

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Formulario para 2025

(Lista de medicamentos cubiertos)

LEA ATENTAMENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

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Este formulario se actualizó el 01/04/2025. Para obtener información más reciente u para otras preguntas, comuníquese con el servicio para miembros de CareFirst BlueCross BlueShield Advantage DualPrime al 1-844-786-6762 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los 7 días de la semana, o visite carefirstmddsnp.com

CareFirst BlueCross BlueShield Medicare Advantage es el nombre comercial de CareFirst Advantage DSNP Inc., licenciataria independiente de Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® y los símbolos de la Cruz y el Escudo son marcas de servicio registradas de Blue Cross and Blue Shield Association, una asociación de planes independientes de Blue Cross y Blue Shield.

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Nota para miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros", "nos" o "nuestro", significa CareFirst BlueCross BlueShield Medicare Advantage. La referencia a "plan" o "nuestro plan" significa CareFirst BlueCross BlueShield Advantage DualPrime.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está vigente el 01/04/2025. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

Por lo general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguro pueden cambiar el 1 de enero de 2025 y de vez en cuando durante el año.

¿Qué es el formulario de CareFirst BlueCross BlueShield Advantage DualPrime ?

Un formulario es una lista de medicamentos cubiertos seleccionados por CareFirst BlueCross BlueShield Advantage DualPrime en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. CareFirst BlueCross BlueShield Advantage DualPrime generalmente cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta se surta en cualquier farmacia de la red de CareFirst BlueCross BlueShield Advantage DualPrime y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de Cobertura.

Para obtener una lista completa de todos los medicamentos con receta cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime, visite nuestro sitio web o llámenos. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero nosotros podemos agregar o eliminar medicamentos a la lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios.

Cambios que pueden afectarle este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Medicamentos genéricos nuevos.** Podremos remover de inmediato un medicamento de marca de su lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico, que aparecerá en el mismo nivel de costo compartido o en un nivel inferior y con las mismas o menos restricciones. O, al agregar el nuevo medicamento genérico, podrá decidir mantener el medicamento de marca en su lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no se le informe con anticipación antes de realizar ese cambio, pero luego se le proporcionará información sobre los cambios específicos realizados.
 - Si hacemos un cambio de este tipo, usted o su médico pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le brindamos también incluirá información sobre cómo solicitar una excepción, y puede

encontrar información en la sección a continuación titulada "¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Advantage DualPrime?".

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de su formulario no es seguro o el fabricante del medicamento lo retira del mercado, lo eliminaremos inmediatamente de su formulario y notificaremos a los afiliados que lo tomen.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los afiliados que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario, agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente, o ambos. O podemos hacer cambios basados en nuevas normas clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos una autorización previa, límites de cantidad o restricciones de terapia por etapa en un medicamento, debemos notificar el cambio a los afiliados afectados por lo menos 30 días antes de que el cambio entre en vigor, o en el momento en que el afiliado solicita una repetición de una receta del medicamento, momento en el que el afiliado recibirá un suministro de 30 días del medicamento.
 - Si realizamos estos otros cambios, usted o su médico pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le brindamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección siguiente titulada "¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Medicare Advantage DualPrime?".

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario de 2025 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para los afiliados que los tomen durante el resto del año de cobertura. Durante este año usted no recibirá notificación directa sobre cambios que no le afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían, y es importante que consulte la lista de medicamentos para el nuevo año de vigencia de los beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente en la fecha 01/04/2025. Para obtener información actualizada sobre los medicamentos cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime, comuníquese con nosotros. Nuestra información de contacto aparece detallada en la portada y contraportada. En caso de que se produzcan cambios en el formulario que no sean de mantenimiento a mitad de año, los formularios se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el formulario?

Hay dos formas de encontrar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de condiciones médicas para las que se usan. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca se enumeran en la categoría CARDIOVASCULAR. Si sabe para qué se

usa su medicamento, busque el nombre de la categoría en la lista que comienza en 1. Luego, busque debajo del nombre de la categoría de su medicamento.

Listado por orden alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el índice que comienza en la página 73. El índice brinda una lista por orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque su medicamento en el índice. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

CareFirst BlueCross BlueShield Advantage DualPrime cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) por tener el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden contar con requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** CareFirst BlueCross BlueShield Advantage DualPrime requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de CareFirst BlueCross BlueShield Advantage DualPrime antes de surtir sus recetas. Si no obtiene la aprobación, es posible que CareFirst BlueCross BlueShield Advantage DualPrime no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, CareFirst BlueCross BlueShield Advantage DualPrime limita la cantidad del medicamento cubierto por CareFirst BlueCross BlueShield Advantage DualPrime. Por ejemplo, CareFirst BlueCross BlueShield Advantage DualPrime proporciona 30 tabletas para 30 días por receta de JANUVIA 100 mg. Esto puede ser adicional al suministro estándar para uno o tres meses.
- **Terapia por etapas:** En algunos casos, CareFirst BlueCross BlueShield Advantage DualPrime requiere que primero pruebe ciertos medicamentos para tratar su condición médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, CareFirst BlueCross BlueShield Advantage DualPrime puede no cubrir el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le funciona, CareFirst BlueCross BlueShield Advantage DualPrime cubrirá el medicamento B.

Puede averiguar si su medicamento cuenta con requisitos o límites adicionales consultando el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de terapia por etapas. También puede solicitarnos que

le enviemos una copia. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

Puede pedirle a CareFirst BlueCross BlueShield Advantage DualPrime que haga una excepción a estas restricciones o límites o que le brinde una lista de otros medicamentos similares que puede usar para tratar la afección médica. Consulte la sección, "¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Advantage DualPrime?" en la página V para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para el Afiliado y preguntar si su medicamento está cubierto.

Si se entera de que CareFirst BlueCross BlueShield Advantage DualPrime no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para el Afiliado una lista de medicamentos similares cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime. Cuando reciba la lista, muéstresela a su médico y solicítele que le recete un medicamento similar cubierto por CareFirst BlueCross BlueShield Advantage DualPrime.
- Puede solicitarle a CareFirst BlueCross BlueShield Advantage DualPrime que haga una excepción y cubra su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Advantage DualPrime?

Puede solicitarle a CareFirst BlueCross BlueShield Advantage DualPrime que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitar.

- Puede solicitar que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba su solicitud, este medicamento estará cubierto a un nivel de costo compartido predeterminado y no podrá solicitar que le brindemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitar que eliminemos las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, CareFirst BlueCross BlueShield Advantage DualPrime limita la cantidad del medicamento cubierto. Si su medicamento tiene un límite de cantidad, puede solicitar que no apliquemos el límite y que se cubre una cantidad mayor.

Por lo general, CareFirst BlueCross BlueShield Advantage DualPrime sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de utilización adicional no resultarían ser tan eficaces en el tratamiento de su afección o causarían efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para un formulario o excepción de restricción de uso. **Cuando solicita un formulario o excepción de restricción de uso, debe enviar una declaración de su médico o prescriptor que respalde su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría

verse gravemente dañada si tiene que esperar hasta 72 horas por una decisión. Si se concede su solicitud de excepción acelerada, debemos darles una decisión a más tardar 24 horas después de recibir una declaración de respaldo de su médico u otro prescriptor.

¿Qué hago antes de poder hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como afiliado nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no se encuentran en nuestro formulario. O puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado cubierto por nosotros o solicitar un formulario de excepción para que cubramos el medicamento. Mientras habla con su médico para determinar el curso de acción correcto para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en que sea afiliado de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días. Si su receta es para menos días, permitiremos repeticiones de dicha receta para proporcionar un suministro máximo de medicamentos de 30 días. Después de su primer suministro de 30 días, no pagaremos estos medicamentos, incluso si ha sido afiliado del plan por menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada pero ha pasado los primeros 90 días de afiliación en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras busca una excepción al formulario.

Si experimenta un cambio en su nivel de atención (como un traslado de un hospital a un hogar) y necesita un medicamento que no está en nuestro formulario o su capacidad para obtener sus medicamentos es limitada, es posible que cubramos un único suministro temporal. El suministro temporal único debe ser para un suministro de 30 días (o un suministro de 31 días si reside en un centro de atención a largo plazo), a menos que su receta sea para un suministro de menos días. Debe obtener los medicamentos en una farmacia de la red. Debe utilizar el proceso de excepción del plan si desea continuar con la cobertura del medicamento una vez finalizado el suministro temporal.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos con receta de CareFirst BlueCross BlueShield Advantage DualPrime, consulte su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre CareFirst BlueCross BlueShield Advantage DualPrime, comuníquese con nosotros. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. También puede visitar <http://www.medicare.gov>.

Formulario CareFirst BlueCross BlueShield Advantage DualPrime

El formulario siguiente brinda información sobre la cobertura de los medicamentos cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página 73.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca aparecen en mayúscula (por ejemplo, JANUVIA) y los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *ibuprofeno*).

La información en la columna Requisitos/Límites le dice si CareFirst BlueCross BlueShield Advantage DualPrime tiene algún requisito especial para la cobertura de su medicamento.

PA – Autorización previa

Requerimos que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener nuestra aprobación antes de surtir sus recetas. Si no recibe esta aprobación, puede que no cubramos su medicamento.

QL – Límites de cantidad

Para algunos medicamentos, limitamos la cantidad de la que usted puede disponer estableciendo la cantidad máxima del medicamento que puede retirar cada vez que surta su receta.

ST – Terapia en etapas

En algunos casos, requerimos que primero pruebe algunos medicamentos para tratar su afección médica antes de que podamos cubrir el costo de otro medicamento para esa condición. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, es posible que no cubramos el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le funciona, entonces le cubriremos el medicamento B.

NM – No disponible a través de pedido por correo

Este medicamento no está disponible a través de pedido por correo a la farmacia.

LA – Acceso limitado

Esta receta puede estar disponible únicamente en determinadas farmacias. Para obtener más información, consulte el Directorio de Farmacias o llame a Servicios para el Afiliado al 1-844-786-6762, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deberán llamar al TTY 711 sin costo.

B/D: es posible que el medicamento esté cubierto por Medicare Parte B o D

Es posible que algunos medicamentos estén cubiertos por Medicare Parte B o Parte D, dependiendo de las circunstancias. Es posible que sea necesario enviar información que describa el uso y el lugar donde recibe y toma el medicamento a CareFirst BlueCross BlueShield Advantage DualPrime para que se pueda tomar una decisión al respecto.

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Drug Name	Requirements/Limits
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>	
MITIGARE 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
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, 60mg, 80mg, 100mg, 120mg	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	QL (450 mL / 30 days), PA

Drug Name	Requirements/Limits
<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
<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 120-12 mg/5ml</i>	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	
<i>endocet tab 2.5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL (150 tabs / 30 days)
<i>hydromorphone hcl</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 2.5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	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	
ARIKAYCE SUSP 590mg/8.4ml	NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	QL (300 mL / 30 days), PA

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

Drug Name	Requirements/Limits
<i>pentamidine isethionate inj</i> SOLR 300mg	
<i>polymyxin b sulfate</i> SOLR 500000unit	
<i>praziquantel</i> TABS 600mg	
<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 400-80 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>tinidazole</i> TABS 250mg, 500mg	
TOBI PODHALER 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	
VANCOMYCIN INJ 1 GM	
VANCOMYCIN INJ 500MG	
VANCOMYCIN INJ 750MG	
ANTIFUNGALS	
ABELCET 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 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<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>ketoconazole</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

Drug Name	Requirements/Limits
<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
<i>voriconazole</i> SUSR 40mg/ml	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	QL (480 tabs / 30 days)
<i>voriconazole</i> 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</i> TABS 250mg, 500mg	
COARTEM TAB 20-120MG	
<i>mefloquine hcl</i> TABS 250mg	
<i>primaquine phosphate</i> TABS 26.3mg	
PRIMAQUINE PHOSPHATE TABS 26.3mg	
<i>quinine sulfate</i> CAPS 324mg	PA

ANTIRETROVIRAL AGENTS

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

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Drug Name	Requirements/Limits
RUKOBIA TB12 600mg	NM
SELZENTRY SOLN 20mg/ml	NM
SUNLENCA TBPK 300mg	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	NM
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

Drug Name	Requirements/Limits
<i>lopinavir-ritonavir tab 200-50 mg</i>	NM
ODEFSEY TAB	NM
PREZCOBIX TAB 800-150	NM
STRIBILD TAB	NM
SYMTUZA TAB	NM
TRIUMEQ PD TAB	NM
TRIUMEQ TAB	NM

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	
<i>acyclovir sodium SOLN 50mg/ml</i>	B/D
<i>adefovir dipivoxil TABS 10mg</i>	NM
BARACLUDE SOLN .05mg/ml	NM, ST
<i>entecavir TABS .5mg, 1mg</i>	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
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	
<i>ganciclovir sodium SOLR 500mg</i>	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
<i>lamivudine (hbv) TABS 100mg</i>	NM
LIVTENCITY TABS 200mg	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	NM, PA
MAVYRET TAB 100-40MG	NM, PA
<i>oseltamivir phosphate CAPS 30mg</i>	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	QL (84 caps / year)
<i>oseltamivir phosphate SUSR 6mg/ml</i>	QL (1080 mL / year)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)

Drug Name	Requirements/Limits
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)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	NM
<i>rimantadine hydrochloride</i> TABS 100mg	
<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	
CEFAZOLIN SOLR 2gm, 3gm	
CEFAZOLIN INJ 1GM/50ML	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	
CEFAZOLIN SOLN 2GM/100ML-4%	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	
CEFAZOLIN/DEX 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	
TEFLARO SOLR 400mg, 600mg	

ERYTHROMYCINS/MACROLIDES

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Drug Name	Requirements/Limits
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azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg

clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg

DIFICID SUSR 40mg/ml; TABS 200mg

e.e.s. 400 TABS 400mg

ery-tab TBEC 250mg, 333mg, 500mg

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

Drug Name	Requirements/Limits
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	
<i>nafticillin 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>pfizerpen</i> SOLR 5000000unit, 20000000unit	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	

TETRACYCLINES

<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

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Drug Name	Requirements/Limits
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, 2gm, 500mg	B/D
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

Drug Name	Requirements/Limits
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
ERLEADA TABS 240mg	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	
<i>exemestane</i> TABS 25mg	
FIRMAGON SOLR 80mg, 120mg/vial	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	B/D
<i>letrozole</i> TABS 2.5mg	
<i>leuprolide acetate</i> 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
<i>megestrol acetate</i> TABS 20mg, 40mg	
<i>nilutamide</i> 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	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	
<i>toremifene citrate</i> 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	
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	QL (21 caps / 28 days), NM, PA

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

MITOTIC INHIBITORS

<i>docetaxel</i> 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
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	B/D
<i>paclitaxel inj 100mg</i>	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	B/D
<i>vinorelbine tartrate</i> 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

Drug Name	Requirements/Limits
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
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	NM, PA
<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

Drug Name	Requirements/Limits
COTELLIC TABS 20mg	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	QL (90 tabs / 30 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
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

Drug Name	Requirements/Limits
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
IMBRUVICA CAPS 140mg	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	QL (216 mL / 27 days), NM, PA
IMBRUVICA 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

Drug Name	Requirements/Limits
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
<i>lapatinib ditosylate</i> 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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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
SCSEMBLIX TABS 20mg	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX 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
TAGRISSE 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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
ACE INHIBITOR COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
ACE INHIBITORS	
<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	

Drug Name	Requirements/Limits
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	

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)
<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)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	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 20-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)

Drug Name	Requirements/Limits
<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)
<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/afI) TABS 80mg, 120mg, 160mg</i>	

ANTILIPEMICS, FIBRATES

<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	
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Drug Name	Requirements/Limits
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<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	
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<i>gemfibrozil</i> TABS 600mg	
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ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	QL (30 tabs / 30 days)
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<i>lovastatin</i> TABS 10mg, 20mg, 40mg	QL (60 tabs / 30 days)
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<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	QL (30 tabs / 30 days)
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<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	QL (30 tabs / 30 days)
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<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	QL (30 tabs / 30 days)
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ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	
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<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	
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<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	
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<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	
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<i>ezetimibe</i> TABS 10mg	
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<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
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<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
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<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
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<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
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NEXLETOL TABS 180mg	QL (30 tabs / 30 days)
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NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
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<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	QL (60 tabs / 30 days)
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<i>omega-3-acid ethyl esters cap 1 gm</i>	PA
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<i>prevalite</i> PACK 4gm; POWD 4gm/dose	
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REPATHA SOSY 140mg/ml	NM, PA
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REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	NM, PA
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REPATHA SURECLICK SOAJ 140mg/ml	NM, PA
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VASCEPA CAPS .5gm, 1gm	
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BETA-BLOCKER/DIURETIC COMBINATIONS

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

Drug Name	Requirements/Limits
<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	
<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	

Drug Name	Requirements/Limits
<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>	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	

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	
CORLANOR 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	
VERQUVO 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	

Drug Name	Requirements/Limits
NITRO-BID 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
OPSUMIT TABS 10mg	QL (30 tabs / 30 days), NM, PA
<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

ANTI-ANXIETY

<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 tab 28 x 5 mg & 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
NAMZARIC CAP 7-10MG	

Drug Name	Requirements/Limits
NAMZARIC CAP 14-10MG	
NAMZARIC CAP 21-10MG	
NAMZARIC CAP 28-10MG	
NAMZARIC CAP PACK	
<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	
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	QL (60 tabs / 30 days)
<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	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	
FETZIMA CP24 20mg, 40mg	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	
MARPLAN 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	

Drug Name	Requirements/Limits
<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>tranlycypromine 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)
TRINTELLIX 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)
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 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75- 200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125- 200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150- 200 mg</i>	

Drug Name	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<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 ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	QL (1 syringe / 56 days)
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, 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, 12mg	QL (60 tabs / 30 days), PA
FANAPT PAK	QL (2 packs / year), PA

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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Drug Name	Requirements/Limits
<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>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	
<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, 200mg	QL (90 tabs / 30 days)
<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)

Drug Name	Requirements/Limits
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)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> 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

Drug Name	Requirements/Limits
<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	
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, 250mg, 300mg	ST

Drug Name	Requirements/Limits
<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
<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>roweeptra</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
SPRITAM TB3D 250mg	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	

Drug Name	Requirements/Limits
SYMPAZAN 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	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	QL (10 blister packs per 30 days)
VALTOCO 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>vigadrone</i> PACK 500mg	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> 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
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	
ZTALMY SUSP 50mg/ml	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

Drug Name	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	QL (90 tabs / 30 days), PA

HYPNOTICS

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

Drug Name	Requirements/Limits
<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

AIMOVIG 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
EMGALITY SOAJ 120mg/ml	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	QL (3 syringes / 30 days), NM, PA
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</i> TABS 1mg, 2.5mg	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</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	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

Drug Name	Requirements/Limits
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</i> SOLN 8meq/5ml	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	
<i>riluzole</i> TABS 50mg	
<i>tetrabenazine</i> TABS 12.5mg	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 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
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	

Drug Name	Requirements/Limits
<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

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 2-0.5 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (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	

Drug Name	Requirements/Limits
<i>naltrexone hcl</i> TABS 50mg	
NICOTROL INHALER INHA 10mg	
NICOTROL NS SOLN 10mg/ml	
<i>varenicline tartrate</i> TABS .5mg, 1mg	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (2 packs / year)
VIVITROL 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	
FARXIGA 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)
<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 2.5-250 mg</i>	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA 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)

Drug Name	Requirements/Limits
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 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide</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
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)

Drug Name	Requirements/Limits
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)
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

Drug Name	Requirements/Limits
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)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	
TOUJEO 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
PAMIDRONATE DISODIUM SOLN 6mg/ml	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	B/D
PROLIA SOSY 60mg/ml	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	
<i>risedronate sodium</i> TBEC 35mg	ST
TERIPARATIDE SOPN 620mcg/2.48ml	NM, PA
XGEVA SOLN 120mg/1.7ml	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	B/D, NM
CHELATING AGENTS	
CHEMET CAPS 100mg	
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	NM, PA
<i>kionex</i> SUSP 15gm/60ml	
LOKELMA 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>	

Drug Name	Requirements/Limits
<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 TABS .35mg</i>	
<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>deblitane TABS .35mg</i>	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	
<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>estarylla</i>	

Drug Name	Requirements/Limits
<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>	
<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>	

Drug Name	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol 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-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora 0.15/30-28</i>	
LILETTA IUD 20.1mcg/day	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>lutra</i>	
<i>lyleq 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>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	
<i>necon 0.5/35-28</i>	
NEXPLANON IMPL 68mg	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>	

Drug Name	Requirements/Limits
<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>rivelsa</i>	
<i>setlakin</i>	
<i>sharobel TABS .35mg</i>	
<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>	

Drug Name	Requirements/Limits
<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>vienva</i>	
<i>viorele</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

<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr
<i>estradiol</i> 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
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml
<i>fyavolv tab 0.5mg-2.5mcg</i>
<i>fyavolv tab 1mg-5mcg</i>
<i>jinteli</i>
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr
<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</i> TABS 10mcg

Drug Name	Requirements/Limits
GLUCOCORTICOIDS	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	
DEXAMETHASONE INTENSOL CONC 1mg/ml	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	
<i>fludrocortisone acetate</i> TABS .1mg	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	
<i>hydrocortisone sod succinate</i> SOLR 100mg	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	B/D
<i>methylprednisolone</i> TBPK 4mg	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	B/D
<i>prednisolone</i> SOLN 15mg/5ml	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	B/D
<i>prednisone</i> TBPK 5mg, 10mg	
PREDNISON INTENSOL CONC 5mg/ml	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	
GLUCOSE ELEVATING AGENTS	
<i>diazoxide</i> SUSP 50mg/ml	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	
MISCELLANEOUS	
ALDURAZYME SOLN 2.9mg/5ml	NM, PA
<i>betaine powder for oral solution</i>	NM
<i>cabergoline</i> TABS .5mg	
<i>carglumic acid</i> TBSO 200mg	NM, PA
CERDELGA CAPS 84mg	NM, PA
CEREZYME SOLR 400unit	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	
<i>desmopressin acetate spray</i> SOLN .01%	

Drug Name	Requirements/Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	
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</i> PACK 100mg, 500mg; TABS 100mg	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	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)</i> TABS 300mg	NM, PA
NAGLAZYME SOLN 1mg/ml	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	NM, PA
<i>raloxifene hcl</i> TABS 60mg	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	NM, PA
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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Drug Name	Requirements/Limits
<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>levoxyl</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	
SYNTHROID 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	
<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> TBP 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	

Drug Name	Requirements/Limits
<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</i> 20 mg/50ml	
<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

<i>constulose</i> SOLN 10gm/15ml	
<i>enulose</i> SOLN 10gm/15ml	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n/flower pack</i>	
<i>generlac</i> SOLN 10gm/15ml	
<i>lactulose</i> SOLN 10gm/15ml	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	
<i>peg 3350-kcl-na bicarb-nacl-na sulfatate for soln</i> 236 gm	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	
PLENVU SOL	

Drug Name	Requirements/Limits
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sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml

MISCELLANEOUS

<i>alose tron hcl TABS .5mg, 1mg</i>	QL (60 tabs / 30 days), PA
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CREON CAP 3000UNIT

CREON CAP 6000UNIT

CREON CAP 12000UNT

CREON CAP 24000UNT

CREON CAP 36000UNT

cromolyn sodium (mastocytosis) CONC 100mg/5ml

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml

diphenoxylate w/ atropine tab 2.5-0.025 mg

GATTEX KIT 5mg

NM, PA

LINZESS CAPS 72mcg, 145mcg, 290mcg

QL (30 caps / 30 days)

loperamide hcl CAPS 2mg

misoprostol TABS 100mcg, 200mcg

MOVANTIK TABS 12.5mg, 25mg

QL (30 tabs / 30 days)

RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml

QL (28 syringes / 28 days), PA

sucralfate TABS 1gm

ursodiol CAPS 300mg; TABS 250mg, 500mg

VOWST CAP

QL (12 caps / 30 days), NM, PA

XERMELO TABS 250mg

QL (84 tabs / 28 days), NM, PA

XIFAXAN TABS 550mg

PA

ZENPEP CAP 3000UNIT

ZENPEP CAP 5000UNIT

ZENPEP CAP 10000UNT

ZENPEP CAP 15000UNT

ZENPEP CAP 20000UNT

ZENPEP CAP 25000UNT

ZENPEP CAP 40000UNT

ZENPEP CAP 60000UNT

PROTON PUMP INHIBITORS

esomeprazole magnesium CPDR 20mg, 40mg

QL (30 caps / 30 days), ST

lansoprazole CPDR 15mg, 30mg

QL (60 caps / 30 days)

omeprazole CPDR 10mg, 20mg, 40mg

pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg

rabeprazole sodium TBEC 20mg

QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Drug Name	Requirements/Limits
<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 0.5-0.4 mg</i>	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)
MYRBETRIQ SRER 8mg/ml	QL (300 mL / 28 days)
MYRBETRIQ 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)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	QL (74 tabs / 30 days)
ELIQUIS 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	
HEP SOD/NAACL INJ 25000UNT	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	B/D

Drug Name	Requirements/Limits
<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	
XARELTO SUSR 1mg/ml	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

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

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	
BERINERT KIT 500unit	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	
DOPTELET TABS 20mg	NM, PA
HAEGARDA SOLR 2000unit	QL (30 vials / 30 days), NM, PA
HAEGARDA 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	
<i>sajazir</i> 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	

Drug Name	Requirements/Limits
<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
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

Drug Name	Requirements/Limits
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
INFLIXIMAB SOLR 100mg	NM, PA
REMICADE SOLR 100mg	NM, PA
RENFLIXIS 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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	B/D
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

Drug Name	Requirements/Limits
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, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	B/D
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

D2.5W/NAACL INJ 0.45%
D10W/NAACL 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

Drug Name	Requirements/Limits
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 dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% 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	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	
TPN ELECTROL INJ	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con PACK 20meq</i>	
<i>klor-con 8 TBCR 8meq</i>	
<i>klor-con 10 TBCR 10meq</i>	

Drug Name	Requirements/Limits
<i>klor-con m10</i> TBCR 10meq	
<i>klor-con m15</i> TBCR 15meq	
<i>klor-con m20</i> 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 microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	
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>clinisol sf 15%</i>	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

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>	
TOBRADEX OIN 0.3-0.1%	

Drug Name	Requirements/Limits
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<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
ZYLET SUS 0.5-0.3%	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
BESIVANCE SUSP .6%	
CILOXAN OINT .3%	
<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-polymy-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>	
XDEMZY SOLN .25%	NM, PA
ZIRGAN GEL .15%	

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>	
<i>difluprednate EMUL .05%</i>	
FLAREX SUSP .1%	
<i>fluorometholone (ophth) SUSP .1%</i>	
<i>flurbiprofen sodium SOLN .03%</i>	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	
LOTEMAX OINT .5%	
<i>loteprednol etabonate SUSP .2%</i>	
<i>prednisolone acetate (ophth) SUSP 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN .05%</i>	
<i>cromolyn sodium (ophth) SOLN 4%</i>	

Drug Name	Requirements/Limits
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth)</i> SOLN .5%	
BETOPTIC-S SUSP .25%	
<i>brimonidine tartrate</i> SOLN .15%, .2%	
<i>brinzolamide</i> SUSP 1%	
<i>carteolol hcl (ophth)</i> SOLN 1%	
COMBIGAN SOL 0.2/0.5%	
<i>dorzolamide hcl</i> SOLN 2%	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	
<i>latanoprost</i> SOLN .005%	
<i>levobunolol hcl</i> SOLN .5%	
LUMIGAN SOLN .01%	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	
RHOPRESSA SOLN .02%	
ROCKLATAN DRO	
SIMBRINZA SUS 1-0.2%	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	
VYZULTA SOLN .024%	
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	
CYSTADROPS SOLN .37%	NM, PA
CYSTARAN SOLN .44%	NM, PA
EYSUVIS SUSP .25%	
MIEBO SOLN 1.338gm/ml	
<i>proparacaine hcl</i> SOLN .5%	
RESTASIS EMUL .05%	
RESTASIS MULTIDOSE EMUL .05%	
XIIDRA SOLN 5%	
OTIC	
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	

Drug Name	Requirements/Limits
ANORO ELLIPTA 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 <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> B/D	QL (2 inhalers / 30 days)
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 <i>ipratropium bromide SOLN .02%</i>	QL (30 blisters / 30 days) B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	
<i>cetirizine hcl SOLN 5mg/5ml</i>	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	QL (30 tabs / 30 days)

BETA AGONISTS

<i>albuterol sulfate AERS 108mcg/act</i>	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	
<i>levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	B/D

Drug Name	Requirements/Limits
<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
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

Drug Name	Requirements/Limits
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
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)
XHANCE EXHU 93mcg/act	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act	QL (3 inhalers / 30 days)
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Drug Name	Requirements/Limits
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) SUSP .25mg/2ml, .5mg/2ml</i>	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>brey-na</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 inhub</i>	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	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</i> PADS 2%	QL (60 pledgets / 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)

Drug Name	Requirements/Limits
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	PA

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

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

DERMATOLOGY, ANTIPSORIATICS

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

Drug Name	Requirements/Limits
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	QL (120 gm / 30 days)
<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
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

Drug Name	Requirements/Limits
<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)
PANRETIN GEL .1%	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>proctozone-hc CREA 2.5%</i>	
<i>tacrolimus (topical) OINT .03%, .1%</i>	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	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

REGRANEX GEL .01%	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	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>perigard SOLN .12%</i>	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	

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<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	36
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	23	<i>amphetamine-dextroamphetamine tab 10 mg</i>	37
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<i>amlodipine besylate-valsartan tab 10-320 mg</i>	23	<i>amphetamine-dextroamphetamine tab 15 mg</i>	37
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	23	<i>amphetamine-dextroamphetamine tab 20 mg</i>	37
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	23	<i>amphetamine-dextroamphetamine tab 30 mg</i>	37
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<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	9	<i>amphotericin b liposome</i>	4
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	9	<i>ampicillin</i>	9
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	9	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	10
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	9	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	10
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	9	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	10
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	9	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	10

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5-3%.....	69	BREZTRI AERO AER SPHERE	66
<i>benztropine mesylate</i>	30	BREZTRI AERO AER SPHERE	
BERINERT	56	(INSTITUTIONAL PACK)	66
BESIVANCE	64	<i>briellyn</i>	45
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<i>betaine powder for oral solution</i> .	50	<i>brimonidine tartrate</i>	65
<i>betamethasone dipropionate</i>		<i>brinzolamide</i>	65
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BETOPTIC-S	65	<i>dihyd aerosol 160-4.5 mcg/act</i>	69
BEVESPI AER 9-4.8MCG	66	<i>budesonide-formoterol fumarate</i>	
<i>bexarotene</i>	13	<i>dihyd aerosol 80-4.5 mcg/act</i> .	69
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<i>bicalutamide</i>	12	<i>buprenorphine hcl-naloxone hcl sl</i>	
BICILLIN L-A	10	<i>film 12-3 mg (base equiv)</i>	40
BIKTARVY TAB 30-120-15 MG.....	6	<i>buprenorphine hcl-naloxone hcl sl</i>	
BIKTARVY TAB 50-200-25 MG.....	6	<i>film 2-0.5 mg (base equiv)</i>	40
<i>bisoprolol & hydrochlorothiazide</i>		<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>tab 10-6.25 mg</i>	25	<i>film 4-1 mg (base equiv)</i>	40
<i>bisoprolol & hydrochlorothiazide</i>		<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>tab 2.5-6.25 mg</i>	25	<i>film 8-2 mg (base equiv)</i>	40
<i>bisoprolol & hydrochlorothiazide</i>		<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>tab 5-6.25 mg</i>	25	<i>tab 2-0.5 mg (base equiv)</i>	40
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<i>bortezomib</i>	14	<i>buspirone hcl</i>	28
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<i>bosentan</i>	28	C	
BOSULIF	14	<i>cabergoline</i>	50
BRAFTOVI	14	CABOMETYX	14
BREO ELLIPTA INH 100-25	69	<i>calcipotriene</i>	70

<i>calcitonin (salmon) spray</i>	44	<i>carbidopa & levodopa tab er 50-200 mg</i>	30
<i>calcitrene</i>	70	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	30
<i>calcitriol</i>	52	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	30
<i>calcitriol (oral)</i>	52	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	30
CALQUENCE	14	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	30
<i>camila</i>	45	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	30
<i>camrese</i>	45	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	31
<i>camrese lo</i>	45	<i>carboplatin</i>	11
<i>candesartan cilexetil</i>	24	<i>carglumic acid</i>	50
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	23	<i>carisoprodol</i>	40
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	23	<i>carteolol hcl (ophth)</i>	65
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	23	<i>cartia xt</i>	26
CAPLYTA	31	<i>carvedilol</i>	26
CAPRELSA	14	<i>caspofungin acetate</i>	4
<i>captopril</i>	22	CAYSTON	3
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	22	<i>cefaclor</i>	8
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	22	<i>cefadroxil</i>	8
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	22	CEFAZOLIN	8
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	22	CEFAZOLIN INJ 1GM/50ML	8
<i>carb/levo orally disintegrating tab 10-100mg</i>	30	<i>cefazolin sodium</i>	8
<i>carb/levo orally disintegrating tab 25-100mg</i>	30	CEFAZOLIN SOLN 2GM/100ML-4%	8
<i>carb/levo orally disintegrating tab 25-250mg</i>	30	CEFAZOLIN/DEX SOL 1GM/50ML-4%	8
<i>carbamazepine</i>	33	CEFAZOLIN/DEX SOL 2GM/50ML-3%	8
<i>carbidopa & levodopa tab 10-100 mg</i>	30	CEFAZOLIN/DEX SOL 3GM/150ML-4%	8
<i>carbidopa & levodopa tab 25-100 mg</i>	30	<i>cefdinir</i>	8
<i>carbidopa & levodopa tab 25-250 mg</i>	30	<i>cefepime hcl</i>	8
<i>carbidopa & levodopa tab er 25-100 mg</i>	30	<i>cefixime</i>	8
		<i>cefotetan disodium</i>	8
		<i>cefoxitin sodium</i>	8
		<i>cefpodoxime proxetil</i>	8
		<i>cefprozil</i>	8
		<i>ceftazidime</i>	8
		<i>ceftriaxone sodium</i>	8

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<i>cefuroxime sodium</i>	8	<i>clindamycin phosphate in d5w iv</i>	
<i>celecoxib</i>	1	<i>soln 300 mg/50ml</i>	3
<i>cephalexin</i>	8	<i>clindamycin phosphate in d5w iv</i>	
CEQUR SIMPL KIT PATCH 2U (3-		<i>soln 600 mg/50ml</i>	3
DAY)	43	<i>clindamycin phosphate in d5w iv</i>	
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<i>cetirizine hcl</i>	66	CLINIMIX INJ 4.25/D10	63
<i>cevimeline hcl</i>	72	CLINIMIX INJ 4.25/D5W	63
<i>chateal eq</i>	45	CLINIMIX INJ 5%/D15W	63
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<i>ciclopirox olamine</i>	70	<i>clomipramine hcl</i>	29
<i>cilostazol</i>	56	<i>clonazepam</i>	33
CILOXAN.....	64	<i>clonidine</i>	27
CIMDUO TAB 300-300	6	<i>clonidine hcl</i>	27
<i>cinacalcet hcl</i>	50	<i>clopidogrel bisulfate</i>	56
<i>ciprofloxacin 200 mg/100ml in d5w</i>		<i>clorazepate dipotassium</i>	33
.....	9	<i>clotrimazole</i>	72
<i>ciprofloxacin 400 mg/200ml in d5w</i>		<i>clotrimazole (topical)</i>	70
.....	9	<i>clotrimazole w/ betamethasone</i>	
<i>ciprofloxacin hcl</i>	9	<i>cream 1-0.05%</i>	70
<i>ciprofloxacin hcl (ophth)</i>	64	<i>clozapine</i>	31
<i>ciprofloxacin-dexamethasone otic</i>		COARTEM TAB 20-120MG	5
<i>susp 0.3-0.1%</i>	65	COBENFY CAP 100-20MG.....	31
<i>cisplatin</i>	11	COBENFY CAP 125-30MG.....	31
<i>citalopram hydrobromide</i>	29	COBENFY CAP 50-20MG.....	31
<i>claravis</i>	69	COBENFY STRT CAP PACK.....	31
<i>clarithromycin</i>	9	<i>colchicine</i>	1
<i>clindamycin hcl</i>	3	<i>colchicine w/ probenecid tab 0.5-</i>	
<i>clindamycin palmitate</i>		<i>500 mg</i>	1
<i>hydrochloride</i>	3	<i>colesevelam hcl</i>	25
<i>clindamycin phosphate</i>	3	<i>colestipol hcl</i>	25

<i>colistimethate sodium</i>	3	<i>dalfampridine</i>	39
COMBIGAN SOL 0.2/0.5%	65	<i>danazol</i>	41
COMBIVENT AER 20-100	66	<i>dantrolene sodium</i>	40
COMETRIQ (60MG DOSE)	14	DANZITEN	15
COMETRIQ KIT 100MG	14	<i>dapsone</i>	3
COMETRIQ KIT 140MG	14	DAPTACEL INJ	60
COMPLERA TAB	6	<i>daptomycin</i>	3
<i>compro</i>	52	DAPTOMYCIN	3
<i>constulose</i>	53	<i>darunavir</i>	5
COPAXONE	39	<i>dasatinib</i>	15
COPIKTRA	14	<i>dasetta 1/35</i>	45
CORLANOR	27	<i>dasetta 7/7/7</i>	45
COSENTYX	57	DAURISMO	15
COSENTYX SENSOREADY PEN	57	<i>daysee</i>	45
COSENTYX UNOREADY	57	DAYVIGO	37
COTELLIC	15	<i>deblitane</i>	45
CREON CAP 12000UNT	54	<i>deferasirox</i>	44
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CREON CAP 3000UNIT	54	DENGVAXIA SUS	60
CREON CAP 36000UNT	54	DEPO-SUBQ PROVERA 104	45
CREON CAP 6000UNIT	54	<i>depo-testosterone</i>	41
<i>cromolyn sodium</i>	67	DESCOVY TAB 120-15MG	6
<i>cromolyn sodium (mastocytosis)</i>	54	DESCOVY TAB 200/25MG	6
<i>cromolyn sodium (ophth)</i>	64	<i>desipramine hcl</i>	29
<i>cryselle-28</i>	45	<i>desmopressin acetate</i>	50
<i>cyclobenzaprine hcl</i>	40	<i>desmopressin acetate spray</i>	50
<i>cyclophosphamide</i>	11	<i>desmopressin acetate spray</i>	
CYCLOPHOSPHAMIDE	11	<i>refrigerated</i>	51
CYCLOPHOSPHAMIDE MONOHYDR		<i>desogest-eth estrad & eth estrad</i>	
.....	11	<i>tab 0.15-0.02/0.01 mg(21/5)</i> .	45
<i>cycloserine</i>	7	<i>desvenlafaxine succinate</i>	29
<i>cyclosporine</i>	60	<i>dexamethasone</i>	50
<i>cyclosporine modified (for</i>		DEXAMETHASONE INTENSOL	50
<i>microemulsion)</i>	60	<i>dexamethasone sodium phosphate</i>	
<i>cyproheptadine hcl</i>	66	50
<i>cyred eq</i>	45	<i>dexamethasone sodium phosphate</i>	
CYSTADROPS	65	<i>(ophth)</i>	64
CYSTAGON	50	<i>dexmethylphenidate hcl</i>	37
CYSTARAN	65	<i>dextrose</i>	63
<i>cytarabine</i>	11	<i>dextrose 10% w/ sodium chloride</i>	
D		0.45%	61
D10W/NAACL INJ 0.2%	61	<i>dextrose 2.5% w/ sodium chloride</i>	
D2.5W/NAACL INJ 0.45%	61	0.45%	61
<i>dabigatran etexilate mesylate</i>	55	<i>dextrose 5% in lactated ringers</i> .	61

<i>dextrose 5% w/ sodium chloride</i>		DOCETAXEL	13
0.2%	61	DOCIVYX	13
<i>dextrose 5% w/ sodium chloride</i>		dofetilide	24
0.225%	61	dolishale	45
<i>dextrose 5% w/ sodium chloride</i>		donepezil hydrochloride	28
0.3%	61	DOPTELET	56
<i>dextrose 5% w/ sodium chloride</i>		dorzolamide hcl	65
0.45%	61	dorzolamide hcl-timolol maleate	
<i>dextrose 5% w/ sodium chloride</i>		ophth soln 2-0.5%	65
0.9%	61	dotti	49
DIACOMIT	33	DOVATO TAB 50-300MG	6
diazepam	34	doxazosin mesylate	23
diazepam (anticonvulsant)	34	doxepin hcl	29
diazepam inj	34	doxepin hcl (sleep)	37
diazepam intensol	34	doxorubicin hcl	13
diazoxide	50	doxorubicin hcl liposomal	13
diclofenac potassium	1	doxy 100	10
diclofenac sodium	1	doxycycline (monohydrate)	10
diclofenac sodium (ophth)	64	doxycycline hyclate	10
diclofenac sodium (topical)	72	DRIZALMA SPRINKLE	29
dicloxacillin sodium	10	dronabinol	52
dicyclomine hcl	53	drospirenone-ethinyl estradiol tab	
DIFICID	9	3-0.02 mg	45
diflunisal	1	drospirenone-ethinyl estradiol tab	
difluprednate	64	3-0.03 mg	45
digoxin	27	drospirenone-ethinyl estrad-	
dihydroergotamine mesylate	38	levomefolate tab 3-0.02-0.451	
DILANTIN	34	mg	45
diltiazem hcl	26	drospirenone-ethinyl estrad-	
diltiazem hcl coated beads	26	levomefolate tab 3-0.03-0.451	
diltiazem hcl extended release		mg	45
beads	26	droxidopa	27
dilt-xr	26	DULERA AER 100-5MCG	69
DIP/TET PED INJ 25-5LFU	60	DULERA AER 200-5MCG	69
diphenhydramine hcl	66	DULERA AER 50-5MCG	69
diphenoxylate w/ atropine liq 2.5-		duloxetine hcl	29
0.025 mg/5ml	54	DUPIXENT	57
diphenoxylate w/ atropine tab 2.5-		dutasteride	55
0.025 mg	54	dutasteride-tamsulosin hcl cap 0.5-	
dipyridamole	57	0.4 mg	55
disopyramide phosphate	24	E	
disulfiram	40	e.e.s. 400	9
divalproex sodium	34	econazole nitrate	70
docetaxel	13	EDURANT	5

<i>efavirenz</i>	5	<i>enskyce</i>	45
<i>efavirenz-emtricitabine-tenofovir df</i> <i>tab 600-200-300 mg</i>	6	ENSTILAR AER	70
<i>efavirenz-lamivudine-tenofovir df</i> <i>tab 400-300-300 mg</i>	6	<i>entacapone</i>	31
<i>efavirenz-lamivudine-tenofovir df</i> <i>tab 600-300-300 mg</i>	6	<i>entecavir</i>	7
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<i>elinest</i>	45	ENTRESTO CAP 6-6MG	23
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<i>eluryng</i>	45	ENTRESTO TAB 97-103MG.....	23
EMGALITY	38	<i>enulose</i>	53
EMSAM	29	EPCLUSA PAK 150-37.5.....	7
<i>emtricitabine</i>	5	EPCLUSA PAK 200-50MG	7
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	6	EPCLUSA TAB 200-50MG	7
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	6	EPCLUSA TAB 400-100	7
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	6	EPIDIOLEX	34
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	6	<i>epinephrine (anaphylaxis)</i>	27, 67
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EMVERM	3	<i>eplerenone</i>	22
<i>emzahn</i>	45	EPRONTIA	34
<i>enalapril maleate</i>	22	<i>ergotamine w/ caffeine tab 1-100</i> <i>mg</i>	38
<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 10-25</i> <i>mg</i>	22	ERIVEDGE	15
<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 5-12.5</i> <i>mg</i>	22	ERLEADA.....	12
ENBREL	57	<i>erlotinib hcl</i>	15
ENBREL MINI.....	57	<i>errin</i>	45
ENBREL SURECLICK	57	<i>ertapenem sodium</i>	3
<i>endocet tab 10-325mg</i>	2	<i>ery</i>	69
<i>endocet tab 2.5-325mg</i>	2	<i>ery-tab</i>	9
<i>endocet tab 5-325mg</i>	2	ERYTHROCIN LACTOBIONATE.....	9
<i>endocet tab 7.5-325mg</i>	2	<i>erythromycin (acne aid)</i>	69
ENGERIX-B	60	<i>erythromycin (ophth)</i>	64
<i>enilloring</i>	45	<i>erythromycin base</i>	9
<i>enoxaparin sodium</i>	55	<i>erythromycin ethylsuccinate</i>	9
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<i>itraconazole</i>	4	<i>kcl 20 meq/l (0.149%) in nacl</i>	
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<i>magnesium sulfate</i>	62	<i>methocarbamol</i>	40
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<i>magnesium sulfate in dextrose 5%</i>		<i>methsuximide</i>	35
<i>iv soln 1 gm/100ml</i>	62	<i>methylphenidate hcl</i>	37
<i>malathion</i>	72	<i>methylprednisolone</i>	50
<i>maraviroc</i>	5	<i>methylprednisolone acetate</i>	50
<i>marlissa</i>	47	<i>methylprednisolone sod succ</i>	50
MARPLAN	29	<i>methyltestosterone</i>	41
MATULANE	13	<i>metoclopramide hcl</i>	52
MAVYRET PAK 50-20MG	7	<i>metolazone</i>	27
MAVYRET TAB 100-40MG	7	<i>metoprolol & hydrochlorothiazide</i>	
<i>meclizine hcl</i>	52	<i>tab 100-25 mg</i>	25
<i>medroxyprogesterone acetate</i>	51	<i>metoprolol & hydrochlorothiazide</i>	
<i>medroxyprogesterone acetate</i>		<i>tab 100-50 mg</i>	25
<i>(contraceptive)</i>	47	<i>metoprolol & hydrochlorothiazide</i>	
<i>mefloquine hcl</i>	5	<i>tab 50-25 mg</i>	25
<i>megestrol acetate</i>	12, 51	<i>metoprolol succinate</i>	26
<i>megestrol acetate (appetite)</i>	51	<i>metoprolol tartrate</i>	26
MEKINIST	18	<i>metronidazole</i>	3
MEKTOVI	18	<i>metronidazole (topical)</i>	72
<i>meloxicam</i>	1	<i>metronidazole vaginal</i>	55
<i>memantine hcl</i>	28	<i>metyrosine</i>	27
<i>memantine hcl tab 28 x 5 mg & 21</i>		<i>mibelas 24 fe</i>	47
<i>x 10 mg titration pack</i>	28	<i>micafungin sodium</i>	4
<i>memantine hcl-donepezil hcl cap er</i>		<i>microgestin 1.5/30</i>	47
<i>24hr 14-10 mg</i>	28	<i>microgestin 1/20</i>	47
<i>memantine hcl-donepezil hcl cap er</i>		<i>microgestin fe 1.5/30</i>	47
<i>24hr 28-10 mg</i>	28	<i>microgestin fe 1/20</i>	47
MENACTRA INJ	61	<i>midodrine hcl</i>	27

MIEBO.....	65	NAMZARIC CAP 7-10MG	28
<i>mifepristone (hyperglycemia)</i>	51	NAMZARIC CAP PACK.....	29
<i>mili</i>	47	<i>naproxen</i>	1
<i>mimvey</i>	49	<i>naproxen dr</i>	1
<i>minocycline hcl</i>	10	<i>naproxen sodium</i>	1
<i>minoxidil</i>	27	<i>naratriptan hcl</i>	38
<i>mirtazapine</i>	29	<i>nateglinide</i>	42
<i>misoprostol</i>	54	NAYZILAM	35
MITIGARE	1	<i>nebivolol hcl</i>	26
M-M-R II INJ	61	<i>necon 0.5/35-28</i>	47
M-NATAL PLUS TAB	63	<i>nefazodone hcl</i>	29
<i>modafinil</i>	40	<i>neomycin sulfate</i>	3
<i>moexipril hcl</i>	22	<i>neomycin-bacitrac zn-polymyx</i>	
<i>molindone hcl</i>	32	5(3.5)mg-400unt-10000unt op	
<i>mometasone furoate</i>	71	oin.....	64
MONJUVI	18	<i>neomycin-polymy-gramicid op sol</i>	
<i>mono-linyah</i>	47	1.75-10000-0.025mg-unt-mg/ml	
<i>montelukast sodium</i>	67	64
<i>morphine sulfate</i>	2	<i>neomycin-polymyxin-</i>	
MOUNJARO	42	<i>dexamethasone ophth oint 0.1%</i>	
MOVANTIK	54	63
<i>moxifloxacin hcl</i>	9	<i>neomycin-polymyxin-</i>	
<i>moxifloxacin hcl (ophth)</i>	64	<i>dexamethasone ophth susp 0.1%</i>	
<i>moxifloxacin hcl 400 mg/250ml in</i>		63
<i>sodium chloride 0.8% inj</i>	9	<i>neomycin-polymyxin-hc ophth susp</i>	
MRESVIA	61	63
MULTAQ.....	24	<i>neomycin-polymyxin-hc otic soln</i>	
<i>multiple electrolytes ph 5.5</i>	62	1%	65
<i>multiple electrolytes ph 7.4</i>	62	<i>neomycin-polymyxin-hc otic susp</i>	
<i>mupirocin</i>	70	3.5 mg/ml-10000 unit/ml-1%.	65
<i>mycophenolate mofetil</i>	60	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>mycophenolate sodium</i>	60	10000unt op oin	64
MYRBETRIQ.....	55	<i>neo-polycin hc ophth oint 1%</i>	63
N		NERLYNX.....	18
<i>nabumetone</i>	1	<i>nevirapine</i>	5
<i>nadolol</i>	26	NEXLETOL	25
<i>nafcillin sodium</i>	10	NEXLIZET TAB 180/10MG	25
NAGLAZYME	51	NEXPLANON.....	47
<i>nalbuphine hcl</i>	2	<i>niacin (antihyperlipidemic)</i>	25
<i>naloxone hcl</i>	40	<i>nicardipine hcl</i>	26
<i>naltrexone hcl</i>	41	NICOTROL INHALER.....	41
NAMZARIC CAP 14-10MG	29	NICOTROL NS	41
NAMZARIC CAP 21-10MG	29	<i>nifedipine</i>	26
NAMZARIC CAP 28-10MG	29	<i>nikki</i>	47

<i>nilutamide</i>	12	<i>nortrel 7/7/7</i>	48
<i>nimodipine</i>	26	<i>nortriptyline hcl</i>	30
NINLARO	18	NORVIR	5
<i>nitazoxanide</i>	3	NOVOLIN INJ 70/30	43
<i>nitisinone</i>	51	NOVOLIN INJ 70/30 FP.....	43
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<i>nitrofurantoin macrocrystal</i>	3	NOVOLIN N FLEXPEN	43
<i>nitrofurantoin monohyd macro</i>	3	NOVOLIN R.....	43
<i>nitroglycerin</i>	28	NOVOLIN R FLEXPEN.....	43
<i>nitroglycerin (intra-anal)</i>	72	NOVOLOG	43
<i>nizatidine</i>	53	NOVOLOG FLEXPEN	43
<i>nora-be</i>	47	NOVOLOG MIX INJ 70/30.....	43
<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	47	NOVOLOG MIX INJ FLEXPEN.....	43
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	47	NOVOLOG PENFILL	43
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	47	NUBEQA.....	12
<i>norethindrone (contraceptive)</i>	47	NUDEXTA CAP 20-10MG	39
<i>norethindrone ace & ethinyl</i> <i>estradiol tab 1 mg-20 mcg</i>	48	NULOJIX.....	60
<i>norethindrone ace & ethinyl</i> <i>estradiol tab 1.5 mg-30 mcg</i> ...	48	NUPLAZID	32
<i>norethindrone ace & ethinyl</i> <i>estradiol-fe tab 1 mg-20 mcg</i> ..	48	NURTEC	38
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i> ...	48	NUTRILIPID	63
<i>norethindrone acetate</i>	51	NUZYRA	10
<i>norethindrone acetate-ethinyl</i> <i>estradiol tab 0.5 mg-2.5 mcg</i> ..	49	<i>nyamyc</i>	70
<i>norethindrone acetate-ethinyl</i> <i>estradiol tab 1 mg-5 mcg</i>	49	<i>nylia 1/35</i>	48
<i>norethindrone ac-ethinyl estrad-fe</i> <i>tab 1-20/1-30/1-35 mg-mcg</i> ...	47	<i>nylia 7/7/7</i>	48
<i>norgestimate & ethinyl estradiol</i> <i>tab 0.25 mg-35 mcg</i>	48	<i>nystatin</i>	4
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> 48	48	<i>nystatin (mouth-throat)</i>	72
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> 48	48	<i>nystatin (topical)</i>	70
<i>norlyroc</i>	48	<i>nystop</i>	70
<i>nortrel 0.5/35 (28)</i>	48	O	
<i>nortrel 1/35 (21)</i>	48	<i>ocella</i>	48
<i>nortrel 1/35 (28)</i>	48	OCTAGAM.....	59
		<i>octreotide acetate</i>	51
		ODEFSEY TAB	7
		ODOMZO.....	18
		OFEV	67
		<i>ofloxacin (ophth)</i>	64
		<i>ofloxacin (otic)</i>	65
		OGIVRI	18
		OGSIVEO	18
		OJEMDA	18
		OJJAARA	18
		<i>olanzapine</i>	32
		<i>olmesartan medoxomil</i>	24

<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	23	<i>ondansetron hcl</i>	52
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	23	ONTRUZANT	18
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	23	ONUREG.....	11
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg</i>	23	OPIPZA	32
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg</i>	24	OPSUMIT.....	28
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	24	ORGOVYX.....	12
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg</i>	23	ORKAMBI GRA 100-125.....	67
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	24	ORKAMBI GRA 150-188.....	67
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<i>omeprazole</i>	54	ORKAMBI TAB 100-125	67
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OMNIPOD 5 LB KIT INTRO G6	43	<i>oxaliplatin</i>	11
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OMNIPOD GO KIT 15UNT/DY	43	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2
OMNIPOD GO KIT 20UNT/DY	43	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2
OMNIPOD GO KIT 25UNT/DY	44	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2
OMNIPOD GO KIT 30UNT/DY	44	OZEMPIC (0.25 OR 0.5 MG/DOSE)	42
OMNIPOD GO KIT 35UNT/DY	44	OZEMPIC (0.25 OR 0.5MG/DOSE)	42
OMNIPOD GO KIT 40UNT/DY	44	OZEMPIC (1MG/DOSE)	42
OMNIPOD MIS CLASSIC	44	OZEMPIC (2MG/DOSE)	42
<i>ondansetron</i>	52	P	
		<i>pacerone</i>	24
		<i>paclitaxel</i>	13
		<i>paclitaxel inj 100mg</i>	13
		<i>paliperidone</i>	32
		<i>pamidronate disodium</i>	44
		PAMIDRONATE DISODIUM	44
		PANRETIN	72
		<i>pantoprazole sodium</i>	54
		PANZYGA	59
		<i>paricalcitol</i>	52
		<i>paroxetine hcl</i>	30

PAXLOVID TAB 150-100.....	7	<i>pioglitazone hcl-metformin hcl tab</i>	
PAXLOVID TAB 300-100.....	8	15-500 mg.....	42
<i>pazopanib hcl</i>	18	<i>pioglitazone hcl-metformin hcl tab</i>	
PEDIARIX INJ 0.5ML.....	61	15-850 mg.....	42
PEDVAX HIB.....	61	<i>piperacillin sod-tazobactam na for</i>	
<i>peg 3350-kcl-na bicarb-nacl-na</i>		<i>inj 3.375 gm (3-0.375 gm)</i>	10
<i>sulfate for soln 236 gm</i>	53	<i>piperacillin sod-tazobactam sod for</i>	
<i>peg 3350-kcl-sod bicarb-nacl for</i>		<i>inj 13.5 gm (12-1.5 gm).....</i>	10
<i>soln 420 gm</i>	53	<i>piperacillin sod-tazobactam sod for</i>	
PEGASYS.....	8	<i>inj 2.25 gm (2-0.25 gm).....</i>	10
PEMAZYRE.....	18	<i>piperacillin sod-tazobactam sod for</i>	
<i>pemetrexed disodium</i>	11	<i>inj 4.5 gm (4-0.5 gm).....</i>	10
PENBRAYA INJ.....	61	<i>piperacillin sod-tazobactam sod for</i>	
<i>penicillamine</i>	44	<i>inj 40.5 gm (36-4.5 gm).....</i>	10
<i>penicillin g potassium</i>	10	PIQRAY 200MG DAILY DOSE.....	18
<i>penicillin g sodium</i>	10	PIQRAY 250MG TAB DOSE.....	18
<i>penicillin v potassium</i>	10	PIQRAY 300MG DAILY DOSE.....	18
PENTACEL INJ.....	61	<i>pirfenidone</i>	68
<i>pentamidine isethionate inh</i>	3	<i>piroxicam</i>	1
<i>pentamidine isethionate inj</i>	4	<i>plenamine</i>	63
<i>pentoxifylline</i>	56	PLENVU SOL.....	53
<i>perindopril erbumine</i>	22	<i>podofilox</i>	72
<i>periogard</i>	72	<i>polycin ophth oint</i>	64
<i>permethrin</i>	72	<i>polymyxin b sulfate</i>	4
<i>perphenazine</i>	32	<i>polymyxin b-trimethoprim ophth</i>	
<i>pfizerpen</i>	10	<i>soln 10000 unit/ml-0.1%</i>	64
<i>phenelzine sulfate</i>	30	POMALYST.....	12
<i>phenobarbital</i>	35	<i>portia-28</i>	48
<i>phenobarbital sodium</i>	35	<i>posaconazole</i>	4
<i>phenytek</i>	35	POT CHL 20MEQ/L IN NAACL 0.45%	
<i>phenytoin</i>	35	INJ.....	62
<i>phenytoin sodium</i>	35	POT CHL 20MEQ/L IN NAACL 0.9%	
<i>phenytoin sodium extended</i>	35	INJ.....	62
PHESGO SOL.....	18	POT CHL 40MEQ/L IN NAACL 0.9%	
<i>philith</i>	48	INJ.....	62
PIFELTRO.....	5	<i>potassium chloride</i>	62, 63
<i>pilocarpine hcl</i>	65	<i>potassium chloride 20 meq/l</i>	
<i>pilocarpine hcl (oral)</i>	72	(0.15%) in dextrose 5% inj....	62
<i>pimecrolimus</i>	72	<i>potassium chloride</i>	
<i>pimozide</i>	32	<i>microencapsulated crystals er.</i>	63
<i>pimtreea</i>	48	<i>potassium citrate (alkalinizer) ...</i>	55
<i>pindolol</i>	26	<i>pramipexole dihydrochloride</i>	31
<i>pioglitazone hcl</i>	42	<i>prasugrel hcl</i>	57
		<i>pravastatin sodium</i>	25

<i>praziquantel</i>	4	PURIXAN	11
<i>prazosin hcl</i>	23	<i>pyrazinamide</i>	7
<i>prednisolone</i>	50	<i>pyridostigmine bromide</i>	39
<i>prednisolone acetate (ophth)</i>	64	<i>pyrimethamine</i>	4
PREDNISOLONE SODIUM PHOSP	64	Q	
<i>prednisolone sodium phosphate</i> .	50	QINLOCK.....	18
<i>prednisone</i>	50	QUADRACEL INJ 0.5ML.....	61
PREDNISONO INTENSOL	50	<i>quetiapine fumarate</i>	32
<i>pregabalin</i>	35	<i>quinapril hcl</i>	22
PREMASOL SOL 10%	63	<i>quinidine sulfate</i>	24
PRENATAL TAB 27-1MG.....	63	<i>quinine sulfate</i>	5
PRENATAL TAB PLUS	63	QULIPTA	38
<i>prevalite</i>	25	R	
PREVYMIS	8	RABAVERT INJ	61
PREZCOBIX TAB 800-150.....	7	<i>rabeprazole sodium</i>	54
PREZISTA	5	<i>raloxifene hcl</i>	51
PRIFTIN	7	<i>ramipril</i>	22
<i>primaquine phosphate</i>	5	<i>ranolazine</i>	27
PRIMAQUINE PHOSPHATE	5	<i>rasagiline mesylate</i>	31
<i>primidone</i>	35	<i>reclipsen</i>	48
PRIORIX INJ.....	61	RECOMBIVAX HB	61
PRIVIGEN	59	REGRANEX	72
<i>probenecid</i>	1	RELENZA DISKHALER.....	8
<i>prochlorperazine</i>	52	RELISTOR.....	54
<i>prochlorperazine edisylate</i>	52	REMICADE.....	58
<i>prochlorperazine maleate</i>	52	RENFLEXIS	58
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<i>proctocort</i>	72	REPATHA.....	25
<i>procto-med hc</i>	72	REPATHA PUSHTRONEX SYSTEM	25
<i>proctosol hc</i>	72	REPATHA SURECLICK.....	25
<i>proctozone-hc</i>	72	RESTASIS.....	65
<i>progesterone</i>	51	RESTASIS MULTIDOSE	65
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<i>propafenone hcl</i>	24	REZLIDHIA	19
<i>proparacaine hcl</i>	65	REZUROCK	60
<i>propranolol hcl</i>	26	RHOPRESSA.....	65
<i>propylthiouracil</i>	52	<i>ribavirin (hepatitis c)</i>	8
PROQUAD INJ.....	61	<i>rifabutin</i>	7
PROSOL INJ 20%	63	<i>rifampin</i>	7
<i>protriptyline hcl</i>	30	<i>riluzole</i>	39
PULMOZYME	68	<i>rimantadine hydrochloride</i>	8

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RINVOQ LQ.....	58	<i>simpesse</i>	48
<i>risedronate sodium</i>	44	<i>simvastatin</i>	25
<i>risperidone</i>	33	<i>sirolimus</i>	60
<i>risperidone microspheres</i>	33	SIRTURO	7
<i>ritonavir</i>	5	SKYRIZI	58
<i>rivastigmine</i>	29	SKYRIZI PEN.....	58
<i>rivastigmine tartrate</i>	29	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	54
<i>rivelsa</i>	48	<i>sodium chloride</i>	62
<i>rizatriptan benzoate</i>	38	<i>sodium chloride (gu irrigant)</i>	72
ROCKLATAN DRO	65	<i>sodium fluoride chew; tab; 1.1 (0.5</i> <i>f) mg/ml soln</i>	63
<i>roflumilast</i>	68	SODIUM OXYBATE	40
<i>ropinirole hydrochloride</i>	31	<i>sodium phenylbutyrate</i>	51
<i>rosuvastatin calcium</i>	25	<i>sodium polystyrene sulfonate</i> <i>powder</i>	44
ROTARIX SUS.....	61	<i>solifenacin succinate</i>	55
ROTATEQ SOL	61	SOLIQUA INJ 100/33	44
<i>roweepira</i>	35	SOLTAMOX	12
ROZLYTREK.....	19	SOLU-CORTEF.....	50
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<i>rufinamide</i>	35	SOMAVERT	51
RUKOBIA	6	<i>sorafenib tosylate</i>	19
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RYDAPT	19	<i>sotalol hcl (afib/afl)</i>	24
S		SOTYKTU.....	58
<i>sajazir</i>	56	<i>spironolactone</i>	22
SANTYL	72	<i>spironolactone &</i> <i>hydrochlorothiazide tab 25-25</i> <i>mg</i>	27
<i>sapropterin dihydrochloride</i>	51	<i>sprintec 28</i>	48
SCEMBLIX	19	SPRITAM	35
<i>scopolamine</i>	53	<i>sps</i>	44
SECUADO	33	<i>sps rectal</i>	44
<i>selegiline hcl</i>	31	<i>sronyx</i>	48
<i>selenium sulfide</i>	70	<i>ssd</i>	70
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<i>setlakin</i>	48	STRIBILD TAB.....	7
<i>sharobel</i>	48	<i>subvenite</i>	35
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SIGNIFOR	51	<i>sulfacetamide sodium (acne)</i>	70
SIKLOS.....	56		
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	28		
<i>silver sulfadiazine</i>	70		
SIMBRINZA SUS 1-0.2%	65		

<i>sulfacetamide sodium (ophth)</i>	64
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	63
<i>sulfadiazine</i>	4
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	4
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	4
SULFAMYLON	70
<i>sulfasalazine</i>	53
<i>sulindac</i>	1
<i>sumatriptan</i>	38
<i>sumatriptan succinate</i>	38
<i>sunitinib malate</i>	19
SUNLENCA	6
<i>syeda</i>	48
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SYMDEKO TAB 50-75MG	68
SYMPAZAN	36
SYMTUZA TAB	7
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<i>tamsulosin hcl</i>	55
<i>tarina 24 fe</i>	48
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TASIGNA	20
<i>tasimelteon</i>	37
TAVNEOS	56
<i>tazarotene</i>	70
<i>tazicef</i>	8
TAZORAC	70
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<i>telmisartan-amlodipine tab 40-5 mg</i>	24
<i>telmisartan-amlodipine tab 80-10 mg</i>	24
<i>telmisartan-amlodipine tab 80-5 mg</i>	24
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	24
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<i>timolol maleate</i>	26	<i>triamcinolone acetonide (topical)</i> 71	
<i>timolol maleate (ophth)</i>	65	<i>triamterene & hydrochlorothiazide</i>	
<i>tinidazole</i>	4	cap 37.5-25 mg	27
TIVICAY	6	<i>triamterene & hydrochlorothiazide</i>	
TIVICAY PD	6	tab 37.5-25 mg	27
<i>tizanidine hcl</i>	40	<i>triamterene & hydrochlorothiazide</i>	
TOBI PODHALER	4	tab 75-50 mg	27
TOBRADEX OIN 0.3-0.1%	63	<i>tridacaine ii</i>	71
<i>tobramycin</i>	4	<i>triderm</i>	71
<i>tobramycin (ophth)</i>	64	<i>trientine hcl</i>	44
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325 mg	2	TRIKAFTA TAB 100-50-75MG &	
<i>trandolapril</i>	22	150MG	68
<i>tranexamic acid</i>	56	TRIKAFTA TAB 50-25-37.5MG &	
<i>tranylcyromine sulfate</i>	30	75MG.....	68
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<i>trazodone hcl</i>	30	<i>tri-lo-estarylla</i>	48
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		<i>tri-lo-mili</i>	48

<i>tri-lo-sprintec</i>	48	<i>valsartan-hydrochlorothiazide tab</i>	
<i>trimethoprim</i>	4	320-12.5 mg	24
<i>tri-mili</i>	49	<i>valsartan-hydrochlorothiazide tab</i>	
<i>trimipramine maleate</i>	30	320-25 mg	24
TRINTELLIX	30	<i>valsartan-hydrochlorothiazide tab</i>	
<i>tri-nymyo</i>	49	80-12.5 mg	24
<i>tri-sprintec</i>	49	VALTOCO 10 MG DOSE	36
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TROGARZO	6	VANCOMYCIN INJ 500MG	4
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TRUXIMA	20	mg & 42 x 1 mg start pack	41
TUKYSA	20	VARIVAX	61
TURALIO	20	VASCEPA	25
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VRAYLAR	33	XPOVIO PAK (40 MG ONCE	
<i>vyfemla</i>	49	WEEKLY)	21
<i>vylibra</i>	49	XPOVIO PAK (40 MG TWICE	
VYZULTA.....	65	WEEKLY)	21
W		XPOVIO PAK (60 MG ONCE	
<i>warfarin sodium</i>	56	WEEKLY)	21
<i>water for irrigation, sterile</i>		XPOVIO PAK (60 MG TWICE	
<i>irrigation soln</i>	72	WEEKLY)	21
WELIREG	13	XPOVIO PAK (80 MG ONCE	
<i>wera</i>	49	WEEKLY)	21
WESTAB PLUS TAB 27-1MG	63	XPOVIO PAK (80 MG TWICE	
<i>wixela inhub</i>	69	WEEKLY)	21
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