

# 2025 COMPREHENSIVE FORMULARY

**(List of Covered Drugs)**

**CareFirst BlueCross BlueShield Community Health  
Plan Maryland (CareFirst CHPMD)**

**A HealthChoice Managed Care Organization**

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

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact CareFirst CHPMD at **1-800-730-8530**, for TTY users, 711- 8:00 AM to 5:00 PM Monday through Friday, or visit [carefirst.com/medicaid](https://carefirst.com/medicaid)

## Table of Contents

|                                                                |           |
|----------------------------------------------------------------|-----------|
| <b>INTRODUCTION</b>                                            | 12        |
| <b>PREFACE</b>                                                 | 12        |
| <b>PRESCRIPTION COPAYMENT</b>                                  | 12        |
| <b>PHARMACY AND THERAPEUTICS (P&amp;T) COMMITTEE</b>           | 13        |
| <b>GENERIC SUBSTITUTION</b>                                    | 13        |
| <b>OVER-THE-COUNTER (OTC) MEDICATIONS</b>                      | 13        |
| <b>SPECIALTY PLAN DESIGN</b>                                   | 14        |
| <b>PLAN DESIGN</b>                                             | 14        |
| <b>AUTHORIZATIONS</b>                                          | 14        |
| <b>FORMULARY CHANGES/UPDATES</b>                               | 15        |
| <b>OPIOID MEDICATIONS</b>                                      | 15        |
| <b>DIABETIC SUPPLIES</b>                                       | 15        |
| <b>MEDICATIONS CARVED OUT TO MARYLAND DEPARTMENT OF HEALTH</b> | 15        |
| <b>NOTICE</b>                                                  | 16        |
| <b>PENICILLINS</b>                                             | <b>17</b> |
| NATURAL PENICILLINS                                            | 17        |
| AMINOPENICILLINS                                               | 17        |
| PENICILLINASE-RESISTANT PENICILLINS                            | 17        |
| PENICILLIN COMBINATIONS                                        | 17        |
| <b>CEPHALOSPORINS</b>                                          | <b>17</b> |
| CEPHALOSPORINS - 1ST GENERATION                                | 17        |
| CEPHALOSPORINS - 2ND GENERATION                                | 18        |
| CEPHALOSPORINS - 3RD GENERATION                                | 18        |
| <b>MACROLIDES</b>                                              | <b>18</b> |
| ERYTHROMYCINS                                                  | 18        |
| AZITHROMYCIN                                                   | 18        |
| CLARITHROMYCIN                                                 | 18        |
| FIDAXOMICIN                                                    | 18        |
| <b>TETRACYCLINES</b>                                           | <b>18</b> |
| TETRACYCLINES                                                  | 18        |
| <b>FLUOROQUINOLONES</b>                                        | <b>19</b> |
| FLUOROQUINOLONES                                               | 19        |
| <b>AMINOGLYCOSIDES</b>                                         | <b>19</b> |
| AMINOGLYCOSIDES                                                | 19        |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                                | <b>19</b> |
| ANTIMYCOBACTERIAL AGENTS                                       | 19        |
| <b>ANTIFUNGALS</b>                                             | <b>19</b> |
| ANTIFUNGALS                                                    | 19        |
| IMIDAZOLE-RELATED ANTIFUNGALS                                  | 19        |
| <b>ANTIVIRALS</b>                                              | <b>20</b> |
| ANTIRETROVIRALS                                                | 20        |
| CMV AGENTS                                                     | 22        |
| HEPATITIS AGENTS                                               | 22        |

|                                                      |           |
|------------------------------------------------------|-----------|
| HERPES AGENTS.....                                   | 22        |
| INFLUENZA AGENTS.....                                | 23        |
| MISC. ANTIVIRALS.....                                | 23        |
| ANTIVIRAL COMBINATIONS.....                          | 23        |
| <b>ANTIMALARIALS.....</b>                            | <b>23</b> |
| ANTIMALARIALS.....                                   | 23        |
| ANTIMALARIAL COMBINATIONS.....                       | 23        |
| <b>ANTHELMINTICS.....</b>                            | <b>23</b> |
| ANTHELMINTICS.....                                   | 23        |
| <b>ANTI-INFECTIVE AGENTS - MISC. ....</b>            | <b>23</b> |
| ANTI-INFECTIVE AGENTS - MISC.....                    | 23        |
| LINCOSAMIDES.....                                    | 23        |
| OXAZOLIDINONES.....                                  | 23        |
| GLYCOPEPTIDES.....                                   | 24        |
| LEPROSTATICS.....                                    | 24        |
| ANTIPROTOZOAL AGENTS.....                            | 24        |
| URINARY ANTI-INFECTIVES.....                         | 24        |
| ANTI-INFECTIVE MISC. - COMBINATIONS.....             | 24        |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS .....</b> | <b>24</b> |
| MONOCLONAL ANTIBODIES.....                           | 24        |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....</b> | <b>24</b> |
| ALKYLATING AGENTS.....                               | 24        |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS.....               | 25        |
| ANTIMETABOLITES.....                                 | 25        |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....        | 25        |
| ANTINEOPLASTIC - ANTIBODIES.....                     | 25        |
| ANTINEOPLASTIC - EGFR INHIBITORS.....                | 25        |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS.....    | 26        |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....    | 26        |
| ANTINEOPLASTIC - BCL-2 INHIBITORS.....               | 26        |
| MITOTIC INHIBITORS.....                              | 26        |
| ANTINEOPLASTIC ENZYME INHIBITORS.....                | 26        |
| ANTINEOPLASTIC RADIOPHARMACEUTICALS.....             | 28        |
| ANTINEOPLASTICS MISC.....                            | 28        |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....  | 28        |
| <b>CORTICOSTEROIDS .....</b>                         | <b>29</b> |
| GLUCOCORTICOSTEROIDS.....                            | 29        |
| MINERALOCORTICIDS.....                               | 30        |
| <b>ANDROGENS-ANABOLIC.....</b>                       | <b>30</b> |
| ANDROGENS.....                                       | 30        |
| <b>ESTROGENS.....</b>                                | <b>30</b> |
| ESTROGENS.....                                       | 30        |
| ESTROGEN COMBINATIONS.....                           | 30        |
| <b>CONTRACEPTIVES .....</b>                          | <b>30</b> |

|                                                          |           |
|----------------------------------------------------------|-----------|
| COPPER CONTRACEPTIVES - IUD .....                        | 30        |
| PROGESTIN CONTRACEPTIVES - ORAL .....                    | 30        |
| PROGESTIN CONTRACEPTIVES - INJECTABLE.....               | 31        |
| PROGESTIN CONTRACEPTIVES - IUD .....                     | 31        |
| PROGESTIN CONTRACEPTIVES - IMPLANTS .....                | 31        |
| EMERGENCY CONTRACEPTIVES.....                            | 31        |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL .....           | 31        |
| COMBINATION CONTRACEPTIVES - VAGINAL .....               | 31        |
| COMBINATION CONTRACEPTIVES - ORAL.....                   | 31        |
| <b>PROGESTINS .....</b>                                  | <b>32</b> |
| PROGESTINS.....                                          | 32        |
| <b>ANTIDIABETICS .....</b>                               | <b>32</b> |
| INSULIN.....                                             | 32        |
| INCRETIN MIMETIC AGENTS .....                            | 33        |
| SULFONYLUREAS .....                                      | 33        |
| BIGUANIDES.....                                          | 33        |
| MEGLITINIDE ANALOGUES .....                              | 33        |
| DIABETIC OTHER .....                                     | 33        |
| ALPHA-GLUCOSIDASE INHIBITORS .....                       | 34        |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....           | 34        |
| INSULIN SENSITIZING AGENTS .....                         | 34        |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS ..... | 34        |
| ANTIDIABETIC COMBINATIONS.....                           | 34        |
| <b>THYROID AGENTS .....</b>                              | <b>35</b> |
| THYROID HORMONES.....                                    | 35        |
| ANTITHYROID AGENTS.....                                  | 35        |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. ....</b>       | <b>35</b> |
| BONE DENSITY REGULATORS.....                             | 35        |
| HORMONE RECEPTOR MODULATORS .....                        | 35        |
| FERTILITY REGULATORS .....                               | 36        |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....     | 36        |
| GNRH/LHRH ANTAGONISTS .....                              | 36        |
| GROWTH HORMONES .....                                    | 36        |
| SOMATOSTATIC AGENTS .....                                | 36        |
| POSTERIOR PITUITARY HORMONES.....                        | 37        |
| CORTICOTROPIN .....                                      | 37        |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS .....             | 37        |
| PROLACTIN INHIBITORS .....                               | 37        |
| VASOPRESSIN RECEPTOR ANTAGONISTS .....                   | 37        |
| METABOLIC MODIFIERS.....                                 | 37        |
| <b>CARDIOTONICS .....</b>                                | <b>38</b> |
| CARDIAC GLYCOSIDES.....                                  | 38        |
| <b>ANTIANGINAL AGENTS.....</b>                           | <b>38</b> |
| NITRATES .....                                           | 38        |

|                                                                |           |
|----------------------------------------------------------------|-----------|
| <b>BETA BLOCKERS.....</b>                                      | <b>38</b> |
| BETA BLOCKERS NON-SELECTIVE.....                               | 38        |
| BETA BLOCKERS CARDIO-SELECTIVE.....                            | 39        |
| ALPHA-BETA BLOCKERS.....                                       | 39        |
| <b>CALCIUM CHANNEL BLOCKERS.....</b>                           | <b>40</b> |
| CALCIUM CHANNEL BLOCKERS.....                                  | 40        |
| <b>ANTIARRHYTHMICS .....</b>                                   | <b>41</b> |
| ANTIARRHYTHMICS TYPE I-A .....                                 | 41        |
| ANTIARRHYTHMICS TYPE I-C .....                                 | 41        |
| ANTIARRHYTHMICS TYPE III .....                                 | 41        |
| <b>ANTIHYPERTENSIVES .....</b>                                 | <b>41</b> |
| ACE INHIBITORS .....                                           | 41        |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS .....                      | 42        |
| ANTIADRENERGIC ANTIHYPERTENSIVES.....                          | 42        |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....        | 43        |
| VASODILATORS .....                                             | 43        |
| ANTIHYPERTENSIVE COMBINATIONS.....                             | 43        |
| <b>DIURETICS .....</b>                                         | <b>44</b> |
| CARBONIC ANHYDRASE INHIBITORS.....                             | 44        |
| LOOP DIURETICS .....                                           | 44        |
| POTASSIUM SPARING DIURETICS .....                              | 44        |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS.....                     | 45        |
| DIURETIC COMBINATIONS.....                                     | 45        |
| <b>VASOPRESSORS.....</b>                                       | <b>45</b> |
| VASOPRESSORS .....                                             | 45        |
| ANAPHYLAXIS THERAPY AGENTS .....                               | 45        |
| <b>ANTIHYPERLIPIDEMICS.....</b>                                | <b>45</b> |
| BILE ACID SEQUESTRANTS.....                                    | 45        |
| FIBRIC ACID DERIVATIVES .....                                  | 46        |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS .....             | 46        |
| PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS .....    | 46        |
| HMG COA REDUCTASE INHIBITORS .....                             | 46        |
| NICOTINIC ACID DERIVATIVES.....                                | 46        |
| ANTIHYPERLIPIDEMICS - MISC.....                                | 47        |
| <b>CARDIOVASCULAR AGENTS - MISC.....</b>                       | <b>47</b> |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST .....   | 47        |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....     | 47        |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS ..... | 47        |
| PROSTAGLANDIN VASODILATORS .....                               | 47        |
| CARDIAC MYOSIN INHIBITORS.....                                 | 48        |
| SINUS NODE INHIBITORS .....                                    | 48        |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS.....                | 48        |
| <b>ANTIHISTAMINES.....</b>                                     | <b>48</b> |
| ANTIHISTAMINES - ALKYLAMINES .....                             | 48        |

|                                                          |           |
|----------------------------------------------------------|-----------|
| ANTIHISTAMINES - ETHANOLAMINES .....                     | 48        |
| ANTIHISTAMINES - PHENOTHIAZINES .....                    | 49        |
| ANTIHISTAMINES - PIPERIDINES .....                       | 49        |
| ANTIHISTAMINES - NON-SEDATING.....                       | 49        |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL .....</b>         | <b>49</b> |
| SYMPATHOMIMETIC DECONGESTANTS .....                      | 49        |
| NASAL STEROIDS .....                                     | 50        |
| NASAL ANTICHOLINERGICS.....                              | 50        |
| NASAL ANTIALLERGY .....                                  | 50        |
| NASAL AGENTS - MISC.....                                 | 50        |
| <b>COUGH/COLD/ALLERGY .....</b>                          | <b>50</b> |
| ANTITUSSIVES.....                                        | 50        |
| EXPECTORANTS .....                                       | 50        |
| MISC. RESPIRATORY INHALANTS .....                        | 51        |
| COUGH/COLD/ALLERGY COMBINATIONS.....                     | 51        |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....</b>      | <b>52</b> |
| BRONCHODILATORS - ANTICHOLINERGICS.....                  | 52        |
| ANTI-INFLAMMATORY AGENTS .....                           | 52        |
| SYMPATHOMIMETICS .....                                   | 52        |
| XANTHINES.....                                           | 52        |
| STEROID INHALANTS.....                                   | 53        |
| LEUKOTRIENE MODULATORS .....                             | 53        |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES .....              | 53        |
| <b>RESPIRATORY AGENTS - MISC.....</b>                    | <b>54</b> |
| CYSTIC FIBROSIS AGENTS .....                             | 54        |
| PULMONARY FIBROSIS AGENTS .....                          | 54        |
| <b>LAXATIVES .....</b>                                   | <b>54</b> |
| STIMULANT LAXATIVES .....                                | 54        |
| SURFACTANT LAXATIVES .....                               | 55        |
| LAXATIVES - MISCELLANEOUS.....                           | 55        |
| LAXATIVE COMBINATIONS.....                               | 55        |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS.....</b>               | <b>55</b> |
| ANTIPERISTALTIC AGENTS.....                              | 55        |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....               | 55        |
| ANTIDIARRHEAL/PROBIOTIC COMBINATIONS .....               | 56        |
| <b>ANTACIDS.....</b>                                     | <b>56</b> |
| ANTACIDS - CALCIUM SALTS.....                            | 56        |
| ANTACID COMBINATIONS.....                                | 56        |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS .....</b> | <b>56</b> |
| ANTISPASMODICS.....                                      | 56        |
| H-2 ANTAGONISTS .....                                    | 57        |
| PROTON PUMP INHIBITORS .....                             | 57        |
| MISC. ANTI-ULCER .....                                   | 57        |
| ULCER THERAPY COMBINATIONS .....                         | 57        |

|                                                                 |           |
|-----------------------------------------------------------------|-----------|
| <b>ANTIEMETICS.....</b>                                         | <b>58</b> |
| ANTIEMETICS - ANTICHOLINERGIC .....                             | 58        |
| 5-HT <sub>3</sub> RECEPTOR ANTAGONISTS .....                    | 58        |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS .....       | 58        |
| ANTIEMETICS - MISCELLANEOUS .....                               | 58        |
| <b>DIGESTIVE AIDS.....</b>                                      | <b>58</b> |
| DIGESTIVE ENZYMES .....                                         | 58        |
| <b>GASTROINTESTINAL AGENTS - MISC. ....</b>                     | <b>59</b> |
| GALLSTONE SOLUBILIZING AGENTS .....                             | 59        |
| ANTIFLATULENTS .....                                            | 59        |
| GASTROINTESTINAL STIMULANTS .....                               | 59        |
| INTESTINAL ACIDIFIERS .....                                     | 59        |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS.....               | 59        |
| INFLAMMATORY BOWEL AGENTS .....                                 | 59        |
| PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS.....  | 60        |
| PHOSPHATE BINDER AGENTS .....                                   | 60        |
| <b>URINARY ANTISPASMODICS.....</b>                              | <b>60</b> |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) ..... | 60        |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS .....       | 60        |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS .....             | 60        |
| <b>VAGINAL AND RELATED PRODUCTS.....</b>                        | <b>60</b> |
| VAGINAL ANTI-INFECTIVES.....                                    | 60        |
| VAGINAL ANTI-INFLAMMATORY AGENTS.....                           | 61        |
| SPERMICIDES .....                                               | 61        |
| VAGINAL ESTROGENS .....                                         | 61        |
| MISCELLANEOUS VAGINAL PRODUCTS .....                            | 61        |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS.....</b>                | <b>61</b> |
| ALKALINIZERS .....                                              | 61        |
| URINARY ANALGESICS .....                                        | 61        |
| CYSTINOSIS AGENTS .....                                         | 61        |
| PROSTATIC HYPERTROPHY AGENTS .....                              | 61        |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS.....</b>                     | <b>62</b> |
| PHENOTHIAZINES.....                                             | 62        |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS .....</b>          | <b>62</b> |
| BARBITURATE HYPNOTICS.....                                      | 62        |
| ANTI HISTAMINE HYPNOTICS.....                                   | 62        |
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS .....</b>      | <b>62</b> |
| ANTI-OBESITY AGENTS .....                                       | 62        |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS.....     | 63        |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. ....</b>   | <b>63</b> |
| ANTIDEMENTIA AGENTS.....                                        | 63        |
| MOVEMENT DISORDER DRUG THERAPY .....                            | 64        |
| MULTIPLE SCLEROSIS AGENTS .....                                 | 64        |
| FIBROMYALGIA AGENTS .....                                       | 65        |

|                                                             |           |
|-------------------------------------------------------------|-----------|
| PSEUDOBULBAR AFFECT (PBA) AGENTS .....                      | 65        |
| <b>ANALGESICS - NONNARCOTIC .....</b>                       | <b>65</b> |
| SALICYLATES .....                                           | 65        |
| ANALGESICS OTHER .....                                      | 65        |
| <b>ANALGESICS - OPIOID .....</b>                            | <b>66</b> |
| OPIOID AGONISTS .....                                       | 66        |
| OPIOID COMBINATIONS .....                                   | 67        |
| <b>ANALGESICS - ANTI-INFLAMMATORY .....</b>                 | <b>67</b> |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) .....        | 67        |
| ANTIRHEUMATIC ANTIMETABOLITES .....                         | 68        |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES .....                | 69        |
| PYRIMIDINE SYNTHESIS INHIBITORS .....                       | 69        |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS .....         | 69        |
| INTERLEUKIN-1BETA BLOCKERS .....                            | 70        |
| INTERLEUKIN-6 RECEPTOR INHIBITORS .....                     | 70        |
| ANTIRHEUMATIC - ENZYME INHIBITORS .....                     | 70        |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....                 | 70        |
| <b>MIGRAINE PRODUCTS .....</b>                              | <b>70</b> |
| SEROTONIN AGONISTS .....                                    | 70        |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG ..... | 71        |
| <b>GOUT AGENTS .....</b>                                    | <b>71</b> |
| GOUT AGENTS .....                                           | 71        |
| URICOSURICS .....                                           | 71        |
| <b>ANTICONSULSANTS .....</b>                                | <b>71</b> |
| HYDANTOINS .....                                            | 71        |
| SUCCINIMIDES .....                                          | 72        |
| ANTICONSULSANTS - MISC. ....                                | 72        |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS .....</b>       | <b>72</b> |
| ANTIPARKINSON COMT INHIBITORS .....                         | 72        |
| ANTIPARKINSON DOPAMINERGICS .....                           | 72        |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS .....            | 73        |
| <b>NEUROMUSCULAR AGENTS .....</b>                           | <b>73</b> |
| ALS AGENTS .....                                            | 73        |
| <b>MUSCULOSKELETAL THERAPY AGENTS .....</b>                 | <b>73</b> |
| CENTRAL MUSCLE RELAXANTS .....                              | 73        |
| DIRECT MUSCLE RELAXANTS .....                               | 73        |
| VISCOSUPPLEMENTS .....                                      | 73        |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS .....</b>              | <b>73</b> |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS .....                     | 73        |
| <b>VITAMINS .....</b>                                       | <b>73</b> |
| WATER SOLUBLE VITAMINS .....                                | 73        |
| OIL SOLUBLE VITAMINS .....                                  | 73        |
| <b>MULTIVITAMINS .....</b>                                  | <b>74</b> |
| B-COMPLEX W/ FOLIC ACID .....                               | 74        |

|                                                          |           |
|----------------------------------------------------------|-----------|
| MULTIVITAMINS.....                                       | 74        |
| MULTIPLE VITAMINS W/ IRON.....                           | 74        |
| MULTIPLE VITAMINS W/ MINERALS.....                       | 74        |
| MULTIPLE VITAMINS W/ CALCIUM.....                        | 74        |
| PEDIATRIC VITAMINS.....                                  | 74        |
| PEDIATRIC MULTIPLE VITAMINS.....                         | 74        |
| PED MULTIPLE VITAMINS W/ MINERALS.....                   | 75        |
| PED MV W/ IRON.....                                      | 76        |
| PED MV W/ FLUORIDE.....                                  | 76        |
| PED MULTI VITAMINS W/FL & FE.....                        | 77        |
| PRENATAL VITAMINS.....                                   | 77        |
| <b>MINERALS &amp; ELECTROLYTES.....</b>                  | <b>77</b> |
| CALCIUM.....                                             | 77        |
| FLUORIDE.....                                            | 78        |
| PHOSPHATE.....                                           | 79        |
| POTASSIUM.....                                           | 79        |
| ELECTROLYTE MIXTURES.....                                | 79        |
| <b>NUTRIENTS.....</b>                                    | <b>79</b> |
| MISC. NUTRITIONAL SUBSTANCES.....                        | 79        |
| <b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS.....</b> | <b>79</b> |
| DIETARY MANAGEMENT PRODUCTS.....                         | 79        |
| <b>HEMATOPOIETIC AGENTS.....</b>                         | <b>80</b> |
| COBALAMINS.....                                          | 80        |
| FOLIC ACID/FOLATES.....                                  | 80        |
| IRON.....                                                | 80        |
| HEMATOPOIETIC GROWTH FACTORS.....                        | 80        |
| AGENTS FOR GAUCHER DISEASE.....                          | 81        |
| AGENTS FOR SICKLE CELL DISEASE.....                      | 81        |
| HEMATOPOIETIC MIXTURES.....                              | 81        |
| <b>ANTICOAGULANTS.....</b>                               | <b>81</b> |
| HEPARINS AND HEPARINOID-LIKE AGENTS.....                 | 81        |
| COUMARIN ANTICOAGULANTS.....                             | 81        |
| THROMBIN INHIBITORS.....                                 | 82        |
| DIRECT FACTOR XA INHIBITORS.....                         | 82        |
| <b>HEMATOLOGICAL AGENTS - MISC. ....</b>                 | <b>82</b> |
| PLATELET AGGREGATION INHIBITORS.....                     | 82        |
| COMPLEMENT INHIBITORS.....                               | 83        |
| BRADYKININ B2 RECEPTOR ANTAGONISTS.....                  | 83        |
| <b>OPHTHALMIC AGENTS.....</b>                            | <b>83</b> |
| OPHTHALMIC ANTI-INFECTIVES.....                          | 83        |
| ARTIFICIAL TEARS AND LUBRICANTS.....                     | 83        |
| BETA-BLOCKERS - OPHTHALMIC.....                          | 84        |
| OPHTHALMIC STEROIDS.....                                 | 84        |
| PROSTAGLANDINS - OPHTHALMIC.....                         | 85        |

|                                                              |           |
|--------------------------------------------------------------|-----------|
| OPHTHALMIC ADRENERGIC AGENTS .....                           | 85        |
| OPHTHALMIC IMMUNOMODULATORS .....                            | 85        |
| OPHTHALMIC INTEGRIN ANTAGONISTS .....                        | 85        |
| OPHTHALMICS - MISC.....                                      | 85        |
| <b>OTIC AGENTS .....</b>                                     | <b>85</b> |
| OTIC ANTI-INFECTIVES.....                                    | 85        |
| OTIC AGENTS - MISCELLANEOUS .....                            | 85        |
| OTIC COMBINATIONS .....                                      | 85        |
| <b>MOUTH/THROAT/DENTAL AGENTS.....</b>                       | <b>85</b> |
| ANTI-INFECTIVES - THROAT.....                                | 85        |
| ANTISEPTICS - MOUTH/THROAT .....                             | 85        |
| STEROIDS - MOUTH/THROAT/DENTAL .....                         | 86        |
| ANESTHETICS TOPICAL ORAL .....                               | 86        |
| DENTAL PRODUCTS.....                                         | 86        |
| THROAT PRODUCTS - MISC. ....                                 | 86        |
| <b>ANORECTAL AND RELATED PRODUCTS.....</b>                   | <b>86</b> |
| RECTAL STEROIDS .....                                        | 86        |
| INTRARECTAL STEROIDS .....                                   | 86        |
| <b>DERMATOLOGICALS .....</b>                                 | <b>86</b> |
| ACNE PRODUCTS .....                                          | 86        |
| ROSACEA AGENTS .....                                         | 87        |
| ANTIBIOTICS - TOPICAL .....                                  | 87        |
| ANTIFUNGALS - TOPICAL .....                                  | 87        |
| ANTI-INFLAMMATORY AGENTS - TOPICAL .....                     | 88        |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL .....        | 88        |
| ANTIPSORIATICS .....                                         | 88        |
| ECZEMA AGENTS.....                                           | 88        |
| ANTISEBORRHEIC PRODUCTS.....                                 | 89        |
| ANTIVIRALS - TOPICAL.....                                    | 89        |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL ..... | 89        |
| BURN PRODUCTS .....                                          | 89        |
| CORTICOSTEROIDS - TOPICAL .....                              | 89        |
| EMOLLIENTS.....                                              | 90        |
| ENZYMES - TOPICAL .....                                      | 90        |
| HAIR GROWTH AGENTS .....                                     | 91        |
| KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS .....                | 91        |
| IMMUNOMODULATING AGENTS - TOPICAL.....                       | 91        |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL .....                     | 91        |
| LOCAL ANESTHETICS - TOPICAL .....                            | 91        |
| SCABICIDES & PEDICULICIDES .....                             | 91        |
| MISC. TOPICAL.....                                           | 91        |
| <b>ANTISEPTICS &amp; DISINFECTANTS .....</b>                 | <b>91</b> |
| IODINE ANTISEPTICS .....                                     | 91        |
| ANTISEPTIC COMBINATIONS.....                                 | 92        |

|                                                 |           |
|-------------------------------------------------|-----------|
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS .....</b> | <b>92</b> |
| ANTIDOTES AND SPECIFIC ANTAGONISTS .....        | 92        |
| <b>DIAGNOSTIC PRODUCTS .....</b>                | <b>92</b> |
| DIAGNOSTIC TESTS.....                           | 92        |
| <b>ALTERNATIVE MEDICINES.....</b>               | <b>92</b> |
| ALTERNATIVE MEDICINE - M'S.....                 | 92        |
| <b>MEDICAL DEVICES AND SUPPLIES .....</b>       | <b>93</b> |
| PARENTERAL THERAPY SUPPLIES.....                | 93        |
| RESPIRATORY THERAPY SUPPLIES .....              | 94        |
| DIABETIC SUPPLIES.....                          | 95        |
| CONTRACEPTIVES.....                             | 96        |
| MISC. DEVICES .....                             | 97        |
| <b>PHARMACEUTICAL ADJUVANTS.....</b>            | <b>97</b> |
| LIQUID VEHICLES.....                            | 97        |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES .....</b>  | <b>97</b> |
| IMMUNOMODULATORS .....                          | 97        |
| IMMUNOSUPPRESSIVE AGENTS.....                   | 98        |
| POTASSIUM REMOVING AGENTS.....                  | 98        |
| <b>Index .....</b>                              | <b>99</b> |

## **INTRODUCTION**

We are pleased to provide the CareFirst CHPMD Formulary as a useful reference. This formulary can assist providers in selecting clinically appropriate and cost-effective products for their CareFirst CHPMD patients.

The document is reflective of current medical practices of the date on which CareFirst CHPMD completed its standard review.

The CareFirst CHPMD formulary is intended as a reference for drug therapy selection. It is not intended to be comprehensive in nature nor is it a substitute for the knowledge, expertise, skill, and judgment of the prescriber in his or her choice of prescription drugs. Specific drug selection for an individual patient rests solely with the prescriber.

The CareFirst CHPMD formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any provider based upon reliance, in whole or in part, on the information contained herein. The provider should consult the drug manufacturer's product literature or standard drug references for more detailed information.

## **PREFACE**

The formulary is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action- how the drug produces an effect in the body.

Drugs represented in this formulary may have varying cost to the plan member based on the plan's benefit structure. Generic drugs typically are available at a lower member out-of-pocket cost while brand-name drugs will generally cost more than generics and have a higher member out-of-pocket cost. Generic drugs should be prescribed first-line as much as possible unless a patient has experienced an adverse effect and/or a lack of therapeutic outcome after using a sufficient dose for an appropriate period of time.

## **PRESCRIPTION COPAYMENT**

Effective 5/1/24, the Maryland Department of Health (MDH) is requiring all plans, including CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD), to charge a copayment amount for some pharmacy services. The new pharmacy copayment will be:

- \$1.00 for generic drugs, preferred/formulary brand drugs, and HIV/AIDS drugs
- \$3.00 for non-preferred/non-formulary brand drugs

Certain drugs, such as mental health and substance use disorder medications, are covered by the MDH, and copayment may apply to those drugs. All other copayment policies will remain the same. Pregnant individuals, American Indians, individuals under the age of 21, individuals receiving hospice care, individuals in long-term care facilities, and family

planning drugs such as birth control will remain excluded from the above copayment. If members have questions about this information, they can call CareFirst CHPMD at 410-779-9369 or toll-free at 1-800-730-8530, 8 AM to 5 PM, ET, Monday through Friday. TTY users please dial 711. In accordance with Medicaid regulations (COMAR 10.09.03.03.O), providers may not deny services to any participant because of the individual's inability to pay the copayment. If a member is unable to pay a drug copay, the dispensing pharmacy must contact the CVS Caremark Help Desk at 1-800-345-5413 for assistance.

## **PHARMACY AND THERAPEUTICS (P&T) COMMITTEE**

The CareFirst CHPMD Pharmacy and Therapeutics Committee ("P&T Committee") is an external advisory body of CareFirst CHPMD network physicians and pharmacists. These clinical professionals are utilized to determine the drugs to include on the formulary, providing insights to the safety and clinical effectiveness of drug therapies. Voting members of the P&T Committee must disclose any financial relationship(s) and/or conflict(s) of interest with all pharmaceutical manufacturers and affiliations.

## **GENERIC SUBSTITUTION**

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than prescribed brand-name product. Drug listed in lowercase indicates generic availability. In most instances, when a generic drug of a brand-name drug is released into the market it is covered, and the associated brand-name drug will become non-formulary or not covered. Drugs prescribed are subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name counterparts. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generic drugs may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs. When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## **OVER-THE-COUNTER (OTC) MEDICATIONS**

OTC benefit of \$15 per member per quarter is being changed and expanded to the pharmacy benefit formulary effective 1/1/25. CHPMD members will not have a dollar limit on the OTC benefit but can obtain the majority of OTC drugs through the formulary below at the formulary cost share. Provider prescription is still required. Generic OTC products are preferred when available.

## **SPECIALTY PLAN DESIGN**

### **Specialty Guideline Management (SGM)**

SGM is our utilization management program that helps ensure appropriate utilization of specialty drugs based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Drugs which may be included in the SGM program are identified in the formulary as “SP” for your reference.

Note: Specialty drugs can only be dispensed by the CVS Pharmacy® Specialty Services and select University of Maryland Medical System Pharmacies. Providers: please contact either CVS Pharmacy® Specialty Services, Call: 1-800-237-2767, Fax: 1-800-323-2445 or University of Maryland Medical System (UMMS) Pharmacy Services, Call: 855-547-4276, Fax: 410-684-3776. For more information on the Specialty Medications and a list of network Specialty pharmacies, please go to our website Pharmaceutical Management Procedures | CareFirst Community Health Plan Maryland ([carefirst.com/medicaid](https://carefirst.com/medicaid)) and click on Specialty Medications.

### **PLAN DESIGN**

The formulary represents a closed formulary plan design. The drugs listed on the formulary are covered by the plan as represented and drugs not listed are not covered unless a non-formulary exception is pre-approved for coverage. Certain drugs on the list are covered if utilization criteria is met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such drugs outside of their listed criteria will be reviewed for medical necessity.

Medical necessity or formulary exception requests will be reviewed based on drug specific prior authorization criteria or standard non-formulary prescription request criteria. Log into [carefirst.com/medicaid](https://carefirst.com/medicaid) to check the coverage of drugs on the formulary.

### **AUTHORIZATIONS**

Authorization requests for both **NON-FORMULARY** and **FORMULARY** products requiring either a PA (Prior Authorization), QL (Quantity Limit), ST (Step Therapy) or medical necessity review contact **CVS Caremark®** at: **1-877-418-4133**. Coverage determination is rendered within twenty-four (24) hours of receipt of prior authorization. All clinical documentation supporting the request must be provided at the time of submission. If additional documentation is requested, please return as soon as possible, otherwise the request is subject to denial.

## FORMULARY CHANGES/UPDATES

CareFirst CHPMD may add or remove drugs from the drug list throughout the year. The formulary changes are reviewed and approved by the Pharmacy and Therapeutics (P & T) Committee or added/removed from the formulary based on the latest medical literature. Monthly formulary changes are posted onto the website at [carefirst.com/medicaid](https://carefirst.com/medicaid).

## OPIOID MEDICATIONS

The quantity of opioid products prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30-day supply. **Prescriptions that exceed the 90 MME daily limit will be subject to UM criteria, such as prior authorization.** Members who are opioid-naïve may be subject to additional step therapy requirements [use of an immediate release (IR) formulation will be required before moving to an extended-release (ER) formulation and quantity limit restrictions (first fill will be limited to three days for 19 years and under and seven days for 20 years and older)].

**Note:** The quantity limits outlined in the formulary reflect post one (1) month Limit of ≤ 200 MME/day (per 25 days).

## DIABETIC SUPPLIES

Accu-Chek by Roche and True Metrix by Trividia Health are the preferred covered blood glucose meters, test strips, and lancets for CareFirst CHPMD members. Test strips and lancets have a quantity limit of 200 strips every 25 days.

Formulary alcohol swabs are limited to a maximum cost of \$10 per month. Most alcohol swabs available on the market costs less than \$10. Note: The existing quantity limit of 400 alcohol swabs every 25 days remains.

Embecta is the preferred brand for all insulin syringes and pen needles. They have a quantity limit of 200 syringes or 200 needles every 25 days.

## MEDICATIONS CARVED OUT TO MARYLAND DEPARTMENT OF HEALTH

Maryland Department of Health (MDH) is responsible for formulary management of drugs used for behavioral health purposes which are covered under the Medicaid Mental Health Formulary as well as Substance Use Disorder Medications. Drugs in these classes are carved out of the Managed Care Organization (MCO), pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance and processed by their Pharmacy Benefit Management (PBM): Conduent. For questions about these medications, please connect with the Maryland Medicaid Pharmacy Access Hotline at 833-325-0105 Monday-Friday, 8:00 AM - 5:00 PM or visit

<https://health.maryland.gov/mmcp/pap/pages/paphome.aspx>.

Authorization requests for specific MENTAL HEALTH products contact the Maryland Department of Health (MDH) at: 1-800-932-3918 (Antipsychotic Peer Review Line for children 0-17 years old: 1-855-283-0876).

## **NOTICE**

The information contained in this formulary is proprietary. The information may not be copied in whole or in part without written permission. ©2025. All rights reserved. This formulary contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to [members.carefirstchpmd.com](https://members.carefirstchpmd.com).

| Drug Name                                            | Requirements/Limits |
|------------------------------------------------------|---------------------|
| <b>PENICILLINS</b>                                   |                     |
| <b>NATURAL PENICILLINS</b>                           |                     |
| BICILLIN L-A INJ 600000                              |                     |
| BICILLIN L-A INJ 2400000                             |                     |
| BICILLIN L-A INJ 1200000                             |                     |
| penicillin v potassium tab 250 mg                    |                     |
| penicillin v potassium tab 500 mg                    |                     |
| penicillin v potassium for soln 125 mg/5ml           |                     |
| penicillin v potassium for soln 250 mg/5ml           |                     |
| <b>AMINOPENICILLINS</b>                              |                     |
| amoxicillin (trihydrate) cap 250 mg                  |                     |
| amoxicillin (trihydrate) cap 500 mg                  |                     |
| amoxicillin (trihydrate) tab 500 mg                  |                     |
| amoxicillin (trihydrate) tab 875 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         |                     |
| ampicillin cap 500 mg                                |                     |
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>           |                     |
| dicloxacillin sodium cap 250 mg                      |                     |
| dicloxacillin sodium cap 500 mg                      |                     |
| <b>PENICILLIN COMBINATIONS</b>                       |                     |
| amoxicillin & k clavulanate tab 250-125 mg           |                     |
| amoxicillin & k clavulanate tab 500-125 mg           |                     |
| amoxicillin & k clavulanate tab 875-125 mg           |                     |
| 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 |                     |
| <b>CEPHALOSPORINS</b>                                |                     |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>               |                     |
| cefadroxil cap 500 mg                                |                     |
| cefadroxil tab 1 gm                                  |                     |
| cefadroxil for susp 250 mg/5ml                       |                     |
| cefadroxil for susp 500 mg/5ml                       |                     |
| cephalexin cap 250 mg                                |                     |
| cephalexin cap 500 mg                                |                     |
| cephalexin cap 750 mg                                |                     |
| cephalexin tab 250 mg                                |                     |

| Drug Name                                            | Requirements/Limits |
|------------------------------------------------------|---------------------|
| cephalexin tab 500 mg                                |                     |
| cephalexin for susp 125 mg/5ml                       |                     |
| cephalexin for susp 250 mg/5ml                       |                     |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>               |                     |
| cefprozil tab 250 mg                                 |                     |
| cefprozil tab 500 mg                                 |                     |
| cefprozil for susp 125 mg/5ml                        |                     |
| cefprozil for susp 250 mg/5ml                        |                     |
| cefuroxime axetil tab 250 mg                         |                     |
| cefuroxime axetil tab 500 mg                         |                     |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>               |                     |
| cefdinir cap 300 mg                                  |                     |
| cefdinir for susp 125 mg/5ml                         |                     |
| cefdinir for susp 250 mg/5ml                         |                     |
| <b>MACROLIDES</b>                                    |                     |
| <b>ERYTHROMYCINS</b>                                 |                     |
| erythromycin tab 250 mg                              |                     |
| erythromycin tab 500 mg                              |                     |
| erythromycin w/ delayed release particles cap 250 mg |                     |
| erythromycin ethylsuccinate tab 400 mg               |                     |
| erythromycin ethylsuccinate for susp 200 mg/5ml      |                     |
| <b>AZITHROMYCIN</b>                                  |                     |
| azithromycin tab 250 mg                              |                     |
| azithromycin tab 500 mg                              |                     |
| azithromycin tab 600 mg                              |                     |
| azithromycin for susp 100 mg/5ml                     |                     |
| azithromycin for susp 200 mg/5ml                     |                     |
| <b>CLARITHROMYCIN</b>                                |                     |
| clarithromycin tab 250 mg                            |                     |
| clarithromycin tab 500 mg                            |                     |
| clarithromycin for susp 125 mg/5ml                   |                     |
| clarithromycin for susp 250 mg/5ml                   |                     |
| clarithromycin tab er 24hr 500 mg                    |                     |
| <b>FIDAXOMICIN</b>                                   |                     |
| fidaxomicin tab 200 mg                               | PA                  |
| DIFICID SUS                                          | PA                  |
| <b>TETRACYCLINES</b>                                 |                     |
| <b>TETRACYCLINES</b>                                 |                     |
| doxycycline monohydrate for susp 25 mg/5ml           |                     |
| doxycycline hyclate cap 50 mg                        |                     |
| doxycycline hyclate cap 100 mg                       |                     |
| doxycycline hyclate tab 20 mg                        |                     |

| <b>Drug Name</b>               | <b>Requirements/Limits</b>  |
|--------------------------------|-----------------------------|
| doxycycline hyclate tab 100 mg |                             |
| minocycline hcl cap 50 mg      |                             |
| minocycline hcl cap 75 mg      |                             |
| minocycline hcl cap 100 mg     |                             |
| tetracycline hcl cap 250 mg    | QL (120 caps every 25 days) |
| tetracycline hcl cap 500 mg    | QL (120 caps every 25 days) |

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

|                                           |
|-------------------------------------------|
| ciprofloxacin hcl tab 250 mg (base equiv) |
| ciprofloxacin hcl tab 500 mg (base equiv) |
| ciprofloxacin hcl tab 750 mg (base equiv) |
| levofloxacin tab 250 mg                   |
| levofloxacin tab 500 mg                   |
| levofloxacin tab 750 mg                   |
| levofloxacin oral soln 25 mg/ml           |

## **AMINOGLYCOSIDES**

### **AMINOGLYCOSIDES**

|                                 |                                |
|---------------------------------|--------------------------------|
| neomycin sulfate tab 500 mg     |                                |
| tobramycin nebu soln 300 mg/5ml | SP, PA, QL (10 mL every 1 day) |
| tobramycin nebu soln 300 mg/4ml | SP, PA, QL (8 mL every 1 day)  |

## **ANTIMYCOBACTERIAL AGENTS**

### **ANTIMYCOBACTERIAL AGENTS**

|                           |
|---------------------------|
| ethambutol hcl tab 100 mg |
| ethambutol hcl tab 400 mg |
| isoniazid tab 100 mg      |
| isoniazid tab 300 mg      |
| isoniazid syrup 50 mg/5ml |
| pyrazinamide tab 500 mg   |
| rifabutin cap 150 mg      |
| rifampin cap 150 mg       |
| rifampin cap 300 mg       |

## **ANTIFUNGALS**

### **ANTIFUNGALS**

|                                        |                         |
|----------------------------------------|-------------------------|
| griseofulvin microsize susp 125 mg/5ml |                         |
| griseofulvin ultramicrosize tab 125 mg |                         |
| griseofulvin ultramicrosize tab 250 mg |                         |
| nystatin tab 500000 unit               |                         |
| terbinafine hcl tab 250 mg             | QL (90 tabs every year) |

### **IMIDAZOLE-RELATED ANTIFUNGALS**

|                        |
|------------------------|
| fluconazole tab 50 mg  |
| fluconazole tab 100 mg |
| fluconazole tab 150 mg |

| <b>Drug Name</b>                      | <b>Requirements/Limits</b>  |
|---------------------------------------|-----------------------------|
| <i>fluconazole tab 200 mg</i>         |                             |
| <i>fluconazole for susp 10 mg/ml</i>  |                             |
| <i>fluconazole for susp 40 mg/ml</i>  |                             |
| <i>itraconazole cap 100 mg</i>        | PA, QL (4 caps every 1 day) |
| <i>voriconazole tab 50 mg</i>         | PA                          |
| <i>voriconazole tab 200 mg</i>        | PA                          |
| <i>voriconazole for susp 40 mg/ml</i> | PA                          |

## **ANTIVIRALS**

### **ANTIRETROVIRALS**

|                                                      |                             |
|------------------------------------------------------|-----------------------------|
| SUNLENCA TAB 300MG                                   | QL (4 tabs every 2 days)    |
| YEZTUGO TAB 300MG                                    | QL (8 tabs every 4 days)    |
| SUNLENCA INJ                                         | QL (2 vials every 126 days) |
| YEZTUGO INJ 463.5MG                                  | QL (4 vials every 168 days) |
| SUNLENCA TAB 300MG                                   | QL (4 tabs every 2 days)    |
| SUNLENCA TAB 300MG                                   | QL (5 tabs every 8 days)    |
| <i>maraviroc tab 150 mg</i>                          | QL (2 tabs every 1 day)     |
| <i>maraviroc tab 300 mg</i>                          | QL (4 tabs every 1 day)     |
| SELZENTRY SOL 20MG/ML                                | QL (1840 mL every 30 days)  |
| TROGARZO INJ 150MG/ML                                |                             |
| APRETUDE SUS 600MG ER                                | QL (6 mL every 75 days)     |
| TIVICAY TAB 50MG                                     | QL (2 tabs every 1 day)     |
| TIVICAY PD TAB 5MG                                   | QL (12 tabs every 1 day)    |
| ISENTRESS TAB 400MG                                  | QL (4 tabs every 1 day)     |
| ISENTRESS HD TAB 600MG                               | QL (2 tabs every 1 day)     |
| ISENTRESS CHW 25MG                                   | QL (6 tabs every 1 day)     |
| ISENTRESS CHW 100MG                                  | QL (6 tabs every 1 day)     |
| ISENTRESS POW 100MG                                  | QL (2 packets every 1 day)  |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>    | QL (1 cap every 1 day)      |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>    | QL (2 caps every 1 day)     |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>    | QL (1 cap every 1 day)      |
| REYATAZ POW 50MG                                     | QL (6 packets every 1 day)  |
| PREZISTA TAB 75MG                                    | QL (10 tabs every 1 day)    |
| PREZISTA TAB 150MG                                   | QL (6 tabs every 1 day)     |
| <i>darunavir tab 600 mg</i>                          | QL (2 tabs every 1 day)     |
| <i>darunavir tab 800 mg</i>                          | QL (1 tab every 1 day)      |
| PREZISTA SUS 100MG/ML                                | QL (400 mL every 30 days)   |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | QL (4 tabs every 1 day)     |
| <i>ritonavir tab 100 mg</i>                          | QL (12 tabs every 1 day)    |
| NORVIR POW 100MG                                     | QL (12 packets every 1 day) |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>      | QL (2 tabs every 1 day)     |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>   | QL (30 mL every 1 day)      |
| <i>emtricitabine caps 200 mg</i>                     | QL (1 cap every 1 day)      |
| EMTRIVA SOL 10MG/ML                                  | QL (680 mL every 28 days)   |

**\$0** - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

**OSA** - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**

- Quantity Limits **SP** - Specialty **ST** - Step Therapy

| <b>Drug Name</b>                                                  | <b>Requirements/Limits</b>  |
|-------------------------------------------------------------------|-----------------------------|
| <i>lamivudine tab 150 mg</i>                                      | QL (2 tabs every 1 day)     |
| <i>lamivudine tab 300 mg</i>                                      | QL (1 tab every 1 day)      |
| <i>lamivudine oral soln 10 mg/ml</i>                              | QL (32 mL every 1 day)      |
| <i>zidovudine cap 100 mg</i>                                      | QL (6 caps every 1 day)     |
| <i>zidovudine tab 300 mg</i>                                      | QL (2 tabs every 1 day)     |
| <i>zidovudine syrup 10 mg/ml</i>                                  | QL (64 mL every 1 day)      |
| VIREAD TAB 150MG                                                  | QL (1 tab every 1 day)      |
| VIREAD TAB 200MG                                                  | QL (1 tab every 1 day)      |
| VIREAD TAB 250MG                                                  | QL (1 tab every 1 day)      |
| <i>tenofovir disoproxil fumarate tab 300 mg</i>                   | QL (1 tab every 1 day)      |
| VIREAD POW 40MG/GM                                                | QL (8 gm every 1 day)       |
| PIFELTRO TAB 100MG                                                | QL (2 tabs every 1 day)     |
| <i>efavirenz tab 600 mg</i>                                       | QL (1 tab every 1 day)      |
| INTELENCE TAB 25MG                                                | QL (4 tabs every 1 day)     |
| <i>etravirine tab 100 mg</i>                                      | QL (4 tabs every 1 day)     |
| <i>etravirine tab 200 mg</i>                                      | QL (2 tabs every 1 day)     |
| <i>nevirapine tab 200 mg</i>                                      | QL (2 tabs every 1 day)     |
| <i>nevirapine susp 50 mg/5ml</i>                                  | QL (40 mL every 1 day)      |
| <i>nevirapine tab er 24hr 400 mg</i>                              | QL (1 tab every 1 day)      |
| EDURANT TAB 25MG                                                  | QL (2 tabs every 1 day)     |
| EDURANT PED TAB 2.5MG                                             | QL (6 tabs every 1 day)     |
| TYBOST TAB 150MG                                                  | QL (1 tab every 1 day)      |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                 | QL (1 tab every 1 day)      |
| EVOTAZ TAB 300-150                                                | QL (1 tab every 1 day)      |
| CABENUVA SUS 400-600                                              | PA, QL (4 mL every 22 days) |
| CABENUVA SUS 600-900                                              | PA                          |
| DOVATO TAB 50-300MG                                               | QL (1 tab every 1 day)      |
| PREZCOBIX TAB 800-150                                             | QL (1 tab every 1 day)      |
| DESCOVY TAB 120-15MG                                              | QL (1 tab every 1 day)      |
| DESCOVY TAB 200/25MG                                              | QL (1 tab every 1 day)      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | QL (1 tab every 1 day)      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | QL (1 tab every 1 day)      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | QL (1 tab every 1 day)      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | QL (1 tab every 1 day)      |
| CIMDUO TAB 300-300                                                | QL (1 tab every 1 day)      |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | QL (2 tabs every 1 day)     |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | QL (10 tabs every 1 day)    |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | QL (4 tabs every 1 day)     |
| KALETRA SOL                                                       | QL (16 mL every 1 day)      |

| <b>Drug Name</b>                                                | <b>Requirements/Limits</b>                    |
|-----------------------------------------------------------------|-----------------------------------------------|
| TRIUMEQ TAB                                                     | QL (1 tab every 1 day)                        |
| BIKTARVY TAB                                                    | QL (1 tab every 1 day); All strengths covered |
| BIKTARVY TAB                                                    | QL (1 tab every 1 day); All strengths covered |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>  | QL (1 tab every 1 day)                        |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>     | QL (1 tab every 1 day)                        |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>     | QL (1 tab every 1 day)                        |
| ODEFSEY TAB                                                     | QL (1 tab every 1 day)                        |
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> | QL (1 tab every 1 day)                        |
| SYMTUZA TAB                                                     | QL (1 tab every 1 day)                        |
| GENVOYA TAB                                                     | QL (1 tab every 1 day)                        |
| STRIBILD TAB                                                    | QL (1 tab every 1 day)                        |

### **CMV AGENTS**

|                                                          |                            |
|----------------------------------------------------------|----------------------------|
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>   | QL (4 tabs every 1 day)    |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | QL (1000 mL every 30 days) |

### **HEPATITIS AGENTS**

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| <i>adefovir dipivoxil tab 10 mg</i> | SP                                  |
| <i>entecavir tab 0.5 mg</i>         | SP, QL (1 tab every 1 day)          |
| <i>entecavir tab 1 mg</i>           | SP, QL (1 tab every 1 day)          |
| BARACLUDE SOL                       | SP, QL (21 mL every 1 day)          |
| <i>lamivudine tab 100 mg (hbv)</i>  | SP                                  |
| PEGASYS INJ 180MCG/M                | SP, PA                              |
| PEGASYS INJ                         | SP, PA                              |
| <i>ribavirin cap 200 mg</i>         | SP, PA                              |
| <i>ribavirin tab 200 mg</i>         | SP, PA                              |
| MAVYRET TAB 100-40MG                | SP, PA, QL (84 tabs every 28 days)  |
| MAVYRET PAK 50-20MG                 | SP, PA, QL (140 tabs every 28 days) |
| SOFOS/VELPAT TAB 400-100            | SP, PA, QL (1 tab every 1 day)      |

### **HERPES AGENTS**

|                                    |  |
|------------------------------------|--|
| <i>acyclovir cap 200 mg</i>        |  |
| <i>acyclovir tab 400 mg</i>        |  |
| <i>acyclovir tab 800 mg</i>        |  |
| <i>acyclovir susp 200 mg/5ml</i>   |  |
| <i>valacyclovir hcl tab 500 mg</i> |  |
| <i>valacyclovir hcl tab 1 gm</i>   |  |
| <i>famciclovir tab 125 mg</i>      |  |
| <i>famciclovir tab 250 mg</i>      |  |
| <i>famciclovir tab 500 mg</i>      |  |

| Drug Name                                                        | Requirements/Limits                        |
|------------------------------------------------------------------|--------------------------------------------|
| <b>INFLUENZA AGENTS</b>                                          |                                            |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>              | QL (40 caps every 90 days)                 |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>              | QL (20 caps every 90 days)                 |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>              | QL (20 caps every 90 days)                 |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>       | QL (360 mL every 90 days),<br>AGE (Max 12) |
| <b>MISC. ANTIVIRALS</b>                                          |                                            |
| LAGEVRIO CAP 200MG                                               | QL (40 caps every 30 days)                 |
| <b>ANTIVIRAL COMBINATIONS</b>                                    |                                            |
| PAXLOVID PAK                                                     | QL (22 tabs every 30 days)                 |
| PAXLOVID TAB 150-100                                             | QL (40 tabs every 30 days)                 |
| PAXLOVID TAB 300-100                                             | QL (60 tabs every 30 days)                 |
| <b>ANTIMALARIALS</b>                                             |                                            |
| <b>ANTIMALARIALS</b>                                             |                                            |
| <i>chloroquine phosphate tab 250 mg</i>                          | QL (8 tabs every 180 days)                 |
| <i>chloroquine phosphate tab 500 mg</i>                          | QL (8 tabs every 180 days)                 |
| <i>hydroxychloroquine sulfate tab 200 mg</i>                     |                                            |
| <i>mefloquine hcl tab 250 mg</i>                                 | QL (8 tabs every 180 days)                 |
| <i>pyrimethamine tab 25 mg</i>                                   |                                            |
| <b>ANTIMALARIAL COMBINATIONS</b>                                 |                                            |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>                   | QL (23 tabs every 180 days)                |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>                   | QL (23 tabs every 180 days)                |
| <b>ANTHELMINTICS</b>                                             |                                            |
| <b>ANTHELMINTICS</b>                                             |                                            |
| <i>ivermectin tab 3 mg</i>                                       |                                            |
| EMVERM CHW 100MG                                                 | QL (12 tabs every year)                    |
| <i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>     | OTC                                        |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                             |                                            |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                             |                                            |
| <i>metronidazole cap 375 mg</i>                                  |                                            |
| <i>metronidazole tab 250 mg</i>                                  |                                            |
| <i>metronidazole tab 500 mg</i>                                  |                                            |
| XIFAXAN TAB 550MG                                                | ST                                         |
| <i>trimethoprim tab 100 mg</i>                                   |                                            |
| <b>LINCOSAMIDES</b>                                              |                                            |
| <i>clindamycin hcl cap 150 mg</i>                                |                                            |
| <i>clindamycin hcl cap 300 mg</i>                                |                                            |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> |                                            |
| <b>OXAZOLIDINONES</b>                                            |                                            |
| <i>linezolid tab 600 mg</i>                                      | PA                                         |

| <b>Drug Name</b>                                              | <b>Requirements/Limits</b> |
|---------------------------------------------------------------|----------------------------|
| <i>linezolid for susp 100 mg/5ml</i>                          | PA                         |
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>               | PA                         |
| LINEZOLID INJ 2MG/ML                                          | PA                         |
| <b>GLYCOPEPTIDES</b>                                          |                            |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>            | ST                         |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>            | ST                         |
| <b>LEPROSTATICS</b>                                           |                            |
| <i>dapsone tab 25 mg</i>                                      |                            |
| <i>dapsone tab 100 mg</i>                                     |                            |
| <b>ANTIPROTOZOAL AGENTS</b>                                   |                            |
| <i>atovaquone susp 750 mg/5ml</i>                             |                            |
| <b>URINARY ANTI-INFECTIVES</b>                                |                            |
| <i>nitrofurantoin susp 25 mg/5ml</i>                          | AGE (Max 8)                |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>              |                            |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>              |                            |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i>             |                            |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> |                            |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>                    |                            |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>            |                            |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>           |                            |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>       |                            |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>                |                            |
| <b>MONOCLONAL ANTIBODIES</b>                                  |                            |
| SYNAGIS INJ 50/0.5ML                                          | SP, PA                     |
| SYNAGIS INJ 100MG/ML                                          | SP, PA                     |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>               |                            |
| <b>ALKYLATING AGENTS</b>                                      |                            |
| MYLERAN TAB 2MG                                               |                            |
| LEUKERAN TAB 2MG                                              |                            |
| <i>cyclophosphamide cap 25 mg</i>                             |                            |
| <i>cyclophosphamide cap 50 mg</i>                             |                            |
| CYCLOPHOSPH TAB 50MG                                          |                            |
| GLEOSTINE CAP 10MG                                            |                            |
| GLEOSTINE CAP 40MG                                            |                            |
| GLEOSTINE CAP 100MG                                           |                            |
| <i>temozolomide cap 5 mg</i>                                  | SP, PA                     |
| <i>temozolomide cap 20 mg</i>                                 | SP, PA                     |
| <i>temozolomide cap 100 mg</i>                                | SP, PA                     |
| <i>temozolomide cap 140 mg</i>                                | SP, PA                     |
| <i>temozolomide cap 180 mg</i>                                | SP, PA                     |
| <i>temozolomide cap 250 mg</i>                                | SP, PA                     |

| Drug Name                                          | Requirements/Limits                 |
|----------------------------------------------------|-------------------------------------|
| <b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>           |                                     |
| KANJINTI SOL 150MG                                 | SP, PA                              |
| KANJINTI INJ 420MG                                 | SP, PA                              |
| TUKYSA TAB 50MG                                    | PA, QL (4 tabs every 1 day)         |
| TUKYSA TAB 150MG                                   | PA, QL (4 tabs every 1 day)         |
| <b>ANTIMETABOLITES</b>                             |                                     |
| <i>capecitabine tab 150 mg</i>                     | SP, PA                              |
| <i>capecitabine tab 500 mg</i>                     | SP, PA                              |
| <i>mercaptopurine tab 50 mg</i>                    |                                     |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> |                                     |
| TREXALL TAB 5MG                                    |                                     |
| TREXALL TAB 7.5MG                                  |                                     |
| TREXALL TAB 10MG                                   |                                     |
| TREXALL TAB 15MG                                   |                                     |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>    |                                     |
| INLYTA TAB 1MG                                     | SP, PA, QL (8 tabs every 1 day)     |
| INLYTA TAB 5MG                                     | SP, PA, QL (4 tabs every 1 day)     |
| MVASI INJ 100MG                                    | SP, PA                              |
| MVASI INJ 400MG                                    | SP, PA                              |
| ZIRABEV INJ 100/4ML                                | SP, PA                              |
| ZIRABEV INJ 400/16ML                               | SP, PA                              |
| LENVIMA CAP 4MG                                    | SP, PA, QL (1 cap every 1 day)      |
| LENVIMA CAP 8 MG                                   | SP, PA, QL (2 caps every 1 day)     |
| LENVIMA CAP 10 MG                                  | SP, PA, QL (1 cap every 1 day)      |
| LENVIMA CAP 12MG                                   | SP, PA, QL (3 caps every 1 day)     |
| LENVIMA CAP 20 MG                                  | SP, PA, QL (2 caps every 1 day)     |
| LENVIMA CAP 14 MG                                  | SP, PA, QL (2 caps every 1 day)     |
| LENVIMA CAP 18 MG                                  | SP, PA, QL (3 caps every 1 day)     |
| LENVIMA CAP 24 MG                                  | SP, PA, QL (3 caps every 1 day)     |
| <b>ANTINEOPLASTIC - ANTIBODIES</b>                 |                                     |
| POLIVY INJ 30MG                                    | SP, PA                              |
| POLIVY INJ 140MG                                   | SP, PA                              |
| PADCEV INJ 20MG                                    | SP, PA, QL (21 vials every 21 days) |
| PADCEV INJ 30MG                                    | SP, PA, QL (15 vials every 21 days) |
| <b>ANTINEOPLASTIC - EGFR INHIBITORS</b>            |                                     |
| GILOTRIF TAB 20MG                                  | SP, PA, QL (1 tab every 1 day)      |
| GILOTRIF TAB 30MG                                  | SP, PA, QL (1 tab every 1 day)      |
| GILOTRIF TAB 40MG                                  | SP, PA, QL (1 tab every 1 day)      |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>   | SP, PA, QL (2 tabs every 1 day)     |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i>  | SP, PA, QL (1 tab every 1 day)      |

| <b>Drug Name</b>                                       | <b>Requirements/Limits</b>      |
|--------------------------------------------------------|---------------------------------|
| <i>erlotinib hcl tab 150 mg (base equivalent)</i>      | SP, PA, QL (1 tab every 1 day)  |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>    |                                 |
| ERIVEDGE CAP 150MG                                     | SP, PA, QL (1 cap every 1 day)  |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>    |                                 |
| LYSODREN TAB 500MG                                     |                                 |
| <i>bicalutamide tab 50 mg</i>                          |                                 |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i>   |                                 |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>   |                                 |
| <i>toremifene citrate tab 60 mg (base equivalent)</i>  |                                 |
| <i>anastrozole tab 1 mg</i>                            |                                 |
| <i>exemestane tab 25 mg</i>                            |                                 |
| <i>letrozole tab 2.5 mg</i>                            |                                 |
| <i>fulvestrant inj soln pref syr 250 mg/5ml</i>        | SP, PA                          |
| <i>megestrol acetate tab 20 mg</i>                     |                                 |
| <i>megestrol acetate tab 40 mg</i>                     |                                 |
| <i>megestrol acetate susp 40 mg/ml</i>                 |                                 |
| ZOLADEX IMP 3.6MG                                      | SP, PA                          |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> | SP, PA                          |
| ELIGARD INJ 7.5MG                                      | SP, PA                          |
| ELIGARD INJ 22.5MG                                     | SP, PA                          |
| ELIGARD INJ 30MG                                       | SP, PA                          |
| ELIGARD INJ 45MG                                       | SP, PA                          |
| CAMCEVI INJ 42MG                                       | SP, PA                          |
| TRELSTAR MIX INJ 3.75MG                                | SP, PA                          |
| ORGOVYX TAB 120MG                                      | SP, PA, QL (1 tab every 1 day)  |
| <i>abiraterone acetate tab 250 mg</i>                  | SP, PA, QL (4 tabs every 1 day) |
| <b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>               |                                 |
| VENCLEXTA TAB 10MG                                     | PA, QL (4 tabs every 1 day)     |
| VENCLEXTA TAB 50MG                                     | PA, QL (4 tabs every 1 day)     |
| VENCLEXTA TAB 100MG                                    | PA, QL (6 tabs every 1 day)     |
| VENCLEXTA TAB START PK                                 | PA, QL (1 pack every 28 days)   |
| <b>MITOTIC INHIBITORS</b>                              |                                 |
| <i>etoposide cap 50 mg</i>                             |                                 |
| <b>ANTINEOPLASTIC ENZYME INHIBITORS</b>                |                                 |
| XALKORI CAP 200MG                                      | SP, PA, QL (4 caps every 1 day) |
| XALKORI CAP 250MG                                      | SP, PA, QL (4 caps every 1 day) |
| XALKORI CAP 20MG                                       | SP, PA, QL (4 caps every 1 day) |
| XALKORI CAP 50MG                                       | SP, PA, QL (4 caps every 1 day) |
| XALKORI CAP 150MG                                      | SP, PA, QL (6 caps every 1 day) |
| LORBRENA TAB 25MG                                      | SP, PA, QL (3 tabs every 1 day) |
| LORBRENA TAB 100MG                                     | SP, PA, QL (1 tab every 1 day)  |
| VERZENIO TAB 50MG                                      | SP, PA, QL (2 tabs every 1 day) |

| <b>Drug Name</b>                                      | <b>Requirements/Limits</b>           |
|-------------------------------------------------------|--------------------------------------|
| VERZENIO TAB 100MG                                    | SP, PA, QL (2 tabs every 1 day)      |
| VERZENIO TAB 150MG                                    | SP, PA, QL (2 tabs every 1 day)      |
| VERZENIO TAB 200MG                                    | SP, PA, QL (2 tabs every 1 day)      |
| ZOLINZA CAP 100MG                                     | SP, PA, QL (4 caps every 1 day)      |
| <i>dasatinib tab 20 mg</i>                            | SP, PA, QL (3 tabs every 1 day)      |
| <i>dasatinib tab 50 mg</i>                            | SP, PA, QL (1 tab every 1 day)       |
| <i>dasatinib tab 70 mg</i>                            | SP, PA, QL (1 tab every 1 day)       |
| <i>dasatinib tab 80 mg</i>                            | SP, PA, QL (1 tab every 1 day)       |
| <i>dasatinib tab 100 mg</i>                           | SP, PA, QL (1 tab every 1 day)       |
| <i>dasatinib tab 140 mg</i>                           | SP, PA, QL (1 tab every 1 day)       |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | SP, PA, QL (4 tabs every 1 day)      |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | SP, PA, QL (2 tabs every 1 day)      |
| IMKELDI SOL 80MG/ML                                   | SP, PA, QL (10 mL every 1 day)       |
| TAFINLAR CAP 50MG                                     | SP, PA, QL (4 caps every 1 day)      |
| TAFINLAR CAP 75MG                                     | SP, PA, QL (4 caps every 1 day)      |
| TAFINLAR TAB 10MG                                     | SP, PA, QL (30 tabs every 1 day)     |
| OJEMDA TAB 100MG                                      | SP, PA, QL (1 box every 28 days)     |
| OJEMDA SUS 25MG/ML                                    | SP, PA, QL (8 bottles every 28 days) |
| ZELBORAF TAB 240MG                                    | SP, PA, QL (8 tabs every 1 day)      |
| CALQUENCE TAB 100MG                                   | SP, PA, QL (2 tabs every 1 day)      |
| <i>everolimus tab 2.5 mg</i>                          | SP, PA, QL (1 tab every 1 day)       |
| <i>everolimus tab 5 mg</i>                            | SP, PA, QL (1 tab every 1 day)       |
| <i>everolimus tab 7.5 mg</i>                          | SP, PA, QL (1 tab every 1 day)       |
| <i>everolimus tab 10 mg</i>                           | SP, PA, QL (1 tab every 1 day)       |
| CABOMETYX TAB 20MG                                    | SP, PA, QL (1 tab every 1 day)       |
| CABOMETYX TAB 40MG                                    | SP, PA, QL (1 tab every 1 day)       |
| CABOMETYX TAB 60MG                                    | SP, PA, QL (1 tab every 1 day)       |
| COMETRIQ KIT 60MG                                     | SP, PA, QL (3 caps every 1 day)      |
| COMETRIQ KIT 100MG                                    | SP, PA, QL (2 caps every 1 day)      |
| COMETRIQ KIT 140MG                                    | SP, PA, QL (4 caps every 1 day)      |
| XOSPATA TAB 40MG                                      | SP, PA, QL (3 tabs every 1 day)      |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i>   | SP, PA, QL (6 tabs every 1 day)      |
| RYDAPT CAP 25MG                                       | SP, PA, QL (8 caps every 1 day)      |
| <i>pazopanib hcl tab 200 mg (base equiv)</i>          | SP, PA, QL (4 tabs every 1 day)      |
| STIVARGA TAB 40MG                                     | SP, PA, QL (3 tabs every 1 day)      |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i> | SP, PA, QL (1 cap every 1 day)       |
| <i>sunitinib malate cap 25 mg (base equivalent)</i>   | SP, PA, QL (1 cap every 1 day)       |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i> | SP, PA, QL (1 cap every 1 day)       |
| <i>sunitinib malate cap 50 mg (base equivalent)</i>   | SP, PA, QL (1 cap every 1 day)       |
| CAPRELSA TAB 100MG                                    | SP, PA, QL (2 tabs every 1 day)      |

**\$0** - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

27

**OSA** - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**

- Quantity Limits **SP** - Specialty **ST** - Step Therapy

| <b>Drug Name</b>                                      | <b>Requirements/Limits</b>          |
|-------------------------------------------------------|-------------------------------------|
| CAPRELSA TAB 300MG                                    | SP, PA, QL (1 tab every 1 day)      |
| MEKINIST TAB 0.5MG                                    | SP, PA, QL (3 tabs every 1 day)     |
| MEKINIST TAB 2MG                                      | SP, PA, QL (1 tab every 1 day)      |
| MEKINIST SOL 0.05/ML                                  | SP, PA, QL (38 mL every 1 day)      |
| ROZLYTREK CAP 100MG                                   | SP, PA, QL (1 cap every 1 day)      |
| ROZLYTREK CAP 200MG                                   | SP, PA, QL (3 caps every 1 day)     |
| ROZLYTREK PAK 50MG                                    | SP, PA, QL (12 packets every 1 day) |
| LYNPARZA TAB 100MG                                    | SP, PA, QL (4 tabs every 1 day)     |
| LYNPARZA TAB 150MG                                    | SP, PA, QL (4 tabs every 1 day)     |
| RUBRACA TAB 200MG                                     | SP, PA, QL (4 tabs every 1 day)     |
| RUBRACA TAB 250MG                                     | SP, PA, QL (4 tabs every 1 day)     |
| RUBRACA TAB 300MG                                     | SP, PA, QL (4 tabs every 1 day)     |
| <i>bortezomib for inj 3.5 mg</i>                      | SP, PA                              |
| NINLARO CAP 2.3MG                                     | SP, PA, QL (3 caps every 21 days)   |
| NINLARO CAP 3MG                                       | SP, PA, QL (3 caps every 21 days)   |
| NINLARO CAP 4MG                                       | SP, PA, QL (3 caps every 21 days)   |
| JAKAFI TAB 5MG                                        | SP, PA, QL (2 tabs every 1 day)     |
| JAKAFI TAB 10MG                                       | SP, PA, QL (2 tabs every 1 day)     |
| JAKAFI TAB 15MG                                       | SP, PA, QL (2 tabs every 1 day)     |
| JAKAFI TAB 20MG                                       | SP, PA, QL (2 tabs every 1 day)     |
| JAKAFI TAB 25MG                                       | SP, PA, QL (2 tabs every 1 day)     |
| ZYDELIG TAB 100MG                                     | SP, PA, QL (2 tabs every 1 day)     |
| ZYDELIG TAB 150MG                                     | SP, PA, QL (2 tabs every 1 day)     |
| ITOVEBI TAB 3MG                                       | SP, PA, QL (2 tabs every 1 day)     |
| ITOVEBI TAB 9MG                                       | SP, PA, QL (1 tab every 1 day)      |
| <b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>            |                                     |
| PLUVICTO INJ 1000MBQ                                  | SP, PA                              |
| <b>ANTINEOPLASTICS MISC.</b>                          |                                     |
| <i>hydroxyurea cap 500 mg</i>                         |                                     |
| MATULANE CAP 50MG                                     |                                     |
| <i>tretinoin cap 10 mg</i>                            |                                     |
| <i>bexarotene cap 75 mg</i>                           | SP, PA                              |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b> |                                     |
| <i>leucovorin calcium tab 5 mg</i>                    |                                     |
| <i>leucovorin calcium tab 10 mg</i>                   |                                     |
| <i>leucovorin calcium tab 15 mg</i>                   |                                     |
| <i>leucovorin calcium tab 25 mg</i>                   |                                     |
| IWILFIN TAB 192MG                                     | SP, PA, QL (8 tabs every 1 day)     |

| Drug Name                   | Requirements/Limits |
|-----------------------------|---------------------|
| <b>CORTICOSTEROIDS</b>      |                     |
| <b>GLUCOCORTICOSTEROIDS</b> |                     |

|                                                             |
|-------------------------------------------------------------|
| budesonide delayed release particles cap 3 mg               |
| budesonide tab er 24hr 9 mg                                 |
| 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                                      |
| dexamethasone elixir 0.5 mg/5ml                             |
| dexamethasone soln 0.5 mg/5ml                               |
| hydrocortisone tab 5 mg                                     |
| hydrocortisone tab 10 mg                                    |
| hydrocortisone tab 20 mg                                    |
| MEDROL TAB 2MG                                              |
| methylprednisolone tab 4 mg                                 |
| methylprednisolone tab 8 mg                                 |
| methylprednisolone tab 16 mg                                |
| methylprednisolone tab 32 mg                                |
| methylprednisolone tab therapy pack 4 mg (21)               |
| prednisolone soln 15 mg/5ml                                 |
| prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) |
| prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) |
| prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)  |
| prednisolone sod phos orally disintegr tab 10 mg (base eq)  |
| prednisolone sod phos orally disintegr tab 15 mg (base eq)  |
| prednisolone sod phos orally disintegr tab 30 mg (base eq)  |
| prednisone tab 1 mg                                         |
| prednisone tab 2.5 mg                                       |
| prednisone tab 5 mg                                         |
| prednisone tab 10 mg                                        |
| prednisone tab 20 mg                                        |
| prednisone tab 50 mg                                        |
| prednisone oral soln 5 mg/5ml                               |
| prednisone tab therapy pack 5 mg (21)                       |

| <b>Drug Name</b>                                                  | <b>Requirements/Limits</b>  |
|-------------------------------------------------------------------|-----------------------------|
| <i>prednisone tab therapy pack 5 mg (48)</i>                      |                             |
| <i>prednisone tab therapy pack 10 mg (21)</i>                     |                             |
| <i>prednisone tab therapy pack 10 mg (48)</i>                     |                             |
| <b>MINERALOCORTICOIDS</b>                                         |                             |
| <i>fludrocortisone acetate tab 0.1 mg</i>                         |                             |
| <b>ANDROGENS-ANABOLIC</b>                                         |                             |
| <b>ANDROGENS</b>                                                  |                             |
| <i>danazol cap 50 mg</i>                                          |                             |
| <i>danazol cap 100 mg</i>                                         |                             |
| <i>danazol cap 200 mg</i>                                         |                             |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i>                       | PA                          |
| <i>testosterone td gel 10mg/act (2%)</i>                          | PA                          |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i>             | PA                          |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i>             | PA                          |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i>             | PA                          |
| <b>ESTROGENS</b>                                                  |                             |
| <b>ESTROGENS</b>                                                  |                             |
| <i>estradiol tab 0.5 mg</i>                                       |                             |
| <i>estradiol tab 1 mg</i>                                         |                             |
| <i>estradiol tab 2 mg</i>                                         |                             |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                    |                             |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>   |                             |
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                     |                             |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                     |                             |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                    |                             |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>                      |                             |
| <b>ESTROGEN COMBINATIONS</b>                                      |                             |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>       |                             |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>         |                             |
| COMBIPATCH DIS                                                    |                             |
| COMBIPATCH DIS                                                    |                             |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> |                             |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>     |                             |
| <b>CONTRACEPTIVES</b>                                             |                             |
| <b>COPPER CONTRACEPTIVES - IUD</b>                                |                             |
| MIUDELLA IUD COPPER                                               | QL (1 IUD in lifetime); \$0 |
| PARAGARD IUD T380A                                                | QL (1 IUD in lifetime); \$0 |
| <b>PROGESTIN CONTRACEPTIVES - ORAL</b>                            |                             |
| <i>norethindrone tab 0.35 mg</i>                                  | QL (1 tab every 1 day); \$0 |

| <b>Drug Name</b>                                                    | <b>Requirements/Limits</b>            |
|---------------------------------------------------------------------|---------------------------------------|
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>                        |                                       |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>                | QL (5 injections every 364 days); \$0 |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>  | QL (5 injections every 364 days); \$0 |
| <b>PROGESTIN CONTRACEPTIVES - IUD</b>                               |                                       |
| SKYLA IUD 13.5MG                                                    | QL (1 IUD in lifetime); \$0           |
| KYLEENA IUD 19.5MG                                                  | QL (1 IUD in lifetime); \$0           |
| LILETTA IUD 52MG                                                    | QL (1 IUD in lifetime); \$0           |
| MIRENA IUD SYSTEM                                                   | QL (1 IUD in lifetime); \$0           |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>                          |                                       |
| NEXPLANON IMP 68MG                                                  | QL (1 implant in lifetime); \$0       |
| <b>EMERGENCY CONTRACEPTIVES</b>                                     |                                       |
| <i>levonorgestrel tab 1.5 mg</i>                                    | QL (1 tab every 30 days), OTC; \$0    |
| ELLA TAB 30MG                                                       | QL (2 tabs every year); \$0           |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                     |                                       |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>     | QL (39 patches every 364 days); \$0   |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                         |                                       |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>    | QL (13 rings every 364 days); \$0     |
| <b>COMBINATION CONTRACEPTIVES - ORAL</b>                            |                                       |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>       | QL (1 tab every 1 day); \$0           |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                 | QL (1 tab every 1 day); \$0           |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                 | QL (1 tab every 1 day); \$0           |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> | QL (1 tab every 1 day); \$0           |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> | QL (1 tab every 1 day); \$0           |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>     | QL (1 tab every 1 day); \$0           |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>    | QL (1 tab every 1 day); \$0           |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>      | QL (1 tab every 1 day); \$0           |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>      | QL (1 tab every 1 day); \$0           |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>        | QL (1 tab every 1 day); \$0           |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>    | QL (1 tab every 1 day); \$0           |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>  | QL (1 tab every 1 day); \$0           |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>         | QL (1 tab every 1 day); \$0           |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>      | QL (1 tab every 1 day); \$0           |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> | QL (1 tab every 1 day); \$0           |

| <b>Drug Name</b>                                                        | <b>Requirements/Limits</b>  |
|-------------------------------------------------------------------------|-----------------------------|
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>   | QL (1 tab every 1 day); \$0 |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | QL (1 tab every 1 day); \$0 |
| <i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mcg</i>    | QL (1 tab every 1 day); \$0 |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>     | QL (1 tab every 1 day); \$0 |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>       | QL (1 tab every 1 day); \$0 |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>        | QL (1 tab every 1 day); \$0 |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>      | QL (1 tab every 1 day); \$0 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>      | QL (1 tab every 1 day); \$0 |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | QL (1 tab every 1 day); \$0 |

## **PROGESTINS**

### **PROGESTINS**

|                                               |
|-----------------------------------------------|
| <i>medroxyprogesterone acetate tab 2.5 mg</i> |
| <i>medroxyprogesterone acetate tab 5 mg</i>   |
| <i>medroxyprogesterone acetate tab 10 mg</i>  |
| <i>norethindrone acetate tab 5 mg</i>         |
| <i>progesterone cap 100 mg</i>                |
| <i>progesterone cap 200 mg</i>                |

## **ANTIDIABETICS**

### **INSULIN**

|                          |     |
|--------------------------|-----|
| LANTUS INJ 100/ML        |     |
| LANTUS SOLOS INJ 100/ML  |     |
| GLARGIN YFGN SOL 100U/ML |     |
| GLARGIN YFGN INJ 100U/ML |     |
| ADMELOG INJ 100U/ML      |     |
| INSULIN LISP INJ 100/ML  |     |
| ADMELOG SOLO INJ 100U/ML |     |
| HUMULIN R INJ U-100      | OTC |
| NOVOLIN R INJ U-100      | OTC |
| HUMULIN R INJ U-500      |     |
| NOVOLIN R INJ 100 UNIT   | OTC |
| HUMULIN R INJ U-500      |     |
| HUMULIN N INJ U-100      | OTC |
| NOVOLIN N INJ U-100      | OTC |
| HUMULIN N INJ U-100KWP   | OTC |

| <b>Drug Name</b>                                                              | <b>Requirements/Limits</b>     |
|-------------------------------------------------------------------------------|--------------------------------|
| NOVOLIN N INJ 100 UNIT                                                        | OTC                            |
| INSULIN ASPA INJ 70/30                                                        |                                |
| INS ASP PROT INJ FLEXPEN                                                      |                                |
| HUMALOG MIX SUS 75/25                                                         |                                |
| INSULIN LISP INJ PROTAMIN                                                     |                                |
| HUMALOG MIX INJ 50/50KWP                                                      |                                |
| HUMULIN INJ 70/30                                                             | OTC                            |
| NOVOLIN INJ 70/30                                                             | OTC                            |
| HUMULIN INJ 70/30KWP                                                          | OTC                            |
| NOVOLIN INJ 70/30 FP                                                          | OTC                            |
| <b>INCRETIN MIMETIC AGENTS</b>                                                |                                |
| <i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i><br>(generic VICTOZA) | PA, QL (3 pens every 25 days)  |
| RYBELSUS TAB 3MG                                                              | PA, QL (30 tabs every 25 days) |
| RYBELSUS TAB 7MG                                                              | PA, QL (30 tabs every 25 days) |
| RYBELSUS TAB 14MG                                                             | PA, QL (30 tabs every 25 days) |
| OZEMPIC INJ 2MG/3ML                                                           | PA, QL (1 pen every 21 days)   |
| OZEMPIC INJ 4MG/3ML                                                           | PA, QL (1 pen every 21 days)   |
| OZEMPIC INJ 8MG/3ML                                                           | PA, QL (1 pen every 21 days)   |
| <b>SULFONYLUREAS</b>                                                          |                                |
| <i>glimepiride tab 1 mg</i>                                                   |                                |
| <i>glimepiride tab 2 mg</i>                                                   |                                |
| <i>glimepiride tab 4 mg</i>                                                   |                                |
| <i>glipizide tab 5 mg</i>                                                     |                                |
| <i>glipizide tab 10 mg</i>                                                    |                                |
| <i>glipizide tab er 24hr 2.5 mg</i>                                           |                                |
| <i>glipizide tab er 24hr 5 mg</i>                                             |                                |
| <i>glipizide tab er 24hr 10 mg</i>                                            |                                |
| <b>BIGUANIDES</b>                                                             |                                |
| <i>metformin hcl tab 500 mg</i>                                               |                                |
| <i>metformin hcl tab 850 mg</i>                                               |                                |
| <i>metformin hcl tab 1000 mg</i>                                              |                                |
| <i>metformin hcl tab er 24hr 500 mg</i>                                       |                                |
| <i>metformin hcl tab er 24hr 750 mg</i>                                       |                                |
| <b>MEGLITINIDE ANALOGUES</b>                                                  |                                |
| <i>nateglinide tab 60 mg</i>                                                  |                                |
| <i>nateglinide tab 120 mg</i>                                                 |                                |
| <i>repaglinide tab 0.5 mg</i>                                                 |                                |
| <i>repaglinide tab 1 mg</i>                                                   |                                |
| <i>repaglinide tab 2 mg</i>                                                   |                                |
| <b>DIABETIC OTHER</b>                                                         |                                |
| GVOKE KIT SOL 1/0.2ML                                                         | QL (2 syringes every 30 days)  |

| <b>Drug Name</b>                        | <b>Requirements/Limits</b>      |
|-----------------------------------------|---------------------------------|
| BAQSIMI ONE POW 3MG/DOSE                | QL (2 actuations every 30 days) |
| BAQSIMI TWO POW 3MG/DOSE                | QL (2 actuations every 30 days) |
| GVOKE HYPO 1 INJ 0.5/.1ML               | QL (2 syringes every 30 days)   |
| GVOKE HYPO 2 INJ 0.5/.1ML               | QL (2 syringes every 30 days)   |
| GVOKE HYPO 1 INJ 1/0.2ML                | QL (2 syringes every 30 days)   |
| GVOKE HYPO 2 INJ 1/0.2ML                | QL (2 syringes every 30 days)   |
| GVOKE PFS INJ 1/0.2ML                   | QL (2 syringes every 30 days)   |
| <i>glucagon (rdna) for inj kit 1 mg</i> | QL (2 kits every 30 days)       |

#### **ALPHA-GLUCOSIDASE INHIBITORS**

|                            |
|----------------------------|
| <i>acarbose tab 25 mg</i>  |
| <i>acarbose tab 50 mg</i>  |
| <i>acarbose tab 100 mg</i> |

#### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

|                                                     |
|-----------------------------------------------------|
| <i>alogliptin benzoate tab 6.25 mg (base equiv)</i> |
| <i>alogliptin benzoate tab 12.5 mg (base equiv)</i> |
| <i>alogliptin benzoate tab 25 mg (base equiv)</i>   |

#### **INSULIN SENSITIZING AGENTS**

|                                                |
|------------------------------------------------|
| <i>pioglitazone hcl tab 15 mg (base equiv)</i> |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i> |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i> |

#### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

|                    |                            |
|--------------------|----------------------------|
| JARDIANCE TAB 10MG | ST, QL (1 tab every 1 day) |
| JARDIANCE TAB 25MG | ST, QL (1 tab every 1 day) |
| STEGLATRO TAB 5MG  | ST                         |
| STEGLATRO TAB 15MG | ST                         |

#### **ANTIDIABETIC COMBINATIONS**

|                                                  |    |
|--------------------------------------------------|----|
| XULTOPHY INJ 100/3.6                             | ST |
| SOLIQUA INJ 100/33                               | ST |
| <i>alogliptin-metformin hcl tab 12.5-500 mg</i>  |    |
| <i>alogliptin-metformin hcl tab 12.5-1000 mg</i> |    |
| <i>alogliptin-pioglitazone tab 12.5-30 mg</i>    |    |
| <i>alogliptin-pioglitazone tab 25-15 mg</i>      |    |
| <i>alogliptin-pioglitazone tab 25-30 mg</i>      |    |
| <i>alogliptin-pioglitazone tab 25-45 mg</i>      |    |
| SEGLUROMET TAB 2.5-500                           | ST |
| SEGLUROMET TAB 2.5-1000                          | ST |
| SEGLUROMET TAB 7.5-500                           | ST |
| SEGLUROMET TAB 7.5-1000                          | ST |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>    |    |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>    |    |

| <b>Drug Name</b>                                    | <b>Requirements/Limits</b> |
|-----------------------------------------------------|----------------------------|
| <i>glipizide-metformin hcl tab 5-500 mg</i>         |                            |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i>     |                            |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i>     |                            |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> |                            |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> |                            |

## **THYROID AGENTS**

### **THYROID HORMONES**

|                                         |
|-----------------------------------------|
| <i>levothyroxine sodium tab 25 mcg</i>  |
| <i>levothyroxine sodium tab 50 mcg</i>  |
| <i>levothyroxine sodium tab 75 mcg</i>  |
| <i>levothyroxine sodium tab 88 mcg</i>  |
| <i>levothyroxine sodium tab 100 mcg</i> |
| <i>levothyroxine sodium tab 112 mcg</i> |
| <i>levothyroxine sodium tab 125 mcg</i> |
| <i>levothyroxine sodium tab 137 mcg</i> |
| <i>levothyroxine sodium tab 150 mcg</i> |
| <i>levothyroxine sodium tab 175 mcg</i> |
| <i>levothyroxine sodium tab 200 mcg</i> |
| <i>levothyroxine sodium tab 300 mcg</i> |
| <i>liothyronine sodium tab 5 mcg</i>    |
| <i>liothyronine sodium tab 25 mcg</i>   |
| <i>liothyronine sodium tab 50 mcg</i>   |

### **ANTITHYROID AGENTS**

|                                   |
|-----------------------------------|
| <i>methimazole tab 5 mg</i>       |
| <i>methimazole tab 10 mg</i>      |
| <i>propylthiouracil tab 50 mg</i> |

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### **BONE DENSITY REGULATORS**

|                                                    |                                       |
|----------------------------------------------------|---------------------------------------|
| <i>alendronate sodium tab 10 mg</i>                |                                       |
| <i>alendronate sodium tab 35 mg</i>                |                                       |
| <i>alendronate sodium tab 70 mg</i>                |                                       |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> |                                       |
| TYMLOS INJ                                         | SP, PA, QL (1 pen every 30 days)      |
| TERIPARATIDE INJ 560/2.24                          | SP, PA, QL (1 pen every 28 days)      |
| JUBBONTI INJ 60MG/ML                               | SP, PA, QL (1 syringe every 6 months) |

### **HORMONE RECEPTOR MODULATORS**

|                                 |    |
|---------------------------------|----|
| OSPHENA TAB 60MG                | PA |
| <i>raloxifene hcl tab 60 mg</i> |    |

| Drug Name                                                     | Requirements/Limits                  |
|---------------------------------------------------------------|--------------------------------------|
| <b>FERTILITY REGULATORS</b>                                   |                                      |
| NOVAREL INJ 5000UNIT                                          | SP, PA                               |
| CHOR GONADOT INJ 10000UNT                                     | SP, PA                               |
| PREGNYL INJ 10000UNT                                          | SP, PA                               |
| OVIDREL INJ                                                   | SP, PA                               |
| GONAL-F RFF INJ 75UNIT                                        | SP, PA, QL (60 vials every 28 days)  |
| MENOPUR INJ 75UNIT                                            | SP, PA                               |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>        |                                      |
| FENSOLVI INJ 45MG                                             | SP, PA                               |
| SYNAREL SOL 2MG/ML                                            |                                      |
| <b>GNRH/LHRH ANTAGONISTS</b>                                  |                                      |
| ORILISSA TAB 150MG                                            | PA                                   |
| ORILISSA TAB 200MG                                            | PA                                   |
| <i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i> | SP, PA                               |
| <b>GROWTH HORMONES</b>                                        |                                      |
| NORDITROPIN INJ 5/1.5ML                                       | SP, PA                               |
| NORDITROPIN INJ 10/1.5ML                                      | SP, PA                               |
| NORDITROPIN INJ 15/1.5ML                                      | SP, PA                               |
| NORDITROPIN INJ 30/3ML                                        | SP, PA                               |
| HUMATROPE INJ 6MG                                             | SP, PA                               |
| HUMATROPE INJ 12MG                                            | SP, PA                               |
| HUMATROPE INJ 24MG                                            | SP, PA                               |
| SEROSTIM INJ 4MG                                              | SP, PA                               |
| SEROSTIM INJ 5MG                                              | SP, PA                               |
| SEROSTIM INJ 6MG                                              | SP, PA                               |
| <b>SOMATOSTATIC AGENTS</b>                                    |                                      |
| SOMATULINE INJ 60/0.2ML                                       | SP, PA, QL (1 syringe every 28 days) |
| SOMATULINE INJ 90/0.3ML                                       | SP, PA, QL (1 syringe every 28 days) |
| <i>lanreotide acetate extended release inj 120 mg/0.5ml</i>   | SP, PA, QL (1 syringe every 28 days) |
| LANREOTIDE INJ 120/.5ML                                       | SP, PA, QL (1 syringe every 28 days) |
| SOMATULINE INJ 120/.5ML                                       | SP, PA, QL (1 syringe every 28 days) |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>          | SP, PA, QL (3 vials every 1 day)     |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>          | SP, PA, QL (3 vials every 1 day)     |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>          | SP, PA, QL (45 vials every 30 days)  |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>          | SP, PA, QL (3 vials every 1 day)     |

| <b>Drug Name</b>                                                | <b>Requirements/Limits</b>          |
|-----------------------------------------------------------------|-------------------------------------|
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>             | SP, PA, QL (9 vials every 30 days)  |
| <i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>  | SP, PA, QL (3 syringes every 1 day) |
| <i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i> | SP, PA, QL (3 syringes every 1 day) |
| <i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i> | SP, PA, QL (3 syringes every 1 day) |

#### **POSTERIOR PITUITARY HORMONES**

|                                                                   |
|-------------------------------------------------------------------|
| <i>desmopressin acetate tab 0.1 mg</i>                            |
| <i>desmopressin acetate tab 0.2 mg</i>                            |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> |
| <i>desmopressin acetate nasal spray soln 0.01%</i>                |

#### **CORTICOTROPIN**

|                         |                                        |
|-------------------------|----------------------------------------|
| ACTHAR INJ 80UNIT       | SP, PA, QL (35 mL every 21 days)       |
| CORTROPHIN INJ 80UNT/ML | SP, PA, QL (28 syringes every 28 days) |

#### **MINERALOCORTICOID RECEPTOR ANTAGONISTS**

|                   |    |
|-------------------|----|
| KERENDIA TAB 10MG | PA |
| KERENDIA TAB 20MG | PA |
| KERENDIA TAB 40MG | PA |

#### **PROLACTIN INHIBITORS**

|                               |
|-------------------------------|
| <i>cabergoline tab 0.5 mg</i> |
|-------------------------------|

#### **VASOPRESSIN RECEPTOR ANTAGONISTS**

|                            |                                |
|----------------------------|--------------------------------|
| <i>tolvaptan tab 15 mg</i> | SP, PA, QL (1 tab every 1 day) |
| <i>tolvaptan tab 30 mg</i> | SP, PA, QL (1 tab every 1 day) |

#### **METABOLIC MODIFIERS**

|                                              |                                 |
|----------------------------------------------|---------------------------------|
| <i>calcitriol cap 0.25 mcg</i>               |                                 |
| <i>calcitriol cap 0.5 mcg</i>                |                                 |
| <i>calcitriol oral soln 1 mcg/ml</i>         |                                 |
| <i>doxercalciferol cap 0.5 mcg</i>           |                                 |
| <i>doxercalciferol cap 1 mcg</i>             |                                 |
| <i>doxercalciferol cap 2.5 mcg</i>           |                                 |
| <i>paricalcitol cap 1 mcg</i>                |                                 |
| <i>paricalcitol cap 2 mcg</i>                |                                 |
| <i>paricalcitol cap 4 mcg</i>                |                                 |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i> | SP, PA, QL (2 tabs every 1 day) |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i> | SP, PA, QL (2 tabs every 1 day) |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i> | SP, PA, QL (4 tabs every 1 day) |

| <b>Drug Name</b>                                          | <b>Requirements/Limits</b>        |
|-----------------------------------------------------------|-----------------------------------|
| <i>sodium phenylbutyrate tab 500 mg</i>                   | SP, PA, QL (40 tabs every 1 day)  |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> | SP, PA, QL (798 gm every 30 days) |
| <i>sapropterin dihydrochloride tab 100 mg</i>             | SP, PA                            |
| <i>sapropterin dihydrochloride powder packet 100 mg</i>   | SP, PA                            |
| <i>sapropterin dihydrochloride powder packet 500 mg</i>   | SP, PA                            |

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

|                                         |
|-----------------------------------------|
| <i>digoxin tab 62.5 mcg (0.0625 mg)</i> |
| <i>digoxin tab 125 mcg (0.125 mg)</i>   |
| <i>digoxin tab 250 mcg (0.25 mg)</i>    |
| <i>digoxin oral soln 0.05 mg/ml</i>     |

## **ANTIANGINAL AGENTS**

### **NITRATES**

|                                                  |
|--------------------------------------------------|
| <i>isosorbide dinitrate tab 5 mg</i>             |
| <i>isosorbide dinitrate tab 10 mg</i>            |
| <i>isosorbide dinitrate tab 20 mg</i>            |
| <i>isosorbide dinitrate tab 30 mg</i>            |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i>  |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i>  |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> |
| <i>nitroglycerin cap er 2.5 mg</i>               |
| <i>nitroglycerin cap er 6.5 mg</i>               |
| <i>nitroglycerin cap er 9 mg</i>                 |
| <i>nitroglycerin sl tab 0.3 mg</i>               |
| <i>nitroglycerin sl tab 0.4 mg</i>               |
| <i>nitroglycerin sl tab 0.6 mg</i>               |
| NITRO-BID OIN 2%                                 |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>     |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>     |
| NITRO-DUR DIS 0.3MG/HR                           |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>     |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>     |
| NITRO-DUR DIS 0.8MG/HR                           |

## **BETA BLOCKERS**

### **BETA BLOCKERS NON-SELECTIVE**

|                           |
|---------------------------|
| <i>nadolol tab 20 mg</i>  |
| <i>nadolol tab 40 mg</i>  |
| <i>nadolol tab 80 mg</i>  |
| <i>pindolol tab 5 mg</i>  |
| <i>pindolol tab 10 mg</i> |

| Drug Name                                  | Requirements/Limits |
|--------------------------------------------|---------------------|
| <i>propranolol hcl tab 10 mg</i>           |                     |
| <i>propranolol hcl tab 20 mg</i>           |                     |
| <i>propranolol hcl tab 40 mg</i>           |                     |
| <i>propranolol hcl tab 60 mg</i>           |                     |
| <i>propranolol hcl tab 80 mg</i>           |                     |
| <i>propranolol hcl oral soln 20 mg/5ml</i> |                     |
| <i>propranolol hcl oral soln 40 mg/5ml</i> |                     |
| <i>propranolol hcl cap er 24hr 60 mg</i>   |                     |
| <i>propranolol hcl cap er 24hr 80 mg</i>   |                     |
| <i>propranolol hcl cap er 24hr 120 mg</i>  |                     |
| <i>propranolol hcl cap er 24hr 160 mg</i>  |                     |
| <i>sotalol hcl tab 80 mg</i>               |                     |
| <i>sotalol hcl tab 120 mg</i>              |                     |
| <i>sotalol hcl tab 160 mg</i>              |                     |
| <i>sotalol hcl tab 240 mg</i>              |                     |
| <i>sotalol hcl (afib/afl) tab 80 mg</i>    |                     |
| <i>sotalol hcl (afib/afl) tab 120 mg</i>   |                     |
| <i>sotalol hcl (afib/afl) tab 160 mg</i>   |                     |
| <i>timolol maleate tab 5 mg</i>            |                     |
| <i>timolol maleate tab 10 mg</i>           |                     |
| <i>timolol maleate tab 20 mg</i>           |                     |

#### **BETA BLOCKERS CARDIO-SELECTIVE**

|                                                                 |  |
|-----------------------------------------------------------------|--|
| <i>acebutolol hcl cap 200 mg</i>                                |  |
| <i>acebutolol hcl cap 200 mg</i>                                |  |
| <i>acebutolol hcl cap 400 mg</i>                                |  |
| <i>acebutolol hcl cap 400 mg</i>                                |  |
| <i>atenolol tab 25 mg</i>                                       |  |
| <i>atenolol tab 50 mg</i>                                       |  |
| <i>atenolol tab 100 mg</i>                                      |  |
| <i>bisoprolol fumarate tab 5 mg</i>                             |  |
| <i>bisoprolol fumarate tab 10 mg</i>                            |  |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>  |  |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>  |  |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> |  |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> |  |
| <i>metoprolol tartrate tab 25 mg</i>                            |  |
| <i>metoprolol tartrate tab 50 mg</i>                            |  |
| <i>metoprolol tartrate tab 100 mg</i>                           |  |

#### **ALPHA-BETA BLOCKERS**

|                                |  |
|--------------------------------|--|
| <i>carvedilol tab 3.125 mg</i> |  |
| <i>carvedilol tab 6.25 mg</i>  |  |
| <i>carvedilol tab 12.5 mg</i>  |  |

| Drug Name                | Requirements/Limits |
|--------------------------|---------------------|
| carvedilol tab 25 mg     |                     |
| labetalol hcl tab 100 mg |                     |
| labetalol hcl tab 200 mg |                     |
| labetalol hcl tab 300 mg |                     |

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

|                                                         |
|---------------------------------------------------------|
| amlodipine besylate tab 2.5 mg (base equivalent)        |
| amlodipine besylate tab 5 mg (base equivalent)          |
| amlodipine besylate tab 10 mg (base equivalent)         |
| diltiazem hcl tab 30 mg                                 |
| diltiazem hcl tab 60 mg                                 |
| diltiazem hcl tab 90 mg                                 |
| diltiazem hcl tab 120 mg                                |
| 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 tab er 24hr 180 mg                        |
| diltiazem hcl tab er 24hr 240 mg                        |
| diltiazem hcl tab er 24hr 300 mg                        |
| diltiazem hcl tab er 24hr 360 mg                        |
| diltiazem hcl tab er 24hr 420 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 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           |
| felodipine tab er 24hr 2.5 mg                           |
| felodipine tab er 24hr 5 mg                             |

| <b>Drug Name</b>                                    | <b>Requirements/Limits</b> |
|-----------------------------------------------------|----------------------------|
| <i>felodipine tab er 24hr 10 mg</i>                 |                            |
| <i>nifedipine tab er 24hr 30 mg</i>                 |                            |
| <i>nifedipine tab er 24hr 60 mg</i>                 |                            |
| <i>nifedipine tab er 24hr 90 mg</i>                 |                            |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> |                            |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> |                            |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> |                            |
| <i>verapamil hcl tab er 120 mg</i>                  |                            |
| <i>verapamil hcl tab er 180 mg</i>                  |                            |
| <i>verapamil hcl tab er 240 mg</i>                  |                            |
| <i>verapamil hcl cap er 24hr 100 mg</i>             |                            |
| <i>verapamil hcl cap er 24hr 200 mg</i>             |                            |
| <i>verapamil hcl cap er 24hr 300 mg</i>             |                            |

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

|                                          |
|------------------------------------------|
| <i>disopyramide phosphate cap 100 mg</i> |
| <i>disopyramide phosphate cap 150 mg</i> |
| NORPACE CAP 100MG CR                     |
| NORPACE CAP 150MG CR                     |

### **ANTIARRHYTHMICS TYPE I-C**

|                                           |
|-------------------------------------------|
| <i>flecainide acetate tab 50 mg</i>       |
| <i>flecainide acetate tab 100 mg</i>      |
| <i>flecainide acetate tab 150 mg</i>      |
| <i>propafenone hcl tab 150 mg</i>         |
| <i>propafenone hcl tab 225 mg</i>         |
| <i>propafenone hcl tab 300 mg</i>         |
| <i>propafenone hcl cap er 12hr 225 mg</i> |
| <i>propafenone hcl cap er 12hr 325 mg</i> |
| <i>propafenone hcl cap er 12hr 425 mg</i> |

### **ANTIARRHYTHMICS TYPE III**

|                                          |        |
|------------------------------------------|--------|
| <i>amiodarone hcl tab 200 mg</i>         |        |
| <i>dofetilide cap 125 mcg (0.125 mg)</i> | SP, PA |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>  | SP, PA |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>   | SP, PA |

## **ANTIHYPERTENSIVES**

### **ACE INHIBITORS**

|                                 |
|---------------------------------|
| <i>benazepril hcl tab 5 mg</i>  |
| <i>benazepril hcl tab 10 mg</i> |
| <i>benazepril hcl tab 20 mg</i> |
| <i>benazepril hcl tab 40 mg</i> |
| <i>captopril tab 12.5 mg</i>    |
| <i>captopril tab 25 mg</i>      |

| <b>Drug Name</b>                    | <b>Requirements/Limits</b> |
|-------------------------------------|----------------------------|
| <i>captopril tab 50 mg</i>          |                            |
| <i>captopril tab 100 mg</i>         |                            |
| <i>enalapril maleate tab 2.5 mg</i> |                            |
| <i>enalapril maleate tab 5 mg</i>   |                            |
| <i>enalapril maleate tab 10 mg</i>  |                            |
| <i>enalapril maleate tab 20 mg</i>  |                            |
| <i>fosinopril sodium tab 10 mg</i>  |                            |
| <i>fosinopril sodium tab 20 mg</i>  |                            |
| <i>fosinopril sodium tab 40 mg</i>  |                            |
| <i>lisinopril tab 2.5 mg</i>        |                            |
| <i>lisinopril tab 5 mg</i>          |                            |
| <i>lisinopril tab 10 mg</i>         |                            |
| <i>lisinopril tab 20 mg</i>         |                            |
| <i>lisinopril tab 30 mg</i>         |                            |
| <i>lisinopril tab 40 mg</i>         |                            |
| <i>quinapril hcl tab 5 mg</i>       |                            |
| <i>quinapril hcl tab 10 mg</i>      |                            |
| <i>quinapril hcl tab 20 mg</i>      |                            |
| <i>quinapril hcl tab 40 mg</i>      |                            |
| <i>ramipril cap 1.25 mg</i>         |                            |
| <i>ramipril cap 2.5 mg</i>          |                            |
| <i>ramipril cap 5 mg</i>            |                            |
| <i>ramipril cap 10 mg</i>           |                            |
| <i>trandolapril tab 1 mg</i>        |                            |
| <i>trandolapril tab 2 mg</i>        |                            |
| <i>trandolapril tab 4 mg</i>        |                            |

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

|                                      |  |
|--------------------------------------|--|
| <i>irbesartan tab 75 mg</i>          |  |
| <i>irbesartan tab 150 mg</i>         |  |
| <i>irbesartan tab 300 mg</i>         |  |
| <i>losartan potassium tab 25 mg</i>  |  |
| <i>losartan potassium tab 50 mg</i>  |  |
| <i>losartan potassium tab 100 mg</i> |  |
| <i>valsartan tab 40 mg</i>           |  |
| <i>valsartan tab 80 mg</i>           |  |
| <i>valsartan tab 160 mg</i>          |  |
| <i>valsartan tab 320 mg</i>          |  |

#### **ANTIADRENERGIC ANTIHYPERTENSIVES**

|                                              |  |
|----------------------------------------------|--|
| <i>clonidine td patch weekly 0.1 mg/24hr</i> |  |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> |  |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> |  |
| <i>clonidine hcl tab 0.1 mg</i>              |  |

| <b>Drug Name</b>                                                  | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|----------------------------|
| <i>clonidine hcl tab 0.2 mg</i>                                   |                            |
| <i>clonidine hcl tab 0.3 mg</i>                                   |                            |
| <i>guanfacine hcl tab 1 mg</i>                                    |                            |
| <i>guanfacine hcl tab 2 mg</i>                                    |                            |
| <i>doxazosin mesylate tab 1 mg</i>                                |                            |
| <i>doxazosin mesylate tab 2 mg</i>                                |                            |
| <i>doxazosin mesylate tab 4 mg</i>                                |                            |
| <i>doxazosin mesylate tab 8 mg</i>                                |                            |
| <i>prazosin hcl cap 1 mg</i>                                      |                            |
| <i>prazosin hcl cap 2 mg</i>                                      |                            |
| <i>prazosin hcl cap 5 mg</i>                                      |                            |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>                   |                            |
| <i>terazosin hcl cap 2 mg (base equivalent)</i>                   |                            |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>                   |                            |
| <i>terazosin hcl cap 10 mg (base equivalent)</i>                  |                            |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>         |                            |
| <i>eplerenone tab 25 mg</i>                                       |                            |
| <i>eplerenone tab 50 mg</i>                                       |                            |
| <b>VASODILATORS</b>                                               |                            |
| <i>hydralazine hcl tab 10 mg</i>                                  |                            |
| <i>hydralazine hcl tab 25 mg</i>                                  |                            |
| <i>hydralazine hcl tab 50 mg</i>                                  |                            |
| <i>hydralazine hcl tab 100 mg</i>                                 |                            |
| <b>ANTIHYPERTENSIVE COMBINATIONS</b>                              |                            |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>           |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>             |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>             |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>             |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>            |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>          |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          |                            |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>                 |                            |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>                |                            |

| <b>Drug Name</b>                                                    | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|----------------------------|
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>         |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>           |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>          |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>            |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>           |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>           |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               |                            |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   |                            |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                 |                            |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                  |                            |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                  |                            |

## **DIURETICS**

### **CARBONIC ANHYDRASE INHIBITORS**

|                                         |
|-----------------------------------------|
| <i>acetazolamide tab 125 mg</i>         |
| <i>acetazolamide tab 250 mg</i>         |
| <i>acetazolamide cap er 12hr 500 mg</i> |
| <i>methazolamide tab 25 mg</i>          |
| <i>methazolamide tab 50 mg</i>          |

### **LOOP DIURETICS**

|                                      |
|--------------------------------------|
| <i>bumetanide tab 0.5 mg</i>         |
| <i>bumetanide tab 1 mg</i>           |
| <i>bumetanide tab 2 mg</i>           |
| <i>ethacrynic acid tab 25 mg</i>     |
| <i>furosemide tab 20 mg</i>          |
| <i>furosemide tab 40 mg</i>          |
| <i>furosemide tab 80 mg</i>          |
| <i>furosemide oral soln 8 mg/ml</i>  |
| <i>furosemide oral soln 10 mg/ml</i> |
| <i>torsemide tab 5 mg</i>            |
| <i>torsemide tab 10 mg</i>           |
| <i>torsemide tab 20 mg</i>           |
| <i>torsemide tab 100 mg</i>          |

### **POTASSIUM SPARING DIURETICS**

|                               |
|-------------------------------|
| <i>amiloride hcl tab 5 mg</i> |
|-------------------------------|

| Drug Name                                                         | Requirements/Limits    |
|-------------------------------------------------------------------|------------------------|
| <i>spironolactone tab 25 mg</i>                                   |                        |
| <i>spironolactone tab 50 mg</i>                                   |                        |
| <i>spironolactone tab 100 mg</i>                                  |                        |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>                      |                        |
| <i>chlorthalidone tab 25 mg</i>                                   |                        |
| <i>chlorthalidone tab 50 mg</i>                                   |                        |
| <i>hydrochlorothiazide cap 12.5 mg</i>                            |                        |
| <i>hydrochlorothiazide tab 12.5 mg</i>                            |                        |
| <i>hydrochlorothiazide tab 25 mg</i>                              |                        |
| <i>hydrochlorothiazide tab 50 mg</i>                              |                        |
| <i>indapamide tab 1.25 mg</i>                                     |                        |
| <i>indapamide tab 2.5 mg</i>                                      |                        |
| <i>metolazone tab 2.5 mg</i>                                      |                        |
| <i>metolazone tab 5 mg</i>                                        |                        |
| <i>metolazone tab 10 mg</i>                                       |                        |
| <b>DIURETIC COMBINATIONS</b>                                      |                        |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>            |                        |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>      |                        |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>       |                        |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>       |                        |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>         |                        |
| <b>VASOPRESSORS</b>                                               |                        |
| <b>VASOPRESSORS</b>                                               |                        |
| <i>midodrine hcl tab 2.5 mg</i>                                   |                        |
| <i>midodrine hcl tab 5 mg</i>                                     |                        |
| <i>midodrine hcl tab 10 mg</i>                                    |                        |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>                                 |                        |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>  | QL (8 pens every year) |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | QL (8 pens every year) |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>   | QL (8 pens every year) |
| <b>ANTIHYPERLIPIDEMICS</b>                                        |                        |
| <b>BILE ACID SEQUESTRANTS</b>                                     |                        |
| <i>cholestyramine powder 4 gm/dose</i>                            |                        |
| <i>cholestyramine powder packets 4 gm</i>                         |                        |
| <i>cholestyramine light powder 4 gm/dose</i>                      |                        |
| <i>cholestyramine light powder packets 4 gm</i>                   |                        |
| <i>colestipol hcl tab 1 gm</i>                                    |                        |
| <i>colestipol hcl granules 5 gm</i>                               |                        |
| <i>colestipol hcl granule packets 5 gm</i>                        |                        |

| Drug Name                                                    | Requirements/Limits                    |
|--------------------------------------------------------------|----------------------------------------|
| <b>FIBRIC ACID DERIVATIVES</b>                               |                                        |
| <i>fenofibrate tab 48 mg</i>                                 |                                        |
| <i>fenofibrate tab 54 mg</i>                                 |                                        |
| <i>fenofibrate tab 145 mg</i>                                |                                        |
| <i>fenofibrate tab 160 mg</i>                                |                                        |
| <i>fenofibrate micronized cap 67 mg</i>                      |                                        |
| <i>fenofibrate micronized cap 134 mg</i>                     |                                        |
| <i>fenofibrate micronized cap 200 mg</i>                     |                                        |
| <i>gemfibrozil tab 600 mg</i>                                |                                        |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>          |                                        |
| <i>ezetimibe tab 10 mg</i>                                   |                                        |
| <b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b> |                                        |
| REPATHA SURE INJ 140MG/ML                                    | SP, PA, QL (2 pens every 28 days)      |
| REPATHA PUSH INJ 420/3.5                                     | SP, PA, QL (1 cartridge every 28 days) |
| REPATHA INJ 140MG/ML                                         | SP, PA, QL (2 syringes every 28 days)  |
| <b>HMG COA REDUCTASE INHIBITORS</b>                          |                                        |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i>      |                                        |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i>      |                                        |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>      |                                        |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>      |                                        |
| <i>lovastatin tab 10 mg</i>                                  |                                        |
| <i>lovastatin tab 20 mg</i>                                  |                                        |
| <i>lovastatin tab 40 mg</i>                                  |                                        |
| <i>rosuvastatin calcium tab 5 mg</i>                         |                                        |
| <i>rosuvastatin calcium tab 10 mg</i>                        |                                        |
| <i>rosuvastatin calcium tab 20 mg</i>                        |                                        |
| <i>rosuvastatin calcium tab 40 mg</i>                        |                                        |
| <i>pravastatin sodium tab 10 mg</i>                          |                                        |
| <i>pravastatin sodium tab 20 mg</i>                          |                                        |
| <i>pravastatin sodium tab 40 mg</i>                          |                                        |
| <i>pravastatin sodium tab 80 mg</i>                          |                                        |
| <i>simvastatin tab 5 mg</i>                                  |                                        |
| <i>simvastatin tab 10 mg</i>                                 |                                        |
| <i>simvastatin tab 20 mg</i>                                 |                                        |
| <i>simvastatin tab 40 mg</i>                                 |                                        |
| <i>simvastatin tab 80 mg</i>                                 |                                        |
| <b>NICOTINIC ACID DERIVATIVES</b>                            |                                        |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>             |                                        |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>             |                                        |

| Drug Name                                                       | Requirements/Limits               |
|-----------------------------------------------------------------|-----------------------------------|
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i>               |                                   |
| <b>ANTIHYPERTENSIVES - MISC.</b>                                |                                   |
| <i>icosapent ethyl cap 0.5 gm</i>                               | PA                                |
| <i>icosapent ethyl cap 0.5 gm</i>                               | PA                                |
| <i>icosapent ethyl cap 1 gm</i>                                 | PA                                |
| <i>icosapent ethyl cap 1 gm</i>                                 | PA                                |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>                            |                                   |
| <b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>   |                                   |
| UPTRAVI TAB 200MCG                                              | SP, PA, QL (5 tabs every 1 day)   |
| UPTRAVI TAB 400MCG                                              | SP, PA, QL (2 tabs every 1 day)   |
| UPTRAVI TAB 600MCG                                              | SP, PA, QL (2 tabs every 1 day)   |
| UPTRAVI TAB 800MCG                                              | SP, PA, QL (2 tabs every 1 day)   |
| UPTRAVI TAB 1000MCG                                             | SP, PA, QL (2 tabs every 1 day)   |
| UPTRAVI TAB 1200MCG                                             | SP, PA, QL (2 tabs every 1 day)   |
| UPTRAVI TAB 1400MCG                                             | SP, PA, QL (2 tabs every 1 day)   |
| UPTRAVI TAB 1600MCG                                             | SP, PA, QL (2 tabs every 1 day)   |
| UPTRAVI PACK TAB 200/800                                        | SP, PA, QL (1 pack every 28 days) |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>    |                                   |
| <i>sildenafil citrate tab 20 mg</i>                             | SP, PA, QL (12 tabs every 1 day)  |
| <i>sildenafil citrate for suspension 10 mg/ml</i>               | SP, PA, QL (26 mL every 1 day)    |
| <b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b> |                                   |
| <i>ambrisentan tab 5 mg</i>                                     | SP, PA, QL (1 tab every 1 day)    |
| <i>ambrisentan tab 10 mg</i>                                    | SP, PA, QL (1 tab every 1 day)    |
| <i>bosentan tab 62.5 mg</i>                                     | SP, PA, QL (2 tabs every 1 day)   |
| <i>bosentan tab 125 mg</i>                                      | SP, PA, QL (2 tabs every 1 day)   |
| <i>bosentan tab for oral susp 32 mg</i>                         | SP, PA, QL (4 tabs every 1 day)   |
| TRACLEER TAB 32MG                                               | SP, PA, QL (4 tabs every 1 day)   |
| <b>PROSTAGLANDIN VASODILATORS</b>                               |                                   |
| <i>epoprostenol sodium for inj 0.5 mg</i>                       | SP, PA                            |
| <i>epoprostenol sodium for inj 1.5 mg</i>                       | SP, PA                            |
| TYVASO RF KT SOL 0.6MG/ML                                       | SP, PA, QL (1 ampule every 1 day) |
| TYVASO SOL 0.6MG/ML                                             | SP, PA, QL (1 ampule every 1 day) |
| TYVASO ST KT SOL 0.6MG/ML                                       | SP, PA, QL (1 ampule every 1 day) |
| <i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>               | SP, PA                            |
| <i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>             | SP, PA                            |
| <i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>              | SP, PA                            |
| <i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>             | SP, PA                            |

| <b>Drug Name</b>        | <b>Requirements/Limits</b>            |
|-------------------------|---------------------------------------|
| TYVASO DPI POW 16MCG    | SP, PA, QL (4 cartridges every 1 day) |
| TYVASO DPI POW 32MCG    | SP, PA, QL (4 cartridges every 1 day) |
| TYVASO DPI POW 48MCG    | SP, PA, QL (4 cartridges every 1 day) |
| TYVASO DPI POW 64MCG    | SP, PA, QL (4 cartridges every 1 day) |
| TYVASO DPI POW 16-32-48 | SP, PA, QL (9 cartridges every 1 day) |
| ORENITRAM TAB 0.125MG   | SP, PA                                |
| ORENITRAM TAB 0.25MG    | SP, PA                                |
| ORENITRAM TAB 1MG       | SP, PA                                |
| ORENITRAM TAB 2.5MG     | SP, PA                                |
| ORENITRAM TAB 5MG       | SP, PA                                |
| ORENITRAM TAB MONTH 1   | SP, PA                                |
| ORENITRAM TAB MONTH 2   | SP, PA                                |
| ORENITRAM TAB MONTH 3   | SP, PA                                |

#### **CARDIAC MYOSIN INHIBITORS**

|                   |                                |
|-------------------|--------------------------------|
| CAMZYOS CAP 2.5MG | SP, PA, QL (1 cap every 1 day) |
| CAMZYOS CAP 5MG   | SP, PA, QL (1 cap every 1 day) |
| CAMZYOS CAP 10MG  | SP, PA, QL (1 cap every 1 day) |
| CAMZYOS CAP 15MG  | SP, PA, QL (1 cap every 1 day) |

#### **SINUS NODE INHIBITORS**

|                                               |  |
|-----------------------------------------------|--|
| <i>ivabradine hcl tab 5 mg (base equiv)</i>   |  |
| <i>ivabradine hcl tab 7.5 mg (base equiv)</i> |  |
| CORLANOR SOL 5MG/5ML                          |  |

#### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

|                                                            |  |
|------------------------------------------------------------|--|
| <i>sacubitril-valsartan tab 24-26 mg</i>                   |  |
| <i>sacubitril-valsartan tab 49-51 mg</i>                   |  |
| <i>sacubitril-valsartan tab 97-103 mg</i>                  |  |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> |  |

#### **ANTI HISTAMINES**

##### **ANTI HISTAMINES - ALKYLAMINES**

|                                                |     |
|------------------------------------------------|-----|
| <i>chlorpheniramine maleate tab 4 mg</i>       | OTC |
| <i>chlorpheniramine maleate tab er 12 mg</i>   | OTC |
| <i>chlorpheniramine maleate syrup 2 mg/5ml</i> | OTC |

##### **ANTI HISTAMINES - ETHANOLAMINES**

|                                      |     |
|--------------------------------------|-----|
| DAYHIST ALRG TAB 12 HOUR             | OTC |
| <i>diphenhydramine hcl cap 25 mg</i> | OTC |
| <i>diphenhydramine hcl cap 50 mg</i> | OTC |
| <i>diphenhydramine hcl tab 25 mg</i> | OTC |

| <b>Drug Name</b>                       | <b>Requirements/Limits</b> |
|----------------------------------------|----------------------------|
| diphenhydramine hcl chew tab 12.5 mg   | OTC                        |
| diphenhydramine hcl liquid 12.5 mg/5ml | OTC                        |
| diphenhydramine hcl elixir 12.5 mg/5ml |                            |
| diphenhydramine hcl tab disint 12.5 mg | OTC                        |

#### **ANTIHISTAMINES - PHENOTHIAZINES**

|                                        |  |
|----------------------------------------|--|
| promethazine hcl tab 12.5 mg           |  |
| promethazine hcl tab 25 mg             |  |
| promethazine hcl tab 50 mg             |  |
| PROMETHAZINE SYP 6.25/5ML              |  |
| promethazine hcl oral soln 6.25 mg/5ml |  |
| promethazine hcl suppos 12.5 mg        |  |
| promethazine hcl suppos 25 mg          |  |
| promethazine hcl suppos 50 mg          |  |

#### **ANTIHISTAMINES - PIPERIDINES**

|                                   |  |
|-----------------------------------|--|
| cyproheptadine hcl tab 4 mg       |  |
| cyproheptadine hcl syrup 2 mg/5ml |  |

#### **ANTIHISTAMINES - NON-SEDATING**

|                                                |                   |
|------------------------------------------------|-------------------|
| cetirizine hcl cap 10 mg                       | OTC               |
| cetirizine hcl tab 5 mg                        | OTC               |
| cetirizine hcl tab 10 mg                       | OTC               |
| cetirizine hcl chew tab 5 mg                   | AGE (Max 12), OTC |
| cetirizine hcl chew tab 10 mg                  | AGE (Max 12), OTC |
| cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)    |                   |
| cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)    | OTC               |
| cetirizine hcl orally disintegrating tab 10 mg | OTC               |
| fexofenadine hcl tab 60 mg                     | OTC               |
| fexofenadine hcl tab 180 mg                    | OTC               |
| fexofenadine hcl susp 30 mg/5ml (6 mg/ml)      | OTC               |
| ALLEGRA ALRG TAB 30MG                          | OTC               |
| loratadine cap 10 mg                           | OTC               |
| loratadine tab 10 mg                           | OTC               |
| loratadine chew tab 5 mg                       | OTC               |
| loratadine oral soln 5 mg/5ml                  | OTC               |
| loratadine orally disintegrating tab 5 mg      | OTC               |
| loratadine rapidly-disintegrating tab 10 mg    | OTC               |

#### **NASAL AGENTS - SYSTEMIC AND TOPICAL SYMPATHOMIMETIC DECONGESTANTS**

|                                        |                                    |
|----------------------------------------|------------------------------------|
| pseudoephedrine hcl tab 30 mg          | OTC                                |
| pseudoephedrine hcl tab 60 mg          | OTC                                |
| SUDAFED CHLD LIQ 15MG/5ML              | OTC                                |
| pseudoephedrine hcl tab er 12hr 120 mg | QL (60 tabs every 30 days),<br>OTC |

| <b>Drug Name</b>                                                   | <b>Requirements/Limits</b>          |
|--------------------------------------------------------------------|-------------------------------------|
| SUDAFED 24HR TAB 240MG                                             | QL (30 tabs every 30 days),<br>OTC  |
| <b>NASAL STEROIDS</b>                                              |                                     |
| <i>budesonide nasal susp 32 mcg/act</i>                            | QL (1 bottle every 30 days),<br>OTC |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>                  | QL (2 bottles every 25 days)        |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>                | QL (1 bottle every 25 days)         |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>                | QL (1 bottle every 25 days),<br>OTC |
| XHANCE MIS 93MCG                                                   | PA                                  |
| <i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> | QL (1 bottle every 25 days),<br>OTC |
| <b>NASAL ANTICHOLINERGICS</b>                                      |                                     |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>         |                                     |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>         |                                     |
| <b>NASAL ANTIALLERGY</b>                                           |                                     |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>             | QL (2 bottles every 25 days)        |
| <i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>          | OTC                                 |
| <b>NASAL AGENTS - MISC.</b>                                        |                                     |
| NOZIN NASAL KIT SANITIZE                                           | OTC                                 |
| <i>saline nasal spray 0.65%</i>                                    | OTC                                 |
| AYR NASAL DRO 0.65%                                                | OTC                                 |
| CVS NASAL AER 0.9%                                                 | OTC                                 |
| RA STERILE SOL NASAL                                               | OTC                                 |
| SIMPLY SALIN AER 0.9%                                              | OTC                                 |
| SIMPLY SALIN SPR                                                   | OTC                                 |
| <b>COUGH/COLD/ALLERGY</b>                                          |                                     |
| <b>ANTITUSSIVES</b>                                                |                                     |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>   | QL (42 tabs every 30 days)          |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | QL (210 mL every 30 days)           |
| <i>benzonatate cap 100 mg</i>                                      |                                     |
| <i>benzonatate cap 200 mg</i>                                      |                                     |
| <b>EXPECTORANTS</b>                                                |                                     |
| <i>guaifenesin tab 200 mg</i>                                      | OTC                                 |
| <i>guaifenesin tab 400 mg</i>                                      | OTC                                 |
| <i>guaifenesin liquid 100 mg/5ml</i>                               | OTC                                 |
| EXPECT CHILD LIQ 200M/5ML                                          | OTC                                 |
| GILTUSS EX LIQ MAX STR                                             | OTC                                 |
| GERI-TUSSIN SYP 200/10ML                                           | OTC                                 |
| <i>guaifenesin tab er 12hr 600 mg</i>                              | OTC                                 |

| <b>Drug Name</b>                                                | <b>Requirements/Limits</b>        |
|-----------------------------------------------------------------|-----------------------------------|
| <i>guaifenesin tab er 12hr 1200 mg</i>                          | OTC                               |
| MUCINEX TAB 1200MG                                              | OTC                               |
| <b>MISC. RESPIRATORY INHALANTS</b>                              |                                   |
| <i>sodium chloride soln nebu 0.9%</i>                           |                                   |
| <i>sodium chloride soln nebu 3%</i>                             |                                   |
| <i>sodium chloride soln nebu 7%</i>                             |                                   |
| <i>sodium chloride soln nebu 10%</i>                            |                                   |
| <i>sodium chloride aero soln 0.9%</i>                           | OTC                               |
| <b>COUGH/COLD/ALLERGY COMBINATIONS</b>                          |                                   |
| <i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> | OTC                               |
| <i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>          | OTC                               |
| <i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>    | OTC                               |
| <i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>   | OTC                               |
| <i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>       | OTC                               |
| <i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>      | OTC                               |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>             | QL (210 mL every 30 days)         |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                     |                                   |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>             |                                   |
| <i>pseudoephedrine-guaifenesin syrup 30-100 mg/5ml</i>          | OTC                               |
| MUCINEX D TAB 60-600MG                                          | OTC                               |
| <i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>        | OTC                               |
| MUCINEX D TAB 120-1200                                          | OTC                               |
| <i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>      | OTC                               |
| CODITUSSIN LIQ AC                                               | QL (420 mL every 30 days),<br>OTC |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                   | QL (420 mL every 30 days),<br>OTC |
| VCKS DAYQUIL LIQ MUCUS DM                                       | OTC                               |
| <i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>         | OTC                               |
| <i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>        | OTC                               |
| <i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>        | OTC                               |
| INTENSE COUG LIQ RELIEVER                                       | OTC                               |
| <i>dextromethorphan-guaifenesin liquid 30-200 mg/5ml</i>        | OTC                               |
| <i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>         | OTC                               |
| MUCINEX CHLD GRA 5-100MG                                        | OTC                               |
| <i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>       | OTC                               |
| MUCINEX DM TAB 30-600ER                                         | OTC                               |
| <i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>      | OTC                               |
| MUCINEX DM TAB 60-1200                                          | OTC                               |
| WAL-TUSSIN LIQ CF                                               | OTC                               |

| Drug Name                                                           | Requirements/Limits            |
|---------------------------------------------------------------------|--------------------------------|
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>                      |                                |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>                           |                                |
| <i>ipratropium bromide inhal soln 0.02%</i>                         | QL (375 vials every 75 days)   |
| <i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i> | QL (30 caps every 25 days)     |
| <b>ANTI-INFLAMMATORY AGENTS</b>                                     |                                |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                          | QL (240 each every 25 days)    |
| <b>SYMPATHOMIMETICS</b>                                             |                                |
| <i>albuterol sulfate tab 2 mg</i>                                   |                                |
| <i>albuterol sulfate tab 4 mg</i>                                   |                                |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                             |                                |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>              | QL (375 each every 25 days)    |
| ALBUTEROL NEB 0.5%                                                  | QL (60 mL every 25 days)       |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                   | QL (60 each every 25 days)     |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>         | QL (375 each every 25 days)    |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>         | QL (375 each every 25 days)    |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>  | QL (2 inhalers every 25 days)  |
| STRIVERDI AER 2.5MCG                                                | QL (1 inhaler every 25 days)   |
| <i>terbutaline sulfate tab 2.5 mg</i>                               |                                |
| <i>terbutaline sulfate tab 5 mg</i>                                 |                                |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>            | QL (1620 mL every 75 days)     |
| COMBIVENT AER 20-100                                                | QL (2 inhalers every 25 days)  |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>  | QL (2 inhalers every 28 days)  |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | QL (2 inhalers every 28 days)  |
| <i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>          |                                |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>          |                                |
| <i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>          |                                |
| <i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>   |                                |
| <i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>   |                                |
| <i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>         | QL (60 blisters every 25 days) |
| TRELEGY AER 100MCG                                                  | QL (1 inhaler every 25 days)   |
| TRELEGY AER 200MCG                                                  | QL (1 inhaler every 25 days)   |
| <b>XANTHINES</b>                                                    |                                |
| <i>theophylline elixir 80 mg/15ml</i>                               |                                |
| <i>theophylline soln 80 mg/15ml</i>                                 |                                |
| <i>theophylline tab er 12hr 300 mg</i>                              |                                |
| <i>theophylline tab er 12hr 450 mg</i>                              |                                |
| <i>theophylline tab er 24hr 400 mg</i>                              |                                |

| <b>Drug Name</b>                                                   | <b>Requirements/Limits</b>            |
|--------------------------------------------------------------------|---------------------------------------|
| <i>theophylline tab er 24hr 600 mg</i>                             |                                       |
| <b>STEROID INHALANTS</b>                                           |                                       |
| QVAR REDIHAL AER 40MCG                                             | QL (1 inhaler every 28 days)          |
| QVAR REDIHA AER 80MCG                                              | QL (1 inhaler every 28 days)          |
| <i>budesonide inhalation susp 0.25 mg/2ml</i>                      | QL (120 mL every 25 days)             |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>                       | QL (120 mL every 25 days)             |
| <i>budesonide inhalation susp 1 mg/2ml</i>                         | QL (60 mL every 25 days)              |
| ALVESCO AER 80MCG                                                  | QL (3 inhalers every 25 days)         |
| ALVESCO AER 160MCG                                                 | QL (2 inhalers every 25 days)         |
| <i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i> | QL (1 blister every 1 day)            |
| <i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i> | QL (1 blister every 1 day)            |
| <i>fluticasone propionate aer pow ba 50 mcg/act</i>                | QL (2 inhalations every 1 day)        |
| <i>fluticasone propionate aer pow ba 100 mcg/act</i>               | QL (2 inhalations every 1 day)        |
| <i>fluticasone propionate aer pow ba 250 mcg/act</i>               | QL (2 inhalations every 1 day)        |
| <i>fluticasone propionate hfa inhal aero 44 mcg/act</i>            | QL (1 inhaler every 28 days)          |
| <i>fluticasone propionate hfa inhal aer 110 mcg/act</i>            | QL (1 inhaler every 28 days)          |
| <i>fluticasone propionate hfa inhal aer 220 mcg/act</i>            | QL (1 inhaler every 28 days)          |
| <b>LEUKOTRIENE MODULATORS</b>                                      |                                       |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                   |                                       |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>               |                                       |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>               |                                       |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i>   |                                       |
| <b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>                       |                                       |
| XOLAIR SOL 150MG                                                   | SP, PA, QL (8 vials every 28 days)    |
| XOLAIR INJ 75/0.5                                                  | SP, PA, QL (2 pens every 28 days)     |
| XOLAIR INJ 150MG/ML                                                | SP, PA, QL (8 syringes every 28 days) |
| XOLAIR INJ 300/2ML                                                 | SP, PA, QL (8 syringes every 28 days) |
| XOLAIR INJ 75/0.5                                                  | SP, PA, QL (2 syringes every 28 days) |
| XOLAIR INJ 150MG/ML                                                | SP, PA, QL (8 syringes every 28 days) |
| XOLAIR INJ 300/2ML                                                 | SP, PA, QL (8 syringes every 28 days) |
| FASENRA PEN INJ 30MG/ML                                            | SP, PA, QL (1 pen every 28 days)      |

| <b>Drug Name</b>     | <b>Requirements/Limits</b>           |
|----------------------|--------------------------------------|
| FASENRA INJ 10MG/0.5 | SP, PA, QL (1 syringe every 28 days) |
| FASENRA INJ 30MG/ML  | SP, PA, QL (1 syringe every 28 days) |

## **RESPIRATORY AGENTS - MISC.**

### **CYSTIC FIBROSIS AGENTS**

|                      |                                                           |
|----------------------|-----------------------------------------------------------|
| KALYDECO TAB 150MG   | SP, PA, QL (2 tabs every 1 day)                           |
| KALYDECO GRA 5.8MG   | SP, PA, QL (2 packets every 1 day)                        |
| KALYDECO GRA 13.4MG  | SP, PA, QL (2 packets every 1 day)                        |
| KALYDECO PAK 25MG    | SP, PA, QL (2 packets every 1 day)                        |
| KALYDECO PAK 50MG    | SP, PA, QL (2 packets every 1 day)                        |
| KALYDECO PAK 75MG    | SP, PA, QL (2 packets every 1 day)                        |
| PULMOZYME SOL 1MG/ML | SP, PA, QL (5 mL every 1 day)                             |
| ORKAMBI TAB 100-125  | SP, PA, QL (4 tabs every 1 day)                           |
| ORKAMBI TAB 200-125  | SP, PA, QL (4 tabs every 1 day)                           |
| ORKAMBI GRA 75-94MG  | SP, PA, QL (2 packets every 1 day)                        |
| ORKAMBI GRA 100-125  | SP, PA, QL (2 packets every 1 day)                        |
| ORKAMBI GRA 150-188  | SP, PA, QL (2 packets every 1 day)                        |
| SYMDEKO TAB 50-75MG  | SP, PA, QL (2 tabs every 1 day)                           |
| SYMDEKO TAB 100-150  | SP, PA, QL (2 tabs every 1 day)                           |
| TRIKAFTA PAK 59.5MG  | SP, PA, QL (2 packets every 1 day)                        |
| TRIKAFTA PAK 75MG    | SP, PA, QL (2 packets every 1 day)                        |
| TRIKAFTA TAB         | SP, PA, QL (3 tabs every 1 day);<br>All strengths covered |
| TRIKAFTA TAB         | SP, PA, QL (3 tabs every 1 day);<br>All strengths covered |

### **PULMONARY FIBROSIS AGENTS**

|                               |                                 |
|-------------------------------|---------------------------------|
| <i>pirfenidone cap 267 mg</i> | SP, PA, QL (9 caps every 1 day) |
| <i>pirfenidone tab 267 mg</i> | SP, PA, QL (9 tabs every 1 day) |
| <i>pirfenidone tab 801 mg</i> | SP, PA, QL (3 tabs every 1 day) |

## **LAXATIVES**

### **STIMULANT LAXATIVES**

|                                           |     |
|-------------------------------------------|-----|
| <i>bisacodyl tab delayed release 5 mg</i> | OTC |
|-------------------------------------------|-----|

| <b>Drug Name</b>                   | <b>Requirements/Limits</b> |
|------------------------------------|----------------------------|
| <i>bisacodyl suppos 10 mg</i>      | OTC                        |
| <i>sennosides tab 8.6 mg</i>       | OTC                        |
| <i>sennosides tab 15 mg</i>        | OTC                        |
| <i>sennosides tab 17.2 mg</i>      | OTC                        |
| <i>sennosides tab 25 mg</i>        | OTC                        |
| <i>sennosides chew tab 15 mg</i>   | OTC                        |
| <i>sennosides syrup 8.8 mg/5ml</i> | OTC                        |

#### **SURFACTANT LAXATIVES**

|                                           |     |
|-------------------------------------------|-----|
| <i>docusate calcium cap 240 mg</i>        | OTC |
| <i>docusate sodium cap 50 mg</i>          | OTC |
| <i>docusate sodium cap 100 mg</i>         | OTC |
| <i>docusate sodium cap 250 mg</i>         | OTC |
| <i>docusate sodium tab 100 mg</i>         | OTC |
| <i>PEDIA-LAX LIQ 50MG</i>                 | OTC |
| <i>docusate sodium liquid 150 mg/15ml</i> | OTC |

#### **LAXATIVES - MISCELLANEOUS**

|                                                         |     |
|---------------------------------------------------------|-----|
| <i>lactulose solution 10 gm/15ml</i>                    |     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | OTC |
| <i>polyethylene glycol 3350 oral packet 17 gm</i>       | OTC |

#### **LAXATIVE COMBINATIONS**

|                                                                     |     |
|---------------------------------------------------------------------|-----|
| <i>sennosides-docusate sodium tab 8.6-50 mg</i>                     | OTC |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> |     |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 |     |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       |     |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>       |     |

#### **ANTIDIARRHEAL/PROBIOTIC AGENTS**

##### **ANTIPERISTALTIC AGENTS**

|                                                       |     |
|-------------------------------------------------------|-----|
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>     |     |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> |     |
| <i>loperamide hcl cap 2 mg</i>                        |     |
| <i>loperamide hcl cap 2 mg</i>                        | OTC |
| <i>loperamide hcl tab 2 mg</i>                        | OTC |

##### **ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

|                                               |     |
|-----------------------------------------------|-----|
| <i>bismuth subsalicylate tab 262 mg</i>       | OTC |
| <i>bismuth subsalicylate chew tab 262 mg</i>  | OTC |
| <i>bismuth subsalicylate susp 262 mg/15ml</i> | OTC |
| <i>bismuth subsalicylate susp 525 mg/15ml</i> | OTC |
| <i>lactobacillus tab</i>                      | OTC |
| <i>lactobacillus chew tab</i>                 | OTC |
| <i>lactobacillus - packet</i>                 | OTC |
| <i>lactobacillus rhamnosus (gg) cap</i>       | OTC |

| Drug Name                                                          | Requirements/Limits |
|--------------------------------------------------------------------|---------------------|
| <b>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</b>                        |                     |
| <i>loperamide-simethicone tab 2-125 mg</i>                         | OTC                 |
| <b>ANTACIDS</b>                                                    |                     |
| <b>ANTACIDS - CALCIUM SALTS</b>                                    |                     |
| CALCIUM CARB TAB 648MG                                             | OTC                 |
| <i>calcium carbonate (antacid) chew tab 400 mg</i>                 | OTC                 |
| <i>calcium carbonate (antacid) chew tab 420 mg</i>                 | OTC                 |
| <i>calcium carbonate (antacid) chew tab 500 mg</i>                 | OTC                 |
| MAALOX CHW 600MG                                                   | OTC                 |
| <i>calcium carbonate (antacid) chew tab 750 mg</i>                 | OTC                 |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i>                | OTC                 |
| ANTACID CHW 1177MG                                                 | OTC                 |
| ANTACID SOFT CHW 1177MG                                            | OTC                 |
| CVS ANTACID CHW 1177MG                                             | OTC                 |
| TUMS CHW DEL CHW 1177MG                                            | OTC                 |
| CALCIUM CARB SUS 1250/5ML                                          | OTC                 |
| <b>ANTACID COMBINATIONS</b>                                        |                     |
| MAG-AL LIQ                                                         | OTC                 |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>  | OTC                 |
| ACID GONE SUS                                                      | OTC                 |
| <i>aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml</i> | OTC                 |
| ANTACID CHW 550-110                                                | OTC                 |
| <i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>         | OTC                 |
| <i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i> | OTC                 |
| <i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | OTC                 |
| <i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> | OTC                 |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>                 |                     |
| <b>ANTISPASMODICS</b>                                              |                     |
| <i>hyoscyamine sulfate tab 0.125 mg</i>                            |                     |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>                         |                     |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>                     |                     |
| <i>hyoscyamine sulfate soln 0.125 mg/ml</i>                        |                     |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i>                     |                     |
| <i>glycopyrrolate tab 1 mg</i>                                     |                     |
| <i>glycopyrrolate tab 2 mg</i>                                     |                     |
| <i>glycopyrrolate oral soln 1 mg/5ml</i>                           | AGE (Min 3, Max 16) |

| <b>Drug Name</b>                    | <b>Requirements/Limits</b> |
|-------------------------------------|----------------------------|
| dicyclomine hcl cap 10 mg           |                            |
| dicyclomine hcl tab 20 mg           |                            |
| dicyclomine hcl oral soln 10 mg/5ml |                            |

## **H-2 ANTAGONISTS**

|                               |     |
|-------------------------------|-----|
| cimetidine tab 200 mg         |     |
| cimetidine tab 200 mg         | OTC |
| cimetidine tab 300 mg         |     |
| cimetidine tab 400 mg         |     |
| cimetidine tab 800 mg         |     |
| famotidine tab 10 mg          | OTC |
| famotidine tab 20 mg          |     |
| famotidine tab 20 mg          | OTC |
| PEPCID AC TAB 20MG            | OTC |
| famotidine tab 40 mg          |     |
| famotidine for susp 40 mg/5ml |     |
| nizatidine cap 150 mg         |     |
| nizatidine cap 300 mg         |     |

## **PROTON PUMP INHIBITORS**

|                                                              |                                         |
|--------------------------------------------------------------|-----------------------------------------|
| NEXIUM 24HR TAB 20MG                                         | QL (90 tabs every year), OTC            |
| esomeprazole magnesium for delayed release susp pack 2.5 mg  | QL (90 packets every year), AGE (Max 1) |
| esomeprazole magnesium for delayed release susp packet 5 mg  | QL (90 packets every year), AGE (Max 1) |
| esomeprazole magnesium for delayed release susp packet 10 mg | QL (90 packets every year), AGE (Max 1) |
| esomeprazole magnesium cap delayed release 20 mg (base eq)   | QL (30 caps every 25 days), OTC         |
| lansoprazole cap delayed release 15 mg                       |                                         |
| omeprazole delayed release tab 20 mg                         | OTC                                     |
| omeprazole cap delayed release 10 mg                         | QL (90 caps every year)                 |
| omeprazole cap delayed release 20 mg                         | QL (90 caps every year)                 |
| omeprazole cap delayed release 40 mg                         | QL (90 caps every year)                 |
| omeprazole magnesium delayed release tab 20 mg (base equiv)  | OTC                                     |
| omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)       | OTC                                     |
| pantoprazole sodium ec tab 20 mg (base equiv)                | QL (90 tabs every year)                 |
| pantoprazole sodium ec tab 40 mg (base equiv)                | QL (90 tabs every year)                 |

## **MISC. ANTI-ULCER**

|                     |  |
|---------------------|--|
| sucralfate tab 1 gm |  |
|---------------------|--|

## **ULCER THERAPY COMBINATIONS**

|                                              |                              |
|----------------------------------------------|------------------------------|
| omeprazole-sodium bicarbonate cap 20-1100 mg | QL (90 caps every year), OTC |
|----------------------------------------------|------------------------------|

| Drug Name                                                  | Requirements/Limits                     |
|------------------------------------------------------------|-----------------------------------------|
| <b>ANTIEMETICS</b>                                         |                                         |
| <b>ANTIEMETICS - ANTICHOLINERGIC</b>                       |                                         |
| meclizine hcl tab 12.5 mg                                  |                                         |
| meclizine hcl tab 12.5 mg                                  | OTC                                     |
| meclizine hcl tab 25 mg                                    |                                         |
| meclizine hcl tab 25 mg                                    | OTC                                     |
| meclizine hcl chew tab 25 mg                               | OTC                                     |
| trimethobenzamide hcl cap 300 mg                           |                                         |
| <b>5-HT3 RECEPTOR ANTAGONISTS</b>                          |                                         |
| granisetron hcl tab 1 mg                                   | QL (12 tabs every 21 days)              |
| ondansetron orally disintegrating tab 4 mg                 | QL (18 tabs every 21 days)              |
| ondansetron orally disintegrating tab 8 mg                 | QL (18 tabs every 21 days)              |
| ondansetron hcl tab 4 mg                                   | QL (18 tabs every 21 days)              |
| ondansetron hcl tab 8 mg                                   | QL (18 tabs every 21 days)              |
| ondansetron hcl tab 24 mg                                  | QL (2 tabs every 21 days)               |
| ondansetron hcl oral soln 4 mg/5ml                         | QL (200 mL every 21 days)               |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b> |                                         |
| aprepitant capsule 40 mg                                   | QL (3 caps every 180 days)              |
| aprepitant capsule 80 mg                                   | QL (4 caps every 21 days); 4 week limit |
| aprepitant capsule 125 mg                                  | QL (2 caps every 21 days); 4 week limit |
| aprepitant capsule therapy pack 80 & 125 mg                | QL (6 tabs every 21 days); 4 week limit |
| <b>ANTIEMETICS - MISCELLANEOUS</b>                         |                                         |
| dronabinol cap 2.5 mg                                      | QL (60 caps every 25 days)              |
| dronabinol cap 5 mg                                        | QL (60 caps every 25 days)              |
| dronabinol cap 10 mg                                       | QL (60 caps every 25 days)              |
| <b>DIGESTIVE AIDS</b>                                      |                                         |
| <b>DIGESTIVE ENZYMES</b>                                   |                                         |
| VIOKACE TAB 10440                                          |                                         |
| VIOKACE TAB 20880                                          |                                         |
| ZENPEP CAP 3000UNIT                                        |                                         |
| ZENPEP CAP 5000UNIT                                        |                                         |
| ZENPEP CAP 10000UNT                                        |                                         |
| ZENPEP CAP 15000UNT                                        |                                         |
| ZENPEP CAP 20000UNT                                        |                                         |
| ZENPEP CAP 25000UNT                                        |                                         |
| ZENPEP CAP 40000UNT                                        |                                         |
| ZENPEP CAP 60000UNT                                        |                                         |

| Drug Name                                                  | Requirements/Limits                    |
|------------------------------------------------------------|----------------------------------------|
| <b>GASTROINTESTINAL AGENTS - MISC.</b>                     |                                        |
| <b>GALLSTONE SOLUBILIZING AGENTS</b>                       |                                        |
| ursodiol cap 300 mg                                        |                                        |
| ursodiol tab 250 mg                                        |                                        |
| ursodiol tab 500 mg                                        |                                        |
| <b>ANTIFLATULENTS</b>                                      |                                        |
| simethicone cap 125 mg                                     | OTC                                    |
| simethicone cap 180 mg                                     | OTC                                    |
| simethicone chew tab 80 mg                                 | OTC                                    |
| simethicone chew tab 125 mg                                | OTC                                    |
| simethicone liquid 40 mg/0.6ml                             | OTC                                    |
| simethicone susp 40 mg/0.6ml                               | OTC                                    |
| GAS-X CHILD MIS 40MG                                       | OTC                                    |
| GAS-X EX-STR MIS 62.5MG                                    | OTC                                    |
| <b>GASTROINTESTINAL STIMULANTS</b>                         |                                        |
| metoclopramide hcl tab 5 mg (base equivalent)              |                                        |
| metoclopramide hcl tab 10 mg (base equivalent)             |                                        |
| metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) |                                        |
| <b>INTESTINAL ACIDIFIERS</b>                               |                                        |
| lactulose (encephalopathy) solution 10 gm/15ml             |                                        |
| <b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>        |                                        |
| lubiprostone cap 8 mcg                                     |                                        |
| lubiprostone cap 24 mcg                                    |                                        |
| <b>INFLAMMATORY BOWEL AGENTS</b>                           |                                        |
| balsalazide disodium cap 750 mg                            |                                        |
| mesalamine enema 4 gm                                      |                                        |
| mesalamine suppos 1000 mg                                  |                                        |
| mesalamine cap er 24hr 0.375 gm                            |                                        |
| mesalamine rectal enema 4 gm & cleanser wipe kit           |                                        |
| sulfasalazine tab 500 mg                                   |                                        |
| sulfasalazine tab delayed release 500 mg                   |                                        |
| ENTYVIO INJ 300MG                                          | SP, PA, QL (1 vial every 42 days)      |
| ENTYVIO PEN INJ 108/0.68                                   | SP, PA, QL (2 pens every 28 days)      |
| SKYRIZI SOL 60MG/ML                                        | SP, PA, QL (6 vials every 42 days)     |
| SKYRIZI INJ 180/1.2                                        | SP, PA, QL (1 cartridge every 56 days) |
| SKYRIZI INJ 360/2.4                                        | SP, PA, QL (1 cartridge every 56 days) |

| <b>Drug Name</b>      | <b>Requirements/Limits</b>         |
|-----------------------|------------------------------------|
| STEQEYMA INJ 130/26ML | SP, PA, QL (4 vials every 56 days) |
| IMULDOSA INJ 130/26ML | SP, PA, QL (4 vials every 56 days) |
| VELSIPITY TAB 2MG     | SP, PA, QL (1 tab every 1 day)     |
| AVSOLA INJ 100MG      | SP, PA, QL (3 vials every 28 days) |

#### **PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS**

|                 |                                |
|-----------------|--------------------------------|
| IQIRVO TAB 80MG | SP, PA, QL (1 tab every 1 day) |
|-----------------|--------------------------------|

#### **PHOSPHATE BINDER AGENTS**

|                                                           |    |
|-----------------------------------------------------------|----|
| calcium acetate (phosphate binder) cap 667 mg (169 mg ca) |    |
| sevelamer carbonate tab 800 mg                            | ST |
| sevelamer carbonate packet 0.8 gm                         | ST |
| sevelamer carbonate packet 2.4 gm                         | ST |

#### **URINARY ANTISPASMODICS**

##### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

|                                       |           |
|---------------------------------------|-----------|
| OXYTROL/WOMN DIS 3.9MG/24             | GNDR, OTC |
| oxybutynin chloride tab 5 mg          |           |
| oxybutynin chloride solution 5 mg/5ml |           |
| oxybutynin chloride tab er 24hr 5 mg  |           |
| oxybutynin chloride tab er 24hr 10 mg |           |
| oxybutynin chloride tab er 24hr 15 mg |           |
| tolterodine tartrate tab 1 mg         |           |
| tolterodine tartrate tab 2 mg         |           |
| tropium chloride tab 20 mg            |           |

##### **URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

|                               |  |
|-------------------------------|--|
| mirabegron tab er 24 hr 25 mg |  |
| mirabegron tab er 24 hr 50 mg |  |

##### **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

|                                |  |
|--------------------------------|--|
| bethanechol chloride tab 5 mg  |  |
| bethanechol chloride tab 10 mg |  |
| bethanechol chloride tab 25 mg |  |
| bethanechol chloride tab 50 mg |  |

#### **VAGINAL AND RELATED PRODUCTS**

##### **VAGINAL ANTI-INFECTIVES**

|                                        |     |
|----------------------------------------|-----|
| clindamycin phosphate vaginal cream 2% |     |
| metronidazole vaginal gel 0.75%        |     |
| clotrimazole vaginal cream 1%          | OTC |
| clotrimazole vaginal cream 2%          | OTC |
| miconazole nitrate vaginal cream 2%    | OTC |
| MONISTAT 3 CRE 4%                      | OTC |

| <b>Drug Name</b>                                                      | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------|----------------------------|
| MICONAZOLE 7 SUP 100MG                                                | OTC                        |
| <i>miconazole nitrate vaginal suppos 200 mg</i>                       |                            |
| <i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i> | OTC                        |
| <i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>     | OTC                        |
| MONISTAT 7 KIT COMBO PK                                               | OTC                        |
| <i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>  | OTC                        |
| MONISTAT 7 KIT COMPLETE                                               | OTC                        |
| MONISTAT 3 KIT COMBO PK                                               | OTC                        |
| MICONAZOLE 1 KIT COMBO                                                | OTC                        |
| <i>terconazole vaginal cream 0.4%</i>                                 |                            |
| <i>terconazole vaginal cream 0.8%</i>                                 |                            |
| <i>terconazole vaginal suppos 80 mg</i>                               |                            |
| <b>VAGINAL ANTI-INFLAMMATORY AGENTS</b>                               |                            |
| <i>hydrocortisone perivaginal cream 1%</i>                            | OTC                        |
| <b>SPERMICIDES</b>                                                    |                            |
| GYNOL II GEL 3%                                                       | OTC; \$0                   |
| VCF VAGINAL GEL CONTRACE                                              | OTC; \$0                   |
| ENCARE SUP 100MG                                                      | OTC; \$0                   |
| VCF VAGINAL MIS CONTRACP                                              | OTC; \$0                   |
| <b>VAGINAL ESTROGENS</b>                                              |                            |
| <i>estradiol vaginal tab 10 mcg</i>                                   |                            |
| <b>MISCELLANEOUS VAGINAL PRODUCTS</b>                                 |                            |
| <i>acetic acid vaginal solution</i>                                   | OTC                        |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>                           |                            |
| <b>ALKALINIZERS</b>                                                   |                            |
| <i>potassium citrate tab er 5 meq (540 mg)</i>                        |                            |
| <i>potassium citrate tab er 10 meq (1080 mg)</i>                      |                            |
| <i>potassium citrate tab er 15 meq (1620 mg)</i>                      |                            |
| <b>URINARY ANALGESICS</b>                                             |                            |
| <i>phenazopyridine hcl tab 100 mg</i>                                 |                            |
| <i>phenazopyridine hcl tab 200 mg</i>                                 |                            |
| <b>CYSTINOSIS AGENTS</b>                                              |                            |
| CYSTAGON CAP 50MG                                                     | SP, PA                     |
| CYSTAGON CAP 150MG                                                    | SP, PA                     |
| <b>PROSTATIC HYPERTROPHY AGENTS</b>                                   |                            |
| <i>finasteride tab 5 mg</i>                                           |                            |
| <i>alfuzosin hcl tab er 24hr 10 mg</i>                                |                            |
| <i>tamsulosin hcl cap 0.4 mg</i>                                      |                            |

| Drug Name                                                   | Requirements/Limits                                  |
|-------------------------------------------------------------|------------------------------------------------------|
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>                      |                                                      |
| <b>PHENOTHIAZINES</b>                                       |                                                      |
| <i>prochlorperazine suppos 25 mg</i>                        |                                                      |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>  |                                                      |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> |                                                      |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>            |                                                      |
| <b>BARBITURATE HYPNOTICS</b>                                |                                                      |
| <i>phenobarbital tab 15 mg</i>                              |                                                      |
| <i>phenobarbital tab 16.2 mg</i>                            |                                                      |
| <i>phenobarbital tab 30 mg</i>                              |                                                      |
| <i>phenobarbital tab 32.4 mg</i>                            |                                                      |
| <i>phenobarbital tab 60 mg</i>                              |                                                      |
| <i>phenobarbital tab 64.8 mg</i>                            |                                                      |
| <i>phenobarbital tab 97.2 mg</i>                            |                                                      |
| <i>phenobarbital tab 100 mg</i>                             |                                                      |
| <i>phenobarbital elixir 20 mg/5ml</i>                       |                                                      |
| <b>ANTI-HISTAMINE HYPNOTICS</b>                             |                                                      |
| <i>doxylamine succinate (sleep) tab 25 mg</i>               | OTC                                                  |
| <i>diphenhydramine hcl (sleep) cap 50 mg</i>                | OTC                                                  |
| <i>diphenhydramine hcl (sleep) tab 25 mg</i>                | OTC                                                  |
| <i>diphenhydramine hcl (sleep) tab 50 mg</i>                | OTC                                                  |
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>        |                                                      |
| <b>ANTI-OBESITY AGENTS</b>                                  |                                                      |
| WEGOVY INJ 0.25MG                                           | PA, QL (4 pens every 21 days);<br>CV Only Coverage   |
| WEGOVY INJ 0.5MG                                            | PA, QL (4 pens every 21 days);<br>CV Only Coverage   |
| WEGOVY INJ 1MG                                              | PA, QL (4 pens every 21 days);<br>CV Only Coverage   |
| WEGOVY INJ 1.7MG                                            | PA, QL (4 pens every 21 days);<br>CV Only Coverage   |
| WEGOVY INJ 2.4MG                                            | PA, QL (4 pens every 21 days);<br>CV Only Coverage   |
| ZEPBOUND INJ 2.5/0.5                                        | PA, QL (4 vials every 21 days);<br>OSA Only Coverage |
| ZEPBOUND INJ 5/0.5ML                                        | PA, QL (4 vials every 21 days);<br>OSA Only Coverage |
| ZEPBOUND INJ 7.5/0.5                                        | PA, QL (4 vials every 21 days);<br>OSA Only Coverage |
| ZEPBOUND INJ 10/0.5ML                                       | PA, QL (4 vials every 21 days);<br>OSA Only Coverage |
| ZEPBOUND INJ 12.5/0.5                                       | PA, QL (4 vials every 21 days);<br>OSA Only Coverage |

| <b>Drug Name</b>      | <b>Requirements/Limits</b>                           |
|-----------------------|------------------------------------------------------|
| ZEPBOUND INJ 15/0.5ML | PA, QL (4 vials every 21 days);<br>OSA Only Coverage |
| ZEPBOUND INJ 2.5/0.5  | PA, QL (4 pens every 21 days);<br>OSA Only Coverage  |
| ZEPBOUND INJ 5/0.5ML  | PA, QL (4 pens every 21 days);<br>OSA Only Coverage  |
| ZEPBOUND INJ 7.5/0.5  | PA, QL (4 pens every 21 days);<br>OSA Only Coverage  |
| ZEPBOUND INJ 10/0.5ML | PA, QL (4 pens every 21 days);<br>OSA Only Coverage  |
| ZEPBOUND INJ 12.5/0.5 | PA, QL (4 pens every 21 days);<br>OSA Only Coverage  |
| ZEPBOUND INJ 15/0.5ML | PA, QL (4 pens every 21 days);<br>OSA Only Coverage  |

### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

|                                                     |                                 |
|-----------------------------------------------------|---------------------------------|
| <i>clonidine hcl tab er 12hr 0.1 mg</i>             | AGE (less than 6, more than 17) |
| ONYDA XR SUS 0.1MG/ML                               | AGE (less than 6, more than 17) |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> | AGE (less than 6, more than 17) |
| INTUNIV TAB 1MG                                     | AGE (less than 6, more than 17) |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> | AGE (less than 6, more than 17) |
| INTUNIV TAB 2MG                                     | AGE (less than 6, more than 17) |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> | AGE (less than 6, more than 17) |
| INTUNIV TAB 3MG                                     | AGE (less than 6, more than 17) |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> | AGE (less than 6, more than 17) |
| INTUNIV TAB 4MG                                     | AGE (less than 6, more than 17) |

### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

#### **ANTIDEMENTIA AGENTS**

|                                                                |
|----------------------------------------------------------------|
| <i>donepezil hydrochloride tab 5 mg</i>                        |
| <i>donepezil hydrochloride tab 10 mg</i>                       |
| <i>donepezil hydrochloride tab 23 mg</i>                       |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>  |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> |
| <i>galantamine hydrobromide tab 4 mg</i>                       |
| <i>galantamine hydrobromide tab 8 mg</i>                       |
| <i>galantamine hydrobromide tab 12 mg</i>                      |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i>              |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>               |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>              |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>              |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>                  |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>                  |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>                 |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>      |

| <b>Drug Name</b>                                                   | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|----------------------------|
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>            |                            |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>          |                            |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>            |                            |
| <i>memantine hcl tab 5 mg</i>                                      |                            |
| <i>memantine hcl tab 10 mg</i>                                     |                            |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> |                            |
| <i>memantine hcl oral solution 2 mg/ml</i>                         |                            |

#### **MOVEMENT DISORDER DRUG THERAPY**

|                                  |                                 |
|----------------------------------|---------------------------------|
| <i>tetrabenazine tab 12.5 mg</i> | SP, PA, QL (4 tabs every 1 day) |
| <i>tetrabenazine tab 25 mg</i>   | SP, PA, QL (2 tabs every 1 day) |

#### **MULTIPLE SCLEROSIS AGENTS**

|                                                                      |                                          |
|----------------------------------------------------------------------|------------------------------------------|
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>            | SP, PA, QL (1 injection every 1 day)     |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>            | SP, PA, QL (12 injections every 28 days) |
| REBIF REBIDO INJ 22/0.5                                              | SP, PA, QL (12 injections every 28 days) |
| REBIF REBIDO INJ 44/0.5                                              | SP, PA, QL (12 injections every 28 days) |
| REBIF REBIDO INJ TITRATN                                             | SP, PA, QL (12 injections every 28 days) |
| REBIF INJ 22/0.5                                                     | SP, PA, QL (12 injections every 28 days) |
| REBIF INJ 44/0.5                                                     | SP, PA, QL (12 injections every 28 days) |
| REBIF TITRTN INJ PACK                                                | SP, PA, QL (12 injections every 28 days) |
| AVONEX PEN KIT 30MCG                                                 | SP, PA, QL (4 injections every 28 days)  |
| AVONEX PREFL KIT 30MCG                                               | SP, PA, QL (4 injections every 28 days)  |
| <i>teriflunomide tab 7 mg</i>                                        | SP, PA, QL (1 tab every 1 day)           |
| <i>teriflunomide tab 14 mg</i>                                       | SP, PA, QL (1 tab every 1 day)           |
| OCREVUS INJ 300/10ML                                                 | SP, PA, QL (2 vials every 24 weeks)      |
| KESIMPTA INJ 20/.4ML                                                 | SP, PA, QL (1 pen every 28 days)         |
| <i>dimethyl fumarate capsule delayed release 120 mg</i>              | SP, PA, QL (14 caps every 28 days)       |
| <i>dimethyl fumarate capsule delayed release 240 mg</i>              | SP, PA, QL (2 caps every 1 day)          |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> | SP, PA, QL (1 kit every month)           |
| <i>fingolimod hcl cap 0.5 mg (base equiv)</i>                        | SP, PA, QL (1 cap every 1 day)           |

| <b>Drug Name</b>              | <b>Requirements/Limits</b>        |
|-------------------------------|-----------------------------------|
| MAYZENT TAB 0.25MG            | SP, PA, QL (12 tabs every 5 days) |
| MAYZENT TAB 1MG               | SP, PA, QL (1 tab every 1 day)    |
| MAYZENT TAB 2MG               | SP, PA, QL (1 tab every 1 day)    |
| MAYZENT PAK STARTER (7 TABS)  | SP, PA, QL (7 tabs every 4 days)  |
| MAYZENT PAK STARTER (12 TABS) | SP, PA, QL (12 tabs every 5 days) |

#### **FIBROMYALGIA AGENTS**

|                      |    |
|----------------------|----|
| SAVELLA TAB 12.5MG   | PA |
| SAVELLA TAB 25MG     | PA |
| SAVELLA TAB 50MG     | PA |
| SAVELLA TAB 100MG    | PA |
| SAVELLA MIS TITR PAK | PA |

#### **PSEUDOBULBAR AFFECT (PBA) AGENTS**

|                     |                             |
|---------------------|-----------------------------|
| NUDEXTA CAP 20-10MG | PA, QL (2 caps every 1 day) |
|---------------------|-----------------------------|

### **ANALGESICS - NONNARCOTIC**

#### **SALICYLATES**

|                                           |     |
|-------------------------------------------|-----|
| <i>aspirin tab 325 mg</i>                 | OTC |
| <i>aspirin chew tab 81 mg</i>             | OTC |
| <i>aspirin tab delayed release 81 mg</i>  | OTC |
| <i>aspirin tab delayed release 325 mg</i> | OTC |
| ASPIRIN SUP 300MG                         | OTC |
| diflunisal tab 500 mg                     |     |

#### **ANALGESICS OTHER**

|                                                |     |
|------------------------------------------------|-----|
| <i>acetaminophen cap 500 mg</i>                | OTC |
| <i>acetaminophen tab 325 mg</i>                | OTC |
| <i>acetaminophen tab 500 mg</i>                | OTC |
| <i>acetaminophen tab er 650 mg</i>             | OTC |
| <i>acetaminophen chew tab 80 mg</i>            | OTC |
| <i>acetaminophen chew tab 160 mg</i>           | OTC |
| <i>acetaminophen liquid 160 mg/5ml</i>         | OTC |
| <i>acetaminophen liquid 167 mg/5ml</i>         | OTC |
| <i>acetaminophen elixir 160 mg/5ml</i>         | OTC |
| <i>acetaminophen susp 160 mg/5ml</i>           | OTC |
| <i>acetaminophen soln 160 mg/5ml</i>           | OTC |
| FEVERALL INF SUP 80MG                          | OTC |
| <i>acetaminophen suppos 120 mg</i>             | OTC |
| FEVERALL SUP 325MG                             | OTC |
| <i>acetaminophen suppos 650 mg</i>             | OTC |
| <i>acetaminophen disintegrating tab 80 mg</i>  | OTC |
| <i>acetaminophen disintegrating tab 160 mg</i> | OTC |

**Drug Name**  
**ANALGESICS - OPIOID**  
**OPIOID AGONISTS**

**Requirements/Limits**

|                                                         |                                   |
|---------------------------------------------------------|-----------------------------------|
| <i>fentanyl td patch 72hr 12 mcg/hr</i>                 | PA, QL (10 patches every 25 days) |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>                 | PA, QL (10 patches every 25 days) |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>                 | PA, QL (10 patches every 25 days) |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>                 | PA, QL (10 patches every 25 days) |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>                | PA, QL (10 patches every 25 days) |
| <i>hydromorphone hcl tab 2 mg</i>                       | PA, QL (180 tabs every 25 days)   |
| <i>hydromorphone hcl tab 4 mg</i>                       | PA, QL (120 tabs every 25 days)   |
| <i>hydromorphone hcl tab 8 mg</i>                       | PA, QL (60 tabs every 25 days)    |
| <i>methadone hcl tab 5 mg</i>                           | PA, QL (90 tabs every 25 days)    |
| <i>methadone hcl tab 10 mg</i>                          | PA, QL (30 tabs every 25 days)    |
| <i>morphine sulfate tab 15 mg</i>                       | PA, QL (180 tabs every 25 days)   |
| <i>morphine sulfate tab 30 mg</i>                       | PA, QL (90 tabs every 25 days)    |
| <i>morphine sulfate tab er 15 mg</i>                    | PA, QL (90 tabs every 25 days)    |
| <i>morphine sulfate tab er 30 mg</i>                    | PA, QL (90 tabs every 25 days)    |
| <i>morphine sulfate tab er 60 mg</i>                    | PA, QL (90 tabs every 25 days)    |
| <i>morphine sulfate tab er 100 mg</i>                   | PA, QL (60 tabs every 25 days)    |
| <i>morphine sulfate tab er 200 mg</i>                   | PA, QL (60 tabs every 25 days)    |
| <i>morphine sulfate oral soln 10 mg/5ml</i>             | PA, QL (900 mL every 25 days)     |
| <i>morphine sulfate oral soln 20 mg/5ml</i>             | PA, QL (675 mL every 25 days)     |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | PA, QL (135 mL every 25 days)     |
| <i>oxycodone hcl cap 5 mg</i>                           | PA, QL (180 caps every 25 days)   |
| <i>oxycodone hcl tab 5 mg</i>                           | PA, QL (180 tabs every 25 days)   |
| <i>oxycodone hcl tab 10 mg</i>                          | PA, QL (180 tabs every 25 days)   |
| <i>oxycodone hcl tab 15 mg</i>                          | PA, QL (120 tabs every 25 days)   |
| <i>oxycodone hcl tab 20 mg</i>                          | PA, QL (90 tabs every 25 days)    |
| <i>oxycodone hcl tab 30 mg</i>                          | PA, QL (60 tabs every 25 days)    |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>         | PA, QL (90 mL every 25 days)      |
| <i>oxycodone hcl soln 5 mg/5ml</i>                      | PA, QL (900 mL every 25 days)     |

| <b>Drug Name</b>                       | <b>Requirements/Limits</b>      |
|----------------------------------------|---------------------------------|
| <i>tramadol hcl tab 50 mg</i>          | PA, QL (180 tabs every 25 days) |
| <i>tramadol hcl tab er 24hr 100 mg</i> | PA, QL (30 tabs every 25 days)  |
| <i>tramadol hcl tab er 24hr 200 mg</i> | PA, QL (30 tabs every 25 days)  |
| <i>tramadol hcl tab er 24hr 300 mg</i> | PA, QL (30 tabs every 25 days)  |

### **OPIOID COMBINATIONS**

|                                                       |                                 |
|-------------------------------------------------------|---------------------------------|
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>      | PA, QL (360 tabs every 25 days) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>        | PA, QL (360 tabs every 25 days) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>      | PA, QL (240 tabs every 25 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>       | PA, QL (180 tabs every 25 days) |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>         | PA, QL (400 tabs every 25 days) |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>         | PA, QL (360 tabs every 25 days) |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>         | PA, QL (180 tabs every 25 days) |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>    | PA, QL (2700 mL every 25 days)  |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>        | PA, QL (180 tabs every 25 days) |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>         | PA, QL (240 tabs every 25 days) |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>       | PA, QL (180 tabs every 25 days) |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | PA, QL (2700 mL every 25 days)  |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>         | PA, QL (40 tabs every 25 days)  |

### **ANALGESICS - ANTI-INFLAMMATORY**

#### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

|                                                    |
|----------------------------------------------------|
| <i>diclofenac potassium tab 50 mg</i>              |
| <i>diclofenac sodium tab delayed release 25 mg</i> |
| <i>diclofenac sodium tab delayed release 50 mg</i> |
| <i>diclofenac sodium tab delayed release 75 mg</i> |
| <i>diclofenac sodium tab er 24hr 100 mg</i>        |
| <i>etodolac cap 200 mg</i>                         |
| <i>etodolac cap 300 mg</i>                         |
| <i>etodolac tab 400 mg</i>                         |
| <i>etodolac tab 500 mg</i>                         |
| <i>etodolac tab er 24hr 400 mg</i>                 |

| <b>Drug Name</b>                        | <b>Requirements/Limits</b> |
|-----------------------------------------|----------------------------|
| <i>etodolac tab er 24hr 500 mg</i>      |                            |
| <i>etodolac tab er 24hr 600 mg</i>      |                            |
| <i>flurbiprofen tab 50 mg</i>           |                            |
| <i>ibuprofen cap 200 mg</i>             | OTC                        |
| ADVIL JR ST TAB 100MG                   | OTC                        |
| <i>ibuprofen tab 200 mg</i>             | OTC                        |
| <i>ibuprofen tab 400 mg</i>             |                            |
| <i>ibuprofen tab 600 mg</i>             |                            |
| <i>ibuprofen tab 800 mg</i>             |                            |
| <i>ibuprofen chew tab 100 mg</i>        | OTC                        |
| <i>ibuprofen susp 40 mg/ml</i>          | OTC                        |
| <i>ibuprofen susp 100 mg/5ml</i>        |                            |
| <i>ibuprofen susp 100 mg/5ml</i>        | OTC                        |
| <i>ketorolac tromethamine tab 10 mg</i> | QL (20 tabs every 25 days) |
| <i>meloxicam tab 7.5 mg</i>             |                            |
| <i>meloxicam tab 15 mg</i>              |                            |
| <i>nabumetone tab 500 mg</i>            |                            |
| <i>nabumetone tab 750 mg</i>            |                            |
| <i>naproxen tab 250 mg</i>              |                            |
| <i>naproxen tab 375 mg</i>              |                            |
| <i>naproxen tab 500 mg</i>              |                            |
| <i>naproxen tab ec 375 mg</i>           |                            |
| <i>naproxen tab ec 500 mg</i>           |                            |
| <i>naproxen sodium cap 220 mg</i>       | OTC                        |
| <i>naproxen sodium tab 220 mg</i>       | OTC                        |
| <i>naproxen sodium tab 275 mg</i>       |                            |
| <i>naproxen sodium tab 550 mg</i>       |                            |
| <i>oxaprozin tab 600 mg</i>             |                            |
| <i>sulindac tab 150 mg</i>              |                            |
| <i>sulindac tab 200 mg</i>              |                            |
| <i>celecoxib cap 50 mg</i>              | PA                         |
| <i>celecoxib cap 100 mg</i>             | PA                         |
| <i>celecoxib cap 200 mg</i>             | PA                         |
| <i>celecoxib cap 400 mg</i>             | PA                         |

#### **ANTIRHEUMATIC ANTIMETABOLITES**

|                   |                                         |
|-------------------|-----------------------------------------|
| RASUVO INJ 7.5MG  | SP, PA, QL (4 injections every 28 days) |
| RASUVO INJ 10MG   | SP, PA, QL (4 injections every 28 days) |
| RASUVO INJ 12.5MG | SP, PA, QL (4 injections every 28 days) |
| RASUVO INJ 15MG   | SP, PA, QL (4 injections every 28 days) |

| <b>Drug Name</b>  | <b>Requirements/Limits</b>              |
|-------------------|-----------------------------------------|
| RASUVO INJ 17.5MG | SP, PA, QL (4 injections every 28 days) |
| RASUVO INJ 20MG   | SP, PA, QL (4 injections every 28 days) |
| RASUVO INJ 22.5MG | SP, PA, QL (4 injections every 28 days) |
| RASUVO INJ 25MG   | SP, PA, QL (4 injections every 28 days) |
| RASUVO INJ 30MG   | SP, PA, QL (4 injections every 28 days) |

#### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

|                           |                                       |
|---------------------------|---------------------------------------|
| ADALIMU-ADAZ INJ 40/0.4ML | SP, PA, QL (4 pens every 28 days)     |
| ADALIMU-ADAZ INJ 80/0.8ML | SP, PA, QL (2 syringes every 28 days) |
| ADALIMU-ADAZ INJ 10/0.1ML | SP, PA, QL (2 syringes every 28 days) |
| ADALIMU-ADAZ INJ 20/0.2ML | SP, PA, QL (4 syringes every 28 days) |
| ADALIMU-ADAZ INJ 40/0.4ML | SP, PA, QL (4 syringes every 28 days) |
| HADLIMA PUSH INJ 40/0.4ML | SP, PA, QL (4 pens every 28 days)     |
| HADLIMA PUSH INJ 40/0.8ML | SP, PA, QL (4 pens every 28 days)     |
| HADLIMA INJ 40/0.4ML      | SP, PA, QL (4 syringes every 28 days) |
| HADLIMA INJ 40/0.8ML      | SP, PA, QL (4 syringes every 28 days) |
| ADALIMU-FKJP KIT 40/0.8ML | SP, PA, QL (4 pens every 28 days)     |
| ADALIMU-FKJP KIT 20/0.4ML | SP, PA, QL (4 syringes every 28 days) |
| ADALIMU-FKJP KIT 40/0.8ML | SP, PA, QL (4 syringes every 28 days) |

#### **PYRIMIDINE SYNTHESIS INHIBITORS**

*leflunomide tab 10 mg*

*leflunomide tab 20 mg*

#### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

|                          |                                    |
|--------------------------|------------------------------------|
| ENBREL INJ 25MG          | SP, PA, QL (8 vials every 28 days) |
| ENBREL SRCLK INJ 50MG/ML | SP, PA, QL (4 pens every 28 days)  |

| <b>Drug Name</b>        | <b>Requirements/Limits</b>            |
|-------------------------|---------------------------------------|
| ENBREL MINI INJ 50MG/ML | SP, PA, QL (4 pens every 28 days)     |
| ENBREL INJ 25/0.5ML     | SP, PA, QL (8 syringes every 28 days) |
| ENBREL INJ 50MG/ML      | SP, PA, QL (4 pens every 28 days)     |

#### **INTERLEUKIN-1BETA BLOCKERS**

|                     |                                    |
|---------------------|------------------------------------|
| ILARIS INJ 150MG/ML | SP, PA, QL (2 vials every 28 days) |
|---------------------|------------------------------------|

#### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

|                      |                                       |
|----------------------|---------------------------------------|
| KEVZARA INJ 150/1.14 | SP, PA, QL (2 pens every 28 days)     |
| KEVZARA INJ 200/1.14 | SP, PA, QL (2 pens every 28 days)     |
| KEVZARA INJ 150/1.14 | SP, PA, QL (2 syringes every 28 days) |
| KEVZARA INJ 200/1.14 | SP, PA, QL (2 syringes every 28 days) |

#### **ANTIRHEUMATIC - ENZYME INHIBITORS**

|                    |                                |
|--------------------|--------------------------------|
| RINVOQ TAB 15MG ER | SP, PA, QL (1 tab every 1 day) |
| RINVOQ TAB 30MG ER | SP, PA, QL (1 tab every 1 day) |
| RINVOQ TAB 45MG ER | SP, PA, QL (1 tab every 1 day) |

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

|                     |                                    |
|---------------------|------------------------------------|
| OTEZLA TAB 20MG     | SP, PA, QL (2 tabs every 1 day)    |
| OTEZLA TAB 30MG     | SP, PA, QL (2 tabs every 1 day)    |
| OTEZLA TAB 10/20    | SP, PA, QL (55 tabs every 28 days) |
| OTEZLA TAB 10/20/30 | SP, PA, QL (55 tabs every 28 days) |

#### **MIGRAINE PRODUCTS**

##### **SEROTONIN AGONISTS**

|                                                                     |                                   |
|---------------------------------------------------------------------|-----------------------------------|
| <i>naratriptan hcl tab 1 mg (base equiv)</i>                        | ST, QL (12 tabs every 25 days)    |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>                      | ST, QL (12 tabs every 25 days)    |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i>              | ST, QL (18 tabs every 25 days)    |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i>             | ST, QL (18 tabs every 25 days)    |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>  | ST, QL (18 tabs every 25 days)    |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | ST, QL (18 tabs every 25 days)    |
| <i>sumatriptan nasal spray 5 mg/act</i>                             | QL (24 inhalations every 25 days) |
| <i>sumatriptan nasal spray 20 mg/act</i>                            | QL (12 inhalations every 25 days) |

| <b>Drug Name</b>                                               | <b>Requirements/Limits</b>       |
|----------------------------------------------------------------|----------------------------------|
| <i>sumatriptan succinate tab 25 mg</i>                         | QL (12 tabs every 25 days)       |
| <i>sumatriptan succinate tab 50 mg</i>                         | QL (12 tabs every 25 days)       |
| <i>sumatriptan succinate tab 100 mg</i>                        | QL (12 tabs every 25 days)       |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                    | QL (12 injections every 25 days) |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i> | QL (18 injections every 25 days) |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> | QL (12 injections every 25 days) |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>     | QL (18 injections every 25 days) |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>     | QL (12 injections every 25 days) |
| <i>zolmitriptan tab 2.5 mg</i>                                 | ST, QL (12 tabs every 25 days)   |
| <i>zolmitriptan tab 5 mg</i>                                   | ST, QL (12 tabs every 25 days)   |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i>           | ST, QL (12 tabs every 25 days)   |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>             | ST, QL (12 tabs every 25 days)   |

### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

|                              |                                   |
|------------------------------|-----------------------------------|
| <i>QULIPTA TAB 10MG</i>      | ST, QL (30 tabs every 25 days)    |
| <i>QULIPTA TAB 30MG</i>      | ST, QL (30 tabs every 25 days)    |
| <i>QULIPTA TAB 60MG</i>      | ST, QL (30 tabs every 25 days)    |
| <i>NURTEC TAB 75MG ODT</i>   | ST, QL (16 tabs every 25 days)    |
| <i>UBRELVY TAB 50MG</i>      | ST, QL (16 tabs every 25 days)    |
| <i>UBRELVY TAB 100MG</i>     | ST, QL (16 tabs every 25 days)    |
| <i>AIMOVIG INJ 70MG/ML</i>   | ST, QL (2 pens every 25 days)     |
| <i>AIMOVIG INJ 140MG/ML</i>  | ST, QL (1 pen every 25 days)      |
| <i>EMGALITY INJ 120MG/ML</i> | ST, QL (2 pens every 25 days)     |
| <i>EMGALITY INJ 100MG/ML</i> | ST, QL (3 syringes every 25 days) |
| <i>EMGALITY INJ 120MG/ML</i> | ST, QL (2 syringes every 25 days) |

### **GOUT AGENTS**

#### **GOUT AGENTS**

|                               |                            |
|-------------------------------|----------------------------|
| <i>allopurinol tab 100 mg</i> |                            |
| <i>allopurinol tab 300 mg</i> |                            |
| <i>colchicine tab 0.6 mg</i>  | QL (30 tabs every 25 days) |

#### **URICOSURICS**

|                              |  |
|------------------------------|--|
| <i>probenecid tab 500 mg</i> |  |
|------------------------------|--|

### **ANTICONSULSANTS**

#### **HYDANTOINS**

|                                             |  |
|---------------------------------------------|--|
| <i>phenytoin chew tab 50 mg</i>             |  |
| <i>phenytoin susp 125 mg/5ml</i>            |  |
| <i>phenytoin sodium extended cap 100 mg</i> |  |
| <i>phenytoin sodium extended cap 200 mg</i> |  |

| <b>Drug Name</b>                                           | <b>Requirements/Limits</b> |
|------------------------------------------------------------|----------------------------|
| <i>phenytoin sodium extended cap 300 mg</i>                |                            |
| <b>SUCCINIMIDES</b>                                        |                            |
| <i>ethosuximide cap 250 mg</i>                             |                            |
| <i>ethosuximide soln 250 mg/5ml</i>                        |                            |
| <b>ANTICONVULSANTS - MISC.</b>                             |                            |
| <i>primidone tab 50 mg</i>                                 |                            |
| <i>primidone tab 250 mg</i>                                |                            |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>            |                            |
| <b>ANTIPARKINSON COMT INHIBITORS</b>                       |                            |
| <i>entacapone tab 200 mg</i>                               |                            |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                         |                            |
| <i>amantadine hcl cap 100 mg</i>                           |                            |
| <i>amantadine hcl tab 100 mg</i>                           |                            |
| <i>amantadine hcl soln 50 mg/5ml</i>                       |                            |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i>   |                            |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> |                            |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>            |                            |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>             |                            |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>              |                            |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>             |                            |
| <i>pramipexole dihydrochloride tab 1 mg</i>                |                            |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>              |                            |
| <i>ropinirole hydrochloride tab 0.25 mg</i>                |                            |
| <i>ropinirole hydrochloride tab 0.5 mg</i>                 |                            |
| <i>ropinirole hydrochloride tab 1 mg</i>                   |                            |
| <i>ropinirole hydrochloride tab 2 mg</i>                   |                            |
| <i>ropinirole hydrochloride tab 3 mg</i>                   |                            |
| <i>ropinirole hydrochloride tab 4 mg</i>                   |                            |
| <i>ropinirole hydrochloride tab 5 mg</i>                   |                            |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>              |                            |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>              |                            |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>              |                            |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>           |                            |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>           |                            |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>   |                            |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>  |                            |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>    |                            |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> |                            |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>  |                            |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>    |                            |

| Drug Name                                         | Requirements/Limits         |
|---------------------------------------------------|-----------------------------|
| <b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b> |                             |
| selegiline hcl cap 5 mg                           |                             |
| selegiline hcl tab 5 mg                           |                             |
| <b>NEUROMUSCULAR AGENTS</b>                       |                             |
| <b>ALS AGENTS</b>                                 |                             |
| riluzole tab 50 mg                                |                             |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>             |                             |
| <b>CENTRAL MUSCLE RELAXANTS</b>                   |                             |
| baclofen tab 10 mg                                |                             |
| baclofen tab 20 mg                                |                             |
| carisoprodol tab 350 mg                           | QL (120 tabs every 25 days) |
| chlorzoxazone tab 500 mg                          |                             |
| cyclobenzaprine hcl tab 5 mg                      |                             |
| cyclobenzaprine hcl tab 10 mg                     |                             |
| methocarbamol tab 500 mg                          |                             |
| methocarbamol tab 750 mg                          |                             |
| orphenadrine citrate tab er 12hr 100 mg           |                             |
| tizanidine hcl tab 2 mg (base equivalent)         |                             |
| tizanidine hcl tab 4 mg (base equivalent)         |                             |
| <b>DIRECT MUSCLE RELAXANTS</b>                    |                             |
| dantrolene sodium cap 25 mg                       |                             |
| dantrolene sodium cap 50 mg                       |                             |
| dantrolene sodium cap 100 mg                      |                             |
| <b>VISCOSUPPLEMENTS</b>                           |                             |
| GEL-ONE INJ 30MG/3ML                              | SP, PA                      |
| VISCO-3 INJ 25/2.5ML                              | SP, PA                      |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>          |                             |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>          |                             |
| pyridostigmine bromide tab 60 mg                  |                             |
| pyridostigmine bromide tab er 180 mg              |                             |
| pyridostigmine bromide oral soln 60 mg/5ml        |                             |
| <b>VITAMINS</b>                                   |                             |
| <b>WATER SOLUBLE VITAMINS</b>                     |                             |
| thiamine hcl tab 50 mg                            | OTC                         |
| thiamine hcl tab 100 mg                           | OTC                         |
| thiamine mononitrate tab 100 mg                   | OTC                         |
| pyridoxine hcl tab 25 mg                          | OTC                         |
| pyridoxine hcl tab 50 mg                          | OTC                         |
| calcium ascorbate tab 500 mg                      | OTC                         |
| <b>OIL SOLUBLE VITAMINS</b>                       |                             |
| ergocalciferol cap 1.25 mg (50000 unit)           |                             |
| ergocalciferol soln 200 mcg/ml (8000 unit/ml)     | OTC                         |

| <b>Drug Name</b>                                               | <b>Requirements/Limits</b> |
|----------------------------------------------------------------|----------------------------|
| <i>cholecalciferol cap 25 mcg (1000 unit)</i>                  | OTC                        |
| <i>cholecalciferol cap 50 mcg (2000 unit)</i>                  | OTC                        |
| <i>cholecalciferol cap 125 mcg (5000 unit)</i>                 | OTC                        |
| <i>cholecalciferol cap 250 mcg (10000 unit)</i>                | OTC                        |
| <i>cholecalciferol cap 1.25 mg (50000 unit)</i>                | OTC                        |
| <i>cholecalciferol tab 10 mcg (400 unit)</i>                   | OTC                        |
| <i>cholecalciferol tab 25 mcg (1000 unit)</i>                  | OTC                        |
| <i>cholecalciferol tab 50 mcg (2000 unit)</i>                  | OTC                        |
| <i>cholecalciferol tab 125 mcg (5000 unit)</i>                 | OTC                        |
| <i>cholecalciferol chew tab 10 mcg (400 unit)</i>              | OTC                        |
| <i>cholecalciferol chew tab 25 mcg (1000 unit)</i>             | OTC                        |
| <i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>     | OTC                        |
| BABY DDROPS LIQ 400UNIT                                        | OTC                        |
| <i>cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)</i> | OTC                        |
| DDROPS LIQ 2000UNIT                                            | OTC                        |
| <i>phytonadione tab 5 mg</i>                                   |                            |

## **MULTIVITAMINS**

### **B-COMPLEX W/ FOLIC ACID**

|                                                 |     |
|-------------------------------------------------|-----|
| <i>b-complex w/ c &amp; folic acid cap 1 mg</i> |     |
| <i>b-complex w/ c &amp; folic acid cap 1 mg</i> | OTC |

### **MULTIVITAMINS**

|                             |     |
|-----------------------------|-----|
| <i>multiple vitamin cap</i> |     |
| <i>multiple vitamin cap</i> | OTC |
| <i>multiple vitamin tab</i> | OTC |

### **MULTIPLE VITAMINS W/ IRON**

|                                      |     |
|--------------------------------------|-----|
| <i>multiple vitamins w/ iron tab</i> | OTC |
|--------------------------------------|-----|

### **MULTIPLE VITAMINS W/ MINERALS**

|                                               |     |
|-----------------------------------------------|-----|
| <i>multiple vitamins w/ minerals cap</i>      |     |
| <i>multiple vitamins w/ minerals cap</i>      | OTC |
| <i>multiple vitamins w/ minerals tab</i>      |     |
| <i>multiple vitamins w/ minerals tab</i>      | OTC |
| <i>multiple vitamins w/ minerals tab er</i>   | OTC |
| <i>multiple vitamins w/ minerals chew tab</i> | OTC |
| <i>multiple vitamins w/ minerals liquid</i>   | OTC |

### **MULTIPLE VITAMINS W/ CALCIUM**

|                                         |     |
|-----------------------------------------|-----|
| <i>multiple vitamins w/ calcium tab</i> | OTC |
|-----------------------------------------|-----|

### **PEDIATRIC VITAMINS**

|                        |     |
|------------------------|-----|
| HONEY BEARS CHW        | OTC |
| MULTIVITAMIN CHW CHILD | OTC |

### **PEDIATRIC MULTIPLE VITAMINS**

|                      |     |
|----------------------|-----|
| BRAIN BUILD CHW KIDS | OTC |
|----------------------|-----|

| <b>Drug Name</b>                           | <b>Requirements/Limits</b> |
|--------------------------------------------|----------------------------|
| FT CHILDRENS CHW MULTI                     | OTC                        |
| GNP CHILDREN CHW EXTRA C                   | OTC                        |
| <i>pediatric multiple vitamin chew tab</i> | OTC                        |
| NOVAMV PED DRO 10MG/ML                     | OTC                        |
| MULTIV INFAN DRO /TODDLER                  | OTC                        |
| MULTIVITAMIN DRO INFANT                    | OTC                        |
| PED POLY-VIT DRO                           | OTC                        |
| POLY-VI-SOL SOL 50MG/ML                    | OTC                        |
| POLY-VITA DRO                              | OTC                        |
| POLY-VITE DRO                              | OTC                        |
| POLY-VITE SOL 50MG/ML                      | OTC                        |
| INFUVITE INJ                               |                            |
| INFUVITE INJ PEDIATRI                      |                            |

#### **PED MULTIPLE VITAMINS W/ MINERALS**

|                           |     |
|---------------------------|-----|
| ACTIVNUTRIEN CHW          | OTC |
| ALIVE GUMMIE CHW CHILDREN | OTC |
| ALIVE MULTI CHW CHILDRNS  | OTC |
| BONE & MUSCL CHW KIDS     | OTC |
| CENTRUM KIDS CHW          | OTC |
| CENTRUM KIDS CHW FLAV BST | OTC |
| CHILDRENS CHW GUMMIES     | OTC |
| EMERGEN-C CHW KIDZ        | OTC |
| EQ MULTIVITA CHW GUMMIES  | OTC |
| FLINTSTONES CHW COMPLETE  | OTC |
| FLINTSTONES CHW EXT/IRON  | OTC |
| FLINTSTONES CHW IMMUNITY  | OTC |
| FT CHILDRENS CHW MULTI    | OTC |
| GNP MULTI CHW CHILDREN    | OTC |
| GUMMI BEAR CHW MULTIVIT   | OTC |
| GUMMIES CHW               | OTC |
| GUMMY DINOS CHW           | OTC |
| GUMMY DINOS CHW CHLDRN    | OTC |
| GUMMY MULTIV CHW KIDS     | OTC |
| KIDZ MULTVIT CHW PROBIOTI | OTC |
| MULTI ZERO CHW YUMVSKID   | OTC |
| MULTIVITAMIN CHW CHILD    | OTC |
| MULTIVITAMIN CHW CHILDREN | OTC |
| MULTIVITAMIN CHW GUMMIES  | OTC |
| MVW COMPLETE CHW BUBBLGUM | OTC |
| MVW COMPLETE CHW D3000    | OTC |
| MVW COMPLETE CHW D5000    | OTC |
| MVW COMPLETE CHW GRAPE    | OTC |
| MVW COMPLETE CHW ORANGE   | OTC |

| <b>Drug Name</b>          | <b>Requirements/Limits</b> |
|---------------------------|----------------------------|
| SMARTY PANTS CHW KIDS     | OTC                        |
| VITACHEW CHW              | OTC                        |
| VITALETS CHW CHILD        | OTC                        |
| ZOO FRIENDS CHW GUMMIES   | OTC                        |
| BABY IRON DRO IMMUNITY    | OTC                        |
| DEKAS PLUS LIQ            | OTC                        |
| LIVITA LIQ CHILDREN       |                            |
| MVW HI-D DR LIQ EX VIT D  | OTC                        |
| MVW MOD FORM LIQ PEDS     | OTC                        |
| UPSPRINGBABY DRO MV/IRON  | OTC                        |
| MVW COMPLETE DRO PEDIATRI | OTC                        |
| NANOVM POW 1-3 YRS        | OTC                        |
| NANOVM POW 4-8YEARS       | OTC                        |
| NANOVM POW 9-18 YRS       | OTC                        |
| NANOVM T/F POW            | OTC                        |

#### **PED MV W/ IRON**

|                                                           |     |
|-----------------------------------------------------------|-----|
| HONEY BEARS CHW IRON-ZIN                                  | OTC |
| <i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> | OTC |
| MULTIVITAMIN CHW IRON                                     | OTC |
| <i>pediatric multiple vitamins w/ iron chew tab 18 mg</i> | OTC |
| PED POLY-VIT DRO /IRON                                    | OTC |
| POLY-VITA/FE DRO                                          | OTC |

#### **PED MV W/ FLUORIDE**

|                                                                 |     |
|-----------------------------------------------------------------|-----|
| <i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>       |     |
| VIT A/C/D/FL DRO 0.25MG                                         | OTC |
| <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>        |     |
| VIT A/C/D/FL DRO 0.5MG                                          | OTC |
| TRI-VI-FLORO SUS 0.25/ML                                        |     |
| TRI-VI-FLOR SUS 0.5MG/ML                                        |     |
| TRI-VI-FLORO SUS 0.5MG/ML                                       |     |
| MULTIVIT/FL CHW 0.25MG                                          | OTC |
| <i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i> |     |
| MULTIVIT/FL CHW 0.5MG                                           | OTC |
| <i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>  |     |
| DAVIMET/FLUO CHW 0.75MG                                         |     |
| FLOTREX CHW                                                     |     |
| MULTIVIT/FL CHW 1MG                                             | OTC |
| <i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>    |     |
| MULTIVIT/FL SUS 0.25MG                                          |     |
| POLY-VI-FLOR SUS 0.25/ML                                        |     |
| TRI-VI-FLOR SUS 0.25/ML                                         |     |
| TRI-VITAMIN SUS 0.25MG                                          |     |

| Drug Name                                                          | Requirements/Limits |
|--------------------------------------------------------------------|---------------------|
| FLORIVA DRO PLUS                                                   |                     |
| MULTIVIT/FL DRO 0.25MG                                             | OTC                 |
| <i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>     |                     |
| QUFLORA PED DRO 0.25MG                                             |                     |
| MULTI VIT/FL DRO 0.5MG/ML                                          | OTC                 |
| <i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>      |                     |
| QUFLORA PED DRO 0.5MG/ML                                           |                     |
| SOLUVITA SOL 0.5MG/ML                                              | OTC                 |
| <b>PED MULTI VITAMINS W/FL &amp; FE</b>                            |                     |
| POLY-VI-FLOR CHW W/IRON                                            |                     |
| POLY-VI-FLOR SUS /IRON                                             |                     |
| POLY-VI-FLOR SUS /IRON                                             | OTC                 |
| <i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>    |                     |
| <i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>    | OTC                 |
| <b>PRENATAL VITAMINS</b>                                           |                     |
| <i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>                | OTC                 |
| <i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>                  |                     |
| <i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>             |                     |
| <i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>            |                     |
| PRENATAL MUL CAP DHA                                               | OTC                 |
| PRENATAL MV MIS + DHA                                              | OTC                 |
| <b>MINERALS &amp; ELECTROLYTES</b>                                 |                     |
| <b>CALCIUM</b>                                                     |                     |
| CALCIUM TAB 280MG                                                  | OTC                 |
| RA CALCIUM TAB 500MG                                               | OTC                 |
| <i>calcium tab 600 mg</i>                                          | OTC                 |
| <i>calcium carbonate tab 600 mg</i>                                | OTC                 |
| <i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>         | OTC                 |
| <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>         | OTC                 |
| CALCIUM CARB CHW 500MG                                             | OTC                 |
| <i>calcium citrate tab 950 mg (200 mg elemental ca)</i>            | OTC                 |
| <i>oyster shell calcium tab 500 mg</i>                             | OTC                 |
| <i>calcium w/ magnesium tab 333-167 mg</i>                         | OTC                 |
| CAL-MAG TAB 500-250                                                | OTC                 |
| CALCIUM/D3 TAB 500/200                                             | OTC                 |
| PARVA-CAL TAB 500MG                                                | OTC                 |
| <i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>     | OTC                 |
| <i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i> | OTC                 |
| OYST SHELL/D TAB 500MG                                             | OTC                 |

| <b>Drug Name</b>                                                    | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|----------------------------|
| <i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>      | OTC                        |
| CALCIUM 600 TAB +D                                                  | OTC                        |
| EQL CALCIUM CAP VIT D                                               | OTC                        |
| <i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i>  | OTC                        |
| CALCIUM + D3 TAB                                                    | OTC                        |
| <i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i> | OTC                        |
| <i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i> | OTC                        |
| <i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>    | OTC                        |
| <i>calcium carb-cholecalciferol tab 600 mg-3.125 mcg (125 unit)</i> | OTC                        |
| <i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i> | OTC                        |
| <i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>    | OTC                        |
| <i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)</i>   | OTC                        |
| <i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>    | OTC                        |
| CALC CIT+D3 TAB 250-200                                             | OTC                        |
| CALC CITRATE TAB +D                                                 | OTC                        |
| <i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>   | OTC                        |
| <i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>    | OTC                        |
| CAL CIT MAL/ TAB VITAMIND                                           | OTC                        |
| <i>calcium-magnesium-zinc tab 333-133-5 mg</i>                      | OTC                        |
| <i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>                    | OTC                        |
| RISACAL-D TAB                                                       | OTC                        |
| CALCIUM FOR CHW WOMEN                                               | OTC                        |
| <i>calcium w/ vitamin d &amp; k chew tab 500 mg-200 unit-40 mcg</i> | OTC                        |
| CALCIUM SOFT CHW CARAMEL                                            | OTC                        |
| CALCIUM SOFT CHW CHOCOLAT                                           | OTC                        |
| <i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg</i>   | OTC                        |
| <b>FLUORIDE</b>                                                     |                            |
| <i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>               |                            |
| <i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>                 |                            |

| <b>Drug Name</b>                                        | <b>Requirements/Limits</b> |
|---------------------------------------------------------|----------------------------|
| sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)   |                            |
| sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)     |                            |
| sodium fluoride chew tab 1 mg f (from 2.2 mg naf)       |                            |
| sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)   |                            |
| <b>PHOSPHATE</b>                                        |                            |
| potassium phosphate monobasic tab 500 mg                |                            |
| <b>POTASSIUM</b>                                        |                            |
| potassium bicarbonate effer tab 25 meq                  |                            |
| potassium chloride cap er 8 meq                         |                            |
| potassium chloride cap er 10 meq                        |                            |
| potassium chloride tab er 8 meq (600 mg)                |                            |
| potassium chloride tab er 10 meq                        |                            |
| potassium chloride tab er 20 meq (1500 mg)              |                            |
| potassium chloride oral soln 10% (20 meq/15ml)          |                            |
| potassium chloride oral soln 20% (40 meq/15ml)          |                            |
| potassium chloride microencapsulated crys er tab 10 meq |                            |
| potassium chloride microencapsulated crys er tab 20 meq |                            |
| <b>ELECTROLYTE MIXTURES</b>                             |                            |
| oral electrolyte solution                               | OTC                        |
| <b>NUTRIENTS</b>                                        |                            |
| <b>MISC. NUTRITIONAL SUBSTANCES</b>                     |                            |
| docosahexaenoic acid cap 200 mg                         | OTC                        |
| omega-3 fatty acids cap 500 mg                          | OTC                        |
| omega-3 fatty acids cap 300 mg                          | OTC                        |
| omega-3 fatty acids cap 435 mg                          | OTC                        |
| FISH OIL CAP 1000MG                                     | OTC                        |
| FISH OIL CAP 1400MG                                     | OTC                        |
| OMEGA-3 CAP 1400MG                                      | OTC                        |
| ULTRA OMEGA3 CAP 1400MG                                 | OTC                        |
| omega-3 fatty acids cap 1000 mg                         | OTC                        |
| omega-3 fatty acids cap 1200 mg                         | OTC                        |
| omega-3 fatty acids chew tab 113.5 mg                   | OTC                        |
| omega-3 fatty acids - oral liquid                       | OTC                        |
| <b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>     |                            |
| <b>DIETARY MANAGEMENT PRODUCTS</b>                      |                            |
| FOLBIC TAB                                              | OTC                        |
| NIVA-FOL TAB                                            | OTC                        |
| WESTAB MAX TAB 2.5-25-2                                 | OTC                        |

| Drug Name                                                 | Requirements/Limits       |
|-----------------------------------------------------------|---------------------------|
| <b>HEMATOPOIETIC AGENTS</b>                               |                           |
| <b>COBALAMINS</b>                                         |                           |
| cyanocobalamin inj 1000 mcg/ml                            |                           |
| <b>FOLIC ACID/FOLATES</b>                                 |                           |
| folic acid tab 400 mcg                                    | OTC                       |
| folic acid tab 800 mcg                                    | OTC                       |
| folic acid tab 1 mg                                       |                           |
| folic acid tab 1 mg                                       | OTC                       |
| <b>IRON</b>                                               |                           |
| ferrous sulfate tab 27 mg (elemental fe)                  | OTC                       |
| ferrous sulfate tab 325 mg (65 mg elemental fe)           | OTC                       |
| ferrous sulfate tab er 45 mg (elemental fe)               | OTC                       |
| SLOW RELEASE TAB 47.5MG                                   | OTC                       |
| ferrous sulfate tab ec 324 mg (65 mg fe equivalent)       | OTC                       |
| ferrous sulfate tab ec 325 mg (65 mg fe equivalent)       | OTC                       |
| ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)     | OTC                       |
| ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)  | OTC                       |
| ferrous sulfate dried tab 200 mg (65 mg elemental fe)     | OTC                       |
| IRON HP TAB 65MG                                          | OTC                       |
| ferrous sulfate dried tab er 45 mg (fe equivalent)        | OTC                       |
| ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) | OTC                       |
| ferrous gluconate tab 240 mg (27 mg elemental fe)         | OTC                       |
| ferrous gluconate tab 324 mg (37.5 mg elemental iron)     | OTC                       |
| FERRETT'S TAB 325MG                                       | OTC                       |
| ferrous fumarate tab 324 mg (106 mg elemental fe)         | OTC                       |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                       |                           |
| ARANESP INJ 25MCG                                         | SP, PA                    |
| ARANESP INJ 40MCG                                         | SP, PA                    |
| ARANESP INJ 60MCG                                         | SP, PA                    |
| ARANESP INJ 100MCG                                        | SP, PA                    |
| ARANESP INJ 200MCG                                        | SP, PA                    |
| ARANESP INJ 10MCG                                         | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 25MCG                                         | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 40MCG                                         | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 60MCG                                         | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 100MCG                                        | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 150MCG                                        | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 200MCG                                        | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 300MCG                                        | SP, PA; PREFILLED SYRINGE |
| ARANESP INJ 500MCG                                        | SP, PA; PREFILLED SYRINGE |

| <b>Drug Name</b>      | <b>Requirements/Limits</b>            |
|-----------------------|---------------------------------------|
| RETACRIT INJ 2000UNIT | SP, PA                                |
| RETACRIT INJ 3000UNIT | SP, PA                                |
| RETACRIT INJ 4000UNIT | SP, PA                                |
| RETACRIT INJ 10000UNT | SP, PA                                |
| RETACRIT INJ 20000UNI | SP, PA                                |
| RETACRIT INJ 40000UNT | SP, PA                                |
| ZARXIO INJ 300/0.5    | SP, PA                                |
| ZARXIO INJ 480/0.8    | SP, PA                                |
| FULPHILA INJ 6/0.6ML  | SP, PA, QL (2 syringes every 28 days) |
| FYLNETRA INJ 6MG/0.6  | SP, PA, QL (2 syringes every 28 days) |
| DOPTELET TAB 20MG     | SP, PA, QL (2 tabs every 1 day)       |
| DOPTELET TAB 20MG     | SP, PA, QL (3 tabs every 1 day)       |

#### **AGENTS FOR GAUCHER DISEASE**

|                      |                                     |
|----------------------|-------------------------------------|
| CERDELGA CAP 84MG    | SP, PA, QL (2 caps every 1 day)     |
| CEREZYME INJ 400UNIT | SP, PA, QL (15 vials every 14 days) |

#### **AGENTS FOR SICKLE CELL DISEASE**

|                      |        |
|----------------------|--------|
| SIKLOS TAB 100MG     | SP     |
| SIKLOS TAB 1000MG    | SP     |
| ADAKVEO INJ 100/10ML | SP, PA |

#### **HEMATOPOIETIC MIXTURES**

|                                                            |     |
|------------------------------------------------------------|-----|
| <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i> |     |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>   |     |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>   | OTC |

#### **ANTICOAGULANTS**

##### **HEPARINS AND HEPARINOID-LIKE AGENTS**

|                                                          |
|----------------------------------------------------------|
| <i>enoxaparin sodium inj 300 mg/3ml</i>                  |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>   |
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>   |
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>   |
| <i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>   |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>     |
| <i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>  |
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>     |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>   |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>  |

##### **COUMARIN ANTICOAGULANTS**

|                                 |
|---------------------------------|
| <i>warfarin sodium tab 1 mg</i> |
|---------------------------------|

| Drug Name                         | Requirements/Limits |
|-----------------------------------|---------------------|
| <i>warfarin sodium tab 2 mg</i>   |                     |
| <i>warfarin sodium tab 2.5 mg</i> |                     |
| <i>warfarin sodium tab 3 mg</i>   |                     |
| <i>warfarin sodium tab 4 mg</i>   |                     |
| <i>warfarin sodium tab 5 mg</i>   |                     |
| <i>warfarin sodium tab 6 mg</i>   |                     |
| <i>warfarin sodium tab 7.5 mg</i> |                     |
| <i>warfarin sodium tab 10 mg</i>  |                     |

### **THROMBIN INHIBITORS**

|                                                                     |
|---------------------------------------------------------------------|
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>  |
| <i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> |
| <i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> |

### **DIRECT FACTOR XA INHIBITORS**

|                                     |                         |
|-------------------------------------|-------------------------|
| ELIQUIS TAB 2.5MG                   | QL (2 tabs every 1 day) |
| ELIQUIS TAB 5MG                     | QL (4 tabs every 1 day) |
| ELIQUIS ST P TAB 5MG                |                         |
| <i>rivaroxaban tab 2.5 mg</i>       |                         |
| XARELTO TAB 10MG                    |                         |
| XARELTO TAB 15MG                    |                         |
| XARELTO TAB 20MG                    |                         |
| <i>rivaroxaban for susp 1 mg/ml</i> |                         |
| XARELTO STAR TAB 15/20MG            |                         |

### **HEMATOLOGICAL AGENTS - MISC.**

#### **PLATELET AGGREGATION INHIBITORS**

|                                                      |
|------------------------------------------------------|
| <i>dipyridamole tab 25 mg</i>                        |
| <i>dipyridamole tab 50 mg</i>                        |
| <i>dipyridamole tab 75 mg</i>                        |
| <i>cilostazol tab 50 mg</i>                          |
| <i>cilostazol tab 100 mg</i>                         |
| <i>anagrelide hcl cap 0.5 mg</i>                     |
| <i>anagrelide hcl cap 1 mg</i>                       |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>  |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>           |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>          |
| <i>ticagrelor tab 60 mg</i>                          |
| <i>ticagrelor tab 90 mg</i>                          |

| Drug Name                    | Requirements/Limits                 |
|------------------------------|-------------------------------------|
| <b>COMPLEMENT INHIBITORS</b> |                                     |
| CINRYZE SOL 500 UNIT         | SP, PA, QL (20 vials every 30 days) |
| HAEGARDA INJ 2000UNIT        | SP, PA, QL (20 vials every 30 days) |
| HAEGARDA INJ 3000UNIT        | SP, PA, QL (20 vials every 30 days) |
| RUCONEST INJ 2100UNIT        | SP, PA, QL (60 vials every 90 days) |

#### **BRADYKININ B2 RECEPTOR ANTAGONISTS**

|                                                        |                                        |
|--------------------------------------------------------|----------------------------------------|
| icatibant acetate subcutaneous soln pref syr 30 mg/3ml | SP, PA, QL (45 syringes every 90 days) |
|--------------------------------------------------------|----------------------------------------|

#### **OPHTHALMIC AGENTS**

##### **OPHTHALMIC ANTI-INFECTIVES**

|                                                                     |
|---------------------------------------------------------------------|
| <i>bacitracin ophth oint 500 unit/gm</i>                            |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>          |
| ERYTHROMYCIN OIN 5MG/GM                                             |
| <i>erythromycin ophth oint 5 mg/gm</i>                              |
| <i>gentamicin sulfate ophth soln 0.3%</i>                           |
| <i>levofloxacin ophth soln 0.5%</i>                                 |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>                |
| <i>ofloxacin ophth soln 0.3%</i>                                    |
| <i>tobramycin ophth soln 0.3%</i>                                   |
| <i>sulfacetamide sodium ophth soln 10%</i>                          |
| <i>trifluridine ophth soln 1%</i>                                   |
| NATACYN SUS 5% OP                                                   |
| <i>bacitracin-polymyxin b ophth oint</i>                            |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> |

##### **ARTIFICIAL TEARS AND LUBRICANTS**

|                                                           |     |
|-----------------------------------------------------------|-----|
| <i>carboxymethylcellulose sodium ophth soln 0.25%</i>     | OTC |
| THERATEARS SOL 0.25% PF                                   | OTC |
| <i>carboxymethylcellulose sodium ophth soln 0.5%</i>      | OTC |
| <i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> | OTC |
| <i>carboxymethylcellulose sodium ophth gel 1%</i>         | OTC |
| <i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>    | OTC |
| PURE & GENTL DRO 0.3%                                     | OTC |
| GENTEAL GEL 0.3%                                          | OTC |
| SYSTANE NGHT GEL 0.3%                                     | OTC |

| <b>Drug Name</b>                                                  | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|----------------------------|
| <i>polyvinyl alcohol ophth soln 1.4%</i>                          | OTC                        |
| <i>propylene glycol ophth soln 0.6%</i>                           | OTC                        |
| <i>artificial tear ophth solution</i>                             | OTC                        |
| <i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>        | OTC                        |
| REFRESH DRO RELIEVA                                               | OTC                        |
| REFRESH DRO TEARS PF                                              | OTC                        |
| REFRESH OPTI DRO 0.5-0.9%                                         | OTC                        |
| REFRESH DRO RELIEVA                                               | OTC                        |
| LUBRICNT GEL DRO 0.25-0.3                                         | OTC                        |
| <i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>                | OTC                        |
| BION TEARS SOL 0.1-0.3%                                           | OTC                        |
| <i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>           | OTC                        |
| <i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>   | OTC                        |
| <i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>   | OTC                        |
| <i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i> | OTC                        |
| REFRESH DRO OP                                                    | OTC                        |
| <i>propylene glycol-glycerin ophth soln 1-0.3%</i>                | OTC                        |
| <i>white petrolatum-mineral oil ophth ointment</i>                | OTC                        |
| REFRESH SOL DIGITAL                                               | OTC                        |
| REFRESH SOL OPTIVE                                                | OTC                        |
| REFRESH OPT SOL MEGA-3                                            | OTC                        |
| REFRESH SOL DIGITAL                                               | OTC                        |
| REFRESH SOL OPTIVE                                                | OTC                        |
| <i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>        | OTC                        |

#### **BETA-BLOCKERS - OPHTHALMIC**

|                                                          |
|----------------------------------------------------------|
| <i>betaxolol hcl ophth soln 0.5%</i>                     |
| <i>levobunolol hcl ophth soln 0.5%</i>                   |
| <i>timolol maleate ophth soln 0.25%</i>                  |
| <i>timolol maleate ophth soln 0.5%</i>                   |
| <i>timolol maleate ophth gel forming soln 0.25%</i>      |
| <i>timolol maleate ophth gel forming soln 0.5%</i>       |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> |

#### **OPHTHALMIC STEROIDS**

|                                                                    |
|--------------------------------------------------------------------|
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i>              |
| <i>fluorometholone ophth susp 0.1%</i>                             |
| <i>prednisolone acetate ophth susp 1%</i>                          |
| PRED SOD PHO SOL 1% OP                                             |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                |

| <b>Drug Name</b>                                           | <b>Requirements/Limits</b>      |
|------------------------------------------------------------|---------------------------------|
| neomycin-polymyxin-dexamethasone ophth susp 0.1%           |                                 |
| neomycin-polymyxin-dexamethasone ophth oint 0.1%           |                                 |
| neomycin-polymyxin-hc ophth susp                           |                                 |
| bacitracin-polymyxin-neomycin-hc ophth oint 1%             |                                 |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                         |                                 |
| latanoprost ophth soln 0.005%                              |                                 |
| IYUZEH DRO 0.005%                                          |                                 |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>                        |                                 |
| brimonidine tartrate ophth soln 0.15%                      |                                 |
| brimonidine tartrate ophth soln 0.2%                       |                                 |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>                         |                                 |
| cyclosporine (ophth) emulsion 0.05%                        | PA                              |
| <b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>                     |                                 |
| XIIDRA DRO 5%                                              | PA, QL (60 drops every 25 days) |
| <b>OPHTHALMICS - MISC.</b>                                 |                                 |
| azelastine hcl ophth soln 0.05%                            |                                 |
| cromolyn sodium ophth soln 4%                              |                                 |
| ketotifen fumarate ophth soln 0.035%                       | OTC                             |
| ZADITOR DRO 0.035%OP                                       | OTC                             |
| dorzolamide hcl ophth soln 2%                              |                                 |
| DORZOLAMIDE SOL 2% OP                                      |                                 |
| diclofenac sodium ophth soln 0.1%                          |                                 |
| ketorolac tromethamine ophth soln 0.4%                     |                                 |
| ketorolac tromethamine ophth soln 0.5%                     |                                 |
| <b>OTIC AGENTS</b>                                         |                                 |
| <b>OTIC ANTI-INFECTIVES</b>                                |                                 |
| ofloxacin otic soln 0.3%                                   |                                 |
| <b>OTIC AGENTS - MISCELLANEOUS</b>                         |                                 |
| acetic acid otic soln 2%                                   |                                 |
| <b>OTIC COMBINATIONS</b>                                   |                                 |
| ciprofloxacin-dexamethasone otic susp 0.3-0.1%             |                                 |
| neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% |                                 |
| neomycin-polymyxin-hc otic soln 1%                         |                                 |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                          |                                 |
| <b>ANTI-INFECTIVES - THROAT</b>                            |                                 |
| nystatin susp 100000 unit/ml                               |                                 |
| clotrimazole troche 10 mg                                  | QL (90 troches every 25 days)   |
| <b>ANTISEPTICS - MOUTH/THROAT</b>                          |                                 |
| chlorhexidine gluconate soln 0.12%                         |                                 |

| Drug Name                                 | Requirements/Limits      |
|-------------------------------------------|--------------------------|
| <b>STERIODS - MOUTH/THROAT/DENTAL</b>     |                          |
| triamcinolone acetonide dental paste 0.1% |                          |
| <b>ANESTHETICS TOPICAL ORAL</b>           |                          |
| lidocaine hcl viscous soln 2%             |                          |
| <b>DENTAL PRODUCTS</b>                    |                          |
| sodium fluoride rinse 0.2%                |                          |
| sodium fluoride cream 1.1%                |                          |
| sodium fluoride gel 1.1% (0.5% f)         |                          |
| sodium fluoride paste 1.1%                |                          |
| <b>THROAT PRODUCTS - MISC.</b>            |                          |
| pilocarpine hcl tab 5 mg                  |                          |
| pilocarpine hcl tab 7.5 mg                |                          |
| <b>ANORECTAL AND RELATED PRODUCTS</b>     |                          |
| <b>RECTAL STEROIDS</b>                    |                          |
| hydrocortisone perianal cream 1%          |                          |
| PREP H CRE 1%                             | OTC                      |
| hydrocortisone perianal cream 2.5%        |                          |
| <b>INTRARECTAL STEROIDS</b>               |                          |
| budesonide rectal foam 2 mg/act           |                          |
| hydrocortisone enema 100 mg/60ml          |                          |
| <b>DERMATOLOGICALS</b>                    |                          |
| <b>ACNE PRODUCTS</b>                      |                          |
| benzoyl peroxide liq 2.5%                 | OTC                      |
| benzoyl peroxide liq 4%                   | OTC                      |
| benzoyl peroxide liq 5%                   | OTC                      |
| benzoyl peroxide liq 10%                  | OTC                      |
| benzoyl peroxide cream 10%                | OTC                      |
| BENZOYL PER GEL 2.5%                      | OTC                      |
| benzoyl peroxide gel 5%                   | OTC                      |
| benzoyl peroxide gel 8%                   |                          |
| benzoyl peroxide gel 10%                  | OTC                      |
| benzoyl peroxide lotion 10%               | OTC                      |
| isotretinoin cap 10 mg                    | PA                       |
| isotretinoin cap 20 mg                    | PA                       |
| isotretinoin cap 30 mg                    | PA                       |
| isotretinoin cap 40 mg                    | PA                       |
| tretinoin cream 0.025%                    | PA                       |
| tretinoin cream 0.05%                     | PA                       |
| tretinoin cream 0.1%                      | PA                       |
| tretinoin gel 0.01%                       | PA                       |
| tretinoin gel 0.025%                      | PA                       |
| clindamycin phosphate soln 1%             | QL (60 mL every 25 days) |

| <b>Drug Name</b>                                                      | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------|----------------------------|
| <i>clindamycin phosphate gel 1% (twice-daily)</i>                     |                            |
| <i>clindamycin phosphate lotion 1%</i>                                | QL (60 mL every 25 days)   |
| <i>erythromycin soln 2%</i>                                           | QL (60 mL every 25 days)   |
| <i>erythromycin gel 2%</i>                                            | QL (60 gm every 25 days)   |
| <i>sulfacetamide sodium lotion 10% (acne)</i>                         |                            |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                         | QL (47 gm every 25 days)   |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>                | QL (50 gm every 25 days)   |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>            | QL (50 gm every 25 days)   |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>           | QL (50 gm every 25 days)   |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-QL 5%</i> | QL (45 gm every 25 days)   |

### **ROSACEA AGENTS**

|                                   |                              |
|-----------------------------------|------------------------------|
| <i>metronidazole cream 0.75%</i>  | QL (60 gm every 25 days)     |
| <i>metronidazole gel 0.75%</i>    | QL (60 gm every 25 days)     |
| <i>metronidazole gel 1%</i>       | ST, QL (60 gm every 25 days) |
| <i>metronidazole lotion 0.75%</i> | QL (60 mL every 25 days)     |

### **ANTIBIOTICS - TOPICAL**

|                                           |                          |
|-------------------------------------------|--------------------------|
| <i>bacitracin oint 500 unit/gm</i>        | OTC                      |
| <i>bacitracin zinc oint 500 unit/gm</i>   | OTC                      |
| <i>gentamicin sulfate cream 0.1%</i>      |                          |
| <i>gentamicin sulfate oint 0.1%</i>       |                          |
| <i>mupirocin oint 2%</i>                  | QL (30 gm every 25 days) |
| <i>bacitracin-polymyxin b oint</i>        | OTC                      |
| <i>neomycin-bacitracin-polymyxin oint</i> | OTC                      |

### **ANTIFUNGALS - TOPICAL**

|                                                    |                                   |
|----------------------------------------------------|-----------------------------------|
| <i>ciclopirox gel 0.77%</i>                        | QL (120 gm every 25 days)         |
| <i>ciclopirox shampoo 1%</i>                       | QL (120 mL every 25 days)         |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>  | QL (120 mL every 25 days)         |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i> | QL (120 gm every 25 days)         |
| <i>nystatin topical powder 100000 unit/gm</i>      | QL (120 gm every 25 days)         |
| <i>nystatin cream 100000 unit/gm</i>               | QL (120 gm every 25 days)         |
| <i>nystatin oint 100000 unit/gm</i>                | QL (120 gm every 25 days)         |
| <i>tolnaftate soln 1%</i>                          | OTC                               |
| <i>tolnaftate aerosol pow 1%</i>                   | OTC                               |
| <i>tolnaftate cream 1%</i>                         | OTC                               |
| <i>clotrimazole soln 1%</i>                        | QL (120 mL every 25 days)         |
| <i>clotrimazole soln 1%</i>                        | QL (120 mL every 25 days),<br>OTC |
| <i>clotrimazole cream 1%</i>                       | QL (120 gm every 25 days)         |
| <i>clotrimazole cream 1%</i>                       | QL (120 gm every 25 days),<br>OTC |
| <i>ketoconazole cream 2%</i>                       | QL (120 gm every 25 days)         |

| <b>Drug Name</b>                      | <b>Requirements/Limits</b> |
|---------------------------------------|----------------------------|
| <i>ketoconazole shampoo 2%</i>        | QL (120 mL every 25 days)  |
| <i>miconazole nitrate powder 2%</i>   | OTC                        |
| <i>miconazole nitrate cream 2%</i>    | OTC                        |
| <i>miconazole nitrate ointment 2%</i> | OTC                        |

#### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

|                                                            |                                   |
|------------------------------------------------------------|-----------------------------------|
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | QL (500 gm every 25 days),<br>OTC |
| VOLTAREN GEL 1% ARTHR                                      | QL (500 gm every 25 days),<br>OTC |

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

|                |                              |
|----------------|------------------------------|
| EUCRISA OIN 2% | ST, QL (60 gm every 25 days) |
|----------------|------------------------------|

#### **ANTIPSORIATICS**

|                                              |                                       |
|----------------------------------------------|---------------------------------------|
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | ST, QL (120 mL every 25 days)         |
| <i>calcipotriene oint 0.005%</i>             | ST, QL (120 gm every 25 days)         |
| SKYRIZI PEN INJ 150MG/ML                     | SP, PA, QL (1 pen every 63 days)      |
| SKYRIZI INJ 150MG/ML                         | SP, PA, QL (1 syringe every 63 days)  |
| COSENTYX PEN INJ 150MG/ML                    | SP, PA, QL (1 pen every 28 days)      |
| COSENTYX PEN INJ 300DOSE                     | SP, PA, QL (2 pens every 28 days)     |
| COSENTYX UNO INJ 300/2ML                     | SP, PA, QL (1 pen every 28 days)      |
| COSENTYX INJ 75MG/0.5                        | SP, PA, QL (1 syringe every 28 days)  |
| COSENTYX INJ 150MG/ML                        | SP, PA, QL (1 syringe every 28 days)  |
| COSENTYX INJ 300DOSE                         | SP, PA, QL (2 syringes every 28 days) |
| STEQEYMA INJ 45/0.5ML                        | SP, PA, QL (1 syringe every 84 days)  |
| STEQEYMA INJ 90MG/ML                         | SP, PA, QL (1 syringe every 56 days)  |
| IMULDOSA INJ 45/0.5ML                        | SP, PA, QL (1 syringe every 84 days)  |
| IMULDOSA INJ 90MG/ML                         | SP, PA, QL (1 syringe every 56 days)  |

#### **ECZEMA AGENTS**

|                      |                                   |
|----------------------|-----------------------------------|
| DUPIXENT INJ 200MG   | SP, PA, QL (2 pens every 28 days) |
| DUPIXENT INJ 300/2ML | SP, PA, QL (4 pens every 28 days) |

| <b>Drug Name</b>      | <b>Requirements/Limits</b>            |
|-----------------------|---------------------------------------|
| DUPIXENT INJ 200/1.14 | SP, PA, QL (2 syringes every 28 days) |
| DUPIXENT INJ 300/2ML  | SP, PA, QL (4 syringes every 28 days) |

#### **ANTISEBORRHEIC PRODUCTS**

|                                     |     |
|-------------------------------------|-----|
| <i>selenium sulfide lotion 1%</i>   | OTC |
| <i>selenium sulfide lotion 2.5%</i> |     |

#### **ANTIVIRALS - TOPICAL**

|                            |     |
|----------------------------|-----|
| <i>docosanol cream 10%</i> | OTC |
|----------------------------|-----|

#### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

|                              |  |
|------------------------------|--|
| <i>fluorouracil cream 5%</i> |  |
|------------------------------|--|

#### **BURN PRODUCTS**

|                                     |  |
|-------------------------------------|--|
| <i>silver sulfadiazine cream 1%</i> |  |
|-------------------------------------|--|

#### **CORTICOSTEROIDS - TOPICAL**

|                                                             |                           |
|-------------------------------------------------------------|---------------------------|
| <i>alclometasone dipropionate cream 0.05%</i>               | QL (120 gm every 25 days) |
| <i>alclometasone dipropionate oint 0.05%</i>                | QL (120 gm every 25 days) |
| <i>betamethasone dipropionate cream 0.05%</i>               | QL (120 gm every 25 days) |
| <i>betamethasone dipropionate lotion 0.05%</i>              | QL (120 mL every 25 days) |
| <i>betamethasone dipropionate oint 0.05%</i>                | QL (120 gm every 25 days) |
| <i>betamethasone dipropionate augmented cream 0.05%</i>     | QL (120 gm every 25 days) |
| <i>betamethasone dipropionate augmented gel 0.05%</i>       | QL (120 gm every 25 days) |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>    | QL (120 mL every 25 days) |
| <i>betamethasone dipropionate augmented oint 0.05%</i>      | QL (120 gm every 25 days) |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>  | QL (120 gm every 25 days) |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | QL (120 mL every 25 days) |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>   | QL (120 gm every 25 days) |
| <i>clobetasol propionate soln 0.05%</i>                     |                           |
| <i>clobetasol propionate emollient base cream 0.05%</i>     |                           |
| <i>desonide cream 0.05%</i>                                 | QL (120 gm every 25 days) |
| <i>desonide lotion 0.05%</i>                                | QL (120 mL every 25 days) |
| <i>desonide oint 0.05%</i>                                  | QL (120 gm every 25 days) |
| <i>desoximetasone cream 0.05%</i>                           | QL (120 gm every 25 days) |
| <i>desoximetasone cream 0.25%</i>                           | QL (120 gm every 25 days) |
| <i>desoximetasone gel 0.05%</i>                             | QL (120 gm every 25 days) |
| <i>desoximetasone oint 0.25%</i>                            | QL (120 gm every 25 days) |
| <i>fluocinolone acetonide soln 0.01%</i>                    | QL (120 mL every 25 days) |
| <i>fluocinolone acetonide cream 0.025%</i>                  | QL (120 gm every 25 days) |
| <i>fluocinolone acetonide oint 0.025%</i>                   | QL (120 gm every 25 days) |
| <i>fluocinonide soln 0.05%</i>                              | QL (120 mL every 25 days) |
| <i>fluocinonide cream 0.05%</i>                             | QL (120 gm every 25 days) |
| <i>fluocinonide gel 0.05%</i>                               | QL (120 gm every 25 days) |
| <i>fluocinonide oint 0.05%</i>                              | QL (120 gm every 25 days) |

| <b>Drug Name</b>                                 | <b>Requirements/Limits</b>    |
|--------------------------------------------------|-------------------------------|
| <i>fluticasone propionate cream 0.05%</i>        | QL (120 gm every 25 days)     |
| <i>fluticasone propionate oint 0.005%</i>        | QL (120 gm every 25 days)     |
| <i>halobetasol propionate cream 0.05%</i>        | QL (120 gm every 25 days)     |
| BRYHALI LOT 0.01%                                | ST, QL (120 gm every 25 days) |
| <i>halobetasol propionate oint 0.05%</i>         | QL (120 gm every 25 days)     |
| <i>hydrocortisone soln 1%</i>                    | OTC                           |
| <i>hydrocortisone cream 0.5%</i>                 | OTC                           |
| <i>hydrocortisone cream 1%</i>                   |                               |
| <i>hydrocortisone cream 1%</i>                   | OTC                           |
| <i>hydrocortisone cream 2.5%</i>                 | QL (120 gm every 25 days)     |
| <i>hydrocortisone gel 1%</i>                     | OTC                           |
| <i>hydrocortisone lotion 1%</i>                  | OTC                           |
| <i>hydrocortisone lotion 2.5%</i>                | QL (120 mL every 25 days)     |
| <i>hydrocortisone oint 0.5%</i>                  | OTC                           |
| <i>hydrocortisone oint 1%</i>                    |                               |
| <i>hydrocortisone oint 1%</i>                    | OTC                           |
| <i>hydrocortisone oint 2.5%</i>                  | QL (120 gm every 25 days)     |
| HYDROCORT CRE 1%                                 | OTC                           |
| <i>hydrocortisone acetate oint 1%</i>            | OTC                           |
| <i>hydrocortisone valerate cream 0.2%</i>        | QL (120 gm every 25 days)     |
| <i>hydrocortisone valerate oint 0.2%</i>         | QL (120 gm every 25 days)     |
| <i>hydrocortisone butyrate soln 0.1%</i>         | QL (4.8 mL every 1 day)       |
| <i>hydrocortisone butyrate cream 0.1%</i>        | QL (120 gm every 25 days)     |
| <i>hydrocortisone butyrate oint 0.1%</i>         | QL (120 gm every 25 days)     |
| <i>mometasone furoate solution 0.1% (lotion)</i> |                               |
| <i>mometasone furoate cream 0.1%</i>             | QL (120 gm every 25 days)     |
| <i>mometasone furoate oint 0.1%</i>              | QL (120 gm every 25 days)     |
| <i>triamcinolone acetonide cream 0.025%</i>      | QL (120 gm every 25 days)     |
| <i>triamcinolone acetonide cream 0.1%</i>        | QL (120 gm every 25 days)     |
| <i>triamcinolone acetonide cream 0.5%</i>        | QL (120 gm every 25 days)     |
| <i>triamcinolone acetonide lotion 0.025%</i>     | QL (120 mL every 25 days)     |
| <i>triamcinolone acetonide lotion 0.1%</i>       | QL (120 mL every 25 days)     |
| <i>triamcinolone acetonide oint 0.025%</i>       | QL (120 gm every 25 days)     |
| <i>triamcinolone acetonide oint 0.1%</i>         | QL (120 gm every 25 days)     |
| <i>triamcinolone acetonide oint 0.5%</i>         | QL (120 gm every 25 days)     |

### **EMOLLIENTS**

|                                                  |     |
|--------------------------------------------------|-----|
| <i>lactic acid (ammonium lactate) cream 12%</i>  |     |
| <i>lactic acid (ammonium lactate) cream 12%</i>  | OTC |
| <i>lactic acid (ammonium lactate) lotion 12%</i> |     |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | OTC |

### **ENZYMES - TOPICAL**

|                   |    |
|-------------------|----|
| SANTYL OIN 250/GM | PA |
|-------------------|----|

| Drug Name                                      | Requirements/Limits                   |
|------------------------------------------------|---------------------------------------|
| <b>HAIR GROWTH AGENTS</b>                      |                                       |
| <i>finasteride tab 1 mg</i>                    | PA                                    |
| <b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b> |                                       |
| <i>podofilox soln 0.5%</i>                     |                                       |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>       |                                       |
| <i>imiquimod cream 5%</i>                      |                                       |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>      |                                       |
| <i>tacrolimus oint 0.03%</i>                   | ST                                    |
| <i>tacrolimus oint 0.1%</i>                    | ST                                    |
| <b>LOCAL ANESTHETICS - TOPICAL</b>             |                                       |
| <i>capsaicin cream 0.025%</i>                  | QL (120 gm every 25 days),<br>OTC     |
| <i>capsaicin cream 0.075%</i>                  | QL (120 gm every 25 days),<br>OTC     |
| <i>capsaicin cream 0.1%</i>                    | QL (120 gm every 25 days),<br>OTC     |
| <i>lidocaine patch 4%</i>                      | QL (30 patches every 25 days),<br>OTC |
| <i>lidocaine patch 5%</i>                      | PA                                    |
| <i>lidocaine hcl soln 4%</i>                   |                                       |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>     | QL (1 gm every 1 day)                 |
| <b>SCABICIDES &amp; PEDICULICIDES</b>          |                                       |
| <i>ivermectin lotion 0.5%</i>                  | OTC                                   |
| <i>malathion lotion 0.5%</i>                   |                                       |
| NIX LICE SPR KILLING                           | OTC                                   |
| NIX CREM RIN LIQ 1%                            | OTC                                   |
| <i>permethrin creme rinse 1%</i>               | OTC                                   |
| <i>permethrin cream 5%</i>                     |                                       |
| <i>spinosad susp 0.9%</i>                      |                                       |
| <b>MISC. TOPICAL</b>                           |                                       |
| CALAMINE LOT                                   | OTC                                   |
| QC CALAMINE LOT 8-8%                           | OTC                                   |
| MINERAL OIL LIGHT                              | OTC                                   |
| CALAMINE LOT                                   | OTC                                   |
| CALAMINE LOT 8-8%                              | OTC                                   |
| FT CALAMINE LOT 8-8%                           | OTC                                   |
| GNP CALAMINE LOT 8-8%                          | OTC                                   |
| <b>ANTISEPTICS &amp; DISINFECTANTS</b>         |                                       |
| <b>IODINE ANTISEPTICS</b>                      |                                       |
| BETADINE SRG SOL 7.5%                          | OTC                                   |
| <i>povidone-iodine soln 10%</i>                | OTC                                   |
| FIRST AID OIN 10%                              | OTC                                   |

| Drug Name                                 | Requirements/Limits                   |
|-------------------------------------------|---------------------------------------|
| <b>ANTISEPTIC COMBINATIONS</b>            |                                       |
| IV PREP WIPE PAD                          | OTC                                   |
| MICROCLENS PAD WIPES                      | OTC                                   |
| UNI-SOLVE PAD WIPES                       | OTC                                   |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b> |                                       |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b> |                                       |
| VISTOGARD PAK 10GM                        | QL (20 packets every 5 days)          |
| <b>DIAGNOSTIC PRODUCTS</b>                |                                       |
| <b>DIAGNOSTIC TESTS</b>                   |                                       |
| CHEMSTRIP K TES                           | OTC                                   |
| KETONE TES                                | OTC                                   |
| KETONE TEST TES                           | OTC                                   |
| ACCU-CHEK TES AVIVA PL                    | QL (200 strips every 25 days),<br>OTC |
| ACCU-CHEK TES GUIDE                       | QL (200 strips every 25 days),<br>OTC |
| ACCU-CHEK TES SMART                       | QL (200 strips every 25 days),<br>OTC |
| RELION TRUE TES METRIX                    | QL (200 strips every 25 days),<br>OTC |
| TRUE METRIX TES GLUCOSE                   | QL (200 strips every 25 days),<br>OTC |
| CHEMSTRIP 2 TES GP                        | QL (100 strips every 25 days),<br>OTC |
| CHEMSTRIP 5 TES OB                        | QL (100 strips every 25 days),<br>OTC |
| CHEMSTRIP 7 TES                           | QL (100 strips every 25 days),<br>OTC |
| CHEMSTRIP 9 TES STRIPS                    | QL (100 strips every 25 days),<br>OTC |
| CHEMSTRIP 10 TES MD                       | QL (100 strips every 25 days),<br>OTC |
| CHEMSTRIP TES -10 SG                      | QL (100 strips every 25 days),<br>OTC |
| CHEMSTRIP TES UGK                         | QL (100 strips every 25 days),<br>OTC |
| CVS KETONE TES CARE                       | QL (100 strips every 25 days),<br>OTC |
| <b>ALTERNATIVE MEDICINES</b>              |                                       |
| <b>ALTERNATIVE MEDICINE - M'S</b>         |                                       |
| melatonin cap 10 mg                       | OTC                                   |
| melatonin tab 1 mg                        | OTC                                   |
| melatonin tab 3 mg                        | OTC                                   |

| <b>Drug Name</b>                             | <b>Requirements/Limits</b> |
|----------------------------------------------|----------------------------|
| <i>melatonin tab 5 mg</i>                    | OTC                        |
| <i>melatonin tab 10 mg</i>                   | OTC                        |
| <i>melatonin tab er 10 mg</i>                | OTC                        |
| <i>melatonin chew tab 2.5 mg</i>             | OTC                        |
| <i>melatonin sl tab 5 mg</i>                 | OTC                        |
| <i>melatonin sl tab 10 mg</i>                | OTC                        |
| <i>melatonin liquid 5 mg/15ml</i>            | OTC                        |
| <i>melatonin liquid 1 mg/ml</i>              | OTC                        |
| <i>melatonin tablet disintegrating 3 mg</i>  | OTC                        |
| <i>melatonin tablet disintegrating 5 mg</i>  | OTC                        |
| <i>melatonin tablet disintegrating 10 mg</i> | OTC                        |

## **MEDICAL DEVICES AND SUPPLIES**

### **PARENTERAL THERAPY SUPPLIES**

|                          |                                      |
|--------------------------|--------------------------------------|
| INSULIN SYRG MIS 0.3/29G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 0.3/30G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 0.5/31G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 0.5/28G | QL (200 syringes every 25 days)      |
| INSULIN SYRG MIS 0.5/28G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 0.5/29G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 0.5/30G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 0.5/30G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 0.3/31G | QL (200 syringes every 25 days)      |
| INSULIN SYRG MIS 0.3/31G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 1ML/27G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 1ML/27G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 1ML/28G | QL (200 syringes every 25 days)      |
| INSULIN SYRG MIS 1ML/28G | QL (200 syringes every 25 days), OTC |
| INSULIN SYRG MIS 1ML/29G | QL (200 syringes every 25 days), OTC |

| <b>Drug Name</b>          | <b>Requirements/Limits</b>              |
|---------------------------|-----------------------------------------|
| INSULIN SYRG MIS 1ML/30G  | QL (200 syringes every 25 days), OTC    |
| INSULIN SYRG MIS 1ML/31G  | QL (200 syringes every 25 days), OTC    |
| INSULIN SYRG MIS 0.3/31G  | QL (200 syringes every 25 days), OTC    |
| INSULIN SYRG MIS 0.5/31G  | QL (200 syringes every 25 days), OTC    |
| INSULIN SYRG MIS 1ML/31G  | QL (200 syringes every 25 days), OTC    |
| INS SYR U500 MIS 0.5/31G  | QL (200 syringes every 25 days)         |
| INS SYR U500 MIS 31GX6MM  | QL (200 syringes every 25 days)         |
| BD PEN MINI MIS           | QL (200 needles every 25 days), OTC     |
| BD PEN MIS                | QL (200 needles every 25 days), OTC     |
| BD PEN NEEDL MIS 29GX12.7 | QL (200 needles every 25 days), OTC     |
| EMBECTA UF MIS 29GX12.7   | QL (200 needles every 25 days), OTC     |
| AUTOSHIELD MIS 30GX5MM    | QL (200 needles every 25 days), OTC     |
| EMBECTA AUTO MIS DUO      | QL (200 needles every 25 days), OTC     |
| BD PEN NEEDL MIS 31GX5MM  | QL (200 needles every 25 days), OTC     |
| EMBECTA UF MIS 31GX5MM    | QL (200 needles every 25 days), OTC     |
| BD PEN NEEDL MIS 31GX8MM  | QL (200 needles every 25 days), OTC     |
| EMBECTA UF MIS 31GX8MM    | QL (200 pen needles every 25 days), OTC |
| BD PEN NEEDL MIS 32GX4MM  | QL (200 needles every 25 days), OTC     |
| EMBECTA NANO MIS 32GX4MM  | QL (200 needles every 25 days), OTC     |
| BD PEN NEEDL MIS 32GX6MM  | QL (200 needles every 25 days), OTC     |
| EMBECTA UF MIS 32GX6MM    | QL (200 needles every 25 days), OTC     |

### **RESPIRATORY THERAPY SUPPLIES**

|                                    |     |
|------------------------------------|-----|
| RESPIRATORY THERAPY SUPPLIES - OTC | OTC |
|------------------------------------|-----|

**\$0** - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit  
**OSA** - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**  
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

| <b>Drug Name</b>                                      | <b>Requirements/Limits</b>     |
|-------------------------------------------------------|--------------------------------|
| RESPIRATORY THERAPY SUPPLIES - RX                     |                                |
| SPACER/AEROSOL-HOLDING CHAMBERS - OTC                 | OTC                            |
| SPACER/AEROSOL-HOLDING CHAMBERS - RX                  |                                |
| SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS - OTC | QL (2 boxes every year), OTC   |
| SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS - RX  | QL (2 boxes every year)        |
| NEBULIZERS - OTC                                      | QL (1 box every 730 days), OTC |
| NEBULIZERS - RX                                       | QL (1 box every 730 days)      |
| HUMIDIFIERS                                           | QL (1 box every 730 days), OTC |
| BACTERIOSTAT LIQ TREATMNT                             | QL (1 mL every 730 days), OTC  |
| GORDO-POOL CON                                        | QL (1 mL every 730 days), OTC  |
| KAZ INHALANT LIQ                                      | QL (1 mL every 730 days), OTC  |
| KAZ WATER LIQ TREATMNT                                | QL (1 mL every 730 days), OTC  |
| SM VAPORIZER LIQ INHALANT                             | QL (1 mL every 730 days), OTC  |
| FLOWING VAPR PAD                                      | QL (1 pad every 730 days), OTC |
| FLOWING VAPR PAD W/FAN                                | QL (1 pad every 730 days), OTC |
| VAPOPADS PAD REFILL                                   | QL (1 pad every 730 days), OTC |
| VAPORIZER PAD SCENT                                   | QL (1 pad every 730 days), OTC |
| CHARCOAL MIS FLTR#901                                 | QL (1 box every 730 days), OTC |
| HEALTHCHECK MIS MONITOR                               | QL (1 box every 730 days), OTC |
| HUMIDIFIER MIS FILTER                                 | QL (1 box every 730 days), OTC |
| KAX AROMATIC PAD INHALANT                             | QL (1 pad every 730 days), OTC |
| KAZ DEMINERA MIS CARTRIDG                             | QL (1 box every 730 days), OTC |
| KAZ DYNAFLTR MIS K14-3P                               | QL (1 box every 730 days), OTC |
| KAZ DYNAFLTR MIS K14-S                                | QL (1 box every 730 days), OTC |
| KAZ WICKING MIS FLTR WF1                              | QL (1 box every 730 days), OTC |
| ULTSONIC FLT MIS #415-1                               | QL (1 box every 730 days), OTC |
| WICKING FLTR MIS                                      | QL (1 box every 730 days), OTC |
| WICKING FLTR MIS #502                                 | QL (1 box every 730 days), OTC |
| SM VAPORIZER TAB CLEANING                             | QL (1 tab every 730 days), OTC |
| VAPORIZERS                                            | QL (1 box every 730 days), OTC |

### **DIABETIC SUPPLIES**

|                           |    |
|---------------------------|----|
| OMNIPOD 5 DX MIS POD G7G6 | PA |
| OMNIPOD 5 L2 MIS PODS G6  | PA |
| OMNIPOD DASH MIS PODS     | PA |
| MODD1 PATIEN KIT WELCOME  | PA |
| OMNIPOD 5 DX KIT INT G7G6 | PA |
| OMNIPOD 5 L2 KIT INTRO G6 | PA |
| OMNIPOD DASH KIT INTRO    | PA |
| OMNIPOD DASH KIT PDM      | PA |
| TWIIIST KIT STARTER       | PA |
| TWIIIST KIT REFILL        | PA |

| <b>Drug Name</b>                    | <b>Requirements/Limits</b>            |
|-------------------------------------|---------------------------------------|
| MODD1 SUPPLY KIT KIT                | PA                                    |
| TWIIIST REFIL KIT INFUSION          | PA                                    |
| OMNIPOD GO KIT 10UNT/DY             | PA                                    |
| OMNIPOD GO KIT 15UNT/DY             | PA                                    |
| OMNIPOD GO KIT 20UNT/DY             | PA                                    |
| V-GO 20 KIT                         | PA                                    |
| OMNIPOD GO KIT 25UNT/DY             | PA                                    |
| OMNIPOD GO KIT 30UNT/DY             | PA                                    |
| V-GO 30 KIT                         | PA                                    |
| OMNIPOD GO KIT 35UNT/DY             | PA                                    |
| OMNIPOD GO KIT 40UNT/DY             | PA                                    |
| V-GO 40 KIT                         | PA                                    |
| ACCU-CHEK KIT GUIDE                 | QL (1 kit every 365 days), OTC        |
| ACCU-CHEK KIT GUIDE ME              | QL (1 kit every 365 days), OTC        |
| TRUE METRIX KIT AIR                 | QL (1 kit every 365 days), OTC        |
| TRUE METRIX KIT METER               | QL (1 kit every 365 days), OTC        |
| DEXCOM G6 MIS RECEIVER              | PA                                    |
| DEXCOM G7 MIS RECEIVER              | PA                                    |
| DEXCOM G6 MIS SENSOR                | PA, QL (3 sensors every 25 days)      |
| DEXCOM G7 MIS SENSOR                | PA, QL (3 sensors every 25 days)      |
| DEXCOM G6 MIS TRANSMIT              | PA                                    |
| DIASCREEN MIS 1G                    | OTC                                   |
| SAFE-T-PRO MIS LANCETS              | QL (200 lancets every 25 days), OTC   |
| SAFE-T-PRO MIS PLUS                 | QL (200 lancets every 25 days), OTC   |
| TRUPLUS LANC MIS 26G                | QL (200 lancets every 25 days), OTC   |
| TRUPLUS LANC MIS 28G                | QL (200 lancets every 25 days), OTC   |
| TRUPLUS LANC MIS 30G                | QL (200 lancets every 25 days), OTC   |
| TRUPLUS LANC MIS 33G                | QL (200 lancets every 25 days), OTC   |
| <b>CONTRACEPTIVES</b>               |                                       |
| CONDOMS MIS                         | QL (12 condoms every 1 day), OTC; \$0 |
| CONDOMS LATEX LUBRICATED - MALE     | QL (12 condoms every 1 day), OTC; \$0 |
| CONDOMS LATEX NON-LUBRICATED - MALE | QL (12 condoms every 1 day), OTC; \$0 |

| <b>Drug Name</b>      | <b>Requirements/Limits</b>               |
|-----------------------|------------------------------------------|
| FC2 FEMALE MIS CONDOM | QL (12 condoms every 1 day),<br>OTC; \$0 |
| OMNIFLEX DPR          | QL (1 box every year); \$0               |
| CAYA DPR              | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 60  | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 65  | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 70  | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 75  | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 80  | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 85  | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 90  | QL (1 box every year); \$0               |
| WIDE-SEAL DPR KIT 95  | QL (1 box every year); \$0               |

### **MISC. DEVICES**

|               |                                     |
|---------------|-------------------------------------|
| ALCOHOL SWABS | QL (400 pads every 25 days),<br>OTC |
|---------------|-------------------------------------|

## **PHARMACEUTICAL ADJUVANTS**

### **LIQUID VEHICLES**

|                                                     |        |
|-----------------------------------------------------|--------|
| <i>glycine diluent for injection</i>                | SP, PA |
| PH 12 STERIL SOL FLOLAN                             | SP, PA |
| STERIL WATER INJ                                    |        |
| <i>water for injection</i>                          |        |
| BACTER WATER INJ BENZ ALC                           |        |
| <i>bacteriostatic sodium chloride inj soln 0.9%</i> |        |
| SOD CHLORIDE INJ 0.9%BACT                           |        |
| SALINE/PHENO SOL                                    |        |

## **MISCELLANEOUS THERAPEUTIC CLASSES**

### **IMMUNOMODULATORS**

|                                 |                                 |
|---------------------------------|---------------------------------|
| THALOMID CAP 50MG               | SP, PA, QL (1 cap every 1 day)  |
| THALOMID CAP 100MG              | SP, PA, QL (4 caps every 1 day) |
| <i>lenalidomide caps 2.5 mg</i> | SP, PA, QL (1 cap every 1 day)  |
| REVLIMID CAP 2.5MG              | SP, PA, QL (1 cap every 1 day)  |
| <i>lenalidomide cap 5 mg</i>    | SP, PA, QL (1 cap every 1 day)  |
| REVLIMID CAP 5MG                | SP, PA, QL (1 cap every 1 day)  |
| <i>lenalidomide cap 10 mg</i>   | SP, PA, QL (1 cap every 1 day)  |
| REVLIMID CAP 10MG               | SP, PA, QL (1 cap every 1 day)  |
| <i>lenalidomide cap 15 mg</i>   | SP, PA, QL (1 cap every 1 day)  |
| REVLIMID CAP 15MG               | SP, PA, QL (1 cap every 1 day)  |
| <i>lenalidomide cap 20 mg</i>   | SP, PA, QL (1 cap every 1 day)  |
| REVLIMID CAP 20MG               | SP, PA, QL (1 cap every 1 day)  |
| <i>lenalidomide cap 25 mg</i>   | SP, PA, QL (1 cap every 1 day)  |
| REVLIMID CAP 25MG               | SP, PA, QL (1 cap every 1 day)  |

| <b>Drug Name</b>                                                    | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|----------------------------|
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                                     |                            |
| <i>cyclosporine cap 25 mg</i>                                       | SP                         |
| <i>cyclosporine cap 100 mg</i>                                      | SP                         |
| <i>cyclosporine modified cap 25 mg</i>                              | SP                         |
| <i>cyclosporine modified cap 50 mg</i>                              | SP                         |
| <i>cyclosporine modified cap 100 mg</i>                             | SP                         |
| <i>cyclosporine modified oral soln 100 mg/ml</i>                    | SP                         |
| <i>mycophenolate mofetil cap 250 mg</i>                             | SP                         |
| <i>mycophenolate mofetil tab 500 mg</i>                             | SP                         |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | SP                         |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | SP                         |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | SP                         |
| <i>sirolimus tab 0.5 mg</i>                                         | SP                         |
| <i>sirolimus tab 1 mg</i>                                           | SP                         |
| <i>sirolimus tab 2 mg</i>                                           | SP                         |
| <i>sirolimus oral soln 1 mg/ml</i>                                  | SP                         |
| <i>tacrolimus cap 0.5 mg</i>                                        | SP                         |
| <i>tacrolimus cap 1 mg</i>                                          | SP                         |
| <i>tacrolimus cap 5 mg</i>                                          | SP                         |
| <i>azathioprine tab 50 mg</i>                                       |                            |
| <i>azathioprine tab 75 mg</i>                                       |                            |
| <i>azathioprine tab 100 mg</i>                                      |                            |
| <b>POTASSIUM REMOVING AGENTS</b>                                    |                            |
| <i>sodium polystyrene sulfonate susp 15 gm/60ml</i>                 |                            |
| <i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>         |                            |
| LOKELMA PAK 5GM                                                     |                            |
| LOKELMA PAK 10GM                                                    |                            |

# Index

|                                                    |    |
|----------------------------------------------------|----|
| <b>A</b>                                           |    |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> |    |
| .....                                              | 20 |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>    | 20 |
| <i>abacavir sulfate-lamivudine tab 600-300</i>     |    |
| <i>mg</i> .....                                    | 21 |
| <i>abiraterone acetate tab 250 mg</i> .....        | 26 |
| <i>acarbose tab 100 mg</i> .....                   | 34 |
| <i>acarbose tab 25 mg</i> .....                    | 34 |
| <i>acarbose tab 50 mg</i> .....                    | 34 |
| ACCU-CHEK KIT GUIDE .....                          | 96 |
| ACCU-CHEK KIT GUIDE ME.....                        | 96 |
| ACCU-CHEK TES AVIVA PL .....                       | 92 |
| ACCU-CHEK TES GUIDE .....                          | 92 |
| ACCU-CHEK TES SMART.....                           | 92 |
| <i>acebutolol hcl cap 200 mg</i> .....             | 39 |
| <i>acebutolol hcl cap 400 mg</i> .....             | 39 |
| <i>acetaminophen cap 500 mg</i> .....              | 65 |
| <i>acetaminophen chew tab 160 mg</i> .....         | 65 |
| <i>acetaminophen chew tab 80 mg</i> .....          | 65 |
| <i>acetaminophen disintegrating tab 160 mg</i>     |    |
| .....                                              | 65 |
| <i>acetaminophen disintegrating tab 80 mg</i>      | 65 |
| <i>acetaminophen elixir 160 mg/5ml</i> .....       | 65 |
| <i>acetaminophen liquid 160 mg/5ml</i> .....       | 65 |
| <i>acetaminophen liquid 167 mg/5ml</i> .....       | 65 |
| <i>acetaminophen soln 160 mg/5ml</i> .....         | 65 |
| <i>acetaminophen suppos 120 mg</i> .....           | 65 |
| <i>acetaminophen suppos 650 mg</i> .....           | 65 |
| <i>acetaminophen susp 160 mg/5ml</i> .....         | 65 |
| <i>acetaminophen tab 325 mg</i> .....              | 65 |
| <i>acetaminophen tab 500 mg</i> .....              | 65 |
| <i>acetaminophen tab er 650 mg</i> .....           | 65 |
| <i>acetaminophen w/ codeine soln 120-12</i>        |    |
| <i>mg/5ml</i> .....                                | 67 |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>      |    |
| .....                                              | 67 |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>      |    |
| .....                                              | 67 |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>      |    |
| .....                                              | 67 |
| <i>acetazolamide cap er 12hr 500 mg</i> .....      | 44 |
| <i>acetazolamide tab 125 mg</i> .....              | 44 |
| <i>acetazolamide tab 250 mg</i> .....              | 44 |
| <i>acetic acid otic soln 2%</i> .....              | 85 |
| <i>acetic acid vaginal solution</i> .....          | 61 |
| ACID GONE SUS .....                                | 56 |
| ACTHAR INJ 80UNIT .....                            | 37 |
| ACTIVNUTRIEN CHW .....                             | 75 |
| <i>acyclovir cap 200 mg</i> .....                  | 22 |
| <i>acyclovir susp 200 mg/5ml</i> .....             | 22 |
| <i>acyclovir tab 400 mg</i> .....                  | 22 |
| <i>acyclovir tab 800 mg</i> .....                  | 22 |
| ADAKVEO INJ 100/10ML.....                          | 81 |
| ADALIMU-ADAZ INJ 10/0.1ML .....                    | 69 |
| ADALIMU-ADAZ INJ 20/0.2ML.....                     | 69 |
| ADALIMU-ADAZ INJ 40/0.4ML.....                     | 69 |
| ADALIMU-ADAZ INJ 80/0.8ML.....                     | 69 |
| ADALIMU-FKJP KIT 20/0.4ML.....                     | 69 |
| ADALIMU-FKJP KIT 40/0.8ML.....                     | 69 |
| <i>adefovir dipivoxil tab 10 mg</i> .....          | 22 |
| ADMELOG INJ 100U/ML .....                          | 32 |
| ADMELOG SOLO INJ 100U/ML .....                     | 32 |
| ADVIL JR ST TAB 100MG .....                        | 68 |
| AIMOVIG INJ 140MG/ML .....                         | 71 |
| AIMOVIG INJ 70MG/ML.....                           | 71 |
| ALBUTEROL NEB 0.5%.....                            | 52 |
| <i>albuterol sulfate inhal aero 108 mcg/act</i>    |    |
| <i>(90mcg base equiv)</i> .....                    | 52 |
| <i>albuterol sulfate soln nebu 0.083% (2.5</i>     |    |
| <i>mg/3ml)</i> .....                               | 52 |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>  |    |
| .....                                              | 52 |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml</i>     |    |
| <i>(base equiv)</i> .....                          | 52 |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml</i>     |    |
| <i>(base equiv)</i> .....                          | 52 |
| <i>albuterol sulfate syrup 2 mg/5ml</i> .....      | 52 |
| <i>albuterol sulfate tab 2 mg</i> .....            | 52 |
| <i>albuterol sulfate tab 4 mg</i> .....            | 52 |
| <i>alclometasone dipropionate cream 0.05%</i>      |    |
| .....                                              | 89 |
| <i>alclometasone dipropionate oint 0.05%</i> ..    | 89 |
| ALCOHOL SWABS.....                                 | 97 |
| <i>alendronate sodium tab 10 mg</i> .....          | 35 |
| <i>alendronate sodium tab 35 mg</i> .....          | 35 |

|                                                                     |    |
|---------------------------------------------------------------------|----|
| alendronate sodium tab 70 mg .....                                  | 35 |
| alfuzosin hcl tab er 24hr 10 mg .....                               | 61 |
| ALIVE GUMMIE CHW CHILDREN.....                                      | 75 |
| ALIVE MULTI CHW CHILDRNS.....                                       | 75 |
| ALLEGRA ALRG TAB 30MG.....                                          | 49 |
| allopurinol tab 100 mg .....                                        | 71 |
| allopurinol tab 300 mg.....                                         | 71 |
| alogliptin benzoate tab 12.5 mg (base equiv)<br>.....               | 34 |
| alogliptin benzoate tab 25 mg (base equiv)<br>.....                 | 34 |
| alogliptin benzoate tab 6.25 mg (base<br>equiv).....                | 34 |
| alogliptin-metformin hcl tab 12.5-1000 mg<br>.....                  | 34 |
| alogliptin-metformin hcl tab 12.5-500 mg                            | 34 |
| alogliptin-pioglitazone tab 12.5-30 mg .....                        | 34 |
| alogliptin-pioglitazone tab 25-15 mg .....                          | 34 |
| alogliptin-pioglitazone tab 25-30 mg .....                          | 34 |
| alogliptin-pioglitazone tab 25-45 mg.....                           | 34 |
| alum & mag hydroxide-simethicone chew<br>tab 200-200-25 mg.....     | 56 |
| alum & mag hydroxide-simethicone susp<br>200-200-20 mg/5ml.....     | 56 |
| alum & mag hydroxide-simethicone susp<br>400-400-40 mg/5ml.....     | 56 |
| aluminum hydroxide-magnesium<br>carbonate chew tab 160-105 mg ..... | 56 |
| aluminum hydroxide-magnesium<br>carbonate susp 508-475 mg/10ml..... | 56 |
| ALVESCO AER 160MCG .....                                            | 53 |
| ALVESCO AER 80MCG.....                                              | 53 |
| amantadine hcl cap 100 mg .....                                     | 72 |
| amantadine hcl soln 50 mg/5ml.....                                  | 72 |
| amantadine hcl tab 100 mg.....                                      | 72 |
| ambrisentan tab 10 mg .....                                         | 47 |
| ambrisentan tab 5 mg.....                                           | 47 |
| amiloride & hydrochlorothiazide tab 5-50<br>mg.....                 | 45 |
| amiloride hcl tab 5 mg .....                                        | 44 |
| amiodarone hcl tab 200 mg .....                                     | 41 |
| amlodipine besylate tab 10 mg (base<br>equivalent) .....            | 40 |

|                                                                |    |
|----------------------------------------------------------------|----|
| amlodipine besylate tab 2.5 mg (base<br>equivalent) .....      | 40 |
| amlodipine besylate tab 5 mg (base<br>equivalent) .....        | 40 |
| amlodipine besylate-benazepril hcl cap 10-<br>20 mg.....       | 43 |
| amlodipine besylate-benazepril hcl cap 10-<br>40 mg .....      | 43 |
| amlodipine besylate-benazepril hcl cap 2.5-<br>10 mg .....     | 43 |
| amlodipine besylate-benazepril hcl cap 5-<br>10 mg .....       | 43 |
| amlodipine besylate-benazepril hcl cap 5-<br>20 mg.....        | 43 |
| amlodipine besylate-benazepril hcl cap 5-<br>40 mg .....       | 43 |
| amoxicillin & k clavulanate for susp 200-<br>28.5 mg/5ml ..... | 17 |
| amoxicillin & k clavulanate for susp 250-<br>62.5 mg/5ml ..... | 17 |
| amoxicillin & k clavulanate for susp 400-57<br>mg/5ml.....     | 17 |
| amoxicillin & k clavulanate for susp 600-<br>42.9 mg/5ml ..... | 17 |
| amoxicillin & k clavulanate tab 250-125 mg<br>.....            | 17 |
| amoxicillin & k clavulanate tab 500-125 mg<br>.....            | 17 |
| amoxicillin & k clavulanate tab 875-125 mg<br>.....            | 17 |
| amoxicillin (trihydrate) cap 250 mg .....                      | 17 |
| amoxicillin (trihydrate) cap 500 mg .....                      | 17 |
| amoxicillin (trihydrate) chew tab 125 mg...17                  |    |
| amoxicillin (trihydrate) chew tab 250 mg..17                   |    |
| amoxicillin (trihydrate) for susp 125 mg/5ml<br>.....          | 17 |
| amoxicillin (trihydrate) for susp 200<br>mg/5ml.....           | 17 |
| amoxicillin (trihydrate) for susp 250<br>mg/5ml.....           | 17 |
| amoxicillin (trihydrate) for susp 400<br>mg/5ml.....           | 17 |
| amoxicillin (trihydrate) tab 500 mg .....                      | 17 |
| amoxicillin (trihydrate) tab 875 mg .....                      | 17 |

|                                                               |    |                                                               |    |
|---------------------------------------------------------------|----|---------------------------------------------------------------|----|
| <i>ampicillin cap 500 mg</i> .....                            | 17 | <i>atorvastatin calcium tab 40 mg (base equivalent)</i> ..... | 46 |
| <i>anagrelide hcl cap 0.5 mg</i> .....                        | 82 | <i>atorvastatin calcium tab 80 mg (base equivalent)</i> ..... | 46 |
| <i>anagrelide hcl cap 1 mg</i> .....                          | 82 | <i>atovaquone susp 750 mg/5ml</i> .....                       | 24 |
| <i>anastrozole tab 1 mg</i> .....                             | 26 | <i>atovaquone-proguanil hcl tab 250-100 mg</i> .....          | 23 |
| ANTACID CHW 1177MG .....                                      | 56 | <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....          | 23 |
| ANTACID CHW 550-110 .....                                     | 56 | AUTOSHIELD MIS 30GX5MM.....                                   | 94 |
| ANTACID SOFT CHW 1177MG.....                                  | 56 | AVONEX PEN KIT 30MCG.....                                     | 64 |
| <i>aprepitant capsule 125 mg</i> .....                        | 58 | AVONEX PREFL KIT 30MCG.....                                   | 64 |
| <i>aprepitant capsule 40 mg</i> .....                         | 58 | AVSOLA INJ 100MG.....                                         | 60 |
| <i>aprepitant capsule 80 mg</i> .....                         | 58 | AYR NASAL DRO 0.65%.....                                      | 50 |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....  | 58 | <i>azathioprine tab 100 mg</i> .....                          | 98 |
| APRETUDE SUS 600MG ER .....                                   | 20 | <i>azathioprine tab 50 mg</i> .....                           | 98 |
| ARANESP INJ 100MCG .....                                      | 80 | <i>azathioprine tab 75 mg</i> .....                           | 98 |
| ARANESP INJ 10MCG.....                                        | 80 | <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....  | 50 |
| ARANESP INJ 150MCG .....                                      | 80 | <i>azelastine hcl ophth soln 0.05%</i> .....                  | 85 |
| ARANESP INJ 200MCG.....                                       | 80 | <i>azithromycin for susp 100 mg/5ml</i> .....                 | 18 |
| ARANESP INJ 25MCG .....                                       | 80 | <i>azithromycin for susp 200 mg/5ml</i> .....                 | 18 |
| ARANESP INJ 300MCG.....                                       | 80 | <i>azithromycin tab 250 mg</i> .....                          | 18 |
| ARANESP INJ 40MCG.....                                        | 80 | <i>azithromycin tab 500 mg</i> .....                          | 18 |
| ARANESP INJ 500MCG.....                                       | 80 | <i>azithromycin tab 600 mg</i> .....                          | 18 |
| ARANESP INJ 60MCG.....                                        | 80 | <b>B</b>                                                      |    |
| <i>artificial tear ophth solution</i> .....                   | 84 | BABY DDROPS LIQ 400UNIT .....                                 | 74 |
| <i>aspirin chew tab 81 mg</i> .....                           | 65 | BABY IRON DRO IMMUNITY .....                                  | 76 |
| ASPIRIN SUP 300MG.....                                        | 65 | <i>bacitracin oint 500 unit/gm</i> .....                      | 87 |
| <i>aspirin tab 325 mg</i> .....                               | 65 | <i>bacitracin ophth oint 500 unit/gm</i> .....                | 83 |
| <i>aspirin tab delayed release 325 mg</i> .....               | 65 | <i>bacitracin zinc oint 500 unit/gm</i> .....                 | 87 |
| <i>aspirin tab delayed release 81 mg</i> .....                | 65 | <i>bacitracin-polymyxin b oint</i> .....                      | 87 |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> .....       | 20 | <i>bacitracin-polymyxin b ophth oint</i> .....                | 83 |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> .....       | 20 | <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....   | 85 |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i> .....       | 20 | <i>baclofen tab 10 mg</i> .....                               | 73 |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....      | 43 | <i>baclofen tab 20 mg</i> .....                               | 73 |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....       | 43 | BACTER WATER INJ BENZ ALC .....                               | 97 |
| <i>atenolol tab 100 mg</i> .....                              | 39 | BACTERIOSTAT LIQ TREATMNT .....                               | 95 |
| <i>atenolol tab 25 mg</i> .....                               | 39 | <i>bacteriostatic sodium chloride inj soln 0.9%</i> .....     | 97 |
| <i>atenolol tab 50 mg</i> .....                               | 39 | <i>balsalazide disodium cap 750 mg</i> .....                  | 59 |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i> ..... | 46 | BAQSIMI ONE POW 3MG/DOSE .....                                | 34 |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i> ..... | 46 | BAQSIMI TWO POW 3MG/DOSE .....                                | 34 |

|                                                         |    |                                                            |    |
|---------------------------------------------------------|----|------------------------------------------------------------|----|
| BARACLUDE SOL .....                                     | 22 | betamethasone dipropionate lotion 0.05% .....              | 89 |
| b-complex w/ c & folic acid cap 1 mg .....              | 74 | betamethasone dipropionate oint 0.05% .....                | 89 |
| BD PEN MINI MIS .....                                   | 94 | betamethasone valerate cream 0.1% (base equivalent) .....  | 89 |
| BD PEN MIS .....                                        | 94 | betamethasone valerate lotion 0.1% (base equivalent) ..... | 89 |
| BD PEN NEEDL MIS 29GX12.7 .....                         | 94 | betamethasone valerate oint 0.1% (base equivalent) .....   | 89 |
| BD PEN NEEDL MIS 31GX5MM .....                          | 94 | betaxolol hcl ophth soln 0.5% .....                        | 84 |
| BD PEN NEEDL MIS 31GX8MM .....                          | 94 | bethanechol chloride tab 10 mg .....                       | 60 |
| BD PEN NEEDL MIS 32GX4MM .....                          | 94 | bethanechol chloride tab 25 mg .....                       | 60 |
| BD PEN NEEDL MIS 32GX6MM .....                          | 94 | bethanechol chloride tab 5 mg .....                        | 60 |
| benazepril & hydrochlorothiazide tab 10-12.5 mg .....   | 43 | bethanechol chloride tab 50 mg .....                       | 60 |
| benazepril & hydrochlorothiazide tab 20-12.5 mg .....   | 43 | bexarotene cap 75 mg .....                                 | 28 |
| benazepril & hydrochlorothiazide tab 20-25 mg .....     | 43 | bicalutamide tab 50 mg .....                               | 26 |
| benazepril hcl tab 10 mg .....                          | 41 | BICILLIN L-A INJ 1200000 .....                             | 17 |
| benazepril hcl tab 20 mg .....                          | 41 | BICILLIN L-A INJ 2400000 .....                             | 17 |
| benazepril hcl tab 40 mg .....                          | 41 | BICILLIN L-A INJ 600000 .....                              | 17 |
| benazepril hcl tab 5 mg .....                           | 41 | BIKTARVY TAB .....                                         | 22 |
| benzonatate cap 100 mg .....                            | 50 | BION TEARS SOL 0.1-0.3% .....                              | 84 |
| benzonatate cap 200 mg .....                            | 50 | bisacodyl suppos 10 mg .....                               | 55 |
| BENZOYL PER GEL 2.5% .....                              | 86 | bisacodyl tab delayed release 5 mg .....                   | 54 |
| benzoyl peroxide cream 10% .....                        | 86 | bismuth subsalicylate chew tab 262 mg ..                   | 55 |
| benzoyl peroxide gel 10% .....                          | 86 | bismuth subsalicylate susp 262 mg/15ml ..                  | 55 |
| benzoyl peroxide gel 5% .....                           | 86 | bismuth subsalicylate susp 525 mg/15ml ..                  | 55 |
| benzoyl peroxide gel 8% .....                           | 86 | bismuth subsalicylate tab 262 mg .....                     | 55 |
| benzoyl peroxide liq 10% .....                          | 86 | bisoprolol & hydrochlorothiazide tab 10-6.25 mg .....      | 44 |
| benzoyl peroxide liq 2.5% .....                         | 86 | bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg .....     | 44 |
| benzoyl peroxide liq 4% .....                           | 86 | bisoprolol & hydrochlorothiazide tab 5-6.25 mg .....       | 44 |
| benzoyl peroxide liq 5% .....                           | 86 | bisoprolol fumarate tab 10 mg .....                        | 39 |
| benzoyl peroxide lotion 10% .....                       | 86 | bisoprolol fumarate tab 5 mg .....                         | 39 |
| benzoyl peroxide-erythromycin gel 5-3% ..               | 87 | BONE & MUSCL CHW KIDS .....                                | 75 |
| BETADINE SRG SOL 7.5% .....                             | 91 | bortezomib for inj 3.5 mg .....                            | 28 |
| betamethasone dipropionate augmented cream 0.05% .....  | 89 | bosentan tab 125 mg .....                                  | 47 |
| betamethasone dipropionate augmented gel 0.05% .....    | 89 | bosentan tab 62.5 mg .....                                 | 47 |
| betamethasone dipropionate augmented lotion 0.05% ..... | 89 | bosentan tab for oral susp 32 mg .....                     | 47 |
| betamethasone dipropionate augmented oint 0.05% .....   | 89 | BRAIN BUILD CHW KIDS .....                                 | 74 |
| betamethasone dipropionate cream 0.05% .....            | 89 | brimonidine tartrate ophth soln 0.15% .....                | 85 |
|                                                         |    | brimonidine tartrate ophth soln 0.2% .....                 | 85 |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....            | 72 |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....          | 72 |
| <i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> .....     | 51 |
| <i>BRYHALI LOT 0.01%</i> .....                                            | 90 |
| <i>budesonide delayed release particles cap 3 mg</i> .....                | 29 |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> .....                       | 53 |
| <i>budesonide inhalation susp 0.5 mg/2ml</i> .....                        | 53 |
| <i>budesonide inhalation susp 1 mg/2ml</i> .....                          | 53 |
| <i>budesonide nasal susp 32 mcg/act</i> .....                             | 50 |
| <i>budesonide rectal foam 2 mg/act</i> .....                              | 86 |
| <i>budesonide tab er 24hr 9 mg</i> .....                                  | 29 |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> ..... | 52 |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....  | 52 |
| <i>bumetanide tab 0.5 mg</i> .....                                        | 44 |
| <i>bumetanide tab 1 mg</i> .....                                          | 44 |
| <i>bumetanide tab 2 mg</i> .....                                          | 44 |
| <b>C</b>                                                                  |    |
| <i>CABENUVA SUS 400-600</i> .....                                         | 21 |
| <i>CABENUVA SUS 600-900</i> .....                                         | 21 |
| <i>cabergoline tab 0.5 mg</i> .....                                       | 37 |
| <i>CABOMETYX TAB 20MG</i> .....                                           | 27 |
| <i>CABOMETYX TAB 40MG</i> .....                                           | 27 |
| <i>CABOMETYX TAB 60MG</i> .....                                           | 27 |
| <i>CAL CIT MAL/ TAB VITAMIND</i> .....                                    | 78 |
| <i>CALAMINE LOT</i> .....                                                 | 91 |
| <i>CALAMINE LOT 8-8%</i> .....                                            | 91 |
| <i>CALC CIT+D3 TAB 250-200</i> .....                                      | 78 |
| <i>CALC CITRATE TAB +D</i> .....                                          | 78 |
| <i>calcipotriene oint 0.005%</i> .....                                    | 88 |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....                        | 88 |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> .....                  | 35 |
| <i>calcitriol cap 0.25 mcg</i> .....                                      | 37 |
| <i>calcitriol cap 0.5 mcg</i> .....                                       | 37 |
| <i>calcitriol oral soln 1 mcg/ml</i> .....                                | 37 |
| <i>CALCIUM + D3 TAB</i> .....                                             | 78 |
| <i>CALCIUM 600 TAB +D</i> .....                                           | 78 |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....    | 60 |
| <i>calcium ascorbate tab 500 mg</i> .....                                 | 73 |
| <i>CALCIUM CARB CHW 500MG</i> .....                                       | 77 |
| <i>CALCIUM CARB SUS 1250/5ML</i> .....                                    | 56 |
| <i>CALCIUM CARB TAB 648MG</i> .....                                       | 56 |
| <i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)</i> .....   | 78 |
| <i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i> .....  | 78 |
| <i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i> .....    | 78 |
| <i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i> ..... | 78 |
| <i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i> .....    | 78 |
| <i>calcium carb-cholecalciferol tab 600 mg-3.125 mcg (125 unit)</i> ..... | 78 |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> .....                 | 56 |
| <i>calcium carbonate (antacid) chew tab 400 mg</i> .....                  | 56 |
| <i>calcium carbonate (antacid) chew tab 420 mg</i> .....                  | 56 |
| <i>calcium carbonate (antacid) chew tab 500 mg</i> .....                  | 56 |
| <i>calcium carbonate (antacid) chew tab 750 mg</i> .....                  | 56 |
| <i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i> .....          | 77 |
| <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> .....          | 77 |
| <i>calcium carbonate tab 600 mg</i> .....                                 | 77 |
| <i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i> ..... | 78 |
| <i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i> ..... | 78 |
| <i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> .....          | 56 |
| <i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i> .....      | 77 |
| <i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i> .....  | 77 |

|                                                                  |    |
|------------------------------------------------------------------|----|
| calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit).....     | 78 |
| calcium citrate tab 950 mg (200 mg elemental ca).....            | 77 |
| calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca) .....  | 78 |
| calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca) .....  | 78 |
| calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca) ..... | 78 |
| CALCIUM FOR CHW WOMEN .....                                      | 78 |
| CALCIUM SOFT CHW CARAMEL.....                                    | 78 |
| CALCIUM SOFT CHW CHOCOLAT .....                                  | 78 |
| CALCIUM TAB 280MG .....                                          | 77 |
| calcium tab 600 mg .....                                         | 77 |
| calcium w/ magnesium tab 333-167 mg..                            | 77 |
| calcium w/ vitamin d & k chew tab 500 mg-200 unit-40 mcg .....   | 78 |
| CALCIUM/D3 TAB 500/200 .....                                     | 77 |
| calcium-magnesium-zinc tab 333-133-5 mg .....                    | 78 |
| calcium-magnesium-zinc tab 333-133-8.3 mg .....                  | 78 |
| calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg.....  | 78 |
| CAL-MAG TAB 500-250 .....                                        | 77 |
| CALQUENCE TAB 100MG .....                                        | 27 |
| CAMCEVI INJ 42MG .....                                           | 26 |
| CAMZYOS CAP 10MG.....                                            | 48 |
| CAMZYOS CAP 15MG.....                                            | 48 |
| CAMZYOS CAP 2.5MG .....                                          | 48 |
| CAMZYOS CAP 5MG .....                                            | 48 |
| capecitabine tab 150 mg .....                                    | 25 |
| capecitabine tab 500 mg .....                                    | 25 |
| CAPRELSA TAB 100MG.....                                          | 27 |
| CAPRELSA TAB 300MG .....                                         | 28 |
| capsaicin cream 0.025% .....                                     | 91 |
| capsaicin cream 0.075% .....                                     | 91 |
| capsaicin cream 0.1% .....                                       | 91 |
| captopril tab 100 mg .....                                       | 42 |
| captopril tab 12.5 mg.....                                       | 41 |
| captopril tab 25 mg .....                                        | 41 |
| captopril tab 50 mg .....                                        | 42 |
| carbidopa & levodopa tab 10-100 mg.....                          | 72 |
| carbidopa & levodopa tab 25-100 mg .....                         | 72 |
| carbidopa & levodopa tab 25-250 mg .....                         | 72 |
| carbidopa & levodopa tab er 25-100 mg..                          | 72 |
| carbidopa & levodopa tab er 50-200 mg.                           | 72 |
| carbidopa-levodopa-entacapone tabs 12.5-50-200 mg .....          | 72 |
| carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....          | 72 |
| carbidopa-levodopa-entacapone tabs 25-100-200 mg .....           | 72 |
| carbidopa-levodopa-entacapone tabs 31.25-125-200 mg .....        | 72 |
| carbidopa-levodopa-entacapone tabs 37.5-150-200 mg .....         | 72 |
| carbidopa-levodopa-entacapone tabs 50-200-200 mg.....            | 72 |
| carboxymethylcellulose sodium (pf) ophth gel 1% .....            | 83 |
| carboxymethylcellulose sodium (pf) ophth soln 0.5% .....         | 83 |
| carboxymethylcellulose sodium ophth gel 1% .....                 | 83 |
| carboxymethylcellulose sodium ophth soln 0.25% .....             | 83 |
| carboxymethylcellulose sodium ophth soln 0.5% .....              | 83 |
| carboxymethylcellulose-glycerin ophth soln 0.5-0.9% .....        | 84 |
| carisoprodol tab 350 mg .....                                    | 73 |
| carvedilol tab 12.5 mg .....                                     | 39 |
| carvedilol tab 25 mg .....                                       | 40 |
| carvedilol tab 3.125 mg .....                                    | 39 |
| carvedilol tab 6.25 mg.....                                      | 39 |
| CAYA DPR .....                                                   | 97 |
| cefadroxil cap 500 mg .....                                      | 17 |
| cefadroxil for susp 250 mg/5ml .....                             | 17 |
| cefadroxil for susp 500 mg/5ml .....                             | 17 |
| cefadroxil tab 1 gm .....                                        | 17 |
| cefdinir cap 300 mg .....                                        | 18 |
| cefdinir for susp 125 mg/5ml .....                               | 18 |
| cefdinir for susp 250 mg/5ml .....                               | 18 |
| cefprozil for susp 125 mg/5ml.....                               | 18 |
| cefprozil for susp 250 mg/5ml.....                               | 18 |
| cefprozil tab 250 mg .....                                       | 18 |

|                                                       |    |                                                     |    |
|-------------------------------------------------------|----|-----------------------------------------------------|----|
| <i>cefprozil tab 500 mg</i> .....                     | 18 | <i>chlorpheniramine maleate tab 4 mg</i> .....      | 48 |
| <i>cefuroxime axetil tab 250 mg</i> .....             | 18 | <i>chlorpheniramine maleate tab er 12 mg</i> ...    | 48 |
| <i>cefuroxime axetil tab 500 mg</i> .....             | 18 | <i>chlorthalidone tab 25 mg</i> .....               | 45 |
| <i>celecoxib cap 100 mg</i> .....                     | 68 | <i>chlorthalidone tab 50 mg</i> .....               | 45 |
| <i>celecoxib cap 200 mg</i> .....                     | 68 | <i>chlorzoxazone tab 500 mg</i> .....               | 73 |
| <i>celecoxib cap 400 mg</i> .....                     | 68 | <i>cholecalciferol cap 1.25 mg (50000 unit)</i> .   | 74 |
| <i>celecoxib cap 50 mg</i> .....                      | 68 | <i>cholecalciferol cap 125 mcg (5000 unit)</i> ..   | 74 |
| <b>CENTRUM KIDS CHW</b> .....                         | 75 | <i>cholecalciferol cap 25 mcg (1000 unit)</i> ....  | 74 |
| <b>CENTRUM KIDS CHW FLAV BST</b> .....                | 75 | <i>cholecalciferol cap 250 mcg (10000 unit)</i> 74  |    |
| <i>cephalexin cap 250 mg</i> .....                    | 17 | <i>cholecalciferol cap 50 mcg (2000 unit)</i> ...   | 74 |
| <i>cephalexin cap 500 mg</i> .....                    | 17 | <i>cholecalciferol chew tab 10 mcg (400 unit)</i>   |    |
| <i>cephalexin cap 750 mg</i> .....                    | 17 | .....                                               | 74 |
| <i>cephalexin for susp 125 mg/5ml</i> .....           | 18 | <i>cholecalciferol chew tab 25 mcg (1000 unit)</i>  |    |
| <i>cephalexin for susp 250 mg/5ml</i> .....           | 18 | .....                                               | 74 |
| <i>cephalexin tab 250 mg</i> .....                    | 17 | <i>cholecalciferol drops 10 mcg/0.028ml (400</i>    |    |
| <i>cephalexin tab 500 mg</i> .....                    | 18 | <i>unit/0.028ml)</i> .....                          | 74 |
| <b>CERDELGA CAP 84MG</b> .....                        | 81 | <i>cholecalciferol oral liquid 10 mcg/ml (400</i>   |    |
| <b>CEREZYME INJ 400UNIT</b> .....                     | 81 | <i>unit/ml)</i> .....                               | 74 |
| <i>cetirizine hcl cap 10 mg</i> .....                 | 49 | <i>cholecalciferol tab 10 mcg (400 unit)</i> .....  | 74 |
| <i>cetirizine hcl chew tab 10 mg</i> .....            | 49 | <i>cholecalciferol tab 125 mcg (5000 unit)</i> ...  | 74 |
| <i>cetirizine hcl chew tab 5 mg</i> .....             | 49 | <i>cholecalciferol tab 25 mcg (1000 unit)</i> ..... | 74 |
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>    |    | <i>cholecalciferol tab 50 mcg (2000 unit)</i> ....  | 74 |
| .....                                                 | 49 | <i>cholestyramine light powder 4 gm/dose</i> .45    |    |
| <i>cetirizine hcl orally disintegrating tab 10 mg</i> |    | <i>cholestyramine light powder packets 4 gm</i>     |    |
| .....                                                 | 49 | .....                                               | 45 |
| <i>cetirizine hcl tab 10 mg</i> .....                 | 49 | <i>cholestyramine powder 4 gm/dose</i> .....        | 45 |
| <i>cetirizine hcl tab 5 mg</i> .....                  | 49 | <i>cholestyramine powder packets 4 gm</i> ....      | 45 |
| <i>cetirizine-pseudoephedrine tab er 12hr 5-</i>      |    | <b>CHOR GONADOT INJ 10000UNT</b> .....              | 36 |
| <i>120 mg</i> .....                                   | 51 | <i>ciclopirox gel 0.77%</i> .....                   | 87 |
| <b>CHARCOAL MIS FLTR#901</b> .....                    | 95 | <i>ciclopirox olamine cream 0.77% (base</i>         |    |
| <b>CHEMSTRIP 10 TES MD</b> .....                      | 92 | <i>equiv)</i> .....                                 | 87 |
| <b>CHEMSTRIP 2 TES GP</b> .....                       | 92 | <i>ciclopirox olamine susp 0.77% (base equiv)</i>   |    |
| <b>CHEMSTRIP 5 TES OB</b> .....                       | 92 | .....                                               | 87 |
| <b>CHEMSTRIP 7 TES</b> .....                          | 92 | <i>ciclopirox shampoo 1%</i> .....                  | 87 |
| <b>CHEMSTRIP 9 TES STRIPS</b> .....                   | 92 | <i>cilostazol tab 100 mg</i> .....                  | 82 |
| <b>CHEMSTRIP K TES</b> .....                          | 92 | <i>cilostazol tab 50 mg</i> .....                   | 82 |
| <b>CHEMSTRIP TES -10 SG</b> .....                     | 92 | <b>CIMDUO TAB 300-300</b> .....                     | 21 |
| <b>CHEMSTRIP TES UGK</b> .....                        | 92 | <i>cimetidine tab 200 mg</i> .....                  | 57 |
| <b>CHILDRENS CHW GUMMIES</b> .....                    | 75 | <i>cimetidine tab 300 mg</i> .....                  | 57 |
| <i>chlorhexidine gluconate soln 0.12%</i> .....       | 85 | <i>cimetidine tab 400 mg</i> .....                  | 57 |
| <i>chloroquine phosphate tab 250 mg</i> .....         | 23 | <i>cimetidine tab 800 mg</i> .....                  | 57 |
| <i>chloroquine phosphate tab 500 mg</i> .....         | 23 | <i>cinacalcet hcl tab 30 mg (base equiv)</i> .....  | 37 |
| <i>chlorpheniramine maleate syrup 2 mg/5ml</i>        |    | <i>cinacalcet hcl tab 60 mg (base equiv)</i> .....  | 37 |
| .....                                                 | 48 | <i>cinacalcet hcl tab 90 mg (base equiv)</i> .....  | 37 |

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|--------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|
| CINRYZE SOL 500 UNIT .....                                               | 83 | <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....       | 82 |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....         | 83 | <i>clotrimazole cream 1%</i> .....                              | 87 |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....                   | 19 | <i>clotrimazole soln 1%</i> .....                               | 87 |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....                   | 19 | <i>clotrimazole troche 10 mg</i> .....                          | 85 |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....                   | 19 | <i>clotrimazole vaginal cream 1%</i> .....                      | 60 |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....              | 85 | <i>clotrimazole vaginal cream 2%</i> .....                      | 60 |
| <i>clarithromycin for susp 125 mg/5ml</i> .....                          | 18 | CODITUSSIN LIQ AC .....                                         | 51 |
| <i>clarithromycin for susp 250 mg/5ml</i> .....                          | 18 | <i>colchicine tab 0.6 mg</i> .....                              | 71 |
| <i>clarithromycin tab 250 mg</i> .....                                   | 18 | <i>colestipol hcl granule packets 5 gm</i> .....                | 45 |
| <i>clarithromycin tab 500 mg</i> .....                                   | 18 | <i>colestipol hcl granules 5 gm</i> .....                       | 45 |
| <i>clarithromycin tab er 24hr 500 mg</i> .....                           | 18 | <i>colestipol hcl tab 1 gm</i> .....                            | 45 |
| <i>clindamycin hcl cap 150 mg</i> .....                                  | 23 | COMBIPATCH DIS .....                                            | 30 |
| <i>clindamycin hcl cap 300 mg</i> .....                                  | 23 | COMBIVENT AER 20-100 .....                                      | 52 |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....   | 23 | COMETRIQ KIT 100MG .....                                        | 27 |
| <i>clindamycin phosphate gel 1% (twice-daily)</i> .....                  | 87 | COMETRIQ KIT 140MG .....                                        | 27 |
| <i>clindamycin phosphate lotion 1%</i> .....                             | 87 | COMETRIQ KIT 60MG .....                                         | 27 |
| <i>clindamycin phosphate soln 1%</i> .....                               | 86 | CONDOMS LATEX LUBRICATED - MALE .....                           | 96 |
| <i>clindamycin phosphate vaginal cream 2%</i> .....                      | 60 | CONDOMS LATEX NON-LUBRICATED - MALE .....                       | 96 |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> .....         | 87 | CONDOMS MIS .....                                               | 96 |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> .....        | 87 | CORLANOR SOL 5MG/5ML .....                                      | 48 |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....             | 87 | CORTROPHIN INJ 80UNT/ML .....                                   | 37 |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> ..... | 87 | COSENTYX INJ 150MG/ML .....                                     | 88 |
| <i>clobetasol propionate emollient base cream 0.05%</i> .....            | 89 | COSENTYX INJ 300DOSE .....                                      | 88 |
| <i>clobetasol propionate soln 0.05%</i> .....                            | 89 | COSENTYX INJ 75MG/0.5 .....                                     | 88 |
| <i>clonidine hcl tab 0.1 mg</i> .....                                    | 42 | COSENTYX PEN INJ 150MG/ML .....                                 | 88 |
| <i>clonidine hcl tab 0.2 mg</i> .....                                    | 43 | COSENTYX PEN INJ 300DOSE .....                                  | 88 |
| <i>clonidine hcl tab 0.3 mg</i> .....                                    | 43 | COSENTYX UNO INJ 300/2ML .....                                  | 88 |
| <i>clonidine hcl tab er 12hr 0.1 mg</i> .....                            | 63 | <i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i> ..... | 50 |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> ....                        | 42 | <i>cromolyn sodium ophth soln 4%</i> .....                      | 85 |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> ....                        | 42 | <i>cromolyn sodium soln nebu 20 mg/2ml</i> ...                  | 52 |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> ....                        | 42 | CVS ANTACID CHW 1177MG .....                                    | 56 |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....               | 82 | CVS KETONE TES CARE .....                                       | 92 |
|                                                                          |    | CVS NASAL AER 0.9% .....                                        | 50 |
|                                                                          |    | <i>cyanocobalamin inj 1000 mcg/ml</i> .....                     | 80 |
|                                                                          |    | <i>cyclobenzaprine hcl tab 10 mg</i> .....                      | 73 |
|                                                                          |    | <i>cyclobenzaprine hcl tab 5 mg</i> .....                       | 73 |
|                                                                          |    | CYCLOPHOSPH TAB 50MG .....                                      | 24 |
|                                                                          |    | <i>cyclophosphamide cap 25 mg</i> .....                         | 24 |
|                                                                          |    | <i>cyclophosphamide cap 50 mg</i> .....                         | 24 |
|                                                                          |    | <i>cyclosporine (ophth) emulsion 0.05%</i> ....                 | 85 |
|                                                                          |    | <i>cyclosporine cap 100 mg</i> .....                            | 98 |

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|-----------------------------------------------------------|----|
| <i>cyclosporine cap 25 mg</i> .....                       | 98 |
| <i>cyclosporine modified cap 100 mg</i> .....             | 98 |
| <i>cyclosporine modified cap 25 mg</i> .....              | 98 |
| <i>cyclosporine modified cap 50 mg</i> .....              | 98 |
| <i>cyclosporine modified oral soln 100 mg/ml</i><br>..... | 98 |
| <i>cycloheptadine hcl syrup 2 mg/5ml</i> .....            | 49 |
| <i>cycloheptadine hcl tab 4 mg</i> .....                  | 49 |
| CYSTAGON CAP 150MG .....                                  | 61 |
| CYSTAGON CAP 50MG .....                                   | 61 |

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|-----------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------|----|
| <i>dabigatran etexilate mesylate cap 110 mg</i><br>(etexilate base eq) .....      | 82 | <i>desmopressin acetate tab 0.2 mg</i> .....                                             | 37 |
| <i>dabigatran etexilate mesylate cap 150 mg</i><br>(etexilate base eq) .....      | 82 | <i>desogest-eth estrad &amp; eth estrad tab 0.15-</i><br><i>0.02/0.01 mg(21/5)</i> ..... | 32 |
| <i>dabigatran etexilate mesylate cap 75 mg</i><br>(etexilate base eq) .....       | 82 | <i>desogest-ethin est tab 0.1-0.025/0.125-</i><br><i>0.025/0.15-0.025mg-mg</i> .....     | 32 |
| <i>danazol cap 100 mg</i> .....                                                   | 30 | <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-</i><br><i>30 mcg</i> .....           | 31 |
| <i>danazol cap 200 mg</i> .....                                                   | 30 | <i>desonide cream 0.05%</i> .....                                                        | 89 |
| <i>danazol cap 50 mg</i> .....                                                    | 30 | <i>desonide lotion 0.05%</i> .....                                                       | 89 |
| <i>dantrolene sodium cap 100 mg</i> .....                                         | 73 | <i>desonide oint 0.05%</i> .....                                                         | 89 |
| <i>dantrolene sodium cap 25 mg</i> .....                                          | 73 | <i>desoximetasone cream 0.05%</i> .....                                                  | 89 |
| <i>dantrolene sodium cap 50 mg</i> .....                                          | 73 | <i>desoximetasone cream 0.25%</i> .....                                                  | 89 |
| <i>dapsone tab 100 mg</i> .....                                                   | 24 | <i>desoximetasone gel 0.05%</i> .....                                                    | 89 |
| <i>dapsone tab 25 mg</i> .....                                                    | 24 | <i>desoximetasone oint 0.25%</i> .....                                                   | 89 |
| <i>darunavir tab 600 mg</i> .....                                                 | 20 | <i>dexamethasone elixir 0.5 mg/5ml</i> .....                                             | 29 |
| <i>darunavir tab 800 mg</i> .....                                                 | 20 | <i>dexamethasone sodium phosphate ophth</i><br><i>soln 0.1%</i> .....                    | 84 |
| <i>dasatinib tab 100 mg</i> .....                                                 | 27 | <i>dexamethasone soln 0.5 mg/5ml</i> .....                                               | 29 |
| <i>dasatinib tab 140 mg</i> .....                                                 | 27 | <i>dexamethasone tab 0.5 mg</i> .....                                                    | 29 |
| <i>dasatinib tab 20 mg</i> .....                                                  | 27 | <i>dexamethasone tab 0.75 mg</i> .....                                                   | 29 |
| <i>dasatinib tab 50 mg</i> .....                                                  | 27 | <i>dexamethasone tab 1 mg</i> .....                                                      | 29 |
| <i>dasatinib tab 70 mg</i> .....                                                  | 27 | <i>dexamethasone tab 1.5 mg</i> .....                                                    | 29 |
| <i>dasatinib tab 80 mg</i> .....                                                  | 27 | <i>dexamethasone tab 2 mg</i> .....                                                      | 29 |
| DAVIMET/FLUO CHW 0.75MG .....                                                     | 76 | <i>dexamethasone tab 4 mg</i> .....                                                      | 29 |
| DAYHIST ALRG TAB 12 HOUR .....                                                    | 48 | <i>dexamethasone tab 6 mg</i> .....                                                      | 29 |
| DDROPS LIQ 2000UNIT .....                                                         | 74 | DEXCOM G6 MIS RECEIVER .....                                                             | 96 |
| DEKAS PLUS LIQ .....                                                              | 76 | DEXCOM G6 MIS SENSOR .....                                                               | 96 |
| DESCOVY TAB 120-15MG .....                                                        | 21 | DEXCOM G6 MIS TRANSMIT .....                                                             | 96 |
| DESCOVY TAB 200/25MG .....                                                        | 21 | DEXCOM G7 MIS RECEIVER .....                                                             | 96 |
| <i>desmopressin acetate nasal spray soln</i><br><i>0.01%</i> .....                | 37 | DEXCOM G7 MIS SENSOR .....                                                               | 96 |
| <i>desmopressin acetate nasal spray soln</i><br><i>0.01% (refrigerated)</i> ..... | 37 | <i>dextran 70-hypromellose (pf) ophth soln</i><br><i>0.1-0.3%</i> .....                  | 84 |
| <i>desmopressin acetate tab 0.1 mg</i> .....                                      | 37 | <i>dextran 70-hypromellose ophth soln 0.1-</i><br><i>0.3%</i> .....                      | 84 |
|                                                                                   |    | <i>dextromethorphan-guaifenesin liquid 10-</i><br><i>100 mg/5ml</i> .....                | 51 |
|                                                                                   |    | <i>dextromethorphan-guaifenesin liquid 10-</i><br><i>200 mg/5ml</i> .....                | 51 |
|                                                                                   |    | <i>dextromethorphan-guaifenesin liquid 30-</i><br><i>200 mg/5ml</i> .....                | 51 |
|                                                                                   |    | <i>dextromethorphan-guaifenesin liquid 5-100</i><br><i>mg/5ml</i> .....                  | 51 |
|                                                                                   |    | <i>dextromethorphan-guaifenesin syrup 10-</i><br><i>100 mg/5ml</i> .....                 | 51 |

|                                                              |    |                                                                    |    |
|--------------------------------------------------------------|----|--------------------------------------------------------------------|----|
| dextromethorphan-guaifenesin tab er 12hr<br>30-600 mg.....   | 51 | diltiazem hcl extended release beads cap<br>er 24hr 120 mg.....    | 40 |
| dextromethorphan-guaifenesin tab er 12hr<br>60-1200 mg ..... | 51 | diltiazem hcl extended release beads cap<br>er 24hr 180 mg .....   | 40 |
| DIASCREEN MIS 1G.....                                        | 96 | diltiazem hcl extended release beads cap<br>er 24hr 240 mg.....    | 40 |
| diclofenac potassium tab 50 mg.....                          | 67 | diltiazem hcl extended release beads cap<br>er 24hr 300 mg.....    | 40 |
| diclofenac sodium gel 1% (1.16%<br>diethylamine equiv) ..... | 88 | diltiazem hcl extended release beads cap<br>er 24hr 360 mg.....    | 40 |
| diclofenac sodium ophth soln 0.1% .....                      | 85 | diltiazem hcl extended release beads cap<br>er 24hr 420 mg.....    | 40 |
| diclofenac sodium tab delayed release 25<br>mg.....          | 67 | diltiazem hcl tab 120 mg .....                                     | 40 |
| diclofenac sodium tab delayed release 50<br>mg.....          | 67 | diltiazem hcl tab 30 mg.....                                       | 40 |
| diclofenac sodium tab delayed release 75<br>mg.....          | 67 | diltiazem hcl tab 60 mg.....                                       | 40 |
| diclofenac sodium tab er 24hr 100 mg .....                   | 67 | diltiazem hcl tab 90 mg.....                                       | 40 |
| dicloxacillin sodium cap 250 mg .....                        | 17 | diltiazem hcl tab er 24hr 180 mg.....                              | 40 |
| dicloxacillin sodium cap 500 mg.....                         | 17 | diltiazem hcl tab er 24hr 240 mg.....                              | 40 |
| dicyclomine hcl cap 10 mg .....                              | 57 | diltiazem hcl tab er 24hr 300 mg.....                              | 40 |
| dicyclomine hcl oral soln 10 mg/5ml .....                    | 57 | diltiazem hcl tab er 24hr 360 mg.....                              | 40 |
| dicyclomine hcl tab 20 mg .....                              | 57 | diltiazem hcl tab er 24hr 420 mg.....                              | 40 |
| DIFICID SUS.....                                             | 18 | dimethyl fumarate capsule delayed release<br>120 mg .....          | 64 |
| diflunisal tab 500 mg .....                                  | 65 | dimethyl fumarate capsule delayed release<br>240 mg .....          | 64 |
| digoxin oral soln 0.05 mg/ml .....                           | 38 | dimethyl fumarate capsule dr starter pack<br>120 mg & 240 mg ..... | 64 |
| digoxin tab 125 mcg (0.125 mg).....                          | 38 | diphenhydramine hcl (sleep) cap 50 mg..                            | 62 |
| digoxin tab 250 mcg (0.25 mg) .....                          | 38 | diphenhydramine hcl (sleep) tab 25 mg...                           | 62 |
| digoxin tab 62.5 mcg (0.0625 mg).....                        | 38 | diphenhydramine hcl (sleep) tab 50 mg ..                           | 62 |
| diltiazem hcl cap er 12hr 120 mg .....                       | 40 | diphenhydramine hcl cap 25 mg .....                                | 48 |
| diltiazem hcl cap er 12hr 60 mg.....                         | 40 | diphenhydramine hcl cap 50 mg.....                                 | 48 |
| diltiazem hcl cap er 12hr 90 mg.....                         | 40 | diphenhydramine hcl chew tab 12.5 mg...                            | 49 |
| diltiazem hcl cap er 24hr 120 mg.....                        | 40 | diphenhydramine hcl elixir 12.5 mg/5ml ..                          | 49 |
| diltiazem hcl cap er 24hr 180 mg.....                        | 40 | diphenhydramine hcl liquid 12.5 mg/5ml .                           | 49 |
| diltiazem hcl cap er 24hr 240 mg.....                        | 40 | diphenhydramine hcl tab 25 mg .....                                | 48 |
| diltiazem hcl coated beads cap er 24hr 120<br>mg.....        | 40 | diphenhydramine hcl tab disint 12.5 mg...                          | 49 |
| diltiazem hcl coated beads cap er 24hr 180<br>mg.....        | 40 | diphenoxylate w/ atropine liq 2.5-0.025<br>mg/5ml.....             | 55 |
| diltiazem hcl coated beads cap er 24hr 240<br>mg.....        | 40 | diphenoxylate w/ atropine tab 2.5-0.025<br>mg .....                | 55 |
| diltiazem hcl coated beads cap er 24hr 300<br>mg.....        | 40 | dipyridamole tab 25 mg .....                                       | 82 |
| diltiazem hcl coated beads cap er 24hr 360<br>mg.....        | 40 | dipyridamole tab 50 mg.....                                        | 82 |
|                                                              |    | dipyridamole tab 75 mg.....                                        | 82 |

|                                                   |    |                                                    |        |
|---------------------------------------------------|----|----------------------------------------------------|--------|
| <i>disopyramide phosphate cap 100 mg</i> .....    | 41 | <i>drospirenone-ethinyl estradiol tab 3-0.02</i>   |        |
| <i>disopyramide phosphate cap 150 mg</i> .....    | 41 | <i>mg</i> .....                                    | 31     |
| <i>docosahexaenoic acid cap 200 mg</i> .....      | 79 | <i>drospirenone-ethinyl estradiol tab 3-0.03</i>   |        |
| <i>docosanol cream 10%</i> .....                  | 89 | <i>mg</i> .....                                    | 31     |
| <i>docusate calcium cap 240 mg</i> .....          | 55 | DUPIXENT INJ 200/1.14.....                         | 89     |
| <i>docusate sodium cap 100 mg</i> .....           | 55 | DUPIXENT INJ 200MG .....                           | 88     |
| <i>docusate sodium cap 250 mg</i> .....           | 55 | DUPIXENT INJ 300/2ML .....                         | 88, 89 |
| <i>docusate sodium cap 50 mg</i> .....            | 55 | <b>E</b>                                           |        |
| <i>docusate sodium liquid 150 mg/15ml</i> .....   | 55 | EDURANT PED TAB 2.5MG .....                        | 21     |
| <i>docusate sodium tab 100 mg</i> .....           | 55 | EDURANT TAB 25MG.....                              | 21     |
| <i>dofetilide cap 125 mcg (0.125 mg)</i> .....    | 41 | <i>efavirenz tab 600 mg</i> .....                  | 21     |
| <i>dofetilide cap 250 mcg (0.25 mg)</i> .....     | 41 | <i>efavirenz-emtricitabine-tenofovir df tab</i>    |        |
| <i>dofetilide cap 500 mcg (0.5 mg)</i> .....      | 41 | <i>600-200-300 mg</i> .....                        | 22     |
| <i>donepezil hydrochloride orally</i>             |    | <i>efavirenz-lamivudine-tenofovir df tab 400-</i>  |        |
| <i>disintegrating tab 10 mg</i> .....             | 63 | <i>300-300 mg</i> .....                            | 22     |
| <i>donepezil hydrochloride orally</i>             |    | <i>efavirenz-lamivudine-tenofovir df tab 600-</i>  |        |
| <i>disintegrating tab 5 mg</i> .....              | 63 | <i>300-300 mg</i> .....                            | 22     |
| <i>donepezil hydrochloride tab 10 mg</i> .....    | 63 | ELIGARD INJ 22.5MG.....                            | 26     |
| <i>donepezil hydrochloride tab 23 mg</i> .....    | 63 | ELIGARD INJ 30MG.....                              | 26     |
| <i>donepezil hydrochloride tab 5 mg</i> .....     | 63 | ELIGARD INJ 45MG.....                              | 26     |
| DOPTelet TAB 20MG.....                            | 81 | ELIGARD INJ 7.5MG.....                             | 26     |
| <i>dorzolamide hcl ophth soln 2%</i> .....        | 85 | ELIQUIS ST P TAB 5MG .....                         | 82     |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> |    | ELIQUIS TAB 2.5MG .....                            | 82     |
| <i>2-0.5%</i> .....                               | 84 | ELIQUIS TAB 5MG .....                              | 82     |
| DORZOLAMIDE SOL 2% OP .....                       | 85 | ELLA TAB 30MG .....                                | 31     |
| DOVATO TAB 50-300MG .....                         | 21 | EMBECTA AUTO MIS DUO .....                         | 94     |
| <i>doxazosin mesylate tab 1 mg</i> .....          | 43 | EMBECTA NANO MIS 32GX4MM .....                     | 94     |
| <i>doxazosin mesylate tab 2 mg</i> .....          | 43 | EMBECTA UF MIS 29GX12.7 .....                      | 94     |
| <i>doxazosin mesylate tab 4 mg</i> .....          | 43 | EMBECTA UF MIS 31GX5MM.....                        | 94     |
| <i>doxazosin mesylate tab 8 mg</i> .....          | 43 | EMBECTA UF MIS 31GX8MM.....                        | 94     |
| <i>doxercalciferol cap 0.5 mcg</i> .....          | 37 | EMBECTA UF MIS 32GX6MM .....                       | 94     |
| <i>doxercalciferol cap 1 mcg</i> .....            | 37 | EMERGEN-C CHW KIDZ .....                           | 75     |
| <i>doxercalciferol cap 2.5 mcg</i> .....          | 37 | EMGALITY INJ 100MG/ML .....                        | 71     |
| <i>doxycycline hyclate cap 100 mg</i> .....       | 18 | EMGALITY INJ 120MG/ML.....                         | 71     |
| <i>doxycycline hyclate cap 50 mg</i> .....        | 18 | <i>emtricitabine caps 200 mg</i> .....             | 20     |
| <i>doxycycline hyclate tab 100 mg</i> .....       | 19 | <i>emtricitabine-rilpivirine-tenofovir df tab</i>  |        |
| <i>doxycycline hyclate tab 20 mg</i> .....        | 18 | <i>200-25-300 mg</i> .....                         | 22     |
| <i>doxycycline monohydrate for susp 25</i>        |    | <i>emtricitabine-tenofovir disoproxil fumarate</i> |        |
| <i>mg/5ml</i> .....                               | 18 | <i>tab 100-150 mg</i> .....                        | 21     |
| <i>doxylamine succinate (sleep) tab 25 mg</i> .   | 62 | <i>emtricitabine-tenofovir disoproxil fumarate</i> |        |
| <i>dronabinol cap 10 mg</i> .....                 | 58 | <i>tab 133-200 mg</i> .....                        | 21     |
| <i>dronabinol cap 2.5 mg</i> .....                | 58 | <i>emtricitabine-tenofovir disoproxil fumarate</i> |        |
| <i>dronabinol cap 5 mg</i> .....                  | 58 | <i>tab 167-250 mg</i> .....                        | 21     |

|                                                        |    |                                                        |    |
|--------------------------------------------------------|----|--------------------------------------------------------|----|
| <i>emtricitabine-tenofovir disoproxil fumarate</i>     |    | <i>eplerenone tab 25 mg</i> .....                      | 43 |
| <i>tab 200-300 mg</i> .....                            | 21 | <i>eplerenone tab 50 mg</i> .....                      | 43 |
| EMTRIVA SOL 10MG/ML .....                              | 20 | <i>epoprostenol sodium for inj 0.5 mg</i> .....        | 47 |
| EMVERM CHW 100MG .....                                 | 23 | <i>epoprostenol sodium for inj 1.5 mg</i> .....        | 47 |
| <i>enalapril maleate &amp; hydrochlorothiazide tab</i> |    | EQ MULTIVITA CHW GUMMIES .....                         | 75 |
| <i>10-25 mg</i> .....                                  | 43 | EQL CALCIUM CAP VIT D .....                            | 78 |
| <i>enalapril maleate &amp; hydrochlorothiazide tab</i> |    | <i>ergocalciferol cap 1.25 mg (50000 unit) ..</i>      | 73 |
| <i>5-12.5 mg</i> .....                                 | 43 | <i>ergocalciferol soln 200 mcg/ml (8000</i>            |    |
| <i>enalapril maleate tab 10 mg</i> .....               | 42 | <i>unit/ml)</i> .....                                  | 73 |
| <i>enalapril maleate tab 2.5 mg</i> .....              | 42 | ERIVEDGE CAP 150MG .....                               | 26 |
| <i>enalapril maleate tab 20 mg</i> .....               | 42 | <i>erlotinib hcl tab 100 mg (base equivalent)</i>      | 25 |
| <i>enalapril maleate tab 5 mg</i> .....                | 42 | <i>erlotinib hcl tab 150 mg (base equivalent)</i>      | 26 |
| ENBREL INJ 25/0.5ML .....                              | 70 | <i>erlotinib hcl tab 25 mg (base equivalent)</i> .     | 25 |
| ENBREL INJ 25MG .....                                  | 69 | <i>erythromycin ethylsuccinate for susp 200</i>        |    |
| ENBREL INJ 50MG/ML .....                               | 70 | <i>mg/5ml</i> .....                                    | 18 |
| ENBREL MINI INJ 50MG/ML .....                          | 70 | <i>erythromycin ethylsuccinate tab 400 mg</i> .        | 18 |
| ENBREL SRCLK INJ 50MG/ML .....                         | 69 | <i>erythromycin gel 2%</i> .....                       | 87 |
| ENCARE SUP 100MG .....                                 | 61 | ERYTHROMYCIN OIN 5MG/GM .....                          | 83 |
| <i>enoxaparin sodium inj 300 mg/3ml</i> .....          | 81 | <i>erythromycin ophth oint 5 mg/gm</i> .....           | 83 |
| <i>enoxaparin sodium inj soln pref syr 100</i>         |    | <i>erythromycin soln 2%</i> .....                      | 87 |
| <i>mg/ml</i> .....                                     | 81 | <i>erythromycin tab 250 mg</i> .....                   | 18 |
| <i>enoxaparin sodium inj soln pref syr 120</i>         |    | <i>erythromycin tab 500 mg</i> .....                   | 18 |
| <i>mg/0.8ml</i> .....                                  | 81 | <i>erythromycin w/ delayed release particles</i>       |    |
| <i>enoxaparin sodium inj soln pref syr 150</i>         |    | <i>cap 250 mg</i> .....                                | 18 |
| <i>mg/ml</i> .....                                     | 81 | <i>esomeprazole magnesium cap delayed</i>              |    |
| <i>enoxaparin sodium inj soln pref syr 30</i>          |    | <i>release 20 mg (base eq)</i> .....                   | 57 |
| <i>mg/0.3ml</i> .....                                  | 81 | <i>esomeprazole magnesium for delayed</i>              |    |
| <i>enoxaparin sodium inj soln pref syr 40</i>          |    | <i>release susp pack 2.5 mg</i> .....                  | 57 |
| <i>mg/0.4ml</i> .....                                  | 81 | <i>esomeprazole magnesium for delayed</i>              |    |
| <i>enoxaparin sodium inj soln pref syr 60</i>          |    | <i>release susp packet 10 mg</i> .....                 | 57 |
| <i>mg/0.6ml</i> .....                                  | 81 | <i>esomeprazole magnesium for delayed</i>              |    |
| <i>enoxaparin sodium inj soln pref syr 80</i>          |    | <i>release susp packet 5 mg</i> .....                  | 57 |
| <i>mg/0.8ml</i> .....                                  | 81 | <i>estradiol &amp; norethindrone acetate tab 0.5-</i>  |    |
| <i>entacapone tab 200 mg</i> .....                     | 72 | <i>0.1 mg</i> .....                                    | 30 |
| <i>entecavir tab 0.5 mg</i> .....                      | 22 | <i>estradiol &amp; norethindrone acetate tab 1-0.5</i> |    |
| <i>entecavir tab 1 mg</i> .....                        | 22 | <i>mg</i> .....                                        | 30 |
| ENTYVIO INJ 300MG .....                                | 59 | <i>estradiol tab 0.5 mg</i> .....                      | 30 |
| ENTYVIO PEN INJ 108/0.68 .....                         | 59 | <i>estradiol tab 1 mg</i> .....                        | 30 |
| <i>epinephrine solution auto-injector 0.15</i>         |    | <i>estradiol tab 2 mg</i> .....                        | 30 |
| <i>mg/0.15ml (1:1000)</i> .....                        | 45 | <i>estradiol td patch weekly 0.025 mg/24hr</i>         | 30 |
| <i>epinephrine solution auto-injector 0.15</i>         |    | <i>estradiol td patch weekly 0.0375 mg/24hr</i>        |    |
| <i>mg/0.3ml (1:2000)</i> .....                         | 45 | <i>(37.5 mcg/24hr)</i> .....                           | 30 |
| <i>epinephrine solution auto-injector 0.3</i>          |    | <i>estradiol td patch weekly 0.05 mg/24hr ..</i>       | 30 |
| <i>mg/0.3ml (1:1000)</i> .....                         | 45 | <i>estradiol td patch weekly 0.06 mg/24hr ..</i>       | 30 |

|                                                               |    |
|---------------------------------------------------------------|----|
| estradiol td patch weekly 0.075 mg/24hr                       | 30 |
| estradiol td patch weekly 0.1 mg/24hr                         | 30 |
| estradiol vaginal tab 10 mcg                                  | 61 |
| ethacrynic acid tab 25 mg                                     | 44 |
| ethambutol hcl tab 100 mg                                     | 19 |
| ethambutol hcl tab 400 mg                                     | 19 |
| ethosuximide cap 250 mg                                       | 72 |
| ethosuximide soln 250 mg/5ml                                  | 72 |
| ethynodiol diacetate & ethinyl estradiol tab<br>1 mg-35 mcg   | 31 |
| ethynodiol diacetate & ethinyl estradiol tab<br>1 mg-50 mcg   | 31 |
| etodolac cap 200 mg                                           | 67 |
| etodolac cap 300 mg                                           | 67 |
| etodolac tab 400 mg                                           | 67 |
| etodolac tab 500 mg                                           | 67 |
| etodolac tab er 24hr 400 mg                                   | 67 |
| etodolac tab er 24hr 500 mg                                   | 68 |
| etodolac tab er 24hr 600 mg                                   | 68 |
| etonogestrel-ethinyl estradiol va ring 0.12-<br>0.015 mg/24hr | 31 |
| etoposide cap 50 mg                                           | 26 |
| etravirine tab 100 mg                                         | 21 |
| etravirine tab 200 mg                                         | 21 |
| EUCRISA OIN 2%                                                | 88 |
| everolimus tab 10 mg                                          | 27 |
| everolimus tab 2.5 mg                                         | 27 |
| everolimus tab 5 mg                                           | 27 |
| everolimus tab 7.5 mg                                         | 27 |
| EVOTAZ TAB 300-150                                            | 21 |
| exemestane tab 25 mg                                          | 26 |
| EXPECT CHILD LIQ 200M/5ML                                     | 50 |
| ezetimibe tab 10 mg                                           | 46 |
| <b>F</b>                                                      |    |
| famciclovir tab 125 mg                                        | 22 |
| famciclovir tab 250 mg                                        | 22 |
| famciclovir tab 500 mg                                        | 22 |
| famotidine for susp 40 mg/5ml                                 | 57 |
| famotidine tab 10 mg                                          | 57 |
| famotidine tab 20 mg                                          | 57 |
| famotidine tab 40 mg                                          | 57 |
| FASENRA INJ 10MG/0.5                                          | 54 |
| FASENRA INJ 30MG/ML                                           | 54 |
| FASENRA PEN INJ 30MG/ML                                       | 53 |

|                                                              |    |
|--------------------------------------------------------------|----|
| FC2 FEMALE MIS CONDOM                                        | 97 |
| felodipine tab er 24hr 10 mg                                 | 41 |
| felodipine tab er 24hr 2.5 mg                                | 40 |
| felodipine tab er 24hr 5 mg                                  | 40 |
| fenofibrate micronized cap 134 mg                            | 46 |
| fenofibrate micronized cap 200 mg                            | 46 |
| fenofibrate micronized cap 67 mg                             | 46 |
| fenofibrate tab 145 mg                                       | 46 |
| fenofibrate tab 160 mg                                       | 46 |
| fenofibrate tab 48 mg                                        | 46 |
| fenofibrate tab 54 mg                                        | 46 |
| FENSOLVI INJ 45MG                                            | 36 |
| fentanyl td patch 72hr 100 mcg/hr                            | 66 |
| fentanyl td patch 72hr 12 mcg/hr                             | 66 |
| fentanyl td patch 72hr 25 mcg/hr                             | 66 |
| fentanyl td patch 72hr 50 mcg/hr                             | 66 |
| fentanyl td patch 72hr 75 mcg/hr                             | 66 |
| FERRETT'S TAB 325MG                                          | 80 |
| ferrous fumarate tab 324 mg (106 mg<br>elemental fe)         | 80 |
| ferrous gluconate tab 240 mg (27 mg<br>elemental fe)         | 80 |
| ferrous gluconate tab 324 mg (37.5 mg<br>elemental iron)     | 80 |
| ferrous sulfate dried tab 200 mg (65 mg<br>elemental fe)     | 80 |
| ferrous sulfate dried tab er 160 mg (50 mg<br>fe equivalent) | 80 |
| ferrous sulfate dried tab er 45 mg (fe<br>equivalent)        | 80 |
| ferrous sulfate soln 220 mg/5ml (44<br>mg/5ml elemental fe)  | 80 |
| ferrous sulfate soln 75 mg/ml (15 mg/ml<br>elemental fe)     | 80 |
| ferrous sulfate tab 27 mg (elemental fe)                     | 80 |
| ferrous sulfate tab 325 mg (65 mg<br>elemental fe)           | 80 |
| ferrous sulfate tab ec 324 mg (65 mg fe<br>equivalent)       | 80 |
| ferrous sulfate tab ec 325 mg (65 mg fe<br>equivalent)       | 80 |
| ferrous sulfate tab er 45 mg (elemental fe)                  | 80 |
| FEVERALL INF SUP 80MG                                        | 65 |

|                                                              |    |                                                                      |    |
|--------------------------------------------------------------|----|----------------------------------------------------------------------|----|
| FEVERALL SUP 325MG.....                                      | 65 | flurbiprofen tab 50 mg .....                                         | 68 |
| fexofenadine hcl susp 30 mg/5ml (6<br>mg/ml) .....           | 49 | fluticasone furoate aerosol powder breath<br>activ 100 mcg/act ..... | 53 |
| fexofenadine hcl tab 180 mg .....                            | 49 | fluticasone furoate aerosol powder breath<br>activ 200 mcg/act ..... | 53 |
| fexofenadine hcl tab 60 mg .....                             | 49 | fluticasone furoate-vilanterol aero powd ba<br>100-25 mcg/act.....   | 52 |
| fexofenadine-pseudoephedrine tab er 12hr<br>60-120 mg.....   | 51 | fluticasone furoate-vilanterol aero powd ba<br>200-25 mcg/act.....   | 52 |
| fexofenadine-pseudoephedrine tab er 24hr<br>180-240 mg ..... | 51 | fluticasone propionate aer pow ba 100<br>mcg/act.....                | 53 |
| fidaxomicin tab 200 mg.....                                  | 18 | fluticasone propionate aer pow ba 250<br>mcg/act.....                | 53 |
| finasteride tab 1 mg .....                                   | 91 | fluticasone propionate aer pow ba 50<br>mcg/act.....                 | 53 |
| finasteride tab 5 mg .....                                   | 61 | fluticasone propionate cream 0.05% .....                             | 90 |
| ingolimod hcl cap 0.5 mg (base equiv) ...                    | 64 | fluticasone propionate hfa inhal aer 110<br>mcg/act.....             | 53 |
| FIRST AID OIN 10% .....                                      | 91 | fluticasone propionate hfa inhal aer 220<br>mcg/act.....             | 53 |
| FISH OIL CAP 1000MG .....                                    | 79 | fluticasone propionate hfa inhal aero 44<br>mcg/act.....             | 53 |
| FISH OIL CAP 1400MG .....                                    | 79 | fluticasone propionate nasal susp 50<br>mcg/act.....                 | 50 |
| flecainide acetate tab 100 mg.....                           | 41 | fluticasone propionate oint 0.005% .....                             | 90 |
| flecainide acetate tab 150 mg.....                           | 41 | fluticasone-salmeterol aer powder ba 100-<br>50 mcg/act .....        | 52 |
| flecainide acetate tab 50 mg .....                           | 41 | fluticasone-salmeterol aer powder ba 113-<br>14 mcg/act .....        | 52 |
| FLINTSTONES CHW COMPLETE .....                               | 75 | fluticasone-salmeterol aer powder ba 232-<br>14 mcg/act .....        | 52 |
| FLINTSTONES CHW EXT/IRON .....                               | 75 | FOLBIC TAB.....                                                      | 79 |
| FLINTSTONES CHW IMMUNITY .....                               | 75 | folic acid tab 1 mg .....                                            | 80 |
| FLORIVA DRO PLUS.....                                        | 77 | folic acid tab 400 mcg .....                                         | 80 |
| FLOTREX CHW .....                                            | 76 | folic acid tab 800 mcg .....                                         | 80 |
| FLOWING VAPR PAD.....                                        | 95 | folic acid-vitamin b6-vitamin b12 tab 2.2-<br>25-0.5 mg.....         | 81 |
| FLOWING VAPR PAD W/FAN.....                                  | 95 | folic acid-vitamin b6-vitamin b12 tab 2.5-<br>25-1 mg.....           | 81 |
| fluconazole for susp 10 mg/ml.....                           | 20 | fondaparinux sodium subcutaneous inj 10<br>mg/0.8ml .....            | 81 |
| fluconazole for susp 40 mg/ml.....                           | 20 | fondaparinux sodium subcutaneous inj 2.5<br>mg/0.5ml .....           | 81 |
| fluconazole tab 100 mg.....                                  | 19 |                                                                      |    |
| fluconazole tab 150 mg.....                                  | 19 |                                                                      |    |
| fluconazole tab 200 mg.....                                  | 20 |                                                                      |    |
| fluconazole tab 50 mg .....                                  | 19 |                                                                      |    |
| fludrocortisone acetate tab 0.1 mg .....                     | 30 |                                                                      |    |
| flunisolide nasal soln 25 mcg/act (0.025%)<br>.....          | 50 |                                                                      |    |
| fluocinolone acetonide cream 0.025% ....                     | 89 |                                                                      |    |
| fluocinolone acetonide oint 0.025%.....                      | 89 |                                                                      |    |
| fluocinolone acetonide soln 0.01% .....                      | 89 |                                                                      |    |
| fluocinonide cream 0.05%.....                                | 89 |                                                                      |    |
| fluocinonide gel 0.05% .....                                 | 89 |                                                                      |    |
| fluocinonide oint 0.05% .....                                | 89 |                                                                      |    |
| fluocinonide soln 0.05%.....                                 | 89 |                                                                      |    |
| fluorometholone ophth susp 0.1% .....                        | 84 |                                                                      |    |
| fluorouracil cream 5% .....                                  | 89 |                                                                      |    |

|                                                                         |    |
|-------------------------------------------------------------------------|----|
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....            | 81 |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....          | 81 |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....              | 20 |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> ..... | 43 |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> ..... | 43 |
| <i>fosinopril sodium tab 10 mg</i> .....                                | 42 |
| <i>fosinopril sodium tab 20 mg</i> .....                                | 42 |
| <i>fosinopril sodium tab 40 mg</i> .....                                | 42 |
| FT CALAMINE LOT 8-8% .....                                              | 91 |
| FT CHILDRENS CHW MULTI.....                                             | 75 |
| FULPHILA INJ 6/0.6ML.....                                               | 81 |
| <i>fulvestrant inj soln pref syr 250 mg/5ml</i> ..                      | 26 |
| <i>furosemide oral soln 10 mg/ml</i> .....                              | 44 |
| <i>furosemide oral soln 8 mg/ml</i> .....                               | 44 |
| <i>furosemide tab 20 mg</i> .....                                       | 44 |
| <i>furosemide tab 40 mg</i> .....                                       | 44 |
| <i>furosemide tab 80 mg</i> .....                                       | 44 |
| FYLNETRA INJ 6MG/0.6.....                                               | 81 |
| <b>G</b>                                                                |    |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i> .....                 | 63 |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i> .....                 | 63 |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i> .....                  | 63 |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i> .....                 | 63 |
| <i>galantamine hydrobromide tab 12 mg</i> .....                         | 63 |
| <i>galantamine hydrobromide tab 4 mg</i> .....                          | 63 |
| <i>galantamine hydrobromide tab 8 mg</i> .....                          | 63 |
| <i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i> .....     | 36 |
| GAS-X CHILD MIS 40MG .....                                              | 59 |
| GAS-X EX-STR MIS 62.5MG .....                                           | 59 |
| GEL-ONE INJ 30MG/3ML .....                                              | 73 |
| <i>gemfibrozil tab 600 mg</i> .....                                     | 46 |
| <i>gentamicin sulfate cream 0.1%</i> .....                              | 87 |
| <i>gentamicin sulfate oint 0.1%</i> .....                               | 87 |
| <i>gentamicin sulfate ophth soln 0.3%</i> .....                         | 83 |

|                                                                  |    |
|------------------------------------------------------------------|----|
| GENTEAL GEL 0.3% .....                                           | 83 |
| GENVOYA TAB.....                                                 | 22 |
| GERI-TUSSIN SYP 200/10ML .....                                   | 50 |
| GILOTRIF TAB 20MG .....                                          | 25 |
| GILOTRIF TAB 30MG .....                                          | 25 |
| GILOTRIF TAB 40MG .....                                          | 25 |
| GILTUSS EX LIQ MAX STR.....                                      | 50 |
| GLARGIN YFGN INJ 100U/ML .....                                   | 32 |
| GLARGIN YFGN SOL 100U/ML.....                                    | 32 |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> .....  | 64 |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> .....  | 64 |
| GLEOSTINE CAP 100MG .....                                        | 24 |
| GLEOSTINE CAP 10MG.....                                          | 24 |
| GLEOSTINE CAP 40MG.....                                          | 24 |
| <i>glimepiride tab 1 mg</i> .....                                | 33 |
| <i>glimepiride tab 2 mg</i> .....                                | 33 |
| <i>glimepiride tab 4 mg</i> .....                                | 33 |
| <i>glipizide tab 10 mg</i> .....                                 | 33 |
| <i>glipizide tab 5 mg</i> .....                                  | 33 |
| <i>glipizide tab er 24hr 10 mg</i> .....                         | 33 |
| <i>glipizide tab er 24hr 2.5 mg</i> .....                        | 33 |
| <i>glipizide tab er 24hr 5 mg</i> .....                          | 33 |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> ...                | 34 |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> ...                | 34 |
| <i>glipizide-metformin hcl tab 5-500 mg</i> .....                | 35 |
| <i>glucagon (rdna) for inj kit 1 mg</i> .....                    | 34 |
| <i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i> ..... | 84 |
| <i>glycine diluent for injection</i> .....                       | 97 |
| <i>glycopyrrolate oral soln 1 mg/5ml</i> .....                   | 56 |
| <i>glycopyrrolate tab 1 mg</i> .....                             | 56 |
| <i>glycopyrrolate tab 2 mg</i> .....                             | 56 |
| GNP CALAMINE LOT 8-8%.....                                       | 91 |
| GNP CHILDREN CHW EXTRA C .....                                   | 75 |
| GNP MULTI CHW CHILDREN .....                                     | 75 |
| GONAL-F RFF INJ 75UNIT.....                                      | 36 |
| GORDO-POOL CON .....                                             | 95 |
| <i>granisetron hcl tab 1 mg</i> .....                            | 58 |
| <i>griseofulvin microsize susp 125 mg/5ml</i> ...                | 19 |
| <i>griseofulvin ultramicrosize tab 125 mg</i> .....              | 19 |
| <i>griseofulvin ultramicrosize tab 250 mg</i> .....              | 19 |
| <i>guaifenesin liquid 100 mg/5ml</i> .....                       | 50 |

|                                                           |    |                                                                          |    |
|-----------------------------------------------------------|----|--------------------------------------------------------------------------|----|
| <i>guaifenesin tab 200 mg</i> .....                       | 50 | HUMIDIFIER MIS FILTER.....                                               | 95 |
| <i>guaifenesin tab 400 mg</i> .....                       | 50 | HUMIDIFIERS .....                                                        | 95 |
| <i>guaifenesin tab er 12hr 1200 mg</i> .....              | 51 | HUMULIN INJ 70/30 .....                                                  | 33 |
| <i>guaifenesin tab er 12hr 600 mg</i> .....               | 50 | HUMULIN INJ 70/30KWP .....                                               | 33 |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i> .....       | 51 | HUMULIN N INJ U-100.....                                                 | 32 |
| <i>guanfacine hcl tab 1 mg</i> .....                      | 43 | HUMULIN N INJ U-100KWP .....                                             | 32 |
| <i>guanfacine hcl tab 2 mg</i> .....                      | 43 | HUMULIN R INJ U-100 .....                                                | 32 |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> ..... | 63 | HUMULIN R INJ U-500 .....                                                | 32 |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> ..... | 63 | <i>hydralazine hcl tab 10 mg</i> .....                                   | 43 |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> ..... | 63 | <i>hydralazine hcl tab 100 mg</i> .....                                  | 43 |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> ..... | 63 | <i>hydralazine hcl tab 25 mg</i> .....                                   | 43 |
| GUMMI BEAR CHW MULTIVIT .....                             | 75 | <i>hydralazine hcl tab 50 mg</i> .....                                   | 43 |
| GUMMIES CHW .....                                         | 75 | <i>hydrochlorothiazide cap 12.5 mg</i> .....                             | 45 |
| GUMMY DINOS CHW .....                                     | 75 | <i>hydrochlorothiazide tab 12.5 mg</i> .....                             | 45 |
| GUMMY DINOS CHW CHLDRN .....                              | 75 | <i>hydrochlorothiazide tab 25 mg</i> .....                               | 45 |
| GUMMY MULTIV CHW KIDS .....                               | 75 | <i>hydrochlorothiazide tab 50 mg</i> .....                               | 45 |
| GVOKE HYPO 1 INJ 0.5/.1ML.....                            | 34 | <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> ..... | 50 |
| GVOKE HYPO 1 INJ 1/0.2ML.....                             | 34 | <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> .....   | 50 |
| GVOKE HYPO 2 INJ 0.5/.1ML.....                            | 34 | <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....              | 67 |
| GVOKE HYPO 2 INJ 1/0.2ML.....                             | 34 | <i>hydrocodone-acetaminophen tab 10-325 mg</i> .....                     | 67 |
| GVOKE KIT SOL 1/0.2ML.....                                | 33 | <i>hydrocodone-acetaminophen tab 5-325 mg</i> .....                      | 67 |
| GVOKE PFS INJ 1/0.2ML.....                                | 34 | <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....                    | 67 |
| GYNOL II GEL 3% .....                                     | 61 | HYDROCORT CRE 1% .....                                                   | 90 |
| <b>H</b>                                                  |    | <i>hydrocortisone acetate oint 1%</i> .....                              | 90 |
| HADLIMA INJ 40/0.4ML.....                                 | 69 | <i>hydrocortisone butyrate cream 0.1%</i> .....                          | 90 |
| HADLIMA INJ 40/0.8ML.....                                 | 69 | <i>hydrocortisone butyrate oint 0.1%</i> .....                           | 90 |
| HADLIMA PUSH INJ 40/0.4ML.....                            | 69 | <i>hydrocortisone butyrate soln 0.1%</i> .....                           | 90 |
| HADLIMA PUSH INJ 40/0.8ML.....                            | 69 | <i>hydrocortisone cream 0.5%</i> .....                                   | 90 |
| HAEGARDA INJ 2000UNIT .....                               | 83 | <i>hydrocortisone cream 1%</i> .....                                     | 90 |
| HAEGARDA INJ 3000UNIT .....                               | 83 | <i>hydrocortisone cream 2.5%</i> .....                                   | 90 |
| <i>halobetasol propionate cream 0.05%</i> .....           | 90 | <i>hydrocortisone enema 100 mg/60ml</i> .....                            | 86 |
| <i>halobetasol propionate oint 0.05%</i> .....            | 90 | <i>hydrocortisone gel 1%</i> .....                                       | 90 |
| HEALTHCHECK MIS MONITOR .....                             | 95 | <i>hydrocortisone lotion 1%</i> .....                                    | 90 |
| HONEY BEARS CHW.....                                      | 74 | <i>hydrocortisone lotion 2.5%</i> .....                                  | 90 |
| HONEY BEARS CHW IRON-ZIN .....                            | 76 | <i>hydrocortisone oint 0.5%</i> .....                                    | 90 |
| HUMALOG MIX INJ 50/50KWP.....                             | 33 | <i>hydrocortisone oint 1%</i> .....                                      | 90 |
| HUMALOG MIX SUS 75/25 .....                               | 33 | <i>hydrocortisone oint 2.5%</i> .....                                    | 90 |
| HUMATROPE INJ 12MG .....                                  | 36 | <i>hydrocortisone perianal cream 1%</i> .....                            | 86 |
| HUMATROPE INJ 24MG.....                                   | 36 |                                                                          |    |
| HUMATROPE INJ 6MG.....                                    | 36 |                                                                          |    |

|                                                                               |    |
|-------------------------------------------------------------------------------|----|
| <i>hydrocortisone perianal cream 2.5%</i> .....                               | 86 |
| <i>hydrocortisone perivaginal cream 1%</i> .....                              | 61 |
| <i>hydrocortisone soln 1%</i> .....                                           | 90 |
| <i>hydrocortisone tab 10 mg</i> .....                                         | 29 |
| <i>hydrocortisone tab 20 mg</i> .....                                         | 29 |
| <i>hydrocortisone tab 5 mg</i> .....                                          | 29 |
| <i>hydrocortisone valerate cream 0.2%</i> .....                               | 90 |
| <i>hydrocortisone valerate oint 0.2%</i> .....                                | 90 |
| <i>hydromorphone hcl tab 2 mg</i> .....                                       | 66 |
| <i>hydromorphone hcl tab 4 mg</i> .....                                       | 66 |
| <i>hydromorphone hcl tab 8 mg</i> .....                                       | 66 |
| <i>hydroxychloroquine sulfate tab 200 mg</i> ..                               | 23 |
| <i>hydroxyurea cap 500 mg</i> .....                                           | 28 |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> .                              | 56 |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i> .....                              | 56 |
| <i>hyoscyamine sulfate soln 0.125 mg/ml</i> ....                              | 56 |
| <i>hyoscyamine sulfate tab 0.125 mg</i> .....                                 | 56 |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i> .                              | 56 |
| <b>I</b>                                                                      |    |
| <i>ibuprofen cap 200 mg</i> .....                                             | 68 |
| <i>ibuprofen chew tab 100 mg</i> .....                                        | 68 |
| <i>ibuprofen susp 100 mg/5ml</i> .....                                        | 68 |
| <i>ibuprofen susp 40 mg/ml</i> .....                                          | 68 |
| <i>ibuprofen tab 200 mg</i> .....                                             | 68 |
| <i>ibuprofen tab 400 mg</i> .....                                             | 68 |
| <i>ibuprofen tab 600 mg</i> .....                                             | 68 |
| <i>ibuprofen tab 800 mg</i> .....                                             | 68 |
| <i>icatibant acetate subcutaneous soln pref</i><br><i>syr 30 mg/3ml</i> ..... | 83 |
| <i>icosapent ethyl cap 0.5 gm</i> .....                                       | 47 |
| <i>icosapent ethyl cap 1 gm</i> .....                                         | 47 |
| <i>ILARIS INJ 150MG/ML</i> .....                                              | 70 |
| <i>imatinib mesylate tab 100 mg (base</i><br><i>equivalent)</i> .....         | 27 |
| <i>imatinib mesylate tab 400 mg (base</i><br><i>equivalent)</i> .....         | 27 |
| <i>imiquimod cream 5%</i> .....                                               | 91 |
| <i>IMKELDI SOL 80MG/ML</i> .....                                              | 27 |
| <i>IMULDOSA INJ 130/26ML</i> .....                                            | 60 |
| <i>IMULDOSA INJ 45/0.5ML</i> .....                                            | 88 |
| <i>IMULDOSA INJ 90MG/ML</i> .....                                             | 88 |
| <i>indapamide tab 1.25 mg</i> .....                                           | 45 |
| <i>indapamide tab 2.5 mg</i> .....                                            | 45 |
| <i>INFUVITE INJ</i> .....                                                     | 75 |

|                                                                            |        |
|----------------------------------------------------------------------------|--------|
| <i>INFUVITE INJ PEDIATRI</i> .....                                         | 75     |
| <i>INLYTA TAB 1MG</i> .....                                                | 25     |
| <i>INLYTA TAB 5MG</i> .....                                                | 25     |
| <i>INS ASP PROT INJ FLEXPEN</i> .....                                      | 33     |
| <i>INS SYR U500 MIS 0.5/31G</i> .....                                      | 94     |
| <i>INS SYR U500 MIS 31GX6MM</i> .....                                      | 94     |
| <i>INSULIN ASPA INJ 70/30</i> .....                                        | 33     |
| <i>INSULIN LISP INJ 100/ML</i> .....                                       | 32     |
| <i>INSULIN LISP INJ PROTAMIN</i> .....                                     | 33     |
| <i>INSULIN SYRG MIS 0.3/29G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 0.3/30G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 0.3/31G</i> .....                                      | 93, 94 |
| <i>INSULIN SYRG MIS 0.5/28G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 0.5/29G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 0.5/30G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 0.5/31G</i> .....                                      | 93, 94 |
| <i>INSULIN SYRG MIS 1ML/27G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 1ML/28G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 1ML/29G</i> .....                                      | 93     |
| <i>INSULIN SYRG MIS 1ML/30G</i> .....                                      | 94     |
| <i>INSULIN SYRG MIS 1ML/31G</i> .....                                      | 94     |
| <i>INTELENCE TAB 25MG</i> .....                                            | 21     |
| <i>INTENSE COUG LIQ RELIEVER</i> .....                                     | 51     |
| <i>INTUNIV TAB 1MG</i> .....                                               | 63     |
| <i>INTUNIV TAB 2MG</i> .....                                               | 63     |
| <i>INTUNIV TAB 3MG</i> .....                                               | 63     |
| <i>INTUNIV TAB 4MG</i> .....                                               | 63     |
| <i>ipratropium bromide inhal soln 0.02%</i> .....                          | 52     |
| <i>ipratropium bromide nasal soln 0.03% (21</i><br><i>mcg/spray)</i> ..... | 50     |
| <i>ipratropium bromide nasal soln 0.06% (42</i><br><i>mcg/spray)</i> ..... | 50     |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i><br><i>mg/3ml</i> .....   | 52     |
| <i>IQIRVO TAB 80MG</i> .....                                               | 60     |
| <i>irbesartan tab 150 mg</i> .....                                         | 42     |
| <i>irbesartan tab 300 mg</i> .....                                         | 42     |
| <i>irbesartan tab 75 mg</i> .....                                          | 42     |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5</i><br><i>mg</i> .....      | 44     |
| <i>irbesartan-hydrochlorothiazide tab 300-</i><br><i>12.5 mg</i> .....     | 44     |
| <i>IRON HP TAB 65MG</i> .....                                              | 80     |
| <i>ISENTRESS CHW 100MG</i> .....                                           | 20     |

|                                                                  |    |
|------------------------------------------------------------------|----|
| ISENTRESS CHW 25MG .....                                         | 20 |
| ISENTRESS HD TAB 600MG .....                                     | 20 |
| ISENTRESS POW 100MG .....                                        | 20 |
| ISENTRESS TAB 400MG .....                                        | 20 |
| <i>isoniazid syrup 50 mg/5ml</i> .....                           | 19 |
| <i>isoniazid tab 100 mg</i> .....                                | 19 |
| <i>isoniazid tab 300 mg</i> .....                                | 19 |
| <i>isosorbide dinitrate tab 10 mg</i> .....                      | 38 |
| <i>isosorbide dinitrate tab 20 mg</i> .....                      | 38 |
| <i>isosorbide dinitrate tab 30 mg</i> .....                      | 38 |
| <i>isosorbide dinitrate tab 5 mg</i> .....                       | 38 |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> ..... | 48 |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> .....           | 38 |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i> .....            | 38 |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i> .....            | 38 |
| <i>isotretinoin cap 10 mg</i> .....                              | 86 |
| <i>isotretinoin cap 20 mg</i> .....                              | 86 |
| <i>isotretinoin cap 30 mg</i> .....                              | 86 |
| <i>isotretinoin cap 40 mg</i> .....                              | 86 |
| ITOVEBI TAB 3MG .....                                            | 28 |
| ITOVEBI TAB 9MG .....                                            | 28 |
| <i>itraconazole cap 100 mg</i> .....                             | 20 |
| IV PREP WIPE PAD .....                                           | 92 |
| <i>ivabradine hcl tab 5 mg (base equiv)</i> .....                | 48 |
| <i>ivabradine hcl tab 7.5 mg (base equiv)</i> .....              | 48 |
| <i>ivermectin lotion 0.5%</i> .....                              | 91 |
| <i>ivermectin tab 3 mg</i> .....                                 | 23 |
| IWILFIN TAB 192MG .....                                          | 28 |
| IYUZEH DRO 0.005% .....                                          | 85 |
| <b>J</b>                                                         |    |
| JAKAFI TAB 10MG .....                                            | 28 |
| JAKAFI TAB 15MG .....                                            | 28 |
| JAKAFI TAB 20MG .....                                            | 28 |
| JAKAFI TAB 25MG .....                                            | 28 |
| JAKAFI TAB 5MG .....                                             | 28 |
| JARDIANCE TAB 10MG .....                                         | 34 |
| JARDIANCE TAB 25MG .....                                         | 34 |
| JUBBONTI INJ 60MG/ML .....                                       | 35 |
| <b>K</b>                                                         |    |
| KALETRA SOL .....                                                | 21 |

|                                                        |    |
|--------------------------------------------------------|----|
| KALYDECO GRA 13.4MG .....                              | 54 |
| KALYDECO GRA 5.8MG .....                               | 54 |
| KALYDECO PAK 25MG .....                                | 54 |
| KALYDECO PAK 50MG .....                                | 54 |
| KALYDECO PAK 75MG .....                                | 54 |
| KALYDECO TAB 150MG .....                               | 54 |
| KANJINTI INJ 420MG .....                               | 25 |
| KANJINTI SOL 150MG .....                               | 25 |
| KAX AROMATIC PAD INHALANT .....                        | 95 |
| KAZ DEMINERA MIS CARTRIDG .....                        | 95 |
| KAZ DYNAFLTR MIS K14-3P .....                          | 95 |
| KAZ DYNAFLTR MIS K14-S .....                           | 95 |
| KAZ INHALANT LIQ .....                                 | 95 |
| KAZ WATER LIQ TREATMNT .....                           | 95 |
| KAZ WICKING MIS FLTR WF1 .....                         | 95 |
| KERENDIA TAB 10MG .....                                | 37 |
| KERENDIA TAB 20MG .....                                | 37 |
| KERENDIA TAB 40MG .....                                | 37 |
| KESIMPTA INJ 20/.4ML .....                             | 64 |
| <i>ketoconazole cream 2%</i> .....                     | 87 |
| <i>ketoconazole shampoo 2%</i> .....                   | 88 |
| KETONE TES .....                                       | 92 |
| KETONE TEST TES .....                                  | 92 |
| <i>ketorolac tromethamine ophth soln 0.4%</i> .....    | 85 |
| <i>ketorolac tromethamine ophth soln 0.5%</i> .....    | 85 |
| <i>ketorolac tromethamine tab 10 mg</i> .....          | 68 |
| <i>ketotifen fumarate ophth soln 0.035%</i> .....      | 85 |
| KEVZARA INJ 150/1.14 .....                             | 70 |
| KEVZARA INJ 200/1.14 .....                             | 70 |
| KIDZ MULTVIT CHW PROBIOTI .....                        | 75 |
| KYLEENA IUD 19.5MG .....                               | 31 |
| <b>L</b>                                               |    |
| <i>labetalol hcl tab 100 mg</i> .....                  | 40 |
| <i>labetalol hcl tab 200 mg</i> .....                  | 40 |
| <i>labetalol hcl tab 300 mg</i> .....                  | 40 |
| <i>lactic acid (ammonium lactate) cream 12%</i> .....  | 90 |
| <i>lactic acid (ammonium lactate) lotion 12%</i> ..... | 90 |
| <i>lactobacillus - packet</i> .....                    | 55 |
| <i>lactobacillus chew tab</i> .....                    | 55 |
| <i>lactobacillus rhamnosus (gg) cap</i> .....          | 55 |
| <i>lactobacillus tab</i> .....                         | 55 |

|                                                                   |    |                                                                               |    |
|-------------------------------------------------------------------|----|-------------------------------------------------------------------------------|----|
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i> .....       | 59 | <i>levofloxacin oral soln 25 mg/ml</i> .....                                  | 19 |
| <i>lactulose solution 10 gm/15ml</i> .....                        | 55 | <i>levofloxacin tab 250 mg</i> .....                                          | 19 |
| <i>LAGEVRIO CAP 200MG</i> .....                                   | 23 | <i>levofloxacin tab 500 mg</i> .....                                          | 19 |
| <i>lamivudine oral soln 10 mg/ml</i> .....                        | 21 | <i>levofloxacin tab 750 mg</i> .....                                          | 19 |
| <i>lamivudine tab 100 mg (hbv)</i> .....                          | 22 | <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....         | 31 |
| <i>lamivudine tab 150 mg</i> .....                                | 21 | <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....        | 31 |
| <i>lamivudine tab 300 mg</i> .....                                | 21 | <i>levonorgestrel tab 1.5 mg</i> .....                                        | 31 |
| <i>lamivudine-zidovudine tab 150-300 mg</i> ...                   | 21 | <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....     | 32 |
| <i>lanreotide acetate extended release inj 120 mg/0.5ml</i> ..... | 36 | <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> ..... | 32 |
| <i>LANREOTIDE INJ 120/.5ML</i> .....                              | 36 | <i>levothyroxine sodium tab 100 mcg</i> .....                                 | 35 |
| <i>lansoprazole cap delayed release 15 mg</i> .                   | 57 | <i>levothyroxine sodium tab 112 mcg</i> .....                                 | 35 |
| <i>LANTUS INJ 100/ML</i> .....                                    | 32 | <i>levothyroxine sodium tab 125 mcg</i> .....                                 | 35 |
| <i>LANTUS SOLOS INJ 100/ML</i> .....                              | 32 | <i>levothyroxine sodium tab 137 mcg</i> .....                                 | 35 |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> .....         | 27 | <i>levothyroxine sodium tab 150 mcg</i> .....                                 | 35 |
| <i>latanoprost ophth soln 0.005%</i> .....                        | 85 | <i>levothyroxine sodium tab 175 mcg</i> .....                                 | 35 |
| <i>leflunomide tab 10 mg</i> .....                                | 69 | <i>levothyroxine sodium tab 200 mcg</i> .....                                 | 35 |
| <i>leflunomide tab 20 mg</i> .....                                | 69 | <i>levothyroxine sodium tab 25 mcg</i> .....                                  | 35 |
| <i>lenalidomide cap 10 mg</i> .....                               | 97 | <i>levothyroxine sodium tab 300 mcg</i> .....                                 | 35 |
| <i>lenalidomide cap 15 mg</i> .....                               | 97 | <i>levothyroxine sodium tab 50 mcg</i> .....                                  | 35 |
| <i>lenalidomide cap 20 mg</i> .....                               | 97 | <i>levothyroxine sodium tab 75 mcg</i> .....                                  | 35 |
| <i>lenalidomide cap 25 mg</i> .....                               | 97 | <i>levothyroxine sodium tab 88 mcg</i> .....                                  | 35 |
| <i>lenalidomide cap 5 mg</i> .....                                | 97 | <i>lidocaine hcl soln 4%</i> .....                                            | 91 |
| <i>lenalidomide caps 2.5 mg</i> .....                             | 97 | <i>lidocaine hcl viscous soln 2%</i> .....                                    | 86 |
| <i>LENVIMA CAP 10 MG</i> .....                                    | 25 | <i>lidocaine patch 4%</i> .....                                               | 91 |
| <i>LENVIMA CAP 12MG</i> .....                                     | 25 | <i>lidocaine patch 5%</i> .....                                               | 91 |
| <i>LENVIMA CAP 14 MG</i> .....                                    | 25 | <i>lidocaine-prilocaine cream 2.5-2.5%</i> .....                              | 91 |
| <i>LENVIMA CAP 18 MG</i> .....                                    | 25 | <i>LILETTA IUD 52MG</i> .....                                                 | 31 |
| <i>LENVIMA CAP 20 MG</i> .....                                    | 25 | <i>linezolid for susp 100 mg/5ml</i> .....                                    | 24 |
| <i>LENVIMA CAP 24 MG</i> .....                                    | 25 | <i>LINEZOLID INJ 2MG/ML</i> .....                                             | 24 |
| <i>LENVIMA CAP 4MG</i> .....                                      | 25 | <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> .....                         | 24 |
| <i>LENVIMA CAP 8 MG</i> .....                                     | 25 | <i>linezolid tab 600 mg</i> .....                                             | 23 |
| <i>letrozole tab 2.5 mg</i> .....                                 | 26 | <i>liothyronine sodium tab 25 mcg</i> .....                                   | 35 |
| <i>leucovorin calcium tab 10 mg</i> .....                         | 28 | <i>liothyronine sodium tab 5 mcg</i> .....                                    | 35 |
| <i>leucovorin calcium tab 15 mg</i> .....                         | 28 | <i>liothyronine sodium tab 50 mcg</i> .....                                   | 35 |
| <i>leucovorin calcium tab 25 mg</i> .....                         | 28 | <i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i> .....                | 33 |
| <i>leucovorin calcium tab 5 mg</i> .....                          | 28 | <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....              | 43 |
| <i>LEUKERAN TAB 2MG</i> .....                                     | 24 |                                                                               |    |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> .....      | 26 |                                                                               |    |
| <i>levobunolol hcl ophth soln 0.5%</i> .....                      | 84 |                                                                               |    |
| <i>levofloxacin ophth soln 0.5%</i> .....                         | 83 |                                                                               |    |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....          | 43 |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....            | 43 |
| <i>lisinopril tab 10 mg</i> .....                                         | 42 |
| <i>lisinopril tab 2.5 mg</i> .....                                        | 42 |
| <i>lisinopril tab 20 mg</i> .....                                         | 42 |
| <i>lisinopril tab 30 mg</i> .....                                         | 42 |
| <i>lisinopril tab 40 mg</i> .....                                         | 42 |
| <i>lisinopril tab 5 mg</i> .....                                          | 42 |
| LIVITA LIQ CHILDREN .....                                                 | 76 |
| LOKELMA PAK 10GM .....                                                    | 98 |
| LOKELMA PAK 5GM .....                                                     | 98 |
| <i>loperamide hcl cap 2 mg</i> .....                                      | 55 |
| <i>loperamide hcl tab 2 mg</i> .....                                      | 55 |
| <i>loperamide-simethicone tab 2-125 mg</i> ....                           | 56 |
| <i>lopinavir-ritonavir tab 100-25 mg</i> .....                            | 21 |
| <i>lopinavir-ritonavir tab 200-50 mg</i> .....                            | 21 |
| <i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i> .....        | 51 |
| <i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i> .....       | 51 |
| <i>loratadine cap 10 mg</i> .....                                         | 49 |
| <i>loratadine chew tab 5 mg</i> .....                                     | 49 |
| <i>loratadine oral soln 5 mg/5ml</i> .....                                | 49 |
| <i>loratadine orally disintegrating tab 5 mg</i> .                        | 49 |
| <i>loratadine rapidly-disintegrating tab 10 mg</i> .....                  | 49 |
| <i>loratadine tab 10 mg</i> .....                                         | 49 |
| LORBRENA TAB 100MG .....                                                  | 26 |
| LORBRENA TAB 25MG .....                                                   | 26 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> ..... | 44 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....   | 44 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....  | 44 |
| <i>losartan potassium tab 100 mg</i> .....                                | 42 |
| <i>losartan potassium tab 25 mg</i> .....                                 | 42 |
| <i>losartan potassium tab 50 mg</i> .....                                 | 42 |
| <i>lovastatin tab 10 mg</i> .....                                         | 46 |
| <i>lovastatin tab 20 mg</i> .....                                         | 46 |
| <i>lovastatin tab 40 mg</i> .....                                         | 46 |
| <i>lubiprostone cap 24 mcg</i> .....                                      | 59 |

|                                                                          |    |
|--------------------------------------------------------------------------|----|
| <i>lubiprostone cap 8 mcg</i> .....                                      | 59 |
| LUBRICNT GEL DRO 0.25-0.3 .....                                          | 84 |
| LYNPARZA TAB 100MG .....                                                 | 28 |
| LYNPARZA TAB 150MG .....                                                 | 28 |
| LYSODREN TAB 500MG .....                                                 | 26 |
| <b>M</b>                                                                 |    |
| MAALOX CHW 600MG .....                                                   | 56 |
| MAG-AL LIQ .....                                                         | 56 |
| <i>malathion lotion 0.5%</i> .....                                       | 91 |
| <i>maraviroc tab 150 mg</i> .....                                        | 20 |
| <i>maraviroc tab 300 mg</i> .....                                        | 20 |
| MATULANE CAP 50MG .....                                                  | 28 |
| MAVYRET PAK 50-20MG .....                                                | 22 |
| MAVYRET TAB 100-40MG .....                                               | 22 |
| MAYZENT PAK STARTER (12 TABS) .....                                      | 65 |
| MAYZENT PAK STARTER (7 TABS) .....                                       | 65 |
| MAYZENT TAB 0.25MG .....                                                 | 65 |
| MAYZENT TAB 1MG .....                                                    | 65 |
| MAYZENT TAB 2MG .....                                                    | 65 |
| <i>meclizine hcl chew tab 25 mg</i> .....                                | 58 |
| <i>meclizine hcl tab 12.5 mg</i> .....                                   | 58 |
| <i>meclizine hcl tab 25 mg</i> .....                                     | 58 |
| MEDROL TAB 2MG .....                                                     | 29 |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i> .....               | 31 |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> ..... | 31 |
| <i>medroxyprogesterone acetate tab 10 mg</i> 32                          |    |
| <i>medroxyprogesterone acetate tab 2.5 mg</i> .....                      | 32 |
| <i>medroxyprogesterone acetate tab 5 mg</i> .                            | 32 |
| <i>mefloquine hcl tab 250 mg</i> .....                                   | 23 |
| <i>megestrol acetate susp 40 mg/ml</i> .....                             | 26 |
| <i>megestrol acetate tab 20 mg</i> .....                                 | 26 |
| <i>megestrol acetate tab 40 mg</i> .....                                 | 26 |
| MEKINIST SOL 0.05/ML .....                                               | 28 |
| MEKINIST TAB 0.5MG .....                                                 | 28 |
| MEKINIST TAB 2MG .....                                                   | 28 |
| <i>melatonin cap 10 mg</i> .....                                         | 92 |
| <i>melatonin chew tab 2.5 mg</i> .....                                   | 93 |
| <i>melatonin liquid 1 mg/ml</i> .....                                    | 93 |
| <i>melatonin liquid 5 mg/15ml</i> .....                                  | 93 |
| <i>melatonin sl tab 10 mg</i> .....                                      | 93 |
| <i>melatonin sl tab 5 mg</i> .....                                       | 93 |

|                                                     |    |                                                       |    |
|-----------------------------------------------------|----|-------------------------------------------------------|----|
| <i>melatonin tab 1 mg</i> .....                     | 92 | <i>metoclopramide hcl soln 5 mg/5ml (10</i>           |    |
| <i>melatonin tab 10 mg</i> .....                    | 93 | <i>mg/10ml) (base equiv)</i> .....                    | 59 |
| <i>melatonin tab 3 mg</i> .....                     | 92 | <i>metoclopramide hcl tab 10 mg (base</i>             |    |
| <i>melatonin tab 5 mg</i> .....                     | 93 | <i>equivalent)</i> .....                              | 59 |
| <i>melatonin tab er 10 mg</i> .....                 | 93 | <i>metoclopramide hcl tab 5 mg (base</i>              |    |
| <i>melatonin tablet disintegrating 10 mg</i> .....  | 93 | <i>equivalent)</i> .....                              | 59 |
| <i>melatonin tablet disintegrating 3 mg</i> .....   | 93 | <i>metolazone tab 10 mg</i> .....                     | 45 |
| <i>melatonin tablet disintegrating 5 mg</i> .....   | 93 | <i>metolazone tab 2.5 mg</i> .....                    | 45 |
| <i>meloxicam tab 15 mg</i> .....                    | 68 | <i>metolazone tab 5 mg</i> .....                      | 45 |
| <i>meloxicam tab 7.5 mg</i> .....                   | 68 | <i>metoprolol &amp; hydrochlorothiazide tab 100-</i>  |    |
| <i>memantine hcl oral solution 2 mg/ml</i> .....    | 64 | <i>25 mg</i> .....                                    | 44 |
| <i>memantine hcl tab 10 mg</i> .....                | 64 | <i>metoprolol &amp; hydrochlorothiazide tab 100-</i>  |    |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</i> |    | <i>50 mg</i> .....                                    | 44 |
| <i>titration pack</i> .....                         | 64 | <i>metoprolol &amp; hydrochlorothiazide tab 50-25</i> |    |
| <i>memantine hcl tab 5 mg</i> .....                 | 64 | <i>mg</i> .....                                       | 44 |
| <i>MENOPUR INJ 75UNIT</i> .....                     | 36 | <i>metoprolol succinate tab er 24hr 100 mg</i>        |    |
| <i>mercaptopurine tab 50 mg</i> .....               | 25 | <i>(tartrate equiv)</i> .....                         | 39 |
| <i>mesalamine cap er 24hr 0.375 gm</i> .....        | 59 | <i>metoprolol succinate tab er 24hr 200 mg</i>        |    |
| <i>mesalamine enema 4 gm</i> .....                  | 59 | <i>(tartrate equiv)</i> .....                         | 39 |
| <i>mesalamine rectal enema 4 gm &amp; cleanser</i>  |    | <i>metoprolol succinate tab er 24hr 25 mg</i>         |    |
| <i>wipe kit</i> .....                               | 59 | <i>(tartrate equiv)</i> .....                         | 39 |
| <i>mesalamine suppos 1000 mg</i> .....              | 59 | <i>metoprolol succinate tab er 24hr 50 mg</i>         |    |
| <i>metformin hcl tab 1000 mg</i> .....              | 33 | <i>(tartrate equiv)</i> .....                         | 39 |
| <i>metformin hcl tab 500 mg</i> .....               | 33 | <i>metoprolol tartrate tab 100 mg</i> .....           | 39 |
| <i>metformin hcl tab 850 mg</i> .....               | 33 | <i>metoprolol tartrate tab 25 mg</i> .....            | 39 |
| <i>metformin hcl tab er 24hr 500 mg</i> .....       | 33 | <i>metoprolol tartrate tab 50 mg</i> .....            | 39 |
| <i>metformin hcl tab er 24hr 750 mg</i> .....       | 33 | <i>metronidazole cap 375 mg</i> .....                 | 23 |
| <i>methadone hcl tab 10 mg</i> .....                | 66 | <i>metronidazole cream 0.75%</i> .....                | 87 |
| <i>methadone hcl tab 5 mg</i> .....                 | 66 | <i>metronidazole gel 0.75%</i> .....                  | 87 |
| <i>methazolamide tab 25 mg</i> .....                | 44 | <i>metronidazole gel 1%</i> .....                     | 87 |
| <i>methazolamide tab 50 mg</i> .....                | 44 | <i>metronidazole lotion 0.75%</i> .....               | 87 |
| <i>methimazole tab 10 mg</i> .....                  | 35 | <i>metronidazole tab 250 mg</i> .....                 | 23 |
| <i>methimazole tab 5 mg</i> .....                   | 35 | <i>metronidazole tab 500 mg</i> .....                 | 23 |
| <i>methocarbamol tab 500 mg</i> .....               | 73 | <i>metronidazole vaginal gel 0.75%</i> .....          | 60 |
| <i>methocarbamol tab 750 mg</i> .....               | 73 | <i>MICONAZOLE 1 KIT COMBO</i> .....                   | 61 |
| <i>methotrexate sodium tab 2.5 mg (base</i>         |    | <i>MICONAZOLE 7 SUP 100MG</i> .....                   | 61 |
| <i>equiv)</i> .....                                 | 25 | <i>miconazole nitrate cream 2%</i> .....              | 88 |
| <i>methylprednisolone tab 16 mg</i> .....           | 29 | <i>miconazole nitrate ointment 2%</i> .....           | 88 |
| <i>methylprednisolone tab 32 mg</i> .....           | 29 | <i>miconazole nitrate powder 2%</i> .....             | 88 |
| <i>methylprednisolone tab 4 mg</i> .....            | 29 | <i>miconazole nitrate vaginal app 200 mg &amp;</i>    |    |
| <i>methylprednisolone tab 8 mg</i> .....            | 29 | <i>2% cream 9 gm kit</i> .....                        | 61 |
| <i>methylprednisolone tab therapy pack 4 mg</i>     |    | <i>miconazole nitrate vaginal cream 2%</i> .....      | 60 |
| <i>(21)</i> .....                                   | 29 | <i>miconazole nitrate vaginal supp 1200 mg &amp;</i>  |    |
|                                                     |    | <i>2% cream kit</i> .....                             | 61 |

|                                                                             |    |                                                            |        |
|-----------------------------------------------------------------------------|----|------------------------------------------------------------|--------|
| <i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i> ..... | 61 | <i>morphine sulfate tab er 60 mg</i> .....                 | 66     |
| <i>miconazole nitrate vaginal suppos 200 mg</i> .....                       | 61 | <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> ..... | 83     |
| MICROCLENS PAD WIPES.....                                                   | 92 | MUCINEX CHLD GRA 5-100MG .....                             | 51     |
| <i>midodrine hcl tab 10 mg</i> .....                                        | 45 | MUCINEX D TAB 120-1200 .....                               | 51     |
| <i>midodrine hcl tab 2.5 mg</i> .....                                       | 45 | MUCINEX D TAB 60-600MG .....                               | 51     |
| <i>midodrine hcl tab 5 mg</i> .....                                         | 45 | MUCINEX DM TAB 30-600ER .....                              | 51     |
| MINERAL OIL LIGHT .....                                                     | 91 | MUCINEX DM TAB 60-1200.....                                | 51     |
| <i>minocycline hcl cap 100 mg</i> .....                                     | 19 | MUCINEX TAB 1200MG .....                                   | 51     |
| <i>minocycline hcl cap 50 mg</i> .....                                      | 19 | MULTI VIT/FL DRO 0.5MG/ML.....                             | 77     |
| <i>minocycline hcl cap 75 mg</i> .....                                      | 19 | MULTI ZERO CHW YUMVSKID .....                              | 75     |
| <i>mirabegron tab er 24 hr 25 mg</i> .....                                  | 60 | <i>multiple vitamin cap</i> .....                          | 74     |
| <i>mirabegron tab er 24 hr 50 mg</i> .....                                  | 60 | <i>multiple vitamin tab</i> .....                          | 74     |
| MIRENA IUD SYSTEM .....                                                     | 31 | <i>multiple vitamins w/ calcium tab</i> .....              | 74     |
| MIUDELLA IUD COPPER.....                                                    | 30 | <i>multiple vitamins w/ iron tab</i> .....                 | 74     |
| MODD1 PATIEN KIT WELCOME .....                                              | 95 | <i>multiple vitamins w/ minerals cap</i> .....             | 74     |
| MODD1 SUPPLY KIT KIT .....                                                  | 96 | <i>multiple vitamins w/ minerals chew tab</i> ...          | 74     |
| <i>mometasone furoate cream 0.1%</i> .....                                  | 90 | <i>multiple vitamins w/ minerals liquid</i> .....          | 74     |
| <i>mometasone furoate oint 0.1%</i> .....                                   | 90 | <i>multiple vitamins w/ minerals tab</i> .....             | 74     |
| <i>mometasone furoate solution 0.1% (lotion)</i> .....                      | 90 | <i>multiple vitamins w/ minerals tab er</i> .....          | 74     |
| MONISTAT 3 CRE 4% .....                                                     | 60 | MULTIV INFAN DRO /TODDLER .....                            | 75     |
| MONISTAT 3 KIT COMBO PK .....                                               | 61 | MULTIVIT/FL CHW 0.25MG.....                                | 76     |
| MONISTAT 7 KIT COMBO PK .....                                               | 61 | MULTIVIT/FL CHW 0.5MG.....                                 | 76     |
| MONISTAT 7 KIT COMPLETE .....                                               | 61 | MULTIVIT/FL CHW 1MG .....                                  | 76     |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i> .....                  | 53 | MULTIVIT/FL DRO 0.25MG.....                                | 77     |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i> .....                  | 53 | MULTIVIT/FL SUS 0.25MG.....                                | 76     |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....      | 53 | MULTIVITAMIN CHW CHILD .....                               | 74, 75 |
| <i>montelukast sodium tab 10 mg (base equiv)</i> .....                      | 53 | MULTIVITAMIN CHW CHILDREN .....                            | 75     |
| <i>morphine sulfate oral soln 10 mg/5ml</i> .....                           | 66 | MULTIVITAMIN CHW GUMMIES.....                              | 75     |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....               | 66 | MULTIVITAMIN CHW IRON .....                                | 76     |
| <i>morphine sulfate oral soln 20 mg/5ml</i> .....                           | 66 | MULTIVITAMIN DRO INFANT .....                              | 75     |
| <i>morphine sulfate tab 15 mg</i> .....                                     | 66 | <i>mupirocin oint 2%</i> .....                             | 87     |
| <i>morphine sulfate tab 30 mg</i> .....                                     | 66 | MVASI INJ 100MG .....                                      | 25     |
| <i>morphine sulfate tab er 100 mg</i> .....                                 | 66 | MVASI INJ 400MG .....                                      | 25     |
| <i>morphine sulfate tab er 15 mg</i> .....                                  | 66 | MVW COMPLETE CHW BUBBLGUM.....                             | 75     |
| <i>morphine sulfate tab er 200 mg</i> .....                                 | 66 | MVW COMPLETE CHW D3000.....                                | 75     |
| <i>morphine sulfate tab er 30 mg</i> .....                                  | 66 | MVW COMPLETE CHW D5000.....                                | 75     |
|                                                                             |    | MVW COMPLETE CHW GRAPE .....                               | 75     |
|                                                                             |    | MVW COMPLETE CHW ORANGE .....                              | 75     |
|                                                                             |    | MVW COMPLETE DRO PEDIATRI .....                            | 76     |
|                                                                             |    | MVW HI-D DR LIQ EX VIT D .....                             | 76     |
|                                                                             |    | MVW MOD FORM LIQ PEDS.....                                 | 76     |
|                                                                             |    | <i>mycophenolate mofetil cap 250 mg</i> .....              | 98     |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....                | 98 |
| <i>mycophenolate mofetil tab 500 mg</i> .....                             | 98 |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> ..... | 98 |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> ..... | 98 |
| MYLERAN TAB 2MG .....                                                     | 24 |

## **N**

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <i>nabumetone tab 500 mg</i> .....                                        | 68 |
| <i>nabumetone tab 750 mg</i> .....                                        | 68 |
| <i>nadolol tab 20 mg</i> .....                                            | 38 |
| <i>nadolol tab 40 mg</i> .....                                            | 38 |
| <i>nadolol tab 80 mg</i> .....                                            | 38 |
| NANOVIM POW 1-3 YRS .....                                                 | 76 |
| NANOVIM POW 4-8YEARS.....                                                 | 76 |
| NANOVIM POW 9-18 YRS .....                                                | 76 |
| NANOVIM T/F POW .....                                                     | 76 |
| <i>naproxen sodium cap 220 mg</i> .....                                   | 68 |
| <i>naproxen sodium tab 220 mg</i> .....                                   | 68 |
| <i>naproxen sodium tab 275 mg</i> .....                                   | 68 |
| <i>naproxen sodium tab 550 mg</i> .....                                   | 68 |
| <i>naproxen tab 250 mg</i> .....                                          | 68 |
| <i>naproxen tab 375 mg</i> .....                                          | 68 |
| <i>naproxen tab 500 mg</i> .....                                          | 68 |
| <i>naproxen tab ec 375 mg</i> .....                                       | 68 |
| <i>naproxen tab ec 500 mg</i> .....                                       | 68 |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> .....                        | 70 |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> ....                       | 70 |
| NATACYN SUS 5% OP .....                                                   | 83 |
| <i>nateglinide tab 120 mg</i> .....                                       | 33 |
| <i>nateglinide tab 60 mg</i> .....                                        | 33 |
| NEBULIZERS - OTC .....                                                    | 95 |
| NEBULIZERS - RX .....                                                     | 95 |
| <i>neomycin sulfate tab 500 mg</i> .....                                  | 19 |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> ..... | 83 |
| <i>neomycin-bacitracin-polymyxin oint</i> .....                           | 87 |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..... | 83 |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....             | 85 |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....             | 85 |

|                                                                         |    |
|-------------------------------------------------------------------------|----|
| <i>neomycin-polymyxin-hc ophth susp</i> .....                           | 85 |
| <i>neomycin-polymyxin-hc otic soln 1%</i> .....                         | 85 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> ..... | 85 |
| <i>nevirapine susp 50 mg/5ml</i> .....                                  | 21 |
| <i>nevirapine tab 200 mg</i> .....                                      | 21 |
| <i>nevirapine tab er 24hr 400 mg</i> .....                              | 21 |
| NEXIUM 24HR TAB 20MG.....                                               | 57 |
| NEXPLANON IMP 68MG .....                                                | 31 |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> .....                 | 47 |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> .....                  | 46 |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i> .....                  | 46 |
| <i>nifedipine tab er 24hr 30 mg</i> .....                               | 41 |
| <i>nifedipine tab er 24hr 60 mg</i> .....                               | 41 |
| <i>nifedipine tab er 24hr 90 mg</i> .....                               | 41 |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> .....               | 41 |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> .....               | 41 |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> .....               | 41 |
| NINLARO CAP 2.3MG .....                                                 | 28 |
| NINLARO CAP 3MG .....                                                   | 28 |
| NINLARO CAP 4MG .....                                                   | 28 |
| NITRO-BID OIN 2%.....                                                   | 38 |
| NITRO-DUR DIS 0.3MG/HR .....                                            | 38 |
| NITRO-DUR DIS 0.8MG/HR .....                                            | 38 |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i> .....                 | 24 |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i> .....                  | 24 |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i> .....                  | 24 |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....     | 24 |
| <i>nitrofurantoin susp 25 mg/5ml</i> .....                              | 24 |
| <i>nitroglycerin cap er 2.5 mg</i> .....                                | 38 |
| <i>nitroglycerin cap er 6.5 mg</i> .....                                | 38 |
| <i>nitroglycerin cap er 9 mg</i> .....                                  | 38 |
| <i>nitroglycerin sl tab 0.3 mg</i> .....                                | 38 |
| <i>nitroglycerin sl tab 0.4 mg</i> .....                                | 38 |
| <i>nitroglycerin sl tab 0.6 mg</i> .....                                | 38 |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .....                      | 38 |

|                                                          |    |                                                         |    |
|----------------------------------------------------------|----|---------------------------------------------------------|----|
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .....       | 38 | <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30</i> | 31 |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .....       | 38 | <i>mcg</i> .....                                        | 31 |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .....       | 38 | NORPACE CAP 100MG CR.....                               | 41 |
| NIVA-FOL TAB .....                                       | 79 | NORPACE CAP 150MG CR.....                               | 41 |
| NIX CREM RIN LIQ 1%.....                                 | 91 | NORVIR POW 100MG .....                                  | 20 |
| NIX LICE SPR KILLING .....                               | 91 | NOVAMV PED DRO 10MG/ML.....                             | 75 |
| <i>nizatidine cap 150 mg</i> .....                       | 57 | NOVAREL INJ 5000UNIT .....                              | 36 |
| <i>nizatidine cap 300 mg</i> .....                       | 57 | NOVOLIN INJ 70/30 .....                                 | 33 |
| NORDITROPIN INJ 10/1.5ML .....                           | 36 | NOVOLIN INJ 70/30 FP.....                               | 33 |
| NORDITROPIN INJ 15/1.5ML .....                           | 36 | NOVOLIN N INJ 100 UNIT .....                            | 33 |
| NORDITROPIN INJ 30/3ML.....                              | 36 | NOVOLIN N INJ U-100 .....                               | 32 |
| NORDITROPIN INJ 5/1.5ML.....                             | 36 | NOVOLIN R INJ 100 UNIT .....                            | 32 |
| <i>norelgestromin-ethinyl estradiol td ptwk</i>          |    | NOVOLIN R INJ U-100 .....                               | 32 |
| <i>150-35 mcg/24hr</i> .....                             | 31 | NOZIN NASAL KIT SANITIZE.....                           | 50 |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4</i>     |    | NUEDEXTA CAP 20-10MG .....                              | 65 |
| <i>mg-35 mcg</i> .....                                   | 31 | NURTEC TAB 75MG ODT .....                               | 71 |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5</i>     |    | <i>nystatin cream 100000 unit/gm</i> .....              | 87 |
| <i>mg-35 mcg</i> .....                                   | 31 | <i>nystatin oint 100000 unit/gm</i> .....               | 87 |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-</i>   |    | <i>nystatin susp 100000 unit/ml</i> .....               | 85 |
| <i>35 mcg</i> .....                                      | 31 | <i>nystatin tab 500000 unit</i> .....                   | 19 |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1</i>   |    | <i>nystatin topical powder 100000 unit/gm</i> .         | 87 |
| <i>mg-20 mcg</i> .....                                   | 31 | ●                                                       |    |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5</i> |    | OCREVUS INJ 300/10ML .....                              | 64 |
| <i>mg-30 mcg</i> .....                                   | 31 | <i>octreotide acetate inj 100 mcg/ml (0.1</i>           |    |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab</i>  |    | <i>mg/ml)</i> .....                                     | 36 |
| <i>1 mg-20 mcg</i> .....                                 | 31 | <i>octreotide acetate inj 1000 mcg/ml (1</i>            |    |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab</i>  |    | <i>mg/ml)</i> .....                                     | 37 |
| <i>1.5 mg-30 mcg</i> .....                               | 32 | <i>octreotide acetate inj 200 mcg/ml (0.2</i>           |    |
| <i>norethindrone acetate tab 5 mg</i> .....              | 32 | <i>mg/ml)</i> .....                                     | 36 |
| <i>norethindrone acetate-ethinyl estradiol tab</i>       |    | <i>octreotide acetate inj 50 mcg/ml (0.05</i>           |    |
| <i>0.5 mg-2.5 mcg</i> .....                              | 30 | <i>mg/ml)</i> .....                                     | 36 |
| <i>norethindrone acetate-ethinyl estradiol tab</i>       |    | <i>octreotide acetate inj 500 mcg/ml (0.5</i>           |    |
| <i>1 mg-5 mcg</i> .....                                  | 30 | <i>mg/ml)</i> .....                                     | 36 |
| <i>norethindrone tab 0.35 mg</i> .....                   | 30 | <i>octreotide acetate subcutaneous soln pref</i>        |    |
| <i>norethindrone-eth estradiol tab 0.5-</i>              |    | <i>syr 100 mcg/ml</i> .....                             | 37 |
| <i>35/0.75-35/1-35 mg-mcg</i> .....                      | 32 | <i>octreotide acetate subcutaneous soln pref</i>        |    |
| <i>norethindrone-eth estradiol tab 0.5-35/1-</i>         |    | <i>syr 50 mcg/ml</i> .....                              | 37 |
| <i>35/0.5-35 mg-mcg</i> .....                            | 32 | <i>octreotide acetate subcutaneous soln pref</i>        |    |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25</i>     |    | <i>syr 500 mcg/ml</i> .....                             | 37 |
| <i>mg-35 mcg</i> .....                                   | 31 | ODEFSEY TAB .....                                       | 22 |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-</i>        |    | <i>ofloxacin ophth soln 0.3%</i> .....                  | 83 |
| <i>25/0.25-25 mg-mcg</i> .....                           | 32 | <i>ofloxacin otic soln 0.3%</i> .....                   | 85 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-</i>        |    | OJEMDA SUS 25MG/ML .....                                | 27 |
| <i>35/0.25-35 mg-mcg</i> .....                           | 32 | OJEMDA TAB 100MG .....                                  | 27 |

|                                                                                    |    |                                                                            |    |
|------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------|----|
| OMEGA-3 CAP 1400MG.....                                                            | 79 | ORENITRAM TAB 0.25MG.....                                                  | 48 |
| <i>omega-3 fatty acids - oral liquid</i> .....                                     | 79 | ORENITRAM TAB 1MG.....                                                     | 48 |
| <i>omega-3 fatty acids cap 1000 mg</i> .....                                       | 79 | ORENITRAM TAB 2.5MG.....                                                   | 48 |
| <i>omega-3 fatty acids cap 1200 mg</i> .....                                       | 79 | ORENITRAM TAB 5MG.....                                                     | 48 |
| <i>omega-3 fatty acids cap 300 mg</i> .....                                        | 79 | ORENITRAM TAB MONTH 1.....                                                 | 48 |
| <i>omega-3 fatty acids cap 435 mg</i> .....                                        | 79 | ORENITRAM TAB MONTH 2 .....                                                | 48 |
| <i>omega-3 fatty acids cap 500 mg</i> .....                                        | 79 | ORENITRAM TAB MONTH 3 .....                                                | 48 |
| <i>omega-3 fatty acids chew tab 113.5 mg</i> ...                                   | 79 | ORGOVYX TAB 120MG .....                                                    | 26 |
| <i>omeprazole cap delayed release 10 mg</i> ...                                    | 57 | ORLISSA TAB 150MG.....                                                     | 36 |
| <i>omeprazole cap delayed release 20 mg</i> ..                                     | 57 | ORLISSA TAB 200MG.....                                                     | 36 |
| <i>omeprazole cap delayed release 40 mg</i> ..                                     | 57 | ORKAMBI GRA 100-125 .....                                                  | 54 |
| <i>omeprazole delayed release tab 20 mg</i> ...                                    | 57 | ORKAMBI GRA 150-188 .....                                                  | 54 |
| <i>omeprazole magnesium cap dr 20.6 mg (20</i><br><i>mg base equiv)</i> .....      | 57 | ORKAMBI GRA 75-94MG .....                                                  | 54 |
| <i>omeprazole magnesium delayed release</i><br><i>tab 20 mg (base equiv)</i> ..... | 57 | ORKAMBI TAB 100-125.....                                                   | 54 |
| <i>omeprazole-sodium bicarbonate cap 20-</i><br><i>1100 mg</i> .....               | 57 | ORKAMBI TAB 200-125 .....                                                  | 54 |
| OMNIFLEX DPR .....                                                                 | 97 | <i>orphenadrine citrate tab er 12hr 100 mg</i> ..                          | 73 |
| OMNIPOD 5 DX KIT INT G7G6.....                                                     | 95 | <i>oseltamivir phosphate cap 30 mg (base</i><br><i>equiv)</i> .....        | 23 |
| OMNIPOD 5 DX MIS POD G7G6.....                                                     | 95 | <i>oseltamivir phosphate cap 45 mg (base</i><br><i>equiv)</i> .....        | 23 |
| OMNIPOD 5 L2 KIT INTRO G6 .....                                                    | 95 | <i>oseltamivir phosphate cap 75 mg (base</i><br><i>equiv)</i> .....        | 23 |
| OMNIPOD 5 L2 MIS PODS G6 .....                                                     | 95 | <i>oseltamivir phosphate for susp 6 mg/ml</i><br><i>(base equiv)</i> ..... | 23 |
| OMNIPOD DASH KIT INTRO .....                                                       | 95 | OSPHENA TAB 60MG.....                                                      | 35 |
| OMNIPOD DASH KIT PDM .....                                                         | 95 | OTEZLA TAB 10/20.....                                                      | 70 |
| OMNIPOD DASH MIS PODS .....                                                        | 95 | OTEZLA TAB 10/20/30 .....                                                  | 70 |
| OMNIPOD GO KIT 10UNT/DY .....                                                      | 96 | OTEZLA TAB 20MG.....                                                       | 70 |
| OMNIPOD GO KIT 15UNT/DY .....                                                      | 96 | OTEZLA TAB 30MG.....                                                       | 70 |
| OMNIPOD GO KIT 20UNT/DY .....                                                      | 96 | OVIDREL INJ .....                                                          | 36 |
| OMNIPOD GO KIT 25UNT/DY .....                                                      | 96 | <i>oxaprozin tab 600 mg</i> .....                                          | 68 |
| OMNIPOD GO KIT 30UNT/DY .....                                                      | 96 | <i>oxybutynin chloride solution 5 mg/5ml</i> ....                          | 60 |
| OMNIPOD GO KIT 35UNT/DY .....                                                      | 96 | <i>oxybutynin chloride tab 5 mg</i> .....                                  | 60 |
| OMNIPOD GO KIT 40UNT/DY .....                                                      | 96 | <i>oxybutynin chloride tab er 24hr 10 mg</i> .....                         | 60 |
| <i>ondansetron hcl oral soln 4 mg/5ml</i> .....                                    | 58 | <i>oxybutynin chloride tab er 24hr 15 mg</i> .....                         | 60 |
| <i>ondansetron hcl tab 24 mg</i> .....                                             | 58 | <i>oxybutynin chloride tab er 24hr 5 mg</i> .....                          | 60 |
| <i>ondansetron hcl tab 4 mg</i> .....                                              | 58 | <i>oxycodone hcl cap 5 mg</i> .....                                        | 66 |
| <i>ondansetron hcl tab 8 mg</i> .....                                              | 58 | <i>oxycodone hcl conc 100 mg/5ml (20</i><br><i>mg/ml)</i> .....            | 66 |
| <i>ondansetron orally disintegrating tab 4 mg</i><br><i>.....</i>                  | 58 | <i>oxycodone hcl soln 5 mg/5ml</i> .....                                   | 66 |
| <i>ondansetron orally disintegrating tab 8 mg</i><br><i>.....</i>                  | 58 | <i>oxycodone hcl tab 10 mg</i> .....                                       | 66 |
| ONYDA XR SUS 0.1MG/ML .....                                                        | 63 | <i>oxycodone hcl tab 15 mg</i> .....                                       | 66 |
| <i>oral electrolyte solution</i> .....                                             | 79 | <i>oxycodone hcl tab 20 mg</i> .....                                       | 66 |
| ORENITRAM TAB 0.125MG.....                                                         | 48 | <i>oxycodone hcl tab 30 mg</i> .....                                       | 66 |

|                                                                   |    |
|-------------------------------------------------------------------|----|
| oxycodone hcl tab 5 mg .....                                      | 66 |
| oxycodone w/ acetaminophen tab 10-325<br>mg .....                 | 67 |
| oxycodone w/ acetaminophen tab 2.5-325<br>mg .....                | 67 |
| oxycodone w/ acetaminophen tab 5-325<br>mg .....                  | 67 |
| oxycodone w/ acetaminophen tab 7.5-325<br>mg .....                | 67 |
| OXYTROL/WOMN DIS 3.9MG/24.....                                    | 60 |
| OYST SHELL/D TAB 500MG .....                                      | 77 |
| oyster shell calcium tab 500 mg .....                             | 77 |
| OZEMPIC INJ 2MG/3ML .....                                         | 33 |
| OZEMPIC INJ 4MG/3ML .....                                         | 33 |
| OZEMPIC INJ 8MG/3ML .....                                         | 33 |
| <b>P</b>                                                          |    |
| PADCEV INJ 20MG .....                                             | 25 |
| PADCEV INJ 30MG .....                                             | 25 |
| pantoprazole sodium ec tab 20 mg (base<br>equiv).....             | 57 |
| pantoprazole sodium ec tab 40 mg (base<br>equiv).....             | 57 |
| PARAGARD IUD T380A .....                                          | 30 |
| paricalcitol cap 1 mcg .....                                      | 37 |
| paricalcitol cap 2 mcg .....                                      | 37 |
| paricalcitol cap 4 mcg.....                                       | 37 |
| PARVA-CAL TAB 500MG.....                                          | 77 |
| PAXLOVID PAK.....                                                 | 23 |
| PAXLOVID TAB 150-100 .....                                        | 23 |
| PAXLOVID TAB 300-100 .....                                        | 23 |
| pazopanib hcl tab 200 mg (base equiv) ...                         | 27 |
| PED POLY-VIT DRO .....                                            | 75 |
| PED POLY-VIT DRO /IRON .....                                      | 76 |
| PEDIA-LAX LIQ 50MG .....                                          | 55 |
| pediatric multiple vitamin chew tab .....                         | 75 |
| pediatric multiple vitamins w/ fl-fe drops<br>0.25-10 mg/ml.....  | 77 |
| pediatric multiple vitamins w/ fluoride chew<br>tab 0.25 mg ..... | 76 |
| pediatric multiple vitamins w/ fluoride chew<br>tab 0.5 mg.....   | 76 |
| pediatric multiple vitamins w/ fluoride chew<br>tab 1 mg .....    | 76 |

|                                                                  |    |
|------------------------------------------------------------------|----|
| pediatric multiple vitamins w/ fluoride soln<br>0.25 mg/ml ..... | 77 |
| pediatric multiple vitamins w/ fluoride soln<br>0.5 mg/ml .....  | 77 |
| pediatric multiple vitamins w/ iron chew tab<br>15 mg .....      | 76 |
| pediatric multiple vitamins w/ iron chew tab<br>18 mg .....      | 76 |
| pediatric vitamins acd w/ fluoride soln 0.25<br>mg/ml .....      | 76 |
| pediatric vitamins acd w/ fluoride soln 0.5<br>mg/ml .....       | 76 |
| peg 3350-kcl-na bicarb-nacl-na sulfate for<br>soln 236 gm .....  | 55 |
| peg 3350-kcl-na bicarb-nacl-na sulfate for<br>soln 240 gm .....  | 55 |
| peg 3350-kcl-sod bicarb-nacl for soln 420<br>gm .....            | 55 |
| PEGASYS INJ .....                                                | 22 |
| PEGASYS INJ 180MCG/M .....                                       | 22 |
| penicillin v potassium for soln 125 mg/5ml<br>.....              | 17 |
| penicillin v potassium for soln 250 mg/5ml<br>.....              | 17 |
| penicillin v potassium tab 250 mg .....                          | 17 |
| penicillin v potassium tab 500 mg .....                          | 17 |
| PEPCID AC TAB 20MG .....                                         | 57 |
| permethrin cream 5% .....                                        | 91 |
| permethrin creme rinse 1% .....                                  | 91 |
| PH 12 STERIL SOL FLOLAN .....                                    | 97 |
| phenazopyridine hcl tab 100 mg.....                              | 61 |
| phenazopyridine hcl tab 200 mg .....                             | 61 |
| phenobarbital elixir 20 mg/5ml .....                             | 62 |
| phenobarbital tab 100 mg.....                                    | 62 |
| phenobarbital tab 15 mg .....                                    | 62 |
| phenobarbital tab 16.2 mg .....                                  | 62 |
| phenobarbital tab 30 mg .....                                    | 62 |
| phenobarbital tab 32.4 mg .....                                  | 62 |
| phenobarbital tab 60 mg .....                                    | 62 |
| phenobarbital tab 64.8 mg .....                                  | 62 |
| phenobarbital tab 97.2 mg .....                                  | 62 |
| phenytoin chew tab 50 mg.....                                    | 71 |
| phenytoin sodium extended cap 100 mg ..                          | 71 |
| phenytoin sodium extended cap 200 mg ..                          | 71 |

|                                                   |    |                                                  |    |
|---------------------------------------------------|----|--------------------------------------------------|----|
| <i>phenytoin sodium extended cap 300 mg</i>       | 72 | <i>POLY-VITE SOL 50MG/ML</i>                     | 75 |
| <i>phenytoin susp 125 mg/5ml</i>                  | 71 | <i>potassium bicarbonate effer tab 25 meq</i>    | 79 |
| <i>phytonadione tab 5 mg</i>                      | 74 | <i>potassium chloride cap er 10 meq</i>          | 79 |
| <i>PIFELTRO TAB 100MG</i>                         | 21 | <i>potassium chloride cap er 8 meq</i>           | 79 |
| <i>pilocarpine hcl tab 5 mg</i>                   | 86 | <i>potassium chloride microencapsulated crys</i> |    |
| <i>pilocarpine hcl tab 7.5 mg</i>                 | 86 | <i>er tab 10 meq</i>                             | 79 |
| <i>pindolol tab 10 mg</i>                         | 38 | <i>potassium chloride microencapsulated crys</i> |    |
| <i>pindolol tab 5 mg</i>                          | 38 | <i>er tab 20 meq</i>                             | 79 |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>    | 34 | <i>potassium chloride oral soln 10% (20</i>      |    |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>    | 34 | <i>meq/15ml)</i>                                 | 79 |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>    | 34 | <i>potassium chloride oral soln 20% (40</i>      |    |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i>   | 35 | <i>meq/15ml)</i>                                 | 79 |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i>   | 35 | <i>potassium chloride tab er 10 meq</i>          | 79 |
| <i>pioglitazone hcl-metformin hcl tab 15-500</i>  |    | <i>potassium chloride tab er 20 meq (1500</i>    |    |
| <i>mg</i>                                         | 35 | <i>mg)</i>                                       | 79 |
| <i>pioglitazone hcl-metformin hcl tab 15-850</i>  |    | <i>potassium chloride tab er 8 meq (600 mg)</i>  |    |
| <i>mg</i>                                         | 35 | .....                                            | 79 |
| <i>pirfenidone cap 267 mg</i>                     | 54 | <i>potassium citrate tab er 10 meq (1080 mg)</i> |    |
| <i>pirfenidone tab 267 mg</i>                     | 54 | .....                                            | 61 |
| <i>pirfenidone tab 801 mg</i>                     | 54 | <i>potassium citrate tab er 15 meq (1620 mg)</i> |    |
| <i>PLUVICTO INJ 1000MBQ</i>                       | 28 | .....                                            | 61 |
| <i>podofilox soln 0.5%</i>                        | 91 | <i>potassium citrate tab er 5 meq (540 mg)</i>   | 61 |
| <i>POLIVY INJ 140MG</i>                           | 25 | <i>potassium phosphate monobasic tab 500</i>     |    |
| <i>POLIVY INJ 30MG</i>                            | 25 | <i>mg</i>                                        | 79 |
| <i>polyethylene glycol 3350 oral packet 17 gm</i> |    | <i>povidone-iodine soln 10%</i>                  | 91 |
| .....                                             | 55 | <i>pramipexole dihydrochloride tab 0.125 mg</i>  |    |
| <i>polyethylene glycol 3350 oral powder 17</i>    |    | .....                                            | 72 |
| <i>gm/scoop</i>                                   | 55 | <i>pramipexole dihydrochloride tab 0.25 mg</i>   | 72 |
| <i>polyethylene glycol-propylene glycol ophth</i> |    | <i>pramipexole dihydrochloride tab 0.5 mg</i>    | 72 |
| <i>soln 0.4-0.3%</i>                              | 84 | <i>pramipexole dihydrochloride tab 0.75 mg</i>   | 72 |
| <i>polyethylene glycol-propylene glycol pf op</i> |    | <i>pramipexole dihydrochloride tab 1 mg</i>      | 72 |
| <i>soln 0.4-0.3%</i>                              | 84 | <i>pramipexole dihydrochloride tab 1.5 mg</i>    | 72 |
| <i>polymyxin b-trimethoprim ophth soln</i>        |    | <i>prasugrel hcl tab 10 mg (base equiv)</i>      | 82 |
| <i>10000 unit/ml-0.1%</i>                         | 83 | <i>prasugrel hcl tab 5 mg (base equiv)</i>       | 82 |
| <i>POLY-VI-FLOR CHW W/IRON</i>                    | 77 | <i>pravastatin sodium tab 10 mg</i>              | 46 |
| <i>POLY-VI-FLOR SUS /IRON</i>                     | 77 | <i>pravastatin sodium tab 20 mg</i>              | 46 |
| <i>POLY-VI-FLOR SUS 0.25/ML</i>                   | 76 | <i>pravastatin sodium tab 40 mg</i>              | 46 |
| <i>polyvinyl alcohol ophth soln 1.4%</i>          | 84 | <i>pravastatin sodium tab 80 mg</i>              | 46 |
| <i>polyvinyl alcohol-povidone ophth soln 5-6</i>  |    | <i>prazosin hcl cap 1 mg</i>                     | 43 |
| <i>mg/ml (0.5-0.6%)</i>                           | 84 | <i>prazosin hcl cap 2 mg</i>                     | 43 |
| <i>POLY-VI-SOL SOL 50MG/ML</i>                    | 75 | <i>prazosin hcl cap 5 mg</i>                     | 43 |
| <i>POLY-VITA DRO</i>                              | 75 | <i>PRED SOD PHO SOL 1% OP</i>                    | 84 |
| <i>POLY-VITA/FE DRO</i>                           | 76 | <i>prednisolone acetate ophth susp 1%</i>        | 84 |
| <i>POLY-VITE DRO</i>                              | 75 |                                                  |    |

|                                                                                    |    |                                                                             |    |
|------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------|----|
| <i>prednisolone sod phos orally disintegr tab</i><br>10 mg (base eq).....          | 29 | <i>prochlorperazine maleate tab 10 mg (base</i><br><i>equivalent) .....</i> | 62 |
| <i>prednisolone sod phos orally disintegr tab</i><br>15 mg (base eq).....          | 29 | <i>prochlorperazine maleate tab 5 mg (base</i><br><i>equivalent) .....</i>  | 62 |
| <i>prednisolone sod phos orally disintegr tab</i><br>30 mg (base eq) .....         | 29 | <i>prochlorperazine suppos 25 mg .....</i>                                  | 62 |
| <i>prednisolone sod phosphate oral soln 15</i><br><i>mg/5ml (base equiv) .....</i> | 29 | <i>progesterone cap 100 mg .....</i>                                        | 32 |
| <i>prednisolone sod phosphate oral soln 5</i><br><i>mg/5ml (base equiv) .....</i>  | 29 | <i>progesterone cap 200 mg .....</i>                                        | 32 |
| <i>prednisolone sodium phosphate oral soln</i><br>25 mg/5ml (base eq).....         | 29 | <i>promethazine hcl oral soln 6.25 mg/5ml..</i>                             | 49 |
| <i>prednisolone soln 15 mg/5ml.....</i>                                            | 29 | <i>promethazine hcl suppos 12.5 mg .....</i>                                | 49 |
| <i>prednisone oral soln 5 mg/5ml.....</i>                                          | 29 | <i>promethazine hcl suppos 25 mg .....</i>                                  | 49 |
| <i>prednisone tab 1 mg .....</i>                                                   | 29 | <i>promethazine hcl suppos 50 mg .....</i>                                  | 49 |
| <i>prednisone tab 10 mg .....</i>                                                  | 29 | <i>promethazine hcl tab 12.5 mg .....</i>                                   | 49 |
| <i>prednisone tab 2.5 mg .....</i>                                                 | 29 | <i>promethazine hcl tab 25 mg .....</i>                                     | 49 |
| <i>prednisone tab 20 mg .....</i>                                                  | 29 | <i>promethazine hcl tab 50 mg .....</i>                                     | 49 |
| <i>prednisone tab 5 mg .....</i>                                                   | 29 | <i>PROMETHAZINE SYP 6.25/5ML .....</i>                                      | 49 |
| <i>prednisone tab 50 mg.....</i>                                                   | 29 | <i>promethazine w/ codeine syrup 6.25-10</i><br><i>mg/5ml.....</i>          | 51 |
| <i>prednisone tab therapy pack 10 mg (21) ..</i>                                   | 30 | <i>promethazine-dm syrup 6.25-15 mg/5ml .</i>                               | 51 |
| <i>prednisone tab therapy pack 10 mg (48) .</i>                                    | 30 | <i>propafenone hcl cap er 12hr 225 mg.....</i>                              | 41 |
| <i>prednisone tab therapy pack 5 mg (21) ....</i>                                  | 29 | <i>propafenone hcl cap er 12hr 325 mg .....</i>                             | 41 |
| <i>prednisone tab therapy pack 5 mg (48) ...</i>                                   | 30 | <i>propafenone hcl cap er 12hr 425 mg .....</i>                             | 41 |
| <i>PREGNYL INJ 10000UNT .....</i>                                                  | 36 | <i>propafenone hcl tab 150 mg .....</i>                                     | 41 |
| <i>PRENATAL MUL CAP DHA .....</i>                                                  | 77 | <i>propafenone hcl tab 225 mg .....</i>                                     | 41 |
| <i>PRENATAL MV MIS + DHA .....</i>                                                 | 77 | <i>propafenone hcl tab 300 mg.....</i>                                      | 41 |
| <i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1</i><br><i>mg .....</i>            | 77 | <i>propranolol hcl cap er 24hr 120 mg.....</i>                              | 39 |
| <i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i><br><i>mg .....</i>             | 77 | <i>propranolol hcl cap er 24hr 160 mg .....</i>                             | 39 |
| <i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i><br><i>.....</i>                  | 77 | <i>propranolol hcl cap er 24hr 60 mg .....</i>                              | 39 |
| <i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i><br><i>.....</i>                | 77 | <i>propranolol hcl cap er 24hr 80 mg .....</i>                              | 39 |
| <i>PREP H CRE 1% .....</i>                                                         | 86 | <i>propranolol hcl oral soln 20 mg/5ml.....</i>                             | 39 |
| <i>PREZCOBIX TAB 800-150 .....</i>                                                 | 21 | <i>propranolol hcl oral soln 40 mg/5ml.....</i>                             | 39 |
| <i>PREZISTA SUS 100MG/ML .....</i>                                                 | 20 | <i>propranolol hcl tab 10 mg .....</i>                                      | 39 |
| <i>PREZISTA TAB 150MG.....</i>                                                     | 20 | <i>propranolol hcl tab 20 mg .....</i>                                      | 39 |
| <i>PREZISTA TAB 75MG.....</i>                                                      | 20 | <i>propranolol hcl tab 40 mg .....</i>                                      | 39 |
| <i>primidone tab 250 mg .....</i>                                                  | 72 | <i>propranolol hcl tab 60 mg .....</i>                                      | 39 |
| <i>primidone tab 50 mg.....</i>                                                    | 72 | <i>propranolol hcl tab 80 mg .....</i>                                      | 39 |
| <i>probenecid tab 500 mg.....</i>                                                  | 71 | <i>propylene glycol ophth soln 0.6%.....</i>                                | 84 |
|                                                                                    |    | <i>propylene glycol-glycerin ophth soln 1-</i><br><i>0.3% .....</i>         | 84 |
|                                                                                    |    | <i>propylthiouracil tab 50 mg .....</i>                                     | 35 |
|                                                                                    |    | <i>pseudoephed-bromphen-dm syrup 30-2-10</i><br><i>mg/5ml.....</i>          | 51 |
|                                                                                    |    | <i>pseudoephedrine hcl tab 30 mg.....</i>                                   | 49 |
|                                                                                    |    | <i>pseudoephedrine hcl tab 60 mg .....</i>                                  | 49 |
|                                                                                    |    | <i>pseudoephedrine hcl tab er 12hr 120 mg .</i>                             | 49 |

|                                                                    |    |
|--------------------------------------------------------------------|----|
| <i>pseudoephedrine-guaifenesin syrup 30-100 mg/5ml</i> .....       | 51 |
| <i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i> .....   | 51 |
| <i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> .....     | 51 |
| PULMOZYME SOL 1MG/ML .....                                         | 54 |
| PURE & GENTL DRO 0.3% .....                                        | 83 |
| <i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i> ..... | 23 |
| <i>pyrazinamide tab 500 mg</i> .....                               | 19 |
| <i>pyridostigmine bromide oral soln 60 mg/5ml</i> .....            | 73 |
| <i>pyridostigmine bromide tab 60 mg</i> .....                      | 73 |
| <i>pyridostigmine bromide tab er 180 mg</i> ....                   | 73 |
| <i>pyridoxine hcl tab 25 mg</i> .....                              | 73 |
| <i>pyridoxine hcl tab 50 mg</i> .....                              | 73 |
| <i>pyrimethamine tab 25 mg</i> .....                               | 23 |
| <b>Q</b>                                                           |    |
| QC CALAMINE LOT 8-8% .....                                         | 91 |
| QUFLORA PED DRO 0.25MG .....                                       | 77 |
| QUFLORA PED DRO 0.5MG/ML .....                                     | 77 |
| <i>quinapril hcl tab 10 mg</i> .....                               | 42 |
| <i>quinapril hcl tab 20 mg</i> .....                               | 42 |
| <i>quinapril hcl tab 40 mg</i> .....                               | 42 |
| <i>quinapril hcl tab 5 mg</i> .....                                | 42 |
| QULIPTA TAB 10MG .....                                             | 71 |
| QULIPTA TAB 30MG .....                                             | 71 |
| QULIPTA TAB 60MG .....                                             | 71 |
| QVAR REDIIHA AER 80MCG .....                                       | 53 |
| QVAR REDIIHAL AER 40MCG .....                                      | 53 |
| <b>R</b>                                                           |    |
| RA CALCIUM TAB 500MG .....                                         | 77 |
| RA STERILE SOL NASAL .....                                         | 50 |
| <i>raloxifene hcl tab 60 mg</i> .....                              | 35 |
| <i>ramipril cap 1.25 mg</i> .....                                  | 42 |
| <i>ramipril cap 10 mg</i> .....                                    | 42 |
| <i>ramipril cap 2.5 mg</i> .....                                   | 42 |
| <i>ramipril cap 5 mg</i> .....                                     | 42 |
| RASUVO INJ 10MG .....                                              | 68 |
| RASUVO INJ 12.5MG .....                                            | 68 |
| RASUVO INJ 15MG .....                                              | 68 |
| RASUVO INJ 17.5MG .....                                            | 69 |
| RASUVO INJ 20MG .....                                              | 69 |

|                                          |    |
|------------------------------------------|----|
| RASUVO INJ 22.5MG .....                  | 69 |
| RASUVO INJ 25MG .....                    | 69 |
| RASUVO INJ 30MG .....                    | 69 |
| RASUVO INJ 7.5MG .....                   | 68 |
| REBIF INJ 22/0.5 .....                   | 64 |
| REBIF INJ 44/0.5 .....                   | 64 |
| REBIF REBIDO INJ 22/0.5 .....            | 64 |
| REBIF REBIDO INJ 44/0.5 .....            | 64 |
| REBIF REBIDO INJ TITRATN .....           | 64 |
| REBIF TITRTN INJ PACK .....              | 64 |
| REFRESH DRO OP .....                     | 84 |
| REFRESH DRO RELIEVA .....                | 84 |
| REFRESH DRO TEARS PF .....               | 84 |
| REFRESH OPT SOL MEGA-3 .....             | 84 |
| REFRESH OPTI DRO 0.5-0.9% .....          | 84 |
| REFRESH SOL DIGITAL .....                | 84 |
| REFRESH SOL OPTIVE .....                 | 84 |
| RELION TRUE TES METRIX .....             | 92 |
| <i>repaglinide tab 0.5 mg</i> .....      | 33 |
| <i>repaglinide tab 1 mg</i> .....        | 33 |
| <i>repaglinide tab 2 mg</i> .....        | 33 |
| REPATHA INJ 140MG/ML .....               | 46 |
| REPATHA PUSH INJ 420/3.5 .....           | 46 |
| REPATHA SURE INJ 140MG/ML .....          | 46 |
| RESPIRATORY THERAPY SUPPLIES - OTC ..... | 94 |
| RESPIRATORY THERAPY SUPPLIES - RX .....  | 95 |
| RETACRIT INJ 10000UNT .....              | 81 |
| RETACRIT INJ 20000UNI .....              | 81 |
| RETACRIT INJ 2000UNIT .....              | 81 |
| RETACRIT INJ 3000UNIT .....              | 81 |
| RETACRIT INJ 40000UNT .....              | 81 |
| RETACRIT INJ 4000UNIT .....              | 81 |
| REVLIMID CAP 10MG .....                  | 97 |
| REVLIMID CAP 15MG .....                  | 97 |
| REVLIMID CAP 2.5MG .....                 | 97 |
| REVLIMID CAP 20MG .....                  | 97 |
| REVLIMID CAP 25MG .....                  | 97 |
| REVLIMID CAP 5MG .....                   | 97 |
| REYATAZ POW 50MG .....                   | 20 |
| <i>ribavirin cap 200 mg</i> .....        | 22 |
| <i>ribavirin tab 200 mg</i> .....        | 22 |
| <i>rifabutin cap 150 mg</i> .....        | 19 |
| <i>rifampin cap 150 mg</i> .....         | 19 |

|                                                                           |    |                                                               |    |
|---------------------------------------------------------------------------|----|---------------------------------------------------------------|----|
| <i>rifampin cap 300 mg</i> .....                                          | 19 | RUBRACA TAB 300MG.....                                        | 28 |
| <i>riluzole tab 50 mg</i> .....                                           | 73 | RUCONEST INJ 2100UNIT.....                                    | 83 |
| RINVOQ TAB 15MG ER.....                                                   | 70 | RYBELSUS TAB 14MG.....                                        | 33 |
| RINVOQ TAB 30MG ER.....                                                   | 70 | RYBELSUS TAB 3MG.....                                         | 33 |
| RINVOQ TAB 45MG ER.....                                                   | 70 | RYBELSUS TAB 7MG.....                                         | 33 |
| RISACAL-D TAB.....                                                        | 78 | RYDAPT CAP 25MG.....                                          | 27 |
| <i>ritonavir tab 100 mg</i> .....                                         | 20 | <b>S</b>                                                      |    |
| <i>rivaroxaban for susp 1 mg/ml</i> .....                                 | 82 | <i>sacubitril-valsartan tab 24-26 mg</i> .....                | 48 |
| <i>rivaroxaban tab 2.5 mg</i> .....                                       | 82 | <i>sacubitril-valsartan tab 49-51 mg</i> .....                | 48 |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> .....           | 63 | <i>sacubitril-valsartan tab 97-103 mg</i> .....               | 48 |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i> .....             | 64 | SAFE-T-PRO MIS LANCETS.....                                   | 96 |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> .....           | 64 | SAFE-T-PRO MIS PLUS.....                                      | 96 |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i> .....             | 64 | <i>saline nasal spray 0.65%</i> .....                         | 50 |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i> ..                         | 63 | SALINE/PHENO SOL.....                                         | 97 |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i> ..                          | 63 | SANTYL OIN 250/GM.....                                        | 90 |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i> ..                          | 63 | <i>sapropterin dihydrochloride powder packet 100 mg</i> ..... | 38 |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> ..... | 70 | <i>sapropterin dihydrochloride powder packet 500 mg</i> ..... | 38 |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> .....  | 70 | <i>sapropterin dihydrochloride tab 100 mg</i> ..              | 38 |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i> .....             | 70 | SAVELLA MIS TITR PAK.....                                     | 65 |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> .....              | 70 | SAVELLA TAB 100MG.....                                        | 65 |
| <i>ropinirole hydrochloride tab 0.25 mg</i> .....                         | 72 | SAVELLA TAB 12.5MG.....                                       | 65 |
| <i>ropinirole hydrochloride tab 0.5 mg</i> .....                          | 72 | SAVELLA TAB 25MG.....                                         | 65 |
| <i>ropinirole hydrochloride tab 1 mg</i> .....                            | 72 | SAVELLA TAB 50MG.....                                         | 65 |
| <i>ropinirole hydrochloride tab 2 mg</i> .....                            | 72 | SEGLUROMET TAB 2.5-1000.....                                  | 34 |
| <i>ropinirole hydrochloride tab 3 mg</i> .....                            | 72 | SEGLUROMET TAB 2.5-500.....                                   | 34 |
| <i>ropinirole hydrochloride tab 4 mg</i> .....                            | 72 | SEGLUROMET TAB 7.5-1000.....                                  | 34 |
| <i>ropinirole hydrochloride tab 5 mg</i> .....                            | 72 | SEGLUROMET TAB 7.5-500.....                                   | 34 |
| <i>rosuvastatin calcium tab 10 mg</i> .....                               | 46 | <i>selegiline hcl cap 5 mg</i> .....                          | 73 |
| <i>rosuvastatin calcium tab 20 mg</i> .....                               | 46 | <i>selegiline hcl tab 5 mg</i> .....                          | 73 |
| <i>rosuvastatin calcium tab 40 mg</i> .....                               | 46 | <i>selenium sulfide lotion 1%</i> .....                       | 89 |
| <i>rosuvastatin calcium tab 5 mg</i> .....                                | 46 | <i>selenium sulfide lotion 2.5%</i> .....                     | 89 |
| ROZLYTREK CAP 100MG.....                                                  | 28 | SELZENTRY SOL 20MG/ML.....                                    | 20 |
| ROZLYTREK CAP 200MG.....                                                  | 28 | <i>sennosides chew tab 15 mg</i> .....                        | 55 |
| ROZLYTREK PAK 50MG.....                                                   | 28 | <i>sennosides syrup 8.8 mg/5ml</i> .....                      | 55 |
| RUBRACA TAB 200MG.....                                                    | 28 | <i>sennosides tab 15 mg</i> .....                             | 55 |
| RUBRACA TAB 250MG.....                                                    | 28 | <i>sennosides tab 17.2 mg</i> .....                           | 55 |
|                                                                           |    | <i>sennosides tab 25 mg</i> .....                             | 55 |
|                                                                           |    | <i>sennosides tab 8.6 mg</i> .....                            | 55 |
|                                                                           |    | <i>sennosides-docusate sodium tab 8.6-50 mg</i> .....         | 55 |
|                                                                           |    | SEROSTIM INJ 4MG.....                                         | 36 |
|                                                                           |    | SEROSTIM INJ 5MG.....                                         | 36 |

|                                                                   |    |                                                             |    |
|-------------------------------------------------------------------|----|-------------------------------------------------------------|----|
| SEROSTIM INJ 6MG.....                                             | 36 | sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) ..... | 79 |
| sevelamer carbonate packet 0.8 gm .....                           | 60 | sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) .....   | 79 |
| sevelamer carbonate packet 2.4 gm .....                           | 60 | sodium fluoride chew tab 1 mg f (from 2.2 mg naf) .....     | 79 |
| sevelamer carbonate tab 800 mg .....                              | 60 | sodium fluoride cream 1.1% .....                            | 86 |
| SIKLOS TAB 1000MG.....                                            | 81 | sodium fluoride gel 1.1% (0.5% f) .....                     | 86 |
| SIKLOS TAB 100MG .....                                            | 81 | sodium fluoride paste 1.1% .....                            | 86 |
| sildenafil citrate for suspension 10 mg/ml                        | 47 | sodium fluoride rinse 0.2% .....                            | 86 |
| sildenafil citrate tab 20 mg .....                                | 47 | sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) ..... | 79 |
| silver sulfadiazine cream 1% .....                                | 89 | sodium fluoride tab 0.5 mg f (from 1.1 mg naf) .....        | 78 |
| simethicone cap 125 mg .....                                      | 59 | sodium fluoride tab 1 mg f (from 2.2 mg naf) .....          | 78 |
| simethicone cap 180 mg .....                                      | 59 | sodium phenylbutyrate oral powder 3 gm/teaspoonful .....    | 38 |
| simethicone chew tab 125 mg .....                                 | 59 | sodium phenylbutyrate tab 500 mg.....                       | 38 |
| simethicone chew tab 80 mg .....                                  | 59 | sodium polystyrene sulfonate rectal susp 30 gm/120ml .....  | 98 |
| simethicone liquid 40 mg/0.6ml .....                              | 59 | sodium polystyrene sulfonate susp 15 gm/60ml .....          | 98 |
| simethicone susp 40 mg/0.6ml .....                                | 59 | SOFOS/VELPAT TAB 400-100 .....                              | 22 |
| SIMPLY SALIN AER 0.9% .....                                       | 50 | SOLQUA INJ 100/33.....                                      | 34 |
| SIMPLY SALIN SPR .....                                            | 50 | SOLUVITA SOL 0.5MG/ML .....                                 | 77 |
| simvastatin tab 10 mg .....                                       | 46 | SOMATULINE INJ 120/.5ML .....                               | 36 |
| simvastatin tab 20 mg.....                                        | 46 | SOMATULINE INJ 60/0.2ML .....                               | 36 |
| simvastatin tab 40 mg .....                                       | 46 | SOMATULINE INJ 90/0.3ML .....                               | 36 |
| simvastatin tab 5 mg .....                                        | 46 | sotalol hcl (afib/afl) tab 120 mg .....                     | 39 |
| simvastatin tab 80 mg .....                                       | 46 | sotalol hcl (afib/afl) tab 160 mg .....                     | 39 |
| sirolimus oral soln 1 mg/ml.....                                  | 98 | sotalol hcl (afib/afl) tab 80 mg.....                       | 39 |
| sirolimus tab 0.5 mg.....                                         | 98 | sotalol hcl tab 120 mg.....                                 | 39 |
| sirolimus tab 1 mg .....                                          | 98 | sotalol hcl tab 160 mg .....                                | 39 |
| sirolimus tab 2 mg .....                                          | 98 | sotalol hcl tab 240 mg .....                                | 39 |
| SKYLA IUD 13.5MG.....                                             | 31 | sotalol hcl tab 80 mg .....                                 | 39 |
| SKYRIZI INJ 150MG/ML .....                                        | 88 | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS - OTC ..... | 95 |
| SKYRIZI INJ 180/1.2.....                                          | 59 | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS - RX.....   | 95 |
| SKYRIZI INJ 360/2.4 .....                                         | 59 | SPACER/AEROSOL-HOLDING CHAMBERS - OTC .....                 | 95 |
| SKYRIZI PEN INJ 150MG/ML.....                                     | 88 | SPACER/AEROSOL-HOLDING CHAMBERS - RX .....                  | 95 |
| SKYRIZI SOL 60MG/ML .....                                         | 59 |                                                             |    |
| SLOW RELEASE TAB 47.5MG .....                                     | 80 |                                                             |    |
| SM VAPORIZER LIQ INHALANT .....                                   | 95 |                                                             |    |
| SM VAPORIZER TAB CLEANING.....                                    | 95 |                                                             |    |
| SMARTY PANTS CHW KIDS .....                                       | 76 |                                                             |    |
| SOD CHLORIDE INJ 0.9%BACT .....                                   | 97 |                                                             |    |
| sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml..... | 55 |                                                             |    |
| sodium chloride aero soln 0.9%.....                               | 51 |                                                             |    |
| sodium chloride soln nebu 0.9%.....                               | 51 |                                                             |    |
| sodium chloride soln nebu 10% .....                               | 51 |                                                             |    |
| sodium chloride soln nebu 3% .....                                | 51 |                                                             |    |
| sodium chloride soln nebu 7% .....                                | 51 |                                                             |    |

|                                                                                    |    |
|------------------------------------------------------------------------------------|----|
| <i>spinosad susp 0.9%</i> .....                                                    | 91 |
| <i>spironolactone &amp; hydrochlorothiazide tab</i><br><i>25-25 mg</i> .....       | 45 |
| <i>spironolactone tab 100 mg</i> .....                                             | 45 |
| <i>spironolactone tab 25 mg</i> .....                                              | 45 |
| <i>spironolactone tab 50 mg</i> .....                                              | 45 |
| STEGLATRO TAB 15MG.....                                                            | 34 |
| STEGLATRO TAB 5MG .....                                                            | 34 |
| STEQEYMA INJ 130/26ML.....                                                         | 60 |
| STEQEYMA INJ 45/0.5ML .....                                                        | 88 |
| STEQEYMA INJ 90MG/ML .....                                                         | 88 |
| STERIL WATER INJ .....                                                             | 97 |
| STIVARGA TAB 40MG .....                                                            | 27 |
| STRIBILD TAB .....                                                                 | 22 |
| STRIVERDI AER 2.5MCG .....                                                         | 52 |
| <i>sucrafate tab 1 gm</i> .....                                                    | 57 |
| SUDAFED 24HR TAB 240MG.....                                                        | 50 |
| SUDAFED CHLD LIQ 15MG/5ML.....                                                     | 49 |
| <i>sulfacetamide sodium lotion 10% (acne)</i> .                                    | 87 |
| <i>sulfacetamide sodium ophth soln 10%</i> ...                                     | 83 |
| <i>sulfacetamide sodium-prednisolone ophth</i><br><i>soln 10-0.23(0.25)%</i> ..... | 84 |
| <i>sulfamethoxazole-trimethoprim susp 200-</i><br><i>40 mg/5ml</i> .....           | 24 |
| <i>sulfamethoxazole-trimethoprim tab 400-80</i><br><i>mg</i> .....                 | 24 |
| <i>sulfamethoxazole-trimethoprim tab 800-</i><br><i>160 mg</i> .....               | 24 |
| <i>sulfasalazine tab 500 mg</i> .....                                              | 59 |
| <i>sulfasalazine tab delayed release 500 mg</i><br>.....                           | 59 |
| <i>sulindac tab 150 mg</i> .....                                                   | 68 |
| <i>sulindac tab 200 mg</i> .....                                                   | 68 |
| <i>sumatriptan nasal spray 20 mg/act</i> .....                                     | 70 |
| <i>sumatriptan nasal spray 5 mg/act</i> .....                                      | 70 |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> .....                                  | 71 |
| <i>sumatriptan succinate solution auto-</i><br><i>injector 4 mg/0.5ml</i> .....    | 71 |
| <i>sumatriptan succinate solution auto-</i><br><i>injector 6 mg/0.5ml</i> .....    | 71 |
| <i>sumatriptan succinate solution cartridge 4</i><br><i>mg/0.5ml</i> .....         | 71 |
| <i>sumatriptan succinate solution cartridge 6</i><br><i>mg/0.5ml</i> .....         | 71 |

|                                                                       |    |
|-----------------------------------------------------------------------|----|
| <i>sumatriptan succinate tab 100 mg</i> .....                         | 71 |
| <i>sumatriptan succinate tab 25 mg</i> .....                          | 71 |
| <i>sumatriptan succinate tab 50 mg</i> .....                          | 71 |
| <i>sunitinib malate cap 12.5 mg (base</i><br><i>equivalent)</i> ..... | 27 |
| <i>sunitinib malate cap 25 mg (base</i><br><i>equivalent)</i> .....   | 27 |
| <i>sunitinib malate cap 37.5 mg (base</i><br><i>equivalent)</i> ..... | 27 |
| <i>sunitinib malate cap 50 mg (base</i><br><i>equivalent)</i> .....   | 27 |
| SUNLENCA INJ .....                                                    | 20 |
| SUNLENCA TAB 300MG .....                                              | 20 |
| SYMDEKO TAB 100-150 .....                                             | 54 |
| SYMDEKO TAB 50-75MG.....                                              | 54 |
| SYMTUZA TAB .....                                                     | 22 |
| SYNAGIS INJ 100MG/ML .....                                            | 24 |
| SYNAGIS INJ 50/0.5ML .....                                            | 24 |
| SYNAREL SOL 2MG/ML .....                                              | 36 |
| SYSTANE NGHT GEL 0.3% .....                                           | 83 |

## **T**

|                                                                      |    |
|----------------------------------------------------------------------|----|
| <i>tacrolimus cap 0.5 mg</i> .....                                   | 98 |
| <i>tacrolimus cap 1 mg</i> .....                                     | 98 |
| <i>tacrolimus cap 5 mg</i> .....                                     | 98 |
| <i>tacrolimus oint 0.03%</i> .....                                   | 91 |
| <i>tacrolimus oint 0.1%</i> .....                                    | 91 |
| TAFINLAR CAP 50MG.....                                               | 27 |
| TAFINLAR CAP 75MG.....                                               | 27 |
| TAFINLAR TAB 10MG.....                                               | 27 |
| <i>tamoxifen citrate tab 10 mg (base</i><br><i>equivalent)</i> ..... | 26 |
| <i>tamoxifen citrate tab 20 mg (base</i><br><i>equivalent)</i> ..... | 26 |
| <i>tamsulosin hcl cap 0.4 mg</i> .....                               | 61 |
| <i>temozolomide cap 100 mg</i> .....                                 | 24 |
| <i>temozolomide cap 140 mg</i> .....                                 | 24 |
| <i>temozolomide cap 180 mg</i> .....                                 | 24 |
| <i>temozolomide cap 20 mg</i> .....                                  | 24 |
| <i>temozolomide cap 250 mg</i> .....                                 | 24 |
| <i>temozolomide cap 5 mg</i> .....                                   | 24 |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> ..                   | 21 |
| <i>terazosin hcl cap 1 mg (base equivalent)</i> ..                   | 43 |
| <i>terazosin hcl cap 10 mg (base equivalent)</i>                     | 43 |
| <i>terazosin hcl cap 2 mg (base equivalent)</i> .                    | 43 |

|                                                       |    |                                                        |    |
|-------------------------------------------------------|----|--------------------------------------------------------|----|
| <i>terazosin hcl cap 5 mg (base equivalent)</i> ..... | 43 | <i>timolol maleate tab 5 mg</i> .....                  | 39 |
| <i>terbinafine hcl tab 250 mg</i> .....               | 19 | <i>tiotropium bromide monohydrate inhal cap</i>        |    |
| <i>terbutaline sulfate tab 2.5 mg</i> .....           | 52 | <i>18 mcg (base equiv)</i> .....                       | 52 |
| <i>terbutaline sulfate tab 5 mg</i> .....             | 52 | <i>TIVICAY PD TAB 5MG</i> .....                        | 20 |
| <i>terconazole vaginal cream 0.4%</i> .....           | 61 | <i>TIVICAY TAB 50MG</i> .....                          | 20 |
| <i>terconazole vaginal cream 0.8%</i> .....           | 61 | <i>tizanidine hcl tab 2 mg (base equivalent)</i> ..... | 73 |
| <i>terconazole vaginal suppos 80 mg</i> .....         | 61 | <i>tizanidine hcl tab 4 mg (base equivalent)</i> ..... | 73 |
| <i>teriflunomide tab 14 mg</i> .....                  | 64 | <i>tobramycin nebu soln 300 mg/4ml</i> .....           | 19 |
| <i>teriflunomide tab 7 mg</i> .....                   | 64 | <i>tobramycin nebu soln 300 mg/5ml</i> .....           | 19 |
| <i>TERIPARATIDE INJ 560/2.24</i> .....                | 35 | <i>tobramycin ophth soln 0.3%</i> .....                | 83 |
| <i>testosterone cypionate im inj in oil 100</i>       |    | <i>tobramycin-dexamethasone ophth susp</i>             |    |
| <i>mg/ml</i> .....                                    | 30 | <i>0.3-0.1%</i> .....                                  | 84 |
| <i>testosterone cypionate im inj in oil 200</i>       |    | <i>tolnaftate aerosol pow 1%</i> .....                 | 87 |
| <i>mg/ml</i> .....                                    | 30 | <i>tolnaftate cream 1%</i> .....                       | 87 |
| <i>testosterone enanthate im inj in oil 200</i>       |    | <i>tolnaftate soln 1%</i> .....                        | 87 |
| <i>mg/ml</i> .....                                    | 30 | <i>tolterodine tartrate tab 1 mg</i> .....             | 60 |
| <i>testosterone td gel 10mg/act (2%)</i> .....        | 30 | <i>tolterodine tartrate tab 2 mg</i> .....             | 60 |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i> ....      | 30 | <i>tolvaptan tab 15 mg</i> .....                       | 37 |
| <i>tetrabenazine tab 12.5 mg</i> .....                | 64 | <i>tolvaptan tab 30 mg</i> .....                       | 37 |
| <i>tetrabenazine tab 25 mg</i> .....                  | 64 | <i>toremifene citrate tab 60 mg (base</i>              |    |
| <i>tetracycline hcl cap 250 mg</i> .....              | 19 | <i>equivalent)</i> .....                               | 26 |
| <i>tetracycline hcl cap 500 mg</i> .....              | 19 | <i>toremide tab 10 mg</i> .....                        | 44 |
| <i>THALOMID CAP 100MG</i> .....                       | 97 | <i>toremide tab 100 mg</i> .....                       | 44 |
| <i>THALOMID CAP 50MG</i> .....                        | 97 | <i>toremide tab 20 mg</i> .....                        | 44 |
| <i>theophylline elixir 80 mg/15ml</i> .....           | 52 | <i>toremide tab 5 mg</i> .....                         | 44 |
| <i>theophylline soln 80 mg/15ml</i> .....             | 52 | <i>TRACLEER TAB 32MG</i> .....                         | 47 |
| <i>theophylline tab er 12hr 300 mg</i> .....          | 52 | <i>tramadol hcl tab 50 mg</i> .....                    | 67 |
| <i>theophylline tab er 12hr 450 mg</i> .....          | 52 | <i>tramadol hcl tab er 24hr 100 mg</i> .....           | 67 |
| <i>theophylline tab er 24hr 400 mg</i> .....          | 52 | <i>tramadol hcl tab er 24hr 200 mg</i> .....           | 67 |
| <i>theophylline tab er 24hr 600 mg</i> .....          | 53 | <i>tramadol hcl tab er 24hr 300 mg</i> .....           | 67 |
| <i>THERATEARS SOL 0.25% PF</i> .....                  | 83 | <i>tramadol-acetaminophen tab 37.5-325 mg</i>          |    |
| <i>thiamine hcl tab 100 mg</i> .....                  | 73 | .....                                                  | 67 |
| <i>thiamine hcl tab 50 mg</i> .....                   | 73 | <i>trandolapril tab 1 mg</i> .....                     | 42 |
| <i>thiamine mononitrate tab 100 mg</i> .....          | 73 | <i>trandolapril tab 2 mg</i> .....                     | 42 |
| <i>ticagrelor tab 60 mg</i> .....                     | 82 | <i>trandolapril tab 4 mg</i> .....                     | 42 |
| <i>ticagrelor tab 90 mg</i> .....                     | 82 | <i>TRELEGY AER 100MCG</i> .....                        | 52 |
| <i>timolol maleate ophth gel forming soln</i>         |    | <i>TRELEGY AER 200MCG</i> .....                        | 52 |
| <i>0.25%</i> .....                                    | 84 | <i>TRELSTAR MIX INJ 3.75MG</i> .....                   | 26 |
| <i>timolol maleate ophth gel forming soln</i>         |    | <i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>     |    |
| <i>0.5%</i> .....                                     | 84 | .....                                                  | 47 |
| <i>timolol maleate ophth soln 0.25%</i> .....         | 84 | <i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>      |    |
| <i>timolol maleate ophth soln 0.5%</i> .....          | 84 | .....                                                  | 47 |
| <i>timolol maleate tab 10 mg</i> .....                | 39 | <i>treprostinil inj soln 200 mg/20ml (10</i>           |    |
| <i>timolol maleate tab 20 mg</i> .....                | 39 | <i>mg/ml)</i> .....                                    | 47 |

|                                                        |    |                                                   |    |
|--------------------------------------------------------|----|---------------------------------------------------|----|
| <i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>    | 47 | TRUE METRIX KIT AIR.....                          | 96 |
| .....                                                  | 47 | TRUE METRIX KIT METER.....                        | 96 |
| <i>tretinoin cap 10 mg</i> .....                       | 28 | TRUE METRIX TES GLUCOSE.....                      | 92 |
| <i>tretinoin cream 0.025%</i> .....                    | 86 | TRUPLUS LANC MIS 26G.....                         | 96 |
| <i>tretinoin cream 0.05%</i> .....                     | 86 | TRUPLUS LANC MIS 28G.....                         | 96 |
| <i>tretinoin cream 0.1%</i> .....                      | 86 | TRUPLUS LANC MIS 30G.....                         | 96 |
| <i>tretinoin gel 0.01%</i> .....                       | 86 | TRUPLUS LANC MIS 33G.....                         | 96 |
| <i>tretinoin gel 0.025%</i> .....                      | 86 | TUKYSA TAB 150MG.....                             | 25 |
| TREXALL TAB 10MG.....                                  | 25 | TUKYSA TAB 50MG.....                              | 25 |
| TREXALL TAB 15MG.....                                  | 25 | TUMS CHW DEL CHW 1177MG.....                      | 56 |
| TREXALL TAB 5MG.....                                   | 25 | TWIIST KIT REFILL.....                            | 95 |
| TREXALL TAB 7.5MG.....                                 | 25 | TWIIST KIT STARTER.....                           | 95 |
| <i>triamcinolone acetone cream 0.025%</i> .....        | 90 | TWIIST REFIL KIT INFUSION.....                    | 96 |
| <i>triamcinolone acetone cream 0.1%</i> .....          | 90 | TYBOST TAB 150MG.....                             | 21 |
| <i>triamcinolone acetone cream 0.5%</i> .....          | 90 | TYMLOS INJ.....                                   | 35 |
| <i>triamcinolone acetone dental paste 0.1%</i>         | 86 | TYVASO DPI POW 16-32-48.....                      | 48 |
| .....                                                  | 86 | TYVASO DPI POW 16MCG.....                         | 48 |
| <i>triamcinolone acetone lotion 0.025%</i> .....       | 90 | TYVASO DPI POW 32MCG.....                         | 48 |
| <i>triamcinolone acetone lotion 0.1%</i> .....         | 90 | TYVASO DPI POW 48MCG.....                         | 48 |
| <i>triamcinolone acetone nasal aerosol</i>             |    | TYVASO DPI POW 64MCG.....                         | 48 |
| <i>suspension 55 mcg/act</i> .....                     | 50 | TYVASO RF KT SOL 0.6MG/ML.....                    | 47 |
| <i>triamcinolone acetone oint 0.025%</i> .....         | 90 | TYVASO SOL 0.6MG/ML.....                          | 47 |
| <i>triamcinolone acetone oint 0.1%</i> .....           | 90 | TYVASO ST KT SOL 0.6MG/ML.....                    | 47 |
| <i>triamcinolone acetone oint 0.5%</i> .....           | 90 | <b>U</b>                                          |    |
| <i>triamterene &amp; hydrochlorothiazide cap</i>       |    | UBRELVY TAB 100MG.....                            | 71 |
| <i>37.5-25 mg</i> .....                                | 45 | UBRELVY TAB 50MG.....                             | 71 |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-</i> |    | ULTRA OMEGA3 CAP 1400MG.....                      | 79 |
| <i>25 mg</i> .....                                     | 45 | ULTSONIC FLT MIS #415-1.....                      | 95 |
| <i>triamterene &amp; hydrochlorothiazide tab 75-</i>   |    | <i>umeclidinium-vilanterol aero powd ba 62.5-</i> |    |
| <i>50 mg</i> .....                                     | 45 | <i>25 mcg/act</i> .....                           | 52 |
| <i>trifluridine ophth soln 1%</i> .....                | 83 | UNI-SOLVE PAD WIPES.....                          | 92 |
| TRIKAFTA PAK 59.5MG.....                               | 54 | UPSPRINGBABY DRO MV/IRON.....                     | 76 |
| TRIKAFTA PAK 75MG.....                                 | 54 | UPTRAVI PACK TAB 200/800.....                     | 47 |
| TRIKAFTA TAB.....                                      | 54 | UPTRAVI TAB 1000MCG.....                          | 47 |
| <i>trimethobenzamide hcl cap 300 mg</i> .....          | 58 | UPTRAVI TAB 1200MCG.....                          | 47 |
| <i>trimethoprim tab 100 mg</i> .....                   | 23 | UPTRAVI TAB 1400MCG.....                          | 47 |
| TRIUMEQ TAB.....                                       | 22 | UPTRAVI TAB 1600MCG.....                          | 47 |
| TRI-VI-FLOR SUS 0.25/ML.....                           | 76 | UPTRAVI TAB 200MCG.....                           | 47 |
| TRI-VI-FLOR SUS 0.5MG/ML.....                          | 76 | UPTRAVI TAB 400MCG.....                           | 47 |
| TRI-VI-FLORO SUS 0.25/ML.....                          | 76 | UPTRAVI TAB 600MCG.....                           | 47 |
| TRI-VI-FLORO SUS 0.5MG/ML.....                         | 76 | UPTRAVI TAB 800MCG.....                           | 47 |
| TRI-VITAMIN SUS 0.25MG.....                            | 76 | <i>ursodiol cap 300 mg</i> .....                  | 59 |
| TROGARZO INJ 150MG/ML.....                             | 20 | <i>ursodiol tab 250 mg</i> .....                  | 59 |
| <i>tropium chloride tab 20 mg</i> .....                | 60 | <i>ursodiol tab 500 mg</i> .....                  | 59 |

|                                                                |  |                                 |                                                          |    |    |
|----------------------------------------------------------------|--|---------------------------------|----------------------------------------------------------|----|----|
| <b>V</b>                                                       |  | <b>VERZENIO TAB 200MG</b> ..... |                                                          | 27 |    |
| <i>valacyclovir hcl tab 1 gm</i> .....                         |  | 22                              | <b>VERZENIO TAB 50MG</b> .....                           |    | 26 |
| <i>valacyclovir hcl tab 500 mg</i> .....                       |  | 22                              | <b>V-GO 20 KIT</b> .....                                 |    | 96 |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> ..... |  | 22                              | <b>V-GO 30 KIT</b> .....                                 |    | 96 |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....   |  | 22                              | <b>V-GO 40 KIT</b> .....                                 |    | 96 |
| <i>valsartan tab 160 mg</i> .....                              |  | 42                              | <b>VIOKACE TAB 10440</b> .....                           |    | 58 |
| <i>valsartan tab 320 mg</i> .....                              |  | 42                              | <b>VIOKACE TAB 20880</b> .....                           |    | 58 |
| <i>valsartan tab 40 mg</i> .....                               |  | 42                              | <b>VIREAD POW 40MG/GM</b> .....                          |    | 21 |
| <i>valsartan tab 80 mg</i> .....                               |  | 42                              | <b>VIREAD TAB 150MG</b> .....                            |    | 21 |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....     |  | 44                              | <b>VIREAD TAB 200MG</b> .....                            |    | 21 |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....       |  | 44                              | <b>VIREAD TAB 250MG</b> .....                            |    | 21 |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....     |  | 44                              | <b>VISCO-3 INJ 25/2.5ML</b> .....                        |    | 73 |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....       |  | 44                              | <b>VISTOGARD PAK 10GM</b> .....                          |    | 92 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....      |  | 44                              | <b>VIT A/C/D/FL DRO 0.25MG</b> .....                     |    | 76 |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i> .....       |  | 24                              | <b>VIT A/C/D/FL DRO 0.5MG</b> .....                      |    | 76 |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i> .....       |  | 24                              | <b>VITACHEW CHW</b> .....                                |    | 76 |
| <b>VAPOPADS PAD REFILL</b> .....                               |  | 95                              | <b>VITALETS CHW CHILD</b> .....                          |    | 76 |
| <b>VAPORIZER PAD SCENT</b> .....                               |  | 95                              | <b>VOLTAREN GEL 1% ARTHR</b> .....                       |    | 88 |
| <b>VAPORIZERS</b> .....                                        |  | 95                              | <i>voriconazole for susp 40 mg/ml</i> .....              |    | 20 |
| <b>VCF VAGINAL GEL CONTRACE</b> .....                          |  | 61                              | <i>voriconazole tab 200 mg</i> .....                     |    | 20 |
| <b>VCF VAGINAL MIS CONTRACP</b> .....                          |  | 61                              | <i>voriconazole tab 50 mg</i> .....                      |    | 20 |
| <b>VCKS DAYQUIL LIQ MUCUS DM</b> .....                         |  | 51                              | <b>W</b>                                                 |    |    |
| <b>VELSIPITY TAB 2MG</b> .....                                 |  | 60                              | <b>WAL-TUSSIN LIQ CF</b> .....                           |    | 51 |
| <b>VENCLEXTA TAB 100MG</b> .....                               |  | 26                              | <i>warfarin sodium tab 1 mg</i> .....                    |    | 81 |
| <b>VENCLEXTA TAB 10MG</b> .....                                |  | 26                              | <i>warfarin sodium tab 10 mg</i> .....                   |    | 82 |
| <b>VENCLEXTA TAB 50MG</b> .....                                |  | 26                              | <i>warfarin sodium tab 2 mg</i> .....                    |    | 82 |
| <b>VENCLEXTA TAB START PK</b> .....                            |  | 26                              | <i>warfarin sodium tab 2.5 mg</i> .....                  |    | 82 |
| <i>verapamil hcl cap er 24hr 100 mg</i> .....                  |  | 41                              | <i>warfarin sodium tab 3 mg</i> .....                    |    | 82 |
| <i>verapamil hcl cap er 24hr 200 mg</i> .....                  |  | 41                              | <i>warfarin sodium tab 4 mg</i> .....                    |    | 82 |
| <i>verapamil hcl cap er 24hr 300 mg</i> .....                  |  | 41                              | <i>warfarin sodium tab 5 mg</i> .....                    |    | 82 |
| <i>verapamil hcl tab er 120 mg</i> .....                       |  | 41                              | <i>warfarin sodium tab 6 mg</i> .....                    |    | 82 |
| <i>verapamil hcl tab er 180 mg</i> .....                       |  | 41                              | <i>warfarin sodium tab 7.5 mg</i> .....                  |    | 82 |
| <i>verapamil hcl tab er 240 mg</i> .....                       |  | 41                              | <i>water for injection</i> .....                         |    | 97 |
| <b>VERZENIO TAB 100MG</b> .....                                |  | 27                              | <b>WEGOVY INJ 0.25MG</b> .....                           |    | 62 |
| <b>VERZENIO TAB 150MG</b> .....                                |  | 27                              | <b>WEGOVY INJ 0.5MG</b> .....                            |    | 62 |
|                                                                |  |                                 | <b>WEGOVY INJ 1.7MG</b> .....                            |    | 62 |
|                                                                |  |                                 | <b>WEGOVY INJ 1MG</b> .....                              |    | 62 |
|                                                                |  |                                 | <b>WEGOVY INJ 2.4MG</b> .....                            |    | 62 |
|                                                                |  |                                 | <b>WESTAB MAX TAB 2.5-25-2</b> .....                     |    | 79 |
|                                                                |  |                                 | <i>white petrolatum-mineral oil ophth ointment</i> ..... |    | 84 |
|                                                                |  |                                 | <b>WICKING FLTR MIS</b> .....                            |    | 95 |
|                                                                |  |                                 | <b>WICKING FLTR MIS #502</b> .....                       |    | 95 |
|                                                                |  |                                 | <b>WIDE-SEAL DPR KIT 60</b> .....                        |    | 97 |

|                            |    |
|----------------------------|----|
| WIDE-SEAL DPR KIT 65.....  | 97 |
| WIDE-SEAL DPR KIT 70.....  | 97 |
| WIDE-SEAL DPR KIT 75.....  | 97 |
| WIDE-SEAL DPR KIT 80 ..... | 97 |
| WIDE-SEAL DPR KIT 85.....  | 97 |
| WIDE-SEAL DPR KIT 90 ..... | 97 |
| WIDE-SEAL DPR KIT 95.....  | 97 |

## **X**

|                               |    |
|-------------------------------|----|
| XALKORI CAP 150MG.....        | 26 |
| XALKORI CAP 200MG.....        | 26 |
| XALKORI CAP 20MG .....        | 26 |
| XALKORI CAP 250MG .....       | 26 |
| XALKORI CAP 50MG .....        | 26 |
| XARELTO STAR TAB 15/20MG..... | 82 |
| XARELTO TAB 10MG.....         | 82 |
| XARELTO TAB 15MG.....         | 82 |
| XARELTO TAB 20MG.....         | 82 |
| XHANCE MIS 93MCG .....        | 50 |
| XIFAXAN TAB 550MG .....       | 23 |
| XIIDRA DRO 5% .....           | 85 |
| XOLAIR INJ 150MG/ML.....      | 53 |
| XOLAIR INJ 300/2ML .....      | 53 |
| XOLAIR INJ 75/0.5.....        | 53 |
| XOLAIR SOL 150MG.....         | 53 |
| XOSPATA TAB 40MG .....        | 27 |
| XULTOPHY INJ 100/3.6.....     | 34 |

## **Y**

|                           |    |
|---------------------------|----|
| YEZTUGO INJ 463.5MG ..... | 20 |
| YEZTUGO TAB 300MG .....   | 20 |

## **Z**

|                           |    |
|---------------------------|----|
| ZADITOR DRO 0.035%OP..... | 85 |
| ZARXIO INJ 300/0.5 .....  | 81 |

|                                                               |        |
|---------------------------------------------------------------|--------|
| ZARXIO INJ 480/0.8 .....                                      | 81     |
| ZELBORAF TAB 240MG.....                                       | 27     |
| ZENPEP CAP 10000UNT .....                                     | 58     |
| ZENPEP CAP 15000UNT .....                                     | 58     |
| ZENPEP CAP 20000UNT .....                                     | 58     |
| ZENPEP CAP 25000UNT .....                                     | 58     |
| ZENPEP CAP 3000UNIT .....                                     | 58     |
| ZENPEP CAP 40000UNT .....                                     | 58     |
| ZENPEP CAP 5000UNIT .....                                     | 58     |
| ZENPEP CAP 60000UNT .....                                     | 58     |
| ZEPBOUND INJ 10/0.5ML.....                                    | 62, 63 |
| ZEPBOUND INJ 12.5/0.5.....                                    | 62, 63 |
| ZEPBOUND INJ 15/0.5ML .....                                   | 63     |
| ZEPBOUND INJ 2.5/0.5 .....                                    | 62, 63 |
| ZEPBOUND INJ 5/0.5ML.....                                     | 62, 63 |
| ZEPBOUND INJ 7.5/0.5 .....                                    | 62, 63 |
| <i>zidovudine cap 100 mg .....</i>                            | 21     |
| <i>zidovudine syrup 10 mg/ml .....</i>                        | 21     |
| <i>zidovudine tab 300 mg .....</i>                            | 21     |
| ZIRABEV INJ 100/4ML.....                                      | 25     |
| ZIRABEV INJ 400/16ML.....                                     | 25     |
| ZOLADEX IMP 3.6MG .....                                       | 26     |
| ZOLINZA CAP 100MG .....                                       | 27     |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i><br>..... | 71     |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>            | 71     |
| <i>zolmitriptan tab 2.5 mg .....</i>                          | 71     |
| <i>zolmitriptan tab 5 mg .....</i>                            | 71     |
| ZOO FRIENDS CHW GUMMIES .....                                 | 76     |
| ZYDELIG TAB 100MG .....                                       | 28     |
| ZYDELIG TAB 150MG .....                                       | 28     |