQUIS TAB 2.5MG 113
ELIQUIS TAB 5MG 113
eluryng 98
EMGALITY INJ 100MG/ML 87
EMGALITY INJ 120MG/ML 87
EMSAM DIS 12MG/24H 68
EMSAM DIS 6MG/24HR 68
EMSAM DIS 9MG/24HR 68
emtricitabine caps 200 mg 26
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 27
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 27
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 27
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 27
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 27
EMTRIVA SOL 10MG/ML 26
EMVERM CHW 100MG 23
emzahh 98
enalapril maleate & hydrochlorothiazide tab 10-25 mg 52
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 52
enalapril maleate tab 10 mg 53
enalapril maleate tab 2.5 mg 53
enalapril maleate tab 20 mg 53
enalapril maleate tab 5 mg 53
ENBREL INJ 25/0.5ML 116
ENBREL INJ 25MG 116
ENBREL INJ 50MG/ML 116
ENBREL MINI INJ 50MG/ML 116
ENBREL SRCLK INJ 50MG/ML 116
endocet tab 10-325mg 21
endocet tab 2.5-325mg 21
endocet tab 5-325mg 21
endocet tab 7.5-325mg 21
ENGERIX-B INJ 10/0.5ML 122
ENGERIX-B INJ 20MCG/ML 122
enilloring 98
enoxaparin sodium inj 300 mg/3ml 113
enoxaparin sodium inj soln pref syr 100 mg/ml 113
enoxaparin sodium inj soln pref syr 120 mg/0.8ml 113
enoxaparin sodium inj soln pref syr 150 mg/ml 113
enoxaparin sodium inj soln pref syr 30 mg/0.3ml 113
enoxaparin sodium inj soln pref syr 40 mg/0.4ml 113
enoxaparin sodium inj soln pref syr 60 mg/0.6ml 113
enoxaparin sodium inj soln pref syr 80 mg/0.8ml 113
ENSACOVE CAP 100MG 42
ENSACOVE CAP 25MG 42
enskyce 98
ENSTILAR AER 135
entacapone tab 200 mg 71

entecavir tab 0.5 mg 28
entecavir tab 1 mg 28
ENTRESTO CAP 15-16MG 55
ENTRESTO CAP 6-6MG 55
enulose 110
EPCLUSA PAK 150-37.5 28
EPCLUSA PAK 200-50MG 28
EPCLUSA TAB 200-50MG 29
EPCLUSA TAB 400-100 29
EPIDIOLEX SOL 100MG/ML 80
epinephrine inj 1 mg/ml 62
epinephrine pf inj 1 mg/ml 63
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 131
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 131
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 130
eplerenone tab 25 mg 54
eplerenone tab 50 mg 54
ergotamine w/ caffeine tab 1-100 mg 88
ERIVEDGE CAP 150MG 42
ERLEADA TAB 240MG 36
ERLEADA TAB 60MG 36
erlotinib hcl tab 100 mg (base equivalent) 42
erlotinib hcl tab 150 mg (base equivalent) 42
erlotinib hcl tab 25 mg (base equivalent) 42
errin 98
ertapenem sodium for inj 1 gm (base equivalent) 23
ery 134
ERYTHROCIN INJ 500MG 31
erythromycin ethylsuccinate tab 400 mg 31
erythromycin gel 2% 134
erythromycin lactobionate for inj 500 mg 31
erythromycin ophth oint 5 mg/gm .. 126
erythromycin soln 2% 134
erythromycin tab 250 mg 31
erythromycin tab 500 mg 31
erythromycin tab delayed release 250 mg 31
erythromycin tab delayed release 333 mg 31
erythromycin tab delayed release 500 mg 31
erythromycin w/ delayed release particles cap 250 mg 31
ERZOFRI INJ 117/0.75 74
ERZOFRI INJ 156MG/ML 74
ERZOFRI INJ 234/1.5 74
ERZOFRI INJ 351/2.25 74
ERZOFRI INJ 39/0.25 74
ERZOFRI INJ 78/0.5ML 74
escitalopram oxalate soln 5 mg/5ml (base equiv) 68
escitalopram oxalate tab 10 mg (base equiv) 68
escitalopram oxalate tab 20 mg (base equiv) 69
escitalopram oxalate tab 5 mg (base equiv) 68
eslicarbazepine acetate tab 200 mg . 80
eslicarbazepine acetate tab 400 mg . 80
eslicarbazepine acetate tab 600 mg . 80
eslicarbazepine acetate tab 800 mg . 80
esomeprazole magnesium cap delayed release 20 mg (base eq) 111
esomeprazole magnesium cap delayed release 40 mg (base eq) 111
esomeprazole magnesium for delayed release susp pack 2.5 mg 111
esomeprazole magnesium for delayed release susp packet 10 mg 111
esomeprazole magnesium for delayed release susp packet 20 mg 111
esomeprazole magnesium for delayed release susp packet 40 mg 111
esomeprazole magnesium for delayed release susp packet 5 mg 111
estarylla 98
estradiol & norethindrone acetate tab 0.5-0.1 mg 102
estradiol & norethindrone acetate tab 1-0.5 mg 102
estradiol tab 0.5 mg 102
estradiol tab 1 mg 102
estradiol tab 2 mg 102

estradiol td patch twice weekly 0.025 mg/24hr 102
estradiol td patch twice weekly 0.0375 mg/24hr 102
estradiol td patch twice weekly 0.05 mg/24hr 102
estradiol td patch twice weekly 0.075 mg/24hr 102
estradiol td patch twice weekly 0.1 mg/24hr 102
estradiol td patch weekly 0.025 mg/24hr 102
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 102
estradiol td patch weekly 0.05 mg/24hr 102
estradiol td patch weekly 0.06 mg/24hr 102
estradiol td patch weekly 0.075 mg/24hr 102
estradiol td patch weekly 0.1 mg/24hr 102
estradiol vaginal cream 0.01%..... 102
estradiol vaginal tab 10 mcg..... 102
estradiol valerate im in oil 10 mg/ml 102
estradiol valerate im in oil 20 mg/ml 102
estradiol valerate im in oil 40 mg/ml 102
eszopiclone tab 1 mg.....86
eszopiclone tab 2 mg.....87
eszopiclone tab 3 mg.....87
ethambutol hcl tab 100 mg 28
ethambutol hcl tab 400 mg 28
ethosuximide cap 250 mg 80
ethosuximide soln 250 mg/5ml.....81
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 98
etodolac cap 200 mg 19
etodolac cap 300 mg 19
etodolac tab 400 mg 19
etodolac tab 500 mg 19
etodolac tab er 24hr 400 mg 19
etodolac tab er 24hr 500 mg 19
etodolac tab er 24hr 600 mg 19
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 98
etoposide inj 1 gm/50ml (20 mg/ml) 39
etoposide inj 100 mg/5ml (20 mg/ml) 39
etoposide inj 500 mg/25ml (20 mg/ml) 39
etravirine tab 100 mg 26
etravirine tab 200 mg 26
EUCRISA OIN 2% 137
EULEXIN CAP 125MG 36
everolimus tab 0.25 mg..... 121
everolimus tab 0.5 mg 121
everolimus tab 0.75 mg..... 121
everolimus tab 1 mg 121
everolimus tab 10 mg 42
everolimus tab 2.5 mg 42
everolimus tab 5 mg 42
everolimus tab 7.5 mg 42
everolimus tab for oral susp 2 mg....42
everolimus tab for oral susp 3 mg....42
everolimus tab for oral susp 5 mg....42
EVOTAZ TAB 300-150 28
exemestane tab 25 mg.....36
EXXUA TAB 18.2MG 69
EXXUA TAB 36.3MG 69
EXXUA TAB 54.5MG 69
EXXUA TAB 72.6MG 69
EXXUA TITRAT TAB 18.2MG 69
EYSUVIS DRO 0.25% 128
ezetimibe tab 10 mg 58
ezetimibe-simvastatin tab 10-10 mg 58
ezetimibe-simvastatin tab 10-20 mg 58
ezetimibe-simvastatin tab 10-40 mg 58
ezetimibe-simvastatin tab 10-80 mg 58

F

FABRAZYME INJ 35MG..... 105
FABRAZYME INJ 5MG 105
falmina 98
famciclovir tab 125 mg.....29
famciclovir tab 250 mg.....29
famciclovir tab 500 mg.....29
famotidine for susp 40 mg/5ml..... 109
famotidine in nacl 0.9% iv soln 20 mg/50ml 109
famotidine inj 200 mg/20ml..... 109
famotidine inj 40 mg/4ml 109

famotidine preservative free inj 20 mg/2ml 109
famotidine tab 20 mg 109
famotidine tab 40 mg 109
FANAPT PAK PACK A..... 74
FANAPT PAK PACK B..... 74
FANAPT PAK PACK C..... 74
FANAPT TAB 10MG..... 74
FANAPT TAB 12MG..... 74
FANAPT TAB 1MG..... 74
FANAPT TAB 2MG..... 74
FANAPT TAB 4MG..... 74
FANAPT TAB 6MG..... 74
FANAPT TAB 8MG..... 74
FARXIGA TAB 10MG 92
FARXIGA TAB 5MG 92
FASENRA INJ 10MG/0.5 131
FASENRA INJ 30MG/ML..... 131
FASENRA PEN INJ 30MG/ML 131
feirza 1.5/30 98
feirza 1/20..... 98
felbamate susp 600 mg/5ml..... 81
felbamate tab 400 mg 81
felbamate tab 600 mg 81
felodipine tab er 24hr 10 mg 61
felodipine tab er 24hr 2.5 mg 61
felodipine tab er 24hr 5 mg 61
fenofibrate micronized cap 134 mg...57
fenofibrate micronized cap 200 mg...57
fenofibrate micronized cap 67 mg 57
fenofibrate tab 145 mg 57
fenofibrate tab 160 mg 57
fenofibrate tab 48 mg..... 57
fenofibrate tab 54 mg..... 57
fentanyl td patch 72hr 100 mcg/hr...20
fentanyl td patch 72hr 12 mcg/hr.....20
fentanyl td patch 72hr 25 mcg/hr.....20
fentanyl td patch 72hr 37.5 mcg/hr..20
fentanyl td patch 72hr 50 mcg/hr.....20
fentanyl td patch 72hr 62.5 mcg/hr..20
fentanyl td patch 72hr 75 mcg/hr.....20
fentanyl td patch 72hr 87.5 mcg/hr..20
fesoterodine fumarate tab er 24hr 4 mg..... 112
fesoterodine fumarate tab er 24hr 8 mg..... 112
FETZIMA CAP 120MG..... 69
FETZIMA CAP 20MG 69
FETZIMA CAP 40MG 69
FETZIMA CAP 80MG 69
FETZIMA CAP TITRATIO..... 69
FIASP FLEX INJ TOUCH..... 94
FIASP INJ 100/ML..... 94
FIASP PENFIL INJ U-100 94
FIASP PMPCRT INJ U-100 94
fidaxomicin tab 200 mg 31
finasteride tab 5 mg..... 112
fingolimod hcl cap 0.5 mg (base equiv) 89
FINTEPLA SOL 2.2MG/ML..... 81
finzala..... 98
FIRMAGON INJ 120MG 36
FIRMAGON INJ 80MG 36
flac..... 128
FLEBOGAMMA INJ 10/200ML 119
FLEBOGAMMA INJ 20/400ML 119
FLEBOGAMMA INJ DIF 5% 119
flecainide acetate tab 100 mg 56
flecainide acetate tab 150 mg 56
flecainide acetate tab 50 mg 56
fluconazole for susp 10 mg/ml..... 25
fluconazole for susp 40 mg/ml..... 25
fluconazole in nacl 0.9% inj 200 mg/100ml..... 25
fluconazole in nacl 0.9% inj 400 mg/200ml..... 25
fluconazole tab 100 mg 25
fluconazole tab 150 mg 25
fluconazole tab 200 mg 25
fluconazole tab 50 mg 25
flucytosine cap 250 mg 25
flucytosine cap 500 mg 25
fludrocortisone acetate tab 0.1 mg. 103
flunisolide nasal soln 25 mcg/act (0.025%) 133
fluocinolone acetonide (otic) oil 0.01% 128
fluocinolone acetonide cream 0.01% 136
fluocinolone acetonide cream 0.025% 136
fluocinolone acetonide oil 0.01% (body oil) 136

fluocinolone acetonide oil 0.01% (scalp oil) 136
fluocinolone acetonide oint 0.025% 136
fluocinolone acetonide soln 0.01% . 136
fluocinonide cream 0.05% 136
fluocinonide cream 0.1% 136
fluocinonide emulsified base cream 0.05% 136
fluocinonide gel 0.05% 136
fluocinonide oint 0.05% 136
fluocinonide soln 0.05% 136
fluorometholone ophth susp 0.1% .. 127
fluorouracil cream 5% 137
fluorouracil iv soln 1 gm/20ml (50 mg/ml) 35
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) 35
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 35
fluorouracil iv soln 500 mg/10ml (50 mg/ml) 35
fluorouracil soln 2% 137
fluorouracil soln 5% 137
fluoxetine hcl cap 10 mg 69
fluoxetine hcl cap 20 mg 69
fluoxetine hcl cap 40 mg 69
fluoxetine hcl solution 20 mg/5ml 69
fluphenazine decanoate inj 25 mg/ml 74
fluphenazine hcl elixir 2.5 mg/5ml 74
fluphenazine hcl inj 2.5 mg/ml 74
fluphenazine hcl oral conc 5 mg/ml .. 75
fluphenazine hcl tab 1 mg 75
fluphenazine hcl tab 10 mg 75
fluphenazine hcl tab 2.5 mg 75
fluphenazine hcl tab 5 mg 75
flurbiprofen sodium ophth soln 0.03% 127
flurbiprofen tab 100 mg 19
fluticasone propionate cream 0.05% 136
fluticasone propionate hfa inhal aer 110 mcg/act 133
fluticasone propionate hfa inhal aer 220 mcg/act 133
fluticasone propionate hfa inhal aero 44 mcg/act 133
fluticasone propionate nasal susp 50 mcg/act 133
fluticasone propionate oint 0.005% 136
fluticasone-salmeterol aer powder ba 100-50 mcg/act 133
fluticasone-salmeterol aer powder ba 250-50 mcg/act 133
fluticasone-salmeterol aer powder ba 500-50 mcg/act 133
fluvoxamine maleate tab 100 mg 65
fluvoxamine maleate tab 25 mg 65
fluvoxamine maleate tab 50 mg 65
fondaparinux sodium subcutaneous inj 10 mg/0.8ml 114
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 113
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 113
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 113
fosamprenavir calcium tab 700 mg (base equiv) 26
fosfomycin tromethamine powd pack 3 gm (base equivalent) 23
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 53
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 53
fosinopril sodium tab 10 mg 53
fosinopril sodium tab 20 mg 53
fosinopril sodium tab 40 mg 53
FOTIVDA CAP 0.89MG 42
FOTIVDA CAP 1.34MG 42
FRINDOVYX INJ 1GM/2ML 34
FRINDOVYX INJ 2GM/4ML 35
FRINDOVYX INJ 500MG/ML 35
FRUZAQLA CAP 1MG 43
FRUZAQLA CAP 5MG 43
FULPHILA INJ 6/0.6ML 114
fulvestrant inj soln pref syr 250 mg/5ml 36
furosemide inj 61
furosemide oral soln 10 mg/ml 62
furosemide oral soln 8 mg/ml 61
furosemide tab 20 mg 62
furosemide tab 40 mg 62
furosemide tab 80 mg 62

fyavolv tab 0.5mg-2.5mcg 102
fyavolv tab 1mg-5mcg 102
FYCOMPA SUS 0.5MG/ML 81
FYCOMPA TAB 10MG 81
FYCOMPA TAB 12MG 81
FYCOMPA TAB 2MG 81
FYCOMPA TAB 4MG 81
FYCOMPA TAB 6MG 81
FYCOMPA TAB 8MG 81
G
gabapentin cap 100 mg 81
gabapentin cap 300 mg 81
gabapentin cap 400 mg 81
gabapentin oral soln 250 mg/5ml 81
gabapentin tab 600 mg 81
gabapentin tab 800 mg 81
galantamine hydrobromide cap er 24hr 16 mg 66
galantamine hydrobromide cap er 24hr 24 mg 66
galantamine hydrobromide cap er 24hr 8 mg 66
galantamine hydrobromide oral soln 4 mg/ml 66
galantamine hydrobromide tab 12 mg 66
galantamine hydrobromide tab 4 mg 66
galantamine hydrobromide tab 8 mg 66
galbriela 98
gallifrey 106
GAMASTAN INJ 119
GAMMAGARD INJ 10GM/100 119
GAMMAGARD INJ 1GM/10ML 119
GAMMAGARD INJ 2.5GM/25 119
GAMMAGARD INJ 20GM/200 119
GAMMAGARD INJ 30GM/300 119
GAMMAGARD INJ 5GM/50ML 119
GAMMAGARD SD INJ 10GM HU 120
GAMMAGARD SD INJ 5GM HU 119
GAMMAKED INJ 10GM/100 120
GAMMAKED INJ 1GM/10ML 120
GAMMAKED INJ 20GM/200 120
GAMMAKED INJ 5GM/50ML 120
GAMMAPLEX INJ 10% 120
GAMMAPLEX INJ 5% 120
GAMMGD ERC INJ 10/100ML 120
GAMMGD ERC INJ 5GM/50ML 120
GAMUNEX-C INJ 10GM/100 120
GAMUNEX-C INJ 1GM/10ML 120
GAMUNEX-C INJ 2.5GM/25 120
GAMUNEX-C INJ 20GM/200 120
GAMUNEX-C INJ 40/400ML 120
GAMUNEX-C INJ 5GM/50ML 120
ganciclovir sodium for inj 500 mg 29
GARDASIL 9 INJ 122
gatifloxacin ophth soln 0.5% 126
GATTEX KIT 5MG 110
GAUZE PADS 2 94
gavilyte-c 110
gavilyte-g 110
gavilyte-n/flavor pack 110
GAVRETO CAP 100MG 43
gefitinib tab 250 mg 43
gemcitabine hcl for inj 1 gm 35
gemcitabine hcl for inj 2 gm 35
gemcitabine hcl for inj 200 mg 35
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv) 35
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv) 35
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv) 35
gemfibrozil tab 600 mg 57
GEMTESA TAB 75MG 112
generlac 110
gengraf 121
GENOTROPIN INJ 0.2MG 105
GENOTROPIN INJ 0.4MG 105
GENOTROPIN INJ 0.6MG 105
GENOTROPIN INJ 0.8MG 105
GENOTROPIN INJ 1.2MG 105
GENOTROPIN INJ 1.4MG 105
GENOTROPIN INJ 1.6MG 105
GENOTROPIN INJ 1.8MG 105
GENOTROPIN INJ 12MG 105
GENOTROPIN INJ 1MG 105
GENOTROPIN INJ 2MG 105
GENOTROPIN INJ 5MG 105
gentamicin in saline inj 0.8 mg/ml 23
gentamicin in saline inj 1 mg/ml 23
gentamicin in saline inj 1.2 mg/ml 23
gentamicin in saline inj 1.6 mg/ml 23
gentamicin in saline inj 2 mg/ml 23
gentamicin sulfate cream 0.1% 134

gentamicin sulfate inj 10 mg/ml.....23
gentamicin sulfate inj 40 mg/ml.....23
gentamicin sulfate oint 0.1%.....134
*gentamicin sulfate ophth soln 0.3%*126
GENVOYA TAB.....28
GILOTRIF TAB 20MG 43
GILOTRIF TAB 30MG 43
GILOTRIF TAB 40MG 43
GLARGIN YFGN INJ 100U/ML.....94
GLARGIN YFGN SOL 100U/ML.....94
glatiramer acetate soln prefilled syringe 20 mg/ml.....89
glatiramer acetate soln prefilled syringe 40 mg/ml.....89
glatopa.....89
GLEOSTINE CAP 100MG.....35
GLEOSTINE CAP 10MG 35
GLEOSTINE CAP 40MG 35
glimepiride tab 1 mg 92
glimepiride tab 2 mg 92
glimepiride tab 4 mg 92
glipizide tab 10 mg 92
glipizide tab 5 mg 92
glipizide tab er 24hr 10 mg 92
glipizide tab er 24hr 2.5 mg 92
glipizide tab er 24hr 5 mg 92
glipizide-metformin hcl tab 2.5-250 mg 92
glipizide-metformin hcl tab 2.5-500 mg 92
*glipizide-metformin hcl tab 5-500 mg*92
glycopyrrolate tab 1 mg.....109
glycopyrrolate tab 2 mg.....109
glydo 136
GLYXAMBI TAB 10-5 MG 92
GLYXAMBI TAB 25-5 MG 92
GOMEKLI CAP 1MG 43
GOMEKLI CAP 2MG 43
GOMEKLI TAB 1MG 43
granisetron hcl inj 1 mg/ml 108
granisetron hcl inj 4 mg/4ml (1 mg/ml) 108
granisetron hcl tab 1 mg.....108
griseofulvin microsize susp 125 mg/5ml 25
griseofulvin microsize tab 500 mg 25
griseofulvin ultramicrosize tab 125 mg 25
griseofulvin ultramicrosize tab 250 mg 25
guanfacine hcl tab 1 mg 63
guanfacine hcl tab 2 mg 63
guanfacine hcl tab er 24hr 1 mg (base equiv) 86
guanfacine hcl tab er 24hr 2 mg (base equiv) 86
guanfacine hcl tab er 24hr 3 mg (base equiv) 86
guanfacine hcl tab er 24hr 4 mg (base equiv) 86
GVOKE HYPO 1 INJ 0.5/.1ML..... 104
GVOKE HYPO 1 INJ 1/0.2ML..... 104
GVOKE HYPO 2 INJ 0.5/.1ML..... 104
GVOKE HYPO 2 INJ 1/0.2ML..... 104
GVOKE KIT SOL 1/0.2ML 104
GVOKE PFS INJ 1/0.2ML..... 104
H
HADLIMA INJ 40/0.4ML 116
HADLIMA INJ 40/0.8ML 116
HADLIMA PUSH INJ 40/0.4ML..... 116
HADLIMA PUSH INJ 40/0.8ML..... 116
HAEGARDA INJ 2000UNIT..... 115
HAEGARDA INJ 3000UNIT..... 115
hailey 1.5/30 98
hailey 24 fe 98
hailey fe 1/20 98
halobetasol propionate cream 0.05% 136
halobetasol propionate oint 0.05%. 136
haloperidol decanoate im soln 100 mg/ml.....75
haloperidol decanoate im soln 50 mg/ml.....75
haloperidol lactate inj 5 mg/ml 75
*haloperidol lactate oral conc 2 mg/ml*75
haloperidol tab 0.5 mg 75
haloperidol tab 1 mg.....75
haloperidol tab 10 mg 75
haloperidol tab 2 mg.....75
haloperidol tab 20 mg 75
haloperidol tab 5 mg.....75
HAVRIX INJ 1440UNIT..... 122
HAVRIX INJ 720UNIT 122

heather 98
HEP SOD/NACL INJ 25000UNT 114
heparin sodium (porcine) inj 1000 unit/ml 114
heparin sodium (porcine) inj 10000 unit/ml 114
heparin sodium (porcine) inj 20000 unit/ml 114
heparin sodium (porcine) inj 5000 unit/ml 114
heparin sodium (porcine) pf inj 1000 unit/ml 114
HEPLISAV-B INJ 20/0.5ML 122
HERCEP HYLEC SOL 60-10000 43
HERCEPTIN INJ 150MG 43
HERCESSI INJ 150MG 43
HERCESSI INJ 420MG 43
HERNEXEOS TAB 60MG 43
HERZUMA INJ 150MG 43
HERZUMA INJ 420MG 43
HIBERIX SOL 10MCG 122
HUMALOG INJ 100/ML 94
HUMALOG JR INJ 100/ML 94
HUMALOG KWPN INJ 100/ML 95
HUMALOG KWPN INJ 200/ML 95
HUMALOG MIX INJ 50/50KWP 95
HUMALOG MIX INJ 75/25KWP 95
HUMALOG MIX SUS 75/25 95
HUMALOG TMPO INJ 100/ML 95
HUMIRA INJ 10/0.1ML 117
HUMIRA INJ 20/0.2ML 117
HUMIRA INJ 40/0.4ML 117
HUMIRA KIT 40MG/0.8 117
HUMIRA PEN INJ 40/0.4ML 117
HUMIRA PEN INJ 40MG/0.8 117
HUMIRA PEN INJ 80/0.8ML 117
HUMIRA PEN KIT CD/UC/HS 117
HUMIRA PEN KIT PS/UV 117
HUMULIN INJ 70/30 95
HUMULIN INJ 70/30KWP 95
HUMULIN N INJ U-100 95
HUMULIN N INJ U-100KWP 95
HUMULIN R INJ U-100 95
HUMULIN R INJ U-500KWP 95
hydralazine hcl inj 20 mg/ml 63
hydralazine hcl tab 10 mg 63
hydralazine hcl tab 100 mg 63
hydralazine hcl tab 25 mg 63
hydralazine hcl tab 50 mg 63
hydrochlorothiazide cap 12.5 mg 62
hydrochlorothiazide tab 12.5 mg 62
hydrochlorothiazide tab 25 mg 62
hydrochlorothiazide tab 50 mg 62
hydrocodone bitartrate tab er 24hr deter 100 mg 21
hydrocodone bitartrate tab er 24hr deter 120 mg 21
hydrocodone bitartrate tab er 24hr deter 20 mg 20
hydrocodone bitartrate tab er 24hr deter 30 mg 20
hydrocodone bitartrate tab er 24hr deter 40 mg 20
hydrocodone bitartrate tab er 24hr deter 60 mg 20
hydrocodone bitartrate tab er 24hr deter 80 mg 20
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 21
hydrocodone-acetaminophen tab 10-325 mg 21
hydrocodone-acetaminophen tab 5-325 mg 21
hydrocodone-acetaminophen tab 7.5-325 mg 21
hydrocodone-ibuprofen tab 7.5-200 mg 21
hydrocortisone cream 1% 136
hydrocortisone cream 2.5% 136
hydrocortisone enema 100 mg/60ml 109
hydrocortisone lotion 2.5% 136
hydrocortisone oint 1% 136
hydrocortisone oint 2.5% 136
hydrocortisone perianal cream 1% . 137
hydrocortisone perianal cream 2.5% 137
hydrocortisone sodium succinate pf for inj 100 mg 103
hydrocortisone tab 10 mg 103
hydrocortisone tab 20 mg 103
hydrocortisone tab 5 mg 103
hydrocortisone valerate cream 0.2% 136

hydrocortisone w/ acetic acid otic soln 1-2% 128
hydromorphone hcl liqd 1 mg/ml 21
hydromorphone hcl tab 2 mg 21
hydromorphone hcl tab 4 mg 21
hydromorphone hcl tab 8 mg 21
hydroxychloroquine sulfate tab 200 mg 119
hydroxyurea cap 500 mg 38
hydroxyzine hcl im soln 25 mg/ml .. 129
hydroxyzine hcl im soln 50 mg/ml .. 129
hydroxyzine hcl syrup 10 mg/5ml .. 129
hydroxyzine hcl tab 10 mg 129
hydroxyzine hcl tab 25 mg 129
hydroxyzine hcl tab 50 mg 129
hydroxyzine pamoate cap 25 mg 129
hydroxyzine pamoate cap 50 mg 129
HYRNUO TAB 10MG 43

I

ibandronate sodium tab 150 mg (base equivalent) 96
IBRANCE CAP 100MG 43
IBRANCE CAP 125MG 43
IBRANCE CAP 75MG 43
IBRANCE TAB 100MG 43
IBRANCE TAB 125MG 43
IBRANCE TAB 75MG 43
IBTROZI CAP 200MG 43
ibu 19
ibuprofen susp 100 mg/5ml 19
ibuprofen tab 400 mg 19
ibuprofen tab 600 mg 19
ibuprofen tab 800 mg 19
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 115
iclevia 98
ICLUSIG TAB 10MG 44
ICLUSIG TAB 15MG 44
ICLUSIG TAB 30MG 44
ICLUSIG TAB 45MG 44
IDHIFA TAB 100MG 44
IDHIFA TAB 50MG 44
IDVYNSO TAB 100-0.25 28
imatinib mesylate tab 100 mg (base equivalent) 44
imatinib mesylate tab 400 mg (base equivalent) 44
IMBRUVICA CAP 140MG 44
IMBRUVICA CAP 70MG 44
IMBRUVICA SUS 70MG/ML 44
IMBRUVICA TAB 140MG 44
IMBRUVICA TAB 280MG 44
IMBRUVICA TAB 420MG 44
imipenem-cilastatin intravenous for soln 250 mg 23
imipenem-cilastatin intravenous for soln 500 mg 23
imipramine hcl tab 10 mg 69
imipramine hcl tab 25 mg 69
imipramine hcl tab 50 mg 69
imiquimod cream 5% 137
IMKELDI SOL 80MG/ML 44
IMOVAX RABIE INJ 2.5/ML 122
INBRIJA CAP 42MG 72
incassia 98
INCRELEX INJ 40MG/4ML 105
INCRUSE ELPT INH 62.5MCG 128
indapamide tab 1.25 mg 62
indapamide tab 2.5 mg 62
INFANRIX INJ 122
INFLIXIMAB INJ 100MG 117
INLURIYO TAB 200MG 36
INLYTA TAB 1MG 44
INLYTA TAB 5MG 44
INQOVI TAB 35-100MG 35
INREBIC CAP 100MG 44
INSULIN GLAR INJ 300/ML 95
INSULIN LISP INJ 100/ML 95
INSULIN LISP INJ JR KWPN 95
INSULIN LISP INJ PROT KWP 95
INSULIN PEN NEEDLES: EMBECTA-BD 95
INSULIN SAFETY NEEDLES: EMBECTA-BD 95
INSULIN SYRINGES: EMBECTA-BD ... 95
INTELENCE TAB 25MG 26
INTRALIPID INJ 20% 125
INTRALIPID INJ 30% 125
introvale 98
INVEGA HAFYE INJ 1092MG 75
INVEGA HAFYE INJ 1560MG 75
INVEGA SUST INJ 117/0.75 75
INVEGA SUST INJ 156MG/ML 75
INVEGA SUST INJ 234/1.5 75

INVEGA SUST INJ 39/0.25 75
INVEGA SUST INJ 78/0.5ML 75
INVEGA TRINZ INJ 273MG 75
INVEGA TRINZ INJ 410MG 75
INVEGA TRINZ INJ 546MG 75
INVEGA TRINZ INJ 819MG 75
IPOL INJ INACTIVE 122
ipratropium bromide hfa inhal aerosol 17 mcg/act 128
ipratropium bromide inhal soln 0.02% 128
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 128
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 128
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 128
irbesartan tab 150 mg 56
irbesartan tab 300 mg 56
irbesartan tab 75 mg 56
irbesartan-hydrochlorothiazide tab 150-12.5 mg 55
irbesartan-hydrochlorothiazide tab 300-12.5 mg 55
irinotecan hcl inj 100 mg/5ml (20 mg/ml) 38
irinotecan hcl inj 300 mg/15ml (20 mg/ml) 38
irinotecan hcl inj 40 mg/2ml (20 mg/ml) 38
irinotecan hcl inj 500 mg/25ml (20 mg/ml) 38
ISENTRESS CHW 100MG 26
ISENTRESS CHW 25MG 26
ISENTRESS HD TAB 600MG 26
ISENTRESS POW 100MG 26
ISENTRESS TAB 400MG 26
isibloom 98
ISOLYTE-P INJ /D5W 123
ISOLYTE-S INJ PH 7.4 123
isoniazid syrup 50 mg/5ml 28
isoniazid tab 100 mg 28
isoniazid tab 300 mg 28
isosorbide dinitrate tab 10 mg 63
isosorbide dinitrate tab 20 mg 63
isosorbide dinitrate tab 30 mg 63
isosorbide dinitrate tab 5 mg 63
isosorbide mononitrate tab er 24hr 120 mg 63
isosorbide mononitrate tab er 24hr 30 mg 63
isosorbide mononitrate tab er 24hr 60 mg 63
isotretinoin cap 10 mg 134
isotretinoin cap 20 mg 134
isotretinoin cap 30 mg 134
isotretinoin cap 40 mg 134
isradipine cap 2.5 mg 61
isradipine cap 5 mg 61
ITOVEBI TAB 3MG 44
ITOVEBI TAB 9MG 44
itraconazole cap 100 mg 25
ivabradine hcl tab 5 mg (base equiv) 63
ivabradine hcl tab 7.5 mg (base equiv) 63
ivermectin tab 3 mg 23
ivermectin tab 6 mg 23
IWILFIN TAB 192MG 38
IXIARO INJ 122

J

jaimiess 98
JAKAFI TAB 10MG 44
JAKAFI TAB 15MG 44
JAKAFI TAB 20MG 45
JAKAFI TAB 25MG 45
JAKAFI TAB 5MG 44
jantoven 114
JANUMET TAB 50-1000 92
JANUMET TAB 50-500MG 92
JANUMET XR TAB 100-1000 92
JANUMET XR TAB 50-1000 92
JANUMET XR TAB 50-500MG 92
JANUVIA TAB 100MG 92
JANUVIA TAB 25MG 92
JANUVIA TAB 50MG 92
JARDIANCE TAB 10MG 92
JARDIANCE TAB 25MG 92
jasmiel 98
javygtor 105
JAYPIRCA TAB 100MG 45
JAYPIRCA TAB 50MG 45
jencycla 98
JENTADUETO TAB 2.5-1000 92
JENTADUETO TAB 2.5-500 92

JENTADUETO TAB 2.5-850 92
JENTADUETO TAB XR 2.5-1000MG ... 92
JENTADUETO TAB XR 5-1000MG 92
JIDEYTRO TAB 100MG 45
JIDEYTRO TAB 25MG 45
jinteli 102
jolessa 98
JOURNAVX TAB 50MG 19
juleber 98
JULUCA TAB 50-25MG 28
junel 1.5/30 98
junel 1/20 98
junel fe 1.5/30 99
junel fe 1/20 99
junel fe 24 99
JYLAMVO SOL 2MG/ML 119
JYNNEOS INJ 122

K

KADCYLA INJ 100MG 45
KADCYLA INJ 160MG 45
kaitlib fe 99
KALETRA SOL 28
KALYDECO GRA 13.4MG 131
KALYDECO GRA 5.8MG 131
KALYDECO PAK 25MG 131
KALYDECO PAK 50MG 131
KALYDECO PAK 75MG 131
KALYDECO TAB 150MG 131
KANJINTI INJ 420MG 45
KANJINTI SOL 150MG 45
kariva 99
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 123
kcl 20 meq/l (0.149%) in nacl 0.45% inj 123
kcl 20 meq/l (0.149%) in nacl 0.9% inj 123
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 123
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 123
kcl 20 meq/l (0.15%) in nacl 0.45% inj 123
kcl 20 meq/l (0.15%) in nacl 0.9% inj 123
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 123
kcl 40 meq/l (0.298%) in nacl 0.9% inj 123
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 123
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 123
kcl 40 meq/l (0.3%) in nacl 0.9% inj 123
KCL/D5W/NACL INJ 0.15/0.2 123
KCL/D5W/NACL INJ 0.3/0.9% 123
kelnor 1/35 99
KERENDIA TAB 10MG 54
KERENDIA TAB 20MG 54
KERENDIA TAB 40MG 54
KESIMPTA INJ 20/.4ML 89
ketoconazole cream 2% 134
ketoconazole shampoo 2% 135
ketoconazole tab 200 mg 25
ketorolac tromethamine ophth soln 0.4% 127
ketorolac tromethamine ophth soln 0.5% 127
KEYTRUDA INJ 100MG/4M 45
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 45
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 45
KINERET INJ 117
KINRIX INJ 122
kionex 97
KISQALI 200 DOSE 45
KISQALI 400 DOSE 45
KISQALI 600 DOSE 45
klayesta 135
klor-con 124
klor-con 10 124
KLOR-CON 10 TAB 10MEQ ER 124
klor-con 8 124
KLOR-CON 8 TAB 8MEQ ER 124
klor-con m10 124
klor-con m15 124
klor-con m20 124
KLOXXADO SPR 8MG 91
KOMZIFTI CAP 200MG 45
KOSELUGO CAP 10MG 45
KOSELUGO CAP 25MG 45
KOSELUGO CAP 5MG 45

KOSELUGO CAP 7.5MG 45
kourzeq 138
KRAZATI TAB 200MG 45
kurvelo 99

L

labetalol hcl tab 100 mg 59
labetalol hcl tab 200 mg 59
labetalol hcl tab 300 mg 59
lacosamide iv inj 200 mg/20ml (10 mg/ml) 81
lacosamide oral 81
lacosamide tab 100 mg 81
lacosamide tab 150 mg 81
lacosamide tab 200 mg 81
lacosamide tab 50 mg 81
LACTATED RIN INJ 123
lactated ringer's solution 124
lactic acid (ammonium lactate) cream 12% 137
lactic acid (ammonium lactate) lotion 12% 137
lactulose (encephalopathy) solution 10 gm/15ml 110
lactulose solution 10 gm/15ml 110
lamivudine oral soln 10 mg/ml 26
lamivudine tab 100 mg (hbv) 29
lamivudine tab 150 mg 26
lamivudine tab 300 mg 26
lamivudine-zidovudine tab 150-300 mg 28
lamotrigine tab 100 mg 81
lamotrigine tab 150 mg 81
lamotrigine tab 200 mg 81
lamotrigine tab 25 mg 81
lamotrigine tab chewable dispersible 25 mg 81
lamotrigine tab chewable dispersible 5 mg 81
lamotrigine tab er 24hr 100 mg 81
lamotrigine tab er 24hr 200 mg 81
lamotrigine tab er 24hr 25 mg 81
lamotrigine tab er 24hr 250 mg 81
lamotrigine tab er 24hr 300 mg 81
lamotrigine tab er 24hr 50 mg 81
lanreotide acetate extended release inj 120 mg/0.5ml 105
lansoprazole cap delayed release 15 mg 112
lansoprazole cap delayed release 30 mg 112
LANTUS INJ 100/ML 95
LANTUS SOLOS INJ 100/ML 95
lapatinib ditosylate tab 250 mg (base equiv) 45
larin 1.5/30 99
larin 1/20 99
larin 24 fe 99
larin fe 1.5/30 99
larin fe 1/20 99
latanoprost ophth soln 0.005% 127
LAZCLUZE TAB 240MG 45
LAZCLUZE TAB 80MG 45
leflunomide tab 10 mg 119
leflunomide tab 20 mg 119
lenalidomide cap 10 mg 37
lenalidomide cap 15 mg 37
lenalidomide cap 20 mg 37
lenalidomide cap 25 mg 37
lenalidomide cap 5 mg 37
lenalidomide caps 2.5 mg 38
LENVIMA CAP 10 MG 46
LENVIMA CAP 12MG 46
LENVIMA CAP 14 MG 46
LENVIMA CAP 18 MG 46
LENVIMA CAP 20 MG 46
LENVIMA CAP 24 MG 46
LENVIMA CAP 4MG 46
LENVIMA CAP 8 MG 46
lessina 99
letrozole tab 2.5 mg 36
leucovorin calcium for inj 100 mg 38
leucovorin calcium for inj 200 mg 39
leucovorin calcium for inj 350 mg 39
leucovorin calcium for inj 50 mg 38
leucovorin calcium for inj 500 mg 39
leucovorin calcium inj 500 mg/50ml (10 mg/ml) 39
leucovorin calcium tab 10 mg 39
leucovorin calcium tab 15 mg 39
leucovorin calcium tab 25 mg 39
leucovorin calcium tab 5 mg 39
LEUKERAN TAB 2MG 35

leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 37
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 130
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 130
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 130
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 130
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 130
levetiracetam in sodium chloride iv soln 1000 mg/100ml 82
levetiracetam in sodium chloride iv soln 1500 mg/100ml 82
levetiracetam in sodium chloride iv soln 500 mg/100ml 82
levetiracetam inj 500 mg/5ml (100 mg/ml) 82
levetiracetam oral soln 100 mg/ml ... 82
levetiracetam tab 1000 mg 82
levetiracetam tab 250 mg 82
levetiracetam tab 500 mg 82
levetiracetam tab 750 mg 82
levetiracetam tab disintegrating soluble 250 mg 82
levetiracetam tab disintegrating soluble 500 mg 82
levetiracetam tab er 24hr 500 mg 82
levetiracetam tab er 24hr 750 mg 82
levobunolol hcl ophth soln 0.5% 127
levocarnitine oral soln 1 gm/10ml (10%) 105
levocarnitine tab 330 mg 105
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 129
levocetirizine dihydrochloride tab 5 mg 129
levofloxacin in d5w iv soln 250 mg/50ml 32
levofloxacin in d5w iv soln 500 mg/100ml 32
levofloxacin in d5w iv soln 750 mg/150ml 32
levofloxacin iv soln 25 mg/ml 32
levofloxacin oral soln 25 mg/ml 32
levofloxacin tab 250 mg 32
levofloxacin tab 500 mg 32
levofloxacin tab 750 mg 32
levonest 99
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 99
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 99
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 99
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 99
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 99
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 99
levora 0.15/30-28 99
levothyroxine sodium tab 100 mcg. 107
levothyroxine sodium tab 112 mcg. 107
levothyroxine sodium tab 125 mcg. 107
levothyroxine sodium tab 137 mcg. 107
levothyroxine sodium tab 150 mcg. 107
levothyroxine sodium tab 175 mcg. 107
levothyroxine sodium tab 200 mcg. 107
levothyroxine sodium tab 25 mcg .. 107
levothyroxine sodium tab 300 mcg. 107
levothyroxine sodium tab 50 mcg .. 107
levothyroxine sodium tab 75 mcg .. 107
levothyroxine sodium tab 88 mcg .. 107
levoxyl 107
l-glutamine (sickle cell) 115
lidocaine hcl local inj 0.5% 19
lidocaine hcl local inj 1% 19
lidocaine hcl local inj 2% 19
lidocaine hcl local preservative free (pf) inj 0.5% 19
lidocaine hcl local preservative free (pf) inj 1% 19
lidocaine hcl local preservative free (pf) inj 1.5% 19
lidocaine hcl soln 4% 136
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 137
lidocaine hcl viscous soln 2% 138
lidocaine oint 5% 137
lidocaine patch 5% 137

lidocaine-prilocaine cream 2.5-2.5% 137
lidocan 137
LIFYORLI CAP 125MG DS 37
LIFYORLI CAP 150MG DS 37
LILETTA IUD 52MG 99
linezolid for susp 100 mg/5ml 23
LINEZOLID INJ 2MG/ML 23
linezolid iv soln 600 mg/300ml (2 mg/ml) 23
linezolid tab 600 mg 23
LINZESS CAP 145MCG 110
LINZESS CAP 290MCG 110
LINZESS CAP 72MCG 110
liomny 107
liothyronine sodium tab 25 mcg 107
liothyronine sodium tab 5 mcg 107
liothyronine sodium tab 50 mcg 107
lisinopril & hydrochlorothiazide tab 10-12.5 mg 53
lisinopril & hydrochlorothiazide tab 20-12.5 mg 53
lisinopril & hydrochlorothiazide tab 20-25 mg 53
lisinopril tab 10 mg 53
lisinopril tab 2.5 mg 53
lisinopril tab 20 mg 53
lisinopril tab 30 mg 53
lisinopril tab 40 mg 53
lisinopril tab 5 mg 53
lithium carbonate cap 150 mg 89
lithium carbonate cap 300 mg 89
lithium carbonate cap 600 mg 89
lithium carbonate tab 300 mg 89
lithium carbonate tab er 300 mg 89
lithium carbonate tab er 450 mg 89
lithium oral solution 8 meq/5ml 89
LIVTENCITY TAB 200MG 29
loestrin 1.5/30-21 99
loestrin 1/20-21 99
loestrin fe 1.5/30 99
loestrin fe 1/20 99
lojaimiess 99
LOKELMA PAK 10GM 97
LOKELMA PAK 5GM 97
lomustine cap 10 mg 35
lomustine cap 100 mg 35
lomustine cap 40 mg 35
LONSURF TAB 15-6.14 35
LONSURF TAB 20-8.19 35
loperamide hcl cap 2 mg 110
lopinavir-ritonavir tab 100-25 mg 28
lopinavir-ritonavir tab 200-50 mg 28
lorazepam conc 2 mg/ml 65
lorazepam inj 2 mg/ml 65
lorazepam inj 4 mg/ml 65
lorazepam intensol 65
lorazepam tab 0.5 mg 65
lorazepam tab 1 mg 66
lorazepam tab 2 mg 66
LORBRENA TAB 100MG 46
LORBRENA TAB 25MG 46
loryna 99
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 55
losartan potassium & hydrochlorothiazide tab 100-25 mg 55
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 55
losartan potassium tab 100 mg 56
losartan potassium tab 25 mg 56
losartan potassium tab 50 mg 56
LOTEMAX OIN 0.5% 127
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 126
lovastatin tab 10 mg 57
lovastatin tab 20 mg 57
lovastatin tab 40 mg 57
low-ogestrel 99
loxapine succinate cap 10 mg 75
loxapine succinate cap 25 mg 75
loxapine succinate cap 5 mg 75
loxapine succinate cap 50 mg 75
lubiprostone cap 24 mcg 110
lubiprostone cap 8 mcg 110
luizza 1.5/30 99
luizza 1/20 99
LUMAKRAS TAB 120MG 46
LUMAKRAS TAB 240MG 46
LUMAKRAS TAB 320MG 46
LUMIGAN SOL 0.01% OP 127
LUMIZYME INJ 50MG 105

LUPR DEP-PED INJ 11.25MG 105
LUPR DEP-PED INJ 15MG 105
LUPR DEP-PED INJ 3M 30MG 105
LUPR DEP-PED INJ 7.5MG 105
LUPRON DEPOT INJ 11.25MG 37
LUPRON DEPOT INJ 3.75MG 37
LUPRON DEPOT INJ 45MG 105
lurasidone hcl tab 120 mg 76
lurasidone hcl tab 20 mg 75
lurasidone hcl tab 40 mg 75
lurasidone hcl tab 60 mg 75
lurasidone hcl tab 80 mg 75
lutera 99
LYBALVI TAB 10-10MG 76
LYBALVI TAB 15-10MG 76
LYBALVI TAB 20-10MG 76
LYBALVI TAB 5-10MG 76
lyleq 99
lyllana 102
LYNPARZA TAB 100MG 46
LYNPARZA TAB 150MG 46
LYSODREN TAB 500MG 37
LYTGOBI (12 MG DAILY DOSE) 46
LYTGOBI (16 MG DAILY DOSE) 46
LYTGOBI (20 MG DAILY DOSE) 46
LYUMJEV INJ 100UT/ML 95
LYUMJEV KWPN INJ 100UT/ML 95
LYUMJEV KWPN INJ 200UT/ML 95
lyza 99

M

macitentan tab 10 mg 64
MAGNESIUM SU INJ 20/500ML 124
MAGNESIUM SU INJ 2GM/50ML 124
MAGNESIUM SU INJ 40G/1000 124
MAGNESIUM SU INJ 4G/100ML 124
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 124
magnesium sulfate inj 50% 124
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) 124
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) 124
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml) 124
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) 124
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) 124
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) 124
malathion lotion 0.5% 137
maraviroc tab 150 mg 26
maraviroc tab 300 mg 26
marlissa 99
MARPLAN TAB 10MG 69
MATULANE CAP 50MG 39
MAVYRET PAK 50-20MG 29
MAVYRET TAB 100-40MG 29
meclizine hcl tab 12.5 mg 108
meclizine hcl tab 25 mg 108
medroxyprogesterone acetate im susp 150 mg/ml 99
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 99
medroxyprogesterone acetate tab 10 mg 106
medroxyprogesterone acetate tab 2.5 mg 106
medroxyprogesterone acetate tab 5 mg 106
mefloquine hcl tab 250 mg 25
megestrol acetate susp 40 mg/ml .. 106
megestrol acetate susp 625 mg/5ml 106
megestrol acetate tab 20 mg 37
megestrol acetate tab 40 mg 37
MEKINIST SOL 0.05/ML 46
MEKINIST TAB 0.5MG 46
MEKINIST TAB 2MG 46
MEKTOVI TAB 15MG 46
meleya 100
meloxicam tab 15 mg 19
meloxicam tab 7.5 mg 19
memantine hcl cap er 24hr 14 mg ... 66
memantine hcl cap er 24hr 21 mg ... 66
memantine hcl cap er 24hr 28 mg ... 66
memantine hcl cap er 24hr 7 mg 66
memantine hcl oral solution 2 mg/ml 66
memantine hcl tab 10 mg 66
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 66
memantine hcl tab 5 mg 66

memantine hcl-donepezil hcl cap er 24hr 14-10 mg 66
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 66
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 66
MENQUADFI INJ 122
MENVEO INJ..... 122
MENVEO SOL 122
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 35
mercaptopurine tab 50 mg 35
meropenem iv for soln 1 gm..... 23
meropenem iv for soln 2 gm..... 23
meropenem iv for soln 500 mg 23
mesalamine cap dr 400 mg 109
mesalamine cap er 24hr 0.375 gm . 109
mesalamine enema 4 gm 110
mesalamine rectal enema 4 gm & cleanser wipe kit 110
mesalamine suppos 1000 mg 110
mesalamine tab delayed release 1.2 gm..... 110
mesna tab 400 mg..... 39
metformin hcl oral soln 500 mg/5ml . 92
metformin hcl tab 1000 mg 93
metformin hcl tab 500 mg..... 92
metformin hcl tab 850 mg..... 93
metformin hcl tab er 24hr 500 mg.... 93
metformin hcl tab er 24hr 750 mg.... 93
methadone hcl soln 10 mg/5ml..... 21
methadone hcl soln 5 mg/5ml 21
methadone hcl tab 10 mg 21
methadone hcl tab 5 mg 21
methadone hydrochloride i..... 21
methazolamide tab 25 mg..... 62
methazolamide tab 50 mg..... 62
methenamine hippurate tab 1 gm 23
methimazole tab 10 mg 107
methimazole tab 5 mg..... 107
methocarbamol tab 500 mg 90
methocarbamol tab 750 mg 90
methotrexate sodium for inj 1 gm 35
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 35
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 35
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 36
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 36
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 35
methotrexate sodium tab 2.5 mg (base equiv) 119
methsuximide cap 300 mg 82
methylphenidate hcl chew tab 10 mg 86
methylphenidate hcl chew tab 2.5 mg 86
methylphenidate hcl chew tab 5 mg . 86
methylphenidate hcl soln 10 mg/5ml 86
methylphenidate hcl soln 5 mg/5ml.. 86
methylphenidate hcl tab 10 mg 86
methylphenidate hcl tab 20 mg 86
methylphenidate hcl tab 5 mg 86
methylphenidate hcl tab er 10 mg.... 86
methylphenidate hcl tab er 20 mg.... 86
methylprednisolone acetate inj susp 40 mg/ml..... 103
methylprednisolone acetate inj susp 80 mg/ml..... 103
methylprednisolone sod succ for inj 1000 mg (base equiv) 103
methylprednisolone sod succ for inj 125 mg (base equiv) 103
methylprednisolone sod succ for inj 40 mg (base equiv) 103
methylprednisolone sod succ for inj 500 mg (base equiv) 103
methylprednisolone tab 16 mg 103
methylprednisolone tab 32 mg 103
methylprednisolone tab 4 mg 103
methylprednisolone tab 8 mg 103
methylprednisolone tab therapy pack 4 mg (21) 103
metoclopramide hcl inj 5 mg/ml (base equivalent) 108
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)..... 108
metoclopramide hcl tab 10 mg (base equivalent) 108
metoclopramide hcl tab 5 mg (base equivalent) 108
metolazone tab 10 mg 62

metolazone tab 2.5 mg 62
metolazone tab 5 mg 62
metoprolol & hydrochlorothiazide tab 100-25 mg 58
metoprolol & hydrochlorothiazide tab 100-50 mg 58
metoprolol & hydrochlorothiazide tab 50-25 mg 58
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 59
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 59
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 59
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 59
metoprolol tartrate iv soln 5 mg/5ml 59
metoprolol tartrate tab 100 mg 59
metoprolol tartrate tab 25 mg 59
metoprolol tartrate tab 50 mg 59
metronidazole cream 0.75% 137
metronidazole gel 0.75% 137
metronidazole iv soln 500 mg/100ml 23
metronidazole lotion 0.75% 137
metronidazole tab 250 mg 23
metronidazole tab 500 mg 23
metronidazole vaginal gel 0.75% ... 113
metyrosine cap 250 mg 63
mibelas 24 fe 100
micafungin sodium for iv soln 100 mg 25
micafungin sodium for iv soln 50 mg 25
microgestin 1.5/30 100
microgestin 1/20 100
microgestin fe 1.5/30 100
microgestin fe 1/20 100
midodrine hcl tab 10 mg 63
midodrine hcl tab 2.5 mg 63
midodrine hcl tab 5 mg 63
MIEBO DRO 1.3GM/ML 128
mifepristone tab 300 mg 105
mili 100
mimvey 102
minocycline hcl cap 100 mg 34
minocycline hcl cap 50 mg 34
minocycline hcl cap 75 mg 34
minoxidil tab 10 mg 63
minoxidil tab 2.5 mg 63
mirabegron tab er 24 hr 25 mg 112
mirabegron tab er 24 hr 50 mg 112
mirtazapine orally disintegrating tab 15 mg 69
mirtazapine orally disintegrating tab 30 mg 69
mirtazapine orally disintegrating tab 45 mg 69
mirtazapine tab 15 mg 69
mirtazapine tab 30 mg 69
mirtazapine tab 45 mg 69
mirtazapine tab 7.5 mg 69
misoprostol tab 100 mcg 110
misoprostol tab 200 mcg 110
M-M-R II INJ 122
M-NATAL PLUS TAB 125
modafinil tab 100 mg 90
modafinil tab 200 mg 90
MODEYSO CAP 125MG 39
moexipril hcl tab 15 mg 53
moexipril hcl tab 7.5 mg 53
molindone hcl tab 10 mg 76
molindone hcl tab 25 mg 76
molindone hcl tab 5 mg 76
mometasone furoate cream 0.1% .. 136
mometasone furoate oint 0.1% 136
mometasone furoate solution 0.1% (lotion) 136
MONJUVI INJ 200MG 46
mono-linyah 100
montelukast sodium chew tab 4 mg (base equiv) 130
montelukast sodium chew tab 5 mg (base equiv) 130
montelukast sodium oral granules packet 4 mg (base equiv) 130
montelukast sodium tab 10 mg (base equiv) 130
morphine sulfate iv soln 10 mg/ml ... 22
morphine sulfate iv soln 2 mg/ml 21
morphine sulfate iv soln 4 mg/ml 22
morphine sulfate iv soln 8 mg/ml 22
morphine sulfate oral soln 10 mg/5ml 22
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 22

morphine sulfate oral soln 20 mg/5ml 22
morphine sulfate tab 15 mg 22
morphine sulfate tab 30 mg 22
morphine sulfate tab er 100 mg 21
morphine sulfate tab er 15 mg 21
morphine sulfate tab er 200 mg 21
morphine sulfate tab er 30 mg 21
morphine sulfate tab er 60 mg 21
MOUNJARO INJ 10MG/0.5 93
MOUNJARO INJ 12.5/0.5 93
MOUNJARO INJ 15MG/0.5 93
MOUNJARO INJ 2.5/0.5 93
MOUNJARO INJ 5MG/0.5 93
MOUNJARO INJ 7.5/0.5 93
MOVANTIK TAB 12.5MG 110
MOVANTIK TAB 25MG 111
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 32
moxifloxacin hcl ophth soln 0.5% (base equiv) 126
moxifloxacin hcl tab 400 mg (base equiv) 32
MRESVIA INJ 50MCG 122
MULTAQ TAB 400MG 56
multiple electrolytes ph 5.5 124
mupirocin oint 2% 134
mycophenolate mofetil cap 250 mg 121
mycophenolate mofetil for oral susp 200 mg/ml 121
mycophenolate mofetil tab 500 mg 121
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 121
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 121
MYRBETRIQ SUS 8MG/ML 112
MYRBETRIQ TAB 25MG 112
MYRBETRIQ TAB 50MG 112

N

nabumetone tab 500 mg 20
nabumetone tab 750 mg 20
nadolol tab 20 mg 59
nadolol tab 40 mg 59
nadolol tab 80 mg 59
nafcillin sodium for inj 1 gm 33
nafcillin sodium for inj 2 gm 33
nafcillin sodium for iv soln 10 gm 33
NAGLAZYME INJ 1MG/ML 105
naloxone hcl inj 0.4 mg/ml 91
naloxone hcl inj 4 mg/10ml 91
naloxone hcl soln cartridge 0.4 mg/ml 91
naloxone hcl soln prefilled syringe 0.4 mg/ml 91
naloxone hcl soln prefilled syringe 2 mg/2ml 91
naltrexone hcl tab 50 mg 91
NAMZARIC CAP 7-10MG 66
naproxen sodium tab 275 mg 20
naproxen sodium tab 550 mg 20
naproxen tab 250 mg 20
naproxen tab 375 mg 20
naproxen tab 500 mg 20
naproxen tab ec 375 mg 20
naratriptan hcl tab 1 mg (base equiv) 88
naratriptan hcl tab 2.5 mg (base equiv) 88
NATACYN SUS 5% OP 126
nateglinide tab 120 mg 93
nateglinide tab 60 mg 93
NAYZILAM SPR 5MG 82
nebivolol hcl tab 10 mg (base equivalent) 59
nebivolol hcl tab 2.5 mg (base equivalent) 59
nebivolol hcl tab 20 mg (base equivalent) 59
nebivolol hcl tab 5 mg (base equivalent) 59
necon 0.5/35-28 100
nefazodone hcl tab 100 mg 69
nefazodone hcl tab 150 mg 69
nefazodone hcl tab 200 mg 69
nefazodone hcl tab 250 mg 69
nefazodone hcl tab 50 mg 69
neomycin sulfate tab 500 mg 23
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 126
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 126
neomycin-polymyxin-dexamethasone ophth oint 0.1% 126

neomycin-polymyxin-dexamethasone ophth susp 0.1% 126
neomycin-polymyxin-hc ophth susp 126
neomycin-polymyxin-hc otic soln 1% 128
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 128
NERLYNX TAB 40MG 47
neuac 134
nevirapine susp 50 mg/5ml 26
nevirapine tab 200 mg 26
nevirapine tab er 24hr 400 mg 26
NEXLETOL TAB 180MG 58
NEXLIZET TAB 180/10MG 58
NEXPLANON IMP 68MG 100
niacin tab er 1000 mg (antihyperlipidemic) 58
niacin tab er 500 mg (antihyperlipidemic) 58
niacin tab er 750 mg (antihyperlipidemic) 58
nicardipine hcl cap 20 mg 61
nicardipine hcl cap 30 mg 61
NICOTROL NS SPR 10MG/ML 91
nifedipine tab er 24hr 30 mg 61
nifedipine tab er 24hr 60 mg 61
nifedipine tab er 24hr 90 mg 61
nifedipine tab er 24hr osmotic release 30 mg 61
nifedipine tab er 24hr osmotic release 60 mg 61
nifedipine tab er 24hr osmotic release 90 mg 61
nikki 100
nilotinib hcl cap 150 mg (base equivalent) 47
nilotinib hcl cap 200 mg (base equivalent) 47
nilotinib hcl cap 50 mg (base equivalent) 47
nilutamide tab 150 mg 37
nimodipine cap 30 mg 61
NINLARO CAP 2.3MG 47
NINLARO CAP 3MG 47
NINLARO CAP 4MG 47
nintedanib esylate cap 100 mg (base equivalent) 131
nintedanib esylate cap 150 mg (base equivalent) 131
nitazoxanide tab 500 mg 23
nitisinone cap 10 mg 105
nitisinone cap 2 mg 105
nitisinone cap 20 mg 105
nitisinone cap 5 mg 105
nitro-bid 63
nitrofurantoin macrocrystalline cap 100 mg 24
nitrofurantoin macrocrystalline cap 50 mg 23
nitrofurantoin monohydrate macrocrystalline cap 100 mg 24
nitroglycerin oint 0.4% 137
nitroglycerin oint 2% 63
nitroglycerin sl tab 0.3 mg 63
nitroglycerin sl tab 0.4 mg 63
nitroglycerin sl tab 0.6 mg 63
nitroglycerin td patch 24hr 0.1 mg/hr 63
nitroglycerin td patch 24hr 0.2 mg/hr 63
nitroglycerin td patch 24hr 0.4 mg/hr 63
nitroglycerin td patch 24hr 0.6 mg/hr 63
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 63
nizatidine cap 150 mg 109
nizatidine cap 300 mg 109
nora-be 100
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 100
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 100
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 100
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 100
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 100
norethindrone acetate tab 5 mg 107
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 102
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 102

norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 100
norethindrone tab 0.35 mg 100
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 100
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 100
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 100
norlyroc 100
nortrel 0.5/35 (28) 100
nortrel 1/35 (21) 100
nortrel 1/35 (28) 100
nortrel 7/7/7 100
nortriptyline hcl cap 10 mg 69
nortriptyline hcl cap 25 mg 69
nortriptyline hcl cap 50 mg 69
nortriptyline hcl cap 75 mg 69
nortriptyline hcl soln 10 mg/5ml 69
NORVIR POW 100MG 26
NOVOLIN INJ 70/30 95
NOVOLIN INJ 70/30 FP 95
NOVOLIN N INJ 100 UNIT 95
NOVOLIN N INJ U-100 95
NOVOLIN R INJ 100 UNIT 95
NOVOLIN R INJ U-100 95
NOVOLOG INJ 100/ML 95
NOVOLOG INJ FLEX REL 95
NOVOLOG INJ FLEXPEN 95
NOVOLOG INJ PENFILL 95
NOVOLOG INJ RELION 95
NOVOLOG MIX INJ 70/30 95
NOVOLOG MIX INJ FLEXPEN 95
NUBEQA TAB 300MG 37
NUEDEXTA CAP 20-10MG 89
NULOJIX INJ 250MG 121
NUPLAZID CAP 34MG 76
NUPLAZID TAB 10MG 76
NURTEC TAB 75MG ODT 88
NUTRILIPID EMU 20% 125
NUZYRA INJ 100MG 34
NUZYRA TAB 150MG 34
nyamyc 135
nylia 1/35 100
nylia 7/7/7 100
nystatin cream 100000 unit/gm 135
nystatin oint 100000 unit/gm 135
nystatin susp 100000 unit/ml 138
nystatin tab 500000 unit 25
nystatin topical powder 100000 unit/gm 135
nystop 135

O

OCTAGAM INJ 10/100ML 120
OCTAGAM INJ 10GM 120
OCTAGAM INJ 1GM 120
OCTAGAM INJ 2.5GM 120
OCTAGAM INJ 20/200ML 120
OCTAGAM INJ 2GM/20ML 120
OCTAGAM INJ 30/300ML 120
OCTAGAM INJ 5GM 120
OCTAGAM INJ 5GM/50ML 120
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 105
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 105
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 105
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 105
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 105
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 105
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 105
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 106
ODEFSEY TAB 28
ODOMZO CAP 200MG 47
OFEV CAP 100MG 131
OFEV CAP 150MG 131
ofloxacin ophth soln 0.3% 126
ofloxacin otic soln 0.3% 128
OGIVRI INJ 150MG 47
OGIVRI INJ 420MG 47
OGSIVEO TAB 100MG 47
OGSIVEO TAB 150MG 47
OJEMDA SUS 25MG/ML 47
OJEMDA TAB 100MG 47
OJJAARA TAB 100MG 47
OJJAARA TAB 150MG 47
OJJAARA TAB 200MG 47
olanzapine for im inj 10 mg 76

olanzapine orally disintegrating tab 10 mg 76
olanzapine orally disintegrating tab 15 mg 76
olanzapine orally disintegrating tab 20 mg 76
olanzapine orally disintegrating tab 5 mg 76
olanzapine tab 10 mg 76
olanzapine tab 15 mg 76
olanzapine tab 2.5 mg 76
olanzapine tab 20 mg 76
olanzapine tab 5 mg 76
olanzapine tab 7.5 mg 76
olmesartan medoxomil tab 20 mg 56
olmesartan medoxomil tab 40 mg 56
olmesartan medoxomil tab 5 mg 56
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 55
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 55
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .55
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 55
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 55
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 55
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 55
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 55
omega-3-acid ethyl esters cap 1 gm .58
omeprazole cap delayed release 10 mg 112
omeprazole cap delayed release 20 mg 112
omeprazole cap delayed release 40 mg 112
OMNIPOD 5 DX KIT INT G7G6 95
OMNIPOD 5 DX MIS POD G7G6 95
OMNIPOD DASH KIT INTRO 96
OMNIPOD DASH MIS PODS 96
OMNIPOD5 LIB KIT INTRO 95
OMNIPOD5 LIB MIS PODS..... 95
ondansetron hcl inj 4 mg/2ml (2 mg/ml)..... 108
ondansetron hcl inj 40 mg/20ml (2 mg/ml)..... 108
ondansetron hcl inj soln pref syr 4 mg/2ml 108
ondansetron hcl oral soln 4 mg/5ml 108
ondansetron hcl tab 4 mg 108
ondansetron hcl tab 8 mg 108
ondansetron orally disintegrating tab 4 mg 108
ondansetron orally disintegrating tab 8 mg 108
ONTRUZANT INJ 150MG 47
ONTRUZANT INJ 420MG 47
ONUREG TAB 200MG..... 36
ONUREG TAB 300MG..... 36
OPIPZA MIS 10MG 76
OPIPZA MIS 2MG..... 76
OPIPZA MIS 5MG..... 76
OPSUMIT TAB 10MG 64
ORGOVYX TAB 120MG..... 37
ORKAMBI GRA 100-125..... 131
ORKAMBI GRA 150-188..... 131
ORKAMBI GRA 75-94MG..... 131
ORKAMBI TAB 100-125 131
ORKAMBI TAB 200-125 131
orquidea..... 100
ORSERDU TAB 345MG..... 37
ORSERDU TAB 86MG..... 37
oseltamivir phosphate cap 30 mg (base equiv) 29
oseltamivir phosphate cap 45 mg (base equiv) 29
oseltamivir phosphate cap 75 mg (base equiv) 29
oseltamivir phosphate for susp 6 mg/ml (base equiv) 29
OSPOMYV INJ 60MG/ML 96
oxacillin sodium for inj 1 gm (base equivalent) 33

oxacillin sodium for inj 2 gm (base equivalent)....33
oxacillin sodium for iv soln 10 gm (base equivalent)....33
oxaliplatin for iv inj 100 mg....35
oxaliplatin for iv inj 50 mg....35
oxaliplatin iv soln 100 mg/20ml....35
oxaliplatin iv soln 200 mg/40ml....35
oxaliplatin iv soln 50 mg/10ml....35
oxcarbazepine susp 300 mg/5ml (60 mg/ml)....82
oxcarbazepine tab 150 mg....82
oxcarbazepine tab 300 mg....82
oxcarbazepine tab 600 mg....82
oxybutynin chloride solution 5 mg/5ml....112
oxybutynin chloride tab 5 mg....112
oxybutynin chloride tab er 24hr 10 mg....113
oxybutynin chloride tab er 24hr 15 mg....113
oxybutynin chloride tab er 24hr 5 mg....112
oxycodone hcl conc 100 mg/5ml (20 mg/ml)....22
oxycodone hcl soln 5 mg/5ml....22
oxycodone hcl tab 10 mg....22
oxycodone hcl tab 15 mg....22
oxycodone hcl tab 20 mg....22
oxycodone hcl tab 30 mg....22
oxycodone hcl tab 5 mg....22
oxycodone w/ acetaminophen tab 10-325 mg....22
oxycodone w/ acetaminophen tab 2.5-325 mg....22
oxycodone w/ acetaminophen tab 5-325 mg....22
oxycodone w/ acetaminophen tab 7.5-325 mg....22
OXYCONTIN TAB 10MG ER....21
OXYCONTIN TAB 15MG ER....21
OXYCONTIN TAB 20MG ER....21
OXYCONTIN TAB 30MG ER....21
OXYCONTIN TAB 40MG ER....21
OXYCONTIN TAB 60MG ER....21
OXYCONTIN TAB 80MG ER....21
OZEMPIC (0.25 OR 0.5MG/DOSE)....93
OZEMPIC (1MG/DOSE)....93
OZEMPIC (2MG/DOSE)....93
OZEMPIC TAB 1.5MG....93
OZEMPIC TAB 4MG....93
OZEMPIC TAB 9MG....93
P
pacerone....56
paclitaxel inj 100mg....39
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)....39
paclitaxel iv conc 150 mg/25ml (6 mg/ml)....39
paclitaxel iv conc 30 mg/5ml (6 mg/ml)....39
paclitaxel iv conc 300 mg/50ml (6 mg/ml)....39
paliperidone tab er 24hr 1.5 mg....76
paliperidone tab er 24hr 3 mg....76
paliperidone tab er 24hr 6 mg....76
paliperidone tab er 24hr 9 mg....76
pamidronate disodium iv soln 3 mg/ml....96
pamidronate disodium iv soln 9 mg/ml....96
PAMIDRONATE INJ 6MG/ML....96
PANRETIN GEL 0.1%....137
pantoprazole sodium ec tab 20 mg (base equiv)....112
pantoprazole sodium ec tab 40 mg (base equiv)....112
pantoprazole sodium for iv soln 40 mg (base equiv)....112
PANZYGA SOL 10/100ML....120
PANZYGA SOL 1GM/10ML....120
PANZYGA SOL 2.5/25ML....120
PANZYGA SOL 20/200ML....120
PANZYGA SOL 30/300ML....120
PANZYGA SOL 5GM/50ML....120
paricalcitol cap 1 mcg....107
paricalcitol cap 2 mcg....107
paricalcitol cap 4 mcg....108
paroxetine hcl oral susp 10 mg/5ml (base equiv)....70
paroxetine hcl tab 10 mg....70
paroxetine hcl tab 20 mg....70
paroxetine hcl tab 30 mg....70
paroxetine hcl tab 40 mg....70

PAXLOVID PAK 29
PAXLOVID TAB 150-100..... 29
PAXLOVID TAB 300-100..... 29
pazopanib hcl tab 200 mg (base equiv) 47
pazopanib hcl tab 400 mg (base equiv) 47
PEDIARIX INJ 0.5ML..... 122
PEDVAXHIB INJ 7.5MCG 122
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 110
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 110
PEGASYS INJ..... 29
PEGASYS INJ 180MCG/M 29
PELLIX SOL 0.005% 135
PEMAZYRE TAB 13.5MG 47
PEMAZYRE TAB 4.5MG..... 47
PEMAZYRE TAB 9MG 47
pemetrexed disodium for iv soln 100 mg (base equiv) 36
pemetrexed disodium for iv soln 1000 mg (base equiv) 36
pemetrexed disodium for iv soln 500 mg (base equiv) 36
pemetrexed disodium for iv soln 750 mg (base equiv) 36
PENBRAYA INJ..... 122
penicillamine tab 250 mg 97
penicillin g potassium for inj 20000000 unit..... 33
penicillin g potassium for inj 5000000 unit..... 33
penicillin g sodium for inj 5000000 unit 33
penicillin v potassium for soln 125 mg/5ml 33
penicillin v potassium for soln 250 mg/5ml 33
penicillin v potassium tab 250 mg 33
penicillin v potassium tab 500 mg 33
PENMENVY INJ 122
PENTACEL INJ 122
pentamidine isethionate inh 24
pentamidine isethionate inj 24
pentoxifylline tab er 400 mg..... 115
perampanel susp 0.5 mg/ml..... 82
perampanel tab 10 mg 82
perampanel tab 12 mg 82
perampanel tab 2 mg..... 82
perampanel tab 4 mg..... 82
perampanel tab 6 mg..... 82
perampanel tab 8 mg..... 82
perindopril erbumine tab 2 mg 53
perindopril erbumine tab 4 mg 53
perindopril erbumine tab 8 mg 53
periogard 138
permethrin cream 5% 137
perphenazine tab 16 mg..... 76
perphenazine tab 2 mg..... 76
perphenazine tab 4 mg..... 76
perphenazine tab 8 mg..... 76
pfizerpen..... 33
phenelzine sulfate tab 15 mg 70
phenobarbital elixir 20 mg/5ml..... 82
phenobarbital sodium inj 130 mg/ml 82
phenobarbital sodium inj 65 mg/ml.. 82
phenobarbital tab 100 mg..... 83
phenobarbital tab 15 mg 82
phenobarbital tab 16.2 mg..... 82
phenobarbital tab 30 mg 83
phenobarbital tab 32.4 mg..... 83
phenobarbital tab 60 mg 83
phenobarbital tab 64.8 mg..... 83
phenobarbital tab 97.2 mg..... 83
phenytek..... 83
phenytoin chew tab 50 mg..... 83
phenytoin sodium extended cap 100 mg 83
phenytoin sodium extended cap 200 mg 83
phenytoin sodium extended cap 300 mg 83
phenytoin sodium inj 50 mg/ml 83
phenytoin susp 125 mg/5ml..... 83
PHESGO SOL 47
philith 100
PIFELTRO TAB 100MG 26
pilocarpine hcl ophth soln 1%..... 127
pilocarpine hcl ophth soln 2%..... 127
pilocarpine hcl ophth soln 4%..... 127
pilocarpine hcl tab 5 mg 138
pilocarpine hcl tab 7.5 mg..... 138
pimecrolimus cream 1% 137

pimozide tab 1 mg 76
pimozide tab 2 mg 76
pimtrea 100
pindolol tab 10 mg 59
pindolol tab 5 mg 59
pioglitazone hcl tab 15 mg (base equiv) 93
pioglitazone hcl tab 30 mg (base equiv) 93
pioglitazone hcl tab 45 mg (base equiv) 93
pioglitazone hcl-metformin hcl tab 15-500 mg 93
pioglitazone hcl-metformin hcl tab 15-850 mg 93
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 33
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 33
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 33
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 33
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 33
PIQRAY 200MG TAB DOSE 48
PIQRAY 250MG TAB DOSE 48
PIQRAY 300MG TAB DOSE 48
pirfenidone cap 267 mg 131
pirfenidone tab 267 mg 131
pirfenidone tab 534 mg 131
pirfenidone tab 801 mg 132
piroxicam cap 10 mg 20
piroxicam cap 20 mg 20
plenamine 125
PLENVU SOL 110
podofilox soln 0.5% 137
polymyxin b sulfate for inj 500000 unit 24
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 126
pomalidomide cap 1 mg 38
pomalidomide cap 2 mg 38
pomalidomide cap 3 mg 38
pomalidomide cap 4 mg 38
POMALYST CAP 1MG 38
POMALYST CAP 2MG 38
POMALYST CAP 3MG 38
POMALYST CAP 4MG 38
portia-28 100
posaconazole tab delayed release 100 mg 25
POT CHL 20MEQ/L IN NACL 0.45% INJ 124
POT CHL 20MEQ/L IN NACL 0.9% INJ 124
POT CHL 40MEQ/L IN NACL 0.9% INJ 124
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 124
potassium chloride cap er 10 meq .. 125
potassium chloride cap er 8 meq ... 125
potassium chloride inj 10 meq/100ml 124
potassium chloride inj 10 meq/50ml 124
potassium chloride inj 2 meq/ml 124
potassium chloride inj 20 meq/100ml 124
potassium chloride inj 20 meq/50ml 124
potassium chloride inj 40 meq/100ml 124
potassium chloride microencapsulated crys er tab 10 meq 125
potassium chloride microencapsulated crys er tab 15 meq 125
potassium chloride microencapsulated crys er tab 20 meq 125
potassium chloride oral soln 10% (20 meq/15ml) 125
potassium chloride oral soln 20% (40 meq/15ml) 125
potassium chloride powder packet 20 meq 125
potassium chloride tab er 10 meq .. 125
potassium chloride tab er 20 meq (1500 mg) 125
potassium chloride tab er 8 meq (600 mg) 125
potassium citrate tab er 10 meq (1080 mg) 112
potassium citrate tab er 15 meq (1620 mg) 112

potassium citrate tab er 5 meq (540 mg) 112
pramipexole dihydrochloride tab 0.125 mg 72
pramipexole dihydrochloride tab 0.25 mg 72
pramipexole dihydrochloride tab 0.5 mg 72
pramipexole dihydrochloride tab 0.75 mg 72
pramipexole dihydrochloride tab 1 mg 72
pramipexole dihydrochloride tab 1.5 mg 72
prasugrel hcl tab 10 mg (base equiv) 115
prasugrel hcl tab 5 mg (base equiv) 115
pravastatin sodium tab 10 mg 57
pravastatin sodium tab 20 mg 57
pravastatin sodium tab 40 mg 57
pravastatin sodium tab 80 mg 57
praziquantel tab 600 mg 24
prazosin hcl cap 1 mg 54
prazosin hcl cap 2 mg 54
prazosin hcl cap 5 mg 54
PRED SOD PHO SOL 1% OP..... 127
prednisolone acetate ophth susp 1% 127
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 103
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) 103
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 103
prednisolone soln 15 mg/5ml 103
PREDNISONE CON 5MG/ML 103
prednisone oral soln 5 mg/5ml 103
prednisone tab 1 mg 103
prednisone tab 10 mg 104
prednisone tab 2.5 mg 104
prednisone tab 20 mg 104
prednisone tab 5 mg 104
prednisone tab 50 mg 104
prednisone tab therapy pack 10 mg (21) 104
prednisone tab therapy pack 10 mg (48) 104
prednisone tab therapy pack 5 mg (21) 104
prednisone tab therapy pack 5 mg (48) 104
pregabalin cap 100 mg 83
pregabalin cap 150 mg 83
pregabalin cap 200 mg 83
pregabalin cap 225 mg 83
pregabalin cap 25 mg 83
pregabalin cap 300 mg 83
pregabalin cap 50 mg 83
pregabalin cap 75 mg 83
pregabalin soln 20 mg/ml 83
PREMASOL SOL 10%..... 125
PRENATAL TAB 27-1MG 125
PRENATAL TAB PLUS 125
prevalite 58
PREVYMIS TAB 240MG 29
PREVYMIS TAB 480MG 29
PREZCOBIX TAB 675/150 28
PREZCOBIX TAB 800-150 28
PREZISTA SUS 100MG/ML 26
PREZISTA TAB 150MG..... 26
PREZISTA TAB 75MG 26
PRIFTIN TAB 150MG 28
primaquine phosphate tab 26.3 mg (15 mg base) 26
PRIMAQUINE TAB 26.3MG..... 26
primidone tab 125 mg 83
primidone tab 250 mg 83
primidone tab 50 mg 83
PRIORIX INJ 122
PRIVIGEN INJ 10GRAMS 120
PRIVIGEN INJ 20GRAMS 120
PRIVIGEN INJ 40GRAMS 120
PRIVIGEN INJ 5 GRAMS..... 120
probenecid tab 500 mg 19
prochlorperazine edisylate inj 10 mg/2ml 108
prochlorperazine maleate tab 10 mg (base equivalent) 108
prochlorperazine maleate tab 5 mg (base equivalent) 108
prochlorperazine suppos 25 mg 108
PROCRIT INJ 10000/ML 114
PROCRIT INJ 2000/ML..... 114
PROCRIT INJ 20000/ML 114

PROCRIT INJ 3000/ML 114
PROCRIT INJ 4000/ML 114
PROCRIT INJ 40000/ML 114
proctocort 137
procto-med hc 137
proctosol hc 137
proctozone-hc 137
progesterone cap 100 mg 107
progesterone cap 200 mg 107
PROGRAF GRA 0.2MG 121
PROGRAF GRA 1MG 121
PROLASTIN-C INJ 1000MG 132
PROLIA INJ 60MG/ML 96
promethazine hcl inj 25 mg/ml 108
promethazine hcl inj 50 mg/ml 109
promethazine hcl oral soln 6.25 mg/5ml 109
promethazine hcl tab 12.5 mg 109
promethazine hcl tab 25 mg 109
promethazine hcl tab 50 mg 109
propafenone hcl cap er 12hr 225 mg 56
propafenone hcl cap er 12hr 325 mg 56
propafenone hcl cap er 12hr 425 mg 56
propafenone hcl tab 150 mg 56
propafenone hcl tab 225 mg 57
propafenone hcl tab 300 mg 57
proparacaine hcl ophth soln 0.5% .. 128
propranolol hcl cap er 24hr 120 mg .. 59
propranolol hcl cap er 24hr 160 mg .. 59
propranolol hcl cap er 24hr 60 mg 59
propranolol hcl cap er 24hr 80 mg 59
propranolol hcl oral soln 20 mg/5ml . 59
propranolol hcl oral soln 40 mg/5ml . 59
propranolol hcl tab 10 mg 59
propranolol hcl tab 20 mg 59
propranolol hcl tab 40 mg 60
propranolol hcl tab 60 mg 60
propranolol hcl tab 80 mg 60
propylthiouracil tab 50 mg 107
PROQUAD INJ 122
PROSOL INJ 20% 125
protriptyline hcl tab 10 mg 70
protriptyline hcl tab 5 mg 70
PULMOZYME SOL 1MG/ML 132
pyrazinamide tab 500 mg 28
pyridostigmine bromide tab 60 mg ... 89
pyrimethamine tab 25 mg 24
PYZCHIVA INJ 130/26ML 117
PYZCHIVA INJ 45/0.5ML 117
PYZCHIVA INJ 90MG/ML 117

Q

QINLOCK TAB 50MG 48
QUADRACEL INJ 0.5ML 122
quetiapine fumarate tab 100 mg 76
quetiapine fumarate tab 150 mg 76
quetiapine fumarate tab 200 mg 76
quetiapine fumarate tab 25 mg 76
quetiapine fumarate tab 300 mg 77
quetiapine fumarate tab 400 mg 77
quetiapine fumarate tab 50 mg 76
quetiapine fumarate tab er 24hr 150 mg 77
quetiapine fumarate tab er 24hr 200 mg 77
quetiapine fumarate tab er 24hr 300 mg 77
quetiapine fumarate tab er 24hr 400 mg 77
quetiapine fumarate tab er 24hr 50 mg 77
quinapril hcl tab 10 mg 53
quinapril hcl tab 20 mg 53
quinapril hcl tab 40 mg 53
quinapril hcl tab 5 mg 53
quinidine sulfate tab 200 mg 57
quinidine sulfate tab 300 mg 57
quinine sulfate cap 324 mg 26
QULIPTA TAB 10MG 88
QULIPTA TAB 30MG 88
QULIPTA TAB 60MG 88

R

RABAVERT INJ 122
rabeprazole sodium ec tab 20 mg .. 112
RALDESY SOL 10MG/ML 70
raloxifene hcl tab 60 mg 106
ramelteon tab 8 mg 87
ramipril cap 1.25 mg 53
ramipril cap 10 mg 53
ramipril cap 2.5 mg 53
ramipril cap 5 mg 53
ranolazine tab er 12hr 1000 mg 63
ranolazine tab er 12hr 500 mg 63
rasagiline mesylate tab 0.5 mg (base equiv) 72

rasagiline mesylate tab 1 mg (base equiv) 72
reclipsen 100
RECOMBIVA HB INJ 10MCG/ML 122
RECOMBIVA HB INJ 5MCG/0.5 122
RECOMBIVA-HB INJ 40MCG/ML 122
RELENZA MIS DISKHALE 29
relgaabi 83
RELISTOR INJ 12/0.6ML 111
RELISTOR INJ 8/0.4ML 111
REMICADE INJ 100MG 117
RENFLEXIS INJ 100MG 117
repaglinide tab 0.5 mg 93
repaglinide tab 1 mg 93
repaglinide tab 2 mg 93
REPATHA INJ 140MG/ML 58
REPATHA SURE INJ 140MG/ML 58
RESTASIS EMU 0.05% OP 128
RESTASIS MUL EMU 0.05% OP 128
RETEVMO TAB 120MG 48
RETEVMO TAB 160MG 48
RETEVMO TAB 40MG 48
RETEVMO TAB 80MG 48
REVCOVI INJ 1.6MG/ML 106
REVUFORJ TAB 110MG 48
REVUFORJ TAB 160MG 48
REVUFORJ TAB 25MG 48
REXULTI TAB 0.25MG 77
REXULTI TAB 0.5MG 77
REXULTI TAB 1MG 77
REXULTI TAB 2MG 77
REXULTI TAB 3MG 77
REXULTI TAB 4MG 77
REYATAZ POW 50MG 26
REZDIFFRA TAB 100MG 106
REZDIFFRA TAB 60MG 106
REZDIFFRA TAB 80MG 106
REZLIDHIA CAP 150MG 48
REZUROCK TAB 200MG 121
REZVOGLAR KP INJ 100UT/ML 96
RHOPRESSA SOL 0.02% 127
ribavirin cap 200 mg 29
ribavirin tab 200 mg 29
rifabutin cap 150 mg 28
rifampin cap 150 mg 28
rifampin cap 300 mg 28
rifampin for inj 600 mg 28
rifapentine tab 150 mg 28
rilpivirine hcl tab 25 mg (base equivalent) 26
riluzole tab 50 mg 89
rimantadine hydrochloride tab 100 mg 29
RINVOQ LQ SOL 1MG/ML 117
RINVOQ TAB 15MG ER 117
RINVOQ TAB 30MG ER 117
RINVOQ TAB 45MG ER 117
risedronate sodium tab 150 mg 96
risedronate sodium tab 35 mg 96
risedronate sodium tab 5 mg 96
risedronate sodium tab delayed release 35 mg 96
risperidone microspheres for im extended rel susp 12.5 mg 77
risperidone microspheres for im extended rel susp 25 mg 77
risperidone microspheres for im extended rel susp 37.5 mg 77
risperidone microspheres for im extended rel susp 50 mg 77
risperidone orally disintegrating tab 0.25 mg 77
risperidone orally disintegrating tab 0.5 mg 77
risperidone orally disintegrating tab 1 mg 77
risperidone orally disintegrating tab 2 mg 77
risperidone orally disintegrating tab 3 mg 77
risperidone orally disintegrating tab 4 mg 77
risperidone soln 1 mg/ml 77
risperidone tab 0.25 mg 77
risperidone tab 0.5 mg 77
risperidone tab 1 mg 77
risperidone tab 2 mg 77
risperidone tab 3 mg 77
risperidone tab 4 mg 77
ritonavir tab 100 mg 27
rivaroxaban for susp 1 mg/ml 114
rivaroxaban tab 2.5 mg 114
rivastigmine tartrate cap 1.5 mg (base equivalent) 66

rivastigmine tartrate cap 3 mg (base equivalent) 66
rivastigmine tartrate cap 4.5 mg (base equivalent) 66
rivastigmine tartrate cap 6 mg (base equivalent) 66
rivastigmine td patch 24hr 13.3 mg/24hr 66
rivastigmine td patch 24hr 4.6 mg/24hr 66
rivastigmine td patch 24hr 9.5 mg/24hr 66
rivelsa 100
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 88
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 88
rizatriptan benzoate tab 10 mg (base equivalent) 88
rizatriptan benzoate tab 5 mg (base equivalent) 88
ROCKLATAN DRO 127
roflumilast tab 250 mcg 132
roflumilast tab 500 mcg 132
ROMVIMZA CAP 14MG 48
ROMVIMZA CAP 20MG 48
ROMVIMZA CAP 30MG 48
ropinirole hydrochloride tab 0.25 mg 72
ropinirole hydrochloride tab 0.5 mg .. 72
ropinirole hydrochloride tab 1 mg 72
ropinirole hydrochloride tab 2 mg 72
ropinirole hydrochloride tab 3 mg 72
ropinirole hydrochloride tab 4 mg 72
ropinirole hydrochloride tab 5 mg 72
rosuvastatin calcium tab 10 mg 57
rosuvastatin calcium tab 20 mg 57
rosuvastatin calcium tab 40 mg 57
rosuvastatin calcium tab 5 mg 57
rosyrah 101
ROTARIX SUS 122
ROTATEQ SOL 122
roweepra 83
ROZLYTREK CAP 100MG 48
ROZLYTREK CAP 200MG 48
ROZLYTREK PAK 50MG 48
RUBRACA TAB 200MG 48
RUBRACA TAB 250MG 48
RUBRACA TAB 300MG 48
rufinamide susp 40 mg/ml 83
rufinamide tab 200 mg 84
rufinamide tab 400 mg 84
RUKOBIA TAB 600MG ER 27
RYBELSUS TAB 14MG 93
RYBELSUS TAB 3MG 93
RYBELSUS TAB 7MG 93
RYDAPT CAP 25MG 48

S

sacubitril-valsartan tab 24-26 mg 55
sacubitril-valsartan tab 49-51 mg 55
sacubitril-valsartan tab 97-103 mg .. 55
sajazir 115
SANTYL OIN 250/GM 137
sapropterin dihydrochloride powder packet 100 mg 106
sapropterin dihydrochloride powder packet 500 mg 106
sapropterin dihydrochloride tab 100 mg 106
SCEMBLIX TAB 100MG 49
SCEMBLIX TAB 20MG 48
SCEMBLIX TAB 40MG 49
scopolamine td patch 72hr 1 mg/3days 109
SECUADO DIS 3.8MG 77
SECUADO DIS 5.7MG 77
SECUADO DIS 7.6MG 77
selegiline hcl cap 5 mg 72
selegiline hcl tab 5 mg 72
selenium sulfide lotion 2.5% 135
SELZENTRY SOL 20MG/ML 27
SEMGLEE INJ 100U/ML 96
SEREVENT DIS AER 50MCG 130
sertraline hcl oral concentrate for solution 20 mg/ml 70
sertraline hcl tab 100 mg 70
sertraline hcl tab 25 mg 70
sertraline hcl tab 50 mg 70
setlakin 101
sharobel 101
SHINGRIX INJ 50/0.5ML 122
SIGNIFOR INJ 0.3MG/ML 106
SIGNIFOR INJ 0.6MG/ML 106
SIGNIFOR INJ 0.9MG/ML 106
SIKLOS TAB 1000MG 115

SIKLOS TAB 100MG 115
sildenafil citrate tab 20 mg 64
silver sulfadiazine cream 1% 134
SIMBRINZA SUS 1-0.2% 127
simliya 101
simpesse 101
simvastatin tab 10 mg 57
simvastatin tab 20 mg 57
simvastatin tab 40 mg 57
simvastatin tab 5 mg 57
simvastatin tab 80 mg 57
sirolimus oral soln 1 mg/ml 121
sirolimus tab 0.5 mg 121
sirolimus tab 1 mg 121
sirolimus tab 2 mg 121
SIRTURO TAB 100MG 28
SIRTURO TAB 20MG 28
sitagliptin phosphate tab 100 mg (base equiv) 93
sitagliptin phosphate tab 25 mg (base equiv) 93
sitagliptin phosphate tab 50 mg (base equiv) 93
sitagliptin phosphate-metformin hcl tab 50-1000 mg 93
sitagliptin phosphate-metformin hcl tab 50-500 mg 93
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg 94
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg 93
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg 93
SKYRIZI INJ 150MG/ML 117
SKYRIZI INJ 180/1.2 117
SKYRIZI INJ 360/2.4 118
SKYRIZI INJ 55/0.37 117
SKYRIZI PEN INJ 150MG/ML 118
SKYRIZI SOL 60MG/ML 118
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 110
sodium chloride inj 2.5 meq/ml (14.6%) 124
sodium chloride irrigation soln 0.9% 137
sodium chloride iv soln 0.45% 124
sodium chloride iv soln 0.9% 124
sodium chloride iv soln 3% 124
sodium chloride iv soln 5% 124
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 125
sodium oxybate oral solution 500 mg/ml 90
sodium phenylbutyrate oral powder 3 gm/teaspoonful 106
sodium phenylbutyrate tab 500 mg 106
sodium polystyrene sulfonate powder 97
sodium polystyrene sulfonate susp 15 gm/60ml 97
solifenacin succinate tab 10 mg 113
solifenacin succinate tab 5 mg 113
SOLIQUA INJ 100/33 96
SOLTAMOX SOL 10MG/5ML 37
SOLU-CORTEF INJ 1000MG 104
SOLU-CORTEF INJ 250MG 104
SOLU-CORTEF INJ 500MG 104
SOMATULINE INJ 60/0.2ML 106
SOMATULINE INJ 90/0.3ML 106
SOMAVERT INJ 10MG 106
SOMAVERT INJ 15MG 106
SOMAVERT INJ 20MG 106
SOMAVERT INJ 25MG 106
SOMAVERT INJ 30MG 106
sorafenib tosylate tab 200 mg (base equivalent) 49
sotalol hcl (afib/afl) tab 120 mg 57
sotalol hcl (afib/afl) tab 160 mg 57
sotalol hcl (afib/afl) tab 80 mg 57
sotalol hcl tab 120 mg 57
sotalol hcl tab 160 mg 57
sotalol hcl tab 240 mg 57
sotalol hcl tab 80 mg 57
SOTYKTU TAB 6MG 118
SPIRIVA RESP AER 1.25MCG 128
spironolactone & hydrochlorothiazide tab 25-25 mg 62
spironolactone tab 100 mg 54
spironolactone tab 25 mg 54
spironolactone tab 50 mg 54
sprintec 28 101
SPRITAM TAB 1000MG 84
SPRITAM TAB 250MG 84
SPRITAM TAB 500MG 84

SPRITAM TAB 750MG 84
sps 97
sps rectal 97
sronyx 101
ssd 134
STELARA INJ 45/0.5ML 118
STELARA INJ 5MG/ML 118
STELARA INJ 90MG/ML 118
STIVARGA TAB 40MG 49
streptomycin sulfate for inj 1 gm 24
STRIBILD TAB 28
subvenite 84
SUBVENITE SUS 10MG/ML 84
sucralfate susp 1 gm/10ml 111
sucralfate tab 1 gm 111
sulfacetamide sodium lotion 10% (acne) 134
sulfacetamide sodium ophth soln 10% 126
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 126
sulfadiazine tab 500 mg 24
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 24
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 24
sulfamethoxazole-trimethoprim tab 400-80 mg 24
sulfamethoxazole-trimethoprim tab 800-160 mg 24
SULFAMYLON CRE 85MG/GM 134
sulfasalazine tab 500 mg 110
sulfasalazine tab delayed release 500 mg 110
sulindac tab 150 mg 20
sulindac tab 200 mg 20
sumatriptan nasal spray 20 mg/act ..88
sumatriptan nasal spray 5 mg/act 88
sumatriptan succinate inj 6 mg/0.5ml 88
sumatriptan succinate solution auto-injector 6 mg/0.5ml 88
sumatriptan succinate tab 100 mg ...88
sumatriptan succinate tab 25 mg 88
sumatriptan succinate tab 50 mg 88
sunitinib malate cap 12.5 mg (base equivalent) 49
sunitinib malate cap 25 mg (base equivalent) 49
sunitinib malate cap 37.5 mg (base equivalent) 49
sunitinib malate cap 50 mg (base equivalent) 49
SUNLENCA TAB 300MG 27
syeda 101
SYMDEKO TAB 100-150 132
SYMDEKO TAB 50-75MG 132
SYMPAZAN MIS 10MG 84
SYMPAZAN MIS 20MG 84
SYMPAZAN MIS 5MG 84
SYMTUZA TAB 28
SYNAREL SOL 2MG/ML 106
SYNTHROID TAB 100MCG 107
SYNTHROID TAB 112MCG 107
SYNTHROID TAB 125MCG 107
SYNTHROID TAB 137MCG 107
SYNTHROID TAB 150MCG 107
SYNTHROID TAB 175MCG 107
SYNTHROID TAB 200MCG 107
SYNTHROID TAB 25MCG 107
SYNTHROID TAB 300MCG 107
SYNTHROID TAB 50MCG 107
SYNTHROID TAB 75MCG 107
SYNTHROID TAB 88MCG 107

T

TABLOID TAB 40MG 36
TABRECTA TAB 150MG 49
TABRECTA TAB 200MG 49
tacrolimus cap 0.5 mg 121
tacrolimus cap 1 mg 121
tacrolimus cap 5 mg 121
tacrolimus cap er 24hr 0.5 mg 121
tacrolimus cap er 24hr 1 mg 121
tacrolimus cap er 24hr 5 mg 121
tacrolimus oint 0.03% 137
tacrolimus oint 0.1% 137
tadalafil tab 20 mg (pah) 64
tadalafil tab 5 mg 112
TAFINLAR CAP 50MG 49
TAFINLAR CAP 75MG 49
TAFINLAR TAB 10MG 49
TAGRISSO TAB 40MG 49
TAGRISSO TAB 80MG 49
TALZENNA CAP 0.1MG 49

TALZENNA CAP 0.25MG 49
TALZENNA CAP 0.35MG 49
TALZENNA CAP 0.5MG 49
TALZENNA CAP 0.75MG 49
TALZENNA CAP 1MG 49
tamoxifen citrate tab 10 mg (base equivalent) 37
tamoxifen citrate tab 20 mg (base equivalent) 37
tamsulosin hcl cap 0.4 mg 112
tarina 24 fe 101
tarina fe 1/20 eq 101
tasimelteon capsule 20 mg 87
TAVNEOS CAP 10MG 115
tazarotene cream 0.05% 135
tazarotene cream 0.1% 135
tazicef 31
TECENTRIQ INJ 1200/20 49
TECENTRIQ INJ 840/14 49
TECENTRIQ INJ HYBREZA 50
TEFLARO INJ 400MG 31
TEFLARO INJ 600MG 31
telmisartan tab 20 mg 56
telmisartan tab 40 mg 56
telmisartan tab 80 mg 56
telmisartan-amlodipine tab 40-10 mg 55
telmisartan-amlodipine tab 40-5 mg 55
telmisartan-amlodipine tab 80-10 mg 55
telmisartan-amlodipine tab 80-5 mg 55
telmisartan-hydrochlorothiazide tab 40-12.5 mg 55
telmisartan-hydrochlorothiazide tab 80-12.5 mg 55
telmisartan-hydrochlorothiazide tab 80-25 mg 55
temazepam cap 15 mg 87
temazepam cap 30 mg 87
temazepam cap 7.5 mg 87
TENIVAC INJ 5-2LF 122
tenofovir disoproxil fumarate tab 300 mg 27
TEPMETKO TAB 225MG 50
terazosin hcl cap 1 mg (base equivalent) 54
terazosin hcl cap 10 mg (base equivalent) 54
terazosin hcl cap 2 mg (base equivalent) 54
terazosin hcl cap 5 mg (base equivalent) 54
terbinafine hcl tab 250 mg 25
terbutaline sulfate tab 2.5 mg 130
terbutaline sulfate tab 5 mg 130
terconazole vaginal cream 0.4% 113
terconazole vaginal cream 0.8% 113
terconazole vaginal suppos 80 mg 113
TERIPARATIDE INJ 560/2.24 96
teriparatide soln pen-inj 560 mcg/2.24ml 96
testosterone cypionate im inj in oil 100 mg/ml 91
testosterone cypionate im inj in oil 200 mg/ml 91
testosterone enanthate im inj in oil 200 mg/ml 91
testosterone pump 91
testosterone td gel 12.5 mg/act (1%) 91
testosterone td gel 25 mg/2.5gm (1%) 91
testosterone td gel 50 mg/5gm (1%) 91
tetrabenazine tab 12.5 mg 89
tetrabenazine tab 25 mg 89
tetracycline hcl cap 250 mg 34
tetracycline hcl cap 500 mg 34
THALOMID CAP 100MG 38
THALOMID CAP 50MG 38
theophylline elixir 80 mg/15ml 132
theophylline soln 80 mg/15ml 132
theophylline tab er 12hr 100 mg 132
theophylline tab er 12hr 200 mg 132
theophylline tab er 12hr 300 mg 132
theophylline tab er 12hr 450 mg 132
theophylline tab er 24hr 400 mg 132
theophylline tab er 24hr 600 mg 132
thioridazine hcl tab 10 mg 77
thioridazine hcl tab 100 mg 77
thioridazine hcl tab 25 mg 77
thioridazine hcl tab 50 mg 77
thiothixene cap 1 mg 78
thiothixene cap 10 mg 78

thiothixene cap 2 mg 78
thiothixene cap 5 mg 78
tiadylt er 61
tiagabine hcl tab 12 mg 84
tiagabine hcl tab 16 mg 84
tiagabine hcl tab 2 mg 84
tiagabine hcl tab 4 mg 84
TIBSOVO TAB 250MG 50
ticagrelor tab 60 mg 115
ticagrelor tab 90 mg 115
TICOVAC INJ 122
tigecycline for iv soln 50 mg 34
tilia fe 101
timolol maleate ophth gel forming soln 0.25% 127
timolol maleate ophth gel forming soln 0.5% 127
timolol maleate ophth soln 0.25% .. 127
timolol maleate ophth soln 0.5% 127
timolol maleate tab 10 mg 60
timolol maleate tab 20 mg 60
timolol maleate tab 5 mg 60
tinidazole tab 250 mg 24
tinidazole tab 500 mg 24
TIVICAY PD TAB 5MG 27
TIVICAY TAB 50MG 27
tizanidine hcl tab 2 mg (base equivalent) 90
tizanidine hcl tab 4 mg (base equivalent) 90
TOBI PODHALR CAP 28MG 24
TOBRADEX OIN 0.3-0.1% 126
tobramycin nebu soln 300 mg/5ml ... 24
tobramycin ophth soln 0.3% 126
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv) 24
tobramycin sulfate inj 10 mg/ml (base equivalent) 24
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) 24
tobramycin-dexamethasone ophth susp 0.3-0.1% 126
tofacitinib citrate oral soln 1 mg/ml (base equivalent) 118
tofacitinib citrate tab 10 mg (base equivalent) 118
tofacitinib citrate tab 5 mg (base equivalent) 118
tofacitinib citrate tab er 24hr 11 mg (base equivalent) 118
tofacitinib citrate tab er 24hr 22 mg (base equivalent) 118
tolterodine tartrate cap er 24hr 2 mg 113
tolterodine tartrate cap er 24hr 4 mg 113
tolterodine tartrate tab 1 mg 113
tolterodine tartrate tab 2 mg 113
tolvaptan tab 15 mg 106
tolvaptan tab 30 mg 106
tolvaptan tab therapy pack 15 mg .. 106
tolvaptan tab therapy pack 30 & 15 mg 106
tolvaptan tab therapy pack 45 & 15 mg 106
tolvaptan tab therapy pack 60 & 30 mg 106
tolvaptan tab therapy pack 90 & 30 mg 106
topiramate oral soln 25 mg/ml 84
topiramate sprinkle cap 15 mg 84
topiramate sprinkle cap 25 mg 84
topiramate sprinkle cap 50 mg 84
topiramate tab 100 mg 84
topiramate tab 200 mg 84
topiramate tab 25 mg 84
topiramate tab 50 mg 84
toremifene citrate tab 60 mg (base equivalent) 37
torpenz 50
torsemide tab 10 mg 62
torsemide tab 100 mg 62
torsemide tab 20 mg 62
torsemide tab 5 mg 62
TOUJEO MAX INJ 300/ML 96
TOUJEO SOLO INJ 300/ML 96
TPN ELECTROL INJ 124
TRADJENTA TAB 5MG 94
tramadol hcl tab 50 mg 22
tramadol-acetaminophen tab 37.5-325 mg 22
trandolapril tab 1 mg 53
trandolapril tab 2 mg 54

trandolapril tab 4 mg 54
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml) 115
tranexamic acid tab 650 mg 115
tranylcypromine sulfate tab 10 mg ... 70
TRAVASOL INJ 10% 126
TRAZIMERA INJ 150MG 50
TRAZIMERA INJ 420MG 50
trazodone hcl tab 100 mg 70
trazodone hcl tab 150 mg 70
trazodone hcl tab 50 mg 70
TRELEGY AER ELLIPTA 100-62.5-25 MCG 128
TRELEGY AER ELLIPTA 200-62.5-25 MCG 128
TREMFYA INJ 100MG/ML 118
TREMFYA INJ 200/20ML 118
TREMFYA INJ 200/2ML 118
treprostinil inj soln 100 mg/20ml (5 mg/ml) 64
treprostinil inj soln 20 mg/20ml (1 mg/ml) 64
treprostinil inj soln 200 mg/20ml (10 mg/ml) 64
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) 64
TRESIBA FLEX INJ 100UNIT 96
TRESIBA FLEX INJ 200UNIT 96
TRESIBA INJ 100UNIT 96
tretinoin cap 10 mg 39
tretinoin cream 0.025% 134
tretinoin cream 0.05% 134
tretinoin cream 0.1% 134
tretinoin gel 0.01% 134
tretinoin gel 0.025% 134
triamcinolone acetonide cream 0.025% 136
triamcinolone acetonide cream 0.1% 136
triamcinolone acetonide cream 0.5% 136
triamcinolone acetonide dental paste 0.1% 138
triamcinolone acetonide lotion 0.025% 136
triamcinolone acetonide lotion 0.1% 136
triamcinolone acetonide oint 0.025% 136
triamcinolone acetonide oint 0.1% . 136
triamcinolone acetonide oint 0.5% . 136
triamterene & hydrochlorothiazide cap 37.5-25 mg 62
triamterene & hydrochlorothiazide tab 37.5-25 mg 62
triamterene & hydrochlorothiazide tab 75-50 mg 62
tridacaine iii 137
triderm 136
trientine hcl cap 250 mg 97
tri-estarylla 101
trifluoperazine hcl tab 1 mg (base equivalent) 78
trifluoperazine hcl tab 10 mg (base equivalent) 78
trifluoperazine hcl tab 2 mg (base equivalent) 78
trifluoperazine hcl tab 5 mg (base equivalent) 78
trifluridine ophth soln 1% 126
trihexyphenidyl hcl oral soln 0.4 mg/ml 72
trihexyphenidyl hcl tab 2 mg 72
trihexyphenidyl hcl tab 5 mg 72
TRIJARDY XR TAB ER 24HR 10-5-1000MG 94
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 94
TRIJARDY XR TAB ER 24HR 25-5-1000MG 94
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 94
TRIKAFTA PAK 59.5MG 132
TRIKAFTA PAK 75MG 132
TRIKAFTA TAB 100-50-75MG & 150MG 132
TRIKAFTA TAB 50-25-37.5MG & 75MG 132
tri-legest fe 101
tri-linyah 101
tri-lo-estarylla 101
tri-lo-marzia 101
tri-lo-mili 101
tri-lo-sprintec 101

trimethoprim tab 100 mg 24
tri-mili 101
trimipramine maleate cap 100 mg 70
trimipramine maleate cap 25 mg 70
trimipramine maleate cap 50 mg 70
TRINTELLIX TAB 10MG 70
TRINTELLIX TAB 20MG 70
TRINTELLIX TAB 5MG 70
tri-sprintec 101
TRIUMEQ PD TAB 28
TRIUMEQ TAB 28
tri-vylibra 101
tri-vylibra lo 101
TROGARZO INJ 150MG/ML 27
TROPHAMINE INJ 10% 126
trospium chloride tab 20 mg 113
TRULANCE TAB 3MG 111
TRULICITY INJ 0.75/0.5 94
TRULICITY INJ 1.5/0.5 94
TRULICITY INJ 3/0.5 94
TRULICITY INJ 4.5/0.5 94
TRUMENBA INJ 122
TRUQAP PAK 160MG 50
TRUQAP PAK 200MG 50
TRUQAP TAB 160MG 50
TRUQAP TAB 200MG 50
TRUXIMA INJ 100/10ML 50
TRUXIMA INJ 500/50ML 50
TUKYSA TAB 150MG 50
TUKYSA TAB 50MG 50
TURALIO CAP 125MG 50
turqoz 101
twice-daily clindamycin phosphate (topical) 134
TWINRIX INJ 122
TYBOST TAB 150MG 27
tydemy 101
TYENNE INJ 162/0.9 118
TYENNE INJ 162MG 118
TYENNE INJ 200/10ML 118
TYENNE INJ 400/20ML 118
TYENNE INJ 80MG/4ML 118
TYMLOS INJ 96
TYPHIM VI INJ 122

U

UBRELVY TAB 100MG 88
UBRELVY TAB 50MG 88
unithroid 107
UPTRAVI PACK TAB 200/800 64
UPTRAVI TAB 1000MCG 65
UPTRAVI TAB 100MCG 64
UPTRAVI TAB 1200MCG 65
UPTRAVI TAB 1400MCG 65
UPTRAVI TAB 150MCG 64
UPTRAVI TAB 1600MCG 65
UPTRAVI TAB 200MCG 64
UPTRAVI TAB 400MCG 64
UPTRAVI TAB 600MCG 65
UPTRAVI TAB 800MCG 65
ursodiol cap 300 mg 111
ursodiol tab 250 mg 111
ursodiol tab 500 mg 111
USTEKINUMAB INJ 130/26ML 119
USTEKINUMAB INJ 45/0.5ML 118
USTEKINUMAB INJ 90MG/ML 119

V

valacyclovir hcl tab 1 gm 29
valacyclovir hcl tab 500 mg 29
VALCHLOR GEL 0.016% 137
valganciclovir hcl for soln 50 mg/ml (base equiv) 29
valganciclovir hcl tab 450 mg (base equivalent) 29
valproate sodium inj 100 mg/ml 84
valproate sodium oral soln 250 mg/5ml (base equiv) 84
valproic acid cap 250 mg 84
valsartan tab 160 mg 56
valsartan tab 320 mg 56
valsartan tab 40 mg 56
valsartan tab 80 mg 56
valsartan-hydrochlorothiazide tab 160-12.5 mg 55
valsartan-hydrochlorothiazide tab 160-25 mg 55
valsartan-hydrochlorothiazide tab 320-12.5 mg 55
valsartan-hydrochlorothiazide tab 320-25 mg 55
valsartan-hydrochlorothiazide tab 80-12.5 mg 55
VALTOCO SPR 10MG 84
VALTOCO SPR 15MG 84
VALTOCO SPR 20MG 84

VALTOCO SPR 5MG 84
valtya 1/35 101
valtya 1/50 101
vancomycin hcl cap 125 mg (base equivalent) 24
vancomycin hcl cap 250 mg (base equivalent) 24
vancomycin hcl for iv soln 1 gm (base equivalent) 24
vancomycin hcl for iv soln 1.25 gm (base equivalent) 24
vancomycin hcl for iv soln 1.5 gm (base equivalent) 24
vancomycin hcl for iv soln 10 gm (base equivalent) 24
vancomycin hcl for iv soln 5 gm (base equivalent) 24
vancomycin hcl for iv soln 500 mg (base equivalent) 24
vancomycin hcl for iv soln 750 mg (base equivalent) 24
VANCOMYCIN INJ 1 GM 24
VANCOMYCIN INJ 500MG 24
VANCOMYCIN INJ 750MG 24
VANFLYTA TAB 17.7MG 50
VANFLYTA TAB 26.5MG 50
VAQTA INJ 25/0.5ML 123
VAQTA INJ 50UNT/ML 123
varenicline tartrate tab 0.5 mg (base equiv) 91
varenicline tartrate tab 1 mg (base equiv) 91
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 91
VARIVAX INJ 123
VASCEPA CAP 0.5GM 58
VASCEPA CAP 1GM 58
VAXCHORA SUS 123
velivet 101
VELSIPITY TAB 2MG 119
VENCLEXTA TAB 100MG 50
VENCLEXTA TAB 10MG 50
VENCLEXTA TAB 50MG 50
VENCLEXTA TAB START PK 50
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 70
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 70
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 70
venlafaxine hcl tab 100 mg (base equivalent) 70
venlafaxine hcl tab 25 mg (base equivalent) 70
venlafaxine hcl tab 37.5 mg (base equivalent) 70
venlafaxine hcl tab 50 mg (base equivalent) 70
venlafaxine hcl tab 75 mg (base equivalent) 70
VENTOLIN HFA (INSTITUTIONAL PACK) 130
VENTOLIN HFA AER 130
VEPPANU TAB 100MG 37
VEPPANU TAB 200MG 37
verapamil hcl cap er 24hr 100 mg 61
verapamil hcl cap er 24hr 120 mg 61
verapamil hcl cap er 24hr 180 mg 61
verapamil hcl cap er 24hr 200 mg 61
verapamil hcl cap er 24hr 240 mg 61
verapamil hcl cap er 24hr 300 mg 61
verapamil hcl cap er 24hr 360 mg 61
verapamil hcl iv soln 2.5 mg/ml 61
verapamil hcl tab 120 mg 61
verapamil hcl tab 40 mg 61
verapamil hcl tab 80 mg 61
verapamil hcl tab er 120 mg 61
verapamil hcl tab er 180 mg 61
verapamil hcl tab er 240 mg 61
VERQUVO TAB 10MG 63
VERQUVO TAB 2.5MG 63
VERQUVO TAB 5MG 63
VERSACLOZ SUS 50MG/ML 78
VERZENIO TAB 100MG 50
VERZENIO TAB 150MG 50
VERZENIO TAB 200MG 50
VERZENIO TAB 50MG 50
vestura 101
vienva 101
vigabatrin powd pack 500 mg 84
vigabatrin tab 500 mg 84
vigadrone 85
VIGAFYDE SOL 100MG/ML 85

vilazodone hcl tab 10 mg 70
vilazodone hcl tab 20 mg 70
vilazodone hcl tab 40 mg 70
VIMKUNYA INJ 40/0.8ML..... 123
vincristine sulfate iv soln 1 mg/ml 39
vinorelbine tartrate inj 10 mg/ml (base equiv) 39
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) 39
viorele..... 101
VIRACEPT TAB 250MG 27
VIRACEPT TAB 625MG 27
VIREAD POW 40MG/GM 27
VIREAD TAB 150MG 27
VIREAD TAB 200MG 27
VIREAD TAB 250MG 27
VITRAKVI CAP 100MG 51
VITRAKVI CAP 25MG 51
VITRAKVI SOL 20MG/ML 51
VIVIMUSTA INJ 100/4ML..... 35
VIVITROL INJ 380MG 91
VIVOTIF CAP EC 123
VIZIMPRO TAB 15MG 51
VIZIMPRO TAB 30MG 51
VIZIMPRO TAB 45MG 51
VONJO CAP 100MG 51
VOQUEZNA PAK DUAL PAK..... 111
VOQUEZNA PAK TRIP PK..... 111
VORANIGO TAB 10MG 51
VORANIGO TAB 40MG 51
voriconazole for inj 200 mg 25
voriconazole for susp 40 mg/ml 25
voriconazole tab 200 mg..... 25
voriconazole tab 50 mg 25
VOSEVI TAB..... 29
VOWST CAP 111
VRAYLAR CAP 0.5MG..... 78
VRAYLAR CAP 0.75MG 78
VRAYLAR CAP 1.5MG..... 78
VRAYLAR CAP 3MG..... 78
VRAYLAR CAP 4.5MG..... 78
VRAYLAR CAP 6MG..... 78
vyfemla 101
vylibra..... 101
VYNDAMAX CAP 61MG..... 63
VYZULTA SOL 0.024%..... 127

W

warfarin sodium tab 1 mg 114
warfarin sodium tab 10 mg 114
warfarin sodium tab 2 mg 114
warfarin sodium tab 2.5 mg 114
warfarin sodium tab 3 mg 114
warfarin sodium tab 4 mg 114
warfarin sodium tab 5 mg 114
warfarin sodium tab 6 mg 114
warfarin sodium tab 7.5 mg 114
water for irrigation, sterile irrigation soln 137
WELIREG TAB 40MG 39
wera 101
WESTAB PLUS TAB 27-1MG 125
WINREVAIR INJ 45MG..... 65
WINREVAIR INJ 60MG..... 65
wixela inhub 133
wymzya fe..... 101
WYOST INJ 120/1.7 96

X

XALKORI CAP 150MG 51
XALKORI CAP 200MG 51
XALKORI CAP 20MG..... 51
XALKORI CAP 250MG 51
XALKORI CAP 50MG..... 51
xarah fe 101
XARELTO STAR TAB 15/20MG 114
XARELTO TAB 10MG 114
XARELTO TAB 15MG 114
XARELTO TAB 2.5MG 114
XARELTO TAB 20MG 114
XATMEP SOL 2.5MG/ML..... 119
XCOPRI PAK 100-150..... 85
XCOPRI PAK 12.5-25..... 85
XCOPRI PAK 150-200MG (MAINTENANCE)..... 85
XCOPRI PAK 150-200MG (TITRATION) 85
XCOPRI PAK 50-100MG 85
XCOPRI TAB 100MG..... 85
XCOPRI TAB 150MG..... 85
XCOPRI TAB 200MG..... 85
XCOPRI TAB 25MG..... 85
XCOPRI TAB 50MG..... 85
XDEMVY DRO 0.25%..... 126
XELJANZ SOL 1MG/ML..... 119

XELJANZ TAB 10MG 119
XELJANZ TAB 5MG 119
XELJANZ XR TAB 11MG..... 119
XELJANZ XR TAB 22MG..... 119
xelria fe..... 101
XERMELO TAB 250MG..... 111
XHANCE MIS 93MCG 133
XIFAXAN TAB 550MG 111
XIGDUO XR TAB 10-1000..... 94
XIGDUO XR TAB 10-500MG..... 94
XIGDUO XR TAB 2.5-1000..... 94
XIGDUO XR TAB 5-1000MG..... 94
XIGDUO XR TAB 5-500MG..... 94
XIIDRA DRO 5%..... 128
XOFLUZA TAB 40MG..... 29
XOFLUZA TAB 80MG..... 29
XOLAIR INJ 150MG/ML 132
XOLAIR INJ 300/2ML..... 132
XOLAIR INJ 75/0.5..... 132
XOLAIR SOL 150MG 132
XOSPATA TAB 40MG..... 51
XPOVIO PAK (100 MG ONCE WEEKLY) 52
XPOVIO PAK (40 MG ONCE WEEKLY) 51
XPOVIO PAK (40 MG TWICE WEEKLY) 51
XPOVIO PAK (60 MG ONCE WEEKLY) 51
XPOVIO PAK (60 MG TWICE WEEKLY) 51
XPOVIO PAK (80 MG ONCE WEEKLY) 51
XPOVIO PAK (80 MG TWICE WEEKLY) 51
XTANDI CAP 40MG..... 37
XTANDI TAB 40MG..... 37
XTANDI TAB 80MG..... 37
XTRENBO SOL 120/1.7 96
xulane..... 101
XULTOPHY INJ 100/3.6..... 96

Y

YESINTEK INJ 130/26ML..... 119
YESINTEK INJ 45/0.5ML..... 119
YESINTEK INJ 90MG/ML..... 119
YF-VAX INJ 123
YONSA TAB 125MG 37
yulithira..... 52
YUTREPIA CAP 106MCG 65
YUTREPIA CAP 26.5MCG 65
YUTREPIA CAP 53MCG..... 65
YUTREPIA CAP 79.5MCG..... 65
yuvafem..... 102

Z

zafemy..... 101
zafirlukast tab 10 mg 130
zafirlukast tab 20 mg 130
zaleplon cap 10 mg..... 87
zaleplon cap 5 mg 87
ZARXIO INJ 300/0.5 114
ZARXIO INJ 480/0.8 114
ZEGALOGUE INJ 0.6/0.6..... 104
ZEJULA TAB 100MG 52
ZEJULA TAB 200MG 52
ZEJULA TAB 300MG 52
ZELBORAF TAB 240MG 52
zelvysia..... 106
ZEMAIRA INJ 1000MG 132
ZEMAIRA INJ 4000MG 132
ZEMAIRA INJ 5000MG 132
zenatane 134
ZENBEXUS CAP 0.75MG 38
ZENBEXUS CAP 1MG..... 38
ZENPEP CAP 10000UNT..... 111
ZENPEP CAP 15000UNT..... 111
ZENPEP CAP 20000UNT..... 111
ZENPEP CAP 25000UNT..... 111
ZENPEP CAP 3000UNIT..... 111
ZENPEP CAP 40000UNT..... 111
ZENPEP CAP 5000UNIT..... 111
ZENPEP CAP 60000UNT..... 111
ZERVIATE DRO 0.24% 127
zidovudine cap 100 mg..... 27
zidovudine syrup 10 mg/ml..... 27
zidovudine tab 300 mg 27
ziprasidone hcl cap 20 mg 78
ziprasidone hcl cap 40 mg 78
ziprasidone hcl cap 60 mg 78
ziprasidone hcl cap 80 mg 78
ziprasidone mesylate for inj 20 mg (base equivalent)..... 78
ZIRABEV INJ 100/4ML..... 52
ZIRABEV INJ 400/16ML..... 52
ZIRGAN GEL 0.15% 126
zoledronic acid inj conc for iv infusion 4 mg/5ml 96
zoledronic acid iv soln 5 mg/100ml .. 96

ZOLINZA CAP 100MG 52
zolpidem tartrate tab 10 mg 87
zolpidem tartrate tab 5 mg 87
ZONISADE SUS 100MG/5 85
zonisamide cap 100 mg 85
zonisamide cap 25 mg 85
zonisamide cap 50 mg 85
zovia 1/35 101
ZTALMY SUS 50MG/ML 85
zumandimine 101
ZURZUVAE CAP 20MG 71
ZURZUVAE CAP 25MG 71
ZURZUVAE CAP 30MG 71
ZYDELIG TAB 100MG 52
ZYDELIG TAB 150MG 52
ZYKADIA TAB 150MG 52
ZYLET SUS 0.5-0.3% 126
ZYPREXA RELP INJ 210MG 78
ZYPREXA RELP INJ 300MG 78
ZYPREXA RELP INJ 405MG 78

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic
*alcaftadine
*ketotifen
*naphazoline
*Naphcon-A (naphazoline/ pheniramine)
*Opcon-A (naphazoline/ pheniramine)

Analgesics
*acetaminophen ≤ 4 grams/day
*aspirin 81 mg
*aspirin 325 mg, 500 mg, 650 mg
*aspirin suppository
*aspirin with buffers
*capsaicin
*diclofenac 1% gel
*ibuprofen
*lidocaine 4% patches ≤ 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 subsalicylate
*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.

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

Intranasal Sprays
*budesonide nasal spray ≤ 1 inhaler/30 days
*triamcinolone nasal spray ≤ 1 inhaler/30 days

Medical Foods
*levomethylfolate tablet ≤ 1 unit/day

Opioid Reversal Agents
*Narcan (naloxone 4 mg nasal spray) †
*Rivive (naloxone 3 mg nasal spray)

Otic Agents
*carbamide peroxide

Pediculicides/Scabicides
*permethrin
*piperonyl butoxide/pyrethrins

Respiratory Agents
*sodium chloride for inhalation

Smoking Cessation
*nicotine gum, lozenge, patch

Tear/Saliva Replacement Agents
*artificial tears
*saliva substitute

Vitamins/Nutrients/ Supplements
*calcium replacement
*coenzyme Q10 < 21 years
*electrolyte solution, pediatric
*ferrous fumarate
*ferrous gluconate
*ferrous sulfate
*folic acid
*glucose products < 21 years
*iron polysaccharide complex
*magnesium salts
*melatonin
*melatonin/pyridoxine tablet
*multivitamins
*niacinamide
*nicotinic acid
*pediatric multivitamins
*Phos-Flur (sodium fluoride oral rinse)
*prenatal vitamins
*potassium phosphate
*sodium chloride tablet
*sodium fluoride
*vitamin A (retinol)
*vitamin B-1 (thiamine)
*vitamin B-2 (riboflavin)
*vitamin B-3 (niacin)
*vitamin B-6 (pyridoxine)
*vitamin B-12 (cyanocobalamin)
*vitamin B complex
*vitamin C (ascorbic acid)
*vitamin D
*vitamin E, oral
*vitamins, multiple vitamins,
*multiple/minerals
*vitamins, pediatric
*vitamins, prenatal

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

Esta *Lista de medicamentos* se actualizó el 11/01/2026.

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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