



CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

2025 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00025162, Version Number 11

This formulary was updated on 04/01/2025. For more recent information or other questions, please contact CareFirst BlueCross BlueShield Advantage DualPrime Member Service at 1-844-786-6762 (TTY users should call 711), 24 hours a day, 7 days a week, or visit carefirstmddsnp.com/

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April 1, 2025

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareFirst BlueCross BlueShield Medicare Advantage. When it refers to “plan” or “our plan,” it means CareFirst BlueCross BlueShield Advantage DualPrime.

This document includes list of the drugs (formulary) for our plan which is current as of 04/01/2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

What is the CareFirst BlueCross BlueShield Advantage DualPrime Formulary?

A formulary is a list of covered drugs selected by CareFirst BlueCross BlueShield Advantage DualPrime in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CareFirst BlueCross BlueShield Advantage DualPrime will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareFirst BlueCross BlueShield Advantage DualPrime network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by CareFirst BlueCross BlueShield Advantage DualPrime, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareFirst BlueCross BlueShield Advantage DualPrime’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CareFirst BlueCross BlueShield Medicare Advantage DualPrime Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2025. To get updated information about the drugs covered by CareFirst BlueCross BlueShield Advantage DualPrime please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CareFirst BlueCross BlueShield Advantage DualPrime covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CareFirst BlueCross BlueShield Advantage DualPrime requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareFirst BlueCross BlueShield Advantage DualPrime before you fill your prescriptions. If you don't get approval, CareFirst BlueCross BlueShield Advantage DualPrime may not cover the drug.
- **Quantity Limits:** For certain drugs, CareFirst BlueCross BlueShield Advantage DualPrime limits the amount of the drug that CareFirst BlueCross BlueShield Advantage DualPrime will cover. For example, CareFirst BlueCross BlueShield Advantage DualPrime provides 30 tablets per 30 days per prescription for JANUVIA 100 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareFirst BlueCross BlueShield Advantage DualPrime requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CareFirst BlueCross BlueShield Advantage DualPrime may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareFirst BlueCross BlueShield Advantage DualPrime will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CareFirst BlueCross BlueShield Advantage DualPrime to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CareFirst BlueCross BlueShield Advantage DualPrime's formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CareFirst BlueCross BlueShield Advantage DualPrime does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CareFirst BlueCross BlueShield Advantage DualPrime. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CareFirst BlueCross BlueShield Advantage DualPrime.
- You can ask CareFirst BlueCross BlueShield Advantage DualPrime to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CareFirst BlueCross BlueShield Advantage DualPrime's Formulary?

You can ask CareFirst BlueCross BlueShield Advantage DualPrime to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CareFirst BlueCross BlueShield Advantage DualPrime limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CareFirst BlueCross BlueShield Advantage DualPrime will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your

ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care (such as a move from a hospital to a home setting) and need a drug that is not on our formulary or your ability to get your drugs is limited, we may cover a one-time temporary supply. The temporary one-time supply must be for a 30-day supply (or a 31-day supply if you reside in a long-term care facility) unless your prescription is for a fewer day supply. You must have drug(s) filled at a network pharmacy. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your CareFirst BlueCross BlueShield Advantage DualPrime prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareFirst BlueCross BlueShield Advantage DualPrime, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

CareFirst BlueCross BlueShield Advantage DualPrime Formulary

The formulary below provides coverage information about the drugs covered by CareFirst BlueCross BlueShield Advantage DualPrime. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *ibuprofen*).

The information in the Requirements/Limits column tells you if CareFirst BlueCross BlueShield Advantage DualPrime has any special requirements for coverage of your drug.

PA – Prior Authorization

We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL – Quantity Limit

For certain drugs, we limit the amount of the drug that you can have by limiting how much of a drug you can get each time you fill your prescription.

ST – Step Therapy

In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug

B.

NM - Not Available via Mail-Order

This drug is not available through mail order pharmacy.

LA- Limited Access

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1- 844-786-6762, 24 hours a day, 7 days a week. TTY users should call toll-free TTY 711.

B/D – Drug may be covered under Medicare Part B or D

Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to CareFirst BlueCross BlueShield Advantage DualPrime that describes the use and the place where you receive and take the drug so a determination can be made.

Your 2025 Part D copay varies depending on your level of “extra help” – see table below.

For generic drugs (including brand drugs treated as generic):	
Retail/Mail Order: Up to 90-days Long-Term Care (LTC): Up to 31-days Out-of-Network (OON): Up to 10-days <i>LTC greater than 90-day supply and OON drugs greater than a 10-day supply are not covered.</i>	Based on your level of “extra help” you pay a copay of either: <ul style="list-style-type: none">• \$0• \$1.55• \$4.50
For all other drugs:	
Retail/Mail Order: Up to 90-days Long-Term Care (LTC): Up to 31-days Out-of-Network (OON): Up to 10-days <i>LTC greater than 90-day supply and OON drugs greater than a 10-day supply are not covered.</i>	Based on your level of “extra help” you pay a copay of either: <ul style="list-style-type: none">• \$0• \$4.60• \$11.20
Once you reach the Catastrophic Coverage stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Drug Name	Requirements/Limits
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ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	
<i>colchicine</i> CAPS .6mg	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>MITIGARE</i> CAPS .6mg	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	
<i>diflunisal</i> TABS 500mg	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	
<i>flurbiprofen</i> TABS 100mg	
<i>ibu</i> TABS 400mg, 600mg, 800mg	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	
<i>meloxicam</i> TABS 7.5mg, 15mg	
<i>nabumetone</i> TABS 500mg, 750mg	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	
<i>naproxen</i> TBEC 375mg	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	
<i>piroxicam</i> CAPS 10mg, 20mg	
<i>sulindac</i> TABS 150mg, 200mg	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, QL (30 tabs / 30 days), PA 60mg, 80mg, 100mg, 120mg	
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	QL (90 mL / 30 days), PA

Drug Name	Requirements/Limits
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	
<i>endocet tab</i> 2.5-325mg	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	
<i>oxycodone hcl</i> CONC 100mg/5ml	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	
<i>ARIKAYCE</i> SUSP 590mg/8.4ml	NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	
<i>CAYSTON</i> SOLR 75mg	NM, PA

Drug Name	Requirements/Limits
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	
<i>clindamycin phosphate SOLN 900mg/6ml</i>	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	
<i>CLINDMYC/NAC INJ 300/50ML</i>	
<i>CLINDMYC/NAC INJ 600/50ML</i>	
<i>CLINDMYC/NAC INJ 900/50ML</i>	
<i>colistimethate sodium SOLR 150mg</i>	
<i>dapsone TABS 25mg, 100mg</i>	
<i>DAPTOMYCIN SOLR 350mg</i>	
<i>daptomycin SOLR 350mg, 500mg</i>	
<i>EMVERM CHEW 100mg</i>	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	
<i>IMPAVIDO CAPS 50mg</i>	PA
<i>ivermectin TABS 3mg</i>	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	
<i>linezolid SUSR 100mg/5ml</i>	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	
<i>meropenem SOLR 1gm, 500mg</i>	
<i>methenamine hippurate TABS 1gm</i>	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	
<i>neomycin sulfate TABS 500mg</i>	
<i>nitazoxanide TABS 500mg</i>	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	
<i>pentamidine isethionate inh SOLR 300mg</i>	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	
<i>polymyxin b sulfate SOLR 500000unit</i>	
<i>praziquantel TABS 600mg</i>	

Drug Name	Requirements/Limits
<i>pyrimethamine</i> TABS 25mg	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	
<i>sulfadiazine</i> TABS 500mg	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	
<i>tinidazole</i> TABS 250mg, 500mg	
<i>TOBI PODHALER</i> CAPS 28mg	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	
<i>trimethoprim</i> TABS 100mg	
<i>vancomycin hcl</i> CAPS 125mg	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	
<i>VANCOMYCIN INJ</i> 1 GM	
<i>VANCOMYCIN INJ</i> 500MG	
<i>VANCOMYCIN INJ</i> 750MG	
ANTIFUNGALS	
<i>ABELCET</i> SUSP 5mg/ml	B/D
<i>amphotericin b</i> SOLR 50mg	B/D
<i>amphotericin b liposome</i> SUSR 50mg	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	
<i>flucytosine</i> CAPS 250mg, 500mg	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	
<i>itraconazole</i> CAPS 100mg	PA
<i>ketonconazole</i> TABS 200mg	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	
<i>nystatin</i> TABS 500000unit	
<i>posaconazole</i> SUSP 40mg/ml	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	PA

Drug Name	Requirements/Limits
voriconazole SUSR 40mg/ml	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	QL (480 tabs / 30 days)
voriconazole TABS 200mg	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>
<i>atovaquone-proguanil hcl tab 250-100 mg</i>
<i>chloroquine phosphate TABS 250mg, 500mg</i>
<i>COARTEM TAB 20-120MG</i>
<i>mefloquine hcl TABS 250mg</i>
<i>primaquine phosphate TABS 26.3mg</i>
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>
<i>quinine sulfate CAPS 324mg</i>
PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	NM
<i>APTVUS CAPS 250mg</i>	NM
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	NM
<i>darunavir TABS 600mg</i>	QL (60 tabs / 30 days), NM
<i>darunavir TABS 800mg</i>	QL (30 tabs / 30 days), NM
<i>EDURANT TABS 25mg</i>	NM
<i>efavirenz TABS 600mg</i>	NM
<i>emtricitabine CAPS 200mg</i>	NM
<i>EMTRIVA SOLN 10mg/ml</i>	NM
<i>etravirine TABS 100mg, 200mg</i>	NM
<i>fosamprenavir calcium TABS 700mg</i>	NM
<i>FUZEON SOLR 90mg</i>	NM
<i>INTELENCE TABS 25mg</i>	NM
<i>ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg</i>	NM
<i>ISENTRESS HD TABS 600mg</i>	NM
<i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i>	NM
<i>maraviroc TABS 150mg, 300mg</i>	NM
<i>nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg</i>	NM
<i>NORVIR PACK 100mg</i>	NM
<i>PIFELTRO TABS 100mg</i>	NM
<i>PREZISTA SUSP 100mg/ml</i>	QL (400 mL / 30 days), NM
<i>PREZISTA TABS 75mg</i>	QL (480 tabs / 30 days), NM
<i>PREZISTA TABS 150mg</i>	QL (240 tabs / 30 days), NM
<i>REYATAZ PACK 50mg</i>	NM
<i>ritonavir TABS 100mg</i>	NM
<i>RUKOBIA TB12 600mg</i>	NM
<i>SELZENTRY SOLN 20mg/ml</i>	NM
<i>SUNLENCA TBPK 300mg</i>	NM
<i>tenofovir disoproxil fumarate TABS 300mg</i>	NM

Drug Name	Requirements/Limits
TIVICAY TABS 10mg, 25mg, 50mg	NM
TIVICAY PD TBSO 5mg	NM
TROGARZO SOLN 200mg/1.33ml	NM
TYBOST TABS 150mg	NM
VIRACEPT TABS 250mg, 625mg	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	NM
BIKTARVY TAB 30-120-15 MG	NM
BIKTARVY TAB 50-200-25 MG	NM
CIMDUO TAB 300-300	NM
COMPLERA TAB	NM
DELSTRIGO TAB	NM
DESCOVY TAB 120-15MG	NM
DESCOVY TAB 200/25MG	NM
DOVATO TAB 50-300MG	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	NM
EVOTAZ TAB 300-150	NM
GENVOYA TAB	NM
JULUCA TAB 50-25MG	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	NM
ODEFSEY TAB	NM
PREZCOBIX TAB 800-150	NM
STRIBILD TAB	NM
SYMTUZA TAB	NM

Drug Name	Requirements/Limits
TRIUMEQ PD TAB	NM
TRIUMEQ TAB	NM

ANTITUBERCULAR AGENTS

cycloserine CAPS 250mg	
ethambutol hcl TABS 100mg, 400mg	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	
PRIFTIN TABS 150mg	
pyrazinamide TABS 500mg	
rifabutin CAPS 150mg	
rifampin CAPS 150mg, 300mg; SOLR 600mg	
SIRTURO TABS 20mg, 100mg	NM, PA
TRECATOR TABS 250mg	

ANTIVIRALS

acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	
acyclovir sodium SOLN 50mg/ml	B/D
adefovir dipivoxil TABS 10mg	NM
BARACLUDE SOLN .05mg/ml	NM, ST
entecavir TABS .5mg, 1mg	NM
EPCLUSA PAK 150-37.5	NM, PA
EPCLUSA PAK 200-50MG	NM, PA
EPCLUSA TAB 200-50MG	NM, PA
EPCLUSA TAB 400-100	NM, PA
famciclovir TABS 125mg, 250mg, 500mg	
ganciclovir sodium SOLR 500mg	B/D
HARVONI PAK 33.75-150MG	NM, PA
HARVONI PAK 45-200MG	NM, PA
HARVONI TAB 45-200MG	NM, PA
HARVONI TAB 90-400MG	NM, PA
lamivudine (hbv) TABS 100mg	NM
LIVTENCITY TABS 200mg	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	NM, PA
MAVYRET TAB 100-40MG	NM, PA
oseltamivir phosphate CAPS 30mg	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	QL (1080 mL / year)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	NM, PA
PREVYMIS TABS 240mg, 480mg	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	NM
rimantadine hydrochloride TABS 100mg	

Drug Name	Requirements/Limits
<i>valacyclovir hcl</i> TABS 1gm, 500mg	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	
VOSEVI TAB	NM, PA
XOFLUZA TBPK 40mg, 80mg	QL (1 tab / 180 days)
CEPHALOSPORINS	
<i>cefaclor</i> CAPS 250mg, 500mg	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	
<i>CEFAZOLIN</i> SOLR 2gm, 3gm	
<i>CEFAZOLIN INJ</i> 1GM/50ML	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	
<i>CEFAZOLIN</i> SOLN 2GM/100ML-4%	
<i>CEFAZOLIN/DEX</i> SOL 1GM/50ML-4%	
<i>CEFAZOLIN/DEX</i> SOL 2GM/50ML-3%	
<i>CEFAZOLIN/DEX</i> SOL 3GM/150ML-4%	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	
<i>cefepime hcl</i> SOLR 1gm, 2gm	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	
<i>TEFLARO</i> SOLR 400mg, 600mg	
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	
<i>e.e.s. 400</i> TABS 400mg	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	

Drug Name	Requirements/Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	
erythromycin ethylsuccinate TABS 400mg	
erythromycin lactobionate SOLR 500mg	
FLUOROQUINOLONES	
ciprofloxacin 200 mg/100ml in d5w	
ciprofloxacin 400 mg/200ml in d5w	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	
levofloxacin in d5w iv soln 250 mg/50ml	
levofloxacin in d5w iv soln 500 mg/100ml	
levofloxacin in d5w iv soln 750 mg/150ml	
moxifloxacin hcl TABS 400mg	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	
PENICILLINS	
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	
amoxicillin & k clavulanate chew tab 400-57 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	
amoxicillin & k clavulanate tab 250-125 mg	
amoxicillin & k clavulanate tab 500-125 mg	
amoxicillin & k clavulanate tab 875-125 mg	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	
ampicillin CAPS 500mg	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	
ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	

Drug Name	Requirements/Limits
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	
<i>BICILLIN L-A</i> SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	
<i>penicillin g sodium</i> SOLR 5000000unit	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	
<i>pizerpen</i> SOLR 5000000unit, 20000000unit	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3- 0.375 gm)	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2- 0.25 gm)	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4- 0.5 gm)	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	

TETRACYCLINES

<i>doxy 100</i> SOLR 100mg	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	
NUZYRA SOLR 100mg	NM
NUZYRA TABS 150mg	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	
<i>tigecycline</i> SOLR 50mg	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	B/D, NM
BENDEKA SOLN 100mg/4ml	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, B/D 2gm, 500mg	

Drug Name	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	B/D
ANTIMETABOLITES	
<i>azacitidine</i> SUSR 100mg	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> TABS 50mg	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	B/D
ONUREG TABS 200mg, 300mg	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	B/D
PURIXAN SUSP 2000mg/100ml	NM
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate</i> TABS 250mg	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	
<i>bicalutamide</i> TABS 50mg	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	NM, PA
ERLEADA TABS 60mg	QL (120 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
ERLEADA TABS 240mg	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	
exemestane TABS 25mg	
FIRMAGON SOLR 80mg, 120mg/vial	NM, PA
fulvestrant SOSY 250mg/5ml	B/D
letrozole TABS 2.5mg	
leuprolide acetate KIT 1mg/0.2ml	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	NM, PA
LYSODREN TABS 500mg	NM
megestrol acetate TABS 20mg, 40mg	
nilutamide TABS 150mg	
NUBEQA TABS 300mg	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	NM, PA
ORSERDU TABS 86mg	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	
tamoxifen citrate TABS 10mg, 20mg	
toremifene citrate TABS 60mg	PA
XTANDI CAPS 40mg	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS	
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS	
BESREMI SOSY 500mcg/ml	QL (2 syringes / 28 days), NM, PA

Drug Name	Requirements/Limits
bexarotene CAPS 75mg	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	B/D
hydroxyurea CAPS 500mg	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	B/D
IWLFIN TABS 192mg	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	NM
tretinoin (chemotherapy) CAPS 10mg	
WELIREG TABS 40mg	QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	B/D
paclitaxel inj 100mg	B/D, NM
vincristine sulfate SOLN 1mg/ml	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	QL (84 tabs / 28 days), NM, PA

Drug Name	Requirements/Limits
BALVERSA TABS 4mg	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg <i>bortezomib</i> SOLR 3.5mg	NM, PA
BOSULIF CAPS 50mg	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg <i>dasatinib</i> TABS 20mg	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	QL (60 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
DAURISMO TABS 100mg	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	NM, PA
HERCEPTIN SOLR 150mg	NM, PA
HERZUMA SOLR 150mg, 420mg	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	QL (30 caps / 30 days), NM, PA

Drug Name	Requirements/Limits
IMBRUICA CAPS 140mg	QL (120 caps / 30 days), NM, PA
IMBRUICA SUSP 70mg/ml	QL (216 mL / 27 days), NM, PA
IMBRUICA TABS 140mg, 280mg, 420mg	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	B/D, NM
KANJINTI SOLR 150mg, 420mg	NM, PA
KEYTRUDA SOLN 100mg/4ml	NM, PA
KISQALI 200 DOSE TBPK 200mg	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	QL (180 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
lapatinib ditosylate TABS 250mg	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	QL (90 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
MEKTOVI TABS 15mg	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	NM, PA
NERLYNX TABS 40mg	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	NM, PA
OGSIVEO TABS 50mg	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	NM, PA
<i>pazopanib hcl</i> TABS 200mg	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	QL (60 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
REZLIDHIA CAPS 150mg	QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	NM, PA
TECENTRIQ INJ HYBREZA	QL (1 vial / 21 days), NM, PA

Drug Name	Requirements/Limits
TEPMETKO TABS 225mg	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	NM, PA
TRUQAP TABS 160mg, 200mg	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	NM, PA
TUKYSA TABS 50mg, 150mg	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	QL (180 caps / 30 days), NM, PA

Drug Name	Requirements/Limits
XOSPATA TABS 40mg	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	NM, PA
ZOLINZA CAPS 100mg	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	
<i>mesna</i> TABS 400mg	
MESNEX TABS 400mg	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
ACE INHIBITORS	
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone TABS 25mg, 50mg</i>	
<i>KERENDIA TABS 10mg, 20mg</i>	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	
ALPHA BLOCKERS	
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5- 20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5- 40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	QL (30 tabs / 30 days)

Drug Name	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
<i>ENTRESTO CAP 6-6MG</i>	QL (240 caps / 30 days)
<i>ENTRESTO CAP 15-16MG</i>	QL (240 caps / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 49-51MG</i>	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 97-103MG</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-QL</i>	(30 tabs / 30 days)
<i>12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-QL</i>	(30 tabs / 30 days)
<i>12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-QL</i>	(30 tabs / 30 days)
<i>25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)

Drug Name	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil TABS 5mg</i>	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	QL (30 tabs / 30 days)
ANTIARRHYTHMICS	
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	
<i>MULTAQ TABS 400mg</i>	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	
<i>quinidine sulfate TABS 200mg, 300mg</i>	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	
<i>gemfibrozil TABS 600mg</i>	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg</i>	QL (30 tabs / 30 days)

Drug Name	Requirements/Limits
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	QL (30 tabs / 30 days)
ANTI-LIPEMICS, MISCELLANEOUS	
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	
<i>ezetimibe</i> TABS 10mg	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
<i>NEXLETOL</i> TABS 180mg	QL (30 tabs / 30 days)
<i>NEXLIZET</i> TAB 180/10MG	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	
<i>REPATHA SOSY</i> 140mg/ml	NM, PA
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i> 420mg/3.5ml	NM, PA
<i>REPATHA SURECLICK SOAJ</i> 140mg/ml	NM, PA
<i>VASCEPA</i> CAPS .5gm, 1gm	
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<i>acebutolol hcl</i> CAPS 200mg, 400mg	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	
<i>betaxolol hcl</i> TABS 10mg, 20mg	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	

Drug Name	Requirements/Limits
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg
<i>isradipine</i> CAPS 2.5mg, 5mg
<i>nicardipine hcl</i> CAPS 20mg, 30mg
<i>nifedipine</i> TB24 30mg, 60mg, 90mg
<i>nimodipine</i> CAPS 30mg
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg

DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>
<i>amiloride hcl</i> TABS 5mg
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg
<i>chlorthalidone</i> TABS 25mg, 50mg
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg
<i>furosemide inj</i> SOLN 10mg/ml
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg
<i>indapamide</i> TABS 1.25mg, 2.5mg
<i>methazolamide</i> TABS 25mg, 50mg
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>

Drug Name	Requirements/Limits
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	
MISCELLANEOUS	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	
<i>CORLANOR</i> SOLN 5mg/5ml	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	
<i>digoxin</i> TABS 125mcg, 250mcg	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	
<i>guanfacine hcl</i> TABS 1mg, 2mg	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	
<i>minoxidil</i> TABS 2.5mg, 10mg	
<i>ranolazine</i> TB12 500mg, 1000mg	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	QL (30 tabs / 30 days), PA
NITRATES	
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	
<i>NITRO-BID</i> OINT 2%	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	
PULMONARY ARTERIAL HYPERTENSION	
<i>alyq</i> TABS 20mg	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	QL (60 tabs / 30 days), NM, PA
<i>OPSUMIT</i> TABS 10mg	QL (30 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	
<i>lorazepam</i> CONC 2mg/ml	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	PA; PA applies if 29 years and younger
<i>memantine hcl</i> tab 28 x 5 mg & 21 x 10 mg titration pack	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
<i>NAMZARIC CAP 7-10MG</i>	
<i>NAMZARIC CAP 14-10MG</i>	
<i>NAMZARIC CAP 21-10MG</i>	
<i>NAMZARIC CAP 28-10MG</i>	
<i>NAMZARIC CAP PACK</i>	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	
<i>AUVELITY TAB 45-105MG</i>	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	

Drug Name	Requirements/Limits
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 QL (60 tabs / 30 days) 150mg	
<i>bupropion hcl</i> TB24 300mg	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	
<i>DRIZALMA SPRINKLE</i> CSDR 20mg, 30mg, 40mg,	QL (60 caps / 30 days), PA
60mg	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	QL (60 caps / 30 days)
<i>EMSAM</i> PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	
<i>FETZIMA</i> CP24 20mg, 40mg	QL (60 caps / 30 days), PA
<i>FETZIMA</i> CP24 80mg, 120mg	QL (30 caps / 30 days), PA
<i>FETZIMA CAP TITRATION</i>	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	
<i>MARPLAN</i> TABS 10mg	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	
<i>paroxetine hcl</i> SUSP 10mg/5ml	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	
<i>phenelzine sulfate</i> TABS 15mg	
<i>protriptyline hcl</i> TABS 5mg, 10mg	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	
<i>tranylcypromine sulfate</i> TABS 10mg	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	QL (60 caps / 30 days)
<i>TRINTELLIX</i> TABS 5mg, 10mg, 20mg	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	QL (30 tabs / 30 days)

Drug Name	Requirements/Limits
ZURZUVAE CAPS 20mg, 25mg	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl</i> CAPS 100mg	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	
<i>benztropine mesylate</i> SOLN 1mg/ml	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	
<i>carb/levo orally disintegrating tab</i> 10-100mg	
<i>carb/levo orally disintegrating tab</i> 25-100mg	
<i>carb/levo orally disintegrating tab</i> 25-250mg	
<i>carbidopa & levodopa tab</i> 10-100 mg	
<i>carbidopa & levodopa tab</i> 25-100 mg	
<i>carbidopa & levodopa tab</i> 25-250 mg	
<i>carbidopa & levodopa tab er</i> 25-100 mg	
<i>carbidopa & levodopa tab er</i> 50-200 mg	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75- 200 mg	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125- 200 mg	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150- 200 mg	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	
<i>entacapone</i> TABS 200mg	
INBRIJA CAPS 42mg	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	PA; PA applies if 70 years and older

ANTIPSYCHOTICS

ABILIFY ASIMTUFI 720mg/2.4ml, 960mg/3.2ml	QL (1 syringe / 56 days)
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Drug Name	Requirements/Limits
ABILIFY MAINTENA PRSY 300mg, 400mg	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, QL (30 tabs / 30 days) 30mg	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	
<i>clozapine</i> TABS 25mg, 50mg	
<i>clozapine</i> TABS 100mg	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	PA
<i>clozapine</i> TBDP 100mg	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, QL (60 tabs / 30 days), PA 12mg	
FANAPT PAK	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	QL (1 syringe / 90 days)
<i>loxpiprazole succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	

Drug Name	Requirements/Limits
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	
NUPLAZID CAPS 34mg	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	
<i>pimozide</i> TABS 1mg, 2mg	
<i>quetiapine fumarate</i> TABS 25mg	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, QL (90 tabs / 30 days) 200mg	
<i>quetiapine fumarate</i> TABS 300mg, 400mg	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	
VERSACLOZ SUSP 50mg/ml	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	QL (60 caps / 30 days)

Drug Name	Requirements/Limits
VRAYLAR CAPS 3mg, 4.5mg, 6mg	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	QL (6 injections / 3 days)
ANTISEIZURE AGENTS	
APTIOM TABS 200mg, 400mg	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	
<i>clobazam</i> SUSP 2.5mg/ml	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	
<i>diazepam inj</i> SOLN 5mg/ml	
<i>diazepam intensol</i> CONC 5mg/ml	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	

Drug Name	Requirements/Limits
EPIDIOLEX SOLN 100mg/ml	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	
EPRONTIA SOLN 25mg/ml	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	
FINTEPLA SOLN 2.2mg/ml	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	QL (30 tabs / 30 days), PA
<i> gabapentin</i> CAPS 100mg, 300mg	QL (360 caps / 30 days)
<i> gabapentin</i> CAPS 400mg	QL (270 caps / 30 days)
<i> gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	QL (2160 mL / 30 days)
<i> gabapentin</i> TABS 600mg	QL (180 tabs / 30 days)
<i> gabapentin</i> TABS 800mg	QL (120 tabs / 30 days)
<i> lacosamide</i> SOLN 200mg/20ml	
<i> lacosamide</i> TABS 50mg	QL (120 tabs / 30 days)
<i> lacosamide</i> TABS 100mg, 150mg, 200mg	QL (60 tabs / 30 days)
<i> lacosamide oral</i> SOLN 10mg/ml	QL (1200 mL / 30 days)
<i> lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	
<i> lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, ST 250mg, 300mg	
<i> levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	
LEVETIRACETAM TB3D 250mg	QL (360 tabs / 30 days)
<i> levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	
<i> levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	
<i> levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	QL (10 buccal films / 30 days)
<i> methsuximide</i> CAPS 300mg	
NAYZILAM SOLN 5mg/0.1ml	QL (10 nasal units per 30 days)
<i> oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	
<i> phenobarbital</i> ELIX 20mg/5ml	QL (1500 mL / 30 days), PA; PA applies if 70 years and older

Drug Name	Requirements/Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	
<i>phenytoin sodium</i> SOLN 50mg/ml	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	
<i>roweepra</i> TABS 500mg	
<i>rufinamide</i> SUSP 40mg/ml	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	QL (240 tabs / 30 days), PA
<i>SPRITAM</i> TB3D 250mg	QL (360 tabs / 30 days)
<i>SPRITAM</i> TB3D 500mg	QL (180 tabs / 30 days)
<i>SPRITAM</i> TB3D 750mg	QL (120 tabs / 30 days)
<i>SPRITAM</i> TB3D 1000mg	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	
<i>valproic acid</i> CAPS 250mg	
<i>VALTOCO</i> 5 MG DOSE LIQD 5mg/0.1ml	QL (10 blister packs per 30 days)
<i>VALTOCO</i> 10 MG DOSE LIQD 10mg/0.1ml	QL (10 blister packs per 30 days)
<i>VALTOCO</i> 15 MG DOSE LQPK 7.5mg/0.1ml	QL (10 blister packs per 30 days)
<i>VALTOCO</i> 20 MG DOSE LQPK 10mg/0.1ml	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	QL (180 tabs / 30 days), NM, PA
<i>vigadron</i> PACK 500mg	QL (180 packets / 30 days), NM, PA

Drug Name	Requirements/Limits
vigadroner TABS 500mg	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	
ZTALMY SUSP 50mg/ml	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	QL (30 tabs / 30 days), PA; PA applies if 70 years and older

Drug Name	Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 3mg	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>DAYVIGO</i> TABS 5mg, 10mg	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	QL (8 mL / 30 days), PA
<i>EMGALITY</i> SOAJ 120mg/ml	QL (2 pens / 30 days), NM, PA
<i>EMGALITY</i> SOSY 100mg/ml	QL (3 syringes / 30 days), NM, PA

Drug Name	Requirements/Limits
EMGALITY SOSY 120mg/ml	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl TABS 1mg, 2.5mg</i>	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg</i>	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	QL (24 units / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	QL (12 units / 30 days)
<i>sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml</i>	QL (18 injections / 30 days)
<i>sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS 25mg, 50mg, 100mg</i>	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), NM, PA
<i>lithium SOLN 8meq/5ml</i>	
<i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg</i>	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide TABS 60mg</i>	
<i>riluzole TABS 50mg</i>	
tetrabenazine TABS 12.5mg	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	QL (14 syringes / 28 days), NM, PA

Drug Name	Requirements/Limits
COPAXONE SOSY 20mg/ml	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	
<i>carisoprodol</i> TABS 350mg	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	
<i>methocarbamol</i> TABS 500mg	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	QL (540 mL / 30 days), NM, PA

Drug Name	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC	
<i>acamprosate calcium</i> TBEC 333mg	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg <i>(base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg <i>(base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg <i>(base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg <i>(base equiv)</i>	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg <i>(base equiv)</i>	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg <i>(base equiv)</i>	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	
<i>naltrexone hcl</i> TABS 50mg	
<i>NICOTROL INHALER</i> INHA 10mg	
<i>NICOTROL NS</i> SOLN 10mg/ml	
<i>varenicline tartrate</i> TABS .5mg, 1mg	QL (56 tabs / 28 days)
<i>varenicline tartrate</i> tab 11 x 0.5 mg & 42 x 1 mg <i>start pack</i>	QL (2 packs / year)
<i>VIVITROL</i> SUSR 380mg	NM
ENDOCRINE AND METABOLIC	
ANDROGENS	
<i>danazol</i> CAPS 50mg, 100mg, 200mg	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	PA
<i>methyltestosterone</i> CAPS 10mg	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	PA
<i>testosterone pump</i> GEL 1.62%	QL (150 gm / 30 days), PA
ANTIDIABETICS	
<i>acarbose</i> TABS 25mg, 50mg, 100mg	
<i>FARXIGA</i> TABS 5mg, 10mg	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	QL (120 tabs / 30 days)

Drug Name	Requirements/Limits
<i>glipizide</i> TB24 2.5mg, 5mg	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 5-500 mg	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	QL (30 tabs / 30 days), PA

Drug Name	Requirements/Limits
SYNJARDY TAB 5-500MG	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	
ADMELOG SOLOSTAR SOPN 100unit/ml	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	
FIASP FLEXTOUCH SOPN 100unit/ml	
FIASP PENFILL SOCT 100unit/ml	
FIASP PUMPCART SOCT 100unit/ml	B/D
GAUZE PADS 2" X 2"	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	
INSULIN PEN NEEDLES: BD-EMBECTA	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	PA
INSULIN SYRINGES: BD-EMBECTA	PA
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	(brand RELION not covered)

Drug Name	Requirements/Limits
NOVOLIN R SOLN 100unit/ml	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEON MAX SOLOSTAR SOPN 300unit/ml	
TOUJEON SOLOSTAR SOPN 300unit/ml	
TRESIBA SOLN 100unit/ml	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	B/D
<i>ibandronate sodium</i> TABS 150mg	B/D
<i>PAMIDRONATE DISODIUM</i> SOLN 6mg/ml	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	B/D
<i>PROLIA SOSY</i> 60mg/ml	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	
<i>risedronate sodium</i> TBEC 35mg	ST
<i>TERIPARATIDE</i> SOPN 620mcg/2.48ml	NM, PA
<i>XGEVA</i> SOLN 120mg/1.7ml	NM, PA

Drug Name	Requirements/Limits
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml B/D, NM	
CHELATING AGENTS	
<i>CHEMET</i> CAPS 100mg	
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	NM, PA
<i>kionex</i> SUSP 15gm/60ml	
<i>LOKELMA</i> PACK 5gm, 10gm	
<i>penicillamine</i> TABS 250mg	NM
<i>sodium polystyrene sulfonate powder</i>	
<i>sps</i> SUSP 15gm/60ml	
<i>sps rectal</i> SUSP 15gm/60ml	
<i>trientine hcl</i> CAPS 250mg	NM, PA
CONTRACEPTIVES	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethia</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe 1.5/30</i>	
<i>briellyn</i>	
<i>camila</i> TABS .35mg	
<i>camrese</i>	
<i>camrese lo</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>debitane</i> TABS .35mg	

Drug Name	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>emzahh TABS .35mg</i>	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	
<i>errin TABS .35mg</i>	
<i>estarrylla</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	
<i>falmina</i>	
<i>finzala</i>	
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>haloette</i>	
<i>heather TABS .35mg</i>	
<i>iclevia</i>	
<i>incassia TABS .35mg</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jasmiel</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	

Drug Name	Requirements/Limits
<i>kelnor 1/50</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>layolis fe</i>	
<i>leena</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethynodiolide (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethynodiolide tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethynodiolide tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethynodiolide (continuous) tab 90-20 mcg</i>	
<i>levora 0.15/30-28</i>	
<i>LILETTA IUD 20.1mcg/day</i>	NM
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutera</i>	
<i>lyeq TABS .35mg</i>	
<i>lyza TABS .35mg</i>	
<i>marlissa</i>	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	
<i>mibelas 24 fe</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin fe 1.5/30</i>	

Drug Name	Requirements/Limits
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	
<i>necon 0.5/35-28</i>	
<i>NEXPLANON IMPL 68mg</i>	NM
<i>nikki</i>	
<i>nora-be TABS .35mg</i>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone (contraceptive) TABS .35mg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norlyroc TABS .35mg</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35 (21)</i>	
<i>nortrel 1/35 (28)</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>ocella</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivilsa</i>	
<i>setlakin</i>	
<i>sharobel TABS .35mg</i>	

Drug Name	Requirements/Limits
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>syeda</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
<i>tilia fe</i>	
<i>tri-estarylla</i>	
<i>tri-legest fe</i>	
<i>tri-linyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>tydemy</i>	
<i>velivet</i>	
<i>vestura</i>	
<i>vienna</i>	
<i>viovere</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>xulane</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	

ESTROGENS

dotti PTTW .025mg/24hr, .037mg/24hr,
.05mg/24hr, .075mg/24hr, .1mg/24hr

estradiol PTTW .025mg/24hr, .037mg/24hr,
.05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK
.025mg/24hr, .05mg/24hr, .06mg/24hr,
.075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS
.5mg, 1mg, 2mg

estradiol & norethindrone acetate tab 0.5-0.1 mg

Drug Name	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	
<i>fyavolv tab 0.5mg-2.5mcg</i>	
<i>fyavolv tab 1mg-5mcg</i>	
<i>jinteli</i>	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>mimvey</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
<i>yuvafem TABS 10mcg</i>	

GLUCOCORTICOIDS

<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml</i>	
<i>fludrocortisone acetate TABS .1mg</i>	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	
<i>hydrocortisone sod succinate SOLR 100mg</i>	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	B/D
<i>methylprednisolone TBPK 4mg</i>	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, B/D 1000mg</i>	
<i>prednisolone SOLN 15mg/5ml</i>	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, B/D 15mg/5ml, 25mg/5ml</i>	
<i>prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	B/D
<i>prednisone TBPK 5mg, 10mg</i>	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	

GLUCOSE ELEVATING AGENTS

<i>diazoxide SUSP 50mg/ml</i>
<i>ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml</i>

MISCELLANEOUS

Drug Name	Requirements/Limits
ALDURAZYME SOLN 2.9mg/5ml	NM, PA
<i>betaine powder for oral solution</i>	NM
<i>cabergoline TABS .5mg</i>	
<i>carglumic acid TBSO 200mg</i>	NM, PA
CERDELGA CAPS 84mg	NM, PA
CEREZYME SOLR 400unit	NM, PA
<i>cinacalcet hcl TABS 30mg, 60mg</i>	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl TABS 90mg</i>	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	NM, PA
<i>desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg</i>	
<i>desmopressin acetate spray SOLN .01%</i>	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	
FABRAZYME SOLR 5mg, 35mg	NM, PA
GENOTROPIN CART 5mg, 12mg	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	NM, PA
INCRELEX SOLN 40mg/4ml	NM, PA
<i>javygtor PACK 100mg, 500mg; TABS 100mg</i>	NM, PA
<i>lanreotide acetate SOLN 120mg/0.5ml</i>	NM, PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg</i>	B/D
LUMIZYME SOLR 50mg	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	NM, PA
<i>mifepristone (hyperglycemia) TABS 300mg</i>	NM, PA
NAGLAZYME SOLN 1mg/ml	NM, PA
<i>nitisinone CAPS 2mg, 5mg, 10mg, 20mg</i>	NM, PA
<i>octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	NM, PA
<i>raloxifene hcl TABS 60mg</i>	
<i>sapropterin dihydrochloride PACK 100mg, 500mg; NM, PA TABS 100mg</i>	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	NM, PA
<i>sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg</i>	NM, PA

Drug Name	Requirements/Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	NM, PA
SYNAREL SOLN 2mg/ml	PA
VEOZAH TABS 45mg	PA

PROGESTINS

<i>gallifrey</i> TABS 5mg
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg
<i>megestrol acetate</i> SUSP 40mg/ml
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml PA
<i>norethindrone acetate</i> TABS 5mg
<i>progesterone</i> CAPS 100mg, 200mg

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg
<i>levoxyd</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg
<i>methimazole</i> TABS 5mg, 10mg
<i>propylthiouracil</i> TABS 50mg
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	B/D

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	B/D
<i>compro</i> SUPP 25mg	

Drug Name	Requirements/Limits
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	
<i>granisetron hcl</i> TABS 1mg	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	
<i>ondansetron</i> TBDP 4mg, 8mg	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	B/D
<i>prochlorperazine</i> SUPP 25mg	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	
<i>glycopyrrolate</i> TABS 1mg	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	
<i>nizatidine</i> CAPS 150mg, 300mg	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	
<i>budesonide</i> CPEP 3mg	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	
<i>mesalamine</i> CP24 .375gm	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	

LAXATIVES

Drug Name	Requirements/Limits
<i>constulose SOLN 10gm/15ml</i>	
<i>enulose SOLN 10gm/15ml</i>	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n/flavor pack</i>	
<i>generlac SOLN 10gm/15ml</i>	
<i>lactulose SOLN 10gm/15ml</i>	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>PLENUVU SOL</i>	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	
MISCELLANEOUS	
<i>alosetron hcl TABS .5mg, 1mg</i>	QL (60 tabs / 30 days), PA
<i>CREON CAP 3000UNIT</i>	
<i>CREON CAP 6000UNIT</i>	
<i>CREON CAP 12000UNT</i>	
<i>CREON CAP 24000UNT</i>	
<i>CREON CAP 36000UNT</i>	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>GATTEX KIT 5mg</i>	NM, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	
<i>misoprostol TABS 100mcg, 200mcg</i>	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	
<i>VOWST CAP</i>	QL (12 caps / 30 days), NM, PA
<i>XERMELO TABS 250mg</i>	QL (84 tabs / 28 days), NM, PA
<i>XIFAXAN TABS 550mg</i>	PA
<i>ZENPEP CAP 3000UNIT</i>	
<i>ZENPEP CAP 5000UNIT</i>	
<i>ZENPEP CAP 10000UNT</i>	
<i>ZENPEP CAP 15000UNT</i>	
<i>ZENPEP CAP 20000UNT</i>	

Drug Name	Requirements/Limits
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	
<i>rabeprazole sodium</i> TBEC 20mg	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	
<i>metronidazole vaginal</i> GEL .75%	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	QL (60 caps / 30 days)
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Drug Name	Requirements/Limits
<i>dabigatran etexilate mesylate</i> CAPS 110mg	QL (120 caps / 30 days)
<i>ELIQUIS</i> TABS 2.5mg	QL (60 tabs / 30 days)
<i>ELIQUIS</i> TABS 5mg	QL (74 tabs / 30 days)
<i>ELIQUIS</i> STARTER PACK TBPK 5mg	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	
<i>HEP SOD/NACL INJ</i> 25000UNT	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
<i>XARELTO</i> SUSR 1mg/ml	QL (620 mL / 30 days)
<i>XARELTO</i> TABS 2.5mg	QL (60 tabs / 30 days)
<i>XARELTO</i> TABS 10mg, 15mg, 20mg	QL (30 tabs / 30 days)
<i>XARELTO</i> STAR TAB 15/20MG	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

<i>FULPHILA</i> SOSY 6mg/0.6ml	QL (2 syringes / 28 days), NM, PA
<i>PROCRIT</i> SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	NM, PA
<i>ZARXIO</i> SOSY 300mcg/0.5ml, 480mcg/0.8ml	NM, PA

MISCELLANEOUS

<i>ALVAIZ</i> TABS 9mg, 54mg	QL (60 tabs / 30 days), NM, PA
<i>ALVAIZ</i> TABS 18mg, 36mg	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	
<i>BERINERT</i> KIT 500unit	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	
<i>DOPTELET</i> TABS 20mg	NM, PA
<i>HAEGARDA</i> SOLR 2000unit	QL (30 vials / 30 days), NM, PA
<i>HAEGARDA</i> SOLR 3000unit	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	QL (9 syringes / 30 days), NM, PA
<i>L-glutamine (sickle cell)</i> PACK 5gm	NM, PA
<i>pentoxifylline</i> TBCR 400mg	

Drug Name	Requirements/Limits
sajazir SOSY 30mg/3ml	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	
TAVNEOS CAPS 10mg	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
BRILINTA TABS 60mg, 90mg	
<i>clopidogrel bisulfate</i> TABS 75mg	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	NM, PA
COSENTYX SOSY 75mg/0.5ml	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	QL (8 pens / 28 days), NM, PA

Drug Name	Requirements/Limits
HUMIRA PSKT 10mg/0.1ml	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	QL (2 packs / year), NM, PA
INFILIXIMAB SOLR 100mg	NM, PA
REMICADE SOLR 100mg	NM, PA
RENFLEXIS SOLR 100mg	NM, PA
RINVOQ TB24 15mg, 30mg	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	NM, PA
SKYRIZI SOSY 150mg/ml	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	QL (1 syringe / 28 days), NM, PA

Drug Name	Requirements/Limits
TREMFYA SOAJ 100mg/ml, 200mg/2ml	QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	NM, PA
TYENNE SOSY 162mg/0.9ml	QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

<i>hydroxychloroquine sulfate</i> TABS 200mg	
JYLAMVO SOLN 2mg/ml	B/D
<i>leflunomide</i> TABS 10mg, 20mg	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	
XATMEP SOLN 2.5mg/ml	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	NM, PA
GAMASTAN INJ	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM, PA

Drug Name	Requirements/Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM, PA
IMMUNOMODULATORS	
ACTIMMUNE SOLN 100mcg/0.5ml	NM, PA
ARCALYST SOLR 220mg	NM, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	B/D, NM
<i>azathioprine</i> TABS 50mg	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	B/D, NM
NULOJIX SOLR 250mg	B/D, NM
PROGRAF PACK .2mg, 1mg	B/D, NM
REZUROCK TABS 200mg	QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	B/D, NM
VACCINES	
ABRYSVO SOLR 120mcg/0.5ml	
ACTHIB INJ	
ADACEL INJ	
AREXVY SUSR 120mcg/0.5ml	
BCG VACCINE SOLR 50mg	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
DIP/TET PED INJ 25-5LFU	B/D

Drug Name	Requirements/Limits
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, B/D 20mcg/ml	
GARDASIL 9 INJ	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	
HEPLISAV-B SOSY 20mcg/0.5ml	B/D
HIBERIX SOLR 10mcg	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXCHIQ INJ	
IXIARO INJ	
JYNNEOS SUSP .5ml	B/D
KINRIX INJ	
M-M-R II INJ	
MENACTRA INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA SUSY 50mcg/0.5ml	
PEDIARIX INJ 0.5ML	
PEDVAX HIB SUSP 7.5mcg/0.5ml	
PENBRAYA INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, B/D 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX SUSR 50mcg/0.5ml	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	
VARIVAX SUSR 1350pfu/0.5ml	
VAXCHORA SUS	
YF-VAX INJ	

NUTRITIONAL/SUPPLEMENTS
ELECTROLYTES/MINERALS, INJECTABLE

Drug Name	Requirements/Limits
D2.5W/NACL INJ 0.45%	
D10W/NACL INJ 0.2%	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	
<i>dextrose 5% in lactated ringers</i>	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ PH 7.4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
KCL/D5W/NACL INJ 0.3/0.9% <i>lactated ringer's solution</i>	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	
<i>multiple electrolytes ph 5.5</i>	
<i>multiple electrolytes ph 7.4</i>	
POT CHL 20MEQ/L IN NACL 0.9% INJ	
POT CHL 20MEQ/L IN NACL 0.45% INJ	
POT CHL 40MEQ/L IN NACL 0.9% INJ	

Drug Name	Requirements/Limits
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	
TPN ELECTROL INJ	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	
<i>klor-con</i> 8 TBCR 8meq	
<i>klor-con</i> 10 TBCR 10meq	
<i>klor-con</i> m10 TBCR 10meq	
<i>klor-con</i> m15 TBCR 15meq	
<i>klor-con</i> m20 TBCR 20meq	
M-NATAL PLUS TAB	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	
<i>potassium chloride</i> microencapsulated crystals er TBCR 10meq, 15meq, 20meq	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	
WESTAB PLUS TAB 27-1MG	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
<i>clenisol sf</i> 15%	B/D
CLINOLIPID EMU 20%	B/D
<i>dextrose</i> SOLN 5%, 10%	
<i>dextrose</i> SOLN 50%, 70%	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	B/D
NUTRILIPID EMUL 20gm/100ml	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

Drug Name	Requirements/Limits
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neo-polycin hc ophth oint 1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>TOBRADEX OIN 0.3-0.1%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
<i>ZYLET SUS 0.5-0.3%</i>	
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>BESIVANCE SUSP .6%</i>	
<i>CILOXAN OINT .3%</i>	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	
<i>erythromycin (ophth) OINT 5mg/gm</i>	
<i>gatifloxacin (ophth) SOLN .5%</i>	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) SOLN .3%</i>	
<i>polycin ophth oint</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	
<i>tobramycin (ophth) SOLN .3%</i>	
<i>trifluridine SOLN 1%</i>	
<i>XDEMVY SOLN .25%</i>	NM, PA
<i>ZIRGAN GEL .15%</i>	
ANTI-INFLAMMATORIES	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	
<i>diclofenac sodium (ophth) SOLN .1%</i>	

Drug Name	Requirements/Limits
<i>difluprednate EMUL .05%</i>	
<i>FLAREX SUSP .1%</i>	
<i>fluorometholone (ophth) SUSP .1%</i>	
<i>flurbiprofen sodium SOLN .03%</i>	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	
<i>LOTEMAX OINT .5%</i>	
<i>loteprednol etabonate SUSP .2%</i>	
<i>prednisolone acetate (ophth) SUSP 1%</i>	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	
ANTIALLERGICS	
<i>azelastine hcl (ophth) SOLN .05%</i>	
<i>cromolyn sodium (ophth) SOLN 4%</i>	
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth) SOLN .5%</i>	
<i>BETOPTIC-S SUSP .25%</i>	
<i>brimonidine tartrate SOLN .15%, .2%</i>	
<i>brinzolamide SUSP 1%</i>	
<i>carteolol hcl (ophth) SOLN 1%</i>	
<i>COMBIGAN SOL 0.2/0.5%</i>	
<i>dorzolamide hcl SOLN 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost SOLN .005%</i>	
<i>levobunolol hcl SOLN .5%</i>	
<i>LUMIGAN SOLN .01%</i>	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	
<i>RHOPRESSA SOLN .02%</i>	
<i>ROCKLATAN DRO</i>	
<i>SIMBRINZA SUS 1-0.2%</i>	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	
<i>VYZULTA SOLN .024%</i>	
MISCELLANEOUS	
<i>ATROPINE SULFATE SOLN 1%</i>	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	
<i>CYSTADROPS SOLN .37%</i>	NM, PA
<i>CYSTARAN SOLN .44%</i>	NM, PA
<i>EYSUVIS SUSP .25%</i>	
<i>MIEBO SOLN 1.338gm/ml</i>	
<i>proparacaine hcl SOLN .5%</i>	
<i>RESTASIS EMUL .05%</i>	
<i>RESTASIS MULTIDOSE EMUL .05%</i>	
<i>XIIDRA SOLN 5%</i>	

OTIC

Drug Name	Requirements/Limits
OTIC AGENTS	
<i>acetic acid (otic)</i> SOLN 2%	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	
<i>flac</i> OIL .01%	
<i>fluocinolone acetonide (otic)</i> OIL .01%	
<i>neomycin-polymyxin-hc otic soln</i> 1%	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	
<i>ofloxacin (otic)</i> SOLN .3%	
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3mL/B/D	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	QL (60 blisters / 30 days)
ANTICHOLINERGICS	
ATROVENT HFA AERS 17mcg/act	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	
ANTIHISTAMINES	
<i>azelastine hcl</i> SOLN .1%	
<i>cetirizine hcl</i> SOLN 5mg/5ml	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	QL (30 tabs / 30 days)
BETA AGONISTS	

Drug Name	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	
VENTOLIN HFA AERS 108mcg/act	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	
<i>zafirlukast</i> TABS 10mg, 20mg	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	B/D
ALYFTREK TAB 4-20-50	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	NM, PA
BRONCHITOL CAPS 40mg	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	QL (60 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
OFEV CAPS 100mg, 150mg	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	NM, PA
<i>roflumilast</i> TABS 250mcg	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	QL (4 syringes / 28 days), NM, PA

Drug Name	Requirements/Limits
XOLAIR SOSY 150mg/ml	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	NM, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	QL (1 bottle / 30 days)
<i>XHANCE EXHU</i> 93mcg/act	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	B/D

STEROID/BETA-AGONIST COMBINATIONS

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

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	PA

Drug Name	Requirements/Limits
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	QL (60 pledges / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	QL (75 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	
<i>ssd CREA 1%</i>	
<i>SULFAMYLYON CREA 85mg/gm</i>	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox SHAM 1%</i>	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	QL (85 gm / 30 days)
<i>ketonconazole (topical) CREA 2%</i>	QL (60 gm / 30 days)
<i>ketonconazole (topical) SHAM 2%</i>	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	QL (120 gm / 30 days), PA
<i>ENSTILAR AER</i>	QL (120 gm / 30 days), PA

Drug Name	Requirements/Limits
tazarotene CREA .05%, .1%	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; QL (120 gm / 30 days) OINT .05%	
<i>betamethasone dipropionate (topical)</i> LOTN .05%	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	
<i>hydrocortisone (topical)</i> OINT 1%	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	
<i>triderm</i> CREA .5%	QL (454 gm / 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	QL (50 mL / 30 days), PA

Drug Name	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan PTCH 5%</i>	QL (3 patches / 1 day), PA
<i>tridacaine ii PTCH 5%</i>	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical) GEL 1%</i>	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical) SOLN 1.5%</i>	QL (300 mL / 28 days)
<i>fluorouracil (topical) CREA 5%</i>	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	
<i>imiquimod CREA 5%</i>	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	QL (30 gm / 30 days)
<i>PANRETIN GEL .1%</i>	QL (60 gm / 30 days), PA
<i>pimecrolimus CREA 1%</i>	QL (100 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	
<i>proctocort CREA 1%</i>	
<i>proctosol hc CREA 2.5%</i>	
<i>protozone-hc CREA 2.5%</i>	
<i>tacrolimus (topical) OINT .03%, .1%</i>	QL (100 gm / 30 days), PA
<i>VALCHLOR GEL .016%</i>	QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion LOTN .5%</i>	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

<i>REGRANEX GEL .01%</i>	QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	
<i>water for irrigation, sterile irrigation soln</i>	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl CAPS 30mg</i>	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	
<i>clotrimazole TROC 10mg</i>	QL (150 lozenges / 30 days)
<i>kourzeq PSTE .1%</i>	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	
<i>periogard SOLN .12%</i>	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	

Drug Name	Requirements/Limits
<i>triamicinolone acetonide (mouth) PSTE .1%</i>	

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<i>aubra eq</i>	44
<i>AUGTYRO</i>	13
<i>aurovela 1/20</i>	44
<i>aurovela 24 fe</i>	44
<i>aurovela fe 1.5/30</i>	44
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<i>AUSTEDO XR</i>	38
<i>AUSTEDO XR TAB TITR KIT</i>	38
<i>AUVELITY TAB 45-105MG</i>	28
<i>aviane</i>	44
<i>ayuna</i>	44
<i>AYVAKIT</i>	13
<i>azacitidine</i>	11
<i>azathioprine</i>	59
<i>azelastine hcl</i>	65
<i>azelastine hcl (ophth)</i>	64
<i>azithromycin</i>	8
<i>aztreonam</i>	2
<i>azurette</i>	44
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<i>bacitracin (ophthalmic)</i>	63
<i>bacitracin-polymyxin b ophth oint</i>	63
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	63
<i>baclofen</i>	39
<i>BAFIERTAM</i>	38
<i>balsalazide disodium</i>	52
<i>BALVERSA</i>	13, 14
<i>balziva</i>	44
<i>BARACLUDE</i>	7
<i>BASAGLAR KWIKPEN</i>	42
<i>BCG VACCINE</i>	59
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	21
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	21
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	22
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	21
<i>benazepril hcl</i>	22

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BENDEKA	10
BENLYSTA	59
<i>benzoyl peroxide-erythromycin gel</i>	
<i>5-3%</i>	69
<i>benztropine mesylate</i>	30
BERINERT	55
BESIVANCE	63
BESREMI	12
<i>betaine powder for oral solution</i> .50	
<i>betamethasone dipropionate</i>	
(<i>topical</i>)	70
<i>betamethasone dipropionate</i>	
<i>augmented</i>	70
<i>betamethasone valerate</i>	70
BETASERON	38
<i>betaxolol hcl</i>	25
<i>betaxolol hcl (ophth)</i>	64
<i>bethanechol chloride</i>	54
BETOPTIC-S	64
BEVESPI AER 9-4.8MCG	65
<i>bexarotene</i>	13
<i>bexarotene (topical)</i>	71
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<i>bicalutamide</i>	11
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BIKTARVY TAB 30-120-15 MG.....	6
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<i>bisoprolol & hydrochlorothiazide</i>	
<i>tab 10-6.25 mg</i>	25
<i>bisoprolol & hydrochlorothiazide</i>	
<i>tab 2.5-6.25 mg</i>	25
<i>bisoprolol & hydrochlorothiazide</i>	
<i>tab 5-6.25 mg</i>	25
<i>bisoprolol fumarate</i>	25
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<i>blisovi 24 fe</i>	44
<i>blisovi fe 1.5/30</i>	44
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<i>bortezomib</i>	14
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<i>bosentan</i>	27
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<i>brimonidine tartrate</i>	64
<i>brinzolamide</i>	64
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<i>bromfenac sodium (ophth)</i>	63
<i>bromocriptine mesylate</i>	30
BRONCHITOL	66
BRUKINSA	14
<i>budesonide</i>	52
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<i>budesonide-formoterol fumarate</i>	
<i>dihyd aerosol 160-4.5 mcg/act</i> ..	68
<i>budesonide-formoterol fumarate</i>	
<i>dihyd aerosol 80-4.5 mcg/act.</i> ..	68
<i>bumetanide</i>	26
<i>buprenorphine hcl</i>	40
<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>film 12-3 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>film 2-0.5 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>film 4-1 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>film 8-2 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>tab 2-0.5 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>tab 8-2 mg (base equiv)</i>	40
<i>bupropion hcl</i>	28, 29
<i>bupropion hcl (smoking deterrent)</i>	
.....	40
<i>buspirone hcl</i>	28
<i>butorphanol tartrate</i>	2
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<i>cabergoline</i>	50

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captoril & hydrochlorothiazide tab 50-25 mg	22
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carb/levo orally disintegrating tab 25-100mg	30
carb/levo orally disintegrating tab 25-250mg	30
carbamazepine	33
carbidopa & levodopa tab 10-100 mg	30
carbidopa & levodopa tab 25-100 mg	30
carbidopa & levodopa tab 25-250 mg	30
carbidopa & levodopa tab er 25- 100 mg	30
carbidopa & levodopa tab er 50- 200 mg	30
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	30
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	30
carbidopa-levodopa-entacapone tabs 25-100-200 mg	30
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	30
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	30
carbidopa-levodopa-entacapone tabs 50-200-200 mg	30
carboplatin	10
carglumic acid.....	50
carisoprodol	39
carteolol hcl (ophth).....	64
cartia xt	26
carvedilol	25
caspofungin acetate	4
CAYSTON	2
cefaclor	8
cefadroxil	8
CEFAZOLIN	8
CEFAZOLIN INJ 1GM/50ML.....	8
cefazolin sodium.....	8
CEFAZOLIN SOLN 2GM/100ML-4%	8
CEFAZOLIN/DEX SOL 1GM/50ML- 4%	8
CEFAZOLIN/DEX SOL 2GM/50ML- 3%	8
CEFAZOLIN/DEX SOL 3GM/150ML- 4%	8
cefdinir	8
cefepime hcl	8
cefixime	8
cefotetan disodium	8
cefoxitin sodium	8
cefpodoxime proxetil.....	8
cefprozil	8

<i>ceftazidime</i>	8
<i>ceftriaxone sodium</i>	8
<i>cefuroxime axetil</i>	8
<i>cefuroxime sodium</i>	8
<i>celecoxib</i>	1
<i>cephalexin</i>	8
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<i>cetirizine hcl</i>	65
<i>cevimeline hcl</i>	71
<i>chateal eq</i>	44
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<i>chlorhexidine gluconate (mouth-throat)</i>	71
<i>chloroquine phosphate</i>	5
<i>chlorpromazine hcl</i>	31
<i>chlorthalidone</i>	26
<i>cholestyramine</i>	25
<i>cholestyramine light</i>	25
<i>ciclopirox</i>	69
<i>ciclopirox olamine</i>	69
<i>cilstazol</i>	55
CILOXAN	63
CIMDUO TAB 300-300	6
<i>cinacalcet hcl</i>	50
<i>ciprofloxacin 200 mg/100ml in d5w</i>	9
<i>ciprofloxacin 400 mg/200ml in d5w</i>	9
<i>ciprofloxacin hcl</i>	9
<i>ciprofloxacin hcl (ophth)</i>	63
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	65
<i>cisplatin</i>	10
<i>citalopram hydrobromide</i>	29
<i>claravis</i>	69
<i>clarithromycin</i>	8
<i>clindamycin hcl</i>	3
<i>clindamycin palmitate hydrochloride</i>	3
<i>clindamycin phosphate</i>	3
<i>clindamycin phosphate (topical)</i>	69
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	3
<i>clindamycin phosphate vaginal</i>	54
CLINDMYC/NAC INJ 300/50ML	3
CLINDMYC/NAC INJ 600/50ML	3
CLINDMYC/NAC INJ 900/50ML	3
CLINIMIX INJ 4.25/D10	62
CLINIMIX INJ 4.25/D5W	62
CLINIMIX INJ 5%/D15W	62
CLINIMIX INJ 5%/D20W	62
CLINIMIX INJ 6/5	62
CLINIMIX INJ 8/10	62
CLINIMIX INJ 8/14	62
<i>clinisol sf 15%</i>	62
CLINOLIPID EMU 20%	62
<i>clobazam</i>	33
<i>clobetasol propionate</i>	70
<i>clobetasol propionate e</i>	70
<i>clomipramine hcl</i>	29
<i>clonazepam</i>	33
<i>clonidine</i>	27
<i>clonidine hcl</i>	27
<i>clopidogrel bisulfate</i>	56
<i>clorazepate dipotassium</i>	33
<i>clotrimazole</i>	71
<i>clotrimazole (topical)</i>	69
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	69
<i>clozapine</i>	31
COARTEM TAB 20-120MG	5
COBENFY CAP 100-20MG	31
COBENFY CAP 125-30MG	31
COBENFY CAP 50-20MG	31
COBENFY STRT CAP PACK	31
<i>colchicine</i>	1

<i>colchicine w/ probenecid tab 0.5-</i>	
<i>500 mg</i>	1
<i>colesevelam hcl</i>	25
<i>colestipol hcl</i>	25
<i>colistimethate sodium</i>	3
COMBIGAN SOL 0.2/0.5%	64
COMBIVENT AER 20-100	65
COMETRIQ (60MG DOSE)	14
COMETRIQ KIT 100MG	14
COMETRIQ KIT 140MG	14
COMPLERA TAB	6
<i>compro</i>	51
<i>constulose</i>	53
COPAXONE	39
COPIKTRA	14
CORLANOR	27
COSENTYX	56
COSENTYX SENSOREADY PEN	56
COSENTYX UNOREADY	56
COTELLIC	14
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CREON CAP 24000UNT	53
CREON CAP 3000UNIT	53
CREON CAP 36000UNT	53
CREON CAP 6000UNIT	53
<i>cromolyn sodium</i>	66
<i>cromolyn sodium (mastocytosis)</i>	53
<i>cromolyn sodium (ophth)</i>	64
<i>cryselle-28</i>	44
<i>cyclobenzaprine hcl</i>	39
<i>cyclophosphamide</i>	10
CYCLOPHOSPHAMIDE	11
CYCLOPHOSPHAMIDE MONOHYDR	
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<i>cycloserine</i>	7
<i>cyclosporine</i>	59
<i>cyclosporine modified (for</i>	
<i>microemulsion</i>)	59
<i>cyproheptadine hcl</i>	65
<i>cyred eq</i>	44
CYSTADROPS	64
CYSTAGON	50
CYSTARAN	64
<i>cytarabine</i>	11

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D10W/NACL INJ 0.2%	61
D2.5W/NACL INJ 0.45%	61
<i>dabigatran etexilate mesylate</i>	54,
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<i>dalfampridine</i>	39
<i>danazol</i>	40
<i>dantrolene sodium</i>	39
DANZITEN	14
<i>dapsone</i>	3
DAPTACEL INJ	59
<i>daptomycin</i>	3
DAPTO MYCIN	3
<i>darunavir</i>	5
<i>dasatinib</i>	14
<i>dasetta 1/35</i>	44
<i>dasetta 7/7/7</i>	44
DAURISMO	14, 15
<i>daysee</i>	44
DAYVIGO	37
<i>deblitane</i>	44
<i>deferasirox</i>	44
DELSTRIGO TAB	6
DENGVAXIA SUS	59
DEPO-SUBQ PROVERA 104	45
<i>depo-testosterone</i>	40
DESCOVY TAB 120-15MG	6
DESCOVY TAB 200/25MG	6
<i>desipramine hcl</i>	29
<i>desmopressin acetate</i>	50
<i>desmopressin acetate spray</i>	50
<i>refrigerated</i>	50
<i>desogest-eth estrad & eth estrad</i>	
<i>tab 0.15-0.02/0.01 mg(21/5)</i>	45
<i>desvenlafaxine succinate</i>	29
<i>dexamethasone</i>	49
DEXAMETHASONE INTENSOL	49
<i>dexamethasone sodium phosphate</i>	
.....	49
<i>dexamethasone sodium phosphate</i>	
<i>(ophth)</i>	63
<i>dexamethylphenidate hcl</i>	36
<i>dextrose</i>	62

<i>dextrose 10% w/ sodium chloride</i>	
<i>0.45%</i>	61
<i>dextrose 2.5% w/ sodium chloride</i>	
<i>0.45%</i>	61
<i>dextrose 5% in lactated ringers</i>	61
<i>dextrose 5% w/ sodium chloride</i>	
<i>0.2%</i>	61
<i>dextrose 5% w/ sodium chloride</i>	
<i>0.225%</i>	61
<i>dextrose 5% w/ sodium chloride</i>	
<i>0.3%</i>	61
<i>dextrose 5% w/ sodium chloride</i>	
<i>0.45%</i>	61
<i>dextrose 5% w/ sodium chloride</i>	
<i>0.9%</i>	61
<i>DIACOMIT</i>	33
<i>diazepam</i>	33
<i>diazepam (anticonvulsant)</i>	33
<i>diazepam inj</i>	33
<i>diazepam intensol</i>	33
<i>diazoxide</i>	49
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (ophth)</i>	63
<i>diclofenac sodium (topical)</i>	71
<i>dicloxacillin sodium</i>	10
<i>dicyclomine hcl</i>	52
<i>DIFICID</i>	8
<i>diflunisal</i>	1
<i>difluprednate</i>	64
<i>digoxin</i>	27
<i>dihydroergotamine mesylate</i>	37
<i>DILANTIN</i>	33
<i>diltiazem hcl</i>	26
<i>diltiazem hcl coated beads</i>	26
<i>diltiazem hcl extended release beads</i>	26
<i>dilt-xr</i>	26
<i>DIP/TET PED INJ 25-5LFU</i>	59
<i>diphenhydramine hcl</i>	65
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	53
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	53
<i>dipyridamole</i>	56
<i>disopyramide phosphate</i>	24
<i>disulfiram</i>	40
<i>divalproex sodium</i>	33
<i>docetaxel</i>	13
<i>DOCETAXEL</i>	13
<i>DOCIVYX</i>	13
<i>dofetilide</i>	24
<i>dolishale</i>	45
<i>donepezil hydrochloride</i>	28
<i>DOPTELET</i>	55
<i>dorzolamide hcl</i>	64
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	64
<i>dotti</i>	48
<i>DOVATO TAB 50-300MG</i>	6
<i>doxazosin mesylate</i>	22
<i>doxepin hcl</i>	29
<i>doxepin hcl (sleep)</i>	37
<i>doxorubicin hcl</i>	13
<i>doxorubicin hcl liposomal</i>	13
<i>doxy 100</i>	10
<i>doxycycline (monohydrate)</i>	10
<i>doxycycline hydate</i>	10
<i>DRIZALMA SPRINKLE</i>	29
<i>dronabinol</i>	52
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	45
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	45
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	45
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	45
<i>droxidopa</i>	27
<i>DULERA AER 100-5MCG</i>	68
<i>DULERA AER 200-5MCG</i>	68
<i>DULERA AER 50-5MCG</i>	68
<i>duloxetine hcl</i>	29
<i>DUPIXENT</i>	56
<i>dutasteride</i>	54

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	54
E	
<i>e.e.s. 400</i>	8
<i>econazole nitrate</i>	69
<i>EDURANT</i>	5
<i>efavirenz</i>	5
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	6
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	6
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	6
<i>ELIGARD</i>	11
<i>elinest</i>	45
<i>ELIQUIS</i>	55
<i>ELIQUIS STARTER PACK</i>	55
<i>eluryng</i>	45
<i>EMGALITY</i>	37, 38
<i>EMSAM</i>	29
<i>emtricitabine</i>	5
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	6
<i>EMTRIVA</i>	5
<i>EMVERM</i>	3
<i>emzahh</i>	45
<i>enalapril maleate</i>	22
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	22
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	22
<i>ENBREL</i>	56
<i>ENBREL MINI</i>	56
<i>ENBREL SURECLICK</i>	56
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325mg</i>	2
<i>endocet tab 5-325mg</i>	2
<i>endocet tab 7.5-325mg</i>	2
<i>ENGERIX-B</i>	60
<i>enilloring</i>	45
<i>enoxaparin sodium</i>	55
<i>enpresse-28</i>	45
<i>enskyce</i>	45
<i>ENSTILAR AER</i>	69
<i>entacapone</i>	30
<i>entecavir</i>	7
<i>ENTRESTO CAP 15-16MG</i>	23
<i>ENTRESTO CAP 6-6MG</i>	23
<i>ENTRESTO TAB 24-26MG</i>	23
<i>ENTRESTO TAB 49-51MG</i>	23
<i>ENTRESTO TAB 97-103MG</i>	23
<i>enulose</i>	53
<i>EPCLUSA PAK 150-37.5</i>	7
<i>EPCLUSA PAK 200-50MG</i>	7
<i>EPCLUSA TAB 200-50MG</i>	7
<i>EPCLUSA TAB 400-100</i>	7
<i>EPIDIOLEX</i>	34
<i>epinephrine (anaphylaxis)</i>	27, 66
<i>epitol</i>	34
<i>plererenone</i>	22
<i>EPRONTIA</i>	34
<i>ergotamine w/ caffeine tab 1-100 mg</i>	38
<i>ERIVEDGE</i>	15
<i>ERLEADA</i>	11, 12
<i>erlotinib hcl</i>	15
<i>errin</i>	45
<i>ertapenem sodium</i>	3
<i>ery</i>	69
<i>ery-tab</i>	8
<i>ERYTHROGIN LACTOBIONATE</i>	9
<i>erythromycin (acne aid)</i>	69
<i>erythromycin (ophth)</i>	63
<i>erythromycin base</i>	9
<i>erythromycin ethylsuccinate</i>	9
<i>erythromycin lactobionate</i>	9
<i>escitalopram oxalate</i>	29
<i>esomeprazole magnesium</i>	54
<i>estarylla</i>	45
<i>estradiol</i>	48

<i>estradiol & norethindrone acetate</i>	
<i>tab 0.5-0.1 mg</i>	48
<i>estradiol & norethindrone acetate</i>	
<i>tab 1-0.5 mg</i>	49
<i>estradiol vaginal</i>	49
<i>estradiol valerate</i>	49
<i>eszopiclone</i>	37
<i>ethambutol hcl</i>	7
<i>ethosuximide</i>	34
<i>ethynodiol diacetate & ethinyl</i>	
<i>estradiol tab 1 mg-35 mcg</i>	45
<i>ethynodiol diacetate & ethinyl</i>	
<i>estradiol tab 1 mg-50 mcg</i>	45
<i>etodolac</i>	1
<i>etonogestrel-ethinyl estradiol va</i>	
<i>ring 0.12-0.015 mg/24hr</i>	45
<i>etoposide</i>	13
<i>etravirine</i>	5
<i>EULEXIN</i>	12
<i>euthyrox</i>	51
<i>everolimus</i>	15
<i>everolimus (immunosuppressant)</i>	
	59
<i>EVOTAZ TAB 300-150</i>	6
<i>exemestane</i>	12
<i>EYSUVIS</i>	64
<i>ezetimibe</i>	25
<i>ezetimibe-simvastatin tab 10-10</i>	
<i>mg</i>	25
<i>ezetimibe-simvastatin tab 10-20</i>	
<i>mg</i>	25
<i>ezetimibe-simvastatin tab 10-40</i>	
<i>mg</i>	25
<i>ezetimibe-simvastatin tab 10-80</i>	
<i>mg</i>	25
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<i>falmina</i>	45
<i>famciclovir</i>	7
<i>famotidine</i>	52
<i>famotidine in nacl 0.9% iv soln</i>	20
<i>mg/50ml</i>	52
<i>FANAPT</i>	31
<i>FANAPT PAK</i>	31
<i>FARXIGA</i>	40
<i>FASENRA</i>	66
<i>FASENRA PEN</i>	66
<i>felbamate</i>	34
<i>felodipine</i>	26
<i>fenofibrate</i>	24
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<i>fesoterodine fumarate</i>	54
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<i>FIASP FLEXTOUCH</i>	42
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<i> fingolimod hcl</i>	39
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<i>finzala</i>	45
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<i>FLAREX</i>	64
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<i>fluconazole</i>	4
<i>fluconazole in nacl 0.9% inj</i>	200
<i>mg/100ml</i>	4
<i>fluconazole in nacl 0.9% inj</i>	400
<i>mg/200ml</i>	4
<i>flucytosine</i>	4
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<i>flunisolide (nasal)</i>	68
<i>fluocinolone acetonide</i>	70
<i>fluocinolone acetonide (otic)</i>	65
<i>fluocinonide</i>	70
<i>fluocinonide emulsified base</i>	70
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<i>fluorouracil</i>	11
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<i>fluphenazine decanoate</i>	31
<i>fluphenazine hcl</i>	31
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	64

<i>fluticasone propionate</i>	70
<i>fluticasone propionate (nasal)</i>	68
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<i>fluticasone-salmeterol aer powder</i>	
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<i>fluvoxamine maleate</i>	28
<i>fondaparinux sodium</i>	55
<i>fosamprenavir calcium</i>	5
<i>fosinopril sodium</i>	22
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<i>furosemide</i>	26
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<i>FUZEON</i>	5
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<i>gefitinib</i>	15
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<i>gemfibrozil</i>	24
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<i>genograf</i>	59
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<i>GENOTROPIN MINIQUICK</i>	50
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<i>gentamicin in saline inj 1 mg/ml</i>	3
<i>gentamicin in saline inj 1.2 mg/ml</i>	3
<i>gentamicin in saline inj 1.6 mg/ml</i>	3
<i>gentamicin in saline inj 2 mg/ml</i>	3
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate (ophth)</i>	63
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<i>glipizide-metformin hcl tab 2.5-500 mg</i>	41
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<i>hydrocodone bitartrate</i>	1
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>hydrocodone-ibuprofen tab 7.5- 200 mg</i>	2
<i>hydrocortisone</i>	49
<i>hydrocortisone (intrarectal)</i>	52
<i>hydrocortisone (rectal)</i>	71
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<i>tizanidine hcl</i>	39
TOBI PODHALER	4
TOBRADEX OIN 0.3-0.1%	63
<i>tobramycin</i>	4
<i>tobramycin (ophth)</i>	63
<i>tobramycin sulfate</i>	4
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	63
<i>tolterodine tartrate</i>	54
<i>topiramate</i>	35
<i>toremifene citrate</i>	12
<i>torpenz</i>	20
<i>torsemide</i>	27
TOUJEO MAX SOLOSTAR	43
TOUJEO SOLOSTAR	43
TPN ELECTROL INJ	62
TRADJENTA	42
<i>tramadol hcl</i>	2
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2
<i>trandolapril</i>	22
<i>tranexamic acid</i>	56
<i>tranylcypromine sulfate</i>	29
TRAVASOL INJ 10%	62
TRAZIMERA	20
<i>trazodone hcl</i>	29
TRECATOR	7
TRELEGY AER ELLIPTA 100-62.5-25 MCG	65
TRELEGY AER ELLIPTA 200-62.5-25 MCG	65
TREMFYA	58
<i>treprostinil</i>	28
TRESIBA	43
TRESIBA FLEXTOUCH	43
<i>tretinoin</i>	69
<i>tretinoin (chemotherapy)</i>	13
<i>triamcinolone acetonide (mouth)</i>	72
<i>triamcinolone acetonide (topical)</i>	70
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	27
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	27
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	27
<i>tridacaine ii</i>	71
<i>triderm</i>	70
<i>trientine hcl</i>	44
<i>tri-estarylla</i>	48
<i>trifluoperazine hcl</i>	32
<i>trifluridine</i>	63
<i>trihexyphenidyl hcl</i>	30
TRIJARDY XR TAB ER 24HR 10-5-1000MG	42
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	42
TRIJARDY XR TAB ER 24HR 25-5-1000MG	42
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	42
TRIKAFTA PAK 59.5MG	67
TRIKAFTA PAK 75MG	67
TRIKAFTA TAB 100-50-75MG & 150MG	67
TRIKAFTA TAB 50-25-37.5MG & 75MG	67
<i>tri-legest fe</i>	48

<i>tri-linyah</i>	48
<i>tri-lo-estarrylla</i>	48
<i>tri-lo-marzia</i>	48
<i>tri-lo-milli</i>	48
<i>tri-lo-sprintec</i>	48
<i>trimethoprim</i>	4
<i>tri-mili</i>	48
<i>trimipramine maleate</i>	29
TRINTELLIX	29
<i>tri-nymyo</i>	48
<i>tri-sprintec</i>	48
TRIUMEQ PD TAB	7
TRIUMEQ TAB	7
<i>trivora-28</i>	48
<i>tri-vylibra</i>	48
<i>tri-vylibra lo</i>	48
TROGARZO	6
TROPHAMINE INJ 10%	62
<i>trospium chloride</i>	54
TRULICITY	42
TRUMENBA INJ	60
TRUQAP	20
TRUXIMA	20
TUKYSA	20
TURALIO	20
<i>turqoz</i>	48
<i>twice-daily clindamycin phosphate (topical)</i>	69
TWINRIX INJ	60
TYBOST	6
<i>tydemy</i>	48
TYENNE	58
TYPHIM VI	60
U	
UBRELVY	38
<i>unithroid</i>	51
<i>ursodiol</i>	53
V	
<i>valacyclovir hcl</i>	8
VALCHLOR	71
<i>valganciclovir hcl</i>	8
<i>valproate sodium</i>	35
<i>valproic acid</i>	35
<i>valsartan</i>	24
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	24
VALTOCO 10 MG DOSE	35
VALTOCO 15 MG DOSE	35
VALTOCO 20 MG DOSE	35
VALTOCO 5 MG DOSE	35
<i>vancomycin hcl</i>	4
VANCOMYCIN INJ 1 GM	4
VANCOMYCIN INJ 500MG	4
VANCOMYCIN INJ 750MG	4
VANFLYTA	20
VAQTA	60
<i>varenicline tartrate</i>	40
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	40
VARIVAX	60
VASCEPA	25
VAXCHORA SUS	60
<i>velivet</i>	48
VELSIPITY	58
VENCLEXTA	20
VENCLEXTA TAB START PK	20
<i>venlafaxine hcl</i>	29
VENTOLIN HFA	66
VENTOLIN HFA (INSTITUTIONAL PACK)	66
VEOZAH	51
<i>verapamil hcl</i>	26
VERQUVO	27
VERSACLOZ	32
VERZENIO	20
<i>vestura</i>	48
<i>vienna</i>	48
<i>vigabatrin</i>	35
<i>vigadrone</i>	35, 36
VIGAFYDE	36

<i>vigpoder</i>	36
<i>vilazodone hcl</i>	29
<i>vincristine sulfate</i>	13
<i>vinorelbine tartrate</i>	13
<i>viorele</i>	48
VIRACEPT	6
VIREAD	6
VITRAKVI	20
VIVITROL	40
VIZIMPRO	20
VONJO	20
VORANIGO	20
<i>voriconazole</i>	4, 5
VOSEVI TAB	8
VOWST CAP	53
VRAYLAR	32, 33
<i>vyfemla</i>	48
<i>vylitra</i>	48
VYZULTA	64
W	
<i>warfarin sodium</i>	55
<i>water for irrigation, sterile</i>	
<i>irrigation soln</i>	71
WELIREG	13
<i>wera</i>	48
WESTAB PLUS TAB 27-1MG	62
<i>wixela inh</i>	68
<i>wymzya fe</i>	48
X	
XALKORI	20
XARELTO	55
XARELTO STAR TAB 15/20MG	55
XATMEP	58
XCOPRI	36
XCOPRI PAK 100-150	36
XCOPRI PAK 12.5-25	36
XCOPRI PAK 150-200MG (MAINTENANCE)	36
XCOPRI PAK 150-200MG (TITRATION)	36
XCOPRI PAK 50-100MG	36
XDEMVY	63
XELJANZ	58
XELJANZ XR	58
XERMELO	53
XGEVA	43
XHANCE	68
XIFAXAN	53
XIGDUO XR TAB 10-1000	42
XIGDUO XR TAB 10-500MG	42
XIGDUO XR TAB 2.5-1000	42
XIGDUO XR TAB 5-1000MG	42
XIGDUO XR TAB 5-500MG	42
XIIDRA	64
XOFLUZA	8
XOLAIR	67, 68
XOSPATA	21
XPOVIO PAK (100 MG ONCE WEEKLY)	21
XPOVIO PAK (40 MG ONCE WEEKLY)	21
XPOVIO PAK (40 MG TWICE WEEKLY)	21
XPOVIO PAK (60 MG ONCE WEEKLY)	21
XPOVIO PAK (60 MG TWICE WEEKLY)	21
XPOVIO PAK (80 MG ONCE WEEKLY)	21
XPOVIO PAK (80 MG TWICE WEEKLY)	21
XTANDI	12
xulane	48
XULTOPHY INJ 100/3.6	43
Y	
YF-VAX INJ	60
<i>yuvafem</i>	49
Z	
<i>zafemy</i>	48
<i>zafirlukast</i>	66
<i>zaleplon</i>	37
ZARXIO	55
ZEGALOGUE	49
ZEJULA	21
ZELBORA	21
ZEMAIRA	68
<i>zenatane</i>	69
ZENPEP CAP 10000UNT	53

ZENPEP CAP 15000UNT.....	53	zoledronic acid	44
ZENPEP CAP 20000UNT.....	53	ZOLINZA	21
ZENPEP CAP 25000UNT.....	54	zolpidem tartrate.....	37
ZENPEP CAP 3000UNIT	53	ZONISADE.....	36
ZENPEP CAP 40000UNT.....	54	zonisamide	36
ZENPEP CAP 5000UNIT	53	zovia 1/35	48
ZENPEP CAP 60000UNT.....	54	ZTALMY.....	36
<i>zidovudine</i>	6	zumandimine	48
<i>ziprasidone hcl</i>	33	ZURZUVAE	30
<i>ziprasidone mesylate</i>	33	ZYDELIG	21
ZIRABEV	21	ZYKADIA	21
ZIRGAN	63	ZYLET SUS 0.5-0.3%	63

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